



## Environment of Care Policies and Procedures

Page 1 of 8

<b>Policy Number:</b>	<b>5.12</b>	<b>Original Date Issued:</b>	November 21, 2000
<b>Section:</b>	Fire Prevention Management	<b>Date Reviewed:</b>	April 25, 2011
<b>Title:</b>	Cable Management	<b>Date Revised:</b>	April 25, 2011
<b>Regulatory Agency:</b>	TJC		

### I. POLICY

The Engineering Department will be responsible to monitor and ensure compliance with the procedures set forth in this policy. These procedures must be followed by hospital departments and staff involved in the installation of cable/wire within the facility and at all satellite facility's. This policy was developed to ensure that any penetrations of smoke or firewalls are properly sealed.

### II. PROCEDURE

1. Prior to the commencement of the work (cable/wire installation):
  - a) The Department requesting the work (Engineering, IS&T, Security) will notify the Infection Control Department of a cable/wire installation project and provide a brief scope of work to the Infection Control Department.
  - b) Drawings will be prepared indicating the location/route of the cable/wire installation. Copies of these drawings will be kept by the Engineering Department and appropriate department involved in the cable/wire installation.
2. All cable/wire installed in all facilities will be plenum rated.
3. All penetrations through partitions (If there is not an available sleeve that can be used) will be sleeved using the appropriate sized EMT, or related approved device. The appropriate department or contractor will be responsible for fire stopping the sleeve penetration and fire stopping the cable/wire installation through the sleeves or a related approve device. Existing sleeveless cable/wire penetrations through partitions will not be used for future cable/wire penetrations through these partitions.
4. All firestopping products must be approved by Children's Engineering Manager and/or Safety Manager prior to use. The specifications sheet for the requested



## Environment of Care Policies and Procedures

Page 2 of 8

product must accompany the request. Children's currently specifies either Hilti, STI, or 3M firestopping products.

5. All cable/wire installations will be bundled, tied, fastened in a neat and orderly fashion. All work associated with the cable/wire installation will be of good workmanship quality.
6. The appropriate department will be responsible for providing a hazard free environment while performing the cable/wire installation.
7. Upon the completion of the work (cable/wire installation) the appropriate department will contact the Engineering Department and inform them that the work has been completed.
8. No substitutions of cable/wire or fire stop material shall be permitted unless approved by the Engineering Manager and Safety Manager.
9. Upon completion, the work will be inspected by the Engineering Department and/or Safety Manager.
10. If these procedures are not followed, a recommendation will be made to the System Leader so that appropriate disciplinary action may be taken.
11. If cable/wire installation is to be performed by an outside contractor please see attached agreement (Attachment 1) to this policy. The outside contractor will be responsible to seal all penetrations per Attachment 1. Upon inspection, at the completion of the work, a \$ 100.00 dollar penalty per unsealed penetration will be charged to the contractor and deducted from payments made to the contractor.
12. The Engineering Department will issue project numbers for both internal and external cable/wire installation projects.

**ATTACHMENT 1**

This agreement is made and entered into this \_\_\_\_ day of \_\_\_\_\_, 200\_\_, by and between Children’s Healthcare of Atlanta, and \_\_\_\_\_(contractor).

A. The contractor agrees as follows:

1. The contractor has been contracted to install the following cable/wire in this facility (Check appropriate entry);

- \_\_\_ Communication
- \_\_\_ Automation
- \_\_\_ Security
- \_\_\_ Other (Specify) \_\_\_\_\_

Location: \_\_\_\_\_

2. The following are the rules and regulations that will be adhered to regarding this cable installation;
  - a) Provide a brief scope of work document to be kept on file by the requesting and Engineering Department.
  - b) To provide appropriate drawings for the use in outlining the route of the cable installation. The requesting department \_\_\_\_\_ and Engineering Department will be provided with copies of the completed cable/wire route drawings prior to the commencement of the work.
  - c) All cable/wire installed in this facility will be plenum rated. A product specification data sheet will be provided on the type of cable/wire that will be used in the installation prior to the commencement of the work.
  - d) All penetrations through partitions will be sleeved using appropriate sized EMT, or an approved device. The contractor will be responsible for fire stopping the sleeve penetration in the partition, as well as fire stopping the cable/wire installation through these sleeves.

**Important:** This paragraph also includes the installation of all electrical conduits (EX. Rigid, EMT, Armor Sheeted Cable etc. not normally sleeved) through fire and smoke partitions. The locations of all penetrations through fire and smoke partitions will be marked with a red dot decal. These decals will be applied to the metal ceiling grid nearest the location of the penetration. Do not apply these decals to any

gypsum board ceilings or soffits. Decals are available from the Engineering Department.

