



**Department of Veterans Affairs
Office of Inspector General**

Office of Healthcare Inspections

Report No. 14-01288-145

Combined Assessment Program Summary Report

Construction Safety at Veterans Health Administration Facilities

May 8, 2014

Washington, DC 20420

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Executive Summary

The VA Office of Inspector General Office of Healthcare Inspections evaluated construction safety at Veterans Health Administration (VHA) facilities. The purpose of the evaluation was to determine whether VHA facilities had developed effective construction safety programs that provided a safe environment for patients, employees, and visitors during construction and renovation activities in patient care areas.

We performed this review in conjunction with 27 Combined Assessment Program reviews of VHA medical facilities conducted from October 1, 2012, through September 30, 2013. We identified five opportunities for VHA facilities to improve compliance.

We recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensures that:

- Inspections are completed at the designated frequency and by required members, that all required elements are documented, and that construction sites comply with applicable VA and Occupational Safety and Health Administration requirements.
- Contractor tuberculosis risk assessments are conducted.
- Facilities establish Construction Safety Committees; develop and implement written policies addressing committee responsibilities; assure required committee membership and participation; and include in meeting minutes consistent documentation of inspection results, follow-up actions to resolve unsafe conditions, and tracking of actions to completion.
- Infection Control Committee meeting minutes include consistent documentation of construction-related infection control surveillance activities and any necessary follow-up actions to identified trends or problems.
- Designated facility staff receive required initial and biennial construction safety training.

Comments

The Under Secretary for Health concurred with the findings and recommendations. (See Appendix A, pages 7–12, for the full text of the comments.) The implementation plans are acceptable, and we will follow up until all actions are completed.



JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Purpose

The VA Office of Inspector General (OIG) Office of Healthcare Inspections evaluated construction safety at Veterans Health Administration (VHA) facilities. The purpose of the evaluation was to determine whether VHA facilities had developed effective construction safety programs that provided a safe environment for patients, employees, and visitors during construction and renovation activities in patient care areas.

Background

Construction and related activities present a number of potential hazards to hospitalized patients. Historically, organizations such as the Occupational Safety and Health Administration (OSHA) and the Environmental Protection Agency have focused their efforts on worker safety or the preservation of the environment. In the late 1990s, infection prevention staff began to see the impact of unsafe construction activities on patients. Organisms such as *Legionella* can affect certain high-risk patients and cause serious infections.¹ Subsequently, two organizations have published guides for infection control (IC) during construction activities.² In 2004, VHA published a directive on safety and health during construction activities to ensure a safe environment for patients, employees, and others (revised September 22, 2011).³ Joint Commission standards and OSHA regulations also address safety during these activities.

Scope and Methodology

We performed this review in conjunction with 27 Combined Assessment Program (CAP) reviews of VHA medical facilities conducted from October 1, 2012, through September 30, 2013. The facilities we visited were a stratified random sample of all VHA facilities and represented a mix of facility size, affiliation, geographic location, and Veterans Integrated Service Networks. OIG generated an individual CAP report for each facility. For this report, we summarized the data collected from the individual facility CAP reviews. The training record samples within each facility were not a probability sample, and thus do not represent the entire employee or contractor population of that facility. Therefore, the summary results presented in this report are not generalizable to the entire VHA.

We reviewed Type C, Class III⁴ construction project documents and contractor and VA employee training records. Selected projects for review included 1 at each of 23 facilities and 2 at each of 4 facilities for a total of 31 projects. We conducted physical inspections of 28 construction sites. Three project sites were not inspected—one

¹ During construction activities, water systems may be inactive, which increases the possibility of stagnant water. This may lead to the growth of *Legionella*.

² The Association for Professionals in IC and Epidemiology and the Centers for Disease Control and Prevention.

³ VHA Directive 2004-012, *Safety and Health During Construction Activities*, April 5, 2004.

⁴ Construction type based on IC risk assessment performed by members of the facility Construction Safety Committee prior to project start.

project's work was completed prior to our onsite review, a second project had work being done in the attic penthouse of the building, and a third project involved planned work in an administrative section of the facility. We used 90 percent as the general level of expectation for compliance.

Inspectors conducted the reviews in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

Inspection Results

Issue 1: Physical Inspections

The Construction Safety Committee is responsible for ensuring periodic construction site hazard surveillance activities with appropriate membership, scope, and frequency for each project as determined by the Construction Safety Officer and the pre-construction risk assessment.⁵ Four (13 percent) of the 31 projects did not meet surveillance inspections requirements. Two projects had site inspections initiated just prior to our onsite reviews rather than at project start. Two other projects did not have site inspections conducted with the required frequency and by all required members.

