All items listed under the Consent Agenda Items are deemed to be non-controversial and routine in nature by the Board of Trustees. The following items will not be discussed but will be approved by one motion of the Board of Trustees unless any Board member desires to discuss an item, at which time it will then be removed and thus placed as a Regular Agenda Item for consideration and approval on this Agenda. The Consent Agenda Items consists of the following items:

PUBLIC NOTICE OF A REGULAR MEETING
OF THE HOSPITAL AUTHORITY
WEDNESDAY, MAY 28, 2025 AT 12:00 PM
CLINTON REGIONAL HOSPITAL - WEICHEL ROOM

AGENDA

Source listing: 05/28/2025 Hospital
Original source: http://agendas.clintonok.gov/2025/052825hospital/CHA052825.htm

1. CALL TO ORDER

    A. If there is any potentially known conflict of interest relevant to a matter requiring action by the Board, the trustee(s) shall call it to the attention of the Board at this time and said trustee(s) shall not vote on the matter.

2. REVIEW AND APPROVAL OF CONSENT AGENDA ITEMS

    A. Approval of the Minutes of May 14, 2025, Regular Meeting

3. BUSINESS ITEMS (Discussion, Consideration, and Possible Action Regarding):

4. FINANCIAL REPORT (Discussion, Consideration, and Possible Action Regarding):

    A. Reporting of the Revenue Cycle Management (RCM), Accounts Payable and Exact Payables

    B. Financial Statement/Balance Sheet Month Ending April 30, 2025

5. MEDICAL STAFF (Discussion, Consideration, and Possible Action Regarding):

    A. Medical Staff Delineation of Privileges for Clinical Mental Health Service

    B. Sonya Langley, M.D., Family Medicine Privileges

    C. Raymond Cornelison, M.D., Dermatology Privileges

    D. Hollie Lindsay, Clinical Mental Health Privileges

6. COMMITTEE REPORTING (Discussion, Consideration, and Possible Action Regarding):

    A. Quality Assurance/Performance Improvement Minutes – May 21, 2025

B. Hospital Forms/Policies and Procedures
   a) Pre-Construction Risk Assessment Cover Page
   b) Above Ceiling Work Permit

C. Construction Impact on Facility Assessment

D. Hazard Communication Form for Contractors
   e) Pre-Construction Safety Agreement
   f) Construction Noise and Vibration Assessment and Management
   g) Pre-Construction Infection Control Risk Assessment- Matrix and Part 2
   h) Infection Control Statement for…

E. Media Consent Form
   j) Letter to Patient Regarding Survey from Hospital CEO
   k) Acknowledgement of Receiving the Conditions of Admission and Authorization for Medical Treatment, the Patient's Rights and Responsibilities, and Notice of Privacy Practices Form

F. Dust Control Plan Policy and Procedures for Renovation Section 1-7 and associated forms.

G. Planned Utility Interruption Request Form

H. Clinic Forms/Policies and Procedures
   a) Nadia Azuero, M.D. Clinic

I. Visit Stats

J. Patient Registration Form,

K. Assignment of Benefits Form,

L. Consent for Treatment Form ,

M. Personal Valuables ,

N. Office Policies ,

O. Ok Medical Records Release Authorization

P. Safety/Emergency Management Committee Meeting Minutes from March 21, 2025, and April 16,2025.

7. NEW BUSINESS (If any, Pursuant to Section 311.9 of the Oklahoma Open Meeting Act.)

8. TRUSTEE COMMENTS

9. CHIEF EXECUTIVE OFFICER COMMENTS

10. ADJOURN

Filed this 23 rd day May of 2025 and posted on the bulletin board in the lobby of the Clinton City Hall and the front door of the Clinton Regional Hospital May 23, 2025, at 11:00 a.m.

SPECIAL MEETING OF
CLINTON HOSPITAL AUTHORITY MINUTES
Wednesday April 30, 2025, 12:00 PM

A Special Meeting of the Trustees of the Clinton Hospital Authority of the City of Clinton, Oklahoma was held in the Weichel Conference Room of the Clinton Regional Hospital on Wednesday April 30, 2025, 12:00 pm. A notice of this agenda was posted on the bulletin board in the lobby of the Clinton City Hall on April 28, 2025, at 11:55 a.m. and at the Clinton Regional Hospital. An amended agenda was filed on the April 29, 2025, and posted on the bulletin board in the lobby of the Clinton City Hall on April 29, 2025, at 11:30 a.m.

Members Present: Ken Baker, Chairman, Chris Jones, Kevin Wolters,
Members Absent: Tyler Bridges, Kelly Cornell, Ernie Dowdell, *Ex Officio*
Chief Executive Officer: Len Lacefield
Chief Operating Officer: Jennifer Sethre
City Manager: Robert Johnston
Secretary/Clerk: Amy Jones
Others: Laura Hostetler, Debra Blanchard, Loren Brink, Brenden Price, Danny Tharp and Cris Hickerson
News Media: Sean Stephens

I. CALL TO ORDER

Chairman Kenneth Baker called meeting to order at 12:08 p.m.

II. REVIEW AND APPROVAL OF CONSENT AGENDA ITEM

A. Approval of the Minutes of April 23, 2025, Regular Meeting and April 25, 2025 Special Meeting

The Consent Agenda items were presented for review and approval.

Motion was made by Trustee Kevin Wolters and second by Trustee Chris Jones to approve the Consent Agenda

Chairman Kenneth Baker put in motion roll call vote

Aye: Kevin Wolters, Chris Jones, and Ken Baker

Nay: none

Chairman declared motion carried.

III. BUSINESS ITEMS (Discussion, Consideration, and Possible Action Regarding):

A. Line of Credit No. 4 Request for up to $250,000.

Line of Credit No. 4 Request No. 4 - Up to $250,000 was presented for discussion and approval. Discussion was held by the Trustees regarding the request.

Motion was made by Trustee Kevin Wolters and seconded by Trustee Chris Jones to approve the Line of Credit No. 4 Request No. 4 - in the amount of $250,000.

Chairman Kenneth Baker put in motion roll call vote

Aye: Kevin Wolters, Chris Jones, and Ken Baker

Nay: none

Chairman declared motion carried.

B. Request to the City of Clinton General Fund and the Clinton Public Works Authority for New Lines of Credit of $1 Million Each to Fund Hospital Operations, Subject to the Amendment of the Asset Purchase Agreement Specifying the Sale to Close No Later Than July 31, 2025.

Chairman Baker presented for possible approval the Request to the City of Clinton General Fund and the Clinton Public Works Authority for New Lines of Credit of $1 Million Each to Fund Hospital Operations, Subject to the Amendment of the Asset Purchase Agreement Specifying the Sale to Close No Later Than July 31, 2025.

Motion was made by Trustee Chris Jones and seconded by Trustee Kevin Wolters to approve the Request to the City of Clinton General Fund and the Clinton Public Works Authority for New Lines of Credit of $1 Million Each to Fund hospital Operations, Subject to the Amendment of the Asset Purchase Agreement Specifying the Sale to Close No Later Than July 31, 2025.

Chairman Kenneth Baker put in motion roll call vote

Aye: Kevin Wolters, Chris Jones, and Ken Baker

Nay: none

Chairman declared motion carried.

~~C. Agreement with eCapital Healthcare Corporation Establishing a $5,000,000 Revolving Line of Credit~~ Facility

~~D. Agreement with Ideal Corporate Funding, Inc.~~ for a $5,000,000 Revolving Line of ~~Credit~~

E. ~~Siemens Healthineers Corporation Coagulation Analyzer Service Agreement + Pre~~ Inspection

IV. Finance Report (Discussion, Consideration, and Possible Action Regarding):

A. Weekly Reporting of the Revenue Cycle Management, (RCM)m Accounts Payable and Exact Payable -Scheduling of Weekly Meetings Until the Hospital Sale is Closed No later Than July 31, 2025.

Chairman Baker requested approval for Weekly Reporting of the Revenue Cycle Management (RCM), Accounts Payable and Exact Payable - Scheduling of Weekly Meetings until the Hospital Sale is closed No later Than July 31, 2025. He stated that meetings will be scheduled as needed to review the information. It was suggested that everyone mark their calendars for a weekly meeting every Wednesday, as needed.

V. Medical Staff (Discussion, Consideration, and Possible Action Regarding):

Len Lacefield, CEO gave a general report of the status of physician recruitment and updated those present on Dr. Azuero's schedule at Clinton for the upcoming months. She will begin fulltime in August 2025.

VI. New Business (If any, pursuant to Section 311.9 of the Oklahoma Open Meeting Act.)

None

VII. Trustee Comments

None

VIII. Chief Executive Officer Comments

Jennifer Sethre, Chief Operating Officer stated that everyone is still very excited about the future of Clinton Regional Hospital. The team is still working to improve areas that need improvement. Len is working on physician recruitment and Brendan is working to recruit nursing staff as well.

IX. Adjourn

A motion was made by Trustee Kevin Wolters and second by Trustee Chris Jones to Adjourn.

Chairman Kenneth Baker put in motion roll call vote:

Aye: Kevin Wolters, Chris Jones, Ken Baker

Nay: None

Chairman declared the motion carried and meeting adjourned at 12:40 p.m.

_____

Date Approved

_____

Kenneth Baker, Chairman

Clinton REGIONAL HOSPITAL

Privileges Clinical Mental Health Service

The application for appointment, requested privileges, and supporting documentation and information has been reviewed and evaluated by all pertinent parties with the following recommendations.

Practitioner Name_____ Date_____

Approved Privilege(s)_____

Privilege Effective Date_____ through _____

Recommendation of Credentialing Officer

____ Recommend all requested privileges ___ Do Not Recommend
____ Recommend Privileges with the following conditions/modifications_____
_____

_____ _____
Signature of Credentialing Officer Date

Recommendation of MEC

_____ Recommend all requested privileges _____ Do Not Recommend
_____ Recommend privileges with the following condition/modification: _____
_____

_____ _____
MEC Chairperson Date

Recommendation of Governing Board

_____ Recommend all requested privileges _____ Do Not Recommend
_____ Recommend privileges with the following conditions/modifications _____
_____

_____ _____
Governing Board Chairperson Date

Privileges Clinical Mental Health Service

All new applicants must meet the following requirements as approved by the Governing Body

APPLICANT: Check off the "requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity and other qualifications as listed.

- Privileges granted may only be exercised at the site/setting that has sufficient space, equipment, staffing and other resources required to support the privilege.
- The core procedure list is not intended to be an all-encompassing procedure list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/privileges requiring similar skill sets.

Qualifications: New applicants

a) Completion of a Masters or Doctorate degree in counseling or clinical psychology from an accredited institution
b) Pre/post internship in clinical therapy for the applicable position
c) State license for Oklahoma
d) Meet criteria for maintenance of licensure
e) Minimum of 2 years' experience in psychology/therapy/mental health services
f) The applicant must possess current board certification

Other Requirements

- Note that privileges granted may only be exercised at CRH clinic that has the appropriate equipment, license, staff and other support required to provide the services described in this document.
- This document defines qualifications to exercise clinical privileges. The applicant must also adhere to Clinton Regional Hospital policies as defined in the by-laws.

Required previous experience: The successful applicant must be able to demonstrate provision of inpatient, outpatient, or consultative service to an acceptable number of patients during the past 12 months.

Clinton REGIONAL HOSPITAL

Privileges Clinical Mental Health Service

Request Core Privileges Behavioral Health

Core Procedures List

This is a list of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

If you wish to exclude any procedures, please strike through the procedures and initial/date.

- Appropriate and timely documentation in the electronic medical record _____
- Family therapy _____
- Individual psychotherapy/therapy/counseling _____
- Marital and/or Couples therapy _____
- Psychological and cognitive assessment of children, adolescents and adults _____
- Psychosocial and psychoeducational consultation with other health care providers _____
- Group therapy _____
- Progress notes within the scope of their license & assigned treatment responsibility_____
- Inpatient treatment planning _____
- Outpatient treatment planning _____
- Inpatient therapy _____
- Outpatient therapy _____
- Drug and Alcohol Awareness Education _____

Clinton REGIONAL HOSPITAL

Privileges Clinical Mental Health Service

Non-Core Privileges: Child and Adolescent Psychologist

Qualifications for Child and Adolescent Psychologist

Criteria: Completion of one year of approved, verifiable graduate or post graduate training in a program in which child and adolescent interventions and assessments were specifically taught and supervision was provided by a fully licensed psychologist or psychiatrist independently privileged or credentialed or recognized as an expert in this area.

Required Previous Experience: Demonstrated current competence and evidence of the performance of an acceptable number of patients and interventions in the past 12 months.

Reappointment requirements: Demonstrated current competence and the performance of an acceptable number of patients and interventions in the past 24 months.

Acknowledgment of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Clinton Regional Hospital, and I understand that:

- In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the situation.
- Any restriction on the clinical privileges granted to me is waived in an emergency, and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Printed Name _____

Signature_____ Date_____

SUBJECT: **PRE-CONSTRUCTION RISK ASSESSMENT COVER PAGE**	REFERENCE # 1	
CLINTON REGIONAL HOSPITAL	PAGE: 1 OF: 1	
DEPARTMENT: HOSPITAL WIDE	EFFECTIVE: 10/1/2023	
APPROVED BY:	REVISED: 12/30/2024	REVIEWED: 4/15/25

Pre-Construction Risk Assessment Cover Page
Clinton Regional Hospital

This risk assessment is a result of the hospital re-construction project at Clinton Regional. The scope of the work includes _____.
The project is scheduled to start on _____, 2023.

Facilities Management/Plant Operations and contractor performed a pre-construction risk assessment of this are on _____. 2023 as indicated in the survey. The field survey includes completion and distribution of the attached forms and associated policies:

Building Rehabilitation Work Categories Matrix	EC.02.06.05.1. a
Pre-construction Risk Assessment Cover Page	EC.02.06.05.2. a
Hazard Communication Contractor Form	EC.02.02.01.1. b
Above Ceiling Work Permits	EC.02.03.01.1. b
Assessment of the Impact of Construction Projects	EC.02.06.05.2.c
Pre-construction Safety Agreement	EC.02.06.05.2. d
Noise/Vibration Control Assessment	EC.02.06.05.2. e.1
Infection Control and Fire Safety Inspections	EC.02.06.05.2. i
Preconstruction Infection Control risk assessment matrix	EC.02.06.05.2. j
Infection Control Statement for Contractors Policy	EC.02.06.05.2. k
Dust Control Plan	EC.02.06.05.2. l
ILSM Matrix	LS.01.02.01.3. b
ILSM Department Notification	LS.01.02.01.3. e

Print Name	Signature	Position
		Construction Superintendent
		Safety Officer/Director Plant Operations
		Infection Control

CLINTON REGIONAL HOSPITAL
Above Ceiling Work Permit

Project General Information Date:

If a field does not apply, please leave it blank

Project Name:		Company Name:	
Permit Number:		Vendor PM Name:	
Project Start Date:		PM Mobile Phone:	
Project Finish Date:		PM Office Phone:	

Provide a detailed description of the proposed project (including detailed location within facility):

All Completed Preconstruction Risk Assessment Forms completed, and policies reviewed?	yes	no
Data information sheet provided for fire stop being installed. (attach with permit)	yes	no

Authorization to Proceed with Project

All penetrations are to be fireproofed daily. Temporary fireproofing is permitted if work in an area exceeds multiple days. No penetration shall remain untreated for more than 24 hours, NO EXCEPTIONS. Upon completion of work, all penetrations will be sealed with approved caulk/putty (red in color), or other approved fire stopping system. This includes voids in ends of conduit and sleeves. Once work is completed and inspection scheduled, the vendor is to remove ceiling tiles where penetrations have been made. Once final inspection has taken place, the vendor shall replace all ceiling tiles. All ceiling tiles shall be replaced throughout the work area EVERY DAY. The Facility reserves the right to have 48 hours to perform the above ceiling inspection and sign-off once notified by the vendor that work is complete.

Vendor/ Contractor Acceptance- (agrees to terms of permit)

Signed_____ Date_____

Printed_____

Facility Representative Authorization

Signed_____ Date_____

Printed_____

Project Completion Verification and Sign-Off

Date of Inspection

Comments/ Requests for Improvement

Contractors: Please note any penetrations from previous vendor work, cabling attached to utilities or sprinkler piping, cover plates missing on electrical boxes or other code deficiencies above the ceiling.

