

## SAFETY AND HEALTH DURING CONSTRUCTION

### 1. SUMMARY OF MAJOR CHANGES: Major changes are as follows:

a. Amendment dated September 5, 2023: Updates the Training paragraph to remove the general mention of “staff that have responsibilities related to construction” from the roles requiring training.

b. Paragraph 2: Delineates responsibilities for the Contracting Officer and the Department of Veterans Affairs (VA) medical facility Construction Safety Officer (CSO) who serves as a Contracting Officer’s Representative for enforcement of construction contract safety requirements; establishes responsibility for the VA medical facility CSO to identify and assess high-hazard risks and provides a link to information on applicable high-hazard risks on construction sites.

c. Paragraph 2.e.(5): Provides for the development and administration of a Construction Safety Management Tool for tracking Veterans Health Administration (VHA) contractors’ deficiencies in implementing contract safety requirements.

d. Paragraph 2.k.: Removes the requirement to create a local policy for the VA medical facility Construction Safety Committee (CSC), reduces the number of required members of the VA medical facility CSC and further delineates that the VA medical facility CSC must be chaired by a member of the VA medical facility Executive Leadership Team and co-chaired by the VA medical facility’s Safety Manager.

e. Paragraph 2.l. and paragraph 3: Establishes requirements for use of the VHA-Pre-Construction Risk Assessment (PCRA) and the VHA-Infection Control Risk Assessment (ICRA) forms for assessing construction-associated hazards throughout the construction project lifecycle; provides links for the VHA-PCRA and VHA-ICRA forms.

f. Paragraph 2.l.(7): Reduces daily inspection requirements by VHA in its oversight role of construction activities capable of causing fatalities or permanently disabling injuries or illnesses as that responsibility resides with the construction contractors.

g. Paragraph 4: Removes the requirement to complete the Occupational Safety and Health Administration or VHA 10-hour Construction Safety training for the Green Environmental Management System, Patient Safety and Contracting staff; local union representatives and VA Police.

**2. RELATED ISSUES:** VA Directive 7700, Occupational Safety and Health, dated February 11, 2009; VHA Directive 7701, Comprehensive Occupational Safety and Health Program, dated December 12, 2022; VHA Directive 7712, Fire Protection Code Reviews of Delegated Construction Projects, dated May 19, 2022.

**3. POLICY OWNER:** The Assistant Under Secretary for Health for Support (19) is responsible for the content of this directive. Questions may be referred to the Director, Occupational Safety and Health Office, Office of Healthcare Environment and Facilities Programs (19HEF) at [VHAOccSafetyandHealthAction@va.gov](mailto:VHAOccSafetyandHealthAction@va.gov).

**4. RESCISSIONS:** VHA Directive 7715, Safety and Health During Construction, dated April 6, 2017, is rescinded.

**5. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of June 2028. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**6. IMPLEMENTATION SCHEDULE:** This directive is effective 3 months from publication.

**BY DIRECTION OF THE OFFICE OF  
THE UNDER SECRETARY FOR HEALTH:**

/s/ Alfred A. Montoya Jr., MHA, FACHE  
Acting Assistant Under Secretary for Health  
for Support

**NOTE:** All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

**DISTRIBUTION:** Emailed to the VHA Publications Distribution List on July 5, 2023.

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## SAFETY AND HEALTH DURING CONSTRUCTION

### 1. POLICY

It is Veterans Health Administration (VHA) policy to maintain a safe and healthful environment and ensure compliance with occupational safety and health (OSH) requirements during construction to reduce risk to patients, staff, residents, volunteers, visitors, contractors and the general public at Department of Veterans Affairs (VA) medical facilities, and to reduce risk of disruption of patient care, treatment and mission-essential services. This directive applies to all construction activities as defined by the Occupational Safety and Health Administration (OSHA) that are performed on VHA-owned or VHA-leased properties managed by VHA or where VHA has an oversight role of contractors. **AUTHORITY:** 38 U.S.C. § 7301(b); 29 C.F.R. §§ 1960.6, 1960.8.