Inspection documentation must include the date and time of the inspection, the members of the inspection team, deficiencies, the type of corrective action, and the time and date of correction. The following surveillance inspection documentation was consistently lacking:

- Time of inspection – 12 of 29 applicable projects
- Type of corrective action – 5 of 24 applicable projects
- Date of correction – 5 of 24 applicable projects
- Time of correction – 9 of 24 applicable projects

Facilities had high compliance with several of the VA and OSHA requirements for construction sites, including continuous negative air pressure maintained in work area, exhaust ducts (heating, ventilation, air conditioning) covered during demolition, and chemicals properly labeled (product name, hazard warnings, manufacturer). However, we identified opportunities for improvement in the following areas:

- Temporary drywall barriers were not equipped with self-closing doors in metal frames at 3 of 23 applicable sites.
- Contractors were not wearing VA-issued identification badges at 4 of 28 applicable sites.
- Material data safety sheet information for chemicals was not available within 3 of 22 applicable sites.

We recommended that construction site inspections be conducted at the frequency designated by the facility and with all required members and that inspection documentation include all required elements. We also recommended that construction sites comply with applicable VA and OSHA requirements.

⁵ VHA Directive 2011-036, *Safety and Health During Construction*, September 22, 2011.

Issue 2: Oversight

Pre-Construction Requirements

VHA requires that risk assessments for IC, general construction, and Interim Life Safety be completed prior to starting work.⁶ All 31 projects met or exceeded the 90 percent compliance threshold for these completed risk assessments.

VHA requires documentation of tuberculosis (TB) risk assessment for contractors, and dependent on risk level, documentation of results of TB testing and follow-up of those with positive results.⁷ One of the 31 projects was managed by only VA staff, so contractor risk assessment was not completed. TB risk assessments were not conducted for 12 of 30 projects (40 percent). Fifteen projects had a TB risk assessment conducted, with low risk identified, so contractor TB skin testing was not required. All three projects with identified risk had contractor TB skin tests results documented. None of the results required follow-up actions.

Construction Safety and IC Committees

VHA requires that facilities establish a Construction Safety Committee responsible for overseeing protection of patients, visitors, and employees from injury and infections related to construction activities.⁸ Two facilities had not established this committee. VA Police at 3 of 25 facilities and Employee Occupational Health at 5 of 25 facilities were either not members of the Construction Safety Committee or did not regularly attend meetings. All other required members, including safety, IC, and local unit representatives, generally participated in meetings.

The Joint Commission requires that Construction Safety Committee meeting minutes document unsafe conditions identified during site inspections, follow-up actions, and tracking of deficiencies to closure. We reviewed 6 months of Construction Safety Committee meeting minutes for documentation of discussion regarding site surveillance inspection results. Ten projects either had no unsafe conditions identified during inspections or did not have the required inspections completed. Minutes for 7 of 21 projects did not include consistent documentation of inspection results or of follow-up actions to resolve unsafe conditions and tracking of actions to completion.

The Joint Commission requires IC surveillance activities and follow-up, as needed, for construction activities. We reviewed 6 months of IC Committee meeting minutes for discussion regarding the 31 projects. Minutes for 12 projects (39 percent) did not include consistent documentation of IC surveillance activities or of follow-up actions to identified trends or problems.

⁶ VHA Directive 2011-036.

⁷ VHA Directive 2011-036.

⁸ VHA Directive 2011-036.

Policy

VHA requires each facility to develop and implement a written policy addressing the responsibilities of the Construction Safety Committee.⁹ Three of the 27 facilities had not established a policy.

VA Master Specifications require that facilities establish policy regarding Interim Life Safety Measures (ILSMs) and that projects have required ILSMs documented. All 27 facilities had established ILSM policy, and ILSMs were documented, as needed, for projects.

We recommended that contractor TB risk assessments be conducted. We also recommended that all facilities establish Construction Safety Committees; develop and implement written policies addressing committee responsibilities; assure required committee membership and participation; and ensure meeting minutes include consistent documentation of inspection results, follow-up actions to resolve unsafe conditions, and tracking of actions to completion. Additionally, we recommended that IC Committee meeting minutes include consistent documentation of construction-related IC surveillance activities and any necessary follow-up actions to identified trends or problems.

Issue 3: Training

Employees

VHA requires that chief engineers, Contracting Officer's Technical Representatives/Construction Safety Officers, project engineers, project leads, and safety program managers receive initial 30-hour VHA or OSHA training and at least 10 hours of construction safety-related training every 2 years.¹⁰ We reviewed 140 employees' training files and found good compliance with documentation of initial training. However, for the 95 employees in their positions for at least 2 years, 31 (33 percent) did not have the additional 10 hours of biennial training.

