

Agreement

Date: May 17, 2017

RE: Construction Management Agreement

The parties to this agreement are MedStar Health, Inc. ("MedStar") and the community representatives serving on the Georgetown Community Partnership ("GCP") Steering Committee ("CRs"). The CRs represent community organizations – the Citizens Association of Georgetown, the Burleith Citizens Associations and the Foxhall Community Citizens Association – or are Advisory Neighborhood Commission ("ANC") 2E or ANC 3D commissioners, or serve as co-chair of the GCP Steering Committee.

MedStar Georgetown University Hospital ("MGUH") intends to begin construction activities related to the new Medical/Surgical Pavilion ("Project") in January of 2018. Certain enabling projects will precede the January 2018 major construction start. These enabling projects include, but are not limited to, the demolition of the Kober-Cogan Building, utility relocation within Lot "A" of the MGUH campus and interim walkways and access points to MGUH. This Construction Management Agreement ("Agreement") adheres to a condition of approval set forth by MedStar and the CRs in the agreement dated October 22, 2015 for ANC 2E's written support of the MGUH Certificate of Need Application (attached herein as Exhibit A). The MGUH Medical/Surgical Pavilion Construction Management Plan, dated May 14, 2017, ("Construction Management Plan") is incorporated herein and attached as Exhibit B to this Agreement. MGUH and the CRs' interests remain aligned, understanding that the Project has to be built in a timely manner and orderly fashion, while adhering to the processes and principles defined in detail in the Construction Management Plan.

As the parties to this Agreement:

MedStar Health –

1. Construction Management Plan – Construction relating to the Project will take place according to the written Construction Management Plan, which includes and further details the construction plan outline presented to the CRs on September 14, 2015. The key protective elements of the Construction Management Plan include:
 - A. Complete transparency of all information and data relating to construction;
 - B. Clear lines of accountability and points of contact for the Project;
 - C. Communication procedures and methods that maximize effectiveness for the community;
 - D. Comprehensive staging plan that minimizes community impact and traffic, including:
 - i. Construction workers brought to the site via shuttles and no workers parking in the community;
 - ii. Truck traffic reduction strategies using flaggers and wireless technology, eliminating idling of trucks on Reservoir Road and in the vicinity;
 - iii. Coordination of hauling, equipment and job/material deliveries utilizing a specific, controlled route; and
 - iv. Construction gate concierge to limit disruption on Reservoir Road, to prevent unauthorized access, construction activity and parking, and to serve as an ambassador for the Project to any patients, associates, visitors and students;

- E. Off-site parking to replace the loss of on-site parking during construction;
 - F. Noise reduction strategies for the defined Quiet Periods in addition to the entire construction process, including:
 - i. For Quiet Periods:
 - 1. Use of flagmen in lieu of back-up beepers for on-site trucks;
 - 2. No tailgate slamming on dump trucks;
 - 3. No hammer-drilling;
 - 4. No core-drilling;
 - 5. No power actuated fasteners;
 - 6. No sawing; and
 - 7. Noise generating construction activities shall not exceed 50 decibels as measured from the nearest interior space within the adjacent GU residence halls.
 - ii. For entire construction process:
 - 1. Use of sound attenuated concrete batch plant in lieu of 50 ready-mix trucks per day;
 - 2. Use of best efforts to install the east elevation of the Project's skin first (facing Darnall Hall); and,
 - 3. Use auger piles in lieu of driven piles.
 - G. Trash and vermin mitigation strategies and controls;
 - H. Repairing and resurfacing any part of Reservoir Road or other roads within the community damaged by construction traffic; and
 - I. Providing a safe environment for all patients, students, neighbors, associates and construction workers.
2. Zoning Commission Proceedings – This Agreement will remain effective whether or not the Construction Management Plan is included or approved in a final decision adopted by the Zoning Commission ("ZC") in connection with the Georgetown University Campus Plan or the MGUH Further Processing Application ("FPA").

The Community Representatives –

- 1. The CRs will support or not object to the MGUH FPA at the ZC Hearing.
- 2. The CRs will urge the GCP Steering Committee to support or not object to the MGUH FPA.
- 3. The CRs who represent the community organizations will urge their respective organizations to support or not object to the MGUH FPA, and the ANC commissioner will urge their ANCs to support or not object to the MGUH FPA.
- 4. This Agreement does not address the matter of timing and nature of ZC proceedings.

General –

- 1. Miscellaneous.
 - A. Legal Agreement, Jurisdiction and Remedies – This Agreement is a binding legal agreement and each person executing the Agreement is authorized to execute the Agreement. This Agreement is governed by the District of Columbia law and is enforceable by and the parties submit to the jurisdiction of the District of Columbia Superior Court and any appellate court of competent jurisdiction. The parties agree that the Burleith Citizens Association, the Citizens Association of

Georgetown and the Foxhall Community Citizens Association are beneficiaries of this Agreement and are entitled to enforce this Agreement as though they were parties to it. The parties agree that money damages are not sufficient in the case of a violation of this Agreement and that specific performance or other injunctive relief is appropriate for redressing a failure by any party to comply with the terms of this Agreement.

- B. Assignment – No party to this Agreement shall assign or transfer this Agreement, or any of its rights, interests or obligations hereunder, to any person, or entity, without obtaining the prior written consent of the other parties, which consent shall not be unreasonably withheld. This Agreement is binding on and inures to the benefit of the parties’ respective successors and permitted assignees.
- C. Headings – All headings are inserted for convenience only, and shall not affect any construction or interpretation of the Agreement.
- D. Entire Agreement – The Agreement contains the entire Agreement of the parties hereto and supersedes any and all oral understandings between the parties.
- E. Amendments to this Agreement; Non-Waiver – No term or provision of this Agreement may be changed, waived, discharged or terminated except by an instrument in writing signed by the parties to this Agreement. No waiver of any of the provisions of this Agreement shall be valid unless it is in writing and signed by the party against whom it is sought to be enforced. No waiver or breach of this Agreement shall be considered to be a continuing waiver or consent to any subsequent breach on the part of any party, unless the waiver or consent expressly intends to do so.
- F. Interpretation and Severability – The provisions of this Agreement shall, where possible, be interpreted in a manner necessary to sustain their legality and enforceability, and for that purpose the provision of this Agreement shall be read as if it covers the specific situation to which it is being applied. In the event that any portion of the Agreement is determined for any reason to be invalid, such determination shall not affect the validity or enforceability of any other provision of this Agreement. Upon receipt of notification of the invalidity of any provision hereof, the parties to this Agreement agree to negotiate in good faith an additional term to replace that which has been declared invalid.
- G. Counterparts – This Agreement may be executed in counterparts, each of which shall be considered an original.

AGREED AND ACKNOWLEDGED:

MedStar Health, Inc.

The Community Representatives

By:

M. Joy Drass
Executive Vice President and
Chief Operating Officer

Jennifer Romm

Robert Avery

Nan P. Bell

Conrad J. DeWitte Jr.

Ronald B. Lewis

Ed Solomon

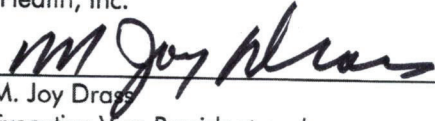
Rick Murphy

Date: May 17, 2017

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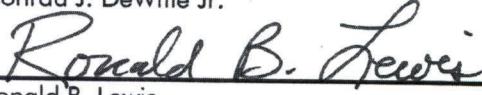
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Rick Murphy

Date: May 17, 2017

May 22, 2017

GCP Steering Committee,

At the May 17, 2017 Meeting of the GCP Transportation and Parking Working Group (TaP), Trammell Crow provided a presentation on the May 14, 2017 version of the MedStar Georgetown University Hospital Construction Management Plan. Noting the various issues raised and satisfactory responses provided, all parties agreed to support the Plan, and to recommend adoption and approval to the GCP Steering Committee.

Please let us know if you have any questions or need further information.



Hazel Denton - TaP Co-Chair, Citizens Association of Georgetown



Jim Sirinakis - TaP Co-Chair, Georgetown University

Advisory Neighborhood Commission 2E



Representing the communities of Burleith, Georgetown and Hillandale

3265 S Street, NW • Washington, DC 20007

(202) 724-7098 • anc2e@dc.gov

By email

November 4, 2015

District of Columbia Department of Health
State Health Planning and Development Agency
899 North Capitol Street, NE
Washington, DC 20002

Re: Certificate of Need Application, Registration No. 15-2-6
MedStar Georgetown University Hospital
Construction of a New Building on MedStar Georgetown University Hospital
Campus to Relocate Medical-Surgical and Emergency Department Services

For Amha Selassie, Director, District of Columbia Department of Health - SHPDA:

At a public meeting of Advisory Neighborhood Commission 2E, duly noticed and at which eight of eight commissioners were present constituting a quorum, ANC 2E unanimously adopted the following resolution:

ANC 2E supports the Certificate of Need Application, Registration No. 15-2-6, for construction of a new “Surgical Pavilion” building at MedStar Georgetown University Hospital (MGUH) to relocate medical-surgical and emergency department services.

Current facilities at MGUH are in need of renovation and we agree that the proposed project should provide appropriately sized spaces and should increase efficiency and patient privacy.

Community representatives have worked with MedStar toward assuring that the community impacts from the proposed renovation are mitigated, including transportation and construction impacts. An agreement between MedStar and community representatives on some key issues is attached.

We understand that a number of issues, including some design issues on which we have not reached agreement, will be examined in other proceedings involving design-review authorities, the D.C. Department of Transportation, and the D.C. Zoning Commission, and we intend to take part in those proceedings. For example, we believe improvements are called for in the design of the green, open space at the north end of the campus,

COMMISSIONERS:

Ed Solomon, District 1 Ron Lewis, District 2 Jeff Jones, District 3
Kendyl Clausen, District 4 Bill Starrels, District 5 Tom Birch, District 6
Monica Roaché, District 7 Reed Howard, District 8

improvements that would involve moving proposed roadways and parking-lot ramps elsewhere than in the green lawn; but such differences will be resolved in due course and they do not diminish our overall support for the Certificate of Need.

Sincerely,

A handwritten signature in black ink that reads "Ron Lewis". The signature is written in a cursive style with a large, prominent "R" and "L".

Ron Lewis
Chair, ANC 2E

cc: Kathleen M. Stratton, Crowell and Moring
Regina K. Woods, MedStar Health, Inc.

Agreement

The parties to the agreement are MedStar Health, Inc. (MedStar) and the community representatives serving on the Georgetown Community Partnership Steering Committee (the CRs). The various CRs represent community organizations – the Citizens Association of Georgetown, the Burleith Citizens Association, and the Foxhall Community Citizens Association – or are Advisory Neighborhood Commission (ANC) 2E or ANC 3D commissioners.

