



# CLASP 2021

COORDINATED **L**IFE **S**AFETY **A**SSURANCE **P**ROGRAM

Johns Hopkins Health System Facilities Design + Construction  
Planning - Design - Project Management – Engineering

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# GENERAL POLICY

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## Purpose

The purpose of the CLASP is to ensure construction, renovation and maintenance activities within the Johns Hopkins Health System (JHHS) is conducted in a manner that minimize safety hazards to the patients, visitors, staff and construction forces.

## Features

- I. In accordance with the Joint Commission standards, the program is designed to institute and document [Interim Life Safety Measures \(ILSM\) and Temporary Safeguards \(TS\)](#) that temporarily compensate for any hazard posed to the existing life safety systems, utilities and other systems by construction, repair or renovation efforts.
- II. The program is a series of actions and procedures to ensure the safety of the occupants of the construction and adjacent work areas, when compromises are imposed upon the fire alarm, smoke detection, suppression systems, egress, compartmentation, infection control, and utility features.
- III. The program is intended to ensure contractors and in-house work forces comply with the Occupational Safety and Health Administration (OSHA), Maryland Occupational Safety and Health (MOSH), all Johns Hopkins Health System (JHHS) safety policies, standards and other authorities having jurisdiction.
- IV. Implementation of CLASP is the responsibility of the Facilities Department. PM, FES and POM or their designees are directly accountable for compliance of this program. All portions of this program are applicable to construction projects performed by outside contractors. Only certain portions are applicable to maintenance activities, which will contain specific references to the FES or POM.
- V. This document is structured in an electronic format. There are links throughout this document that take you to either another part of this narrative or to other documents found on our website:  
<http://facilities.jhmi.edu/FacilitiesV4/DesignAndConstruction/HelpManual/CLASPManual.aspx>

## Procedures

- I. [Construction Safety Coordinator \(CSC\)](#)
  - A. The Construction Safety Coordinator (CSC) is an integral part of the CLASP. The CSC provides the primary liaison between plant operations or facilities, project management, safety and infection control. The CSC inspects jobsites for occupational and user safety, and directs changes in practices and procedures pro-actively before emergency measures are necessary. In the absence of the primary CSC, the role of the CSC is assigned to multiple competent persons, which includes the CSC liaisons [Facilities Engineering Supervisors (FES), Plant Operations Managers (POM), Project Managers (PM), Security, Office of Health, Safety and Environment (HSE), Office of Environment, Health and Safety (EHS), Office of Healthcare Epidemiology and Infection Control (HEIC) and Infection Control (IC).

- B. The CSC is charged with supporting construction, renovation and maintenance projects with appropriate safety measures and programs to permit the temporary disruption of life safety and utility systems. The CSC may not direct a contractor or engineering employee to stop work or leave a jobsite unless extreme hazards to life safety are imminent. Any such stop-work order must be reported *immediately* to the project or maintenance manager.
- C. The CSC shall conduct routine jobsite inspections and report all deficiencies, violations and non-conformance to the on-site contractor, the PM/CSC and the Project Executive.
- D. The PM will review current or recent deficiencies with the contractor at each construction progress meeting. The contractor(s) shall report measures taken to correct deficiencies and to prevent a recurrence. These actions shall be documented in the progress meeting minutes.

## II. **Project Start Up**

The Prime Contractor is responsible for the overall Occupational Safety and Health Program on the project. This responsibility cannot be delegated to subcontractors, suppliers, other persons or JHHS.