Cables supported properly?	yes	no
Fire stopping properly installed?	yes	no
Ceiling tiles replaced?	yes	no

Director of Plant Ops/ Facility Mgmt Sign-off & Date

X

Clinton Regional Hospital			
Construction Impact on Facility Assessment			
Project:	**Location:**	**Start Date:**	**End Date:**
Project Coordinator:		**Contractor:**	

Category	Factors	Evaluation
Noise	Impact, Duration	
Air/Dust	Cutting, Grinding, Sanding, etc.	
Vibration	Tool use, demolition, distance	
Disruption of utilities	Planned shutdowns, Construction near utility system supplies	
Life Safety Impact	ILSM Issues: **(1)**	
Security	Site security, access control	
Infection Control	Category of Risk: **(2)** 1-2-3-4-5	
Emergency Services	Obstruct access to ambulance/fire dept	

1. ILSM Risk Assessment is useful in determining whether ILSM are necessary and which ILSM are to be used.
2. Infection Control Risk Assessment is useful for evaluation of the level or practices necessary to provide appropriate levels of patient safety.

Brief description of work to be performed:	
Construction Management Plan Elements	List areas of forecasted concerns and appropriate measure(s) recommend limiting disruption, code violations, potential adverse outcomes.

SUBJECT: **Hazard Communication Form for Contractors**	REFERENCE # 1	
CLINTON REGIONAL HOSPITAL	PAGE: 1 OF: 1	
DEPARTMENT: HOSPITAL WIDE	EFFECTIVE: 10/1/2023	
APPROVED BY:	REVISED: 12/30/2024	REVIEWED: 4/15/25

OSHA HAZARD COMMUNICATION STANDARD 1920-1200

CONTRACTOR SIGN -OFF SHEET

This is to acknowledge that the contractor listed below has been informed of the Clinton Regional Hospital Hazard Communication Plan and has received copy of it.

We have discussed the labeling, SDS and Special Precautions sections of the plan and we have been informed of all chemicals that our employees may be working around and/or potentially exposed to, as well as where to find the SDS books and chemical lists, for the areas we will be working in.

We have information Clinton Regional Hospital of all chemicals our employees will be bringing into/using at the Clinton Regional Hospital and we have provided SDS sheets to Engineering and to the employees of the areas we will be working in.

List of Chemicals	SDS Provided
1.	
2.	
3.	
4.	
5.	

Signed: _____

Print: _____

Company: _____

Date: _____

SUBJECT: **Pre-Construction Safety Agreement**	REFERENCE # 5	
CLINTON REGIONAL HOSPITAL	PAGE: 1 OF: 11	
DEPARTMENT: HOSPITAL WIDE	EFFECTIVE: 1/10/2023	
APPROVED BY:	REVISED: 12/30/2024	REVIEWED: 4/15/25

<<Project>>
Pre-Construction
Safety Agreement

In conjunction with its submission of a proposal or its selection to perform construction (including renovation, remodeling, and/or equipment installation, removal or maintenance) at Clinton Regional Hospital, or in conjunction with a continuing business relationship to provide such construction services at Clinton Regional Hospital.

<<Contractor Name>> agrees to the following safety standards for work performed at any Clinton Regional Hospital location. This agreement is conditioned ONLY as may be specifically annotated on or appended to, this agreement and initialed by authorized representatives of both parties. Contractor costs of executing this agreement are included within the estimated or quoted costs of the project; additional costs incurred by the Contractor in executing this agreement are not billable to Clinton Regional Hospital unless otherwise agreed to by an authorized representative of Clinton Regional Hospital. Contractor failure to perform to the standards of this agreement constitutes grounds for Clinton Regional Hospital to consider the basic contract in default. The Contractor is considered a "General Contractor" for purposes of this agreement and is responsible to ensure adherence to all provisions of the agreement by all his/her subcontractors. This responsibility cannot be waived without the express, written consent of appropriate Clinton Regional Hospital authority.

Section 1. GENERAL PROVISIONS

1-1 Although the specific standards and requirements in Sections 2 – 7 of this agreement reflect safety needs of particular importance to Clinton Regional Hospital, the Contractor remains responsible at all times for ensuring the provisions of all applicable Federal, State and local laws, codes, regulations and rules (e.g., Occupational Safety and Health Administration [OSHA], Department of Labor, Licensing, and Regulation [DLLR], National Fire Protection Association [NFPA]), as well as the standards of this agreement are enforced throughout the construction area. This responsibility extends to any and all subcontractors and their personnel employed on the site. The Contractor is expected to document subcontractor acceptance of this agreement through either signature(s) of subcontractor(s) representative(s) on a copy of the agreement or other signed, written instrument specifically referring to this agreement. Nothing in this agreement supersedes, waives or otherwise delegates any applicable provisions of OSHA, (State or Local Agency) or NFPA standards, guidelines, rules or regulations.

1-2 The Contractor will designate a supervisor for the site who will be responsible for all safety-related activities on the site. The supervisor will be present on the site whenever work is being performed. If the designated supervisor is unavoidably absent, an acting supervisor will be appointed and identified to the Clinton Regional Hospital Safety Officer. The supervisor will have the Contractor's full authority to enforce all safety-related standards throughout the work area.

1-3 Clinton Regional Hospital functional points of contact and authorities to grant exceptions and/or waivers of standards and requirements are:

- Safety _____ (name) _____ (number)
- Infection Control _____ (name) _____ (number)
- Security _____ (name) _____ (number)
- Administration _____ (name) _____ (number)

1-4 As used throughout this agreement, the term "premises" means buildings and grounds owned, leased or controlled [for safety purposes], by Clinton Regional Hospital. Such property includes:

- List Here

Section 2. GENERAL SAFETY

2-1 Smoking and all other uses of tobacco products are prohibited at all times, under all circumstances, by all persons, in the interior and on the roofs of all Clinton Regional Hospital buildings. Smoking and other uses of tobacco products are discouraged throughout Clinton Regional Hospital grounds. Outdoor smoking and other uses of tobacco products, *as authorized by the Contractor*, are authorized only off the grounds or at the sides of the roads bounding the premises.

2-2 The Contractor will provide the following minimum advance notices for actions which will require configuration of Clinton Regional Hospital traffic flow:
["Workdays" = Monday through Friday, less holidays]

• Public streets and roads	Five workdays notice to Clinton Regional Hospital; as required to civil authorities
• On-premises roadways	Five workdays
• Parking lots	Three workdays
• Corridors	Two workdays

2-3 For construction activity which creates a hazard to personnel, the Contractor will provide barriers and signage which:

- Clearly demarcate the construction hazard area
- Provide physical barriers against unintentional entry to the hazard area
- Warn of the hazard(s) and any special equipment required for entry to the hazard area
- Are inspected daily by the site supervisor and replaced or repaired as required
- Are completely in-place whenever the site is not manned and monitored by Contractor personnel who can react immediately to any intrusion
- Are approved by the Clinton Regional Hospital Safety Officer

2-4 Overhead work [which occurs above the level of a ground floor window sill] will be accomplished with barriers in place at the work level and with work practices which will preclude creation of "falling object" hazards to persons and property below the work level. As a minimum, the Contractor will ensure:

- All areas below the overhead work site will be barricaded and signed to a distance such that personnel will not be endangered by accidentally dropped materials. The Contractor is responsible to coordinate with the Safety Officer for the location of such barriers and signs. Depending on the location a watch-person may be required.
- All materials will be under absolute control at all times while moving to and at the work level and will be moved only by hand or by properly designed and accompanied conveyance. There will be no throwing, tossing or other similar movement of materials to or at the work level.
- All materials being moved from the work level to ground level or to any other level lower than the work level, will be moved only by hand, by properly designed and accompanied conveyance or by a fully enclosed chute. There will be no throwing, tossing, dropping or other free-fall of materials.
- When an enclosed chute is utilized for downward movement of materials, the area surrounding the chute's lower terminus will be protected by barriers and signage out to the maximum radius of potential ricochet of materials emerging from the chute. A watch-person may be required to ensure no one inadvertently enters the hazard zone.
- When movement of materials to, at or from an overhead work site cannot be accomplished in accordance with the foregoing requirements, the Contractor is responsible to coordinate special safety arrangements with the Safety Officer before commencing operations. If traffic flow (pedestrian or vehicular) will be disrupted, the provisions of paragraph 2-2 above will apply.
- Falls-prevention equipment is provided to and properly utilized by all construction personnel performing overhead work.

2-5 The Contractor maintains written lock-out/tag-out policies and procedures, provides required training and practical instruction and ensures all subcontractors performing work involving, or at risk from, hazardous energy sources do the same.

a. If Clinton Regional Hospital hazardous (permit-required), confined space(s) is (are) to be entered by Contractor or subcontractor employees, Contractor will ensure the required permit(s) is (are) obtained from Director of Plant Operations, prior to effecting entry in accordance with 29CFR1910.146. Director of Plant Operations is responsible to brief entering personnel on hazard(s) of the confined space(s) involved and to provide Entry Supervisor, Attendant and/or Rescue Service unless otherwise specifically agreed to by Contractor.

b. If hazardous (permit-required), confined space(s) is (are) created in the course of construction, Contractor is responsible to ensure compliance with applicable requirements of 29CFR1926. As a minimum:

- Signage and barriers will be placed and continuously maintained to warn of the hazard and to preclude unintentional entry to the space(s).
- A permitting process will be established.
- A rescue service and procedures will be established.
- Contractor/subcontractor employees will be trained on hazards, required personal protective equipment, entry and escape techniques and rescue procedures.
- The foregoing will be coordinated with the Safety Coordinator, except that signage and barriers require approval of the General Safety Coordinator.

2-7 All parking and movement of construction-related vehicles will be in accordance with state and local laws/ordinances and normal "Rules of the Road" for the type and size vehicle involved and the following Clinton Regional Hospital specific requirements:

- Parking or movement of vehicles requiring changes to traffic flow or closure of parking spaces require advance notification in accordance with paragraph 2-2, above.
- Parking locations for construction vehicles will be directed by the Safety Coordinator. Construction vehicles are not to be parked for extended periods in Patient, Visitor or Physician parking lots, except as unavoidable for construction purposes. Extended parking in these lots requires prior coordination with the Safety Officer.
- Walking guides will be provided for all construction vehicle movements in Clinton Regional Hospital parking lots and roadways in which the driver does not have totally unencumbered vision in the direction of movement.

2-8 The use of cell phones, whether analog or digital. Cell phones may be utilized outside the facility. Contractor/subcontractor employees must exercise care when using radio transmitting devices within Clinton Regional Hospital, including two-way radios, pacemaker programmers and some remote control equipment. Whenever possible, such equipment should not be utilized within 20 feet of active medical equipment. Clinical Engineering will designate Equipment-Dependent Patient Locations. These are areas which, due to high equipment density and acute patient dependency, are at risk of experiencing a negative outcome in the event of electro-magnetic interference (EMI). All such areas will be designated by signage.

2-9 Contractor/subcontractor employees are free to enter the facility from exterior projects, and to move about the facility from all projects, with the following restrictions:

- Clean footgear is required. The Contractor is to provide facilities for cleaning mud, dirt, dust and detritus from footgear when employees are leaving the work site and entering the facility or other parts of the facility.
- Only public areas (e.g., corridors, rest rooms and cafeteria) are to be entered or traversed, except areas where authorized construction work is in-progress. Under no circumstances should a Contractor/subcontractor employee enter a patient care, treatment or diagnostic room or any closed room, without the approval of Clinton Regional Hospital authority.

2-10 Contractor will provide full screening (e.g., floor-to-ceiling dust-proof barriers or rated walls and door-ways) to isolate all indoor work which generates airborne particulates (i.e., dust).

Contractor/Subcontractor will coordinate with the Clinton Regional Hospital Infection Control Coordinator prior to commencing any work which may generate airborne particulates into any area of the facility utilized by other than Contractor personnel. Additional measures may be required in areas with severely Immuno-compromised patients [e.g., HEPA filters, sticky walk-off mats, isolation of Heating, Ventilation and Air Conditioning (HVAC) system]. No construction or renovation will begin without having a containment and infection control plan in place for the project. Before any construction begins, all workers must attend a mandatory Infection Control meeting for training and instruction on health hazards to patients, employees and themselves.

2-11 Contractor will coordinate with Director of Plant Operations, prior to commencing any outdoor work, in the vicinity of air intake(s), that will generate any odor(s), chemical spray or airborne particulates which may be drawn into the air intake(s).

2-12 Contractor/subcontractor(s) will not utilize asbestos, asbestos-containing or otherwise asbestos-related products in any form in the process of construction work at Clinton Regional Hospital.

2-13 For work inside the Clinton Regional Hospital facility, the Director of Plant Operations, will provide Contractor the locations of known asbestos, asbestos-containing materials, and presumed asbestos-containing materials which do not require abatement, but which require Contractor/subcontractor to exercise caution while working. Contractor is responsible to train personnel as appropriate. If in the course of construction Contractor/subcontractor discovers previously unidentified asbestos, asbestos-containing materials or presumed asbestos- containing materials, Contractor will immediately secure the area, leave the immediate area and notify Director of Plant Operations.

2-14 Contractor is responsible to ensure all safety measures are in-place during elevator-related work, including signage, barriers, lock-outs and safety nets.

2-15 Contractor is responsible for daily work site clean-up and debris removal or containerization, including basements and mechanical spaces. Clean-up and debris removal or containerization ideally should occur on a continuous basis throughout the workday, but are mandatory before the site is closed at the end of the workday. All debris and demolition materials are to be removed from the occupied areas immediately. All debris should be transported in tightly-covered containers and removed via a route that avoids patient care areas. Contractor is responsible that all employees report to work in clean work clothes. Standard Precautions must be followed at all times:

- Hand washing
- Wearing gloves, gowns and masks, when appropriate
- Proper handling of Sharps

If a ceiling tile needs to be removed to allow for work above a ceiling, the tiles must be replaced immediately upon completion of work. No tile is to be left open at the end of the work day (except in areas which have been fully gutted).

2-16 Contractor will conduct hazard surveillance of the work area at least twice daily on each workday, prior to the start of construction operations and at the close of construction operations for the day. The focus of the morning survey is to identify unexpected occurrences since the previous closing of the site and to ensure safe construction operations during the forthcoming day. The focus of the day-ending survey is to ensure that all debris is removed or containerized, tools, equipment and construction materiel are secured and barriers and signage adequate to weather conditions are in-place. Documentation of these daily surveys is the responsibility of the Contractor.

2-17 Contractor is responsible to provide safety training to construction workers and to ensure subcontractors have the risk and hazard information they need in order to provide safety training to their workers, appropriate to the type, scale, scope and hazards of the construction involved. Safety training problems requiring Clinton Regional Hospital input or assistance will be coordinated with applicable Clinton Regional Hospital point(s) of contact (see paragraph 1-3, above).

2-18 Contractor is responsible to ensure employees legitimately utilizing prescribed and/or over-the-counter drugs are not impacted by the drug utilization in any way that will adversely affect the safety of construction operations for themselves, their coworkers or Clinton Regional Hospital employees, patients, visitors, physicians or facilities/property. (See also related item at paragraph 3-10 regarding use or possession of alcoholic beverages and/or illicit drugs.)

2-19 Contractor/subcontractor employees who are injured or become ill on-the-job will be dealt with in accordance with the Contractor's/subcontractor's Workmen's Compensation Insurance procedures. The Clinton Regional Hospital Emergency Department (ED) will provide diagnosis and treatment as required and in accordance with its standing operating procedures, if requested. A Contractor/subcontractor supervisor should accompany the injured/ill employee to the ED, both to assist and to provide insurance information for billing purposes. Clinton Regional Hospital will bill either the applicable Workmen's Compensation Insurance or the injured/ill employee, as instructed by the supervisor.

2-20 Should an employee be injured or become ill to the extent that death is an imminent potential consequence and movement to the ER is impractical, contact the Clinton Regional Hospital Switchboard from any house phone inside the facility, from cell phone on the grounds) and state "We have a Code Blue at [location]." Switchboard will dispatch assistance. Do *not* request such assistance from anywhere off the Clinton Regional Hospital premises; call 911 if off the premises.

2-21 It is necessary to maintain a quiet and relaxed atmosphere within the Clinton Regional Hospital for the health and well-being of the patients and staff. To that objective, the Contractor/Subcontractor is charged to reduce noise created by their work as much as possible. For that reason, no radios, tape or CD players are allowed in the Clinton Regional Hospital, and abusive, suggestive or profane language or actions shall not be permitted or tolerated.

