

Contractor Guidelines



University of Wisconsin Hospital and Clinics

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**Packet to be used in conjunction with
Safety and Infection Control Training for additional information.**

SECTION 1

Infection Control Information

As a contractor, you've probably worked in a wide range of businesses, dwellings and business types. Working in the hospital setting carries with it extra responsibilities and the need for extra precautions. These precautions are needed for two reasons:

- ▶ **TO PROTECT YOU** from infections which may be carried by hospital patients or biohazardous wastes.
- ▶ **TO PROTECT PATIENTS** from infections which could be caused by your work activities.

- - - - TO PROTECT YOU - - - -

ISOLATION

Some patients in the hospital have infections that can be spread to others. These patients are put under "isolation." Isolation means that extra precautions are taken to prevent infection from spreading. These precautions may include wearing protective apparel, requirements for how to clean your hands and disinfect items and special room ventilation.

There are four different isolation signs that you may see at UWH. Each sign describes exactly what you need to do to protect yourself if you must enter the room. If you need to enter a room with an isolation sign posted, **STOP** and check with the nurse to make sure that you have proper protection.

CONTACT PRECAUTIONS

VISITORS: REPORT TO NURSE'S STATION BEFORE ENTRY



**GOWN and GLOVES
REQUIRED**
for contact with patient
or any item in room.

*Discard used gown in hamper
and used gloves in trash
before leaving room.*



**Clean Hands Before
Leaving Room.**

*Alcohol gel or
soap and water may be used*

Standard Precautions must be observed with all patients at all times.
If patient is isolated at the time of discharge this sign should remain posted.
Environmental Services personnel will remove the sign after terminal room cleaning.

**ENHANCED CONTACT
PRECAUTIONS**

VISITORS: REPORT TO NURSE'S STATION BEFORE ENTRY



**GOWN and GLOVES
REQUIRED**
for contact with patient
or any item in room.

*Discard used gown in hamper,
and used gloves in trash
before leaving room.*



**Wash hands with
SOAP AND WATER**
before leaving room.

— Do not use alcohol gel —



**Clean patient care items
and room surfaces with
bleach or a
bleach-based disinfectant.**

Standard Precautions must be observed with all patients at all times.
If patient is isolated at the time of discharge this sign should remain posted.
Environmental Services personnel will remove the sign after terminal room cleaning.

DROPLET PRECAUTIONS

VISITORS: REPORT TO NURSE'S STATION BEFORE ENTRY



Yellow Mask Required

*Discard used mask in trash
before leaving.*

Standard Precautions must be observed with all patients at all times.
If patient is isolated at the time of discharge this sign should remain posted.
Environmental Services personnel will remove the sign after terminal room cleaning.

AIRBORNE PRECAUTIONS

VISITORS: REPORT TO NURSE'S STATION BEFORE ENTRY



See reverse and check the appropriate box below:

←N-95 Respirator Required

***Respirator NOT Required →**

*Persons susceptible to chickenpox or measles
PROHIBITED FROM ENTRY if the patient
has the disease to which they are susceptible.
See reverse for more details.



**Airborne Infection Isolation
Room with negative-flow
ventilation required.**

Door must remain closed.



**Patient transport limited to
medical necessity.**

*Patient must wear yellow mask
when leaving the isolation room.*

See reverse for more details.

Standard Precautions must be observed with all patients at all times.
If patient is isolated at the time of discharge this sign should remain posted.
Environmental Services personnel will remove the sign after terminal room cleaning.

BIOHAZARD CONTROL

Biohazardous materials such as blood or body fluids, used needles or other sharps must always be safely contained to prevent exposure. Laboratory areas, refrigerators, equipment and containers in which biohazards may be present are routinely labeled with the biohazard symbol shown at the right. Examples of potential biohazards include:



Sharp containers – do not move or handle these containers.

Red bins – containers used to hold larger biohazards. Do not move or handle red bins.

Red bags – at UWH, red bags contain biohazardous wastes even if they do not have a biohazard sign on them. Do not move or handle red bags.

Loose items / spills – on very rare occasions, a needle or other sharp item may be dropped or fall behind cabinetry, or you may encounter a blood spill. Do not attempt to clean these up. Contact your UWH Construction Coordinator and they will ensure that the biohazard is removed.



---- TO PROTECT PATIENTS ----

The University of Wisconsin Hospital and Clinics is one of the largest transplant centers in the world and hundreds of patients receive organ or bone marrow transplants here every year. These transplant patients are especially likely to catch infections because their immune systems are damaged.

Some of the most serious infections in transplant patients are caused by airborne molds, such as *Aspergillus*. *Aspergillus* and other molds naturally grow in soil, decaying vegetation and indoor areas which are moist. These molds release huge numbers of microscopic spores which travel widely on air currents. Indoors, these spores eventually settle out in dust, but can be released back into the air whenever the dust is disturbed.

Mold spores are very common in outdoor air and are harmless to healthy people. For patients with damaged immune systems, however, inhaling these spores can lead to serious infection. **Over half of high risk patients who get *Aspergillus* die of the infection.** This is why UWH has special air filtration and ventilation in hospital areas which house these patients.

Contractor project managers are required to understand and follow the restrictions in UWH policy #13.16, "Infection Control During Construction and Renovation." This policy is provided to contractors during the bid process.

Activities which can release a lot of mold spores include:

- Cutting into walls.
- Opening ceilings (at UW hospital, opening the ceiling in most locations will access the interstitial space between floors. This can allow very dusty air to enter the area below.).
- Demolition of existing walls/ceilings/building materials.
- Tearing up old carpet or flooring.
- Moving demolition trash out of the worksite.
- Allowing outside air to enter the hospital.
- Any other activity that creates or disturbs dust.

Control Measures During Indoor Construction / Renovation:

1. **Do not begin work until it is fully cleared with Planning Design & Construction.** An Infection Control Risk Assessment (ICRA) must be completed and the authorization form must be signed before work starts. The ICRA will describe the level of precautions needed and the specific control measures required.
2. **Dusty worksites in patient areas must be kept at negative pressure at all times.** This means that clean air from surrounding areas always flows into the worksite. This helps prevent dust from escaping from the worksite. In order to maintain negative pressure, the worksite must be contained and air must be vented from the workspace. Discharge of this dusty worksite air can be accomplished in two general ways:
 - Discharge to outside: Dusty worksite air can be discharged outside of the building. Depending on where you are working, this could be as simple as venting it out through a frame in a window. In some cases, there is no direct access for outside discharge and you may be able to discharge air into an exhaust duct which vents to the outdoors. **ONLY UWH Facilities and Engineering HVAC staff are permitted to access exhaust ducts or make any modification to building ventilation.**
 - Discharge within hospital space: **Any air discharged from the workspace which will enter occupied hospital space must be HEPA filtered.** HEPA (high efficiency particulate air) filtration is capable of removing dust and mold spores. It is NOT acceptable to discharge worksite air into the interstitial space even if the air is HEPA filtered.
3. Floor to ceiling fire-retardant visquene sheeting, or temporary walls must be in place around worksites to contain dust and allow maintenance of negative pressure. For highly sensitive areas, you may need to extend visquene through the interstitial to achieve containment. For jobs in individual rooms where walls and ceilings will remain intact, additional barriers are usually not needed in order to maintain negative pressure.
4. Supplemental HEPA filter units may be placed in or near worksites to help “mop up” any dust or spores. Never turn off or move a HEPA filter unit. UWH Facilities and Engineering staff have sole responsibility for operation of portable HEPA filter units.
5. Trash and demolition waste removed from worksites must be placed in a covered bin during transport to prevent release of dust. If visibly moldy areas are encountered during demolition, this waste must be sealed in a plastic waste bag before being removed from the worksite.

6. For level III and IV containment jobs, it is the responsibility of the contractor to maintain the **Daily Worksite Checklist**. Containment must be verified and recorded every day that work is performed.

Date: Assessed by:		YES	NO	If no, fixed?		YES	NO	If no, fixed?
		Visqueene or drywall barriers:				Worksite is at negative pressure:		
	• reach from floor to ceiling				• tissue paper test shows air moves into work area.			
	• reach from ceiling to interstitial deck*				• blocking material on supply/ return air ducts is intact*			
	• no tears, holes, etc				Waste removal:			
	• tape at edges is intact				• trash is transported out of work area along approved route.			
	• entryway closed when not in use				• trash is transported out of work area only in covered bins			



IF YOUR WORK IS GENERATING DUST, IT IS GENERATING MOLD SPORES.

--- ALWAYS ---

Attend the Safety and Infection Control training session before beginning work.

Follow the precautions defined by the Infection Control Risk Assessment (ICRA).

Keep dusty worksites at negative pressure.

Maintain plastic or drywall barriers as needed.

Remember that your actions directly affect the health of our patients with damaged immune systems.

--- NEVER ---

Begin any work until the Infection Control Risk Assessment (ICRA) is completed and the Authorization form is signed.

Turn off HEPA filters.

Access or alter any part of the HVAC system.

Discontinue negative pressure or remove barriers until all dusty work is complete and the worksite is clean.

Contact Infection Control on pager #2570 if you have urgent concerns, or if containment of a worksite is breached and cannot be immediately fixed.

To access the paging system, dial 265-7000, enter pager #2570, then your callback number and the # key.

SECTION 2: General Information

The following are guidelines to be used by all contractors; personnel, suppliers and vendors performing work for UWH. Please consult with your designated UW Hospital Construction Coordinator contact if you have questions for interpretations of this document.

* All contractors are required to review & document these guidelines with their staff and subcontractors who come to the job site at weekly job meetings or at other times to assure that they are aware of these guidelines.

All contractors and their subcontractors are required to participate in SIC training before beginning work at any UWH facility. A link to the program and follow up questionnaire will be provided by your Construction Coordinator. This will be required on an annual basis regardless of how long you have worked with UWH.

A. Parking

UW Transportation Services Office is located in Rm. 124 WARF, 610 Walnut St. Madison, WI (608)263-6666. (www.fpm.wisc.edu/trans)

- All vehicles parked on university property must be legally parked and have a valid permit properly displayed for the time and space occupied or be in a metered space with time displayed on the meter.
- Permits are not valid at meters, reserved stalls; handicap stalls, loading zones, fire zones, service spaces or lots being used for Special Events.
- All other vehicles used by employees of contractors and subcontractors who are working on campus projects must purchase temporary parking permits for the time needed (daily, weekly, monthly) from Transportation Services. All vehicles must be legally parked with a valid permit displayed in order to avoid being ticketed or towed.

Construction Staging Area:

The construction staging area is defined as a specific and limited area of space used to store construction materials, cranes or other equipment specifically used on the construction site. It is an area where construction workers/vehicles may drop off or pick up necessary equipment. It is NOT an area to park personal vehicles all day. Vehicles parked within the fenced staging area are under the control of the prime contractor (who enforces this definition/intent of staging area used).

B. Access to Areas under Construction:

1. Contractors are not permitted to loiter in public spaces in the facility. This includes the lobbies, corridors and grounds.
2. Access is limited to areas such as critical care units, surgical units, interstitial spaces and or mechanical/electrical rooms, etc. Access can be obtained through your Construction Coordinator or Facilities and Engineering Services control room (D4/163).
3. Access to any floors or hospital areas after normally scheduled work hours of Monday – Friday from 6:00am to 5:00pm must be scheduled in advance with your Construction Coordinator or Facilities and Engineering Services control room.

4. Ready access for the Madison Fire Department shall be maintained to all areas under construction.
5. Areas under construction shall be locked during off-hours. Keys and cylinders for this purpose can be obtained from your construction contact or Facilities and Engineering Services locksmith. Facilities and Engineering Services and Hospital Security must have keys to allow access to construction areas at all times.

C. Asbestos:

There are limited asbestos-containing materials located within the Hospital complex. Contractors are required to be aware of the asbestos material located near their work area. Further, all contractors are expressly forbidden to disturb any asbestos containing materials unless specifically authorized in writing by the UWH. Under no circumstances are any materials supplied or installed by the contractors or his subcontractors to contain asbestos in any form or quantity.

D. Construction Storage:

Storage of materials and supplies is limited to the area under construction. Please plan deliveries of material on as needed basis.

1. No flammable materials i.e., adhesives, thinners, varnishes etc. are permitted in the facility.
2. Excess quantities of paints, oils, and gas cylinders are not permitted at the facility.

E. Deliveries:

All deliveries to the Hospital receiving dock must state the Contractor's name along with the superintendent's name and phone number. Superintendent is expected to check the dock regularly for deliveries and notify the dock in person of any large shipments. Contractors can drop off equipment and supplies to the dock after 11 AM.

F. Damage by Contractors:

Any damage caused by the contractor's employees is to be reported to your Construction Coordinator or the Construction Manager immediately and repair will be the responsibility of the contractor causing the damage.

G. Dumpsters:

1. Unless specifically stated otherwise in the contract documents, Contractor shall not provide any dumpsters on site. Contractor shall use the designated UWH dumpsters for construction trash and debris, metals recycling and cardboard recycling.
2. Fluorescent lamps and ballasts to be delivered to designated locations for recycling.

H. Confined Space:

UWH has identified permit required confined spaces; all entry into these areas is posted. Entry into these areas must be coordinated through your Construction Coordinator or Facilities and Engineering Services.

I. Noise:

Construction projects in occupied patient and staff spaces are where patients, visitors, and staff deserve consideration and the quiet enjoyment of their area. Noise must be kept to a minimum and anyone found being rude, loud or otherwise annoying to the patients, guest, or staff will be asked to leave the facility.

1. The playing of radios, tape or CD players is not allowed on the construction site. Personal digital music players are allowed.
2. Shouting, use of vulgar language or yelling to communicate is not allowed.
3. Construction noise can disrupt patient treatment and if asked, please delay noise to an alternate time.
4. Refer to UWH policy #12.23 on cell phone and 2-way radio use.
5. All core drilling, chipping, and hole drilling shall be done at a time and day determined by occupants on that floor and the floor above and below. Your UWH Construction Coordinator will coordinate for you.

J. Infection Control:

Infection Control is for your safety as well as our patients' safety.