- A. The Prime Contractor is required to make available to the PM, a hazardous chemical information list and all Safety Data Sheets that will be used in the course of completing the project. The Prime Contractor is also required to maintain a repository on the job site of these documents for everyone's use on site.
- B. The Prime Contractor is required to present their plan to implement the infection control measures for approval by the PM and CSC.
- C. The PM will always invite the CSC to the startup/kickoff meeting.
- D. Upon notification of the acceptance onto the JHHS bidders list, the contractor is required to submit a copy of the company's site specific safety program to the CSC through the PM.
- E. Each contractor shall immediately upon receipt, furnish copies of all citations from regulatory agencies to the CSC, where these citations were issued as a result of working at JHHS through the PM.
- F. The Prime Contractor must post the following items on the Information Board in a prominent location at each project site:

- |  |  |
|--|--|
| 1. Current CLASP                               | 7. <a href="#">Infection Control Construction Permit</a> |
| 2. <a href="#">Outages</a> (Current)           | 8. <a href="#">Project Risk Assessment</a>               |
| 3. <a href="#">Emergency Codes</a>             | 9. <a href="#">Safety Fact Sheet</a>                     |
| 4. Emergency Telephone Numbers                 | 10. <a href="#">Surveillance Checklist</a>               |
| 5. Evacuation Plan                             | 11. Trash Route  |
| 6. <a href="#">Infection Control Checklist</a> |  |

## III. **Badging**

- A. Contractors and vendors who routinely work on campus are required to have a temporary identification badge. Badges are not required for contractors who infrequently provide ad hoc, non-healthcare services, services that are performed exclusively off-site, or not at a location adjacent to a site of patient care. ID badges expire annually on November 30. To obtain or renew an ID badge, the applicant must be trained annually in general Hospital procedures, safety, and infection control. The applicant also must submit to the Hospital documentation of their current flu shot during the flu season.
- B. Pre-registration is required for all CLASP training sessions. Submit your pre-registration request and following forms via email to [JHHSFacCLASPTraining@jhmi.edu](mailto:JHHSFacCLASPTraining@jhmi.edu).

1. Pre-register for a scheduled session a minimum of 7 calendar days in advance.
  2. Complete and submit the "[Facilities ID Badge Request Form](#)".
  3. During flu season (typically October through April) complete and submit via email the personal flu vaccination information or the "[JHH MEDICAL EXCEPTION FROM INFLUENZA VACCINATION](#)."
  4. Attach a single pdf file per person. Then group each person's file into one email. A pdf that has more than one person on it will not be accepted.
  5. If the class is full, it is required for the contractor to confirm the date of being re-scheduled.
- C. Train-The-Trainer Procedure allows a contractor to train their own employees in CLASP.
1. The trainer must be directly trained by the Hospital in CLASP since the last November 31.
  2. The trainer must be deemed qualified by their employer to only train others within their company.
  3. The contractor must submit a certification to the Hospital via email via email to [JHHSFacCLASPTraining@jhmi.edu](mailto:JHHSFacCLASPTraining@jhmi.edu) containing:
    - a) Company letterhead with the contact name, home number and email address of the representative to receive the invitation to the next annual CLASP training.
    - b) State the name of the company trainer.
    - c) Complete the trainee "Facilities ID Badge Request Form."
    - d) During flu season include the flu vaccination documentation or the completed "JHH MEDICAL EXCEPTION FROM INFLUENZA VACCINATION."
  4. The Hospital then returns the approved "Facilities ID Badge Request Form" to the company with an electronic signature.
  5. A hard copy of the approved "Facilities ID Badge Request Form" and another photo ID is given to the Security Department of any campus to obtain the badge and Emergency Information card.
  6. To get access at a second campus, give them a copy of the "Facilities I. D. Badge Request Form"
  7. During the flu season a colored tag will be issued along with the badge for evidence of having the current flu vaccination.
- D. Security Department Locations:
1. JHH (badge only): 108 Nelson, 600 North Wolfe Street, Baltimore, MD 21287
  2. Bayview: Administrative Services Building, Badging Office, main lobby  
4940 Eastern Ave., Baltimore, MD 21224
  3. HCGH: Main lobby, 5755 Cedar Lane, Columbia, MD 21044

- E. Those renewing their ID badge must surrender their present one. If their existing badge is not available they still can obtain an ID, but must pay a fee. Security only allows 10 business days after paying for a new ID to return the original one for a refund.