### 2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Support.** The Assistant Under Secretary for Health for Support is responsible for establishing policy and providing guidance and oversight as necessary to ensure the timely and successful implementation of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Executive Director, VHA Healthcare Environment and Facilities Program.** The Executive Director, Healthcare Environment and Facilities Program is responsible for:

(1) Overseeing the VHA OSH program.

(2) Providing advisory support to the Assistant Under Secretary for Health for Operations, VISN Directors and VA medical facility Directors for the establishment and sustainment of their construction safety and health programs performance in a manner that meets the requirements of applicable Federal, State and local statutes and regulations; Executive Orders; and VA and VHA directives.

e. **Director, Occupational Safety and Health Office.** The Director, OSH is responsible for:

(1) Ensuring that guidance is provided in the recognition, evaluation and control of construction hazards, to comply with OSHA and other applicable regulations, health care accreditation standards, VA standards and this directive. For further information, see the Construction Safety Guidebook available at: <http://vaww.hefp.va.gov/guidebooks/construction-safety-guidebook>. **NOTE:** *This is an internal VA website that is not available to the public.*

(2) Ensuring that guidance is provided on the effective implementation of a construction safety and health program to comply with OSHA regulations, health care accreditation standards and this directive.

(3) Ensuring that consultation occurs with the Director, Office of Healthcare Engineering (OHE) on the development and implementation of this directive.

(4) Ensuring the development of metrics to identify trends in construction safety and health risks and providing guidance to reduce construction-related injuries and illnesses.

(5) Ensuring the development and maintenance of a Construction Safety Management Tool for the documentation and tracking of abatement of contractor safety deficiencies.

(6) Assisting with development and maintenance of VHA-Preconstruction Risk Assessment (PCRA) and VHA-Infection Control Risk Assessment (ICRA) forms along with instructions for use. For details, see paragraph 3.

(7) Assisting the Institute for Learning, Education and Development with the development and delivery of construction safety training materials for VHA staff.

(8) Conducting incident-related site investigations when warranted.

f. **Director, Office of Healthcare Engineering.** The Director, OHE is responsible for:

(1) Providing advisory support to the Director, OSH on the development and implementation of this directive.

(2) Communicating hazard alerts to VHA healthcare engineers at VA-owned and VA-leased properties.

(3) Assisting with incident-related site investigations at the request of the Director, OSH.

g. **Director, National Infectious Disease Service.** The Director, National Infectious Disease Service is responsible for advising on exposure mitigation and protective practices to be employed during construction that reduce the risk of infection and

providing information and advice on infectious diseases associated with construction.

h. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Ensuring that VA medical facilities within the VISN are provided adequate staffing, funding, training, support and resources for implementing their construction safety and health programs.

(2) Ensuring that all VA medical facilities within the VISN comply with this directive and informing the Assistant Under Secretary for Health for Operations when barriers to compliance are identified.

(3) Establishing construction safety and health program performance standards for VA medical facility Directors and incorporating them in the overall OSH performance standards.

(4) Ensuring that the VISN Safety and Occupational Health (SOH) Manager audits VA medical facility construction safety and health programs as part of the Annual Workplace Evaluations (AWE) and that the audit's findings are included in the AWE report. **NOTE:** AWEs are required by VHA Directive 7701, *Comprehensive Occupational Safety and Health Program*, dated December 12, 2022.

(5) Facilitating communication between VHA Central Office and VA medical facility staff regarding construction safety actions, policies, guidance and incidents.

i. **Veterans Integrated Service Network Safety and Occupational Health Manager.** The VISN SOH Manager (sometimes referred to as the VISN OSH Manager) is responsible for:

(1) Being knowledgeable of VHA policies and guidance concerning construction safety.

(2) Ensuring completion of AWEs that include identification of deficiencies in the implementation of each VA medical facility's construction safety and health program and drafting a report of those findings to be reviewed and approved by the VISN Director.