1. When working in patient care areas, please be sure to read and follow the directions listed on Isolation Signs posted outside of a patient's room. Generally, this means permission must be obtained from nursing staff before entry.
2. Airtight temporary walls or dust barriers are required to enclose areas under construction or renovation. All construction entrances must be dust-tight and have solid core self-closing doors and metal frames.
3. Construction areas must be under negative pressure to the rest of the hospital at all times. Under some circumstances this may require blocking supply ventilation, exhaust of worksite air to the outside of the hospital (directly through an existing exhaust duct), or HEPA filtration and discharge of worksite air into surrounding areas. **UNFILTERED WORKSITE AIR MUST NEVER BE DISCHARGED WITHIN THE HOSPITAL.**
4. ONLY HOSPITAL HVAC STAFF ARE PERMITTED TO ACCESS OR ALTER ANY PART OF THE VENTILATION SYSTEM
5. Refer to UWH policy #13.16 for additional information.

K. Insurance:

Before any contractors can provide service to any UWH property, an original certification of insurance must be on file with the Planning Design & Construction department. Project specific requirements are outlined in your contract documents.

L. Interim Life Safety Measures:

The Planning Design & Construction department. must ensure interim life safety measures (ILSM) are employed to temporarily compensate for the hazards posted by existing life safety codes deficiencies or construction activities in areas where patients are housed overnight or receive treatment. Implementation of life safety measures will be evaluated by Planning Design & Construction and implemented if required.

1. Appropriate job signage and barricades are to be placed in the area of construction to prevent occupants from straying into the job site.
2. All contractors and their subcontractors are responsible for complying with these guidelines and all other conditions, OSHA requirements and other safety regulations.

M. MSDS:

Material Safety Data Sheets (MSDS) must be provided for any hazardous material that you have on site or will be shipping or bringing to a UWH facility.

N. Dust Control/Cleanup:

Dust control and project cleanup is very important and critical to the Hospital.

1. All work activity within occupied portions of the facility shall be immediately cleaned and restored to its original condition upon completion of the activity. If the activity continues into the next workday, the area shall be safe, clean and presentable.
2. Public restrooms are not to be used for the cleaning of tools or equipment, i.e. paint brushed, rollers, finishing tools, etc. Janitors slop sinks are available on every floor and if used, must be cleaned after use.
3. Trash combustible wastes, excess construction materials must be removed daily to prevent accumulation.
4. All work for an area must be confined within that space. Public corridors, stairwells, equipment rooms and vacant areas are not to be used for the storage of material or used as workspace.
5. Precautions must be taken to create proper dust barriers, walk off mats, wet down procedures during construction.
6. Aspergillus precautions must be taken by creating a Negative construction site; see attached Infection Control Information.

O. Demolition Materials:

When transporting construction demolition through the hospital, carts must be covered.

P. Utility/Service Interruptions:

Any utility tie-in or service interruption must be coordinated with your Construction Coordinator as outlined in the attached policy (Utility Shutdowns); a minimum three-day notice is required.

Q. Business Operations:

Please remember that we are a hospital and our business is patient care. We consider you part of that team while you are here and your help in allowing patients to remain top priority is encouraged. Please let patients use elevators first, do not block exits/pathways, if corridors are busy, please wait, etc. Elevator usage should be limited to the following:

1. Basement to 1st floor only: D5, F5, H5, K5
2. All floors: B5, E4, J4

R. Hospital Safety Program:

The hospital has a range of safety programs which you may be involved in. This includes fire drills, weather emergencies, medical emergencies, etc. If these occur in your area, please refer to the attached Quick Response Guide and remain attentive to the overhead pages at all times.

S. Behavior Procedures:

We require contractors to behave and dress appropriately while in the hospital or while working on hospital grounds. Contractors are required to wear shirts displaying their company's name while working at any UWH facility. Shorts, tank tops, heavily soiled clothing or garments with obscene or suggestive messaging are not permitted. Persons found improperly dressed will be asked to leave the facility.

1. Sexual harassment and workplace violence is not allowed.
2. Dress standards – shirt/shoes/pants will be enforced.
3. Smoking is not allowed in the Hospital and on Hospital grounds. Refer to UWH policy #1.41 for more information.
4. Alcohol and drugs are prohibited on site and if working under the influence of these items, you will be asked to leave.
5. Eat in appropriate areas. The Hospital cafeteria is available for your use in H4/1. Please do not use the lunchroom from 11:45-12:30, which is the hospital staff and patient lunchtime. Seating is limited during these times.

T. Fire Wall Penetrations:

Maintaining fire compartmentation is a priority within the hospital. If you make a hole in a firewall, it is your responsibility to fire caulk it closed. If you see a hole, please notify your Construction Coordinator. No holes in a firewall are to be left unattended.

U. Electrical & Mechanical Safety:

Per OSHA Regulations 29 CFR 1910.147, all contractors must comply with OSHA's lockout/Tagout procedures.

1. Only UWH employees are authorized to open or close any main valves and turn off any equipment. This includes medical gases, hot & cold water, steam, hot water re heat, air handlers, return fans or any other utility systems or branch lines.
2. No grinding, cutting, welding or dust generating work will be allowed in electrical transformer rooms. These are usually in central cores and some other areas; they use room ventilation and any dust can build up and cause electrical shorts.

V. Injuries:

All injuries and lost time accidents should be reported to your Construction Coordinator.

W. Keys:

The Hospital Locksmith can furnish your Company with appropriate keys for the project. Please contact your Construction Coordinator to discuss what you will need.

1. All keys must be returned at the conclusion of a project as part of UWH's close out requirements.

X. Restroom Facilities:

Consult with your Construction Coordinator for restroom usage for your project.

Y. ID Badges:

In order to maintain a secure campus and facility and be able to identify the number of contractors that do work for the UWH, we require that all contractors obtain and wear an ID badge while working within our facilities. All badges must be requested by the Construction Coordinator and picked up by the contractor.

1. All ID badges must be worn prominently on the lapel or above the waist at all times while in any UWH facility.
2. Contractors who are not in possession of a current badge will not be allowed access to UWH facilities, with enforcement supported by UWH Security.

3. ID badges must be surrendered if the contractor is denied work privileges for any reason or when the contractor is no longer working at UWH.
4. All lost badges must be reported to UWH Security for reissue. A lost badge fee will be charged.

Z. Hot Work Permit:

All cutting, soldering, welding and brazing work shall be performed under the supervision of Facilities and Engineering Services or your Construction Coordinator. The Contractor shall maintain appropriate fire extinguishers on the job site at all times. Please refer to the Procedure included in this packet for more information.

1. **A permit is required for soldering and/or open flame work.**
2. All gas cylinders and canisters shall be properly chained and protected.
3. The hospital will determine when this program will start.

AA. Working in Interstitial Space:

Personnel working in the hospital interstitial spaces must take safety precautions for themselves and those below them when working in these spaces. Please refer to the Procedure included in this packet for more information.

BB. Equipment Safety:

Safety for our patients, visitors, employees, contractors and others is our primary concern. All contractors are expected to abide by their company's safety policy in regards to safety equipment such as hard hats, tie-offs, goggles, etc.

1. Tool carts, dump carts and/or storage are not allowed in corridors. All materials must be in your construction area unless attended.
2. Ladders in public areas cannot be left unattended. During break, lunch and while in other areas, ladders must be laid down and placed out of the traffic areas.
3. Yellow safety barriers must be used when working in public areas around your construction activity.
4. Use of hospital equipment is permitted if the contractor received permission from Facilities and Engineering Services and is properly trained in use of that equipment.

CC: Fire Alarm System:

1. Care must be exercised to prevent the accidental tripping of the fire alarm system. Take care when working with smoke detectors, heat detectors and any portion of the fire alarm system.
2. Notify Facilities and Engineering Services of any work involving the fire alarm system prior to working on the system; they will be able to disable the portion you are working on.
3. If you accidentally trip a fire alarm device, notify the Facilities and Engineering Services control room immediately.

DD: Emergency Phone Numbers:

UWH requires phone numbers that can be used 24 hrs/day to contact you or your prime subcontractors in case of an emergency within your construction area. The phone numbers are to be submitted to the Construction Coordinator prior to start of construction.

EE: Enforcement & Disciplinary Action:

While it is recognized that the majority of contractors will not knowingly violate these guidelines, occasions may arise when infractions occur. In these situations, disciplinary action may be necessary.

1. All violations to these guidelines will be addressed with the contractor's Superintendent by UWH's Planning Design & Construction team and could lead to suspension or termination.
2. Multiple infractions can jeopardize a contractor's ability to work with UWH.

FF: Focus On Energy:

The contractor shall apply to Focus on Energy for lighting retrofit rebates whenever replacing existing lighting during construction with new lighting. The contractor will perform all work associated with completing the application as well as making preliminary contact with Focus on Energy and submitting receipts for new installed lighting. Contractor shall reimburse UWH 75% of the rebate via change order.

Important Phone Numbers:

- ♦ Facilities and Engineering Services Control Room: 263-5205, 24/7
- ♦ UWH Safety Director: 890-5273 Marisa Bartlett, pager 3969
- ♦ UWH Infection Control: 265-5378 John Marx, pager 2570
- ♦ Message/Paging Center: 262-2122, 24/7
- ♦ UWH Security: 890-5555, E6/206
- ♦ PDC Construction Manager: 890-9342, Clark Brenner



Administrative (Non-Clinical) Policy

This administrative policy applies to the operations and staff of the University of Wisconsin Hospitals and Clinics Authority as integrated effective July 1, 2015, including the legacy operations and staff of UWHC and UWMF.

Policy Title: **Infection Control Precautions During Construction and Renovation**

Policy Number: **13.16**

Effective Date: January 1, 2016

Chapter: Infection Control

Version: Revision

I. PURPOSE

To minimize the risk of construction and renovation related healthcare-associated infections, most notably those caused by airborne filamentous fungi.

II. POLICY

- A. The Facilities and Engineering Services (FES) and Facilities Planning, Design and Construction (PDC) Departments will maintain representation on the hospital Infection Control Committee, and will provide a report of upcoming and current construction and renovation projects in all UW Health locations as a standing agenda item at these monthly meetings.
- B. In order to allow detailed consideration of patient risk and to ensure oversight of design elements which impact regulatory compliance and the control of infection (e.g., enhanced air filtration, sufficient number and type of special ventilation rooms, clean and soiled item separation, hand hygiene, etc.), representation of an Infection Control Practitioner and/or the Hospital Epidemiologist will be included on planning groups for:
 1. New construction of patient care areas.
 2. Extensive renovations of existing patient care areas, as detailed under Construction Activity Risk Level D on the Pre-Construction Infection Control Risk Assessment Form.
 3. Planned interruptions of air handling units or potable water affecting patient care areas, patient procedure areas, reprocessing/sterilization areas, and any other area which may impact patients directly or indirectly.
 4. Projects which entail substantial excavation of earth contiguous to the hospital (e.g., excavating large areas for new building construction).
- C. Before beginning any renovation or construction project within UW Health inpatient or ambulatory facilities, an authorized FES or PDC staff member (defined in C.1., below) will complete a Pre-construction Infection Control Risk Assessment (ICRA) form.
 1. For purposes of this policy, 'authorized FES or PDC staff' will include only: Facilities and Engineering Services Director, Managers, Supervisors, Construction Coordinators, Construction Managers, zone mechanics and PDC Project Managers.
 2. If the Pre-construction ICRA form indicates that level II precautions are necessary, work may not proceed until the manager of the affected inpatient unit or manager of the ambulatory clinic signs the appropriate section of the Pre-construction Authorization Form.

3. If the Pre-construction ICRA form indicates that level III or IV precautions are necessary, work may not proceed until the manager of the inpatient unit or the manager of the ambulatory clinic, an authorized FES or PDC staff member, and an Infection Control Practitioner each sign the appropriate authorization section of the Pre-construction Authorization Form.
 4. Due to the wide geographic distribution of outlying ambulatory clinics, all ICRA's for these locations, regardless of level I-IV, will be forwarded by the PDC Facilities Projects Manager assigned to ambulatory locations to an Infection Control Practitioner assigned to ambulatory location oversight for review.
- D. FES or PDC or their designee staff will be responsible for subsequent daily checks and assessment of site containment, using the Daily Worksite Checklist.
1. Deficits in containment noted in completing the Daily Worksite Checklist which cannot be readily remediated by FES or PDC staff will be reported to the Infection Control Practitioner (ICP) on call through the hospital paging operator (262-2122) or by paging #2570 for worksites within University Hospital, American Family Children's Hospital or The American Center, or pager #7826 for ambulatory locations.
 2. Work at the site will be halted until the ICP can coordinate with FES or PDC staff to ensure proper containment.
- E. Contracted construction personnel will be held to the same level of accountability as UW Health employees with regard to the uniform application of this policy to protect vulnerable patients during construction/renovation. Failure of contracted personnel to comply with these precautions will be grounds for immediate removal from the job site.
1. This UW Health policy, along with Safety/ Infection Control guidelines for Contractors, will be provided in advance of contractual agreements with outside companies to ensure that they understand the precautions necessary to protect vulnerable patients. Acceptance of a contract to work in UW Health will be evidence that the contracting company accepts the stipulations of this policy and agrees to comply with them.
- F. Infection Control personnel will provide relevant education about infectious risks associated with construction activities to FES and PDC staff, as well as to contracted staff as warranted.
- G. The ICRA makes up one of three parts of pre-construction documentation. Please review the Interim Life Safety Program (ILSM) Administrative Policy 12.45, ILSM decision tree and the Pre-Construction Risk Assessment (PCRA) to complete all required documentation for the project.

III. FORMS USED

Pre-Construction Infection Control Risk Assessment Form
 Pre-Construction Authorization Form
 Daily Worksite Checklist

IV. PROCEDURE

- A. Prior to beginning construction/renovation activities, an authorized FES or PDC staff member will review the proposed activities and complete a Pre-construction Infection Control Risk Assessment (ICRA) form. This form applies a grid which uses consistent definitions of patient risk levels and construction activity risk levels to determine the level of Infection Control Precautions warranted for the particular project.
- B. If a project includes multiple locations, one ICRA may be filled out (listing all locations of work) for each IC level.
- C. After the ICRA has been completed and the Infection Control Precautions Level required to proceed has been identified, the authorized FES or PDC staff member will then apply the

precautions which are associated with the identified level to the project. These Infection Control Precaution Level-specific precautions are delineated on the Pre-construction Authorization Form.