#### IV. Jobsite

##### A. ARCHIBUS Web Central

1. The ARCHIBUS Web Central is a website containing the floor plans and space information of all the Hospital's buildings.
2. To gain access you must email Ann Pirkey, [apirkey1@jh.edu](mailto:apirkey1@jh.edu), 410-955-8507. She will send a link with log-in information and instructions.

##### B. Asbestos

1. Attachment uploads required for outage approval:
  - a) Notice of Asbestos Abatement from the Project Manager
  - b) HazCom application to the State from the Abatement Contractor
  - c) Contractor's proposed set up plans on the ARCHIBUS Web Central (previously called Spacebook) asbestos filter.
2. Record Documents:
  - a) The online outage website will allow the Contractor access after final approval, so all record documentation can be uploaded. The HCGH project manager will follow similar steps without the online outage system by copying the asbestos project commissioner.
  - b) The online outage website will archive the required record documents:
    - i. All IH reports, including investigative sampling
    - ii. Manifests
    - iii. As-built on the ARCHIBUS Web Central format
  - c) All record document correspondence will be labeled with the outage number.
  - d) Refer to the "JHHS Asbestos Abatement Status Update Procedure" to format the record documents.
  - e) All record document correspondence will be labeled with the outage number.
3. HSE/Safety and CSC will confirm the record document submission by using the outage restoration function.

C. Bloodborne Pathogens

- a) Before mobilizing onto a construction site, especially labs, patient treatment and biohazard waste staging/handling areas; make certain it has been cleared and disinfected from all biohazard items.
  - b) Standard Precautions:
    - i. Consider all body fluids/blood to be infectious.
    - ii. Dispose of all materials with blood/body fluids into red bags and sharps into sharps containers prior to disposal in red bags.
  - c) Wear Personal Protective Equipment!! Gloves and eye/face protection (safety glasses, goggles, face shields).
  - d) Recommend receiving the Hepatitis B vaccine.
  - e) Hand washing is still the most effective means to prevent transmission.
1. Steps to follow if you are exposed:
- a) Wash the exposed site.
  - b) CALL:
    - JHH: **410-955-STIX (7849)** 24 Hour Hotline
    - JHBMC: **410-550-0477** M-F, 8 AM - 4:30 PM  
**410-283-1545** Page after-hours
    - HCGH: **410-740-7838** Occupational Health, M-F, 7:30 AM to 4 PM  
**410-740-7777** Emergency Department after-hours
  - c) If recommended, initiate Post-Exposure Prophylaxis (PEP) within 1 - 2 hours-after exposure for optimum efficacy.
  - d) Complete an incident report and submit it to the Hospital Project Manager.

D. [Ceiling Permit](#)

1. Purpose:
- a) Confirm the work meets Industry and Hospital standards.
  - b) Insure proper safety and infection control measures are taken.
  - c) Maintain fire stopping integrity.

2. Procedures:

- a) The ceiling permit is not to be used inside work sites that have been established with temporary construction barriers. Only use ceiling permits outside these barriers, or for projects that do not have established construction barriers.
- b) The Contractor must submit a ceiling permit request utilizing the [JHHS Facilities Online Outage System](#) (outage system) for review and approval. Attach the location and routing plans from the Life Safety Plans found in [ARCHIBUS WebCentral](#). At JHH, submit the permit request a minimum 48 hours and at JHBMC and HGCH 72 hours prior to scheduling any work to begin.
- c) The CSC/FES/POM reviews the permit application, addresses infection control measures and other concerns. After completing the work, the contractor will schedule an inspection by way of an “[Inspection Request](#)” in PMWeb. The contractor requesting the inspection must utilize the Ceiling Permit WO # that is provided by the outage system. The applicant is required to attend the inspection.
- d) Contact the CSC/FES/POM if there are changes to the initial permit and it will then be updated and re-issued.
- e) As mentioned in the permit application, the permit must be visible when in the ceiling space. If it isn't, work will have to cease until proper arrangements are made through the CSC/FES/POM.

