Regulatory Submittal Part III (D)
Health & Safety Plan

Project:
Deconstruction of
Fiterman Hall – 30 West Broadway
New York, New York

Prepared for:
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TABLE OF CONTENTS

CONTACTS/EMERGENCY PHONE NUMBERS .................................................. 5

1.0 SCOPE OF PLAN ................................................................................. 8

2.0 SAFETY MANAGEMENT ................................................................... 10

  2.1 CONTRACTOR SAFETY OFFICER .................................................. 10
  2.2 SITE SECURITY ............................................................................. 11

3.0 PERSONNEL RESPONSIBILITIES ...................................................... 11

4.0 HAZARD ASSESSMENT .................................................................. 13

  4.1 OVERT CHEMICAL EXPOSURE .................................................... 13
  4.2 PHYSICAL HAZARDS .................................................................. 14
    4.2.1 Heat Stress ........................................................................... 14
    4.2.2 Cold Stress .......................................................................... 14
    4.2.3 Electrical Hazards ................................................................. 15
    4.2.4 Noise Hazard ....................................................................... 15
    4.2.5 Adverse Weather Conditions ................................................ 15
    4.2.6 Biological Hazards ................................................................. 16
      4.2.6.1 Insects ............................................................................ 16
      4.2.6.2 Rodents ......................................................................... 16
      4.2.6.3 Mold/Fungi .................................................................... 16
  4.3 MEDICAL PROGRAM ..................................................................... 17
    4.3.1 Dosimetry/Personnel Monitoring ........................................... 17
    4.3.2 Medical Response Equipment ................................................ 17
  4.4 ACCIDENT AND INCIDENT REPORTING .................................... 17

5.0 TRAINING & ORIENTATION ............................................................... 22

  5.1 PROJECT AND SITE-SPECIFIC ORIENTATION ............................ 22
  5.2 VISITOR ORIENTATION .............................................................. 22
  5.3 SAFETY TAILGATE MEETINGS .................................................... 23
  5.4 FIRST AID .................................................................................. 23
  5.5 SPECIAL WORK CONDITIONS .................................................... 23
  5.6 EMERGENCY RESPONSE TRAINING ......................................... 23

6.0 COMMUNICATIONS ......................................................................... 27

  6.1 GENERAL COMMUNICATIONS .................................................... 27
  6.2 RADIOS/TELEPHONES ............................................................... 27
  6.3 EMERGENCY WARNING ............................................................. 27
  6.4 HAND SIGNALS ........................................................................... 27
7.0 PERSONNEL EXPOSURE AND AIR QUALITY MONITORING  28
  7.1 AIR QUALITY (DUST)  28
  7.2 AIRBORNE MONITORING  28
    7.2.1 PERSONAL AIR MONITORING
  7.3 ACTION LEVELS  28

8.0 ENGINEERING AND ADMINISTRATIVE CONTROLS  29
  8.1 ENGINEERING CONTROLS  29
  8.2 ADMINISTRATIVE CONTROLS  29

9.0 PERSONAL PROTECTIVE EQUIPMENT  29

10.0 CONTAMINATION REDUCTION PROCEDURES  30
  10.1 EQUIPMENT  30
  10.2 PERSONNEL  30
  10.3 DISPOSAL PROCEDURES  31

11.0 GENERAL WORK PRECAUTIONS  32
  11.1 GENERAL WORK PRECAUTIONS  32
  11.2 OPERATIONAL PRECAUTIONS  32

12.0 FALL PREVENTION  34
  12.1 LADDERS  34
  12.2 SCAFFOLDING  35
    12.2.1 Competent Person
    12.2.2 OSHA Requirements
    12.2.3 Guardrail, Midrail and Toeboard Requirements
    12.2.4 Personal Fall Protection
    12.2.5 Areas of Scaffold Use