1. Level I Infection Control Precautions pertain to inspections and very minor repair work in low to moderate risk environments. Projects requiring only level I Infection Control Precautions can proceed without further authorization.
 2. Level II Infection Control precautions require that the manager of the affected inpatient unit, manager of the affected non-patient care area or manager of the affected ambulatory clinic location where work is to be performed sign off on the level II section of Pre-construction Authorization Form, documenting that he/she has been notified of the pending work, and that no vulnerable patients need to be relocated from the unit during service work.
 - a. Work is not to begin until the manager of the affected inpatient unit, manager of the affected non-patient care area or manager of the affected ambulatory clinic location signs off on the Pre-construction Authorization Form. If the manager is unsure of the need to relocate patients, or is otherwise unsure about infectious risks to patients, the manager will decline to sign the form and the Infection Control Practitioner (ICP) on call will be consulted.
 3. Level III and IV Infection Control Precautions require the signatures of the manager of the affected inpatient unit, manager of the affected non-patient care area or manager of the affected ambulatory clinic location, the authorized FES or PDC staff member who completed the risk assessment, and an ICP at the appropriate section of the Pre-construction Authorization Form prior to the beginning of service work.
 - a. Level III ICRA's for planned projects must be submitted to Infection Control at least 48 hours before the project start date and must include a detailed description of location and work planned.
 - b. Level IV ICRA's for planned projects must be submitted to Infection Control at least 7 days before the project start date and must include a detailed description of location and work planned.
 - c. The signature of manager of the affected inpatient unit, manager of the affected non-patient care area or manager of the affected ambulatory clinic location documents that he/she has been notified of the pending work and that no vulnerable patients need to be relocated from the unit during the service work.
 - d. The signature of the authorized FES or PDC staff member documents that he/she has completed the ICRA to determine the level of precautions required, and that these have been put into place.
 - e. The signature of the ICP documents that he/she has reviewed the ICRA and agrees with the level of precautions required (e.g., dust barriers, evacuating fans, etc.)
 - f. The ICP will have the prerogative to implement specific additional control measures, or to increase or decrease the overall Infection Control Precaution Level, based on situational patient risk or containment issues.
 - g. For level III and level IV work, the Project Manager or authorized FES or PDC staff member will complete a preliminary worksite evaluation to ensure that all control measures are in place prior to work beginning.
 - h. Once all appropriate signatures are obtained the authorized FES or PDC staff member should review these requirements with the individual(s) responsible for completing the work and the ICRA shall be posted at the worksite.
- D. If, during the execution of any project, it becomes evident that more extensive demolition or renovation activities will be necessary than were originally planned for, the authorized FES or PDC staff member will complete an updated Pre-construction ICRA form and obtain necessary authorization, as described in IV. A - C., before the additional steps or phases can begin.

- E. A Daily Worksite Checklist will be maintained for each project requiring level III or level IV Infection Control Precautions. The checklist requires daily inspection of containment parameters at the specific worksite.
1. It will be the responsibility of the authorized FES or PDC staff member overseeing the particular project to ensure that the daily worksite checklist is accurately and consistently maintained.
 - a. For projects being completed by contracted staff, the on-site contractor supervisor will have responsibility for completing the checklist and the FES or PDC project manager assigned to the project will have oversight as described in IV.H.
 2. Completed checklists will be retained in the project history documentation file by the Department (FES or PDC) which performed or had oversight of the work for at least six months after completion of the project to accommodate data review and documentation of control measures.
 3. If a deficit in a checklist parameter is found, it must be remediated immediately and this deficit and remediation will be noted on the Checklist.
 4. If a deficit in a checklist parameter is found which cannot be readily remediated, the authorized FES or PDC staff member responsible for the worksite must be immediately notified.
 5. If the authorized FES or PDC staff member cannot remediate the deficit, or there will be a delay in the remediation, work at the site must be immediately halted and the ICP on call must be notified via the paging operator (262-2122) or pager 2570 for worksites within University Hospital, American Family Children's Hospital or The American Center, or pager 7826 for ambulatory locations.
 6. The ICP will work with the authorized FES or PDC staff member to remediate the containment deficit and work will not resume until cleared by the Infection Control Practitioner.
- F. When scheduled or non-emergent interruption of utilities such as potable water or air handling units is to occur, the manager of the affected unit(s) or ambulatory location and the ICP on call must be notified as soon as possible and at least 72 hours in advance, so that an assessment may be made regarding potential impact to vulnerable patients.
1. If it appears that such utility interruption may pose a risk to patients, steps to remove or mitigate this risk will be put in place prior to utility interruption.
 2. If there is insufficient time to establish protective measures against infectious risks, the utility interruption will be delayed until the ICP is able to ensure that reasonable protections are in place.
- G. Unanticipated interruption of utilities such as potable water or air handling units, as well as unanticipated water leaks which are of sufficient volume to soak porous materials (e.g., carpets, drywall, ceiling tiles) must be reported immediately to the manager of the affected inpatient or ambulatory unit(s). The ICP on-call must be notified immediately by paging 2570 for locations within University Hospital, American Family Children's Hospital or The American Center, or pager 7826 for ambulatory locations in the case of an air handling failure or failure of negative or positive pressure isolation room or sewage backup so that an assessment of patient risk can be performed and emergent control steps implemented. For other failures such as temperature or humidity failure or clean water leak, infection control may be notified electronically at infectioncontrol@uwhealth.org unless immediate action by the ICP is needed.
- H. The authorized FES or PDC staff member will have responsibility for reviewing proposed contracted work with the contract company site supervisor, and for completing the ICRA Form and obtaining appropriate authorization signatures on the Infection Control Precautions Authorization Form.

1. The contract company site supervisor will be responsible for ensuring that the daily worksite checklist is accurately and consistently completed for projects requiring level III or IV Infection Control Precautions.
2. FES or PDC staff will have the authority to review the Daily Worksite Checklists maintained by contract personnel at any time to ensure that proper worksite containment is being maintained.
3. At the conclusion of the contracted project, the contract company site supervisor will provide the Daily Worksite Checklists to the Department (FES or PDC) which had oversight of the work for retention as described in IV. E.

V. CROSS REFERENCE

UW Health Clinical Policy 13.06-Precautions for Immunocompromised Patients (Neutropenia Precautions)
Administrative Policy 12.45-Interim Life Safety Program.

VI. REFERENCES

Centers for Disease Control and Prevention. Guidelines for Environmental Infection Control in Health-Care Facilities, 2003. Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC). <http://www.cdc.gov/ncidod/hip/enviro/guide.htm>

VII. COORDINATION

Sr. Administrative Sponsor: SVP, Patient Care Services & CNO
Author: Infection Control Practitioner
Reviewer: Hospital Epidemiologist

Approval Committee(s): Infection Control Committee; UW Health Administrative Policy and Procedure Committee

SIGNED BY

Ronald Sliwinski
President, University of Wisconsin Hospitals
Chief of Clinical Operations

Revision Detail:

Previous revision: 012013
Next revision: 012019

**PRE-CONSTRUCTION
INFECTION CONTROL RISK ASSESSMENT FORM**
(All three sections must be completed)

**Authorized Plant Engineering or
Facilities Planning staff member completing form:** _____ **Date:** _____

Work Order #: _____ **Location:** _____

Project ID #: _____ **Project Name:** _____

Brief Description of Proposed Project: _____

SECTION 1: IDENTIFY CONSTRUCTION ACTIVITY RISK LEVEL:

ACTIVITY TYPE	CORRESPONDING ACTIVITIES
A	<p>Non-invasive activities with minimal dust generation:</p> <p><i>Examples:</i> Temporary lifting of ceiling tiles for inspection, with immediate replacement. Painting, trim work, fastening new cabinetry/woodwork to existing walls without need to open wall. Minor electrical work (up to cutting in a single gang box while using a HEPA vacuum to collect dust); cable placement which does not necessitate cutting through walls.</p>
B	<p>Limited scope, short duration, with little dust generation:</p> <p><i>Examples:</i> Minor wall repair under one square foot</p>
C	<p>Activities which disperse moderate to heavy levels of dust. Activities involving demolition of existing structures and those creating open access to interstitial areas.</p> <p><i>Examples:</i> Carpet or flooring removal, Ceiling replacement, Demolition of walls or sections of walls.</p>
D	<p>Extensive demolition and remodeling projects. Projects with moderate to heavy dust generating activities which will extend beyond 48 hours. Utility Shutdowns.</p> <p><i>Examples:</i> Complete renovation of units or sections of units. Projects requiring multiple phases. Projects requiring multiple different contracted specialties. Projects which entail a breakthrough phase. Shut down of potable water supply or air handlers.</p>

**Circle
Construction
Risk Level:**

A

B

C

D

***NOTE:** Unanticipated findings or problems encountered during lower risk activities (e.g., Type A or B) may necessitate further interventions which may require a reclassification of the activity to a higher risk level. (For example, routine minor maintenance uncovers evidence of a previous water leak which compromised drywall integrity and calls for removal of additional sections of drywall). A Pre-construction Infection Control Risk Assessment Form must be completed for the additional work.*

SECTION 2: IDENTIFY PATIENT RISK GROUP:

RISK LEVEL	CORRESPONDING UWHC AREAS
MINIMAL	Office areas not associated with patient care areas and not on patient transit routes. Areas off limits to patients (example: basement plant engineering work areas)*
LOW	General patient care area offices (including waiting areas) Non-sterile equipment storage areas (example: clean side of ACCO) Outpatient Clinic areas which do not provide care to immunocompromised patients. Linen storage areas
MEDIUM	General care inpatient units (F4/5, D4/6, D6/6, F6/5, F4/6, F6/4, F4/4, F6/6, D4/5, C5/3, D6/4, D4C4, D4V6, B6/4, B6/5, B4/4, P5 AFCH, CTRC) Elevator lobbies used for patient transit Central Reprocessing areas Emergency Department Clinical Laboratories (to prevent sample contamination) Radiology Outpatient Transplant Clinic
HIGH	Units housing immunocompromised patients (B6/6, B4/6, D6/5, D4R6, P4 AFCH-Hematology wing). Intensive Care Units (B4/3, B4/5, F4M5, F8/4, TLC, Peds ICU) Operating Rooms and Sterile Core Areas, including areas for storage of sterile packs. Pharmacy areas performing aseptic filling. Outpatient Oncology/ Radiation Therapy areas. APC/Endoscopy Infusion Center Peds Day Treatment Hemodialysis

Circle Patient Risk Group:

Minimal

Low

Medium

High

**NOTE: Construction/Renovation work performed in areas which are inaccessible to patients may still pose a high risk to patients if dusty worksite air communicates with air in patient areas, or if work may interrupt normal air handling/ air filtration, or could dislodge dust from air handling ducts. Consult Infection Control if there is any possibility that activities may impact vulnerable patients.*

SECTION 3: DETERMINE INFECTION CONTROL PRECAUTION LEVEL:

Find intersection of Construction Activity Risk level (A – D) and Patient Risk Group (Minimal – High) in grid below to determine Infection Control Precautions Level. Circle corresponding level in box at right.

		Construction Activity Risk Level (from section 1 of this form)			
		A	B	C	D
Patient Risk Group (from section 2 of this form)	Minimal	I	I	I	III
	Low	I	I	III	IV
	Medium	I	II	III	IV
	High	II	III	IV	IV

Minimum Infection Control Precautions Level Required for this Project:

I

II

III

IV

PRE-CONSTRUCTION INFECTION CONTROL AUTHORIZATION FORM

NOTE: THE INFECTION CONTROL PRECAUTION LEVEL (I, II, III, OR IV) IS DETERMINED BY USING THE PRE-CONSTRUCTION INFECTION CONTROL RISK ASSESSMENT FORM. THE RISK ASSESSMENT FORM AND THIS AUTHORIZATION FORM MUST BE USED TOGETHER. WORK CANNOT BEGIN UNTIL ALL REQUIRED SIGNATURES HAVE BEEN OBTAINED.