**E. Combustibles & Debris**

1. The contractor is required to keep the jobsite free of debris and loose combustible materials. All debris is to be removed from the construction area periodically or as directed by the PM and/or project requirements.
2. The storage of non-flammable materials in mechanical or electrical equipment rooms or shafts is expressly prohibited unless approved by CSC. Any contractor who violates this is subject to CLASP [Violation](#) procedures.
3. The storage of non-flammable materials in mechanical or electrical equipment rooms or shafts is expressly prohibited unless approved in accordance with the CLASP/Outage, which carries the following requirements:
  - a) Store only non-flammable items; no wood or corrugated cardboard stock.
  - b) Maintain egress.
  - c) Maintain access to valves, switches, panel boards, IDF cabinets, etc.
  - d) Post outage on the door.
  - e) Clean area after use.
  - f) Acceptance of this area is a line item of the project the final inspection.

**F. [Emergency Codes](#)**

1. Emergencies are announced over public address system.
2. The announcement will state the word “CODE” and a color, but not a further description.



3. Seek staff that is visibly giving command.
4. If staff is not located, refer to your emergency phone number card. It is issued with the ID card and you should attach it to your ID card lanyard. Call the appropriate phone number associated with the code announced.

#### G. Fire Extinguishers

The prime contractor is required to provide and maintain an accessible, fully charged, currently tested and certified 10 lb. ABC fire extinguisher for every 5,000 square feet of area under construction. Fire extinguishers must be wall or stand mounted with in full view. One fire extinguisher is to be placed near the entrance to the site. Under double surveillance, the area per extinguishers is 2,500 square feet. Contractors must be OSHA trained and currently certified to use fire extinguishers.

#### H. [Hazard Communication](#)

1. OSHA's Employee "Right-to Know" law states every employee has a right to know every hazard associated with each chemical they are exposed to. This is communicated in two ways — **Safety Data Sheets (SDS) and labels**.
2. **Safety Data Sheets (SDS)** – are documents that contain all pertinent information about a chemical. Both the hospital and contractor are responsible to exchange hazardous chemical information. All SDSs are kept in the Health, Safety and Environment Office at **(410) 955-5918** or the JHBMC Security Office at **(410) 550-0333**. At HCGH, all SDS are available by the toll-free hotline 1-800-362-7416 for Fax back service of the SDS.
3. Labels – every original and secondary container must have a label that is written correctly and clearly.
4. [Personal Protective Equipment \(PPE\)](#) — SDSs and labels explain which type of PPE should be worn when handling that particular chemical.
5. Chemicals Spills should be cleaned up by the users according to the label/SDS instructions. If the spill is of such a magnitude that the users are unable to contain it, at JHH, call the Centrex emergency number, **(410) 955-4444**; at JHBMC, call **(410) 550-0222**; and at HCGH, call **5151**.

#### I. [Infection Control](#)

1. The intent of this policy is to minimize nosocomial, hospital-acquired infections in patients that may arise as a result of exposure to organisms released into the environment during construction activities. Controlling dispersal of air- and/or water-borne infectious agents is critical. These agents may be concealed within the building components or imported from the outside. Therefore, all construction activities shall be defined and managed in a way that the occupants' exposure to dust, moisture and their accompanying hazards is minimized.
2. Adhere to the requirements in [Section 01 35 33 – Infection Control Procedures](#).
3. The PM must include infection control requirements in every project. The Prime Contractor will propose the means and methods to satisfy the infection control requirements for approval by the PM/CSC/POM prior to the start of the project.
4. The Prime Contractor will set up all the infection control measures prior to starting construction.