(3) Tracking identified deficiencies (from AWEs, employee complaints, OSHA inspections and other means) to abatement within specified timeframes.

(4) Collecting, analyzing and validating data associated with nationally established construction safety metrics and consulting with VA medical facilities to improve performance.

(5) Coordinating communication between VHA Central Office, VISN and VA medical facility staff regarding construction safety actions, policies, guidance and incidents.

(6) Completing and documenting training in accordance with paragraph 4.

j. **Contracting Officer.** The Contracting Officer (CO) is responsible for:

(1) Ensuring the appropriate Federal Acquisition Regulation (FAR), Veterans Affairs Acquisition Regulation (VAAR) and Veterans Affairs Acquisition Manual clauses have been included in the solicitation for construction contracts when appropriate and taking contracting actions, including “stop work” orders, to remedy contracting situations when necessary.

(2) Ensuring the delegation of Contracting Officer Representatives (CORs) as requested by VA medical facility Directors.

k. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring the establishment, resourcing and monitoring of the VA medical facility’s construction safety and health program using a Construction Safety Committee (CSC) and appointing a member of the VA medical facility Executive Leadership Team (ELT) as the chair and the VA medical facility Safety Manager as co-chair. **NOTE:** *The VA medical facility CSC must be a multi-disciplinary team composed of representatives from the following program areas: Infection Prevention and Control, Patient Safety, SOH, Healthcare Engineering as well as Construction Safety Officers (CSOs). Contracting, Green Environmental Management System, VA Police, Emergency Planning, Safe Patient Handling and Mobility, Pharmacy, Sterile Processing, Employee Occupational Health; other program areas that may be affected by a construction project may be asked to participate on an ad hoc basis as deemed appropriate by the VA medical facility CSC chair. Local unions are notified of meetings and may choose to attend.*

(2) Ensuring that the VA medical facility CSC complies with this directive.

(3) Submitting a formal nomination to the CO for a COR to serve as the CSO based on recommendations from the VA medical facility CSC.

(4) Ensuring that VA medical facility personnel complete and document construction safety training in accordance with paragraph 4.

(5) Ensuring that other VHA personnel who need limited access to the construction area(s) complete a local safety orientation on the hazards and safety measures that may be encountered on the construction jobsite.

l. **VA Medical Facility Construction Safety Committee Chair.** **NOTE:** *The VA medical facility CSC chair is a member of the ELT and appointed by the VA medical facility Director.* The VA medical facility CSC chair is responsible for:

(1) Determining the scope and depth of safety, industrial hygiene, infection prevention and control, emergency management and security responsibilities as appropriate for all construction activities.

(2) Recommending a CSO to the VA medical facility Director for nomination as a COR to the CO. **NOTE:** *The nomination recommendation must give due consideration to OSH qualifications, experience on the project and the identified or potential hazards. The nomination recommendation must be documented within the VA medical facility CSC minutes with the COR nomination memorandum kept on file by the CO.*

(3) Ensuring that a VHA-PCRA is completed and documented in accordance with this directive (see paragraph 3) and VA-recognized health care accreditation standards. **NOTE:** *The VA medical facility CSC chair designates who will complete the VHA-PCRA (e.g., the CSO).*

(4) Coordinating with the VA medical facility CSO to ensure any VA or VHA programs and initiatives for preventing the spread of infectious diseases (e.g., tuberculosis screening or testing, influenza immunization, COVID-19 immunization) are considered in those circumstances where contracted construction personnel meet the definition of persons covered by each respective policy. **NOTE:** *Questions about covered persons can be directed to VHA OSH Office.*

(5) Ensuring that the CSC members participate in all phases of construction projects from planning through completion. **NOTE:** *This includes reviewing and making recommendations regarding construction plans, contract specifications, contract submittals related to construction safety and health and any other documents that may assist in the implementation of an effective construction safety and health program. The full membership of the VA medical facility CSC must be involved early in the process and continue to actively participate on a regular basis.*

(6) Ensuring that an Interim Life Safety Measures assessment is conducted and implementing life safety measures as necessary.