MedStar intends to submit an application for a Certificate of Need (CON) on or around October 1, 2015, relating to a construction project and hospital expansion (Project) for the MedStar Georgetown University Hospital (MGUH).

MedStar –

1. Design for Gate 1. During the CON process, MedStar will submit a proposed design for the Gate 1 area as presented 9/14/15 to the CRs. The design and land use also will be subject to review at an appropriate time by the Old Georgetown Board/Commission of Fine Arts (OGB/CFA), the District's Department of Transportation and Office of Planning, and the Zoning Commission (ZC).
2. Construction Management Plan. Construction relating to the Project will take place according to a written Construction Management Agreement between MedStar and the CRs that incorporates the construction plan outline presented to the CRs on 9/14/15. Also, to the extent not included in that outline, the agreement will provide for no idling of trucks on Reservoir Road; off-site parking to replace on-site staff and visitor parking, such as the surface parking on Lots A and B, that will be unavailable during construction; environmental, noise and vermin controls to protect the community; communication procedures and records that maximize effective communication from and to the community during construction; at the completion of construction of the Project or during construction if need be, repair and resurfacing as needed of any part of Reservoir Road damaged by construction traffic; and a similar construction management plan to be in effect for back-fill and other on-campus construction relating to MGUH.
3. Helicopter Noise Abatement. The routine flight path for helicopters will approach and depart the Hospital's helipad linearly from and towards the Potomac River over the center of the Georgetown University Campus. Safety considerations may, on rare occasions, require pilots to alter this path due to weather or other ambient situations. The helipad will be constructed with sound-baffling material using the best available technology. Helicopter noise monitoring in the neighborhood communities will take place at unannounced times at least twice a year in agreed-upon locations, or more frequently if off-route or noise issues develop. This agreement is based on the expectation that helicopter flights to MGUH will not exceed an average of 1.5/day.
4. ED Impacts. MedStar will reduce the ED by two universal treatment bays per the 9/14 MedStar outline, so that there are no more than 32 universal treatment bays and one SANE suite.

MedStar will work with the CRs in requesting D.C. FEMS to adopt “quiet community” protocols to reduce ambulance siren usage in the neighborhood.

5. Traffic Mitigation. MedStar will reduce peak hour vehicle trips to MGUH by 5 to 12 percent on average based on an average of three AM and PM peak period traffic counts conducted on typical weekdays (i.e. Tuesday, Wednesday or Thursday when DC Public Schools, Georgetown University, and Congress are in session) compared to the traffic counts conducted by Wells + Associates in February 2015, without increasing on-street parking. MedStar will have the flexibility to choose and to vary the method or methods of achieving the requisite reduction, though it is not expected that shifting hours of arrival or departure will be a significant part of the plan. The upper end of the range is a target and opportunities to approach it feasibly will be continually under review; MedStar will be in compliance as long as at least a 5 percent reduction in peak hour trips to MGUH is achieved.

6. Zoning Commission Proceedings. MedStar will incorporate the substance of the agreements above (other than the Construction Management Agreement, which will remain separate) in any materials it uses and positions it takes in connection with any relevant proceedings at the ZC relating to a Georgetown University Campus Plan.

Community Representatives –

1. The CRs will support or not object to the CON application.

2. The CRs will urge the GCP Steering Committee to support or not object to the CON application.

3. The CRs who represent community organizations will urge their respective organizations to support or not object to the CON application, and the ANC commissioners will urge their ANCs to support or not object to the CON application.

4. This agreement does not require the CRs to take any particular position before the OGB/CFA with regard to the design and land-use issues relating to the Project, including those relating to Gate 1, or before the ZC with regard to the design and land use issues relating to Gate 1 or to ZC issues that are not dealt with explicitly in this agreement. This agreement does not address the matter of the timing and nature of ZC proceedings.

General

1. MedStar and the CRs will continue working together to seek collegial agreement as to the ZC process and ZC issues that are not dealt with explicitly in this agreement, including e.g. balancing traffic among the gates, on-campus circulation, truck traffic, and coordinating with Georgetown University’s overall campus plan.

2. Miscellaneous

- (A) Legal Agreement, Jurisdiction and Remedies. This Agreement is a binding legal agreement and each person executing the Agreement is authorized to execute the Agreement. This Agreement is governed by District of Columbia law and is enforceable by and the parties submit to the jurisdiction of the District of Columbia Superior Court and any appellate court of competent jurisdiction. The parties agree that the Burleith Citizens Association, the Citizens Association of Georgetown, and the Foxhall Community Citizens Association are beneficiaries of this agreement and are entitled to enforce this agreement as though they were parties to it. The parties agree that money damages are not sufficient in the case of a violation of this Agreement and that specific performance or other injunctive relief is appropriate for redressing a failure by any party to comply with the terms of this Agreement.
- (B) Assignment. No party to this Agreement shall assign or transfer this Agreement, or any of its rights, interests or obligations hereunder, to any person, or entity, without obtaining the prior written consent of the other parties, which consent shall not be unreasonably withheld. This Agreement is binding on and inures to the benefit of the parties' respective successors and permitted assigns.
- (C) Headings. All headings are inserted for convenience only, and shall not affect any construction or interpretation of the Agreement.
- (D) Entire Agreement. The Agreement contains the entire agreement of the parties hereto and supersedes any and all oral understandings between the parties.
- (E) Amendments to this Agreement; Non-Waiver. No term or provision of this Agreement may be changed, waived, discharged or terminated except by an instrument in writing signed by the parties to this Agreement. No waiver of any of the provisions of this Agreement shall be valid unless it is in writing and signed by the party against whom it is sought to be enforced. Any waiver or breach of this Agreement shall not be considered to be a continuing waiver or consent to any subsequent breach on the part of any party, unless the waiver expressly intent to do so.
- (F) Interpretation and Severability. The provisions of this Agreement shall, where possible, be interpreted in a manner necessary to sustain their legality and enforceability, and for that purpose the provision of this Agreement shall be read as if it covers the specific situation to which it is being applied. In the event that any portion of the Agreement is determined for any reason to be invalid, such determination shall not affect the validity or enforceability of any other provision of this Agreement. Upon receipt of notification of the invalidity of any provision hereof, the parties to this Agreement agree to negotiate in good faith an additional term to replace that which has been declared invalid.
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By: _____
 /s/
M. Joy Drass
Executive Vice President and
Chief Operating Officer

 /s/
Jennifer Altemus

 /s/
Robert Avery

 /s/
Nan P. Bell

 /s/
Conrad J. DeWitte, Jr.

 /s/
Ronald B. Lewis

 /s/
Ed Solomon

October 22, 2015

MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL

MEDICAL | SURGICAL PAVILION CONSTRUCTION MANAGEMENT PLAN



May 14, 2017

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FOREWORD

THE MGUH CONSTRUCTION MANAGEMENT PLAN

As a leading hospital in the region providing care for over 100 years, MedStar Georgetown University Hospital (“MGUH” & “Owner”) is now embarking on a critical path to continue the advancement of health care delivery and to meet the current and future healthcare needs of the patients and community it serves. The Medical | Surgical Pavilion will house 156 private patient rooms, 32 operating rooms, a new emergency department with 32 exam rooms and 1 SANE suite, 3 levels of underground parking and a rooftop helipad with direct access to the operating rooms and emergency department. MGUH was successfully granted a Certificate of Need from the State Health Planning and Development Agency for the new state-of-the-art Pavilion. This was followed by concept approvals from the Advisory Neighborhood Commission (“ANC”) 3D, ANC 2E, Old Georgetown Board (“OGB”) and Commission of Fine Arts (“CFA”). Additionally, support for this project was given by the Citizens Association of Georgetown, Burleith Citizens Association, Foxhall Community Citizens Association and Georgetown University.

This Construction Management Plan represents a collaborative process that has been informed by MGUH associates and leadership, GU and the surrounding community leadership. The guiding principles for the MGUH Medical | Surgical Pavilion (“Project”), which have been agreed to by the Georgetown Community Partnership (“GCP”) [reference Page 4] have been acknowledged and incorporated in this plan. Specifically, MedStar Health and the GCP have agreed to the following:

- Complete transparency of all information and data;
- Clear lines of accountability and points of contact;
- Communication procedures and methods that maximize effectiveness for the community;
- A comprehensive staging plan that minimizes community impact and traffic;
- Construction workers brought to the site via shuttles and no workers parking in the community;
- Truck traffic reduction strategies using flaggers and wireless technology, eliminating idling of trucks on Reservoir Road and in the vicinity;
- Off-site parking to replace the loss of on-site parking during construction;
- Noise, trash and vermin mitigation strategies; and
- Repairing and resurfacing any part of Reservoir Road or other roads within the community damaged by construction traffic.

The entirety of the construction process will be managed by Trammell Crow Company (“TCC”), as the Development Manager, and Clark Construction Group, LLC (“Clark”), as the General Contractor. The above principles are addressed in detail throughout the remainder of this plan and supplemented with exhibits including imagery of key concepts and documents.

GEORGETOWN COMMUNITY PARTNERSHIP



ABOUT THE GEORGETOWN COMMUNITY PARTNERSHIP

MedStar Georgetown University Hospital is uniquely located within the bounds of Georgetown University's campus, nestled in the neighborhoods of Georgetown. MedStar Health has sought partnership with both Georgetown University and the campus' neighbors to fully understand how the Hospital impacts its surrounding community. MedStar Health and the Medical | Surgical Pavilion's development team view the community, students, faculty, associates and visitors of Georgetown University and MGUH's campus as partners in this effort. We are committed to ensuring the Project puts forth a positive impact for all stakeholders involved.

The Georgetown Community Partnership ("GCP") was created in 2012 as a forum to facilitate discussion, information sharing and consensus-based decision making among University administrators, students and members of the community. Since its inception, the GCP has operated in a genuine collegial partnership, with representatives of all stakeholder groups actively engaged to evaluate existing programming, identify creative solutions to ongoing quality of life concerns, implement and evaluate programs to fulfill commitments and plan for the future use of the University and Hospital campuses. The GCP is truly a successful model for consensus-based planning.

COMMUNITY RELATIONS PLAN

Over the past few years, MedStar Georgetown University Hospital and its development team, Trammell Crow Company, the HKS | Shalom Baranes Associates Joint Venture and Clark have been participating in community meetings and engaging with neighborhood residents and leaders to inform the community of our intent to construct this pavilion and to illicit feedback on the design and traffic patterns in a consensus building process. The development team has met with several organizations in the area, including ANC 2E, ANC 3D, the Georgetown Community Partnership, Citizens Association of Georgetown, Foxhall Community Citizens Association, Burleith Citizens Association, and Georgetown University students.