13.0 SANITARY FACILITIES  37
  13.1 POTABLE WATER  37
  13.2 TOILET FACILITIES  37
  13.3 WASHING AREAS  37

14.0 FIRE CONTROL EQUIPMENT  38

15.0 HAZARD COMMUNICATION  39

16.0 ELECTRICAL LOCKOUT/TAGOUT  41

17.0 EMERGENCY RESPONSE  41
  17.1 UNPLANNED SUDDEN OR NON-SUDDEN RELEASE  41
  17.2 UNPLANNED, UNANTICIPATED FALLING OR DROPPED
BUILDING DEBRIS 41
17.3 FIRE OR EXPLOSION 42
17.4 POWER FAILURE 42
17.5 UNPLANNED, UNANTICIPATED STRUCTURAL FAILURE 42
17.6 EMERGENCY PLAN 43

17.7 MEDICAL EMERGENCY 46

17.7.1 Life-Threatening and/or Otherwise Serious Incident
17.7.2 Non-Life-Threatening Incident
17.7.3 Bloodborne Pathogens

18.0 DOCUMENTATION 48

FIGURES

FIGURE 1.1 VISITOR INFORMATION SHEET 9
FIGURE 4.1 ACCIDENT/EXPOSURE INVESTIGATION REPORT 19
FIGURE 5.1 SAFETY MEETING REPORT 25

ATTACHMENTS

Attachment 1 – Location Map 49
Attachment 2 – HASP Acknowledgement Form 50
Attachment 3 – Worker Hygiene and Protection 51
Attachment 4 – Medical Emergencies 53
Attachment 5 – List of Acronyms 54
Attachment 6 – Emergency Assembly Area Map 55
Attachment 7 - Bloodborne Pathogens and Exposure Control Plan 56
CONTACTS/EMERGENCY TELEPHONE NUMBERS

PROJECT NAME: FITERMAN HALL SITE DECONSTRUCTION OPERATIONS

THE FOLLOWING ARE THE BUSINESS AND HOME TELEPHONE NUMBERS WHERE PROJECT PERSONNEL CAN BE REACHED AT ALL TIMES. IN ADDITION, THE EMERGENCY TELEPHONE NUMBERS OF OTHER VITAL AGENCIES ARE LISTED.

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Alt. Project Manager Jay Goldstein OFFICE (212) 273-5051
            Mobile (917) 577-8382
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COMPLIANCE MANAGER Aric Domozick Office (718) 349-0900
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SITE SAFETY MANAGER Ron Mark Mobile (917) 359-8220

WALDORF EXTERIORS – Deconstruction Subcontractor
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PROJECT MANAGER Daniel O’Brien Office (201) 541-0030
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GENERAL SUPERINTENDENT/CSO Benedict Colombo Office (201) 541-0030
            Cell (646) 778-9682
ALANTE SECURITY GROUP Nathan Roman     Office     (516) 997-8118

REGULATORS

USEPA          Pat Evangelista        (212) 637-4447
NYSDOL         Chris Alonge          (518) 457-7201
NYCDEP         Krish Radhakrishnan   (718) 595-3721
NYCDOB         Robert Iulo           (212) 566-3364
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Emergency Services:

Hospital: NYU Downtown Hospital
170 William Street
New York, NY 10038
Phone: (212) 312-5000

Police: 1st Precinct
16 Ericsson Place
New York, NY 10013
Phone: (212) 334-0611

Fire: Engine 7, Ladder 1, Battalion 1
100 Duane Street
New York, NY 10007
Phone: (212) 628-2900
1.0 SCOPE OF PLAN

The following Health and Safety Plan (HASP) will be utilized and modified as necessary in order to maintain safe working conditions during the deconstruction of the Fiterman Hall Building located at 30 West Broadway in New York City (the Building).

All personnel on site during deconstruction are required to strictly adhere to the policies and procedures listed herein. This HASP is for use only by DASNY/CUNY and their designated contractors, consultants, and approved Site visitors.