(7) Ensuring that the construction safety and health program includes periodic work site hazard surveillance activities with appropriate membership (minimally the CSO), scope and frequency (minimum weekly) for each construction project as determined by the CSO and the VHA-PCRA. Hazard surveillance activities must be documented and tracked to completion in the designated OSH reporting system. **NOTE:** *Documentation must include date, time and members of the inspection team, as well as deficiencies, type of corrective action, time and date of correction and monthly tabulation of the contractors' OSHA recordables and hours worked.*

(8) Ensuring that each construction area or site has a security plan in place to restrict access to unauthorized persons and that the plan is fully implemented.

(9) Ensuring that the VA medical facility CSC meets at least once per month; signing CSC minutes.

(10) Documenting and communicating VA medical facility-specific construction safety requirements and standards to appropriate VA medical facility personnel.

(11) Ensuring participation of SMEs in a final walk-through inspection and approval



of the site prior to opening of the area for use, patient care or provision of services as appropriate.

m. **VA Medical Facility Safety Manager.** The VA medical facility Safety Manager is responsible for providing construction safety consultations and serving as the co-chair of the VA medical facility CSC.

n. **VA Medical Facility Chief Healthcare Engineer.** The VA medical facility Chief Healthcare Engineer is responsible for:

(1) Ensuring that the Healthcare Engineering Program complies with the applicable requirements of this directive.

(2) Ensuring each VHA construction work crew performing non-contracted (in-house) construction work/activities managed by Healthcare Engineering has a leader (VHA Construction Lead Person (CLP)) with authority to take corrective measures if hazards are observed during their work operations.

(3) Ensuring the VHA CLP is designated as the OSHA-defined Competent Person (CP) in accordance with 29 C.F.R. § 1926.20(b)(2). Documentation of CP designation(s) is provided to the VA medical facility CSC.

(4) Ensuring VHA CLPs and VHA shop staff performing construction work receive training in the recognition and avoidance of unsafe conditions and the regulations applicable to their work environment to control or eliminate any hazards or other exposure to illness or injury.

(5) Completing and documenting training in accordance with paragraph 4.

(6) Serving on the VA medical facility CSC, provide counsel on construction and engineering questions and issues.

o. **VA Medical Facility Construction Safety Officer.** The VA medical facility CSO is responsible for:

(1) Serving on the VA medical facility CSC.

(2) Advising the CO, in accordance with FAR Clause 36.513, Accident Prevention, subparagraph (b), to include FAR Clause 52.236-13, Accident Prevention, in all solicitations and construction contracts as special precautions are appropriate due to the hazardous nature of construction work and potential to disrupt VA medical facility operations and cause harm.

(3) Advising the CO as to whether subparagraph (f) of the Clause 52.236-13 which requires development of a written Accident Prevention Plan (APP) and Activity Hazard Analyses (AHAs), must be included in a solicitation and construction contract. **NOTE:** *Typically, all construction work is considered work of long(er) duration, hazardous nature or involves hazardous materials or operations that might endanger the safety of*

*the public and government personnel or property. Only short duration, smaller scale and lower complexity construction projects should be considered for not including subparagraph (f).*

(4) Editing the VA Master Construction Specifications, Division 1 - General Requirements, Section 01 35 26, to make it specific for the associated construction project and provide to the CO for inclusion in each construction solicitation and contract.

(5) Reviewing project safety-related submittals for all assigned construction projects, specifically including the contractor project APP and AHAs.

(6) Providing oversight of construction safety. The CSO must be knowledgeable in the general inspection of typical worksites during construction activities performed by contract staff and in the review of contractor construction safety and health program submittals. **NOTE:** *CSOs do not take the place of the contractor's CP or act on their behalf.*

(7) Conducting hazard surveillance activities weekly at a minimum to identify deficiencies in the construction contractor's implementation of contract safety requirements and tracking the abatement of those deficiencies to completion.