The MGUH team has established a website solely dedicated to the Medical | Surgical Pavilion, www.BuildingMedicalExcellence.com, and has made this the centralized location for all information relevant to the Project. We intend to continuously update this website as the Project's construction progresses.

MGUH's leadership is committed to being a "good neighbor" as the much-needed Medical | Surgical Pavilion is built. From hosting meet-and-greets and receptions, to telephone town halls, letters and email communications, MGUH and its development team will unremittingly inform all stakeholders, neighbors, students and staff of the building's progress, proactively resolve any issues and continue on its paramount mission of delivering quality care to Washington, DC.

COMMITMENT TO SAFETY

THE TEAM'S COMMITMENT TO SAFETY

The MGUH Construction team's highest priority is providing a safe environment for all patients, students, neighbors, associates and construction workers. It is of the utmost importance for Clark to properly surround the perimeter of the Project site to ensure that construction activity is isolated from the general public. Doing so not only protects the general public, but also protects the valuable materials stored at the jobsite. In addition, TCC and Clark will strategically plan where signage is placed around the site and campus to clearly inform traffic and pedestrians of site conditions.

The **MGUH Safety Guide** is included as an exhibit (**Exhibit 1**). The MGUH Medical | Surgical Pavilion Project Construction team, including all subcontractors, will comply with all content and provisions included in the MGUH Safety Guide, in addition to all content and provisions included in the "Schedule and Logistics" and "General Jobsite Requirements" sections of this Plan.

Safety is viewed as the key to success on this Project.

SAFETY PROGRAM

Clark and its Affiliates are committed to the safety and health of all individuals working on the Project. Implementing safe working practices and ensuring the wellbeing of every person is a core value of Clark. All subcontractors will receive a Clark Safety, Health and Environmental Policy Manual, which contains Clark's policies, programs, and procedures that govern safe work practices by:

- Preventing incidental injury, occupational illness and property damage
Establishing policies and procedures so that all employees are actively involved in safe work practices;
- Outlining the safety and health duties and responsibilities of all parties;
- Establishing and implementing a plan for safety and health education, training, and monitoring to promote identification and elimination of hazards and/or unsafe acts; and
- Ensuring all environmental concerns are identified and addressed.

Providing a safe workplace for everyone is the **TOP PRIORITY**.

GENERAL INFORMATION

PROJECT MANAGEMENT STAFF

The Trammell Crow Company and Clark Construction Group management staff will primarily be located onsite at the MedStar Georgetown University Hospital campus. Additional representatives from TCC and Clark will be located at the TCC Mid-Atlantic office in Washington, D.C. and the Clark Corporate Headquarters in Bethesda, MD, respectively. Key personnel for the Project's construction include:

Trammell Crow Company

Managing Director	Eric Fischer
Managing Director	Spencer Brott
Senior Vice President	Matt Maio
Vice President	Chris Poad
Associate	Benjamin Schon

Clark Construction Group

Officer in Charge	Mike Hartman
Senior Vice President	Bill Magruder
Vice President	Ryan McKenzie
Project Executive	Bradley Hunter
Construction Executive	Mike Hammer
Superintendent	George Sgouveakos
Project Engineer	Sam Brinton

PRIMARY POINT OF CONTACT (POC)

Construction Manager	Matt Maio
	Email: mmaio@trammellcrow.com
	Cell Phone: (804) 519-2903

SECONDARY POINTS OF CONTACT

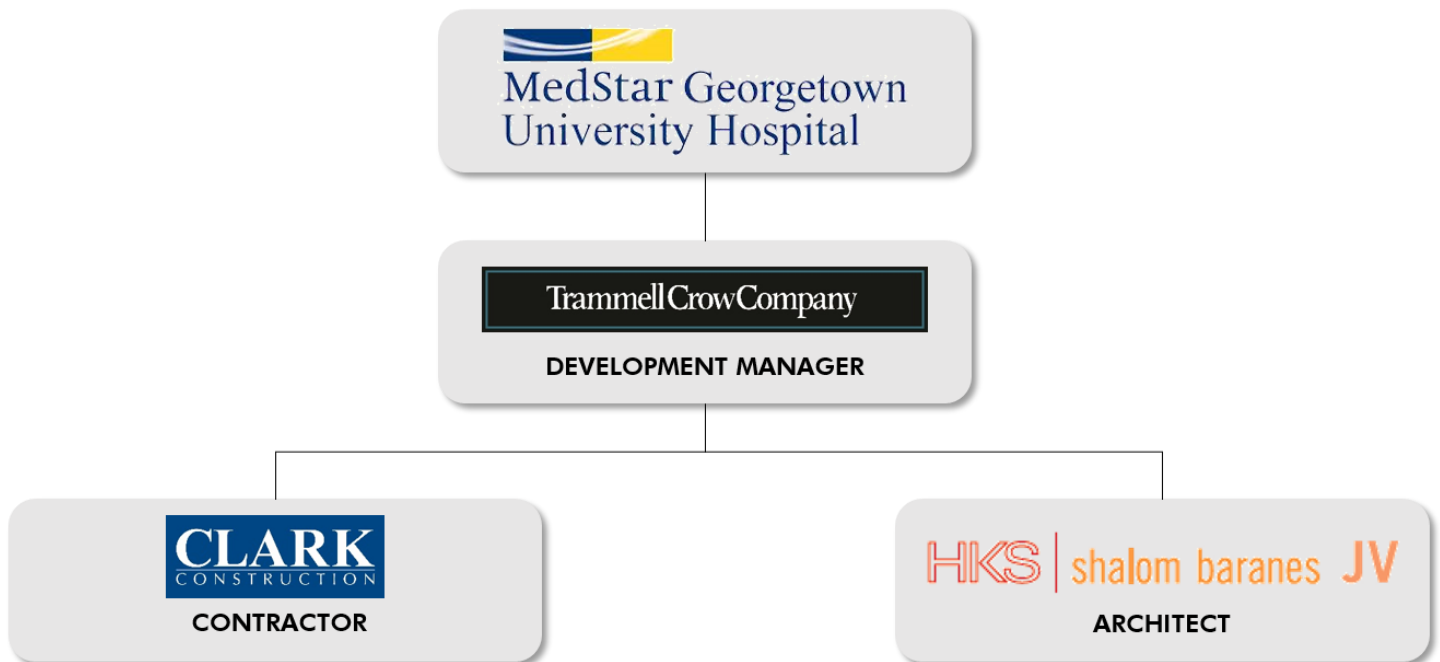
Project Executive	Bradley Hunter
	Email: bradley.hunter@clarkconstruction.com
	Cell Phone: (703) 677-6854
Superintendent	George Sgouveakos

Email: george.sgouveakos@clarkconstruction.com

Cell Phone: (202) 437-1590

GENERAL INFORMATION

ORGANIZATION OF PROJECT TEAM



JOBSITE LOCATION & PROJECT OFFICE ADDRESS

The following is the address for Project Construction Team correspondence:

Clark Construction Group
MGUH Medical | Surgical Pavilion
Attention: Sam Brinton (or other POC from above)
XXXXX Street Name (Exact Address TBD)
Washington, DC XXXXX

The following is the address of the Construction jobsite:

MedStar Georgetown University Hospital
3800 Reservoir Road, NW
Washington, DC 20007

Specific **Directions to the Jobsite** are included (**Exhibit 2**).

SCHEDULE AND LOGISTICS

CONSTRUCTION SCHEDULE

The **Construction Summary Schedule** is attached (**Exhibit 3**). Subcontractors are to maintain contact with the Superintendents and the Project Management staff for current status of activities prior to the beginning of work to allow for adjustments in the schedule. Project construction will begin in Q1 of 2018 and will be completed in Q4 of 2021. A milestone schedule will be updated as construction progresses on the Project website, www.BuildingMedicalExcellence.com.

LOGISTICS PLAN

The **Site Logistics Plan** is attached for the Medical | Surgical Pavilion's construction (**Exhibit 4**). As depicted in the site logistics plan, Clark will not operate outside of the highlighted limits of disturbance ("LOD") in Lots A and B. Updates to the Plan will be provided as they develop.

MGUH ON-CAMPUS PARKING

The Construction plans, as referenced in the **Site Logistics Plan (Exhibit 4)**, impact the availability of parking on campus. Diagrams that reflect the **MGUH On-Campus Parking** in the Current, Construction, and Post Construction states are attached (**Exhibit 5**). A dedicated Parking Team, consisting of TCC, MGUH and Wells + Associates, the Project's transportation planning and traffic engineering firm, is identifying and developing a parking plan for the construction phase that is viable for the Hospital's patients and visitors, and considerate to and mindful of impacted MGUH associates. The parking plan will be reviewed in detail with the representatives from the GCP on the Transportation and Parking Committee ("TaP"). The Parking Team intends to use a combination of off-campus parking locations and transit subsidies/incentives. Additionally, the plan intends to utilize existing Georgetown University Transportation Shuttle ("GUTS") routes to move people to and from campus from the off-campus locations. The Construction plan impacts roughly 350 parking spaces (all of Lot A and Lot B) and the Parking Team will use a combination of off-campus parking and transit subsidies for impacted associates. This plan also considers the function and capacity of GU's Canal Road Entrance and allows for flexibility during construction.

ADJACENT PROPERTY

The Owner will perform a preconstruction condition survey of the property adjacent to the Project site. In accordance with the Owner | Clark Construction Agreement, Clark shall:

-
- Take all reasonable precautions for the safety of adjacent property and provide all reasonable protection to prevent damage to other property adjacent to the site, and
 - Maintain Commercial General Liability Insurance providing coverage for damage claims resulting from destruction of tangible property.

SCHEDULE AND LOGISTICS

EQUIPMENT & MATERIAL DELIVERIES

Each subcontractor shall provide an equipment and material delivery log in enough detail to indicate submittal dates, lead times, required delivery dates and suppliers. The material delivery log schedule will be updated by Subcontractors as directed by Clark. The general delivery log schedule will be updated on the website.

HAULING & DELIVERY PLAN

All site logistics must be coordinated with Clark Superintendents at the Project site. All job deliveries should be addressed to read the construction jobsite address and must first arrive at the offsite staging area prior to delivery. The **Hauling & Delivery Route Plan** into and out of the surrounding neighborhood has been designated and will be monitored by the Clark Project Team (**Exhibit 6**).

Failure to check in at the offsite staging area and failure to follow the specified **Hauling & Delivery Route Plan (Exhibit 6)** will result in rejection of the delivery by Clark security at Gate 1.

Deliveries should also be coordinated with the Superintendent so as not to disrupt construction activities in progress. A minimum of 72 hours advance notice will be required prior to major deliveries of material to the jobsite. Failure to provide this prior notice may result in rejection of the delivery by Clark.