Section 3. SECURITY

3-1 The Clinton Regional Hospital Safety Officer is also responsible for Security and will provide the Contractor's site supervisor instructions for routine Clinton Regional Hospital security practices and procedures as may impact on Contractor's/subcontractor's employees in the course of the construction project. The Contractor will ensure all employees are informed of such practices and procedures and that the Contractor's/subcontractor's supervisors enforce the letter and the spirit of these practices and procedures. Any willful breach or attempt to breach Clinton Regional Hospital security practices and/or procedures, may be grounds to bar a Contractor/subcontractor employee from the Clinton Regional Hospital premises.

3-2 If any construction work will impact upon any Clinton Regional Hospitalsecurity-sensitive area or activity, the Clinton Regional Hospital Safety Officer will provide any required special security instructions to the Contractor's supervisor. The Contractor is responsible to ensure all personnel employed in such work are properly instructed and supervised to ensure there is no compromise of the designated area's/activity's security

3-3 The security of Clinton Regional Hospital's exterior doors is critical to the security of employees, patients, and visitors. Exterior doors intended only for emergency exit at all times, or at specified times, are not to be opened without prior coordination with the Safety Officer. Exterior doors are never to be wedged or propped open without prior coordination with the Safety Officer.

3-4 Interior doors which are normally closed and locked are not to be left unlocked or wedged or propped open without prior approval of the department manager having jurisdiction over the area involved.

3-5 If one or more Clinton Regional Hospital keys are required to facilitate the construction project, it (they) will be issued to the Contractor's supervisor by the Director of Plant Operations. The Contractor is responsible to ensure the key(s) is (are) not lost or stolen, is (are) not duplicated unless specifically permitted by the Director of Plant Operations, is (are) not given into the custody of any person(s) not specifically authorized by the Director of Plant Operations. Keys shall be promptly returned to the Director of Plant Operations on demand or on termination of the construction project, whichever occurs first. Any re-keying, re-coring or replacement of locks necessitated by the Contractor's failure to abide by the foregoing will be the monetary responsibility of the Contractor. Secured doors must not be blocked open or the locking mechanism defeated. Any contractor violating these guidelines will be asked to leave the premises. Contractor/Subcontractor employees will not be permitted in areas of the Clinton Regional Hospital other than the authorized work areas and the cafeteria.

3-6 Contractor/subcontractor(s) are responsible for the security of their equipment and materials against both theft/misappropriation and unauthorized utilization. This requirement extends to both heavy and light equipment, tools, vehicles and valuables of any description or dollar amount. Exceptions to Contractor/ Subcontractor responsibility may be made as approved in writing by the Clinton Regional Hospital Safety Officer. The work site will not be considered "closed" at the end of the workday until all such measures have been put into place.

3-7 Clinton Regional Hospital has a "Zero Tolerance" policy for violence on its premises. In this context, "violence" includes not only physical contact, but also threats, bullying, stalking, intimidation and other precursors to physical violence or any other acts or speech which would cause a reasonable person to fear for his/her personal safety or the safety of persons emotionally important to him/her. The Contractor will ensure all employees are aware of and comply with this policy. Contractor/ Subcontractor employees who violate Clinton Regional Hospital violence policy may be banned from the premises, and will be reported to appropriate law enforcement authorities, as applicable.

3-8 Clinton Regional Hospital has a "Zero Tolerance" policy for weapons on its premises. In this context, "weapons" includes all firearms other than those carried by on-duty law enforcement officers and military personnel or as approved by the Executive Vice President (Firearms in privately-owned vehicles and carried by licensed persons are included within the intent of this policy). "Weapons" also includes any device or thing which has a designed or incidental capability to kill or seriously injure human beings and which is brought onto the Clinton Regional Hospital premises for no legitimate reason of its own, in the best judgment of Clinton Regional Hospital authorities. The Contractor will ensure all employees are aware of and comply with this policy. Contractor/Subcontractor employees who violate Clinton Regional Hospital weapons policy may be banned from the premises and will be reported to appropriate law enforcement authorities, as applicable.

3-9 Clinton Regional Hospital has a "Zero Tolerance" policy for any and all forms of harassment. All persons on Clinton Regional Hospital premises, regardless of the reason(s) for their presence, are to be free from pressure or discomfort resulting from jokes, ridicule, slurs, unwanted physical contact or any other form of harassment predicated on race, gender, sexual orientation, religion, age, national origin or ethnicity, skin color, disability or other similar distinction. The Contractor will ensure all employees are aware of and comply with this policy. Contractor/Subcontractor employees who violate Clinton Regional Hospital harassment policy may be banned from the premises

3-10 Clinton Regional Hospital has a "Zero Tolerance" policy for either possession or use of alcoholic beverages or illicit drugs on its premises and for personnel coming onto its premises under the influence of either or both alcohol and/or illicit drugs. In this context:

- "Alcoholic beverage" means alcohol or any alcohol-containing substance which has not been prescribed by appropriate medical authority.
- "Illicit drugs" means any narcotic or prescription drug which has not been prescribed by appropriate medical authority. This also includes substances which are legitimate when used appropriately, but have a "mind-altering" or other psychological effect when used inappropriately (e.g., certain glues and other substances whose fumes are misused as inhalants)
- "Possession" means on the person, in the personal vehicle or otherwise under the control of a given individual.
- "Use" means any form of bodily intake, including smoking, inhaling, snorting, ingesting and injecting or any other method of introducing the substance into the body.

In the event of any question as to what is permitted under this policy, the Contractor's site supervisor will contact the Clinton Regional Hospital Safety Officer for a determination. (See also related item at paragraph 2-18 regarding legitimate use of drugs.) Contractor/ Subcontractor employees who violate Clinton Regional Hospital alcohol/illicit drug policy may be banned from the premises and will be reported to appropriate law enforcement authorities, as applicable.

3-11 Requirements for identification badges for Contractor/subcontractor employees will be determined on a case-by-case basis, depending on the nature and operating circumstances of the construction project.

3-12 All Contractor/Subcontractor employees are required to park their privately-owned vehicles in parking areas designated for employees, unless a valid handicapped parking tag is displayed. ["Valid" means that the tag is current and has been issued by proper authority to, and for the benefit of, the employee involved.]

3-13 All Contractor/Subcontractor company vehicles will be parked either within the barricaded work site or in employee parking, unless otherwise approved by the Safety Officer.

3-14 Under no circumstances is there to be any impedance of the emergency vehicle access roadway to the Emergency Department, or the emergency vehicle parking area, no matter how temporary, without specific prior coordination with the ED Nurse Manager and the Safety Officer.

3-15 Unscheduled night-time and weekend work requires at least 24 hours' notice/coordination with the Safety Officer.

Section 4. HAZARDOUS MATERIALS AND WASTE

4-1 For all hazardous materials that are to be brought onto the Clinton Regional Hospital premises by Contractor or Subcontractor(s), the Contractor is responsible to ensure that:

- A listing of the materials is provided to the Safety Officer.
- A Material Safety Data Sheet (MSDS) is provided for each material listed.
- The listing contains information as to the use of each hazardous material and the method of disposition of residue or remainders.
- Contractor/Subcontractor employees on-site have a spill containment and cleanup capability for each hazardous material.

4-2 Contractor is responsible to maintain an effective Hazard Communication ("Right to Know") program, and to ensure an effective program is in-place and enforced for all subcontractors employing hazardous materials. If workers are to be inside the facility, training must include recognition and risk of bio-hazardous materials generated by the hospital

4-3 Contractor is responsible for the security of all hazardous materials stored on-site, unless otherwise arranged with appropriate Clinton Regional Hospital authority. Hazardous materials must be secured against malicious damage or theft, accidental damage, prevailing weather conditions and combustion.

4-4 Contractor will notify Clinton Regional Hospital Safety Officer of any hazardous materials being brought onto the work site for which Contractor does not have a spill containment and clean-up capability. Such materials will not be brought onto the work site until the Safety Officer verifies preparedness for a spill emergency involving the material.

4-5 If Contractor/subcontractor employees are to work in proximity to any hazardous materials belonging to Clinton Regional Hospital the Clinton Regional Hospital Safety Officer will arrange for the necessary information to be provided (e.g., a listing of the hazardous materials, locations of MSDS, etc).

Section 5. EMERGENCY MANAGEMENT

5-1

Contractor is responsible to ensure all employees are aware of the following codes which may be announced over the public address system, and actions to be taken:

- *"Code Red [location]"* Fire at the location cited. May be a drill. If not in proximity to the location cited, construction workers should continue work and be attentive for further instructions. If in proximity to the location cited, construction workers should seal any flammables, move out of the way of persons going to the fire location and be attentive for further instructions. [Generally, "proximity" means within the smoke zone of the reported location.]
- *"Code Orange* Clinton Regional Hospital is expecting an influx of casualties from a disaster situation. The hospital will be reconfiguring itself to accommodate this influx. Construction workers inside the facility should immediately cease work, clear any obstructions from corridors and hallways and await further instructions. Construction workers outside the facility should immediately remove any obstructions to Emergency Room and Main Lobby accesses. *"Code Black Active"* indicates patients have begun to arrive and the hospital's disaster plan is in execution.
- *"Code Black"* Severe weather is imminent (e.g., tornado, severe thunderstorm, ice storm). Construction workers should take shelter inside the facility and await further instructions.
- *"Code Blue [location]"* Cardiopulmonary arrest has occurred, usually to a patient. Construction workers in the vicinity of the incident should immediately remove themselves and any equipment from hallways and stay out of the way of responders.
- *"Code Pink"* An infant is missing or has been abducted. Construction workers should continue work, but be alert for anyone carrying an infant or anything that might contain an infant. Attempt to detain any such person, but do not use force. Report immediately.
- *"Code White [location]"* An act of violence has occurred or is threatened. Construction workers should continue work and stay out of the way of responders.
- *"Code Orange"* A radiological accident has occurred, either internal or external, to the hospital. Construction workers should continue to work unless otherwise directed by hospital authorities.
- *"Code Yellow"* A hazardous spill or leak has occurred within the hospital. Construction workers should continue to work unless otherwise directed by hospital authorities.
- *"Code Brown"* A bomb threat has been received by the hospital. Construction workers should immediately survey the construction area to identify and isolate any out-of-place packages or containers. Report results to Switchboard.

5-2 Facility evacuation is not automatic, regardless of the circumstances. If evacuation becomes necessary, instructions will be provided to construction workers through their supervisor.

5-3 Clinton Regional Hospital routinely conducts drills and exercises of its emergency plans. Some are announced as such, others are not. If in doubt as to action to be taken when a code is paged, the supervisor should contact the Safety Coordinator for instructions.

Section 6. FIRE PREVENTION & LIFE SAFETY

6-1 The Contractor is responsible to ensure that all flammables are stored and secured only in containers approved for that purpose. "Secured" means being under lock and key whenever not under direct control of Contractor's employees. Flammable gases (e.g., propane, acetylene, oxygen) must be removed from the facility at the end of each workday. Flammable gasses will not be stored within any Clinton Regional Hospital facility when Contractor is not present on the work site, unless specifically arranged with the Director of Plant Operations.

6-2 The Contractor will ensure that all combustibles are stored neatly in a location on the work site separate from all flammables.

6-3 Equipment will not be stored [placed when not in use] in any location that impedes movement in corridors or access to fire exits, fire alarms (i.e., manual pull stations), fire extinguishers or electrical panels, nor will any storage occur closer than 18 vertical inches from any sprinkler head.

6-4 The Contractor will provide at least 24 hours (one workday) notice to the Director of Plant Operations of any work, which will or may, adversely impact the Clinton Regional Hospital fire detection, alarm or suppression systems. No excavation will be performed without prior coordination with the Director of Plant Operations to inspect the proposed line of excavation and minimize the likelihood of damage to fire systems.

6-5 In the event the fire detection, alarm, or suppression system(s) is (are) disrupted due to negligence and/or failure to coordinate as required, the Contractor may be held liable for repair costs, and shall be required by Clinton Regional Hospital to assist in the execution of Interim Life Safety Measures (ILSM), including personnel for Fire Watches.

6-6 The Contractor will ensure that fire extinguishers appropriate to the work being performed are available on the site, and that all Contractor/Subcontractor employees are trained in their use.

6-7 No "above ceiling" work will be performed without prior coordination with the Director of Plant Operations. The Contractor is responsible for the sealing of all penetrations made in fire walls and smoke barriers and utilizing only caulk or sealants, which meet NFPA guidelines. All penetrations performed for purposes of running wire or cabling will be sealed utilizing conduit and/or caulk, as appropriate. Any wall extending floor-to-floor vertically and wall-to-wall horizontally will be considered a smoke barrier as a minimum. Director of Plant Operations will be consulted in the event of any question as to fire walls and smoke barriers.

6-8 Cutting, welding and brazing ("Hot Work") operations will be performed only after a "Hot Work" Permit has been issued by the Director of Plant Operations, specifying the location, date(s)/time(s) and type operations permitted. The Contractor is responsible to ensure, as a minimum:

- Equipment is in proper condition for operations to be performed.

- Fire barriers (e.g., fireproof blankets) are employed to protect all combustibles from hot work operation.
- Appropriate fire extinguisher(s) is (are) on-hand at the work site.
- A fire Watch is established. They are trained in the use of extinguishers and fire alarms and maintained during and for at least 60 minutes after operation, if required by Director of Plant Operations. Fire Watch may also be required in adjacent areas, at the discretion of the Director of Plant Operations.
- All combustible and flammable materials are removed from the work site to a radius of at least 50 feet, where removal of combustibles is impractical. Combustibles are covered by fire-resistant tarpaulins or other shields.
- All wall and floor openings are covered.
- All explosive atmospheres and containerized flammable vapors are eliminated.

The Director of Plant Operations is responsible to inspect the work site to ensure the foregoing conditions exist, prior to issuing the "Hot Work" Permit and to inspect the work site at least daily, 60 minutes following termination of cutting, welding and/or brazing operations. This ensures the integrity of the area's fire safety remains intact.

6-9 Contractors are responsible for daily work site clean-up and debris removal or containerization. Clean-up and debris removal or containerization ideally should occur on a continuous basis throughout the workday, but are mandatory before the site is closed at the end of the workday.

6-10 All exterior doors in the Clinton Regional Hospital facility are fire doors. All corridors/hallways within the Clinton Regional Hospital facility are considered to be fire exit-related unless otherwise specifically designated by the Safety Officer. Corridors and fire exits are not to be blocked or impeded by construction-related materials and/or equipment without prior coordination with the Safety Officer. If fire exit and/or corridor impedance is unavoidable in the course of a construction project, the Contractor will, as a minimum, in coordination with the Safety Officer:

- Temporarily cover *all* Exit signs that would lead evacuating personnel to the impeded exit or corridor.
- Place temporary "No Exit" signs at key locations to preclude personnel attempting to evacuate via the impeded exit or corridor.
- Implement such other Interim Life Safety Measures (ILSM) as may be required by the Safety Officer.

The Contractor will make it a priority effort to complete the work causing the impedance, and to restore unimpeded status to fire exits and corridors at the earliest possible time.

6-11 The on-premises roadways accessing the Main Entrance, Outpatient Surgery Entrance and Emergency Room Pedestrian Entrance are designated Fire Lanes and are not to be obstructed or impeded. If a Contractor/subcontractor vehicle must be stopped in any of these roadways, the driver must remain with the vehicle at all times, prepared to move it on little or no notice.

6-12 Complete documentation of Clinton Regional Hospital Fire Safety Policy and Procedures are available from the Safety Officer, on request.

Section 7. UTILITIES

7-1 The Contractor is expected to coordinate all planned utility outages with the Director of Plant Operations to ensure the impacts on the facility and patient care are held to a minimum.

7-2 In the event, planned construction operations will impact adversely on any facility utilities, (e.g., electrical power, water, plumbing, medical gasses, or HVAC), the Contractor must provide the following to the Director of Plant Operations, at least two workdays prior to the planned outage:

- Date, time, and expected duration of outage
- Utility(ies) affected
- Areas of Facility affected
- Construction work to be accomplished during outage
- Potential for extended outage (time or area)

7-3 In the event of unplanned, inadvertent disruption of one or more utility systems, the Contractor is expected to immediately (as applicable):

- Secure and protect the area as required for the safety of all personnel
- Report the disruption to the Safety Officer.
- Cooperate with the instructions of Plant Operations personnel to minimize the impact of the disruption and any safety hazards it may pose for the facility
- Prepare a written report, if requested by the Safety Officer, detailing the circumstances and causative factors of the disruption.
- Assist the Safety Officer, in any investigation of the disruption, and in identifying required means, methods, or procedures to prevent recurrence.