Visitors will be required to review the health and safety plan and read and sign the visitor information sheet (Figure 1.1).

The Personal Protective Equipment (PPE) and additional safety and health procedures and equipment requirements presented in this HASP are deemed the minimally acceptable standard for working at this Site. Subcontractors can make individual decisions to upgrade the equipment requirements for each PPE level to ensure the hazards presented by a specific activity are controlled and worker exposure is minimized.

For specific details regarding the deconstruction operation work procedures refer to Regulatory Submittal Part I(D) – Deconstruction Operation Work Plan.
VISITOR INFORMATION

NOTICE TO VISITOR:

ALL VISITORS MUST BE ESCORTED AT ALL TIMES WHILE ON THIS SITE

CONTROLLED AREAS:

Do not enter areas with these signs unless you have an escort or the Contractor Safety Officer has given specific approval and you understand access limitations.

The Contractor Safety Officer will provide you with instructions.

You may be required to wear protective clothing in controlled areas. No smoking, eating, drinking or chewing in controlled areas.

NO EXCEPTIONS.

Name___________________________________________________

Date________________________
2.0 SAFETY MANAGEMENT

The following safety management structure will be utilized for the implementation, administration, and monitoring of the HASP.

2.1 CONTRACTOR SAFETY OFFICER (CSO)

CSO for deconstruction is deconstruction subcontractor General Superintendent Benedict Colombo. The CSO will have on-site responsibility for the HASP. The CSO or designee will monitor and maintain quality assurance of the HASP until completion of deconstruction. All subcontractors will be required to assign a Safety Officer to administer the HASP during their work duties on Site. The CSO will oversee the Subcontractors Safety Officers administration of the HASP during Deconstruction.

Principal duties of the CSO include:

- Review project background data,
- Administer and enforce the HASP,
- Evaluate the adequacy of PPE to be used by Site personnel,
- Conduct required on-site training except tailgate safety meetings that will be conducted by the General Superintendent or their designee (ie. Field Team Leader or Work Area Supervisor),
- Conduct orientation of visitors on work Site conditions,
- Coordinate the health and safety activities of all the Contractor and Subcontractor personnel to ensure the requirements of the HASP are followed.
- Communicate with all parties when changes occur on-site or when conditions impacting the site occur concerning the response actions to be taken.
- Communicate all materials/chemicals/equipment that may be encountered on Site during deconstruction to all employees, Subcontractors and visitors. Additionally, CSO will communicate the location of Material Safety Data Sheet (MSDS) for all materials/chemicals on Site.

The CSO or designee has the authority to stop work in the event conditions develop that pose a heightened risk to Site personnel or persons in the vicinity of the work area. Additionally, the CSO will ensure that Subcontractors perform the following operations under the direct on-site supervision of OSHA Competent Persons:

- General Construction (29 CFR 1926.20)
- Unsanitary Conditions (29 CFR 1926.27)
- Rigging (29 CFR 1926.251)
- Scaffolding (29 CFR 1926.450)
- Ladders (29 CFR 1926.1053)
- Personal Fall Arrest Systems (29 CFR 1926.500 and .502)
- Ear Protection (29 CFR 1926.101)
- Cranes and Derricks (29 CFR 1926.550)
- Materials Hoists, Personnel Hoists and Elevators (29 CFR 1926.552)
- Demolition (29 CFR 1926.850)
- Welding/Cutting on surfaces covered by protective coatings (29 CFR 1926.354)
- Excavation (29 CFR 1926.650)
- Powered Platforms for Building Maintenance, 29 CFR 1910.66
2.2 SITE SECURITY

The following site control measures will be implemented to protect the public and personnel working on-site:

- Fences, guardrails and access devices, including ladders, stairways, and walking surfaces will be provided and maintained throughout the project activities in accordance with 29 CFR 1926.