All deliveries must use the Designated Construction Entrance when accessing the jobsite. The Designated Construction Entrance is the north entrance off of Reservoir Road at Gate 1 (**Exhibit 6**). No deliveries are to enter through any other entrance. All deliveries of material and equipment to the Project are to arrive on the jobsite during off peak hours to avoid traffic congestion. All material deliveries must be coordinated and received by a designated representative with all proper equipment for unloading and staging.

GPS TRACKING FOR HAULING & DELIVERY TRUCKS

Clark will monitor the hauling and delivery routes using GPS devices given to drivers when they check in at the offsite staging area. All hauling & delivery drivers will keep the GPS devices in their cabs while traveling through the neighborhood and entering the site. They will drop the devices off with a Clark

employee at the truck checkpoint shown in the **Hauling & Delivery Route Plan (Exhibit 6)** after they have left the jobsite. These devices will ensure that the Project team can verify truck routes and minimize disruptions in the surrounding neighborhood. Real time access to GPS tracking is under exploration and will be reviewed with the GCP. The specific GPS protocols have not yet been designed for this Project.

SCHEDULE AND LOGISTICS

CRANE PLAN

The concept **Project Crane Plan** based on early design plans is included in the exhibit section (**Exhibit 7**). No loads will be transferred over the adjacent Cloisters residences. The team will update this plan as it continues to develop.

FENCE PLAN

There are three options for fences that are being contemplated for use in the **Site Logistics Plan (Exhibit 4)**. Final determinations are to be made as to the placement of the specific fence types. The **Fence Plans** for the Project site are attached (**Exhibit 8**). The wooden fencing will be installed along Reservoir Road and along the eastern portion of Lot B adjacent to the Cloisters to provide a private, clean façade to face the surrounding neighborhood. The other fence types will be used in combination on the remainder of the site's perimeter. Clark will use best efforts to maintain the condition of the perimeter fences as initially installed and will repair the fences as necessary.

GATE CONCIERGE

Clark will employ a gate concierge stationed at Gate 1 along Reservoir Road. The gate concierge will have the following roles:

- Controlling construction traffic during hauling and deliveries to limit the disruption to traffic on Reservoir Road;
- Maintaining the boundary between the general public and the construction workforce to prevent unauthorized access into the site and prevent unauthorized construction activity or parking; and
- Acting as an ambassador for the Project to any hospital patients, associates, visitors and students. Hospital patients, visitors and students may be preoccupied while near the Project site, so the concierge will direct them to their correct destinations and maintain a safe atmosphere.

Clark will prioritize employing a bilingual gate concierge to allow for the most inclusive, effective service to the public and the construction workforce. The gate concierge position will be filled with qualified and reputable personnel that will have the authority to address issues or complaints.

SITE ACCESS

The Project site will not be accessible by the public. Inspections specific to the administering of this Construction Management Plan shall be managed through a to be determined single point of contact from the GCP. Unlimited access to the site is not possible for safety reasons. All site access must be scheduled and coordinated with site safety and management plans.

GENERAL JOBSITE REQUIREMENTS

ON-SITE PARKING

Parking on the MGUH campus, the GU campus, or in the surrounding neighborhoods is **prohibited**. If a subcontractor employee is found to be parking in the surrounding area, the employee will be removed from the Project. Subcontractors shall provide shuttles for their employees to reach the jobsite per the provided **Construction Employee Shuttle Plan (Exhibit 9)**. Shuttles may not drive through the Georgetown University Campus. Shuttles will run from 6:00-7:30am in the mornings and 2:00-4:00pm in the afternoons. The drop-off area for the shuttles will be in the Project footprint, as shown in the Shuttle Plan, to avoid traffic disruptions on Reservoir Road. Walkup Subcontractor access to the Site is prohibited.

WORK HOURS

Standard working hours on the MGUH site are between the hours of 7:00am and 7:00pm, Monday through Saturday, in accordance with local statutes. The Project work hours may be adjusted by Clark, but will remain within the agreed-upon timeframes.

STICKER & BADGING POLICY

All persons entering the Project site are required to display a valid Clark Construction hardhat sticker. Clark will issue the hardhat sticker upon completion of the Safety Orientation. **Stickers must be worn and visible at all times.** Any employees performing work in existing hospital areas will be required to receive badges through the MGUH Security badging process as outlined in the **MGUH Safety Guide (Exhibit 1)**.

TRASH CONTROL & RESPONSIBILITY

Clean up and trash removal is the responsibility of all persons on the Project and construction workers will be required to clean their work areas.

EATING ON-SITE

Eating will be allowed in designated areas only, as detailed in jobsite orientation meetings. Consumption of food is prohibited in the surrounding buildings. Workers found eating in the hospital will be removed from the Project. Clark will provide a food truck onsite to allow workers to remain within the Project limits. If workers are found eating in the surrounding neighborhoods, it will also result in their removal from the Project.

GENERAL JOBSITE REQUIREMENTS

TOBACCO USE

MGUH has instituted a zero-tolerance tobacco-free policy. The policy bans tobacco use of any kind in the facilities and anywhere on our grounds, and applies to everyone, including patients, visitors and staff. Workers found smoking on the MGUH Campus will be removed immediately. This MedStar policy will be strictly enforced by the entire Clark team.

WORK AREAS

Employees are to work **only** in areas designated by Clark. All other buildings and facilities located outside of the MGUH Project's site are strictly off limits to subcontractors. Designated work areas will be established in kick-off meetings with subcontractors upon mobilization of the site.

NOISE CONTROL

Clark is committed to minimizing construction noise and disruptions throughout the Project. Noise control is a particularly critical feature of working proximate to hospitals, neighborhoods and universities. Per Department of Consumer and Regulatory Affairs ("DCRA") noise regulations, construction activities will only occur between 7:00am and 7:00pm, Monday through Saturday. The following time periods will be defined as **Quiet Periods** on the Project site:

- 7:00am – 8:00am (Monday – Friday);
- 7:00am – 9:00am (Saturday); and,
- GU Academic Calendar's defined Study Days and Examinations Begin – Examinations End days for the Fall and Spring Terms. The GU academic calendar can be found at the following link and is updated <https://registrar.georgetown.edu/academic-calendars/maincampus>

Construction schedules will recognize Quiet Periods and best efforts will be made to minimize noise during those periods. The following noise reduction strategies will be used on the Project site during Quiet Periods:

- Use of flagmen in lieu of back-up beepers for on-site trucks;
- No tailgate slamming on dump trucks;
- No hammer-drilling;
- No core-drilling;

- No power actuated fasteners; and,
- No sawing.

GENERAL JOBSITE REQUIREMENTS

Additionally, the following noise reduction strategies will be used on the Project site:

- Use of sound attenuated concrete batch plant in lieu of 50 ready-mix trucks per day;
- Use of best efforts to install the east elevation of the Project's skin first (facing Darnall hall); and,
- Use of auger piles in lieu of driven piles.

Noise generating construction activities that occur during Quiet Periods shall not exceed 50 decibels as measured from the nearest interior space within the adjacent GU residence halls. Outside of Quiet Periods, noise generating construction activities will comply with the District of Columbia Noise Control Act.

As part of Clark's Method of Procedure plans, work that will generate excessive noise proximate to hospitals, neighborhoods and universities will be identified early, coordinated with MGUH Environmental Health and Facilities Services staff and the GCP to notify affected individuals, and monitored as needed to minimize disruptions and the quiet enjoyment of neighboring properties. All means necessary will be employed to comport with the District of Columbia Noise Control Act, which regulates noise levels 24 hours per day.

VERMIN CONTROL

Although a constant presence in Washington, DC, Clark is also committed to controlling vermin presence on the jobsite, particularly in the high-risk areas adjacent to the existing hospital and university buildings. Per Clark's waste control plans, all trash will be regularly collected and removed throughout the jobsite to maintain a clean and unobstructed working area. Food and drinks are prohibited onsite outside of the designated lunch area, which will contain adequate trash receptacles and will be cleaned daily. An exterminator will be employed under Clark's construction contract to maintain a regular extermination plan throughout the course of the Project.

LIGHT & EXHAUST POLLUTION

Clark is committed to minimizing construction light and exhaust pollution on the Project site. All construction activities will be in compliance with the District of Columbia and DCRA regulations, as well as the defined work hours between 7:00am and 7:00pm.

ENFORCEMENT AND FINES

CONSTRUCTION MANAGEMENT PLAN VIOLATIONS, ENFORCEMENT & FINES

Owner, MGUH, and Development Manager, Trammell Crow Company, will ensure that the Project is managed in accordance to both the MGUH Construction Management Plan (“CMP”) and the Clark Construction Agreement. The Clark Construction Agreement will include and not be limited to all principles and content of the CMP as well as all local and Federal regulations. Owner and Development Manager will have the right to impose discretionary material punitive measures on General Contractor, Clark, for lack of adherence to the Construction Management Plan and all other customary performance requirements. The penalties will be imposed by Owner and administered by Development Manager to General Contractor. Specifically, penalties for documented incidents, violations or infractions apply to the following sections of the MGUH CMP:

- CMP Hauling & Delivery Plan
- CMP Crane Plan
- CMP Fence Plan
- CMP On-site Parking
- CMP Trash Control & Responsibility
- CMP Eating On-site
- CMP Tobacco Use
- CMP Work Areas
- CMP Noise Control
- CMP Vermin Control

The following table represents the contemplated method of penalization for individual violators on a per incident basis:

Per Individual Violator per Incident	1st Offense	2nd Offense	3rd Offense	4th Offense
Penalty	\$100.00	\$500.00	\$1,000.00	Removal from Project
<i>Note: Subcontractor employee removal from the Project can occur at any time.</i>				

Development Manager and Clark shall be required to log all documented incidents received related to the Project. The violation log will be reviewed as necessary on a bi-weekly basis with the Community Representatives. The Community Representatives and the Development Manager will collaborate on the effectiveness of such enforcement measures and recalibrate accordingly.

Notwithstanding the aforementioned, such measurable and material punitive measures enforced by Owner and Development Manager will not replace any or all local and Federal requirements. Such Owner and Development Manager material punitive measures will be incurred in addition to the local and Federal fine to the extent redundancy or overlap occurs specific to the principles of the CMP.





EXHIBITS



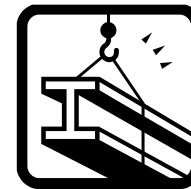
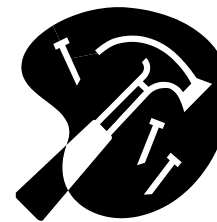
EXHIBIT 1
MGUH Safety Guide



MedStar Georgetown
University Hospital

MedStar Georgetown University Hospital Medical | Surgical Pavilion

SAFETY GUIDE FOR CONTRACTORS AND SUBCONTRACTORS



Disclaimer: This Safety Guide has been altered for the construction of the Medical | Surgical Pavilion Project. The contents herein do not apply to other existing, concurrent, or future MGUH projects.