- a) The site must post the Hospital's "[Infection Control Checklist](#)" and "[Infection Control Construction Permit](#)".
- b) The CSC may elect to have a baseline particle count taken.
5. The Prime Contractor must notify the PM when a project works off hours or hours that are different from the start of the project. The PM must notify the CSC so the inspection rounds can be adjusted accordingly.
6. Infection control related issues shall be included in the minutes of progress meetings in the agenda item "Safety, Infection Control and Outages."
7. Workers cannot be on site if they have flu, tuberculosis, or any other infectious diseases. It will be required for all to have a flu shot to get your badge and access to work on site.
8. If you need help, contact someone in this order:
  - a) The Project Manager at JHH, call **(410) 955-5900**; at JHBMC, call **(410) 550-0286** & at HCGH, call **(410) 740-7948**.
  - b) The CSC at JHH, call **(410) 955-5900**; at JHBMC, call **(410) 550-0228** & at HCGH, call **(410) 740-7979**.
  - c) At JHH, the Hospital Epidemiology and Infection Control Department at **(410) 955-8384**; at JHBMC, the Infection Control Department at **(410) 550-0515** & at HCGH, call the Infection Control Department at **(410) 740-7765**.
9. Inspections  
All infection control measures must be inspected and approved by using the [Inspection Request in PMWeb](#):
  - a) Prior to the start of construction
  - b) When there is a change in the configuration of the containment or any other change in the practicing of infection control measures.
  - c) When a request to reduce or increase the class of infection control rating.
  - d) All class 3 and 4 projects will be inspected by Prime Contractor daily using the [Infection Control Checklist](#). The Owner will also inspect all class 3 and 4 projects daily. Findings will be communicated to the Prime Contractor, PM and project management. Deficiencies are to be corrected immediately and reported in the progress meeting minutes.
  - e) Prime contractors with Class 1 & 2 ratings are to comply with the specified guidelines. The PM/CSD/POM will inspect sites on an as need basis. Request the removal of the infection control measures by using the online [Inspection Request](#). The Hospital must be assured of the cleanliness of the site.
  - f) If any Class project has a condition that puts the Hospital at extreme risk, the PM/CSC/POM will stop work, allowing only corrective measures to proceed. The CSC will notify the PM and upper management immediately. If corrections cannot be made immediately, the Prime Contractor must arrange with the CSC to come back and inspect the site prior to resuming work.
  - g) Request the removal of the infection control measures by using the online [Inspection Request](#). The Hospital must be assured of the cleanliness of the site.

**J. Outages**

1. All marked exits and exit routes must be maintained for egress of building occupants and construction personnel throughout the construction/engineering project/repair effort. Any blockage of the exit route or re-routing must be coordinated through the CSC. Before a compromise can be affected, written approvals must be obtained in accordance with the [Outage](#). Enhance egress lighting by putting the fixtures on emergency power and using phosphorescent exit signage when the emergency circuits are not available.
2. Outages to fire alarm, detection, suppression system, or existing utility must be coordinated through the CSC. Before a compromise can be affected, written approvals must be obtained in accordance with the CLASP/[Outage](#) procedure.
3. Ordinarily system outages shall be scheduled for re-activation by the close of each shift. If the outage must extend beyond the shift, the contractor shall notify the CSC and the appropriate Engineering service before the system is to be re-activated. Additional training and notification procedures may be put into place as recommended by the CSC. The contractor or FES/POM is responsible to remain on site and provide surveillance until the system has been fully reactivated.
4. Multi-day outages can be obtained.
5. System outages are subject to review and may require installation of temporary systems.
6. Lock Out/Tag-Out procedures will be incorporated.
7. Any construction, renovation or maintenance work (temporary enclosures, deliveries, etc.) which compromises existing fire safety systems, which may include compartmentation, egress routes or the fire resistive integrity of egress route, or infection control, must be approved in accordance with the CLASP/[Outage](#) procedure.
8. When a building or area is adversely affected by fire safety deficiencies or any combination of fire safety deficiencies and active construction, that building shall be put into Interim Life Safety Status. Measures shall be instituted throughout each building or area in Interim Life Safety Status in accordance with the Joint Commission’s Interim Life Safety Measures found later in this policy.
9. The Prime Contractor/Engineering Service must submit the CLASP/[Outage](#) requests to the PM/CSC/FES/POM in accordance with the following advance notice requirements:
  - a) Seven (7) workdays (do not count the submission day or the first day of the outage) for all routine outage categories below:
 