VHA requires that other committee/team members—IC, VA Police, the Green Environmental Management System Coordinator, the Emergency Planning Coordinator, local union safety representatives, employee occupational health, patient safety, and contracting—receive initial 10-hour VHA or OSHA training and at least 10 hours of construction safety-related training every 2 years.¹¹ For the 171 employees whose training files we reviewed, we found that 20 (12 percent) did not have documentation of initial training. For the 66 employees in their positions for at least 2 years, 40 (61 percent) did not have the additional 10 hours of biennial training.

We recommended that designated facility staff receive initial and biennial construction safety training.

⁹ VHA Directive 2011-036.

¹⁰ VHA Directive 2011-036.

¹¹ VHA Directive 2011-036.

Conclusions

Construction sites require appropriate oversight to ensure safety for patients, employees, and visitors. We identified opportunities for improvement in site inspections, contractor TB risk assessments, committee oversight, training, and documentation.

Recommendations

1. We recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensures that inspections are completed at the designated frequency and by required members, that all required elements are documented, and that construction sites comply with applicable VA and Occupational Safety and Health Administration requirements.
2. We recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensures that contractor tuberculosis risk assessments are conducted.
3. We recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensures that facilities establish Construction Safety Committees; develop and implement written policies addressing committee responsibilities; assure required committee membership and participation; and ensure meeting minutes include consistent documentation of inspection results, follow-up actions to resolve unsafe conditions, and tracking of actions to completion.
4. We recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensures that Infection Control Committee meeting minutes include consistent documentation of construction-related infection control surveillance activities and any necessary follow-up actions to identified trends or problems.
5. We recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensures that designated facility staff receive required initial and biennial construction safety training.

Under Secretary for Health Comments

**Department of
Veterans Affairs**

Memorandum

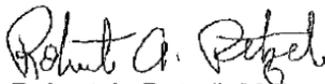
Date: April 25, 2014

From: Under Secretary for Health (10)

**Subject: OIG Draft Combined Assessment Program (CAP)
Summary Report – Construction Safety at Veterans
Health Administration Facilities (2014-01288-HI-0419)
(VAIQ 7466123)**

To: Assistant Inspector General for Healthcare Inspections (54)

1. Thank you for the opportunity to review the draft CAP Summary Report, Construction Safety at Veterans Health Administration (VHA) Facilities. I have reviewed the draft report and concur with the report's recommendations.
2. Attached is the VHA corrective action plan for recommendations one through five.
3. If you have any questions, please contact Karen M. Rasmussen, M.D., Director, Management Review Service (10AR), at (202) 461-6643 or email VHA10ARMRS2@va.gov.


Robert A. Petzel, M.D.

Attachment

VETERANS HEALTH ADMINISTRATION (VHA)

Action Plan

OIG Draft Report, CAP Summary Report – Evaluation of Construction Safety at VHA Facilities

Date of Draft Report: March 25, 2014

Recommendations/ Actions	Status	Completion Date
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OIG Recommendations

Recommendation 1. We recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensures that inspections are completed at the designated frequency and by required members, that all required elements are documented, and that construction sites comply with applicable VA and Occupational Safety and Health Administration requirements.

VHA Comments

Concur

VHA Office of Occupational, Safety, Health and Green Environmental Management (GEMS) Programs (10NA8) conducts annual construction safety survey to verify compliance with construction safety standards. VHA's Safety Office will evaluate the construction safety survey data and will develop an action plan to address facilities that are non-compliant with applicable VA and Occupational Safety and Health Administration requirements.

Status: In progress Target Completion Date:
August 31, 2014

VHA Deputy Under Secretary for Operations and Management will issue a memorandum to Network Directors to reiterate the requirement in VHA Directive 2011-036, *Safety and Health During Construction*, for the construction safety committee to conduct construction site inspections at the frequency designated by the facility and by required members. The memorandum will require inspection documentation to be included in all required elements and the construction sites to comply with applicable VA and Occupational Safety and Health Administration requirement.

Status: In progress Target Completion Date:
July 31, 2014

10NA8 will provide guidance to Occupational Safety and Facility Engineering staff on construction safety inspection requirements including frequency of inspections, required membership, and documentation.

Status: In progress Target Completion Date:
March 31, 2015

To complete this action plan VHA will provide documentation of:

- 1) VHA's Safety Office's action plan to address facility non-compliance.
- 2) The Deputy Under Secretary for Operations and Management memorandum re-iterating requirements of VHA Directive 2011-036.
- 3) The training presentation provided to Occupational Safety and Facility Engineering staff on construction safety inspection requirements.

Recommendation 2. We recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensures that contractor tuberculosis risk assessments are conducted.

VHA Comments

Concur

VHA Deputy Under Secretary for Operations and Management will issue a memorandum to Network Directors and Facility Directors to ensure contractor tuberculosis risk assessments are conducted as required in VHA Directive 2011-036, *Safety and Health During Construction*.