SAFETY IS THE KEY FOR SUCCESS IN EVERYTHING WE DO FOR THE COMFORT OF OUR PATIENTS



Purpose

To provide references for contractors and their Subcontractors to ensure the safety of and protect our patients, associates, visitors, contractor associates, and surrounding environment while conducting operations on MedStar Georgetown University Hospital (MGUH) properties. These guidelines are intended to assist coordination of Contractor operations during the construction of the new Medical | Surgical Pavilion and the related backfill projects managed by the Medical | Surgical Pavilion team.

Responsibilities

Contractors are expected to provide safe workplaces and implement their own safety programs. The contractors shall comply with current requirements of the Occupational Safety and Health Administration (OSHA) and state and federal environmental protection agencies as outlined, but not limited to, topics in this document. All personal protective equipment and job specific equipment to include barricades, ladders, lifts, pumps, air monitors, spill response materials, fire extinguishers, containers, etc... shall be supplied by the contractor.

These guidelines apply to all contractors and their personnel (including employees and sub-contractors) performing work at MGUH. Due to the wide array of construction operations, it is not feasible to outline every possible regulation and work practice in this guideline.

Patient Safety Starts With ME

When working in a hospital, **Safety** isn't an option or a luxury; it's a basic necessity for life. Every action has the potential to either enhance or detract from Safety standards.

In a healthcare facility, compromising safety can lead to much more than a power outage or plumbing problems; it can very easily put lives at risk, including yours and everyone else around you.

When you pay close attention to safety and conduct issues, they contribute to the safety and well being of our Hospitals number one concern: **Patients**.

- ✓ There is often a tendency to categorize a particular work assignment as either "dangerous" or "safe." However, when working in a healthcare facility, every assignment is potentially dangerous. There are scores of safety precautions to take, no matter what the work entails.
- ✓ Safety and conduct issues affect everyone, from the patients and the chief executives to the part time volunteers, doctors, nurses, technologists, secretaries, etc...
- ✓ It is **everyone's responsibility** to work in a manner that enhances the "Environment of Care."

Definitions

Contractor: An entity or agency employed by MGUH to perform the installation and/or maintenance of equipment, or the renovation or construction of a building, room or space on MGUH's property. Includes all subcontractors employed by the contractor during the performance of the work on MGUH's property.

Confined Space: Space that is large enough for a person to enter; has limited means for entry and exit; and is not designed for continuous occupancy. For example: tanks, utility vaults, and pits.

Permit-Required Confined Space: is a confined space that contains potential or known safety hazards that must be addressed prior to and/or during entry. Only trained personnel under an

approved permit program are allowed entry into a permit-required confined space.

Lockout/Tagout: A program used to ensure that personnel are protected from sources of potentially hazardous energy. The program requires that hazardous energy sources be identified and locked and/or tagged out before work is performed on the system(s). The purpose of lockout / tagout is to prevent the inadvertent energization of equipment that may result in personal injury. The program applies to all Contractors and their Associates, and Subcontractors.

Department: MGUH Department that has contracted for work to be performed by a Contractor.

Project Manager: The individual(s) within a department that have been assigned duties related to oversight or coordination of work performed by a contractor/subcontractor, as defined above.

Safety Orientation

A copy of this document shall be made available, upon request, to prospective bidders at the pre-bid/pre-proposal conferences for the designated project/work to be completed. This document shall be either included with or referenced in the contract documents. The MGUH Safety Department will provide MGUH emergency codes.

Basic Safety Rules

- ✓ All vehicles must observe posted speed limits on campus.
- ✓ Obey all posted warning signs.
- ✓ The use of tobacco products is **PROHIBITED** anywhere on Campus.
- ✓ Firearms and fighting are **PROHIBITED**.
- ✓ Appropriate dress and behavior will occur at all time.
- ✓ Profanity will not be tolerated.
- ✓ Contractors must remain in designated areas at all times and use approved travel routes into and out of the site.

- ✓ Work areas must be maintained in an orderly manner that do not block exits or traffic through the work area.
- ✓ Trash must be removed by Contractors at least once on a daily basis.

Guidelines

- ✓ All construction personnel will be required to review and understand the guidelines described below.
- ✓ The Hospital policies and procedures for Interim Life Safety Measures (ISLM) will be adhered to and enforced by all contractor personnel.
- ✓ The Contractor, in collaboration with the Project Manager, will ensure that all personnel are provided the Construction Safety Handbook to follow the established guidelines within MGUH's designated facilities.
- ✓ The Construction/Permit Boards will be supplied by the Project Manager before the start of construction. All appropriate signage will be displayed at each job site area, posted at the entrances, in view for all. Updates will occur, periodically, as mandated by the project progress.
- ✓ The signage will indicate, at a minimum, what is occurring at the site and any procedures for re-directing people & traffic, if warranted.
- ✓ Contractors entering the Facility will sign in when entering the Facility and out when leaving the Facility. This occurs on a **DAILY basis**. This log will be maintained as directed by the Facilities Maintenance Office at the hospital.
- ✓ Each Individual on the job site located within current MGUH Facilities is responsible for wearing a **contractors' badge**. The Director of Protective Services will authorize hospital badges and facility access at his/her discretion. The Director of Protective Services may provide the Hospital Facilities Department with a limited number of temporary badges for issuance in accordance with certain guidelines. For evening and night shift projects, the Contractor is responsible for making arrangements with the Facilities Office, who will notify the Safety & Protective Services

Guidelines Continued

Offices. Working hours will be agreed upon prior to the start of the project.

- ✓ Standard **working hours** on the MGUH site are between the hours of 7:00am and 7:00pm, Monday through Saturday, in accordance with local statutes.
- ✓ The Contractor and their associates are responsible to maintain the safety barriers at the jobsite at all times. Construction and barriers **shall not** block any hallways and/or fire exits, except as authorized during ILSM.
- ✓ Additionally, the Contractor will be responsible for providing **fire watches and fire extinguishing equipment** during all hot work, and will adhere to all fire, electrical, sight, hearing, and hazardous materials safety precautions.
- ✓ The Contractor, in collaboration with the Hospital Project Engineer & Facility Services Department, will coordinate all electrical power, water, HVAC, sanitation, communication systems, and other identified facility services disruptions, **at least 5 business days in advance. Written detailed requests 2 weeks prior to the required outage.**
- ✓ The Contractor is responsible for the maintenance of all **fire and smoke barriers**, at every phase of the project. In the event a boundary **must be compromised**, a temporary boundary shall be installed and integrity maintained throughout the period of compromise.
- ✓ The Contractor will maintain a clean jobsite area and will conduct a thorough clean-up at both the end of the shift and end of the day. The contractor is responsible for providing all the cleaning items and tools. All trash removed from the jobsite & hospital will be deposited into contractor furnished containers. No dust or debris shall be allowed to escape the jobsite. HVAC systems in affected areas where dust is generated will be protected to prevent induction into the system.
- ✓ The Contractor will deploy and maintain a **vermin control** program.
- ✓ During transport of debris through the hospital/facility, a tightly fitted non-porous cover must be placed over the container used to transport debris. All materials will be

stored, neatly, at an agreed upon site or at an alternative location provided by the Contractor. All flammable materials will be stored in appropriate containers, per the manufacturers' recommendations.

- ✓ Contractors, their associates, and subcontractors will maintain a professional attitude and appearance while on hospital property. The use of profanity, loud and abusive language and/or behavior will NOT be tolerated.
- ✓ Radios, iPods, etc... for entertainment are not permitted in the hospital.
- ✓ During the Surgical Pavilion construction process, those contractors assigned to the project will not park on the MGUH campus, the GU campus, or in the surrounding neighborhoods is prohibited. If a subcontractor employee is found to be parking in the surrounding area, the employee will be removed from the Project. Subcontractors will be providing shuttle service for their employees.
- ✓ Loading and unloading of supplies and materials is permitted, but only as directed by hospital project managers.
- ✓ Use of hospital elevators and contractor routes will be coordinated and designated with the hospital project managers. NO employee or contractor guests are permitted on the jobsite.
- ✓ All wall, floor, ceiling, roof and any other penetrations (new or existing) will be documented and sealed with an NFPA & Hospital approved 2 hour fire sealant.
- ✓ Contractors and/or associates applying NFPA sealant will be certified to do so.
- ✓ Any sealed penetrations will be documented with a drawing and reported to the Facility Services Department and Project Manager. Additionally, any other penetrations identified during the construction/work process will be communicated to the Project Manager. If the **Contractor fails to comply** with sealing all penetrations in accordance with the Hospital & NFPA, they may be **removed** from any subsequent bidders' lists.
- ✓ Any injuries to personnel, damages or problems occurring at the jobsite or with the Hospital will be reported

Guidelines Continued

immediately to the Project Coordinator/ Manager at no cost to the organization.

- ✓ The use of tobacco products is **PROHIBITED**, within or on the grounds of the campus.
- ✓ Consumption of alcoholic beverages or illegal substances is **PROHIBITED**, within or on the grounds of the campus.
- ✓ Eating will be allowed in **designated areas only**, as detailed in jobsite orientation meetings. All food is **PROHIBITED** in the building. Workers found eating in the hospital will be removed from the Project. If workers are found eating in the surrounding neighborhoods, it will also result in their removal from the Project.
- ✓ Per Department of Consumer and Regulatory Affairs (“DCRA”) **noise regulations**, construction activities will only occur between 7:00am and 7:00pm, Monday through Saturday.
- ✓ Contractors are strictly prohibited from any use of MGUH and GU restrooms facilities. Contractors will supply Porta Johns for their use. Workers found using MGUH or GU restrooms will be removed from the Project.
- ✓ Each Contractor is **responsible for** providing a current Certificate of Liability Insurance to the Project Manager. Failure to provide documentation will result in removal from the Bidder’s list.
- ✓ Each Contractor is **responsible for** providing a current copy of their business license. Failure to provide documentation will result in removal from the Bidder’s list.
- ✓ Each Contractor, Subcontractor, and their associates are **responsible to** review the enclosed safety information **prior to** construction on the Job-site.

Dress Code

- ✓ Guidelines that serve to promote a professional image and security through proper identification of Contractors in the health care work environment, meet safety and regulatory requirements, as well as cleanliness and neatness.

- ✓ All Contractor Personnel are expected to exercise good judgment in their apparel and grooming habits, consistent with their position. Clothing should be clean, in good repair, and non-revealing (no excessively tight fitting or low cut clothing).
- ✓ Clothing will be free of loose soil and debris.
- ✓ Hair shall be clean, well groomed, controlled and appropriate to the job. Extremes in hairstyles and color are not acceptable.
- ✓ Moustaches and beards should be neat and groomed. Facial hair may not inhibit N95 respirator for those positions requiring fit testing.
- ✓ A distinguishable ID sticker will be furnished by the contractor. The contractor’s ID sticker will be displayed at all times on all new Pavilion construction site employees’ vests or hard hats.
- ✓ Badges will be worn above the waist with the picture visible and will not be defaced.