This **PRE-CONSTRUCTION SAFETY AGREEMENT** has been reviewed and agreed upon by all required staff and management of the

Clinton Regional Hospital and <<Contractor>>

which hereby agrees to have all of the above mentioned General Contractor employees and all sub-contractor employees who are contracted by the above mentioned General Contractor abide by the contents of this Agreement during the course of all construction operations at Clinton Regional Hospital except as may be otherwise specifically agreed to in writing between the parties to this Agreement.

Authorized Construction Firm Representative Signature:

_____ (name) _____ (date)

Authorized Clinton Regional Hospital Representative Signature:

_____ (name) _____ (date)

SUBJECT: Construction Noise and Vibration Assessment and Management	REFERENCE # 1	
CLINTON REGIONAL HOSPITAL	PAGE: 1 OF: 1	
DEPARTMENT: HOSPITAL WIDE	EFFECTIVE: 1/1/2023	
APPROVED BY:	REVISED: 12/30/2024	REVIEWED: 4/15/25

CONSTRUCTION NOISE AND VIBRATION ASSESSMENT AND MANAGEMENT

_____
(Date)

Project Name:	
Project Manager:	
Facility Representative:	
Department Head of Affected Area:	
General Contractor:	
Electrical Contractor:	
Plumbing Contractor:	
Mechanical Contractor:	

Locations of Noise and Vibration Assessments
1.
2.
3.
4.
5.
6.

Dates Planned for Noise and Vibration Activity	**Times Planned for Noise and Vibration Activity**

Sources of Noise and Vibration	**Mitigation/Management Plan** (Include work period limitations and immediate suspension of work)
Drilling	
Hammering	
Sawing	
Grinding	
Excavation	
Other (list)	

Facility Director/Plant Operations Director	**Construction Project Manager**
_____ (sign and date)	_____ (sign and date)

CLINTON REGIONAL HOSPITAL

Pre-Construction Infection Control Risk Assessment - Matrix

Project **Location** **Date** **Project Scale:**	**Low Risk Areas** Offices, Support areas, Lobbies,	**Medium Risk Areas** Non-invasive patient care: Cardiology, PT/OT, Radiology, Medical Offices, Food Service areas	**High Risk Areas:** Special Care Areas, ER. LDR, Nurseries, Peds, Pharmacy, Recovery rooms	**Extreme Risk Areas** Areas with Immuno-compromised Patients-transplant Area, Cardiac Cath, OR's ICU's Isolation Rooms, Sterile Supply areas
Minor: Inspections above ceiling, minor repair, painting, (no patching) Minor electrical work, plumbing, similar work with little or no drilling, cutting or other dust-raising activity. Normal maintenance activity.	**Category 1 precautions**	**Category 2 precautions**	**Category 2 precautions**	**Category 3 precautions**
Small Scale Projects: Installation of electrical and computer cabling, Opening into chases and concealed spaces, cutting plaster and drywall, sanding and other dust making/ activity within a room or other controlled area. Usually one to three shifts.	**Category 1 precautions**	**Category 2 precautions**	**Category 3 precautions**	**Category 3 precautions**
Larger Scale Projects: Removing floor coverings, sanding plaster walls, wall demolition and construction, Duct work, electrical work above ceilings, major ceiling work, Usually more than three days work.	**Category 1 precautions**	**Category 2 precautions**	**Category 3 precautions**	**Category 4 precautions**
Major Renovation and Construction: Major demolition of areas, particularly those open to patient care areas (less than one hour wall. Work on HVAC Systems, projects scheduled for more than three weeks total activity.	**Category 2 precautions**	**Category 3 precautions**	**Category 4 precautions**	**Category 5 precautions**

Pre-Construction Infection Control Risk Assessment Part 2

Recommended Infection Control Precautions, by Category

Category 1:

	Protect patient care areas from activity or enclose work area (close doors). Replace ceiling tiles promptly.
	Minimize dust and dirt, clean or have area cleaned when done and when dust or dirt builds up. Vacuum with HEPA post-filter type vacuum, and/or damp mop areas when work complete.
	Direct questions about work to ICP.

Category 2:

	Protect patient care areas from activity by closing doors or enclosing area with plastic or equivalent. Replace ceiling tiles prior to removal of enclosures.
	Use water spray mist to minimize dust when opening ceilings and conducting activities that will cause dust or dirt to be airborne.
	Close off HVAC system openings (exhaust and supply) with plastic or equivalent. If exhaust must be is maintained, use "clean air machine.", or powered HEPA filters in exhaust path, or exhaust directly to outside.
	Use dust mats or tacky mats at entrances. Wet mops areas during and after construction to remove and control dust and dirt with suitable cleaning agents. Use HEPA filters on vacuums used in area for cleanup. Wipe down all horizontal surfaces (except floor and ceiling) with suitable disinfectant at conclusion of job.
	Control of Debris: use covered container to remove debris through internal hospital paths. Cover must be dust tight and secured to container, not just laid on top.

At Job Completion:

	Replace all ceiling tile or re-close ceiling.
	Wipe down all horizontal surfaces (except floor and ceiling). Wet mop or extract floor with disinfectant approved by Infection Control. If appropriate, vacuum all areas with HEPA Post-filters on vacuum.
	Clean HVAC system as closure being removed, and operate system for 24 hrs prior to final cleaning of job.
	Maintain all enclosures practical until post-job cleaning complete. Use vacuum with post-HEPA filters during removal of barriers, as practical.

Pre-Construction Infection Control Risk Assessment Part 2

Category 3:

	Isolate the HVAC systems to minimize a route for dust movement. If exhaust is used to maintain the area negative in pressure to outside areas, the exhaust must go to the outside. If existing exhaust systems are to be used, they must be non-recirculating exhausts. A pressure negative to the air in the patient care units must be maintained during construction activity.
	Provide construction separations that are fire resistive and dust tight, constructed of sheet rock or limited combustion plywood and plastic sheeting. Enclose work areas prior to any demolition work or opening any walls or ceilings. If work is being done in public areas, use control unit technology (similar to units developed to remove asbestos in areas that could not be closed down.) and clean-air machines to maintain a pressure in the enclosure negative to the air outside the enclosure, with the exhaust going through a HEPA filter prior to releasing into the air in the patient care area.
	Debris must be removed in tightly closed containers, with solid lid or plastic taped into place. The debris removal containers should be vacuumed or wet-wiped prior to removal from the site, to remove all surface dust and dirt.

At Job Completion

	Maintain barriers in place as much as practical until final cleaning is complete and site inspected by Infection Control. Removal of barrier materials should be accompanied by vacuuming using a vacuum with HEPA-filtered post-filters.
	Clean HVAC system as closure being removed, and operate system for 24 hrs prior to final cleaning of job and removal of barriers (to the extent practical based on the system.
	Site must be thoroughly cleaned, by damp-wiping all horizontal surfaces with disinfectants approved by Infection Control.

Pre-Construction Infection Control Risk Assessment Part 2

Category 4

	Use all Category 3 precautions, plus:
	Isolate HVAC System and seal with at least plastic and tape. Where pressure may exist, use sheet metal or similar rigid materials in addition of plastic and tape to minimize accidental movement of air in ductwork. Isolate the ductwork as close to the construction barrier as practical.
	Seal all holes, penetrations and openings in the construction barriers and walls which are part of the construction separation with appropriate materials. Hole in fire rated separations must be equivalent in fire rating. Other holes must be sealed with tape and plastic or similar materials which are strong enough to withstand the pressure differential without leakage.
	Create a construction ante-room where all clothing, tools, equipment and other materials being removed are vacuumed or wet-wiped prior to being taken off site through the hospital patient care areas. Cart wheels should also be cleaned and run over a tacky mat or similar method to assure no dust is tracked out via wheels. All persons must walk across the tacky mats to clean their feet. Any person who has dust, dirt or materials on their clothing must vacuum it prior to leaving the ante-room areas. Tacky mats will be maintained to keep the surface tacky and to replace or remove layers when they become dirty. The ante-room will be wet mopped frequently (several time a day in usual construction activity) or similar methods will be used to satisfy the Infection Control staff.
	Personnel working in the area must either change clothing prior to leaving the job site or use shoe covers and cover clothing prior to leaving the area. (Modified asbestos rules. Showering is not required, but clothing changes are. If work shoes are worn off-site, they must be covered by shoe covers. Dirty work clothing must be removed in sealed containers for laundering.

At Job Completion

	Maintain barriers in place until final cleaning is complete, and site inspected by Infection Control. Removal of barrier materials must be accompanied by vacuuming using a vacuum with HEPA-filtered post-filters. Air pressure should be maintained negative to patient care areas during final cleanup.
	Clean HVAC system as closure being removed and operate system for 24 hrs prior to final cleaning of job and removal of barriers. If necessary allow the HVAC to blow into the site with the clean air machine catching the output of the supply and the machine feeding the air to the returns.
	Site must be thoroughly cleaned by damp-wiping all horizontal surfaces with disinfectants approved by Infection Control. Cleaning must be accepted by Infection Control prior to turning site over to hospital for equipment and supplies.

Pre-Construction Infection Control Risk Assessment Part 2

Category 5

	Use all Category 4 precautions, plus:
	Use a "Clean-Air" machine, both to recirculate air in the job site to reduce airborne dust and to exhaust air from the job site. This is to maintain a pressure negative to the air outside the job site so leakage will be into the job site. The same machine may be used for both purposes if it has suitable capacity.
	Use a two chamber "air-lock" or similar method to assure no open path exists from the job site into patient care areas at any time. Wet-wipe down all materials and containers being removed from the site with appropriate disinfectant in the air-lock to assure no dust leaves the site. The clean lock must be mopped frequently and not allowed to become dirty. It should be as clean as a patient care area. Tacky mats and similar tools will normally be used in the clean chamber. Enclosed carts may be loaded from the dirty to the clean side of the airlock (if outside doors are closed and other precautions followed) to assure airborne dust cannot escape the worksite.
	All materials removed from the site during work activity must be either wet-wiped or placed in containers which can be wet-wiped prior to removal. This includes debris removed through the hospital routing and other materials removed from the site.

At Job Completion

	Maintain barriers in place as much as practical until final cleaning is complete and site inspected by Infection Control. Removal of barrier materials should be accompanied by vacuuming using a vacuum with HEPA-filtered post-filters.
	Clean HVAC system as closure being removed and operate system for 24 hrs prior to final cleaning of job and removal of barriers. If necessary allow the HVAC to blow into the site with the clean air machine catching the output of the supply and the machine feeding the air to the returns. The Clean Air Machine HEPA should be replaced or examined to assure it is working appropriately, and pre-filter replaced prior to the final air system cleaning so dust from the system can be visually evaluated.
	Site must be thoroughly cleaned by damp-wiping all horizontal surfaces with disinfectants approved by Infection Control. Site must be checked by Infection Control and wipe tests used, as deemed necessary by IC to verify the cleanliness of the unit prior to equipping and supplying the unit for patient care

SUBJECT: Infection Control Statement for Contactors Policy	REFERENCE # 1	
CLINTON REGIONAL HOSPITAL	PAGE: 1 OF: 1	
DEPARTMENT: HOSPITAL WIDE	EFFECTIVE: 1/1/2023	
APPROVED BY:	REVISED: 12/30/2024	REVIEWED: 4/15/25

Instructions to Contractors

Policy:

Clinton Regional Hospital is committed to providing safe, effective care to our patients at all times. During the time you are working for us, there are a number of issues you must address with our administrative, clinical and facilities management staff. You are required to work with appropriate members of our staff to assess the potential impact of your work on our ability to meet the needs of our patients and care givers. The risks identified will be used to develop a plan designed to minimize disruption of our patient care services. We will also make every effort to minimize disruption of the construction process. However, in all cases, patient care considerations will have the highest priority. We will not compromise patient care quality or patient safety.

When you are selected to perform demolition, renovation, modification or other construction services, a team of qualified members of your firm, sub-contractors, our design professionals and our staff will assess the impact of your work on our operations. The assessment will consider the potential for disturbance of dust that could cause respiratory irritation, infections or expose anyone to hazards such as asbestos or hazardous chemicals. It will evaluate the noise and vibration associated with construction operations and the potential for impact on our ability to provide patient care or perform normal business functions. It will evaluate the potential for disruption of utility services and communication systems. It will evaluate the impact on fire and life safety. It will evaluate the impact on our security program and systems. Finally, each project will be carefully reviewed to determine if there are unique problems requiring special consideration during construction.

The risk assessment will be used to develop plans to minimize the impact of construction on patient care and business operations of Clinton Regional Hospital. The risk assessment process will be repeated as often as necessary to assure effective management of the issues listed. You must recognize that the impact can vary from day to day. This will require flexibility on your part to meet our needs.

Clinton Regional Hospital and must comply with all regulations and standards along with any state and local codes. TJC requires documentation of risk assessments, the plans developed to manage the impact of construction and implementation of the plans. You may be required to participate in the documentation of compliance. You are required to participate in the implementation and enforcement of the plans. Your participation may include training of your staff and sub-contractors, supplying specialized equipment to create and maintain environmental conditions, monitoring staff behavior and enforcing safe work practices. You are also required to cooperate when patient care considerations necessitate temporary disruption of construction.

Clinton REGIONAL HOSPITAL

Media Consent Form

Consent to Photograph, Video, and/or Interview

I, _____, hereby give permission to Clinton Regional Hospital and its representatives to take photographs, video recordings, and/or conduct interviews of me. I understand that these materials may be used for promotional, educations, or informational purposes in the following medica:

- Print publications
- Television and radio broadcast
- Online and social media platforms
- Websites and internal communications

I understand that these images, videos, or interviews may be used with or without my name and may be edited for clarity or brevity. I waive any rights to compensation or ownership of these materials and release Clinton Regional Hospital from any liability related to the use of such materials.

I understand that:

- **The material may be used now and in the future.**
- **I may revoke my consent at any time in writing, and it will not apply to materials already published.**
- **This consent is voluntary and does not impact access to services.**

Signature: _____

Printed Name: _____

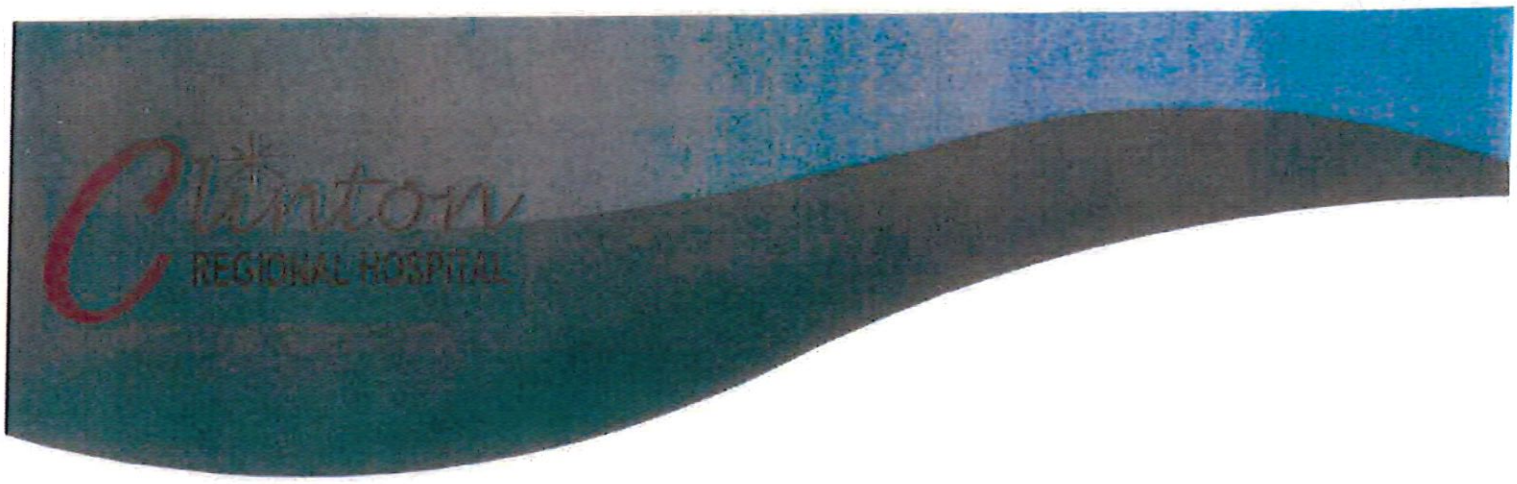
Date: _____

If under 18, patent/guardian consent is required:

Parent/Guardian Name: _____

Signature: _____

Date: _____



Dear Patient,

Thank you for entrusting our staff with the opportunity to provide your care. We are consistently looking for ways to improve our patients' experiences and would like to know how well you've been treated. To help us review our processes, know what we've done well, and identify areas of improvement, we need to hear from our patients.