- Barricades, warning signs, temporary lighting and other safety measures will be provided, as required, to protect site personnel.

- Only authorized personnel who have been issued badges will be permitted on the Site in accordance with the requirements of this HASP. Visitors and other non-essential personnel may enter the work area only upon authorization by the Field Team Leader.

- All visitors to the Site will report first to the Administrative trailer. Visitor access will be allowed only with the prior consent of the Contractor CSO and the Contractor Site Manager.

No visitor (other than regulatory inspectors) will enter a work area unescorted by a Subcontractor or Contractor representative. The presence of any regulatory agency on-site will be reported immediately to the Contractor Site Manager.

3.0 PERSONNEL RESPONSIBILITIES

The CSO will administer and supervise the HASP at the work-site level. He/she will monitor all operations and will be the primary on-site contact for health and safety issues, with full authority to stop operations if conditions are judged to be hazardous to on-site personnel or the public.

The CSO will brief all Site personnel on the contents of the HASP. Personnel will be required to review the HASP, and have the opportunity to ask questions about the planned work or hazards. The Field Team Leader will be the onsite Superintendent or Work Area Supervisor for the performance of Deconstruction. He/she will conduct tailgate safety meetings to familiarize the Site personnel with Site conditions, boundaries, and physical hazards. Site personnel will conduct their assigned tasks in accordance with the HASP at all times.

If at any time during the Deconstruction, site personnel observe unsafe conditions, faulty equipment or other conditions that could jeopardize personnel health and safety, they are required report their observations immediately to the CSO or their Field Team Leader.

The Deconstruction asbestos abatement work areas will be established at the Site and are defined in Regulatory Submittal Part I(D) – Deconstruction Work Plan. The asbestos abatement work areas will include decontamination facilities, equipment staging area and asbestos waste containers.

All personnel on site will comply with the following:

1. Participate in initial site orientation as described in Section 5.0, and daily safety meetings, and will provide any required documentation if necessary i.e medical clearance, fit test,
asbestos certification, etc. prior to starting work on the site. Documentation requirements are determined by activities to be performed.

2. Sign the HASP Acknowledgement Form and other required documents after orientation to indicate that they participated in orientation and understood the information presented in orientation.

3. Follow the designated safety and health procedures; be alert to the hazards associated with working on the site, and exercise reasonable caution at all times.

4. Direct any questions or concerns about this HASP to the CSO or their Field Team Leader.

5. Take all reasonable precautions to prevent injury to themselves and to their fellow employees, and remain alert to potentially harmful situations.

6. Obey all applicable laws and regulations relating to health and safety.

7. Minimize the impact of Deconstruction activities on the neighboring community.

8. Perform only those tasks that they have been trained to complete and can safely do so.

9. Consult with their physician if they have any special medical conditions that could affect their ability to perform work at the site. If cleared by their physician to work, employees must notify their supervisor of any special medical conditions (i.e., allergies, contact lenses, diabetes) that may affect their ability to perform certain tasks.

10. Notify their supervisor of any prescription and/or non-prescription medication that they may be taking that might cause drowsiness, anxiety, or other unfavorable side affects.

11. Learn and comply with Site security requirements.

12. Comply with the Site’s zero tolerance prohibition on drug and alcohol use, smoking, horseplay, and restricted eating/drinking areas.

13. Practice good housekeeping by keeping the work areas neat, clean and orderly.

14. Immediately report all injuries, incidents and near-misses to the designated supervisor and the CSO.

15. Properly use any required PPE specified by this HASP.

16. Properly maintain any required PPE per manufacturers’ recommendations.

17. Comply with the HASP and all health and safety recommendations and precautions.

18. Notify their supervisor and the CSO of any Site conditions or concerns which are not addressed by the protective measures specified in this HASP, or which are addressed but the employee does not understand the protective requirements specified herein.
4.0 HAZARD ASSESSMENT

The following represents potential hazards associated with this project.