Project ID #: _____ Work Order #: _____ Date: _____

Infection Control Precaution Level	Control Measures	Authorization
I	<p>Always ensure that patient care equipment has been removed or covered prior to work beginning</p> <ul style="list-style-type: none"> Minimize dust dispersal whenever possible. Displace only enough ceiling tiles as needed for inspection and replace immediately. Replace electrical outlet covers or other devices which block access to interior wall spaces or interstitial areas as soon as possible. 	<p>None required beyond that provided by Authorized PE or Facilities Planning staff member.</p>
II	<ul style="list-style-type: none"> Unit Manager must be notified and must sign authorization at right before any work begins. <u>Read Manager statement on reverse before signing.</u> Minimize dust dispersal whenever possible. Close door to room when working. Use HEPA vacuum to collect dust from cutting drywall. Run recirculating HEPA in area if patients are present. 	<p>Manager of Unit Signature: _____</p> <p>Date: _____</p>
III	<ul style="list-style-type: none"> Unit Manager must be notified and must sign authorization at right before any work begins. <u>Read Manager statement on reverse before signing.</u> Infection Control Practitioner must review ICRA and sign authorization at right before any work begins. Daily Worksite Checklist must be maintained at the worksite and filled out daily. Erect floor to ceiling flame resistant visquene barriers, or temporary drywall barriers, taped at edges, to contain dust. Entryway must be fashioned in a way to allow closure when not in use to prevent dust escape. Negative flow air movement must be maintained at all times to prevent dust dispersal from worksite. Sheet metal staff - check all that have been implemented for this project, and initial: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <ul style="list-style-type: none"> <input type="checkbox"/> Supply air and passive return grilles blocked <input type="checkbox"/> Coarse filter placed over recirculation grille to prevent dust entry <input type="checkbox"/> Unfiltered worksite air exhausted directly outside of building <input type="checkbox"/> HEPA-filtered worksite air exhausted directly outside of building <input type="checkbox"/> HEPA-filtered worksite air recirculated into adjoining interior space <input type="checkbox"/> HEPA-filtered worksite air vented into exhaust duct <input type="checkbox"/> Visquene extended through interstitial to deck <p style="text-align: right; margin-top: 5px;">Initials: _____</p> </div> <ul style="list-style-type: none"> ONLY UWHC Plant Engineering Sheet Metal personnel are permitted to access or alter exhaust ducts for the purpose of controlling worksite air flow. Sheet Metal staff are responsible for ensuring that this alteration does not overpressurize the exhaust duct. It may be necessary to block return air grilles in adjacent areas to prevent worksite dust from sifting down into these areas. It may be necessary to extend the visquene barriers through the interstitial area to prevent dust-laden air from traveling into adjacent areas via this airspace. Remove worksite trash in covered bins; wipe down bins before removal from the worksite if they are dusty. 	<p>Manager of Unit signature: _____</p> <p>Date: _____</p> <p>Authorized PE or Facilities Planning staff member signature: _____</p> <p>Date: _____</p> <p>Infection Control Practitioner signature: _____</p> <p>Date: _____</p>

IV	<ul style="list-style-type: none"> • Infection Control personnel must be included in Pre-construction planning meetings and progress meetings. • Infection Control personnel will provide specific education to work crews as warranted, to include new work crews which join the ongoing project in subsequent phases. • Unit Manager must be notified and must sign authorization at right before any work begins. <u>Read Manager statement below before signing.</u> • Authorized PE or Facilities Planning staff member must perform preliminary worksite evaluation of engineering controls and must sign authorization at right before any work begins. • Daily Worksite Checklist must be maintained at the worksite and filled out daily. • Erect, at minimum, floor to ceiling flame resistant visquene barriers, taped at edges, to contain dust. Entryway must be fashioned in a way to allow closure when not in use to prevent dust escape. For extensive projects of long duration, drywall barriers, taped at edges, are required for dust containment. • Negative flow air movement must be maintained at all times to prevent dust dispersal from worksite. Sheet metal staff - check all that have been implemented for this project, and initial: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <ul style="list-style-type: none"> <input type="checkbox"/> Supply air and passive return grilles blocked <input type="checkbox"/> Coarse filter placed over recirculation grille to prevent dust entry <input type="checkbox"/> Unfiltered worksite air exhausted directly outside of building <input type="checkbox"/> HEPA-filtered worksite air exhausted directly outside of building <input type="checkbox"/> HEPA-filtered worksite air recirculated into adjoining interior space <input type="checkbox"/> HEPA-filtered worksite air vented into exhaust duct <input type="checkbox"/> Visquene extended through interstitial to deck <p style="text-align: right;">Initials: _____</p> </div> <ul style="list-style-type: none"> • ONLY UWHC Plant Engineering Sheet Metal personnel are permitted to access or alter exhaust ducts for the purpose of controlling worksite air flow. Sheet Metal staff are responsible for ensuring that this alteration does not overpressurize the exhaust duct. • It may be necessary to block return air grilles in adjacent areas to prevent worksite dust from sifting down into these areas. • It may be necessary to extend visquene barriers through the interstitial area to prevent dust-laden air from traveling into adjacent areas via this airspace. • When possible, worksite trash should be removed directly from the construction area without moving through public or patient-care areas. • If worksite trash must be moved through public or patient care areas, it must be placed into covered bins and transported along a route which minimizes contact with these areas; wipe down bins before removal from the worksite if they are dusty. 	<p>Manager of Unit signature: _____</p> <hr/> <p>Date: _____</p> <p>Authorized PE or Facilities Planning staff member signature: _____</p> <hr/> <p>Date: _____</p> <p>Infection Control Practitioner signature: _____</p> <hr/> <p>Date: _____</p>
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If deficits are discovered, they must be fixed immediately. If you cannot fix the deficit immediately, call Plant Engineering Supervisor at (608) 263-5205 or the Infection Control Practitioner at (608) 262-2122.

UNIT MANAGER: Work is scheduled to be performed on your unit which may elaborate dust and may pose a risk of serious fungal infection to vulnerable patients [e.g., bone marrow transplant patients, solid organ transplant patients (especially those very recently transplanted and those on high dose corticosteroid therapy for rejection), leukemia patients, patients on anti-neoplastic therapy, burn patients, and those with conditions which leave them seriously immunocompromised]. **The proposed work is not permitted to begin until you sign the appropriate authorization line on this form.** Your signature on this form indicates that you have been notified of the work to be performed and that no vulnerable patients need to be relocated from the unit during the service work. **Contact the Infection Control Practitioner on call via the paging operator at 262-2122 if you are not sure of the vulnerability of your patient population or are unclear about what constitutes appropriate precautions.**

AUTHORIZED PLANT ENGINEERING OR FACILITIES PLANNING STAFF MEMBER: The signature of an Authorized Plant Engineering or Facilities Planning staff member is required for level III and IV projects. This signature indicates that the individual has performed the Pre-Construction ICRA and that the necessary precautions have been put into place and a preliminary worksite evaluation has been completed prior to the beginning of work.

INFECTION CONTROL PRACTITIONER: The signature of an Infection Control Practitioner is required, for level III and IV projects. For level III and level IV projects, this signature indicates that the individual has reviewed the ICRA in advance of the project and approves planned engineering controls. The Infection Control Practitioner has the prerogative to implement specific additional control measures or to increase or decrease the overall Infection Control Precaution Level, based on situational patient risk or containment issues.

Preliminary Worksite Evaluation
 (Required prior to work beginning for all level III and IV projects)

Project #: _____

Date: Assessed by:		YES	NO	If no, fixed?		YES	NO	If no, fixed?
	Infection Control Measures in place as described in signed Infection Control Risk Assessment?				Supplies removed and equipment covered if it cannot be removed?			
	Visquene or drywall barriers:				Worksite is at negative pressure:			
	• reach from floor to ceiling				• tissue paper test shows air moves into work area.			
	• reach from ceiling to interstitial deck*				• blocking material on supply/ return air ducts is intact*			
	• no tears, holes, etc							
	• tape at edges is intact							
	• entryway closed when not in use							

*If not applicable to this specific job, mark NA for “not applicable” in the YES column.

If deficits are discovered, they must be fixed immediately. If you cannot fix the deficit immediately, call the Plant Engineering Supervisor at 263-5205 or the Infection Control Practitioner on Call at 262-2122.

Daily Worksite Checklist
(Required for all level III and IV projects)

Project #: _____

	YES	NO	If no, fixed?		YES	NO	If no, fixed?
Date: Assessed by:	Visquene or drywall barriers:			Worksite is at negative pressure:			
	• reach from floor to ceiling			• tissue paper test shows air moves into work area.			
	• reach from ceiling to interstitial deck*			• blocking material on supply/ return air ducts is intact*			
	• no tears, holes, etc			Waste removal:			
	• tape at edges is intact			• trash is transported out of work area along approved route.			
• entryway closed when not in use			• trash is transported out of work area only in covered bins				
Date: Assessed by:	Visquene or drywall barriers:			Worksite is at negative pressure:			
	• reach from floor to ceiling			• tissue paper test shows air moves into work area.			
	• reach from ceiling to interstitial deck*			• blocking material on supply/ return air ducts is intact*			
	• no tears, holes, etc			Waste removal:			
	• tape at edges is intact			• trash is transported out of work area along approved route.			
• entryway closed when not in use			• trash is transported out of work area only in covered bins				
Date: Assessed by:	Visquene or drywall barriers:			Worksite is at negative pressure:			
	• reach from floor to ceiling			• tissue paper test shows air moves into work area.			
	• reach from ceiling to interstitial deck*			• blocking material on supply/ return air ducts is intact*			
	• no tears, holes, etc			Waste removal:			
	• tape at edges is intact			• trash is transported out of work area along approved route.			
• entryway closed when not in use			• trash is transported out of work area only in covered bins				
Date: Assessed by:	Visquene or drywall barriers:			Worksite is at negative pressure:			
	• reach from floor to ceiling			• tissue paper test shows air moves into work area.			
	• reach from ceiling to interstitial deck*			• blocking material on supply/ return air ducts is intact*			
	• no tears, holes, etc			Waste removal:			
	• tape at edges is intact			• trash is transported out of work area along approved route.			
• entryway closed when not in use			• trash is transported out of work area only in covered bins				
Date: Assessed by:	Visquene or drywall barriers:			Worksite is at negative pressure:			
	• reach from floor to ceiling			• tissue paper test shows air moves into work area.			
	• reach from ceiling to interstitial deck*			• blocking material on supply/ return air ducts is intact*			
	• no tears, holes, etc			Waste removal:			
	• tape at edges is intact			• trash is transported out of work area along approved route.			
• entryway closed when not in use			• trash is transported out of work area only in covered bins				

*If not applicable to this specific job, mark NA for “not applicable” in the YES column.

If deficits are discovered, they must be fixed immediately. If you cannot fix the deficit immediately, call the Plant Engineering Supervisor at 263-5205 or the Infection Control Practitioner on Call at 262-2122.

**UWHC INTERIM LIFE SAFETY PROGRAM
ILSM Assessment Form**

Project Name		Project Number		Work Order Number	SR#
Project Description					
Project Location					
<p>Directions: One week prior to initiation of a construction project or outage, review Attachment A of UWHC ILSM Policy 12.45. If required, complete this form, assess the ILSM level, sign, and, if necessary, secure appropriate acknowledgements near the bottom of the form. If an item checked is yes, perform the compensation activity listed within each question and confirm completion by checking the associated box. If the 'Alternative protection' (ALT) box is checked list the alternatives used below item 11. Finally, file the original document in the ILSM binder in the plan room D4/143.</p>					

1.	Will the fire alarm detection system be impaired? <input type="checkbox"/> If yes, Fire Dept. has been notified and fire watch has been scheduled with UWHC Security	Alt <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Will the fire suppression systems (standpipes or sprinklers) be impaired? <input type="checkbox"/> If yes, Fire Dept. has been notified and fire watch has been scheduled with UWHC Security	Alt <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Will #1 or #2 above be impaired for more than 4 hours? <input type="checkbox"/> If yes, Risk Management has been notified to notify insurance carrier.	Alt <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Will #1 or #2 above be impaired for more than 3 months? <input type="checkbox"/> If yes, Safety has been notified to schedule additional fire drill.	Alt <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Will compromised fire or smoke walls remain unresolved during unoccupied hours? <input type="checkbox"/> Fire watch has been scheduled with UWHC Security	Alt <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Will egress or exit paths remain restricted and unsupervised for more than 30 minutes? <input type="checkbox"/> Affected staff have received notification / communication of alternative egress paths <input type="checkbox"/> Temporary signage of alternative egress routing has been installed	Alt <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Will corridors or exterior access to the Emergency Department be restricted? <input type="checkbox"/> Alternate arrangements have been defined and approved by Safety Director	Alt <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	Will smoking be permitted in the construction zone of this project? <input type="checkbox"/> UWHC smoking policy reviewed at pre-construction meeting	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
9.	Will combustible materials in excess of minimum remain onsite during unoccupied hours? <input type="checkbox"/> Contractor has acknowledged responsibility for daily combustibles removal <input type="checkbox"/> Number of contractor provided fire extinguishers have been determined to be _____	Alt <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	Will noise and vibration impair the ability to provide patient care in adjacent areas? <input type="checkbox"/> Affected staff have received notification and agreed to discussed schedule	Alt <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Will utility outages impair the ability to provide patient care in adjacent areas? <input type="checkbox"/> Affected staff have received notification / communication of scheduled outages	Alt <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	Will alternative egress or blue cart routing be required? <input type="checkbox"/> Affected UWHC staff have received notification / communication <input type="checkbox"/> Temporary signage of alternative egress or blue cart routing has been installed	Alt <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
13.	Will additional Life Safety training be required for contractors or staff <input type="checkbox"/> Affected contractor and UWHC staff have received required training	Alt <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

Alternative Life Safety protection has been provided by:

Assessed at Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Project Manager _____ Date _____ <i>**Levels 3 & 4, contact MFD at 608-226-4420 or via email at fire@cityofmadison.com (email preferred)</i>	<u>ILSM Level Definitions</u> All items are checked NO = <u>Level 1</u> ANY item is checked YES = <u>Level 2</u> Item 1,2 or 5 is checked YES = <u>Level 3</u> Item 4 is checked yes = <u>Level 4</u>	If level 2, 3 or 4, send copy directly to Safety Director. Place original in ILSM binder. If other areas will be impacted by project work, send copies of this form to the managers of the affected areas. <u>An ILSM inspection checklist must be completed each work day for all level 2, 3 or 4 projects</u>
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<input type="checkbox"/> Level 3 or Level 4 - The Security Department has been contacted and acknowledges receipt of this notice Security Officer _____ Date _____	<input type="checkbox"/> Level 3 or Level 4 - The Safety Department has been contacted and acknowledges receipt of this notice Safety Officer _____ Date _____
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PLANNING DESIGN & CONSTRUCTION DEPARTMENT PROCEDURE

 University of Wisconsin Hospital and Clinics	Effective Date: 9/21/15		
	Original X Revision	Page 1 of 1	Title: Utility Shutdowns

Purpose: UW Health's General Contractors are being asked to anticipate their utility shutdowns and better communicate their intentions with UWH staff. This early notification will in turn allow UW Health to better coordinate with their trades and provide ample notification to staff and/or patients as needed.

Procedure:

- 1) General Contractor/Subcontractor to investigate the system and determine what area(s) will be affected. Include Facilities and Engineering Services representatives as appropriate.
 - a. GC/Subcontractor to coordinate a shutdown time with the Unit Manager(s), seeking input from Project Manager and Facilities and Engineering Services as needed.
- 2) General Contractor is to fill out the Mechanical/Utility Systems Shutdown Request Form and submit to their UW Health Project Manager at least (3) business days prior to the shutdown.
- 3) UW Health Project Manager will review the request (1 day) then forward on to Facilities and Engineering Services Liaison for their review (1 day).
 - a. Approved: The Project Manager is to email the form to the requestor then set up a placeholder on the PDC-Shutdown Information Calendar. Invites to this appointment along with a copy of the form should go to F&ES Liaison and the Maintenance & Operations Supervisor. The goal is to provide at least one day of notice for the approval.
 - i. The Liaison will then post the form in the Control Room in anticipation of the shutdown.
 - ii. The Project Manager and Trade Lead will be responsible for notifying affected UW Health staff and patients.
 - b. Not Approved: Reviewer must provide an explanation to the requesting General Contractor and work with them to identify a new time.