Status: In progress Target Completion Date:
July 31, 2014

10NA8 will provide guidance to Occupational Safety and Facility Engineering staff on construction safety program contractor tuberculosis risk assessment requirements.

Status: In progress Target Completion Date:
March 31, 2015

To complete this action plan VHA will provide documentation of:

- 1) The Deputy Under Secretary for Operations and Management memorandum re-iterating requirements of VHA Directive 2011-036.
- 2) The training presentation provided to Occupational Safety and Facility Engineering staff on tuberculosis risk assessment requirements.

Recommendation 3. We recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensures that facilities establish Construction Safety Committees; develop and implement written policies addressing committee responsibilities; assure required committee membership

and participation; and ensure meeting minutes include consistent documentation of inspection results, follow-up actions to resolve unsafe conditions, and tracking of actions to completion.

VHA Comments

Concur

VHA Deputy Under Secretary for Operations and Management will issue a memorandum to Network Directors and Facility Directors to reiterate the requirement to establish a Construction Safety Committee, to develop and implement written policies addressing committee responsibilities, and to assure required committee membership and participation. Additionally, the memorandum will address meeting minutes to include consistent documentation of inspection results, follow-up actions to resolve unsafe conditions, and tracking of actions to completion.

Status: In progress Target Completion Date:
July 31, 2014

10NA8 will provide guidance to Occupational Safety and Facility Engineering staff on establishing a Construction Safety Committee, committee policies, membership, meeting minutes, documentation of inspection results, and resolving unsafe conditions.

Status: In progress Target Completion Date:
March 31, 2015

To complete this action plan VHA will provide documentation of:

- 1) The Deputy Under Secretary for Operations and Management memorandum re-iterating requirements of VHA Directive 2011-036 regarding Construction Safety Committees.
- 2) The training presentation provided to Occupational Safety and Facility Engineering staff on Construction Safety Committee Requirements.

Recommendation 4. We recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensures that Infection Control Committee meeting minutes include consistent documentation of construction-related infection control surveillance activities and any necessary follow-up actions to identified trends or problems.

VHA Comments

Concur

VHA concurs with the recommendation for consistent documentation of construction-related infection control surveillance activities and any necessary follow-up actions to trends or problems, but believes that a more effective process for documentation, communication, problem solving, and follow-up would occur through the

Construction Safety Committee minutes instead of the Infection Control Committee meeting minutes.

VHA agrees that Infection Prevention and Control (IP&C) plays a critical role in construction, demolition, and renovation projects and consistent documentation of construction-related infection control surveillance activities and any necessary follow-up actions to problems is important. VHA Directive 2011-036, *Safety and Health During Construction*, establishes that the Construction Safety Committee is composed of a multidisciplinary team with representatives from several program areas. Infection Control is one of the required team representatives. It is paramount that IP&C be included in all aspects of the construction project to ensure a safe environment and compliance with appropriate regulations and standards, Communication of infection control issues after inspection of a project to the Infection Control Committee is informative, however, authority to enforce Contractor compliance and effectively implement recommended actions is under the purview of the Construction Safety Officer and reporting and documentation through the Construction Safety Committee assures the necessary follow-up for all surveillance activities identified.

To complete this action plan VHA will provide documentation of:

- 1) Infection control surveillance activities and any necessary follow-up action to identified trends or problems in the Construction Safety Committee meeting minutes for all facilities that have currently ongoing or newly planned construction.
- 2) Membership of infection prevention and control on the Construction Safety Committee for all facilities that have currently ongoing or newly planned construction.

Status: In progress Target Completion Date:
October 31, 2014

Recommendation 5. We recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensures that designated facility staff receive required initial and biennial construction safety training.

VHA Comments

Concur

VHA Deputy Under Secretary for Operations and Management will issue a memorandum to Network Directors, and Facility Directors to communicate a requirement in VHA Directive 2011-036, *Safety and Health During Construction*, to ensure designated facility staff receives required initial and biennial construction safety training.

Status: In progress Target Completion Date:
July 31, 2014

VHA Office of Occupational, Safety, Health (10NA8) will provide access to appropriate training content for Occupational Safety and Facility Engineering staff to complete required initial and biennial construction safety training.

Status: In progress Target Completion Date:
March 31, 2015

To complete this action plan VHA will provide documentation of:

- 1) The Deputy Under Secretary for Operations and Management memorandum re-iterating requirements of VHA Directive 2011-036 regarding training requirements for construction safety.
- 2) The training presentation provided to Occupational Safety and Facility Engineering staff on initial and biennial construction safety training.

OIG Contact and Staff Acknowledgments

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