In the near future, you may receive a call for a patient experience survey. So that we can ensure patient privacy and trust, we have contracted with an independent research firm, **Arbor Associates** in **Petoskey, Michigan**, to conduct the survey on our behalf. While our staff does their utmost to provide the best experience, we want to know if there are opportunities for us to make it even better.

We hope you'll take the opportunity to discuss your experience with Arbor Associates. Should they contact you by phone, their number will display as **231-347-7110**.

Thank you for helping us improve health care for everyone we serve.

Sincerely,

Len Lacefield
CEO



Clinton Regional Hospital

Acknowledgement of Receiving the Conditions of Admission and Authorization for Medical Treatment, the Patient's Rights and Responsibilities, and Notice of Privacy Practices for Clinton Regional Hospital

Conditions of Admission and Authorization for Medical Treatment

I, the undersigned, as the patient or legal agent of the patient, hereby certify I have read, and fully and completely understand this Conditions of Admission and Authorization for Medical Treatment, and that I have signed this authorization knowingly, freely, voluntarily and agree to be bound by its terms. I have received no promises, assurances, or guarantees from anyone as to the results that may be obtained by any medical treatment or services.

Patient's Rights and Responsibilities (Patient Self Determination Act)

I have been furnished information regarding Advance Directives (such as durable power of attorney for healthcare and living wills). I have also been furnished with written information regarding patient rights and responsibilities and other information related to my stay.

*** TELEPHONE CONSUMER PROTECTION ACT (TCPA): "You agree, in order for us to service your account or to collect any** account or to collect any amounts that you may owe us, we may call you at any phone number associated with your account, including wireless numbers, which could result in charges to you. We may also communicate with you by sending text messages or e-mails to your wireless number or e-mail address. Methods of contact may include using a pre-recorded/artificial voice and/or the use of an automated dialing device. These authorizations shall remain in effect until individually withdrawn by in writing to our facility and/or any others to which authorization has been extended. I have read this disclosure and agree that 'your office or agent' may contact me as described above."

*****Please initial or place a mark next to the statement that is applicable to you.*****

☐	**I executed an Advance Directive and have been requested to supply a copy to the hospital**	☐	**I have not executed an Advance Directive, wish to execute one and have received information on how to execute an Advance Directive**	☐	**I have not executed an Advance Directive and do not wish to execute one at this time**

Notice of Privacy Practices

I acknowledge that I have received the hospital's Notice of Privacy Practices, which describes the ways in which the hospital may use and disclose my healthcare information for its treatment, payment, healthcare operations and other described and and permitted uses and disclosures. I understand that I may contact the hospital Case/Risk Manager or Privacy Officer designated on the notice if I have a question or compliant.

Patient / Authorized Representative Signature: **X** *****If you are not the patient please identify your relationship to the patient.** **(Select relationship(s) from list below):** ☐ Spouse ☐ Parent ☐ Legal Guardian ☐ Friend ☐ Sibling ☐ Healthcare Power of Attorney Other (please specify):	**Witness Signature and Title:** **X** **Date:** **Time:** **Additional Witness Signature and Title:** ***Required for patients unable to sign without a representative or patients who refuse to sign.* **X**

SUBJECT: Dust Control Plan Policy and Plans for Renovations	REFERENCE # 1	
CLINTON REGIONAL HOSPITAL	PAGE: 1 OF: 16	
DEPARTMENT: HOSPITAL WIDE	EFFECTIVE: 1/1/2023	
APPROVED BY:	REVISED: 12/30/2024	REVIEWED: 4/15/25

TABLE OF CONTENTS

SECTION I	PROJECT COORDINATION	PAGE	2-3
SECTION II	DUST CONTROL	PAGE	4
SECTION III	CEILING ACCESS IN OCCUPIED AREAS	PAGE	5
SECTION IV	CLEANING	PAGE	6
SECTION V	TEMPORARY UTILITIES	PAGE	7-8
SECTION VI	TEMPORARY ENCLOSURES	PAGE	9-10
SECTION VII	TEMPORARY PRESSURE DEFFERENTIAL SYSTEM	PAGE	11-14
	FORM	PAGE	15-16

APPENDICES

TAB I-RENOVATION/CONSTRUCTION FORMS

SECTION I – PROJECT COORDINATION

A. DESCRIPTION OF WORK

SCOPE: This section specifies administrative and supervisory requirement procedures, conditions and responsibility necessary for coordination of the entire project including, but not necessarily limited to, the administrative and supervisory personnel, planning meetings, progress meetings, pre-construction conference, daily logs, special reports, contingency plans, notifications to other entities at job site and scheduling of access to areas with the owner.

B. INFECTION CONTROL COORDINATION

This section defines the role of the Infection Control Personnel (ICP) pertaining to new construction, remodeling or maintenance activities.

The Clinton Regional infection control personnel shall be a member of the construction planning group. This will ensure that newly constructed and remodeled areas meet the infection control criteria that have been set forth in the facility.

The (ICP) shall conduct an Infection Control Risk Assessment (ICRA) in order to identify the areas that special precautions must be adhered to during construction, remodeling and maintenance activities. This ICRA will provide a pro-active approach to the prevention of infection through architectural design and facility maintenance as well as specific needs of the patient population served by the facility.

When construction, remodeling or maintenance activities are planned for any area in the facility, the ICP shall be contacted prior to work beginning, and provide directions as to the precautions required due to the areas this work will be performed in.

C. ADMINISTRATIVE AND SUPERVISORY PERSONNEL

Contractor: The Contractor shall have the following duties:

DUTIES of Contractor

1. GENERAL: The duties of the contractor include, but are not necessarily limited to the following:
2. Coordinate the work of all subordinates and material suppliers so as to meet the requirements of the Dust Control Plan.
3. Supervise the activities of every phase of the renovation work taking place on the project in conjunction with the air monitoring supervisor/consultant/owner.
4. Establish lines of authority and communication at the job site. Maintain direct contact with workers within the contained work areas including use of electronic means if necessary.
5. The contractor shall be present on the job at all times when work is being performed and shall be responsible for compliance with all aspects of the dust control plan.
6. The contractor shall coordinate the scheduling of the work with the owner's representative for access to work areas and the removal of stored items from the work areas.
7. The supervisor shall coordinate and assist in the preparation of all general requirements including, but not necessarily limited to the following:
    - Prepare and submit all progress schedules and supervise work to monitor compliance with the dust control plan.
    - Maintain an up-to-date project record documents file.
    - Enforce all safety requirements.
    - Construct, maintain and monitor all temporary facilities.
    - Direct and execute a continuing cleaning program throughout renovation, requiring each trade to dispose of their debris appropriately.
    - Conduct final inspection.

SECTION II – DUST CONTROL

A. GENERAL

1. Dust control is critical in all hospital areas. Construction activities causing disturbance of existing dust or creating new dust must be conducted in tight enclosure cutting off any flow of particles into patient areas.
2. Before any construction on site begins, all workers on site shall attend a mandatory meeting held by the prime contractor for training and instruction on precautions to be taken. Attendance at this meeting shall be documented and submitted to the Director of Facilities Management.
3. Temporary construction barriers and closures above ceilings, described in detail Section III, shall be dust tight.
4. Removal of debris shall be done during work hours and shall be in tightly covered containers, described in Section IV.
5. Negative air machines, described in Section VII, shall provide air flow into the construction area not less than 100 FPM at the barricade entrance with doors fully open. Negative air machines shall run continuously.
6. Walk off mats (tacky) are to be used at barricade entrances, vacuumed or changed as often as necessary to prevent accumulation of dust.
7. Any dust tracked outside of the barrier shall be removed immediately, as specified in Section IV. All cleaning outside barriers shall be by HEPA-filtered vacuum or other method approved by the hospital representative. Wet mopping should be used as necessary to remove dust.
8. Any ceiling access panels opened for investigation beyond sealed areas shall be replaced immediately when unattended; Refer to Section III.
9. Block off all existing ventilation ducts within the construction areas. The method of capping ducts shall be dust tight and withstand airflow.
10. Whenever openings are made into existing ceilings, in the ICU/CCU or occupied patient areas, provide portable enclosure enclosing ladder and selling off opening, fitted tight to ceiling.
11. Removal of construction barriers and ceiling protection shall be done carefully. Vacuum and clean surfaces free of dust before and after the removal. Cleaning of surfaces shall be performed using a hospital approved disinfectant.
12. All polyethylene shall be fire retardant type.
13. All vacuuming shall be performed with a certified HEPA-filtered vacuum.
14. The hospital will monitor negative pressure and work procedures in vicinity of project. Whenever safe levels are exceeded. Contractor will be notified to correct conditions immediately to avoid work stoppage.
    a. All work shall be stopped on the project when negative pressure cannot be achieved and/or maintained.
    b. The contractor shall take immediate action to correct all deficiencies.
    c. The contractor shall bear all costs associated with delays caused by failure to maintain correct conditions.
15. Before any demolition or construction begins, complete fields review of all dust control policies will be conducted at a pre-construction meeting. A check list will be filled out and signed by the owner's representative and the contractor confirming the area is ready for work to begin. The hospital staff in the area subject to renovation should be informed of renovation operations at least 48 hours in advance.

END OF SECTION II

B. PRE-CONSTRUCTION CONFERENCE

Prior to the start of any work the constructor will arrange a pre-construction conference at the project site. Those in attendance will be the owner's representative, the contractor and any other entities concerned with the renovation work.

C. PROGRESS MEETINGS

For projects with an expected duration of two months or more, the owner's representative will schedule weekly or more construction progress meetings at the project site or other suitable location. Those in attendance will be the owner's representative, the contractor superintendent and any other entities the contractor may deem advisable.
The purpose of the meetings will be to discuss all matters pertinent to the dust control plan and other project-related items.

D. SPECIAL MEETINGS
For particular phases of the work, or for unforeseen or emergency conditions, special meetings may be called by the Consultant or the Contractor (subject to the approval of the owner). Personnel attending these meetings will be as required for the purpose of the meeting.

E. CONTINGENCY PLAN
GENERAL: Prepare a contingency plan for emergencies including fire, accident, power failure, negative air system failure, supplied air failure of any other event that may require modification or abridgement of decontamination or work area isolation procedures. Include in the plan specific providing of adequate medical attention in the event of an emergency.

END OF SECTION I

SECTION III – CEILING ACCESS IN OCCUPIED AREAS FOR DEMOLITION WORK

A. POLICY

The purpose of this policy is to protect patients from being exposed to dust particles. Ceilings in the hospital must be secure at all times. If access into the ceiling in occupied areas is required, procedures described herein must be followed.

B. GENERAL DIRECTIVES

1. Contractor shall notify the hospital representative, who will notify the particular area of the hospital concerned. Work requiring access to the ceiling is about to begin, at least 48 hours in advance.
2. Inform head nurse or department manager so patient room doors near ceiling work will be kept closed while work is in progress.
3. The hospital representative should be contacted for all ceiling access problems.

C. DEFINITIONS

1. A minor access is defined as visual observation or minor adjustments or other activity that does not disturb dust.
2. A major access describes any other access not defined as minor.

D. PROCEDURE TO BE USED FOR DEMOLITION ACTIVITIES

1. A portable enclosure unit shall be used for a single access.
2. The portable enclosure must remain in place until the ceiling is secured (all accesses closed) in ICU/CCU or any patient care areas.
3. When the worker leaves the work site, the ceiling access must either be completely closed or protected by an appropriate barrier.
4. In patent care areas, portable enclosures must be removed, and ceiling tiles replaced at the end of each day.
5. Thorough cleaning of surfaces which become exposed to dust must be accomplished before leaving the job site. The cleaning can be accomplished by the use of a HEPA-filtered vacuum cleaner or damp mop using a hospital approved disinfectant.
6. Construction workers should ensure (i.e., Vacuum dust from clothing) removal of dust/debris from clothing. They should have and/or wear coveralls that can be removed prior to entering patient care area, and leaving construction area.

E. PORTABLE ENCLOSURE

1. Prefabricated portable enclosure units shall be 5 feet x 3 feet as manufactured by Fiberlock Technologies, Inc., or equal, consisting of #6440 heavy duty adjustable frames, #6441 vinyl enclosures and # 6443 wheelbase platforms.
2. Enclosures shall be spring loaded to provide tight seal at ceiling.
3. Vinyl panels shall be fire retardant.

END OF SECTION III

SECTION IV – CLEANING

1. Thoroughly clean areas and spaces where work is performed or used as access to work. Thoroughly clean piping, conduit and similar features before finishing is applied. Restore damaged pipe covering to its original condition.
2. Walk off mats (tacky) placed at both sides of barricade/entry must be changed as indicated. Wet mopping should be performed to remove dust tracked onto hard finished flooring.
3. Removal of debris shall be done daily. Transport debris is tightly sealed, covered, rubber tied containers. Containers shall be fitted with clean polyethylene covers, completely sealed at perimeters by wire typing or taping. Before leaving the construction area, all containers shall be wiped clean to prevent tracking of just. Whenever possible, removal of debris should occur, minimizing use of elevators during the lowest period of activity.

END OF SECTION IV

SECTION V – TEMPORARY UTILITIES

A. TEMPORARY CONSTRUCTION FACILITIES

1. Enclosure: Provide temporary enclosure where indicated and where reasonably required to ensure adequate workmanship and protection from weather. Work area enclosure barriers shall be full height to structure, non-combustible construction, with minimum 2" gypsum board both sides with 3 - ½" R11 insulation batts to reduce noise. Use 3" wide tape to tightly seal top and bottom to prevent spreading of dust to occupied areas.
   Barricade doors shall be 3'0" minimum width, solid core wood with frame and hardware, including closer, tightly weather-stripped to prevent flow of dust. Locate a directed and swing into construction area. Keep barriers locked outside of working hours. Obtain the hospital representatives' approval of exact location and details of barrier construction. Materials for barricades must be precut in unoccupied areas. The outer surfaces of barricade shall be finished painted. Provide entrance vestibules as detailed. Provide walk off mats (tacky) inside vestibule.
2. At perimeter of work areas, between finish ceiling and upper concrete slab, provide rigid non-combustible foil faced insulation board barriers to seal off patient areas from work areas. Cut to fit around all existing utilities and seal around all penetrations.
3. Enclosure outside work are: Whenever demolition work is necessary outside of the construction barricades, including spaces above furred ceilings, space where work is being done shall be contained with a full height polyethylene sheet barrier minimum 4 mils thickness, tightly taped at all edges and along all seams. Provide overlapping flap at least 2 feet wide for access.
4. All work performed outside the construction barricade, including all work in corridors and lobbies shall be scheduled in advance with the hospital except where specified otherwise. Ensure the IC practitioner is informed before work is begun.
5. At no time shall construction equipment or material be stored outside the construction barricade.
6. Barricades shall be kept in a neat, clean and shut tight condition at all times. Any dust tracked outside of construction area shall be cleaned up immediately. Contractor shall have the necessary manpower and equipment (dust and wet mops, buckets and clean wiping rags) for cleaning fine dust from floors in occupied areas and to keep adjacent occupied areas clean at all times.
7. Access Provisions: Provide ramps, stairs, ladders and similar temporary access elements as reasonably required to perform the work and facilitate its inspection during installation.
8. Where work occurs in occupied areas, the contractor shall be responsible to provide access openings through existing plaster, gypsum board or acoustical ceilings and restore ceilings to original condition after work is complete.
9. Whenever openings are made into ceiling, provide dust tight polyethylene covering, taped in place to completely seal opening until final patching is done.
10. Whenever access panels are opened for demolition work above ceilings, polyethylene shroud around opening and ladder, taped to floor and to ceiling.
11. Negative air pressure: The air within the construction area must be negative with respect to surrounding areas and with no disruption of air systems of adjacent areas. Constant negative pressure within the zone should be monitored with an alarmed device, which must be maintained and monitored by construction personnel. Exhaust from construction air should be directed outside with no recirculation if possible. If the exhaust must be tied into a recirculated air system, a pre-filter and high efficiency filter (95%) should be used before exhaust to prevent contamination of the ducts. Fans should be turned off before opening ductwork and necessary interruptions (e.g., fire drills) should be planned for to minimize risk.