Attachments: Mechanical/Utility Systems Shutdown Request Form

<J:\Admin\SHAREALL\PLANNING DESIGN AND CONSTRUCTION\ Project Manual\Forms>



MECHANICAL/UTILITY SYSTEMS SHUTDOWN REQUEST FORM

NOTE: THIS FORM MUST BE SUBMITTED TO A UWHC CONSTRUCTION COORDINATOR A MINIMUM OF 3 BUSINESS DAYS PRIOR TO THE SCHEDULED SHUTDOWN. NO SHUTDOWN SHOULD PROCEED WITHOUT PRIOR AUTHORIZATION FROM A UWHC PD&C OR FACILITIES & ENGINEERING SERVICES REPRESENTATIVE.

GENERAL CONTRACTOR INFORMATION

NAME:

PHONE#:

COMPANY:

UWH PROJECT:

TODAY'S DATE:

INDIVIDUAL PERFORMING SHUTDOWN

NAME:

COMPANY NAME:

PHONE:

WO#:

UWH PROJECT MGR:

DESCRIBE WORK BEING PERFORMED:

SYSTEM(S) AFFECTED:

<input type="checkbox"/> CHILLED WATER	<input type="checkbox"/> MEDICAL GAS**	<input type="checkbox"/> ELECTRICAL POWER
<input type="checkbox"/> DOM HOT WATER	<input type="checkbox"/> FIRE SPRINKLER***	<input type="checkbox"/> LIGHTING
<input type="checkbox"/> DOM COLD WATER	<input type="checkbox"/> SMOKE/FIRE ALARM***	<input type="checkbox"/> BUILDING AUTOMATION
<input type="checkbox"/> HVAC	<input type="checkbox"/> SWISS LOG	<input type="checkbox"/> NURSE CALL
<input type="checkbox"/> STEAM/HEAT PIPING	<input type="checkbox"/> WASTE/VENT	<input type="checkbox"/> OTHER: <input type="text"/>

**Open Medical Gas systems must be recertified prior to occupancy.

***For shutdowns >4 hrs, MFD must be notified and approved fire watch provided per NFPA 101 9.6.1.8 & 9.7.6.1

PROPOSED DATE(S) (MIN 3 BUSN DAY NOTICE REQD)	<input type="text"/>
PROPOSED START TIME(S) OF SHUTDOWN:	<input type="text"/>
PROPOSED DURATION OF SHUTDOWN:	<input type="text"/>
AREA(S) AFFECTED BY SHUTDOWN (eg. G5/203):	<input type="text"/>

Has shutdown been coordinated with Manager of affected unit(s)? YES NO

Drawing attached identifying areas affected by shutdown? YES NO

Will a Hot Work Permit be required for this work? YES NO

Other considerations requiring UWHC assistance:

TO BE REVIEWED AND APPROVED BY UWH FACILITIES & ENGINEERING SERVICES REPRESENTATIVE AND PROJECT MANAGER.

APPROVED AS SUBMITTED

APPROVED AS MODIFIED

NOT APPROVED, REASON:

PD&C REPRESENTATIVE: _____

F&ES REPRESENTATIVE: _____

DATE: _____

DATE: _____

**PLANNING DESIGN & CONSTRUCTION DEPARTMENT
PROCEDURE**

 University of Wisconsin Hospital and Clinics	Effective Date: 9/21/15		
	Original X Revision	Page 1 of 1	Title: Interstitial Space Guidelines

Purpose: To emphasize safe working standards and ensure the safety of patients, visitors and staff located below the interstitial spaces.

Procedure:

- 1) Review and provide contractor with the following guidelines prior to any work occurring in the interstitial spaces.
 - a. When working above a room, notify the occupants, or, if unoccupied, tag the door to indicate you will be working above.
 - b. Noise level must be kept to a minimum - communication and radios will be heard below.
 - c. Non-combustible bridging materials must be used when working off the catwalk. Never try to stretch from joist to joist without having hold of something dependably secure. Keep in mind that it is easy to lose your footing and fall through.
 - d. Fall protection rules apply so plan accordingly.
 - e. All tools and materials must be secure at all times to avoid dropping anything below. Use tool belts, bags, or buckets to keep loose parts from falling free. Any incident, including near misses that involve patients, visitors or staff must be reported to your construction coordinator, their supervisor and the Safety Manager as soon as possible.
 - f. Repair or report all unsealed firewall penetrations.
 - g. Remove all debris from the interstitial space at the completion of the work or at the end of the day.
 - h. Never core drill without a catch person below to catch anything that might fall through.
 - i. Do not tie or prop interstitial doors open. This is a fire code violation and will endanger other areas of the building in the event of a fire by allowing the spread of smoke and other products of combustion.

**PLANNING DESIGN & CONSTRUCTION DEPARTMENT
PROCEDURE**

UWHealth University of Wisconsin Hospital and Clinics	Effective Date: 9/21/15		
	Original X Revision	Page 1 of 1	Title: Interstitial Space Guidelines

- j. Do not use open flame without obtaining a Hot Work Permit (refer to Hot Work procedure for more information).
- k. Beware of sprinkler heads and other objects protruding into head space. Hard hats are recommended but sometimes not practical. Check ahead periodically while walking through catwalk.
- l. Keep catwalks clear of materials and other obstructions at all times in order to maintain a usable fire patch.
- m. Fire blankets on catwalks or on non-combustible bridging materials should be used to prevent materials, tool and items from falling to the floor below.

PLANNING DESIGN & CONSTRUCTION DEPARTMENT PROCEDURE

 University of Wisconsin Hospital and Clinics	Effective Date: 9/21/15		
	Original X Revision	Page 1 of 1	Title: Hot Work

Purpose: To protect the safety of patients, visitors and the physical environment by ensuring that staff take appropriate safety precautions while conducting hot work.

Fire is one of the most serious issues facing UWHC. The supervisor issuing the permit, employees and outside contractors conducting hot work are all responsible for making sure the safety of the occupants and UWHC property is protected.

Hot Work Procedure: General Contractors and Construction Managers hired by UWHCA to complete projects are responsible for monitoring all construction related activities performed by their subcontractors. The following hot work procedure should be followed by all GC/CM.

1. Whenever open flame or spark producing work is to be completed, a Hot Work Permit must be obtained from the GC/CM Superintendent at least 24 hours prior to performing the work. Hot Work Permits must be issued for a specific task and location, and can only be issued for one week at a time.
 - White Copy: remains with the GC/CM Superintendent
 - Carbon Copy: should be displayed at the location of the Hot Work
2. GC/CM representatives should keep all open Hot Work Permits in a centralized location so they can report the number and location of permits issued at any time.
3. The contractor will notify the Facilities and Engineering Services Control Room (263-5205) daily of:
 - Time work will occur
 - Estimated duration
 - Location of the work being completed
4. When work is complete, the contractor will again notify the Facilities and Engineering Services Control Room (263-5205) of completion. The carbon copy of the permit should then be returned to the GC/CM Superintendent that issued the permit.
 - All permits will be retained by the GC/CM and delivered to the respective UWHC Construction Coordinator on a bi-weekly basis.

Note: For construction projects where a GC/CM has not been hired by UWHCA to manage the project, contractors should obtain the Hot Work Permit from a UWHC Planning, Design and Construction Coordinator.

Any Open Flame or Spark Producing Work

1. Fire prevention precautions: Open flame or spark producing work shall be permitted only in areas that are or have been made fire safe. When work cannot be moved practically, as in most

PLANNING DESIGN & CONSTRUCTION DEPARTMENT PROCEDURE

UWHealth University of Wisconsin Hospital and Clinics	Effective Date: 9/21/15		
	Original X Revision	Page 1 of 1	Title: Hot Work

construction work, the area shall be made safe by removing combustibles or protecting combustibles from ignition sources.

2. Wherever there are floor openings or cracks in the flooring that cannot be closed, precautions shall be taken so that no readily combustible materials on the floor below will be exposed to sparks that might drop through the floor. The same precautions shall be observed with regard to cracks or holes in walls, open doorways and open or broken windows.
3. The individual performing the hot work will have a fire-extinguisher on hand and be familiar with the UWHC procedures for sounding the alarm in the event of a fire.
4. A fire watch must be maintained for at least 30 minutes after each hot work activity by a competent person to detect and extinguish possible smoldering fires. Firewatchers shall have fire extinguishing equipment readily available and be trained in its use. They should be familiar with UWHC procedures for sounding the alarm in the event of a fire. They shall watch for fires in all exposed areas and try to extinguish them only when obviously within the capacity of the equipment available. Otherwise, they should sound the alarm.

PLANNING DESIGN & CONSTRUCTION DEPARTMENT PROCEDURE

 University of Wisconsin Hospital and Clinics	Effective Date: 9/21/15		
	Original X Revision	Page 1 of 1	Title: Hot Work

Risk Engineering

Permit for welding, cutting, hot work



ZURICH

**BEFORE STARTING HOT WORK, REVIEW ALL SAFETY PRECAUTIONS.
CAN THIS JOB BE AVOIDED OR IS THERE A SAFER WAY?**

This permit is required for any temporary operation involving open flame or producing heat and/or sparks: welding, cutting, brazing, grinding, soldering, or using a torch to thaw piping or heat material. The permit applies to only this job, in the area specified, during the time and date noted.

Instructions

- Supervisor
1. Complete precaution and safeguard checklist at right.
 2. Complete this form and retain Part 1
 3. Issue Part 2 to competent person doing the job.
 4. Verify fire watch.

Permit information

Hot work done by

Employee

Contractor

Permit number

Location/building/floor

Work to be done

Person doing job (print and sign name)

Supervisor signature

I have verified that the above location has been inspected and the required precautions and safeguards have been taken. Permission is authorized only for the above work.

Date permit expires Time

Date work completed Time

Welder signature

Precaution and safeguard checklist

Sprinkler protection in service and hose and extinguishers available.

Hot work equipment in good repair.

Requirements within 35 feet (11 meters) of work

Flammable liquids and combustible material removed from area.

Floors swept and overhead structure clean from dust, lint and debris.

Fire-resistive covers and metal shields provided as needed.

All floor and wall openings covered and/or protected. Walls/ceilings: remove combustibles away from opposite side or adjacent structures.

Work on enclosed equipment

Adequate ventilation provided.

Thoroughly clean and remove all flammables and combustibles.

Atmosphere checked with gas detector.

Purge any flammable vapors.

Concealed space/facelockout permits, if required.

Fire watch

Trained and equipped fire watch provided during operations and at least 30 minutes after. (Note: 60 minutes for torch applied roofing.)

Special instructions

Final check-up date Time

Fire watcher signature

1.41 UWHC Smoke Free/Tobacco Free Workplace

Category: [UWHC Administrative Policy](#)
Policy Number: 1.41
Effective Date: April 1, 2014
Version: Revision
Section: [Administration \(Hospital Administrative\)](#)

[Print](#)

I. PURPOSE

As a leader in health care, UWHC is committed to creating a smoke free campus for all UWHC employees, medical staff, volunteers, patients, and visitors, both inside and outside of UWHC's facilities. Smoking is widely recognized as the single most important cause of preventable human disease, including lung cancer, heart disease, and emphysema. Second-hand smoke can also cause the same health problems in non-smokers.

II. POLICY

- A. Smoking and/or use of tobacco products (cigarettes, cigars, chewing tobacco, snuff, pipes, etc.) in any indoor or outdoor areas of all UWHC campuses, buildings and premises is prohibited. This includes all offsite clinics, leased facilities, grounds, parking lots, ramps or in vehicles.
- B. Mechanical or electronic cigarettes (e-cigs, vapor cigarettes, etc.) are also prohibited under this policy.
- C. No tobacco sales will occur on UWHC premises.
- D. This policy applies to buildings, grounds or other facilities owned or operated by UWHC and is specific to UWHC employees, medical staff, students, contractors, patients, visitors and others subject to UWHC control.

III. DEFINITIONS

- A. Campus or Health Sciences Center is defined as those areas indicated on the attached campus map, including buildings and grounds owned or operated by UWHC, UW School of Medicine and Public Health (UWSMPH), and/or UW School of Nursing (UWSON).

IV. PROCEDURE

- A. During the interview process, UWHC Recruitment representative will inform potential employees of this policy.
- B. All UWHC employees, students, and others attending mandatory New Employee Orientation (NEO) will be notified of this policy during NEO and periodically thereafter.
- C. UWHC management will provide copies of this policy to employees, students, and others as appropriate. Additionally, this policy shall be available on U-Connect.
- D. UWHC Plant Engineering will provide contractors, and the UWHC Vendor Liaison Office will provide vendors, with copies of this policy before their scheduled work on UWHC premises.
- E. UWHC visitors and patients will be made aware of this policy through signage and brochures available at the facilities and via the UW Health website under "Patients' Rights and Responsibilities".
- F. Recognizing the addictive nature of tobacco products, UWHC will support the efforts of smoking employees who choose to quit smoking. Employees wishing for assistance should contact Employee Health Services (EHS) at 263-7535. EHS will also provide a bi-annual educational program for hospital employees on the dangers of smoking. Department managers are encouraged to refer employees to EHS for assistance with smoking cessation.
- G. All employees and visitors shall restrict smoking to areas not on the Health Sciences campus. Employees who choose to smoke will need to do so off-campus during non-working hours.

V. ENFORCEMENT

- A. UWHC will be responsible for enforcement of the smoking ban on property under its control. However, all faculty, staff, patients, and visitors are encouraged to ask those in violation to stop smoking on campus areas.
- B. UWHC Security staff will approach individuals smoking or using tobacco products on campus. Security will remind such individuals of the policy and, for employees, will complete a report for supervisory follow-up for UWHC employees smoking on UWHC owned or controlled property.
- C. UWHC employees who violate this policy may be subject to counseling or discipline up to including discharge from employment. Responsibility for enforcement rests with appropriate supervisory staff, department managers and the Human Resources Department.