(8) Ensuring that high-hazard risks on construction sites have a focused attention during hazard surveillance activities for compliance contract safety requirements. The list of high-hazard risks can be found at <http://vaww.hefp.va.gov/occupational-safety-health/high-hazards-items-construction-sites>. **NOTE:** *This is an internal VA website that is not available to the public.*

(9) Collecting information related to contractor injury, illness and hours worked on a monthly basis and review the data for trends identifying non-compliance with contract safety requirements.

(10) Reporting risks, deficiencies, trends and improvements for each construction project to the VA medical facility CSC during at least monthly meetings.

(11) Communicating to the contractor, COR for overall construction contract administration and CO any identified non-compliance with OSHA regulations, VA contract safety specifications or any condition which poses a serious or imminent danger with a verbal warning and a request for immediate corrective action and following up with written confirmation (email or letter of concern) provided to the contractor of the deficiencies identified. **NOTE:** *Corrective action includes stopping or removal of personnel from exposure to the hazardous activity but continuing work operations with abatement of the hazardous activity. A formal "stop work" order can only be provided by the CO. No one else has the authority to make any commitments or changes that affect price, quality, quantity, delivery or other terms and conditions of the contract nor in any way to direct the contractor or its subcontractors to operate in conflict with the contract terms and conditions.*

(12) Advising the CO of repeated offenses of the same or substantially similar hazards and instances in which the contractor has failed to take the necessary corrective action to abate the safety non-compliance and requesting that either all or part of the work be stopped.

(13) Ensuring compliance, via documentation of certification from the contractor, with VA or VHA programs or initiatives for preventing the spread of infectious diseases (e.g., tuberculosis screening/testing, influenza immunization, COVID-19 immunization) in those circumstances where contracted construction personnel meet the definition of persons covered by each respective VHA policy. **NOTE:** *Questions about covered persons can be directed to the VHA OSH Office.*

p. **VHA Construction Lead Person.** The VHA CLP is assigned to manage construction safety on non-contracted (in-house) construction work activities managed by the VA medical facility Healthcare Engineering Program and is responsible for:

(1) Acting as the VA medical facility OSHA-defined CP on assigned healthcare engineering in-house projects.

(2) Being knowledgeable of the hazards that may be encountered during their construction work operations and completing relevant formal training (e.g., scaffold safety training if using scaffolds).

(3) Conducting daily safety inspections on all active construction worksites, when construction-related work is being performed, to identify existing and predictable hazards in the surroundings and working conditions which are unsanitary, hazardous or dangerous to VHA construction staff and taking prompt corrective measures to eliminate identified hazards.

### 3. PRE-CONSTRUCTION RISK ASSESSMENTS

a. The VHA-PCRA form must be used to assess and document all construction-associated hazards that affect VA medical facilities, their occupants, services and mission-essential functions and capabilities. VHA-PCRA's are intended to eliminate or minimize construction-associated risks.

(1) At least one VHA-PCRA must be completed for each construction project or activity. Project or construction activity scope and complexity determine the need for multiple VHA-PCRA's. Determinants include, but are not limited to duration, number and size of areas or locations, work phases, types and number of individuals (e.g., patients, residents, staff, public), changes in means and methods and changes in mitigation strategies.

(2) Initial VHA-PCRA's must be completed and included in construction contract solicitations to assure bidder awareness of VA assessed risks and required mitigation(s) that may impact contractor work activities (e.g. means and methods, labor, scheduling, safety precautions, safety training of workers, pricing).

(3) VHA-PCRAs must be re-validated and updated as needed based on but not limited to changes from original designs, affected individuals, area(s)/location(s), scope, contractor means and methods, safety requirements, phasing, contractor competencies and capabilities.