<ol style="list-style-type: none"> <li>i. Alarm systems</li> <li>ii. Asbestos – Non-NESHAP</li> <li>iii. Chilled water</li> <li>iv. Compartmentation</li> <li>v. Condenser water</li> <li>vi. Detection systems</li> <li>vii. Domestic water</li> <li>viii. Egress</li> <li>ix. Electric</li> <li>x. Elevator</li> </ol>	<ol style="list-style-type: none"> <li>xi. Flammable materials</li> <li>xii. Hazardous materials</li> <li>xiii. Heating water</li> <li>xiv. HVACR</li> <li>xv. Natural gas</li> <li>xvi. Noxious materials</li> <li>xvii. Nurse call</li> <li>xviii. Pneumatic tube</li> <li>xix. Storage</li> </ol>
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b) Twelve (12) workdays (do not count the submission day or the first day of the outage) for all non-routine outage categories below:

- |                                     |   |
|-------------------------------------|---|
| i. Asbestos - NESHAP                | viii. Nitrogen  |
| ii. EVAC – blower scavenging system | ix. Nitrous oxide   |
| iii. Fire suppression               | x. Oxygen   |
| iv. Lab air                         | xi. Steam   |
| v. Lab vacuum                       | xii. WAGD: – waste anesthesia gas disposal (vacuum pumps) |
| vi. Medical air                     |   |
| vii. Medical vacuum                 |   |

c) Outage extensions must be submitted no later than 24 hours before the start of the last day of the original outage.

10. It is the responsibility of the PM/CSC/FES/POM to submit to the CSC the [Outages](#) requests with sufficient detailed information in accordance with the following advance notice requirements:

a) Five (5) workdays (do not count the submission day or the first day of the outage) for all routine outage categories below:

- |                           |                          |                        |
|---------------------------|--------------------------|------------------------|
| i. Alarm systems          | viii. Egress             | xv. Natural gas        |
| ii. Asbestos - Non-NESHAP | ix. Electric             | xvi. Noxious materials |
| iii. Chilled water        | x. Elevator              | xvii. Nurse call       |
| iv. Compartmentation      | xi. Flammable materials  | xviii. Pneumatic tube  |
| v. Condenser water        | xii. Hazardous materials | xix. Storage           |
| vi. Detection systems     | xiii. Heating water      |                        |
| vii. Domestic water       | xiv. HVACR               |                        |

b) Ten (10) workdays (do not count the submission day or the first day of the outage) for all non-routine outage categories below:

- |                                     |  |
|-------------------------------------|--|
| i. Asbestos - NESHAP                | viii. Nitrogen   |
| ii. EVAC – blower scavenging system | ix. Nitrous oxide  |
| iii. Fire suppression               | x. Oxygen  |
| iv. Lab air                         | xi. Steam  |
| v. Lab vacuum                       | xii. WAGD: – waste anesthesia gas disposal<br>(vacuum pumps) |
| vi. Medical air                     |  |
| vii. Medical vacuum                 |  |

c) Outage extensions must be submitted no later than 24 hours before the start of the last day of the original outage.

11. Outage requests submitted in a timeframe less than stated above must be treated as an emergency requiring approval of the Senior Director of Engineering Services at JHH or the FES at JHBMC and POM at HCGH. The outage may be rejected on the merit of the timing or the Hospital's ability to support the request.

For the purposes of all notification requirements, the workday is defined as Monday through Friday, except for Hospital holidays. The submission day and the first day of the outage are not counted.

12. The CSC notifies the local fire department in advance on all fire suppression, smoke detector and major egress impairments. The CSC shall not allow work to proceed that does not adhere to the advance notice requirements.

13. When deemed necessary, the Prime Contractor will submit a work plan to the CSC/FES/POM for review through the online [JHHS Facilities Outages Website](#). This work plan may require attached documents, such as notices, floor plans, correspondence, etc. Afterwards, the CSC will examine the work plan and recommend ILSM and/or TS for the Prime Contractor to apply.