Worker Protection

In some work environments, **Personal Protective Equipment (PPE)** must be provided and used to protect personnel against hazards capable of causing injury, illness, or impairment. PPE will be selected, constructed, used and maintained in accordance with State & Federal Regulations. (Hearing Protection, approved respirators, harnesses, etc.) Whenever feasible, hazards must be eliminated through engineering or supervisory controls, prior to resorting to the use of PPE.

PPE will be provided by the Contractor and used in the following circumstances:

- ✓ Where it has been determined by an occupational hygienist or safety specialist that PPE is necessary to protect the health and safety of workers.
- ✓ Where it has been determined that engineering and/or supervisory controls do not reduce exposure potential to a safe level.

Worker Protection Continued

- ✓ Where development or installation of engineering controls are pending.
- ✓ During short term, non-routine operations for which engineering controls are not practical.
- ✓ During emergency situations such as spills, ventilation malfunctions, emergency exit, damage control, activities, etc...
- ✓ When required, the use of hard hats, safety glasses, fall protection, hearing protection, safety shoes, etc... shall be **enforced daily at the job site by the Contractor.**
- ✓ **MGUH safety department reserves the right to access and inspect the Surgical Pavilion worksite.**

Where required the following **shall be considered** for worker safety:

Eye and face protection: Where machinery, equipment or operations present the hazards of flying objects, liquids, injurious energies (glare, radiation, etc.), or a combination of these hazards, in accordance with ANSI Z87.1

Face shields and safety glasses: shall be worn to protect the face, eyes, and front of the neck from flying particles and sprays or splashes of hazardous liquids.

Side Shields: Side shields should be used on safety glasses worn in buildings or areas designated as eye-hazard areas.

Corrective Lenses: Personnel whose vision requires the use of corrective lenses and who are required to wear protective eyewear shall wear one of the following types of goggles or eye glasses:

- ✓ Goggles that can be worn over corrective eye glasses without disturbing the adjustment of the glasses.
- ✓ Goggles that incorporate corrective lenses mounted behind the protective lenses.

Goggles: Chemical goggles or eyecups shall be worn to protect against impact, dust particles, liquids, splashes, mists, spray, and injurious radiation. They shall be designed to protect the eye sockets and the facial area

around the eyes, thus protecting the wearer from side exposure. Portable eyewashes will be provided by the Contractor.

Laser Protection: Eye protection for laser operations must be in compliance with ANSI Z136.1 "Safe Use of Lasers," or equivalent.

Head Protection: Hard Hats: shall be constructed, selected, used, and maintained in accordance with ANSI Z89.1, "Personal Protection - Protective Headwear for Industrial Workers".

Hearing Protection: Earplugs as protection against the effects of noise exposure shall be provided by the contractor when the sound level exceeds those shown in Table D-2 of OSHA regulations.

Hair Protection: Long hair, including long facial hair, which is susceptible to becoming entangled in moving machinery or drawn into such machinery by the generation of static electricity, shall be controlled by caps or hair nets.

Foot Protection

Safety Toe Footwear: All safety footwear incorporating a hard steel toe to protect the wearer's toes against impact or compression shall meet the requirements for the 75-pound classification of ASTM F2413, "Standard Specification for Performance Requirements for Foot Protection".

The use of toe caps or instep protectors that fit over shoes is prohibited as a substitute for issuing safety shoes. Non-conductive footwear to protect against electrical hazards, is required. They shall be used and tested in accordance with ASTM F2412, "Standard Test Methods for Foot Protection".

Protective Clothing: Protective clothing includes coveralls, aprons, sleeves, leggings, gloves, hand pads, finger cots, shoulder capes, and garments that enclose the entire body. When specific items of personal attire are judged to be hazardous to an operation or work environment, their use shall be prohibited.

Special Clothing: Where Contractors, et al, are required to wear special protective clothing that necessitates changing from street clothes (i.e. sterile spaces as the OR), a

designated location for changing clothes and suitable clothing lockers will be provided. Special protective clothing worn on the job **shall not** be worn or taken away from the premises by contractor associates.

Training

- ✓ The Contractor shall ensure their associates meet minimum OSHA training requirements by providing documentation of safety training for the project requirements.
- ✓ The Contractors and Subcontractors must have received training on OSHA Blood-Borne and Airborne Pathogen requirements **before** working in the on hospital campus.
- ✓ Training in TB (tuberculosis) control and rules of OSHA, must also be provided in any area where potential for exposure exists.

Hazard Communication and Chemical Safety

- ✓ Information about the labeling system used in the work area and emergency procedures that the contractor is to follow in the event of an accidental exposures or release of hazardous chemicals.
- ✓ Contractors shall have copies of the Safety Data Sheets (SDS) available at the job site for review by the Safety Department, in compliance with OSHA.
- ✓ Upon discovery of materials that may contain asbestos, contact the Safety Department and do not disturb the area until appropriate testing has been completed.
- ✓ Fluorescent light bulbs that are recycled due to mercury vapor & lead containment should be placed in the designated containment until point of disposal.
- ✓ In older buildings, if mercury is discovered in plumbing, notify the Project Manager and Safety Officer.

Hazardous Materials

- ✓ Contractors employed by MGUH shall be informed by the Project Manager of the location & types of hazardous

materials within the work area(s) to which they are assigned.

- ✓ The Contractor is responsible for obtaining information regarding the location of hazardous materials within the work site.
- ✓ The Contractor shall provide the Hospital with **all final** waste disposal records and manifests as required by the District of Columbia & Federal regulations
- ✓ All containers of hazardous chemicals in work areas **will be labeled** with appropriate hazard warning labels.

The label will:

- ✓ Identify the contents.
- ✓ Provide hazard warnings intended to convey the actual hazards.
- ✓ List the name and address of the manufacturer.
- ✓ Items received with commercial labels meeting the HAZCOM requirements shall not be re-labeled.
- ✓ Contractors' who redistribute chemicals in different containers must label such containers.
- ✓ No warning information, whether provided by manufacturers or locally produced, will be defaced or removed from a container of hazardous materials.
- ✓ The hazard warning label will be in English. Hazard warning information in other languages may supplement the English version of the hazard warning label where appropriate.

Confined Spaces

Spaces that, by design, that is large enough and so configured so that an Employee can enter and perform work, has **limited openings** for entry and exit, and which is **not intended for** continuous employee occupancy.

When MGUH arranges to have a Contractor perform work that involves entry into a permit-required confined space, **the**

Project Manager will:

- ✓ Inform the Contractor that the workplace contains permit spaces and that entry is permitted only through compliance with the requirements set forth by OSHA.

- ✓ Explain to the Contractor the elements, including the hazard(s) identified and MGUH's rationale why the area in question is a permit-required confined space.
- ✓ Explain to the contractor any precautions or procedures that MGUH has implemented for the protection of individuals in or surrounding the permit spaces where contractor personnel will be working.
- ✓ Coordinate entry operations with the Contractor when MGUH's Associates and Contractor Personnel will be working within or close proximity to permit spaces.
- ✓ Debrief the Contractor at the conclusion of the entry operations regarding the permit space and regarding any hazards confronted or created within the designated permit spaces during entry operations.
- ✓ Coordinate entry operations with the Project Manager when both the contractor and MGUH personnel who will be working in or near permit spaces.
- ✓ A copy of the contractor's Confined Space Program shall be provided to MGUH upon request.
- ✓ A copy of the canceled permit shall be provided to the designated MGUH Project Manager.

Hand and Power Tools

Electric power operated tools will either be approved double insulated or be properly grounded, and used with ground fault circuit interrupters when used in damp or wet areas.

Underground Utility Location

Before any work involving the planned or possible interruptions of utilities such as electric, water, gas, or steam services, the Project Manager and Facilities Services must be notified.

Temporary Construction Barriers

- ✓ Temporary construction partitions are to be smoke tight and built of noncombustible or of limited combustible materials (sheet rock, gypsum board) that will not contribute to the development or spread of fire, NFPA approved.

- ✓ Unrated flammable plastic sheets are not permitted! Although flammable plastic sheets taped across an opening may form a dust seal, they are incapable of controlling fires. The sheets may be used for controlling dust and its associated infection prevention and control implications, and, on a limited basis, for stopping smoke caused by a fire within the construction zone, but do not stop the spread of fire.
- ✓ Plastic sheet barriers, of a limited combustible type (rated material), are permitted for **short-term use only**. In addition, if the project includes any high risk construction activities (i.e. torch cutting, welding, burning, open flame, etc...) barriers rated for the purpose must be erected.
- ✓ The **Contractor shall** coordinate trenching and excavation work with the Project Manager and Facility Services to assure the coordination and safety of the work and shutdown of utilities, if required.
- ✓ Per OSHA Trenching requirements the area around any trench will be fenced off to prevent unnecessary personnel from entering the area

Other Potential Safety Hazards

The **Contractor shall abide by** the requirements of **any signs posted** in a building that requires the use of specific personal protective equipment or precautions. The project may be shut down by the MGUH Safety Officer, Project Manager, and/or Infection Prevention and Control Department / Committee **immediately**, if an imminent danger to patients, families, visitors, healthcare workers, or contractors exists.

Submittals by the Contractor and Subcontractor(s)

- ✓ **Safety Data Sheets (SDS):** The Contractor shall maintain SDS on-site for all hazardous chemicals used or stored on the job site. Copies of SDS shall be provided to the Project Manager or MGUH's Safety Officer upon request.
- ✓ **Waste Manifests:** The Contractor shall take precautions to ensure hazardous chemicals or materials are handled and disposed of in accordance with federal and state

regulations. Where a hazardous waste disposal manifest is required by these regulations, the Contractor shall supply a copy of the waste manifest to the MGUH Project Manager within 24 hours of receipt.

- ✓ **Air Sampling Records:** Where the contractor has secured air samples, documenting exposure to airborne hazards during the course of the project, a copy of all air samples results shall be provided to the Project Manager and/or Infection Prevention upon request.
- ✓ **Emergency Contact Phone Number:** Provide the Project Manager with 24 hour emergency contact phone number(s) for the Contractor's representative. These phone numbers shall also be provided to the affected departments at MGUH, also including Safety and Protective Services.