(4) The VHA-PCRA form, use instructions and other guidance are available at: <http://vaww.hefp.va.gov/resources/vha-pre-construction-risk-assessment-pcra>. **NOTE:** *This is an internal VA website that is not available to the public.*

(5) VHA-PCRA includes an initial general assessment of potential risks of transmission of infectious disease(s) related to all construction activity in addition to the primary review of construction safety and associated impacts.

(a) This initial assessment of transmission risks of airborne, surface contact and waterborne or water-related infectious diseases conducted within the VHA-PCRA must be performed with input from a member of the VA medical facility Infection Prevention and Control staff and with the VA medical facility Water Safety Committee, as needed. See VHA Directive 1061(1), Prevention of Health Care-Associated Legionella Disease and Scald Injury from Water Systems, dated February 16, 2021.

1. The assessment is to determine if any infection control measures may be required in addition to those already implemented in the VHA-PCRA to prevent or reduce exposure to infectious agents to VA medical facility occupants.

2. An assessment of the risks of the construction or renovation activity on exposure to infectious diseases must not be limited to the exposure potential during the activity but also include assessment of exposure potential and necessary mitigations after completion or substantial completion prior to occupancy or use.

(b) For those construction activities where the initial infection control review within the VHA-PCRA identifies potential risks of infectious disease transmission affecting the care, treatment or services of patients or residents, a detailed analysis must be conducted using the VHA-ICRA form to document an in-depth infection risk assessment(s) and identification of mitigation actions/activities. The VHA-ICRA form, use instructions and other guidance are available at:

<http://vaww.hefp.va.gov/resources/vha-infection-control-risk-assessment-icra>. **NOTE:** *This is an internal VA website that is not available to the public.*

1. VHA-ICRAs that have been completed must be included with VHA-PCRAs in construction contract solicitations to assure bidder awareness of VA-assessed risks and required mitigation(s) that may impact contractor work activities such as means and methods, labor, scheduling, safety precautions, special training of workers and pricing.

2. VHA-ICRAs must be re-validated and updated as needed based on changes in original designs, affected individuals, area(s) or location(s), scope, contractor means and methods, infection prevention and control requirements, differing site conditions, phasing, contractor competencies and capabilities, disease outbreaks.

3. Additional infection prevention and control guidance and resources related to construction safety can be found at: <http://vaww.va.gov/InfectiousDiseases/IPC.asp>.

**NOTE:** *This is an internal VA website that is not available to the public.*

#### 4. TRAINING

a. The following training is **required** for VA medical facility Chief Healthcare Engineers, VHA CLPs, all VISN SOH Managers that have responsibilities related to construction, CSOs, Project Engineers and VA medical facility Safety Program Managers:

(1) Talent Management System (TMS) VHA-PROG-150 or the OSHA 30-hour Construction Safety training course. **NOTE:** *The VA TMS PCRA training (VA # 42431) is added if the OSHA 30-hour course is used.*

(2) Minimum of 10 hours of construction safety-related training every 2 years.

b. The following training is **required** for VHA Infection Prevention and Control staff: VA TMS PCRA training (VA # 42431).

c. VHA CLPs and VHA shop staff performing construction work must complete training in the recognition and avoidance of unsafe conditions and the regulations applicable to their work environment to control or eliminate any hazards or other exposure to illness or injury in accordance with 29 C.F.R. § 1926.21(b)(2). This training is not standardized, varies based upon potential hazards in their work environment and can be found through such sources as: VA TMS, OSHA Training Education Centers, private sector trainers and locally by trainers with the requisite construction occupational safety and health knowledge.

#### 5. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

#### 6. BACKGROUND

a. OSHA amended 29 C.F.R. part 1960 to implement its Multi-Employer Worksite Policy (OSHA Directive CPL 2-0.124) in the Federal sector. As a result, controlling employers such as VHA are required to provide “reasonable care,” which OSHA explains as having the following components:

(1) Periodic inspections of appropriate frequency;

(2) Implementation of an effective system for promptly correcting hazards; and

(3) Enforcement of the other employer's compliance with safety and health requirements, with an effective, graduated system of enforcement and follow-up inspections.

b. FAR, 48 C.F.R. §§ 9.104-1(f) and 52.236-13; VAAR, 48 C.F.R. § 852.223-71(a) and (b)(1); OSHA, 29 C.F.R. part 1926; The Joint Commission accreditation standards; National Fire Protection Association standards; and VA Fire Protection Design Manual identify requirements for safe construction practices.

c. The implementation of a proactive and comprehensive construction safety and health program reduces the potential for injury and illness from unsafe and unhealthy construction activities and liability.