- D. All employees within UWHC are encouraged to assist in the education and enforcement of compliance with the smoking policy by visitors and patients. When patients and visitors do not comply with the smoking policy, staff should politely ask them to stop smoking. The unit supervisor should be notified if the patient or visitor refuses to comply, and the physician of record will then be asked to intervene. Visitors who do not comply with the request to stop smoking will be escorted from the premises by Security.
- E. Violation of this policy by contractors/vendors will be reported to the Vendor Liaison Office for follow-up or handled in accordance with the contract or other document governing UWHC's relationship with the contractor/vendor.

VI. MODIFICATIONS

This Policy creates no rights, contractual or otherwise. Statements of policy obtained herein are not made for the purpose of inducing any person to become or remain an employee of UWHC, and should not be considered "promises" or as granting "property" rights. UWHC may add to, subtract from and/or modify this Policy at any time. Nothing contained in this Policy impairs the right of a non-represented employee or UWHC to terminate the employment relationship at-will. For represented employees, who are not at-will employees, this policy does not supersede, limit nor grant any rights beyond those provided by the applicable collective bargaining agreement.

VII. REFERENCES

Hospital Administrative Policy 9.04-Work Rules: UWHC Authority

VIII. COORDINATION

Sr. Management Sponsor: VP, Facilities & Support Services
Author: VP, Facilities & Support Services

Approval Committee: Administrative Policy and Procedure Committee

SIGNED BY

Donna Katen-Bahensky
President & CEO



Administrative (Non-Clinical) Policy

Category:

- UWHC only (Hospital Administrative-entity wide) UWMF only (entity wide)
 UWHC Departmental (indicate name) UWMF Departmental (indicate name)
 UWHC and UWMF (shared)

Policy Title: **Use of Wireless Communications and Control Devices
(Electromagnetic Interference (EMI))**

Policy Number: **12.23**

Effective Date: July 1, 2015

Chapter: Environmental Safety

Version: Revision

I. PURPOSE

The elimination of electromagnetic interference (EMI) to UWHC patient care equipment by restricting the use of wireless communications and control devices that demonstrate adverse effects in the patient care environment.

II. POLICY

During equipment orientation, all UWHC staff will be trained in the general recognition and elimination of interference from radio emitting devices and remote controls. If staff works with equipment that may cause interference or is extremely susceptible to interference, the orientation will also cover recognition and elimination of interference with equipment used in their specific work environment. Incidents of EMI interference with patient care equipment should be reported to Clinical Engineering at 608-263-5208. Clinical Engineering will investigate the situation and determine (if possible) the source of the interference. Continued use of devices demonstrated to be a cause of interference is prohibited.

Clinical Engineering will maintain a database of frequencies currently being used by UWHC. Those interested in using a radio emitting device within UWHC on a regular basis should consult this database prior to purchase or use. It is available by contacting Clinical Engineering at 608-263-5208

The Purchasing Department will insure that Clinical Engineering and Telecommunications approve all new wireless communications and control devices. Clinical Engineering can provide assistance with determination of potential conflicts with patient care equipment and existing wireless devices. In addition, Clinical Engineering can provide and review specifications for new wireless equipment.

III. PROCEDURE

- A. Most clinical equipment is designed to be shielded from the adverse effects of unwanted radio emissions. However, some devices, when operated within a relatively short distance of patient care equipment, can cause noise in diagnostic information or undesired changes in operation. These devices include but are not limited to:
1. Cellular and cordless telephones.

2. Personal devices, tablets, or readers that have wireless capabilities.
 3. Bluetooth wireless devices.
 4. Citizens Band (CB) radios including walkie-talkies and other personal communication devices in the general mobile radio services (GMRS) frequency range.
 5. Amateur radio transceivers where the actual point of radiation (antenna) is within the restricted area.
 6. Devices and games operated by remote control.
- B. Due to a minor risk of interference from cell phones, it is recommended that a distance of at least three (3) feet must be maintained when operating a cell phone near clinical equipment and antenna systems. It is also recommended that cell phones be powered off when carried into highly instrumented clinical areas (critical care units, emergency room, diagnostic imaging, and clinical laboratories). Testing conducted by ECRI (Emergency Care Research Institute) shows that most patient care equipment will operate safely if cell phone and other low level radio transmitting devices are kept at least three (3) feet from the equipment. (See Reference)
 - C. Walkie-talkie and FRS (Family Radio Service) radios have been shown to cause interference when used at distances of less than twenty to twenty-five (20-25) feet from clinical equipment and antenna systems. Therefore, a minimum distance of twenty (20) feet must be maintained away from clinical equipment and antenna systems when transmitting on a walkie-talkie or FRS radio. Walkie-talkie and FRS radios can safely be operated in 'listen' mode near clinical equipment, however, except for emergencies the radio should be moved at least 20 feet away before transmitting.
 - D. When an activated device causes interference with clinical equipment, UWHC staff should instruct the owner to immediately discontinue the use of their device or move it to a location far enough away to eliminate the interference.
 - E. Hospital personnel should constantly be alert to the introduction of equipment that may adversely affect clinical equipment. When interference is noted, all local radio emitting and remote control equipment should be suspect. Users of the interfering equipment should be told to discontinue use of their equipment.
 - F. Radio devices, furnished by UWHC, must be used within the guidelines established by the engineering and telecommunications departments. Staff who are issued radio equipment should be trained in the proper use of the equipment and to be on the lookout for interference with patient care equipment. The Clinical Engineering department will provide training.
 - G. Contractors, who will be using devices emitting radio frequencies, should contact the Clinical Engineering department prior to beginning work within UWHC facilities to have their equipment evaluated for possible of interference with medical equipment.
 - H. Use of non-cellular two-way radios (walkie-talkies, FRS, etc.) is prohibited by patients and visitors.
 - I. Continued use of devices demonstrated to interfere with clinical equipment is prohibited.

V. REFERENCE

Guidance Article: Cell Phones and Electromagnetic Interference Revisited, Health Devices, pages 449 - 456, December 2006

VI. COORDINATION

Sr. Management Sponsor: VP, Facilities & Support Services
 Authors: Director, Life Safety

Approval Committee(s): Environment of Care Safety Committee, Administrative Policy and Procedure Committee

SIGNED BY

Ronald Sliwinski
President & CEO

Revision Detail:

Previous revision: 072012
Next revision: 072018



Administrative (Non-Clinical) Policy

This administrative policy applies to the operations and staff of the University of Wisconsin Hospitals and Clinics Authority as integrated effective July 1, 2015, including the legacy operations and staff of University of Wisconsin Hospital and Clinics and University of Wisconsin Medical Foundation.

Policy Title: **Equal Employment Opportunity and Non-Discrimination**

Policy Number: **9.27**

Effective Date: March 1, 2016

Chapter: Human Resources

Version: Revision

I. PURPOSE

UW Health's policy and philosophy is to provide equal employment opportunity to applicants and employees in all aspects of the employer/employee relationship. This policy will be communicated to individuals attending New Employee Orientation and shall be available at all times on U-Connect.

II. POLICY

A. Equal Employment Opportunity

1. All UW Health employment activities are conducted without regard to age, race, color, creed or religion, disability, sex, marital status, national origin, ancestry, arrest or conviction record, sexual orientation, gender identity or expression, use or non-use of lawful products off the employer's premises during non-working hours (i.e., tobacco, alcohol) military obligations, or any other basis prohibited under federal, state or local laws.

All employment decisions will be made in accordance with these principles. All employment-related programs will be administered in a manner consistent with these principles.

2. It is a violation of this policy, and may also be strictly prohibited by federal, state and local laws, to discriminate in the provision of employment opportunities, benefits or privileges, to create discriminatory work conditions, or to use discriminatory evaluative standards in employment if the basis of that discriminatory treatment is, in whole or in part, because of the person's age, race, color, creed or religion, disability, sex, marital status, national origin, ancestry, arrest or conviction record, sexual orientation, gender identity or expression, use or non-use of lawful products off the employer's premises during non-working hours (i.e., tobacco, alcohol), military obligations, or any other basis prohibited under federal, state or local laws.

Sex, age or religion will be employment determinants only in the case of a bona fide occupational requirement. Discrimination in violation of this policy will be subject to disciplinary action, up to and including termination of employment.

B. Non-Discrimination/Harassment/Retaliation

1. It is UW Health's policy to provide a work environment free from unlawful discrimination and harassment for all persons. Discrimination and harassment are unacceptable and will not be tolerated. Complaints of discrimination and harassment will

- be investigated and resolved in accordance with this policy and any applicable federal, state and local laws.
2. Retaliation against an employee for bringing a discrimination or harassment concern or complaint in good faith, or for participating in an investigation of such a concern or complaint, is prohibited. Retaliation is serious offense and can lead to disciplinary action independent of the merits of the underlying allegations and is prohibited by state and federal law. Before initiating a review of the allegations or interviewing any witness or accused employee, the department and/or the Employee Relations Department within Human Resources will discuss this non-retaliation policy with the employee, witnesses, and the accused.
 3. This policy applies to all communications and transmissions, including telephone conversations, voice mail, hard copy communications, face-to-face discussions, communications through e-mail and any other technology
 4. UW Health does not tolerate discourteous or disrespectful conduct by employees in the workplace or at off-site organizationally sponsored events. This includes, but is not limited to, disruptive, offensive, intimidating, disrespectful, or other behaviors that create a risk to the health and safety of employees and patients. Complaints alleging such conduct will be addressed in a prompt and appropriate manner. Confidentiality of those involved will be kept to the extent possible and consistent with the need for a thorough investigation.

III. PERSONS AFFECTED

This policy applies to all persons performing work for University of Wisconsin Hospitals and Clinics (UWHC) and the University of Wisconsin Medical Foundation (UWMF), including regular employees, physicians, temporary employees, students, employees of agencies doing business on UW Health property, and third parties (i.e., vendors, contractors).

IV. DEFINITIONS

Harassment:

Any verbal, written, visual, physical or other conduct that creates a promise or implied promise of preferential treatment or negative consequences regarding employment decision or status, unreasonably interferes with an individual's work performance, creates an intimidating, hostile or offensive work environment, or otherwise adversely affects an individual's employment opportunities because of that individual's age, race, creed, religion, color, disability, sex, marital status, national origin, ancestry, arrest or conviction record, sexual orientation, gender identity or expression, use or non-use of lawful products off the employer's premises during non-working hours (i.e., tobacco or alcohol), or membership in the National Guard, or any military reserve unit. Harassment includes, but is not limited to, verbal and/or physical abuse, unwanted sexual advances, vulgar or derogatory language, displaying of offensive objects, gestures, pictures, cartoons or materials, use of demeaning language, and lewd or offensive jokes.

Sexual Harassment:

Any unwelcome sexual advances, unwelcome requests for sexual favors, unwelcome physical contact of a sexual nature or unwelcome verbal or physical conduct of a sexual nature or other conduct that creates a promise or implied promise of preferential treatment or negative consequences regarding employment decision or status. Sexual harassment includes conduct directed by a person at another person of the same or opposite gender. Unwelcome verbal or physical conduct of a sexual nature includes, but is not limited to, the deliberate, repeated making of unsolicited gestures or comments of a sexual nature; the deliberate, repeated display of offensive sexually graphic materials which is not necessary for business purposes; or

deliberate verbal or physical conduct of a sexual nature, whether or not repeated, that is sufficiently severe to interfere substantially with an employee's work performance or to create an intimidating, hostile or offensive work environment. No supervisory employee shall engage in a consensual sexual or romantic relationship with a subordinate employee. [UW Health Code of Conduct]

Discrimination:

Any unfavorable or unfair treatment because of an individual's age, race, color, creed or religion, disability, sex, marital status, national origin, ancestry, arrest or conviction record, sexual orientation, gender identity or expression, use or non-use of lawful products off the employer's premises during non-working hours (i.e., tobacco, alcohol), or military obligations.

Retaliation:

Any adverse action taken against an employee because the employee objected to conduct prohibited by this policy and/or participated in a complaint process pursuant to this policy, regardless of the merits or outcome of the underlying complaint.

V. PROCEDURE

A. Complaint Procedure

1. UW Health requires the reporting of all incidents related to this policy (harassment, discrimination and/or retaliation) regardless of the alleged offender's identity or position.
2. Employees who believe they may have been subjected to behavior in violation of this policy may address their concerns in one or more of the following ways:
 - a. Object to the behavior by specifically telling the offender the conduct is inappropriate or offensive and ask that it stop. If this option is pursued, the employee should also advise their manager or the Employee Relations (ER) Team within Human Resources (HR) department.
 - b. Raise the complaint with their supervisor (unless the supervisor is the source of the complaint) or any other member of management; or
 - c. Raise the complaint with ER directly by phone at 608.263.6500; in person (by appointment whenever feasible) at 301 S. Westfield Road, Suite 350, Madison, WI 53717 or via email HREmpRelations@uwhealth.org.
3. If an employee informs a supervisor that he/she is the subject of harassment, discrimination or retaliation, the supervisor must promptly consult with their Manager and/or their ER Team contact to resolve the matter.
4. Complaints received through any means will be acknowledged within five (5) calendar days. Such acknowledgement may be verbal or in writing.
5. In consultation with the supervisor or manager, ER will conduct a review of the allegations in order to clarify the nature of the complaint and understand the relief desired by the employee. Translators, interpreters and/or readers will be provided as needed during the complaint and investigation process. After the review of the complaint has been completed, ER will notify the employee of UW Health's response to the complaint within ninety (90) days of receipt of the complaint or upon completion of the investigation. This notification may be verbal or in writing.
6. If a complaint involves conduct by a patient, the complaint should be referred to Patient Relations, who will consult with the ER Team as needed.

B. Resolution

1. The department and/or ER will consult with the appropriate department manager and/or administrator in the resolution of the complaint. Corrective action will be taken when evidence of discrimination, harassment or retaliation has been found.