12. All HEPA-filtered negative air machines and vacuum cleaners shall be certified by vendor or suppliers in writing as to proper operation and shall be equipped with gauges for reading filter efficiency.
13. Exhaust hoses from negative air machines shall be flexible steel reinforced heavy duty., Federal Hose Mfg. Company "Ventilation Blower Hose WPC, @ Spiratube or equal positively fastened with metal straps or clamps. Exhaust hoses shall run individually through temporary panels to the exterior of the building; do not tie hoses together.
14. All the above-described items of work shall be completed and operating before any demolition can begin.
15. All vacuuming done in areas outside the containment barriers shall be done using a certified HEPA-filtered vacuum cleaner.
16. All materials used in the temporary barriers shall be non-combustible. Polyethylene shall be fire retardant.
17. Temporary ceilings shall be provided in locations where existing ceilings are removed above public corridors and patient occupied spaces. Provide temporary supports approximately 2 feet on centers and around perimeters of spaces.

B. SECURITY/PROTECTION PROVISIONS

1. Work area enclosure and lockup: at the earliest possible date, secure work area against unauthorized entrance at times when personnel are not working.
2. Coordinate locking devices with the director of security for emergency access and shift inspections.

END OF SECTION V

SECTION VI – TEMPORARY ENCLOSURES

A. POLYTHYLENE SHEET

1. Provide a single polyethylene film in the larges size possible to minimize seams, 4- or 6-mils thick as indicated. The sheeting should be secured to the subfloor above and to the floor. Entrance through the sheeting should be "double flapped" to prevent dust from escaping the area.
2. Provide a flame-resistant polyethylene film that conforms to the requirements set forth by the National Fire Protection Association Standard 701. Small-Scale Fire Test for Flame-Resistant Textiles and Films. Provide the largest size possible to minimize seams, 4- or 6- mils thick as indicated.
3. Where a plastic sheet is the only separation between the work and area and the building exterior, provide a translucent, non-reinforced, laminated, flame0resistant polyethylene film that conforms to the requirements set forth by the National Fire Protection Association Standards 701, Small Scale Fire Test for Flame-Resistant Textiles and Films. Provide the largest size possible to minimize seams, 4- or 6- mils thick as indicated.

B. DUCT TAPE

1. Provide duct tape in 2-inch or 3-inch widths as indicated, with an adhesive that is formulated to aggressively stick to sheet polyethylene.

C. CONTROL ACCESS

1. Isolate the work area to prevent entry by building occupants into the work area or surrounding controlled areas.
2. Submit to the Owners Representative a list of doors and other openings that must be secured to isolate the work area. Include on the list a notation if the door or opening is an indicated exit route.
3. After receiving written authorization from the hospital representative, lock all doors into the work area. Cover any signs that direct emergency exiting, either outside or inside the work area, to locked doors. Do not obstruct doors required for emergency exits from work area or from building.
4. Notify owner to modify elevator controls to prevent elevators from stopping at doors in the work areas. This work is to be performed by the owner. Use a dedicated elevator for construction use only whenever possible.
5. Replace passage sets on doors required for exiting from the work area with temporary locksets for the duration of the project. Use entry type locks that are key lockable from one side and always operable from inside the work area. Install locksets with key side in stair tower and escape side toward the work area.
6. LOCKED ACCESS: Arrange the work area so the only access into the work area is through lockable doors located at the personnel and equipment decontamination units.
7. Install temporary doors with entrance type locksets that are key lockable from the outside and always unlocked and operable from the inside. Do not use deadbolts or padlocks.

D. ALTERNATE METHODS OF ENCLOSURES

Alternative methods of containing the work area may be submitted to the owners representative for approval. Do not proceed with any such method(s) without prior written approval of the owner.

E. CRITICAL BARRIERS

Completely separate the work area from other portions of the building, and the outside, by closing all openings with sheet plastic barriers at least 6-mil in thickness or by sealing cracks leading out of the work area with duct tape.

1. Individually, seal all ventilation openings (supply and exhaust), lighting fixtures, clocks doorways, windows, convectors, speakers and other openings into the work area with duct tape alone or with polyethylene

sheeting at least 6-mil in thickness, taped securely in place with duct tape. Maintain seal until all work, including project decontamination, is completed. Take care in sealing of lighting fixtures to avoid melting or burning of sheeting.

2. Provide sheet plastic barriers at least 6-mil in thickness as required to seal opening completely from the work area into adjacent areas. Seal the perimeter of all sheet plastic barriers with duct tape or spray cement.
3. Mechanically support the sheet plastic independently of duct tape or spray cement seals so the seals do not support the weight of the plastic.
4. Provide pressure differentials system as outlined in Section VII – Temporary Pressure Differential System.

F. PREPARE AREA

Clean all surfaces in the work area with a HEPA-filtered vacuum or by wet-wiping prior to the installation of primary barrier.

G. ISOLATION AREA

Maintain isolation areas between the work areas and adjacent occupied building areas in locations shown on the plans. Form isolation area by controlling access to the space in the same manner as a work area. Physically isolate the space from the work area and adjacent areas. Accomplish physical isolation by installing critical barriers in unoccupied space and erecting a second critical barrier a minimum of 3 feet away from the work area.

END OF SECTION VI

SECTION VII-TEMPORARY PRESSURE DIFFERENTIAL SYSTEM

A. MONITORING

Continuously monitor and record the pressure differential between the work area and the building outside of the work area and report to the owners representative on a daily basis.

B. SUBMITTALS

On a weekly basis, submit a summary of the previous weeks recording.

C. QUALITY ASSURANCE

Monitor the pressure differential across the personnel and/or equipment decontamination units with a differential pressure meter. The meter shall be equipped with a warning buzzer that will sound if the pressure differential drops below 0.02 inches of water.

D. HEPA-FILTERED FAN UNITS

Supply the required number of HEPA-filtered fan units to the site in accordance with these specifications. Each unit shall meet or exceed the following requirements:

1. Each unit shall be equipped with a Magnahelic gauge or manometer to measure the pressure drop across filters and indicate when filters have become loaded and need to be changed. A table indicating the useable air-handling capacity for various static pressure readings on the Magnahelic gauge shall be affixed near the gauge for reference, or the Magnahelic reading indicating at what point the filters should be changed, noting cubic feet per minute (CFM) air delivery at that point. Provide units equipped with an elapsed time meter to show the total accumulated hours of operations.
2. The unit shall have an electrical (or mechanical) lockout to prevent the fan from operating without a HEPA filter. Units shall be equipped with an automatic shutdown system to stop the fan in the event of a major rupture in the HEPA filter or blocked air discharge. Green warning lights are required to indicate normal operation, yellow warning lights to indicate too high a pressure drop across the filter (i.e., filter overloading), and red warning lights to indicate too low of a pressure drop (i.e., major rupture in HEPA filter or obstructed discharge). Each unit shall be equipped with an audible alarm that will sound if unit shuts down due to operation of safety systems.
3. Components shall be approved by the National Electrical Manufacturers Association (NEMA) and Underwriter's Laboratories (UL). Each unit shall be equipped with overload protection sized for the equipment. The motor, fan, fan housing and cabinet shall be grounded.
4. Provide filters that are marked with the name of the manufacturer, serial number, air flow rating, efficiency and resistance and the direction of test air flow. Pre-filters that protect the final filter by removing the larger particles are required to prolong the operating life of the HEPA filter. Two stages of pre-filtration are required. The first stage of pre-filter shall be a low efficiency type (e.g., for particles 100 um and larger). The second stage (or intermediate) filter shall have a medium efficiency (e.g., effective for particles down to 5 um). Pre-filters and intermediate filters shall be installed either on or in the intake grid of the unit and held in place with special housing or clamps. The final filter shall be the HEPA type. The filter media (folded into closely pleated panels) must be completely sealed on all edges with a structurally rigid frame. A continuous rubber gasket shall be located between the filter and the filter housing to form a tight seal. Each filter shall be individually tested and certified by the manufacturer to have an efficiency of not less than 99.97 percent when challenged with 0.3 um dioctylphthalate (DOP) particles. Testing shall be in accordance with Military Standard Number 282 and Army instruction manual 136-300-175A. Each filter shall bear a UL586 label to indicate ability to perform under specified conditions.

E. PRESSURE DIFFERENTIAL ISOLATION

1. Isolate the work area from all adjacent areas or systems of the building with a pressure differential that will cause a movement of air from outside to inside at any breach in the physical isolation of work area.
2. Continuously maintain the work area at an air pressure is lower than that in any surrounding space in the building or at any location in the immediate proximity outside of the building envelope. This pressure differential, when measured across any physical or critical barrier, must equal or exceed a static pressure of 0.02 inches of water.
3. Accomplish the pressure differential by exhausting a sufficient number of HEPA filtered fan units from the work area. The number of units required will depend on machine characteristics, the seal at barriers and required air circulation. The number of units will increase with increased make-up air or leaks into the work area. Determine the number of units required for pressure isolation by the following procedure:

    a. Establish required air circulation in the work area, personnel and equipment decontamination of units.
    b. Establish isolation by increase pressure in adjacent areas or as part of the seals where required.
    c. Exhaust a sufficient number of units from the work area to develop the required pressure differential. The required number of units is the number determined above plus one additional unit.

4. Vent the HEPA-filtered fan units to the outside of the building unless authorized in writing by the owner. Mount the units so as to exhaust directly or through disposable duck work using only new duct work expect for sheet metal connections and elbows. Use ductwork and fittings of the same diameter or larger than the discharge connection on the fan unit. Use inflatable, disposable plastic duct work in lengths not greater than 100 feet. Use spiral wore reinforced flex duct in lengths not greater than 50 feet. Arrange exhaust a required to inflate duct, to rigidity sufficient, to prevent flapping. If direction of discharge from fan unit is not aligned with duct, use sheet metal elbow to change direction. Use six feet of spiral wire reinforced flex duct after direction change.

F. ISOLATION OF ELEVATORS

For isolation of elevators, stair towers, and return air intakes, erect seals with an air space at doors to elevators and stair towers. Pressurize this space with HEPA-filtered air so it is at a pressure greater than either the work area, elevator shaft or stair tower. Fabricate seal b the first sealing door with duct tape and 6-ml polyethylene. Construct a barrier from 2" CDX plywood supported by 2"x4" wood studs at 16" on center. Space the face of the barrier a minimum of 3: from the face of the door. Seal barriers with 6 mil sheet plastic and duct tape. Use plywood and framing lumber that is treated to be fire resistant. Pressurize space with exhaust from HEPA- filtered fan unit. Continuously maintain a pressure differential with this space a minimum of 0.02" of water higher in static pressure than any adjacent space. Locate HEPA-filtered fan units outside of the work area. Fabricate a manifold as required to distribute air to individual spaces to be isolated. Provide relief venting at unit as required to prevent shutdown due to low air flow, while still maintaining the required air pressure.

ISOLATION OF CHASES AND ENCLOSED STAIRS

Pressurize chases and enclosed stairs so they are at a pressure greater than any adjacent work area. Pressurize space with centrifugal type fans. Axial type fans are not to be used for this purpose. Continuously maintain a pressure differential in this space a minimum of 0.02" of water higher in static pressure than any adjacent work area.

G. ISOLATION OF DUCT WORK

Duct work located in the work area is to be isolated from the work area. Seal all openings in duct work with 6-mil polyethylene attached by spray adhesive and duct tape. Wrap the duct with 6-mil polyethylene. Seal all polyethylene seams with spray adhesive and duct tape.

H. MONITORING

Continuously monitor and record the pressure differential between the work area and the building outside of the work area with a monitoring device incorporating a strip chart recorder.

I. AIR CIRCULATION IN THE WORK AREA

For purposes of this section, air circulation refers to either the introduction of outside air to the work area or the circulation and cleaning of air within the work area.

1. Air circulation in the work area is a minimum requirement intended to help maintain dust, a level that does not significantly challenge the work area isolation measures. The contractor may also use this air circulation as part of the engineering controls in his worker protection program.
2. Provide a fully operational air circulation system supplying a minimum air circulation rate of six (6) air changes per hour.
3. Determine the number of units needed to achieve required air circulation by first determining the volume in cubic feet of the work area but multiplying the floor area by the ceiling height. Determine the total air circulation requirement in cubic feet per minute (CFM) for the work by dividing this volume by the air change rate and multiplying by 60.

$$\text{Air Circulation Required in CFM} = \frac{\text{Volume of work area (cu. Ft) x 60 (minutes per hour)}}{\text{Six (6) Air changes per hour}}$$

Divide the air circulation requirement (CFM) above by the capacity of HEPA-filtered fan unit(s) used. Capacity of a unit for purposes of this section is the capacity in cubic feet per minute with fully loaded filters (pressure differential that causes the loaded filter warning light to come on) in the machines labeled operating characteristics.

$$\text{Number of units needed} = \frac{\text{Air circulation requirement (CFM)}}{\text{Capacity of Unit with Loaded Filters (CFM)}}$$

Provide one spare unit per four containment areas (on minimum per job site) as a backup in case of equipment failure or shutdown of machine for filter changing. Size spare unit to be of the same capacity as the largest operation unit.

J. USE OF THE PRESSURE DIFFERENTIAL AND AIR CIRCULATION SYSTEM

1. Each HEPA-filtered fan unit shall be serviced by a dedicated minimum 115V-20A circuit with ground fault circuit interrupter (GFCI) supplied from a temporary power supply. Do not use existing branch circuits to power fan units without the owner's consent.
2. Test pressure differential system before any demolition begins. Demonstrate operation and testing of pressure differential system to the consultant-owner.
3. Demonstrate conditions of equipment for each HEPA-filtered fan unit and pressure differential monitoring equipment including squareness of the HEPA filter, condition of the seal, proper operation of all lights, proper operation of the automatic shutdown if exhaust is blocked, proper operation of alarms and magnahelic gauge and proper operation and calibration on pressure monitoring equipment.
4. Demonstration of the operation of the pressure differential system to the consultant/owner will ensure, at a minimum, the following:

a. Plastic barriers and sheeting move slightly in toward the work area, the curtain of the decontamination units moves slightly in toward work area and there is a noticeable movement of air through the decontamination unit.
b. The required pressure differential exists at every barrier separating the work area from the balance of the building, equipment, duct work or outside (verified by a differential pressure meter or manometer)
c. Modify the pressure differential system as necessary to demonstrate successfully the above requirements.

K. USE OF THE SYSTEM DURING RENOVATION OPERATIONS

Start the fan unit before beginning the work (before any demolition). After renovation work has begun, run the units continuously to maintain a constant pressure differential and air circulation until decontamination of the work area is complete. Do not turn off units at the end of the work shift or when decontamination of the work area is complete. Do not turn off units at the end of the work shift or when renovation operations temporarily stop. Supply sufficient pre-filters to allow frequent changes. Start renovation work at a location farthest from the fan units and proceed toward them, if possible. If an electric power failure occurs, immediately stop all renovation work and do not resume until power is restored and fan units are operating again. At the completion of the renovation work, allow the fan units to run to remove airborne dust that may have been generated during renovation work and cleanup and to purge the work area with clean make-up air.

L. DISMANTLING THE SYSTEM

At the option of the owner, when a final inspection is completed and the area has been cleaned, fan units may be removed from the work area. Before removal from the work area, remove and properly dispose of pre-filter, decontaminate exterior of the machine, and seal the intake to the machine with a 6-mil polyethylene to prevent environmental contamination from the filters.