14. At JHH, the contractor requiring the impairment of the fire alarm/sprinkler system must sign-in each day of the outage prior to the beginning of the shift. The sign-in board is outside the lobby of Engineering Services at Billings B-120. The outage number must be filled in to be valid. If the contractor is late in signing in, the contractor must pursue the fire alarm mechanic by asking the Front Desk to radio the fire alarm mechanic.

At JHBMC and HCGH, the PM arranges the outage confirmation.

15. The CSC will routinely inspect the jobsite throughout the period of the outage for compliance.

16. The CSC/FES/POM will coordinate necessary notification and training of construction personnel and affected occupants of adjacent areas of the outage.

17. At the completion of the CLASP/Outage at JHH, the ICS shop, at JHBMC, Facilities, and at HCGH the POM shall verify that all permanent life safety features of the fire alarm system have been restored. Notification to the occupants of adjacent areas will be done at JHH, by the ICS shop, at JHBMC, by the FES, and at HCGH, by the POM.

18. Any work that commences without following all the proper CLASP procedures will be stopped immediately. Said work will not be allowed to continue until all proper outage procedures have been followed. Additionally, all such outages shall be noted as such on the outage delinquency report.
19. Double Surveillance is an ILSM that addresses higher fire risks, such as extending the impairment of the sprinkler system beyond one shift. Minimizing this risk in project planning and timing is essential. The following are elements of double surveillance:
  - a) Decrease the area per fire extinguisher from 5000 sq. ft. to 2,500 sq. ft.
  - b) Conduct a fire watch of one hour after cessation of any hot work.
  - c) Manage a fire watch at least once per shift when work is not being done.
  - d) Maintain vigorous housekeeping, involving eliminating accumulated combustibles and maintaining egress.
  - e) Consider using a temporary detection/fire suppression system.
  - f) The Project Manager must submit updated [Project Risk Assessment](#) to the CSC to evaluate building ILSM status.
20. The storage of non-flammable materials in mechanical or electrical equipment rooms or shafts is expressly prohibited unless approved in accordance with the CLASP/[Outages](#). Any contractor who violates these requirements is subject to CLASP [Violations](#) procedures. Requirements are:
  - a) Store only non-flammable items; no wood or corrugated cardboard stock.
  - b) Maintain egress.
  - c) Maintain access to valves, switches, panel boards, IDF cabinets, etc.
  - d) Post outage on the door.
  - e) Clean area after use.
  - f) Acceptance of this area is a line item of the project the final inspection.
21. The Prime Contractor is required to follow all state and federal regulations regarding work in Confined Spaces". All "Confined Space" activities shall require the request for an [outage](#) and a permit and a review by the CSC and HSE at JHH or HCGH or CSC and EHS at JHBMC prior to the start of the work.

## **K. Personal Protective Equipment (PPE)**

### **1. Application:**

- a) All individuals within a construction site regardless of the person's function.
- b) All construction sites regardless of its size or task (a room, a portable containment, outside, etc.)
- c) Reduction in PPE measures require these restrictions:
  - i. Only a Senior Director, Director or CSC may deem a reduction in the PPE requirements.
  - ii. An announcement will be made when the termination of the use of hard hats, safety glasses

and JHHS Shop safety vests occurs.

- iii. JHHS shops must wear prescribed uniforms of consistent color and markings.
- iv. All other JHHS employees, contractors, inspectors, and visitors must still wear safety vests with company affiliation.
- v. No other project wide feature of the PPE Policy will be relaxed.
  - 5.1 All other safety gear must be worn.
  - 5.2 Radios and personal entertainment devices remain prohibited.

- d) Increase in PPE
  - i. Tasks exceeding the project-wide precautions must work within a barricade with appropriate PPE.
  - ii. If a task requires additional PPE and proper barricading cannot be established, then the additional PPE must be applied project-wide.
  - iii. Notify your supervisor if there is any uncertainty as to the level of protective measures required.
- e) This policy reflects the minimum requirements.