Electrical Safety and Lockout / Tagout

- ✓ The **Project Manager will** inform the contractor of the lockout/ tagout procedures required by MGUH, to provide consistent guidelines and expectations.
- ✓ The **Project Manager shall** ensure that his/her personnel are educated and understand the contractor's control procedures and comply with the requirements of the lockout/ tagout programs of the Hospital.
- ✓ A copy of the Contractor's Electrical Safety and Lockout/ tagout programs shall be made available to the Project Manager, upon request.
- ✓ All electrical work shall be in compliance with the most recent National Electric Code or the NEC according to construction documents.
- ✓ Hazardous energy can include but is not limited to:
 - Electrical energy whether direct, on line or stored in batteries or capacitors.
 - Mechanical energy such as a point of operation, cycling of parts or stored energy such as found in compressed springs. Other stored energy such as elevated machine members or rotating flywheels, hydraulic energy from the cycling of parts or the pressure of the fluid.

- Pneumatic energy from cycling of parts or pressure of the gas.
- Liquid gas systems from cycling of parts, the pressure of the material or chemical poisoning (i.e. refrigeration systems).
- Steam energy from heat, pressure or the cycling of machine parts.
- Thermal energy from hot water, chemicals or machine surfaces.
- Chemical from asphyxiation, chemical poisoning or physical harm such as contacts with acids or bases.
- Radiation from non-ionizing or ionizing radiation sources.

Trenching and Excavations

The Contractor shall call Miss Utility before any excavation. All trenching and excavation work shall be coordinated by contractor with the Hospital Project Manager and Facilities Engineering to assure the coordination and safety of the work and shutdown of utilities, if required.

Permits

Each contractor conducting work shall obtain the required governmental and hospital permits (the latter includes minor work permits, hot work, ILSM and ICRA permits, etc). **Contractor shall coordinate this permit process** with MGUH's Project Manager and the Safety and Security Office.

Control of Fugitive Emissions

The Contractor shall take all necessary precautions to control or contain fugitive emissions from the job site, as established by OSHA.

Accidental Releases / Spills

In the event of an accidental release or spill of chemicals or other hazardous materials the Contractor shall:

- **Immediately** take action, as appropriate, to contain the spill if this action can be taken without jeopardizing the health or safety of associates, patients, families, & visitors.
- **Immediately** notify the Project Manager and/or Facilities Dept, who will determine any additional notifications.
- Spills from vehicles and equipment must be cleaned up and disposed of immediately by the Contractor and/or their associates.

Fall Protection and Personal Protective Equipment

- ✓ Contractors shall comply with all OSHA Code fall protection standards and report all falls to the Facility Services leadership.
- ✓ The Contractor **shall supply appropriate protective equipment** specific to the job site.
- ✓ Protect people, building occupants, facilities and equipment below the work areas with the appropriate OSHA approved signs, etc...
- ✓ Ensure contractor adheres to regulatory requirements regarding scaffolding.

Tools / Equipment

Tools and equipment must be maintained in good repair without causing undue risks to operations, building occupants, passersby's or MGUH facilities.

Work Site Inspections

- ✓ MGUH Safety Department **may conduct unannounced** work site inspections to assess the existing work site conditions that could potentially impact the safety within MGUH. General work site conditions must not present any hazards to patients, associates, and/or visitors on the

campus. Warnings to the Contractor will be issued, with notification to the Project Manager.

- ✓ **Repeat safety violations and/or a single serious, willful safety violation by a contractor may warrant review and termination of the contract.**

A "serious, willful safety violation" **is defined**, for the purposes of this program, as, "a work activity with a substantial probability that death or serious physical harm could result, where the potential hazard was known or should have been known, but where the work activity was continued regardless of the existence of the potential safety hazard".

- ✓ All areas **must be posted** as a work site, hard hat area, limited access, etc... Barricades and signs shall be utilized to warn and prohibit access by unauthorized people.
- ✓ The **Contractor shall ensure** that the work site is cleaned of all construction debris, included but not limited to nails, sharp or protruding objects, or anything recognized as a safety hazard.

Interim Life Safety Measures / Requirements

- ✓ Interim Life Safety Measures (ILSM) are a series of administrative actions that must be taken to compensate temporarily for the hazards posed by existing NFPA Life Safety Code© (LSC) deficiencies or construction activities.
- ✓ ILSM must be implemented in, or adjacent to, all construction areas and throughout buildings with existing LSC© deficiencies. ILSM apply to all personnel, including construction workers, and must be implemented during project development and continuously enforced through project completion.

ILSM consist of the following actions:

- ✓ Notify the Fire Department (or other emergency response group) and only Safety initiates a **fire watch** when a fire alarm or sprinkler system **is out of service for more than 4 hours in a 24-hour period in an occupied building. Notification and fire watch times are documented.**

Interim Life Safety Measures / Requirements Continued

- ✓ Posting signs identifying the location of alternate exits to everyone affected.
- ✓ Have and supply a copy of the interim life safety measure (ILSM) policy / procedures.
- ✓ Inspection of exits in affected areas, at a minimum, on a **daily basis**. The need for these inspections is based on criteria in the hospital's (ILSM) policy.
- ✓ Provision of temporary but equivalent fire alarm /detection systems for use when a fire system is impaired.
- ✓ The need for equivalent systems is based on the following criteria noted in the Hospital's interim life safety measure (ILSM) policy:
 - Provision of **additional fire-fighting equipment**.
 - Use of **temporary construction partitions** that are **smoke tight, or made of noncombustible or limited-combustible material** that will not contribute to the development or spread of fire.
 - **Increased surveillance** of buildings, grounds, and equipment, giving special attention to construction areas and storage, excavation, and field offices.

When the Contractor identifies Life Safety Code deficiencies that **cannot be immediately corrected or during periods of construction**, the **Contractor does the following**:

- ✓ Notifies the project manager and Safety.
- ✓ Enforces storage, housekeeping, and debris-removal practices that reduce the building's flammable and combustible fire load to the lowest feasible level.
- ✓ Provides additional training to those who work in the facility on the use of fire-fighting equipment.
- ✓ Conducts **one additional fire drill per shift per quarter**.
- ✓ Inspects and tests temporary systems monthly. The completion date of the tests is documented.
- ✓ Conducts ongoing educational courses to promote awareness of building deficiencies, construction hazards,

and temporary measures implemented to maintain fire safety.

- ✓ The need for education is based on criteria in the hospital's interim life safety measure (ILSM) policy.
- ✓ Train those workers or personnel who work in the facility to compensate for impaired structural or compartmental fire safety features. The need for training is based on criteria in the hospital's interim life safety measure (ILSM) policy. Compartmentalization is the concept of using various building components (for example, fire-rated walls and doors, smoke barriers, fire-rated floor slabs) to prevent the spread of fire and the products of combustion such as to provide a safe means of egress to an approved exit. The presence of these features varies, depending on the building occupancy classification.

Infection and Prevention Control Risk Assessment Requirements (ICRA)

Infection and Prevention Control is critical in all areas of all healthcare facilities. Construction and renovation employees/contracted associates will maintain high standards based on CDC and ASHRAE Standards during all work assignments.

- ✓ The Project Manager is responsible for operational day-to-day for enforcement of these processes.
- ✓ Dust and debris generated during construction, renovation and certain maintenance activities may contain micro-organisms that can impact patients within the hospital. Contracted personnel will adhere to safe construction practices designed to either avoid or minimize exposure to patients and equipment/supplies to dust and debris generated during construction, renovation and maintenance activities.
- ✓ All projects will be reviewed with the Infection Prevention Department in the planning phases and periodically updates during the projects.

- ✓ The contractor will maintain/follow all elements for containment specified in the Infection Control Risk Assessment (ICRA).
- ✓ All projects will display a current signed ICRA
- ✓ Any breach in the guidelines established in the ICRA which poses and immediate risk to patient safety may result in suspension of the construction project until the breach is resolved.

Planning Phase

The Infection Prevention Department will participate in project kick-off and all phases specific to the following (including but not limited to):

- Number and placement of isolation rooms,
- Air handling systems,
- Number and placement of hand-washing facilities,
- Associates and patient traffic patterns for the duration of the project,
- Relocation decisions regarding patient care areas, storage areas, etc...
- Water supply and plumbing,
- Waste containment, transport and disposal,
- Selection of finishes and surfaces that can be effectively cleaned in clinical areas,
- Review of personal protection equipment required,
- Storage of movable modular equipment.

Operational Phase **Integrity of Barrier Walls**

- ✓ The integrity of the barrier walls will assure a complete seal of the construction zone from adjacent areas.
- ✓ Depending on the location of the project, adjacent uses and duration of project, barrier walls will consist of rigid construction or fire-rated plastic sheeting.
- ✓ Barrier walls will be dust-proof with airtight seals maintained at the full perimeter of the walls as well as all penetrations.

(Two-foot overlap flaps for access to entry if fire rated (NFPA approved) plastic sheeting is used.)

Infection Prevention

- ✓ Walk-off mats must cover the entire width of the entranceway.
- ✓ Walk-off mats will be used to minimize tracking of dust into adjacent areas and will be changed as needed or visibly soiled.
- ✓ Negative air pressure will be maintained within the construction zone with no disruption of air systems of the adjacent areas, dependent on the project location.
- ✓ Constant negative pressure, if required within the construction zone, will be monitored by the Project Manager & Construction Personnel. Optimally, construction-zone air will be exhausted directly with no potential for recirculation.
- ✓ If an existing exhaust system cannot be located and a tie into recalculated air system is necessary, a pre-filter and high efficiency filter (95 percent) will be used prior to exhaust to prevent contamination of the duct. Ventilation filters will be checked daily and changed as needed.
- ✓ Demolition debris will be removed in tight fitting, covered carts using specific traffic patterns. If transport outside of construction areas is necessary, a large size walk mat must be used and changed as needed or when it becomes visibly soiled.
- ✓ Exterior window seals must be assured to minimize infiltration of outside excavation debris. Windows will remain closed at all times.

Ceiling Tiles

Maintenance personnel and contractors requiring access to the areas above the ceiling tiles must first consult Patient Services personnel to ensure that:

- Patient activity in the area can be kept to a minimum.

- The doors to patient rooms are closed and sealed, the tiles will be replaced as soon as possible and the area is cleaned before resuming regular patient care activities.

Traffic Control

- ✓ Designated entry and exit procedures will be defined for each construction project, where applicable.
- ✓ All egress pathways will be free of debris.
- ✓ Unauthorized personnel will not be allowed to enter the construction zone.
- ✓ Only designated elevators will be used for construction activities during scheduled times and for the delivery and removal of construction materials and debris.
- ✓ Patient and pedestrian traffic should be directed away from the construction areas.

Cleaning

- ✓ The construction zone will be maintained in a clean manner by the Contractor / Contractor Associates and will be swept at least daily to minimize dust.
- ✓ Adjacent entry areas are to be damp mopped daily or more frequently to minimize dust.