END OF SECTION VII

FORM 1
FACILITIES MANAGEMENT
DUST CONTROL DAILY COMPLIANCE SURVEY

Date: _____

Project Title: _____

Project No: _____ Location: _____

General Contractor: _____

Construction Barricade	Time: _____		Time: _____	
	Yes	No	Yes	No
Barricades sealed – no penetrations				
Walk off mats in place, clean				
Door frames gasketed, doors closed				
Dust caution signs posted				
Adjacent ceiling areas intact				
Adjacent floor areas clean – no dust tracking				
Comments:				

Negative Air	Time: _____		Time: _____	
	Yes	No	Yes	No
Negative pressure at barricade entrance				
All windows and doors closed behind barricade				
Negative air machines running				
Negative air machines filter clean				
Negative air discharge hoses intact				
Comments:				

Jobsite	Time: _____		Time: _____	
	Yes	No	Yes	No
Project area clean, debris removed daily				
Debris removed in suitable containers				
Debris removed at time specified				
Comments:				

Occupied Areas	Time: _____		Time: _____	
	Yes	No	Yes	No
Work authorized and scheduled				
Visqueen barricade in place, properly sealed				
Ceiling access tag posted				
Surrounding area clean				
Comments:				

CC: General Contractor

_____

Inspector

Clinton Regional Hospital

-- ICRA-ILSM Daily Inspection Form

Date: _____ Project Title: _____ Contractor: _____ Location: _____														
Project start date: _____	Mon / /	Tue / /	Wed / /	Thurs / /	Fri / /	Sat / /	Sun / /	Mon / /	Tue / /	Wed / /	Thurs / /	Fri / /	Sat / /	Sun / /
Project end date: _____	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Construction Barricades														
Barricades sealed – on penetrations														
Walk off mats in place, clean														
Door frames gasketed, doors closed														
Adjacent floor areas clean – no dust tracking														
Adjacent ceiling areas intact														
Dust caution signs posted														
Negative Air														
Negative pressure at barricade entrance														
All windows/doors closed behind barricade														
Negative air machines running w/hoses intact														
Negative air machines filter clean														
Jobsite														
Project area clean, debris removed daily														
Debris removed in suitable containers														
Debris removed at time specified														
Occupied Areas														
Work authorized and scheduled														
Visqueen barricade in place, properly sealed														
Ceiling access tag posted														
Surrounding area clean														
Life Safety														
Ensuring free and unobstructed exits														
Ensuring free/unobstructed access to Em. Services														
Fire systems are in good working order														
Temporary construction partitions appropriate														
Additional fire-fighting equipment / training														
Phrohibiting smoking in buildings and construction areas														
Enforcing storage, housekeeping, and debris removal														
Conducting two fires drills per shift per quarter														
Training personnel for impaired structural or compartmentalization features of fire safety														
Conducting education programs to promote awareness of LSC deficiencies, hazards, and ILSM.														
Initialed by facility representatives														
Initialed by construction representatives														
Comments:														

<<Hospital>>

LS.01.02.01.3.b

Life Safety Deficiency or Project: _____ Date of Assessment: _____

Location: _____ Date Forwarded to EC Committee: _____

ILSM Required: YES ☐ NO ☐

INTERIM LIFE SAFETY ASSESSMENT

How the Hospital Protects Occupants During Periods When the Life Safety Code is Not Met or During Periods of Construction	1. Notify fire department, initiate fire watch	2. Post signage indicating alternate exits.	3. ILSM policy is updated, implemenmted.	4. Exits in affected areas are inspected daily.	5. Temporary, equivalent fire alarm/detection systems are in use.	6. Provide additional fire-fighting equipment.	7. Temporary construction partitions are smoke-tight and noncombustible.	8. Increase surveillance of buildings, grounds, equipment.	9. Enforce storage, housekeeping and debris removal to reduce fire load.	10. Additional fire-fighting training provided.	11. One additional fire drill per shift is conducted.	12. Monthly inspections and testing of temporary systems.	13. Education is provided on building deficiencies, construction hazards and temporary measures.	14. Training is provided to compensate for impaired structural or compartmental fire safety features.
EGRESS RESTRICTIONS GREATER THAN 4 HOURS														
1. Fire Door Latching Problem Not Immediately Repairable														
2. Fire Exit Stairs Discharge Improperly														
3. Excessive Travel Distance to an Approved Exit														
4. Absence of Two Remote Exits														
5. Absence of Two or More Building Exits														
6. Blocking of an Exit Due to Construction Activities														
7. Rerouting of Traffic Due to Construction Activities														
8. 25% of Smoke Detectors Removed From Service														
IMPAIRED FIRE ALARM /SPRINKLER SYSTEM GREATER THAN 4 HOURS														
1. Replacing Fire Alarm System														
2. Tagout of >25% of Smoke Detectors in One Zone														
3. Installing or Renovating Sprinkler System														
4. Taking a Fire Alarm System (or one of its components) Out of Service for Repair														
5. Taking a Sprinkler System (or one of its components) Out of Service for Repair														
6. Disconnecting Alarm Devices for Maintenance or Repair														
IMPAIRED FIRE/SMOKE BARRIERS GREATER THAN 4 HOURS														
1. Improperly Protected Vertical Openings														
2. Large Penetrations in Fire or Smoke Barriers														
3. Corridor Walls Do Not Extend to the Structure														
4. Hazardous Areas Not Properly Protected														
5. Significant Modifications to Smoke or Fire Walls														
6. Major Renovation of an Occupied floor														
7. Adding an Addition to an Existing Structure														
8. Build-out of a Shell Floor in an Existing Building														
MISCELLANEOUS LIFE SAFETY DEFICIENCIES (PFI, RFI, PoC, Building Tour LSC issues, Fire Alarm/Sprinkler deficiencies) (list specific Life Safety deficiencies that cannot be immediately corrected.														
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														

1. The above list of deficiencies and issues is not meant to be all inclusive. Issues, deficiencies, etc not addressed in the above list will be handle on a case-by-case basis with regard to the appropriate ILSM response. Provide narrative attachment for clarification if necessary.
2. Fire department and FM Global shall be notified for all impairments whose duration is greater than 4 hours.

SUBJECT: **Planned Utility Interruption Request Form**	REFERENCE # 10	
CLINTON REGIONAL HOSPITAL	PAGE: 1 OF: 2	
DEPARTMENT: HOSPITAL WIDE	EFFECTIVE: 1/10/2023	
APPROVED BY:	REVISED: 12/30/2024	REVIEWED: 4/15/25

Project Name	
Project Start Date	
Project Location	

Locations of Planned Utility Interruption

1.	
2.	
3.	
4.	
5.	
6.	

Dates Planned for Utility Interrupt	**Times Planned for Utility Interruption**

Utilities Affected

Utility	**Specific Services Affected** (describe work that will affect each utility)
Normal Power	
Emergency Power	
HVAC	
Oxygen	

Nitrous Oxide	
Nitrogen	
Domestic Water	
Boilers and Steam	
Heating Water	
Chilled Water	
Drain/Waste/Vent	
Project Manager	Name:
	Signature:
	Date:
Facility Representative	Name:
	Signature:
	Date:
Department Head of Affected Area	Name:
	Signature:
	Date:

Clinton REGIONAL HOSPITAL
Primary Care
Dr. Nadia Azuero

Visit Stats

Name:_____ DOB:_____

Ht:_____(in/cm) Wt:_____ (lbs/kg) Waist: _____ (in/cm

BP:_____ HR:_____ Sat:_____ Temp:_____ RR: _____

Here for?_____

_____

Meds: _____ Allergies & Reaction: _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Occupation: _____

_____

Past Surgeries: _____

_____

_____

_____

Family History:

Father: _____ Mother:_____

Siblings: B _____ S _____

P-GrandF: _____ P-GrandM: _____

M-GrandF: _____ M-GrandM:

Clinton REGIONAL HOSPITAL
Primary Care
Dr. Nadia Azuero

Patient Registration Form

Date:_____

Name:_____
(Last) (Middle) (First)

DOB: _____ SSN: _____ Sex: ◯ Female ◯ Male

Marital Status: ◯ Single ◯ Married ◯ Divorced ◯ Widowed

Address: _____
City State Zip

Home Phone: (___)_____ preferred Cell Phone: (___)_____ preferred
Work Phone: (___)_____ preferred Email: _____
Preferred Language: ◯ English ◯ Spanish ◯ Other: _____
Race: ◯ White ◯ Native American ◯ Black/African American ◯ Pacific Islander ◯ Asian
◯ Other ◯ Decline

Ethnicity: ◯ Latino/Hispanic ◯ Other: _____
Employer/School:_____

EMERGENCY CONTACT

Name:_____ Relationship:_____
Phone: (___)_____

INSURANCE INFORMATION

Primary: _____ Policy No: _____
Policy Holder's Name: _____ Group No: _____
Relationship to Patient: ◯ Self ◯ Spouse ◯ Parent ◯ Other

Secondary : _____ Policy No: _____
Policy Holder's Name: _____ Group No: _____
Relationship to Patient: ◯ Self ◯ Spouse ◯ Parent ◯ Other

Clinton REGIONAL HOSPITAL
Primary Care
Dr. Nadia Azuero

PHARMACY INFORMATION

Preferred Pharmacy: _____ Phone: (____) _____

Address: _____

REFERRAL INFORMATION

How did you hear about us? ◯ Friend/Family ◯ Doctor ◯ Insurance ◯ Internet ◯ Other

Details: _____

Other physician information:

Name: _____ Specialty: _____

Phone: (____) _____ Practice: _____

Address: _____

ASSIGNMENT OF BENEFITS & ACKNOWLEDGEMENTS

By signing below, I _____ acknowledge that:

Name

- *I have provided accurate and complete information.*
- *I authorize the release of information necessary for treatment, payment & healthcare operations.*
- *I assign my insurance benefits to be paid directly to Clinton Regional Hospital.*
- *I understand that I am financially responsible for any charges not covered by my insurance.*
- *I acknowledged receipt of the Notice of Privacy Practices.*

Signature: _____ Date: _____

Printed Name: _____

Relationship (if not self): _____

Clinton
REGIONAL HOSPITAL
Primary Care
Dr. Nadia Azuero

ASSIGNMENT OF BENEFITS FORM

Patient Name:_____ DOB: _____
Insurance ID#:_____ Group #:_____
Insurance Carrier:_____

I, _____, certify that I (or my dependent) have insurance
Name

Coverage as stated above, authorize the direct payment to Clinton Regional Hospital, of any insurance benefits otherwise payable to me, for services rendered. I understand that I am financially responsible for all charges, whether or not paid by my insurance. I hereby authorize Clinton Regional Hospital to release all information necessary to secure the payment of benefits.

AUTHORIZATION TO RELEASE INFORMATION

I authorize the release of any medical information necessary to process my insurance claim(s) and authorize payment of my medical benefits directly to Clinton Regional Hospital for services I have received.

MEDICARE/MEDICAID CERTIFICATION (if applicable)

I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Centers for Medicare & Medicaid Services or its intermediaries or carriers any information needed for this or a related Medicare/Medicaid claim. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for physician services to the physician or organization providing the services or authorize that physician or organization to submit a claim to Medicare/Medicaid for payment.

Clinton
REGIONAL HOSPITAL
Primary Care
Dr. Nadia Azuero

FINANCIAL RESPONSIBILITY

I understand that I am financially responsible for any co-payments, deductibles, co-insurance, and services not covered by my insurance. I understand that payment is due at the time of service unless other arrangements have been made in advance.

ASSIGNMENT OF BENEFITS

I hereby assign to Clinton Regional Hospital all payments for medical services rendered to myself or my dependents. I understand this assignment will remain in effect until revoked by me in writing.

ACKNOWLEDGEMENT

I have read and understand the financial policies of Clinton Regional Hospital, as described above. I agree to be bound by these terms. I also understand and agree that such terms may be amended by Clinton Regional Hospital from time to time.

Signature of Patient, Parent or Legal Guardian: _____

Date: _____

Printed Name of Patient, Parent or Legal Guardian: _____

Relationship to Patient: _____

Witness Signature: _____ Date: _____

Clinton
REGIONAL HOSPITAL
Primary Care
Dr. Nadia Azuero

CONSENT FOR TREATMENT

Patient Name:_____ DOB: _____

I voluntarily consent to receive medical and healthcare services provided by Clinton Regional Hospital, physicians, employees and other healthcare practitioners. I understand such services may include diagnostic procedures, examinations, laboratory and imaging tests, and treatments that with the judgement and shared decision making, of my physician are considered necessary for my care. I understand that the practice of medicine and surgery is not an exact science and acknowledge that no guarantees have been made to me about the results of any examinations and/or treatments. Risks and benefits of examinations and treatments were discussed and explained to me with my physician. I consent to photographs, videotaping, digital or audio recordings, and/or images of me being recorded for security purposes and/or the healthcare facility's operations and management of my care. I understand that the facility retains the ownership rights to the photographs, videotaping, digital or audio recordings, and/or images of me. I will be allowed to request access to or copies of the photographs, videotaping, digital or audio recordings, and/or images of me, when technologically feasible, unless otherwise prohibited by law.

TELEMEDICINE SERVICES

I understand that my practitioner may offer telehealth (remote video/audio) consultations when appropriate. If I participate in a telehealth visit, I understand:

- The limitations of a remote examination.
- There are potential technical issues that may affect a telehealth visit.
- My healthcare information may be shared with other individuals for scheduling and billing purposes.
- My insurance may/may not cover telehealth services.
- I have the right to withhold or withdraw my consent to telehealth services at any time.

TEACHING FACILITY

I understand that Clinton Regional Hospital may be a teaching facility and may have students, residents, or fellows participating in my care under the supervision of a licensed healthcare practitioner. I consent to their participation in my care.

Clinton
REGIONAL HOSPITAL
Primary Care
Dr. Nadia Azuero

PERSONAL VALUABLES

I understand that Clinton Regional Hospital does not assume responsibility for any personal items I bring into the facility.

FINANCIAL AGREEMENT & ASSIGNMENT OF BENEFITS

I _____ authorize direct payment to Clinton Regional
Name
Hospital of any insurance benefits. I understand that I am financially responsible for any charges not covered by my insurance. I authorize the release of any medical information necessary to process insurance claims for healthcare.

COMMUNICATION CONSENT

I _____ authorize Clinton Regional Hospital and its
Name
associated practitioners and services to contact me via:

- Phone calls to the number(s) provided, including my cellular phone
- Text messages to cellular phone number (s) provided
- Email to the email address provided
- Postal mail to my home address

For the purposes of treatment, appointment reminders, satisfaction surveys, healthcare management, and payment.

By signing this form, I _____ acknowledge that I have read and understand the contents above and have had the opportunity to ask questions and have them answered to my satisfaction.

Patient Signature: _____ **Date:**_____ **Time:**_____

Printed Name: _____

Relationship to Patient (if not self): _____

Witness Signature: _____ **Date:** _____ **Time:** _____

Witness Name: _____

Clinton
REGIONAL HOSPITAL
Primary Care
Dr. Nadia Azuero

OFFICE POLICIES

Effective Date: April 7,2025

Welcome to Clinton Regional Hospital, Primary Care and Dr. Nadia Azuero. In this practice, we are committed to providing you with exceptional care in a healing and supportive environment. To ensure a positive experience for all patients, please familiarize yourself with the following office policies.

APPOINTMENTS

Scheduling Appointments

- New patient appointments can be scheduled by calling our office at (580) 547-5043 during office hours. If after hours, you can call the main number at (580) 547-5128.
- Please arrive 20 minutes early for your first appointment to complete any necessary paperwork.
- We recommend completing your new patient forms prior to your visit. These forms can be downloaded from our website under the resources tab, emailed to you upon request, or pickup in person and the main desk in the hospital.

Types of Appointments

- Initial Consultation: Comprehensive 45 minute evaluation
- Follow-up Visit: 25 minute appointment
- Extended Follow-up: 35 minute appointment for higher complexities
- Acute Care Visit: 20 minute appointment for urgent issues
- Telehealth Visit: 15 minute appointment for variable appointments

LATE ARRIVALS

If you arrive more than 15 minutes late for your appointment, we may need to reschedule to ensure that other patients are not kept waiting. We will make every effort to accommodate you if the schedule permits.

Clinton REGIONAL HOSPITAL
Primary Care
Dr. Nadia Azuero

CANCELATIONS & RESCHEDULING

We understand that circumstances may arise that require you to cancel or reschedule your appointment. We ask that you cancel or reschedule your appointment with 24 hours notice. This allows us to manage the clinic schedule more efficiently for benefit of the community. A $45 fee will be charged for appointments canceled with less than 24 hours notice AND for missed - "no show" - appointments. This fee is not covered by insurance and will be your responsibility.

AFTER HOURS CARE

If you have a medical emergency, please call 911 or go to the nearest emergency room. For urgent but non-emergency medical concerns after hours, you can call the main number (580) 547-5128 and connect with the operator for openings in the clinic the following day.

COMMUNICATION

PHONE CALLS

Our office staff is available to take your calls Monday through Thursday from 07:30am to 5:00pm. Messages left after hours will be returned the next business day.