2. Any employee who engaged in discrimination, harassment, or retaliation or permitted employees under his/her supervision to engage in such prohibited conduct may be subjected to discipline or other corrective action, up to termination of employment, if an investigation concludes harassment, discrimination or retaliation occurred.
 3. Disciplinary action may include a verbal reprimand, written reprimand, a disciplinary transfer to another job location, demotion or loss of merit pay, or other appropriate action including termination of employment depending upon the severity and pervasiveness of the misconduct. Other corrective action may be taken as appropriate.
 4. Discrimination, harassment and retaliation will not be tolerated. Employees who commit such acts may be subject to immediate termination of employment for a single offense.
 5. In all cases, managers are obligated to take immediate action to eliminate harassment, discrimination or retaliation from the workplace by responding to complaints in a serious and timely manner. A manager's own conduct must demonstrate a commitment to ensuring a work environment free from such conduct. Supervisors who knowingly allow or tolerate behavior or conduct in violation of this policy may be subject to discipline, up to and including termination of employment.
- C. Other Appeal Options
- In addition to this policy, employees may pursue recourse with any of the agencies listed below:
1. Department of Workforce Development, Equal Rights Division
 2. U.S. Department of Justice, Equal Employment Opportunity Commission
 3. U.S. Department of Labor, Office of Federal Contract Compliance Programs
 4. Other appropriate federal office for civil rights (depending on the source of federal funds)
 5. Persons wishing to file a formal complaint should contact the appropriate agency or website for instructions and forms. Complaints of discrimination, harassment and/or retaliation must be filed within 300 days from the time of the alleged wrongful act. Filing times may be extended if deemed necessary.
- D. Confidentiality and Documentation Retention
1. All information obtained related to a complaint is to be held in strict confidence and only disclosed on a need-to-know basis to investigate and resolve the matter, to the extent provided by law. However, the identity of the complainant usually is revealed to the accused and witnesses.
 2. Documentation collected in connection with this type of investigation will be maintained by the ER department within HR for a period of three (3) years after the complaint has been resolved.
 3. No record of a complaint is kept in the complainant's personnel file unless the investigation concludes that the complaint was reckless or frivolous.

VI. REFERENCES

Age Discrimination in Employment Act, 29 U.S.C. §621, et seq.
 Americans with Disabilities Act, 42 U.S.C. §12101, et seq.
 Equal Pay Act of 1963
 Title VII of the Civil Rights Act of 1964, 42 U.S.C. §2000e, et seq.
 Wisconsin Fair Employment Act, Wis. Stat. §111.31 et seq.
 Hospital Administrative Policy 1.29, Use of Internet Technology via Hospital Resources
 Hospital Administrative Policy 9.04, Work Rules: UWHC Authority
 Hospital Administrative Policy 9.54, Formal Appeals of Employee Discipline
 UW Health Code of Conduct

VII. MODIFICATIONS

This Policy creates no rights, contractual or otherwise. Statements of policy obtained herein are not made for the purpose of inducing any person to become or remain an employee of UWHC, and should not be considered "promises" or as granting "property" rights. UWHC may add to, subtract from and/or modify this Policy at any time. Nothing contained in this Policy impairs the right of an employee or UWHC to terminate the employment relationship at-will

VIII. COORDINATION

Sr. Management Sponsor: VP, Human Resources
Author: Director, Employee Relations

Approval Committee: UW Health Administrative Policy and Procedure Committee

SIGNED BY

Ronald Sliwinski
President, University of Wisconsin Hospitals
Chief of Clinical Operations

Revision Detail:

Previous revision: 022013
Next revision: 032019

UWHC QUICK RESPONSE GUIDE

What is an Emergency?

An emergency is any immediate threat to life and/or property that requires immediate response from internal first responders or local emergency services (Police, Fire or EMS). Some examples of emergencies are crimes in progress, any kind of serious injury or illness.

When Reporting an Emergency

- Stay on the line with the dispatcher
- Provide the location and a description of the emergency
- Provide the phone number at your location

Important Numbers

UWHC Response Team Request Stroke Team, Code Blue (Blue Cart), Medical Response, Behavioral Response, STAT pages	262-0000
Code Red–Fire If you see/smell smoke/fire, pull fire alarm and then call	On Campus *333 Off Site 911
Hospital Security	890-5555
Utility/Equipment Failures	263-5205
Poison Control	800-222-1222
Emergency Update Lines	890-6000 or 888-596-6665
Health Care Command Center (HCC) - (if activated)	Primary 890-9392 Secondary 890-9088
Paging for Administrator on Call (AOC), Central Nursing Coordinator, Safety Director	262-2122
Medical Equipment Failures	263-5208
UWHC Safety	Page 3969
UWMF Safety	Page 376-6524
UW Madison Campus Safety	262-2957
UW Police (UWPD)	911
UWHC Paging	262-2122

Building Specific Information	Contact Name	Phone Number
Facility Manager		
Emergencies		
Non-emergency Fire		
Non-emergency Police		
Safety		

Area Specific Information	Contact Name	Phone Number
Manager		
Safety		

UWHC Quick Response Guide

The Quick Response Guide has been prepared to provide UWHC employees with basic instructions on how to respond to emergencies. The guide does not cover every action you should take during an emergency and does not replace the UWHC Emergency Operations Plan (EOP). This guide serves as a quick reference to remind staff of important actions to be taken. All employees should review and be familiar with the Quick Response Guide, UWHC Emergency Operations Plan, and department specific Procedures before an emergency occurrence. **The most effective response to an emergency is when everyone is prepared!**

This guide defines the immediate actions of all staff. During an emergency, you should choose the most appropriate category and take actions based on the role you are serving at the time. Additional actions, area specific information and documentation of the emergency are defined and expanded in the companion pocket guide entitled “Emergency Response Guide.”

The full and complete Emergency Operations Plan is available on U-Connect > Safety Department Website > Emergency Management tab > Emergency Operations Plan

There are blank sections that should be completed and updated by specific units/departments. Once completed, the Quick Emergency Response Guide should be kept in a readily accessible location, such as hanging on a wall near your phone.

Note: UWHC has institutionalized the Hospital Incident Command System (HICS) to manage all emergency incidents. If you are serving in a Command or General Staff position as part of the Hospital Incident Command System refer to your specific HICS checklist.

Important Numbers and Pertinent Information

Plan Activation

Depending on the incident, the Emergency Operations Plan (EOP) and Health Care Command Center (HCC) activation levels may occur in succession or simultaneously and the activation of one should not hinder the activation of the other. Activation moves from higher number to lower; the lower the number, the more intense/impacting the event.

EOP Activation

Level 3: Advisory - Monitor situation - At this level of activation, the Administrator on Call (AOC) shall monitor conditions and activate the HCC and EOP as required. For any situation in which activation is likely to occur or conditions may change rapidly such as severe weather watches.

Level 2: Alert - Share information and alert others - For any incident which has special or unusual characteristics, outside those of normal operations, requiring a general facilitation of information sharing. At this level of activation, the AOC and Incident Commander's role is to ensure that essential staff is informed of the situation.

Level 1: Activate - Call a Code or Activate the Plan - As an incident increases in impact or complexity, it may be necessary to facilitate response and share information among a larger population. If the incident requires activities such as the acquisition and use of specialized resources from other departments within UWHC, or the reallocation of staff to support other facilities/departments, the EOP should be activated and the AOC, Incident Commander and UWHC staff involved should utilize the principles, policies and procedures laid out in the EOP.

Levels of Activation

Health Care Command Center (HCC) (a.k.a. Incident Command)

As additional support is needed, the Administrator on Call (AOC) or Incident Commander (IC) can activate the HCC. Typically, an incident that would benefit from HCC activation requires the coordinated response of multiple resources at all levels of the hospital and/or other UWHC facilities. Management of these emergencies will involve the implementation of the EOP.

Level 4 Event: Advisory - The AOC is on call 24 hours a day to receive calls from facilities and Department relating to emergency situations. The AOC may also issue precautionary statements to staff and visitors or share information internally or with external stakeholders as needed.

Level 3 Event: Minimal Activation - This activation is intended to actively monitor Severe Weather conditions or other conditions as needed. This level may also be activated if an Incident Commander is designated for a smaller incident and the AOC identifies the need to closely monitor the ongoing situation. At this level of event, UWHC areas are not asking for assistance or resources.

Level 2 Event: Partial Activation - The AOC may activate the HCC to this level and assign personnel as needed to support the incident. The AOC will become the HCC Manager upon activation of the HCC.

Level 1 Event: Full Activation - This activation triggers all departments to follow the EOP for the event. Command is fully established while the incident is managed. Communication with other agencies and organizations may occur.

Important Locations

AOC Advisory Room	J4/802
Health Care Command Center	AFCH 1335
Family Waiting Area	F8/170-172
Media Staging Room (Press Room)	H6/215
Labor Pool	J5/130

- Specific Triage areas for Medical Surge events – determined by the Emergency Department during event
- Health Care Command Center (HCC) Manager: Always the AOC. The AOC could represent the HCC Manager and the IC in some situations.
- Incident Commander (IC): The person at the site of the incident with knowledge and authority to deal with the incident
- Labor Pool: If an EOP calls for activation of a Labor Pool or for staff to report to assist in an event, staff should report to the designated Labor Pool and await instructions and assignment.

CODE BLACK – Bomb Threat/Found

If you receive a bomb threat via phone:

- Keep CALM and continue talking to the caller obtaining as much information as possible
- Complete the CODE BLACK—Bomb Threat information form (Example on reverse; access a fillable form on U-Connect) and fax to UWHC Security, 265-7278
- Do not hang up; stretch out the conversation
- Signal a co-worker to call UWHC Security, 890-5555
- Notify your immediate supervisor

Area Level Scan

If directed, participate in an area level scan for suspicious items or persons.

- Scan the areas within your location for odd, out of place items
- Do not open cabinets or drawers
- Scan from the outside in, toward the center of area
- If a suspicious item is found, write down location and description and continue until entire area has been scanned
- Don't stop scanning – there may be more than one!
- Give particular attention to the following areas: public accessible areas, trash receptacles, under desks/chairs, closets, nooks

If a suspicious person or package is discovered:

- Do NOT move the item or confront the person
- Report the situation and location
 - On Campus, call UWHC Security, 890-5555, and notify your direct supervisor
 - Off Site, call 911
- Unplug all radio transmitters and do not use cellular phones

Off Site

Call 911 and notify Facility Manager

The decision to evacuate will rest with the Incident Commander, Police or Fire. All threats are considered credible.

CODE BLACK Procedures

Remain Calm • Obtain information

Notify Security

- On Campus, call UWHC Security, 890-5555
- Off Site, call 911

Conduct area level scanning

Evacuate if directed

CODE BLACK – Bomb Threat/Found

BOMB THREAT CHECKLIST

If you receive a call that threatens the safety and security of staff, visitors or patients, complete all possible items immediately following the call.

Time reported: _____ Operator's initials: _____

1. Caller ID: _____

2. Exact words of caller: _____

3. Gender: Male Female

4. Approx age: Young Middle-aged Old

5. Bomb facts:

a. When will it go off? _____

b. Where is it located? (Building, floor, room) _____

c. What kind of bomb is it? _____

d. Why the bomb was placed _____

6. Call: Local Long-distance Unknown

7. Voice Characteristics:

TONE

- Loud
- Soft
- High Pitch
- Low Pitch
- Stutter

SPEECH

- Fast
- Slow
- Distorted
- Cursing
- Slurred
- Lisp
- Disguised
- Poor
- Pleasant

ACCENT

- Local
- Not Local
- Foreign
- Caucasian
- Black

MANNER

- Poor Grammar
- Well Spoken
- Taped
- Message Read
- Emotional
- Irrational
- Deliberate
- Laughing

LANGUAGE

- Excellent
- Good
- Fair
- Raspy
- Nasal

FAMILIAR

- Yes
- No

8. Background Noise:

- | | | | |
|---------------------------------------|--------------------------------------|---------------------------------|--------------------------------------|
| <input type="radio"/> Office Machines | <input type="radio"/> Animals | <input type="radio"/> Trains | <input type="radio"/> Radios |
| <input type="radio"/> Factory | <input type="radio"/> Quiet | <input type="radio"/> Voices | <input type="radio"/> Party |
| <input type="radio"/> Machines | <input type="radio"/> Street Traffic | <input type="radio"/> Music | <input type="radio"/> Static |
| <input type="radio"/> Chaotic | <input type="radio"/> Airplanes | <input type="radio"/> PA System | <input type="radio"/> Cellular Phone |

9. Other comments/notes: _____

Call time: _____ Time caller hung up: _____

CODE PINK – Missing or Abducted Child

If a child is lost or missing or has been abducted in the building, call UWHC Security or 911 and provide the following information regarding the child and possible offender:

- Name
- Age
- Gender
- Physical description
- Clothing description
- Last know location
- Direction of travel

Assign a family liaison to stay with the family at all times

Upon Announcement of CODE PINK

- Monitor and block all public exits, hallways and stairwells
- Look for persons attempting to conceal an infant, persons running with an infant, lack of eye contact, large bags or packages and a lone child
- Report any suspicious persons or activities to UWHC Security, 890-5555
- Scan each floor thoroughly
- Write down descriptions of suspicious persons or actions
- Remain at locations until hearing the overhead page “CODE PINK all clear,” if applicable

Off Site

Call 911 and notify Facility Manager

CODE PINK Procedures

Notify UWHC Security and provide information
• On Campus, call 890-5555 • Off Site, call 911

Monitor and block exits, hallways, stairs
• Remain at location

Participate in Area Level Search
• Stop people with bags, boxes, etc.

Report suspicious activities
• On Campus, call UWHC Security, 890-5555
• Off Site, call 911

If available - announce description overhead

Recovery: Complete Essential Incident/Event/Exercise Documentation on the Safety Dept page on U-Connect.