## **2. Mandatory**

- a) Class A Hard Hat: Hard hat must be without cracks, chips or looking dried out.
- b) Safety Glasses: Safety glasses must be clear enough to see through without excessive scratches and grime.
- c) Safety Vest with company affiliation with letters printed a minimum of 3/8". In building interiors where vehicles are not used, a fluorescent colored shirt can be worn instead of a safety vest.
- d) Leather Footwear: No soft soles, high heels or open toed shoes. Shoes or boots must be sturdy enough to withstand rough and or uneven surfaces.
- e) Long pants: No shorts, capris, dresses or skirts.
- f) No loose clothing nor accessories: No scarves, wallet chains, hair longer than shoulder length, non-breakaway lanyards for IDs and ties must be tucked in.
- g) Radios, ear buds nor ear phones are not permitted. Cell phones are to be used for business calls only.

## **3. Conditional - Special conditions require the appropriate PPE.**

- a) Ear plugs or headphones: Exposure to loud noise
- b) Dust masks: Exposure to dusty or high chemically concentrated air
- c) Gloves suited to the application: Protection from cuts, bruises chemical irritation, extreme hot or cold, or electrical shock
- d) Goggles: Eye protection from flying particles (sparks or dust), chemical or biological splash, or other potential damage to the eyes
- e) Harness: Fall protection risk

#### L. Security

1. Construction and renovation project areas shall be secured to prevent staff, patients or visitors from entering. The door must be locked at all times. Each Prime Contractor will be issued keys for all their projects.
2. Wear the ID badge in public areas of the Hospital.
3. Report vandalism or theft to Security, especially repeated occurrences.

#### M. Smoking

**JHHS Tobacco Free At Work establishes a no smoking policy for all Johns Hopkins Medicine Campuses.** Any contractor or employee who is found smoking in the hospital or the construction area shall be removed from the hospital lot permanently. Their identification badge will be turned in. Any contractor or subcontractor, who has two or more employees suspended for smoking within a six month period, shall be suspended from bidding on future projects for six months at the discretion of JHHS.

#### N. Surveillance

1. The purpose is to provide a fire watch during off hours, identify safety compromises and identify workmanship deficiencies or maintenance related problems.
2. The CSC/FES/POM shall compile and submit a weekly list of those projects requiring surveillance to Engineering. Also be done on a weekly basis. Engineering, upon receipt of the list, shall forward the list to the appropriate personnel for execution.
3. Emergency additions to the list may be made by the CSC/FES/POM at any time. Engineering shall be responsible for providing surveillance for any emergency additions.
4. Surveillance shall be done on the 2<sup>nd</sup> and/or 3<sup>rd</sup> shift unless otherwise indicated on the list. Each survey shall be documented on the [Surveillance Checklist](#). One completed the form shall represent one completed surveillance visit per site. Each form shall be sent to the CSC/FES/POM by the beginning of the next first shift.
5. We maintain double surveillance when a site has extraordinary fire safety risks, such as a disabled fire detection or sprinkler system. There will be an inspection on each unoccupied shift.
6. The CSC/FES/POM shall discuss any deficiencies noted on the surveillance report with the PM. The PM shall report deficiencies to the contractor for correction. Compliance will be noted in progress meeting minutes.



**O. Violations**

When a contractor has violated the CLASP policy, the PM shall immediately notify the contractor, in writing, and take action in accordance with the following:

1. 1st Time - Written notice
2. 2nd Time - Written notice and at the discretion of the Senior Director of Design and Construction, suspension from bidding on projects for the next 60 days.
3. 3rd Time - Written notice and at the discretion of the Senior Director of Design and Construction, suspension from bidding pending meeting with the President of company. The results of this meeting may consider permanent removal from the bidders list.
4. Subsequent to each PM notification of a violation, there must be immediate compliance and a request for approval from the CSC.