EMAIL

Email is not a secure form of communication. Please call the office or main number for all medical communications to ensure your privacy is protected.

TEST RESULTS

Lab and test results will be communicated upon request or during follow-up appointments. We do not routinely call patients with normal lab results. Phone calls will be made only with abnormal results by Dr. Azuero.

Clinton REGIONAL HOSPITAL
Primary Care
Dr. Nadia Azuero

PRESCRIPTIONS & REFILLS

PRESCRIPTION REFILLS

Please request prescription refills through our office at (580) 547-5043. Once the request is made, please allow at least 72 hours for all refill requests to be processed.

For controlled substance prescriptions, please note:

- We require 72 hours notice
- You may need to be seen in the office before a refill is authorized
- Early refills will not be provided
- Lost or stolen prescriptions will not be replaced without an office visit and documentation

MEDICATION CHANGES

Do not change your medication dosage or stop taking a prescribed medication without consulting Dr. Azuero first. Call the office for.

FUNCTIONAL MEDICINE APPROACH

Partnership In Care

Dr. Azuero utilizes functional medicine techniques, which requires active patient participation and engagement. Your commitment to the treatment plan, that can include, dietary changes, supplements, lifestyle modifications, and follow-up appointments, is essential for optimal results.

Treatment Plans

Treatment plans are individualized and may include:

- Dietary recommendations
- Lifestyle modifications
- Advanced laboratory testing
- Supplement protocols
- Targeted therapies, such detox, red light, grounding, etc.
- Prescription medications when necessary

Clinton REGIONAL HOSPITAL
Primary Care
Dr. Nadia Azuero

Supplements

If supplements are recommended, they can be purchased either through our office or from other quality sources that Dr. Azuero recommends. We do not require that you purchase supplements from our office.

FINANCIAL POLICIES

Please refer to our separate Financial Policy document for detailed information about insurance, payments, and billing procedures.

PATIENT RIGHTS & RESPONSIBILITIES

As a patient, you have the right to:

- Be treated with respect and dignity
- Receive clear information about your diagnosis, treatment options, and prognosis
- Participate in decisions about your care
- Privacy and confidentiality
- Access your medical records
- Refuse treatment
- Receive continuity of care

As a patient, you the responsibility to:

- Provide accurate and complete information about your health
- Follow the treatment plan recommended by your physician
- Keep scheduled appointments or provide adequate notice for cancellation
- Be respectful towards staff and other patients
- Pay for services in a timely manner
- Inform us when you do not understand or cannot follow treatment instructions

PRIVACY PRACTICES

We are committed to protecting your privacy in accordance with HIPAA regulations. Please refer to our Notice of Privacy Practices for detailed information about how your medical information may be used and disclosed.

Clinton
REGIONAL HOSPITAL
Primary Care
Dr. Nadia Azuero

FEEDBACK & CONCERNS

We value your feedback and strive to provide the highest quality of care. If you have any concerns about your care or experience at our office, please speak with our practice manager. We take all concerns seriously and will work to address them promptly.

By signing below, I _____ acknowledge that I have
Name
read and understand the office policies of Clinton Regional Hospital and Dr. Azuero's practice.

Printed Name:_____

Signature of Patient or Guardian: _____

Relationship to Patient:_____

Date: ____/____/____

Clinton REGIONAL HOSPITAL
Primary Care
Dr. Nadia Azuero

Introduction to Functional Medicine

True wealth, is found in the state of your health.

WELCOME TO A NEW MODEL OF CARE

Welcome to Dr. Nadia Azuero's functional medicine practice at Clinton Regional Hospital. We're excited to partner with you on your health journey. This guide will help you understand the functional medicine approach and how it can be integrated with traditional medical care.

WHAT IS FUNCTIONAL MEDICINE?

Functional medicine is a systems-based approach that focuses on identifying and addressing the root cause of disease, rather than just treating the symptoms. It views the body as an interconnected whole system, not a collection of independent organs functioning separately, divided by medical specialties.

Key principles include:

- Patient-centered care: Your unique story, experiences, and health specific goals are at the center of your treatment plan.
- Systems approach: We examine how ALL bodily systems interact and influence each other, rather than focusing on isolated symptoms.
- Integration of best practices: Dr. Azuero combines traditional medical treatments with evidence-informed complimentary approaches including nutrition, lifestyle, and targeted supplementation.
- Root cause resolution: We aim to identify and address the underlying factors contributing to illness and dis-ease, not just manage symptoms.

HOW FUNCTIONAL MEDICINE DIFFERS FROM CONVENTIONAL MEDICINE

Traditional Medicine	*Functional Medicine*
Focuses on acute symptom management	*Addresses underlying cause of symptoms*
Usually treats each symptoms separately	*Looks for connections between symptoms*
Shorter appointments, addressing 1 concern	*Extended appointments analyzing whole health history*
Primary focus on pharmaceutical intervention	*Integrates, diet, lifestyle, supplements & medications*
Often reactive to disease	*Proactive & preventative approach*

Both approaches have value. Dr. Azuero integrates the best, up to date traditional medicine with functional medicine principles to provide comprehensive care.

DR. AZUERO'S APPROACH

Dr. Azuero brings her extensive experience in rural healthcare, cardiovascular perfusion, and family medicine to her functional medicine practice. Her approach is characterized by:

- Thorough investigation: Taking time to understand your complete health history, lifestyle factors, genetic influences, and environmental exposures.
- Personalization: Creating individualized treatment plans based on your unique needs, preferences, and circumstances.
- Partnership: Working collaboratively with you as an active participant in your health journey.
- Prevention: Identifying early warning signs before they develop into chronic conditions.
- Education & Self-improvement: Helping you understand the "why" behind recommendations so can make informed choices.

WHAT TO EXPECT: Your first visit

Your initial consultation with Dr. Azuero will be more comprehensive than you may be accustomed to in a traditional medical setting. Be prepared to discuss:

- Your complete health timeline from beginning to present
- Complete family health history
- Dietary patterns & nutritional status
- Sleep quality & patterns
- Stress levels & management/coping techniques
- Environmental & occupational exposures
- Home chemicals, hygiene products & potential hazards
- Physical activity, energy & resilience
- Current medications & supplements
- Previous treatments & their effectiveness

Our Process

- Gather information by completing intake forms, reviewing previous medical records for your in-depth consultation and ordering any testing when necessary.
- Then we start to connect the dots by identifying patterns and connections between your symptoms to determine potential root causes and/or aggrevators to find systemic interactions.

Clinton REGIONAL HOSPITAL
Primary Care
Dr. Nadia Azuero

- Then we create a personalized plan together that includes, nutritional supplementation, targeted supplementation, lifestyle modifications, any necessary medications, stress management, sleep optimization, and environmental modifications.
- Finally, we work on monitoring and making adjustments with regular follow-up appointments, tracking progress and symptoms, adjusting the plan based on your response, and any additional testing if necessary.

Laboratory Testing

Functional medicine often utilizes specialized testing that goes beyond "standard bloodwork". Dr. Azuero will work with you based on your situation and may recommend:

- Comprehensive nutritional assessments
- Food sensitivity testing
- Detailed hormone panels
- Digestive health & microbiome analysis
- Toxin exposure testing
- Genetic testing
- Advanced cardiometabolic testing
- Or other specifics to your health concerns

While some testing may be covered by insurance, many specialized tests are not. *We'll always discuss costs with you before ordering tests.*

YOUR ROLE IN FUNCTIONAL MEDICINE

Functional medicine requires ***active*** participation from patients. Your involvement may include:

- Completing comprehensive intake forms to provide a detailed picture of your health
- Making dietary & lifestyle changes as recommended
- Taking supplements and/or medications as prescribed
- Tracking symptoms to monitor progress
- Keeping follow-up appointments to adjust your treatment plan
- Communication openly about what is and isn't working
- Being patient with the process, as addressing root causes takes time

"Rome was not built in one day....but they were laying bricks every hour"

TIMELINE FOR IMPROVEMENT

Functional medicine often works on a different timeline that traditional medicine. While some patients experience improvements quickly, addressing the root causes of chronic conditions typically requires time and can be dependent on your your body's function and recovery.

Acute symptoms: May show improvement within days to weeks

- Chronic symptoms: Often require 3-6 months before significant improvements
- Complex cases: May take a year or longer for full resolution

The timeline depends on:

- How long you've had your condition
- The severity of imbalances
- Your adherence to the treatment plan
- Your unique biochemistry, metabolism, and genetic factors

INSURANCE AND COSTS

Dr. Azuero accepts most major insurance plans for standard medical visits. However, it is important to understand that:

- Specialized functional medicine testing may not be covered by insurance
- Nutritional supplements are typically not covered
- Extended visit times may have additional fees beyond what insurance covers

Dr. Azuero and our office staff will help you understand potential costs before any tests or treatments are ordered. We believe in transparency regarding the financial aspect of your medical care.

GETTING STARTED

We're excited to partner with you on your health journey! To prepare for your first appointment:

1. Complete all new patient forms thoroughly
2. Gather previous medical records and lab results
3. Make a list of all current medications and supplements, or bring them with you to the visit
4. Think about your health goals, short and long term, and priorities for optimal living
5. Bring any questions you may have

You don't have to build everything you want today....just lay a brick.

WE LOOK FORWARD TO WORKING WITH YOU!

CONTACT INFORMATION

Clinton Regional Hospital 90 N 30th St, Suite 7 Clinton, OK 73601

Phone: (580) 547-5128 Website: ***www.crhaok.com***

Office Hours: Monday — Thursday 8:00am to 4:00pm

Clinton REGIONAL HOSPITAL
Primary Care
Dr. Nadia Azuero

Oklahoma Medical Records Release Authorization

Name:_____ DOB:_____
Address:_____
City:_____ State:_____ Zip:_____
Phone:_(___)_____ Email:_____
Social Security Number (last 4 digits): _____

I AUTHORIZE THE FOLLOWING PRACTITIONER/FACILITY TO RELEASE MY MEDICAL INFORMATION:

Practitioner/Facility:_____
Address:_____
City:_____ State:_____ Zip:_____
Phone:_(___)_____ Fax:_(___)_____

RELEASE MY MEDICAL INFORMATION TO:

Clinton Regional Hospital
Dr. Nadia Azuero
100 N. 30th Street Suite 7 Clinton, OK 73601
Phone: (580) 547-5043 Fax: (580) 547-5035

INFORMATION TO BE RELEASED: (Check all that apply)

☐ Complete Medical Record ☐ Medical records from: __/__/__ to __/__/__
☐ Lab results from:__/__/__ to __/__/__ ☐ Immunization records
☐ Radiology reports from:__/__/__ to __/__/__ ☐ Billing records
☐ Other (please specify): _____

Clinton REGIONAL HOSPITAL
Primary Care
Dr. Nadia Azuero

PURPOSE OF RELEASE: (Check all that apply)

☐ Establish care ☐ Continuing care ☐ Transfer care ☐ Personal use ☐ Insurance ☐ Legal
☐ Disability Determination ☐ Worker's compensation
☐ Other (specify): _____

SPECIAL AUTHORIZATION FOR SENSITIVE INFORMATION:

Oklahoma law requires specific authorization for the release of certain types of medical information. By initialing below, I specifically authorize the release of the following information:

☐ Mental Health Records (excluding psychotherapy notes)
☐ Alcohol/Drug Abuse Treatment Records ☐ Sexually Transmitted Disease Information
☐ HIV/AIDS Test Results and Treatment Records ☐ Genetic Testing Information

EXPIRATION AND REVOCATION

The authorization will expire on: ☐ ___/___/___ (specific date) ☐ One year from signing date
☐ When the following event occurs: _____

I understand that I have a right to revoke this authorization at any time by sending a written notification to Clinton Regional Hospital. I understand that a revocation is not effective to the extent that the practitioner has relied on this authorization to use or disclose my health information.

NOTICE OF RIGHTS AND OTHER INFORMATION

I understand that:

- I may refuse to sign this authorization and that my refusal will not affect my ability to receive treatment, payment, enrollment, or eligibility for benefits.
- I may inspect or copy the information to be used or disclosed as provided in 45 CFR 164.524 (HIPAA regulations).
- Any disclosure of information carries with it the potential for unauthorized redisclosure, and the information may not be protected by federal confidentiality rules.
- If I have questions about the disclosure of my health information, I may contact the Clinton Regional Hospital Privacy Officer.

Clinton
REGIONAL HOSPITAL
Primary Care
Dr. Nadia Azuero

In accordance with Oklahoma State Law, I understand that I may be charged a reasonable fee for the copying of medical records. Oklahoma Law allows a fee of $1.00 for the first page and $0.50 for each additional page, plus postage.

Signature of Patient or Legal Representative:_____

Date: __/__/__

Relationship to Patient:_____

Witness Signature: _____

Date: __/__/__

FOR OFFICE USE ONLY

Date Request Received: __/__/__

Request Processed By: _____

Date Information Released: __/__/__

Delivery Method: ☐ Mail ☐ Fax ☐ Email ☐ In Person ☐ Other:_____

Clinton
REGIONAL HOSPITAL
Primary Care
Dr. Nadia Azuero

Oklahoma Medical Records Release Authorization

Name:_____ DOB:_____
Address:_____
City:_____ State:_____ Zip:_____
Phone:_(___)_____ Email:_____
Social Security Number (last 4 digits): _____

I AUTHORIZE THE FOLLOWING PRACTITIONER/FACILITY TO RELEASE MY MEDICAL INFORMATION:

Practitioner/Facility:_____
Address:_____
City:_____ State:_____ Zip:_____
Phone:_(___)_____ Fax:_(___)_____

RELEASE MY MEDICAL INFORMATION TO:

Clinton Regional Hospital
Dr. Nadia Azuero
100 N. 30th Street Suite 7 Clinton, OK 73601
Phone: (580) 547-5043 Fax: (580) 547-5035

INFORMATION TO BE RELEASED: (Check all that apply)

☐ Complete Medical Record ☐ Medical records from: __/__/__ to __/__/__
☐ Lab results from:__/__/__ to __/__/__ ☐ Immunization records
☐ Radiology reports from:__/__/__ to __/__/__ ☐ Billing records
☐ Other (please specify): _____

Clinton REGIONAL HOSPITAL
Primary Care
Dr. Nadia Azuero

PURPOSE OF RELEASE: (Check all that apply)

☐ Establish care ☐ Continuing care ☐ Transfer care ☐ Personal use ☐ Insurance ☐ Legal
☐ Disability Determination ☐ Worker's compensation
☐ Other (specify): _____

SPECIAL AUTHORIZATION FOR SENSITIVE INFORMATION:

Oklahoma law requires specific authorization for the release of certain types of medical information. By initialing below, I specifically authorize the release of the following information:

☐ Mental Health Records (excluding psychotherapy notes)
☐ Alcohol/Drug Abuse Treatment Records ☐ Sexually Transmitted Disease Information
☐ HIV/AIDS Test Results and Treatment Records ☐ Genetic Testing Information

EXPIRATION AND REVOCATION

The authorization will expire on: ☐ ___/___/___ (specific date) ☐ One year from signing date
☐ When the following event occurs: _____

I understand that I have a right to revoke this authorization at any time by sending a written notification to Clinton Regional Hospital. I understand that a revocation is not effective to the extent that the practitioner has relied on this authorization to use or disclose my health information.

NOTICE OF RIGHTS AND OTHER INFORMATION

I understand that:

- I may refuse to sign this authorization and that my refusal will not affect my ability to receive treatment, payment, enrollment, or eligibility for benefits.
- I may inspect or copy the information to be used or disclosed as provided in 45 CFR 164.524 (HIPAA regulations).
- Any disclosure of information carries with it the potential for unauthorized redisclosure, and the information may not be protected by federal confidentiality rules.
- If I have questions about the disclosure of my health information, I may contact the Clinton Regional Hospital Privacy Officer.

Clinton
REGIONAL HOSPITAL
Primary Care
Dr. Nadia Azuero

In accordance with Oklahoma State Law, I understand that I may be charged a reasonable fee for the copying of medical records. Oklahoma Law allows a fee of $1.00 for the first page and $0.50 for each additional page, plus postage.

Signature of Patient or Legal Representative:_____

Date: __/__/__

Relationship to Patient:_____

Witness Signature: _____

Date: __/__/__

FOR OFFICE USE ONLY

Date Request Received: __/__/__

Request Processed By: _____

Date Information Released: __/__/__

Delivery Method: ☐ Mail ☐ Fax ☐ Email ☐ In Person ☐ Other:_____