CODE PINK – Missing or Abducted Child

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CODE RED – Fire

Upon Announcement of CODE RED

- Account for all personnel, patients and visitors
- Provide safety communications to patients, family and visitors
- Evacuate patients as directed
- Don't open hot or smoking doors
- Keep yourself between the fire and the exit

To Operate an Extinguisher

- Pull
- Aim
- Squeeze
- Sweep



Know the location of:

Fire extinguishers: Understand the types and how to use them

Fire alarm pull stations: Early warnings can save lives and property

Exits: Know where they are, and be sure they open easily and are free of obstructions

CODE RED Procedures

R - Rescue patients and/or staff from immediate area

A - Alert, If you see/smell smoke/fire, pull fire alarm

- On Campus, call *333
- Off Site, call 911

C - Confine the area

- Close doors and keep closed

E - Extinguish the fire if possible/evacuate if directed

- On Campus, ask people to remain where they are (except in area of fire)
- Off Site, calmly evacuate building
- See CODE GREEN if evacuating

Recovery: Complete online Fire Alarm (Code Red)

Evaluation form on the Safety Dept page on U-Connect.

CODE RED – Fire

Intentionally left blank. May be used for notes.

CODE GRAY – Severe Weather

Patient care areas

- Close all doors, blinds and curtains
- Instruct ambulatory patients and visitors to move into interior corridor or area
 - Ensure ambulatory patients bring shoes
- If patients cannot be moved, protect them by covering them with blankets, pillows, etc. Make attempts to move to a safe area
- Turn off non-essential power
- Provide communication to patients, family and visitors

Non-patient care areas

- Close all doors, blinds and curtains
- Direct visitors and staff into designated shelter areas or corridors
- Turn off non-essential power

After severe weather has passed

- “CODE GRAY all clear” announcement
- Account for all personnel, patients and visitors
- Report any damage or hazardous conditions

All staff

Follow Banner Ad/Severe Weather Protocols broadcasted on U-Connect, and Emergency Update Hotline, 890-6000 or 888-586-6655

Building specific information

Shelter in place location _____

Evacuation assembly point _____

NOAA weather radio location _____

CODE GRAY Procedures

Follow Banner Ad/Severe Weather Protocol broadcast on U-Connect

Call Emergency Update Hotline for information, 890-6000

Questions/lost communications, call Plant Engineering, 263-5205

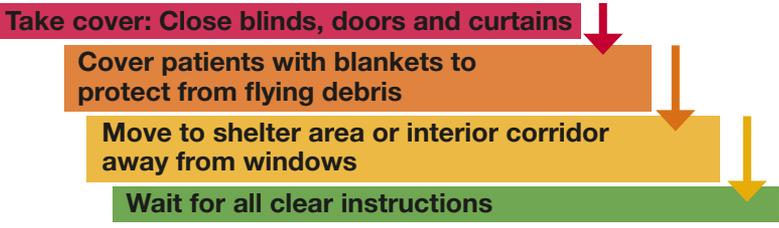
See **CODE GRAY Snow and Tornado Procedures on back**

Recovery: Complete Essential Incident/Event/Exercise Documentation or the Tornado Warning Evaluation on the Safety Dept page on U-Connect.

CODE GRAY – Severe Weather

CODE GRAY Tornado Procedures

Take cover: Close blinds, doors and curtains



```
graph TD; A[Take cover: Close blinds, doors and curtains] --> B[Cover patients with blankets to protect from flying debris]; B --> C[Move to shelter area or interior corridor away from windows]; C --> D[Wait for all clear instructions];
```

Cover patients with blankets to protect from flying debris

Move to shelter area or interior corridor away from windows

Wait for all clear instructions

CODE GRAY Snow Procedures

Inform visitors of impending snowfall



```
graph TD; A[Inform visitors of impending snowfall] --> B[Make arrangements for potential delayed personal travel]; B --> C[Take precautions when choosing to leave the facility]; C --> D[Report to manager/director for other instructions];
```

Make arrangements for potential delayed personal travel

Take precautions when choosing to leave the facility

Report to manager/director for other instructions

CODE ORANGE – Hazardous Materials

Chemical, Biological, Radiological, Nuclear and Environmental (CBRNE) Hazardous Materials may come from daily routine use, accidental exposure, an outbreak or an act of terrorism. No matter the origin of the hazardous material, the procedures for response are the same.

Biological outbreaks

For biological outbreaks, such as a new flu strain, TB or Ebola, please refer to specific exposure control plan on U-Connect.

In the event of a hazardous gas or chemical incident:

- Isolate the contaminated area and confine the spill by closing all doors and/or blocking off area
- Notify Plant Engineering, 263-5205
- Anyone who breathes fumes or has direct skin contact with hazardous materials should contact Employee Health or the Emergency Department
- If breathing fumes causes minor symptoms, go to fresh air for a few minutes
- Account for personnel, patients and visitors
- If the spill is in a patient care area, get a count of patients and ambulatory status
- Provide safety communications to patients, staff and visitors regarding the event
- Evacuate if directed to do so

Off Site

Notify Facility Manager and if needed, call 911

Refer to the Safety Data Sheet (SDS) when handling new chemicals and products. SDS can be obtained from MSDSONline® on U-Connect. Chemical inventory is retained for each area. (Note: Choose UWHC or UWFM according to your location)

CODE ORANGE Procedures

Small spill: Clean up per protocol

Large spill or any exposure: Isolate the area and restrict access

Notify Plant Engineering, 263-5205

- Off Site, notify Facility Manager and if needed, call 911

Account for personnel, patients and visitors

Evacuate as directed

Radioactive spill or radiation safety emergency: call 262-0000 and ask for “radiation safety”

Recovery: Complete Essential Incident/Event/Exercise Documentation on the Safety Dept page on U-Connect.

CODE ORANGE – Hazardous Materials

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CODE YELLOW – Active Violent Intruder

Get Out

Your best option is ALWAYS to run, get out and get away!

Take patients with you if possible.

- Do not enter the area where the active violent person with a weapon, hostage or barricaded or dangerous person is located until the police have neutralized the threat

Off Site

Call 911

Call Out

First, get to a safe place and then call 911. If it is safe, stay on the line and give the police the best information you can:

- Your location and name
- Any and all information about the active violent person with a weapon and their actions and locations
- If possible have someone else call UWHC Security, 890-5555

Hide Out/Keep Out

- If you are not able to get out of the area, direct patients to hide under or behind something and then you should do the same. If the room cannot be locked, close the door and turn lights off if possible. Be aware that if you are hiding when the police arrive, they will be seeking a threat and will not know who you are. Show your hands and obey their commands.
- If you cannot get out, if possible, lock or barricade the door

Take Out

Running away is always your best option. If there is no way to run, hide out, or keep out, your only choice may be to fight. Remember that if you must “take out,” you are fighting for your life.

CODE YELLOW Procedures

Active shooter, hostage, barricaded person, violent or aggressive intruder situation is identified.

GET OUT– run if you can

CALL OUT – call 911 and

- On Campus, call UWHC Security 890-5555
- Off Site, call 911

HIDE OUT/ KEEP OUT– hide if you have to

TAKE OUT– fight for your life

Recovery: Complete Essential Incident/Event/Exercise Documentation on the Safety Dept page on U-Connect.

CODE YELLOW – Active Violent Intruder

Intentionally left blank. May be used for notes.

CODE WHITE – Medical Surge Event

Medical Surge Event

In a medical surge event, the Hospital Incident Command System (HCIS) will manage the incident.

- Mass Casualty Incident (MCI)
- Mass Fatality Incident (MFI)
- Multiple Victim Trauma Response (MVTR)

Plan Activation

Upon receiving notification of an incident the Emergency Department MD on duty, Emergency Department Care Team Leader and the Nursing Coordinator will determine if the Medical Surge Plan will be activated.

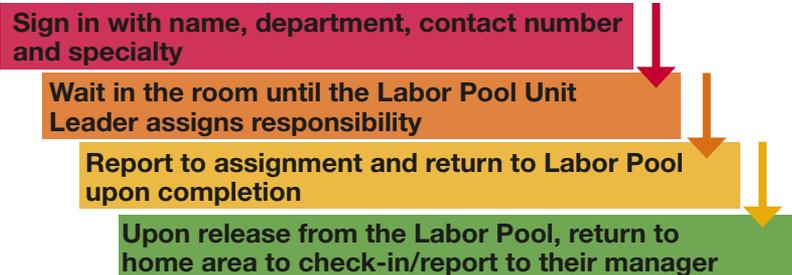
When a CODE WHITE is activated, the Labor Pool is activated.

Health Care Command Center Phone Numbers

Primary Incoming	890-9392
Secondary Incoming	890-9088
Fax Line.....	265-0718
Planning Chief	263-9971
Logistics Chief.....	262-6208
Operations Chief	262-4937

CODE WHITE Procedures

Staff instructed by their manager to report to the Labor Pool, J5/130



Recovery: Complete Essential Incident/Event/Exercise Documentation on the Safety Dept page on U-Connect.

CODE WHITE – Medical Surge Event

Level of Surge Descriptions

Minor

The surge of patients is such that the hospital mobilizes its existing on-site human and materials resources. The hospital begins strategies to conserve resources.

Moderate

The surge of patients is such that the hospital needs to deploy additional human and materials resources without changing the traditional Standard of Care. Incident Command may be activated and normal operations may be affected, e.g., cancellation of elective admissions and procedures and conservation of resources.

Crisis

The surge of patients is such that the traditional Standard of Care may be affected due to limited resources at the hospital and the inability of the hospital to transfer patients to other hospitals. The hospital conserves resources and may use guidelines for the allocation of scarce resources to assist in making conservation decisions. Normal operations may be significantly affected. Depending on the scope and nature of the incident, Incident or Unified/Area Command may be activated.

All departments, upon activation of a CODE WHITE, will send non-critical available staff (clinical, non-clinical and physicians) immediately to Labor Pool, J5/130. Staff skills will be catalogued for use during the response. A variety of skills are needed during a response and available staff members may be reassigned to assist as directed in roles such as scribes, runners, etc.

Non-critical staff determined by their manager.

CODE GREEN – Evacuation and Protective Action

Evacuation and Protective Action notifications will be communicated through the Health Care Command Center. In the event that evacuation or sheltering in place is needed the following tasks should be completed:

- Get an immediate count of number of patients, personnel and visitors
- Provide safety communications to patients, family and visitors
- If at any time your area becomes unsafe inform your supervisor

Shelter in Place

- Maintain patient care
- Conserve supplies as directed
- Do not leave the building and instruct visitors to remain indoors

Evacuation

- Keep to the right of hallways and stairwells when moving patients
- Follow direction given by Incident Command regarding patient assembly areas
- If time permits prepare patients for evacuation by gathering pertinent documentation (face sheet, medication lists, etc.), medications and other belongings including patients' shoes, eye glasses, etc.
- Patients will be evacuated based on their evacuation category level – see definitions on back
- If elevators are unsafe or not operational determine safe actions for evacuation. (e.g., stairs, stair chair and other assist devices)
- Elevators in unaffected areas can be used for level 1 and 2 patients. Instruct all others to take stairs.

Evacuation Assembly point (horizontal) _____

Evacuation Assembly point (vertical) _____

Evacuation Assembly point (external) _____

CODE GREEN Evacuation Procedures

Gather pertinent documentation/belongings
• Move horizontally, past fire doors, to safety

When directed, move vertically down one level (unless on ground level)

When directed, move to ground level and exit the building

Wait for further directions at the designated assembly area

Recovery: Complete Essential Incident/Event/Exercise Documentation on the Safety Dept page on U-Connect.

Evacuation Category Levels

Level 4

Self-sufficient patients/ambulatory, discharge to home or shelter

Level 3

Ambulatory patients, require moderate care and need assistance

Level 2

Non-ambulatory, require supportive care

Level 1

Non-ambulatory, require continuous care

CODE GREEN Shelter in Place Procedures

- Move people away from glass and windows to save shelter areas
- If patients cannot be moved, cover with blankets
- Take shoes for ambulatory patients and assistive devices for people
- Await all clear

Medical Equipment Failure

Medical Gas/Vacuum Outage

The following steps pertain to localized outages, in the event of a building wide outage of oxygen and medical air, the Respiratory Therapy department will respond in all areas except the operating room.

- Call Plant Engineering, 263-5205, to initiate repairs
- Notify Clinical Nurse Manager or Nursing Coordinator

Oxygen Outage/ Medical Air Outage

- Call Plant Engineering, 263-5205
- Locate portable oxygen supplies for patients requiring supplemental oxygen
- Initiate interim measures for ventilator-dependent patients as appropriate (e.g., manual ventilation via bag or oxygen supply)

Vacuum Outage

- Apply syringes to patients depend on suction for drainage
- Call Central Supply, 263-7071, to obtain portable vacuum pumps

Medical Equipment Failure Procedures

Call Clinical Engineering, 263-5208

- Report the incident to your supervisor or department manager
- Notify the attending physician for the patient

Remove/sequester the devices and related supplies/packaging.

- Report the incident to Risk Management and Clinical Engineering

Clean the device and place in a biohazard container/bag without changing device settings.

- Deliver all items to Risk Management/Clinical Engineering

Enter event into the Patient Safety Net (PSN) occurrence reporting system

- If supplies are needed, call Central Supply, 263-7071

Medical Equipment Failure

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Critical Infrastructure Failure

Power and Critical Infrastructure Failure is an event that threatens the safety of building occupants and/or causes a major disruption of services.

Emergency Plan Activation:

- Upon identification of a critical infrastructure failure, call Plant Engineering, 263-5205
- An informational message will be recorded on the message line, 265-7332
- The HICS will be used to manage the incident

Municipal Water Supply, Steam, Chilled Water and Electrical Outage

- Call Plant Engineering, 263-5205
- Bag ventilator-dependent patients and connect life-support equipment to alternate power, if available
- If all power sources have been interrupted, prepare to relocate affected patients to an unaffected area if possible

Health Information Technology and Telecommunications Outages

- Call the Help Desk, 265-7777
- Maintain direct communication and written documentation
- Use downtime procedure if HealthLink is down

Critical Infrastructure Procedures

Call Plant Engineering, 263-5205

Support patient needs

Monitor message line,
265-7332

Off Site

Notify Facility Manager
and if needed, call 911

Recovery: Complete Essential Incident/Event/Exercise Documentation on the Safety Dept page on U-Connect.

Critical Infrastructure Failure

Intentionally left blank. May be used for notes.