Contractor Personnel Requirements

- ✓ Clothing will be free of loose soil and debris.
- ✓ Personal protective equipment, including protective face shield, gloves and respirators, as appropriate for the task, will be utilized as appropriate for the task at hand.
- ✓ Contractors entering sterile/invasive procedure areas will be provided with a disposable jump-suit, head covering and shoe coverings, which must be removed prior to exiting the work area.
- ✓ Tools and equipment must be damp-wiped with a hospital grade disinfectant and dried prior to entry and exit from sterile and invasive procedure areas.

- ✓ Tools and equipment soiled with blood and body fluids will be wiped with an approved tuberculocidal disinfectant.

Completion Phase

- ✓ After completion of construction, ventilation will meet specifications as mandated by regulatory bodies. Filter will be visually inspected for plugging or leakage.
- ✓ The area will be thoroughly cleaned and disinfected before being placed into service.
- ✓ Water supply lines will be flushed before placing newly renovated or constructed areas into service.
- ✓ Certification that water supply lines have been disinfected in accordance with state and local regulatory bodies is required.

Compliance Monitoring

The contractor's designee and the MGUH Project Manager will conduct compliance monitoring as necessary. The parameters monitored shall include but are not limited to:

- ✓ Air handling;
- ✓ Integrity of barrier walls;
- ✓ Dress code;
- ✓ Environmental control;
- ✓ Noise;
- ✓ Traffic control;
- ✓ Water supply.

FIRE SAFETY

IF THERE IS A FIRE IN THE AREA, FOLLOW "R.A.C.E."

- ✓ **Remove:** Close all windows and doors to confine the fire and prevent smoke from spreading to other areas.
- ✓ **Alarm** by pulling a manual pull station. ALWAYS PULL A MANUAL PULL STATION. If the situation allows dial 4-4444 and report the location.
- ✓ **Confine** the fire; look for source of smoke, heat, or burning smell.

- ✓ **Extinguish:** Fight the fire by using the proper fire extinguisher. If the fire cannot be extinguished with two extinguishers, back out and close the door.

IF YOU ARE REQUIRED TO USE A FIRE EXTINGUISHER, FOLLOW “P.A.S.S.”

- ✓ **Pull** the fire extinguisher pin;
- ✓ **Aim** the extinguisher at the base of the fire;
- ✓ **Squeeze** the fire extinguisher lever to activate; and
- ✓ **Sweep** the extinguisher across the base of the fire.
- ✓ **Escape:** Know your limitations. If you can not extinguish, escape by using the fire evacuation plan posted within the area. **Horizontal evacuation efforts occur first, then vertical. Do not use elevators.**

Important Facilities & Safety Phone Numbers

MGUH Team Member	Phone Number
Hospital Operator – Fire or other Emergencies line	202-444-2000
Environmental Health & Safety	202-444-4657
Director of Environmental Health & Safety	202-444-3243
Director of Facilities	202-444-3842
Facilities Customer Service	202-444-4440
Director of Protective Services	202-444-4729
Director of Infection Prevention	202-444-2653
AVP Safety & Support Services	202-444-7419

INTERIM LIFE SAFETY MEASURES (ILSM) PLAN

Purpose: MGUH will ensure the safety of all building occupants during periods of construction or when significant deficiencies compromise the level of life safety protection provided by the building.

Procedures: Prior to starting a new construction/renovation project or if a life safety system deficiency is recognized, a risk analysis of the work to be completed will be reviewed by each facility’s designee (see list below) in collaboration with Infection Prevention, when necessary, to determine what levels of Interim Life Safety Measures (ILSM), if any, will occur.

Designees:

- *Director of Environmental Health and Safety
- *Director of Facilities Services
- *Facilities Services Operations Manager

1. The facilities’ designee serves as the authority for interpreting the need for ILSM’s. This individual will determine what ILSM’s are necessary to **temporarily compensate for** any hazards posed to occupants and/or buildings and grounds **during construction and renovation activities** or whenever a **life safety system is compromised**.
2. The designee will use the ILSM assessment tool and matrix to evaluate the need for, appropriateness of, and adequacy of ILSM’s. After the **initial assessment**, **inspections will be conducted at least weekly** and include, (but not be limited to) an assessment of:
 - a. Construction design and work practices and whether they maintain unobstructed egress.
 - b. Temporary partitions for ICRA, as well as the level of the hazard of the construction and need to separate from occupied spaces.
 - c. Modifications to fire alarm, detection, and suppression systems and whether these systems will be impaired.
 - d. Modifications to fire and smoke barriers.

Impacts on emergency services access.

3. The Fire and Life Safety ILSM Construction Site Inspection form listed in the Appendix will be used to document the inspection and will be filed by Facilities Department.
4. Daily rounds will be conducted by the facility designee or other appointed personnel, to ensure means of egress are clear and free of obstruction. The ILSM Daily Egress Inspection Log will serve as documentation of completed rounds and **be posted** at the job site.
5. A written ILSM notice will be **issued for each project**, with an analysis of potential hazards as well as mitigation procedures and other requirements that will be put in place. A copy of the ILSM plan will be on the construction site.
6. Any changes to the plan, whether made by hospital associates or hired contractors, will be communicated immediately to the facility designee, and a new risk analysis and ILSM plan will be issued.
7. All ILSM plans issued will be communicated to affected hospital associates by e-mail and through other means as appropriate, such as:
 - Paging
 - Facility Rounding Teams
 - Email communication
 - Posted notices
8. When the **fire detection or suppression system is compromised**, equivalent temporary systems will be provided, including roving patrols and a fire watch if the system is to be out of service for **greater than 4-hours**. The equivalent and temporary systems will be inspected and tested monthly. **A minimum of two fire drills will be conducted per shift each quarter**. These drills will be documented using the ILSM Fire Drill Log (Appendix F).

9. Any identified ILSM deficiency which will impact the facility for **greater than 30 days shall be documented on the Statement of Conditions**. The Statement of Conditions is to be used as guidance and not a comprehensive list for all code deficiencies that could be encountered.

FACILITY / MAINTENANCE DEPARTMENT CONTACTS
MedStar Georgetown University Hospital

Director of Facilities:202-444-3842

Operations Manager:202-444-3836

Facilities Customer Services202-444-4440

Hospital Safety Officer:202-444-7243

Protective Services202-444-3800

NOTE: Before any Hospital system is disturbed for reasons of connections, modifications, shut downs, etc; the Director of Facilities shall be contacted at a minimum 72 hours in advance.

All required permits and forms must be obtained through the Facilities Services Department.



By signing below the official representative of the company named below verifies that he / she has received the MedStar Georgetown University Hospital's Guide for Contractors and Subcontractors Manual. The undersigned also verifies that he / she has read and understands the content of this document and will ensure that his / her company, its employees, and any / all subcontractors hired by the general contractor will comply with all provisions contained herein. The undersigned also verifies that he/ she understands any violation of the guidelines, policies and procedures or regulatory compliance standards may result in restriction or prohibited access to MedStar Georgetown University Hospital Facilities and property. In addition to this form please provide a complete list for all subcontractors that include name, title, and phone number.

Project name designation or service agreement

Vendor/General Contractor Company Name

Vendor Company Authorized Representative:

Printed Name

Signature

Title and Phone Number

Date

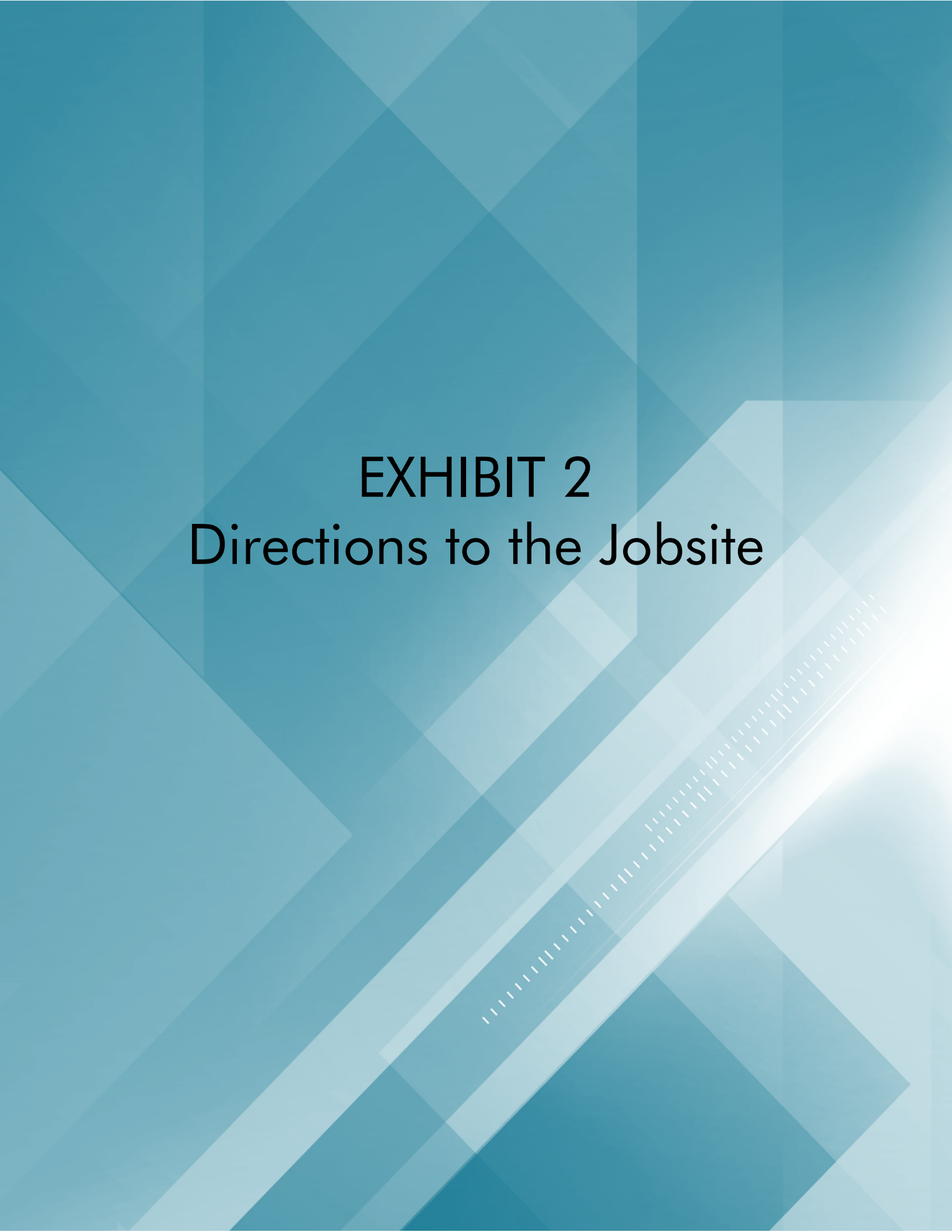


EXHIBIT 2
Directions to the Jobsite