## 7. DEFINITIONS

a. **Competent Person.** For purposes of this directive, a CP is an individual who is capable of identifying existing and predictable hazards in the surroundings and working conditions which are unsanitary, hazardous or dangerous to employees and who has the authorization to take prompt corrective measures to eliminate them (see 29 C.F.R. § 1926.32(f)).

b. **Construction Work.** For purposes of this directive, construction work is the process of building, altering, repairing, remodeling, improving or demolishing an infrastructure facility, including any structure, building or other improvements of any kind to real property. It does not include the routine operation, routine repair or routine maintenance of an existing infrastructure facility, including structures, buildings or real property.

c. **VHA-Infection Control Risk Assessment.** A VHA-ICRA is a systematic process, conducted as part of the VHA-PCRA, that determines the level of potential infection risks to patients or residents due to the physical environment throughout the construction and commissioning process and defines controls to reduce these infection-related risks.

d. **VHA-Pre-Construction Risk Assessment.** A VHA-PCRA is a formal assessment protocol required to identify potential safety risks in the health care facility environment and create mitigation strategies to prevent, reduce or eliminate them prior to the initiation of any construction-related activities. The assessment includes an assessment of potential risks to occupants for air quality, infection prevention and control, utility requirements, noise, vibration and any other hazards applicable to the work. The VHA-PCRA may also include a detailed VHA-ICRA to assess infection-related risks to patients and residents.

## 8. REFERENCES

a. 29 C.F.R. §§ 1910.12, 1926.20, 1926.21 and 1926.32.

b. FAR, 48 C.F.R. subparts 9.1, 36 and 52.

c. VAAR, 48 C.F.R. part 852.

d. VHA Directive 1061(1), Prevention of Health Care-Associated Legionella Disease and Scald Injury from Water Systems, dated February 16, 2021.

e. VHA Directive 7701, Comprehensive Occupational Safety and Health Program, dated December 12, 2022.

f. VHA Construction Safety Guidebook.

<http://vaww.hefp.va.gov/guidebooks/construction-safety-guidebook>. **NOTE:** This is an internal VA website that is not available to the public.

g. VHA-PCRA Guidance. <http://vaww.hefp.va.gov/resources/vha-pre-construction-risk-assessment-pcra>. **NOTE:** This is an internal VA website that is not available to the public.

h. VHA-ICRA Guidance. <http://vaww.hefp.va.gov/resources/vha-infection-control-risk-assessment-icra>. **NOTE:** This is an internal VA website that is not available to the public.

i. Infection Prevention and Control Resources.

<http://vaww.va.gov/InfectiousDiseases/IPC.asp>. **NOTE:** This is an internal VA website that is not available to the public.

j. VHA High Hazard Items on Construction Sites.

<http://vaww.hefp.va.gov/occupational-safety-health/high-hazards-items-construction-sites>. **NOTE:** This is an internal VA website that is not available to the public.

k. VA Master Construction Specifications, Division 1, General Requirements, Section 01 35 26 - Safety Requirements. <https://www.cfm.va.gov/til/spec.asp#01>.

l. OSHA Directive CPL 2-0.124, Multi-Employer Citation Policy.

<https://www.osha.gov/enforcement/directives/cpl-02-00-124>.

m. The Joint Commission Comprehensive Accreditation and Certification Manual.

<http://vaww.hefp.va.gov/resources/joint-commission-tjc>. **NOTE:** This is an internal VA website that is not available to the public.