- e) All cable/wire installations will be bundled, tied and fastened in a neat and orderly fashion. All work associated with this installation will be of good workmanship quality.
  - f) Will provide any licenses as required by law.
  - g) The total cost of the project is \_\_\_\_\_.
  - h) Failure to provide services and follow all guidelines will result in a 25% reduction in the fees paid by the Hospital.
  - I) Upon inspection, at the completion of the work, a \$100 dollar penalty per unsealed penetration will be charged to the contractor and deducted from payments made to the contractor.
- 3. To be responsible for maintaining insurance necessary to protect itself from loss or damage in forms and limits and by a carrier acceptable to the Hospital. The insurance will extend to covering the activities contemplated by this letter of agreement. A certificate of insurance outlining general liability certificate, and workers' compensation coverage must be received prior to starting the project. This clause will survive the termination of the agreement.
  - 4. To be responsible for providing a hazard free environment while performing activities contemplated by this agreement.
  - 5. To indemnify and hold harmless the Hospital from any loss or damage caused by any act, omission or negligence of \_\_\_\_\_, their employees, agents and subcontractors. This indemnification covers all activities outlined in this agreement. This clause will survive the termination of the agreement.
- B. The parties mutually agree as followed:
- 1. This agreement will be interpreted and construed by the laws of the State of Georgia.
  - 2. This agreement may not be assigned without written approval of all parties.
  - 3. This agreement is for \_ days to be terminated when the work provided for in this agreement has been successfully completed.
  - 4. Hospital may terminate this contract at anytime for any reason.
  - 5. Contractor agrees that they may terminate this agreement by giving 5 days written notice to hospital. However, payment for work through the date of termination will be 50% of the agreed to fee.
  - 6. Payment will be made after inspection and approval of the cable/wire installation by the plant operations and/or safety managers.

**Contractor:**

\_\_\_\_\_  
Vendor Representative

Date: \_\_\_\_\_

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

**Children's Healthcare of Atlanta**

\_\_\_\_\_  
Facilities Representative

Date: \_\_\_\_\_

IMPORTANT:

Managers who contract for cable/wire installations are responsible for ensuring completion of this letter of agreement and forwarding the original document to the Engineering Department prior to the commencement of work.

Engineering Department will be contacted prior to and upon completion of all cable/wire installation work by the requesting department.

APPROVALS:

The work has been completed according to this letter of agreement.

\_\_\_\_\_  
Engineering Manager/ Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Safety Manager

\_\_\_\_\_  
Date

## **ATTACHMENT 2**

### **NOTIFICATION TO ALL OUTSIDE CONTRACTORS/SUBCONTRACTORS WORKING IN/AND AROUND THE CHILDREN'S HEALTHCARE FACILITIES:**

A permit from Children's Engineering Office will be required, before any work starts in/and around all Children's Facilities to prevent any misunderstanding on projects. Permits are issued Monday-Friday **only**. It is the outside contractor/subcontractor's responsibility to obtain the permit, and work will not be permitted to start until it is acquired. Failure to comply will cause a delay in work productivity. Signed Permits must be displayed in work areas. (see following pages)

**Information needed from the permit applicant:**

Question	Answer
1. What Area (Floor, Dept., Room) of the facility will the work entail?	
2. Will you need to get into the ceiling?	YES <input type="checkbox"/> NO <input type="checkbox"/>  <b>Note:</b> If <b>yes</b> , we expect all ceiling tiles to be replaced properly before you leave the area for the day. The "Dust Chamber" is to be used in Sensitive Areas for tile removal
3. Will penetrations be made in walls above ceiling height? <b>Note:</b> The locations are to be noted, and appropriate documentation needs to be signed by the Facilities representative before proceeding. Repairs are to be made according to contract agreement.	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Will any access panels be opened?	YES <input type="checkbox"/> NO <input type="checkbox"/>  If so, where and for how long (please list):
5. Will any Electrical Panels be accessed?	YES <input type="checkbox"/> NO <input type="checkbox"/>  If so, panel label/#, location and for how long (please list):  If your employee leaves the area where the panel is located, LOCK/OUT – TAG/OUT PROCEDURES MUST BE FOLLOWED.
6. Have you received our Safety and Infection Control Standards?	YES <input type="checkbox"/> NO <input type="checkbox"/>  Work practices must meet with the approval of our Safety and Infection Control Standards. Please contact the Safety Manager and Infection Control at the appropriate facility: SR Safety 404-785-4387 SR Infection Control 404-785-2869 Egleston Safety 404-785-6948 Egleston Infection Control 404-785-7437
7. Will you be using a two-way radio/phone?	YES <input type="checkbox"/> NO <input type="checkbox"/> If you will be using a two-way radio/phone while working here, check with Clinical Engineering (Egleston Ext.#6190)(Scottish Rite ext. 52110), for frequency compatibility relative to medical equipment in various areas.

**If any damage occurs in the area that you are working in, it is "Your Responsibility" to make repairs according to the applicable codes and clean up any/all debris caused by your work. All trash containers are to be covered, when leaving work areas. Dust needs to be kept to a minimum. We will provide you with any information necessary for repairs.**

**We appreciate your co-operation in this matter; It will create a better working environment for all concerned.**

\_\_\_\_\_  
Contractor/Subcontractor

\_\_\_\_\_  
Safety Manager

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Employee/ Employees Completing Work

\_\_\_\_\_  
Infection Control Officer

\_\_\_\_\_  
Facilities Representative

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**Additional Comments:**

**THIS ACKNOWLEDGES THAT A PERMIT HAS BEEN ISSUED TO THIS CONTRACTOR FOR WORK COVERED BY THE CONDITIONS OF SIGNED PERMIT.**

\_\_\_\_\_  
CONTRACTOR/SUBCONTRACTOR

\_\_\_\_\_  
Facilities Representative