PARTICULATE

Crystalline Silica

FIBROUS

Asbestos

These primary routes of entry to the body will be considered:

<table>
<thead>
<tr>
<th>Route</th>
<th>Entry Made Via</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inhalation</td>
<td>Airborne dust containing particulate and/or fibrous material</td>
</tr>
<tr>
<td>Ingestion</td>
<td>Airborne dust containing particulate and/or fibrous material</td>
</tr>
<tr>
<td></td>
<td>Improper or poor personal hygiene practices.</td>
</tr>
<tr>
<td>Eye and Skin</td>
<td>Direct contact with particulate and/or fibrous material.</td>
</tr>
<tr>
<td></td>
<td>Airborne dust containing particulate and/or fibrous material.</td>
</tr>
<tr>
<td></td>
<td>Improper or poor personal hygiene practices.</td>
</tr>
</tbody>
</table>

4.1 OVERT CHEMICAL EXPOSURE

Please note that there are no known chemicals present that could be disturbed during Deconstruction operations. No hazardous chemicals will be utilized to perform the Deconstruction. In the case that unforeseen chemicals are encountered in Deconstruction work areas, the following response procedures will be implemented:

SKIN CONTACT:
Use copious amounts of soap and water. Wash/rinse affected area thoroughly, then provide appropriate medical attention if symptoms warrant. Eye wash will be provided on-site at the work zone and Clean Zone as appropriate. If affected, eyes should be continuously flushed for a minimum of 15 minutes.

INHALATION:
Move to fresh air and transport to hospital or summon EMS to the Site by calling 911 if symptoms warrant. Decontaminate if possible.

INGESTION:
Transport to emergency medical facility or summon EMS to the Site by calling 911 if symptoms warrant. Decontaminate if possible.

PUNCTURE WOUND OR LACERATIONS:
Transport to emergency medical facility or summon EMS to the Site by calling 911 if symptoms warrant. Field Team Leader will provide Material Safety Data Sheets (MSDS) to medical personnel as requested. Decontaminate if possible.
4.2 PHYSICAL HAZARDS

Before Deconstruction activities begin, the CSO will conduct site reconnaissance to identify any real or potential hazards created from work activities. Physical hazards associated with damage to the building resulting from the collapse of the WTC and hazards inherent to construction activities and power-operated equipment may exist (e.g., excessive heat or cold; excessive noise; inclement weather; manual lifting/handling of heavy objects; heavy equipment operation; poor housekeeping; rough terrain; compromised structural integrity; traffic; cranes, hoists and other lifting equipment; aerial lifts and manlifts; working at elevation; use of scaffolding; hazardous materials use; potential utility and electrical sources; use of hand and power tools; slips and falls; etc.).

4.2.1 Heat Stress

Field activities in hot weather create a potential for heat stress. The warning symptoms of heat stress include fatigue; loss of strength; reduced accuracy, comprehension and retention; and reduced alertness and mental capacity. To prevent heat stress, personnel will receive adequate water supplies and/or electrolyte replacement fluids, and maintain scheduled work/rest periods.

The Field Team Leader or designee will continuously visually monitor personnel to note for signs of heat stress. In addition, field personnel will be instructed to observe for symptoms of heat stress. One or more of the following control measures can be used to help control heat stress:

1. Any employee potentially suffering from heat stress will be escorted from the work area to a safe area.

2. Provision of adequate liquids to replace lost body fluids. Employees must replace body fluids lost from sweating. Employees are encouraged to drink more than the amount required to satisfy thirst, 12 to 16 ounces every half-hour is recommended. Thirst satisfaction is not an accurate indicator of adequate salt and fluid replacement.

3. Establishment of a work regimen that will provide adequate rest periods for cooling down.

4. This may require additional shifts of workers.

5. Breaks should be taken in a cool and shaded rest area.

6. Employees will remove impermeable protective garments during rest periods.

7. Employees will not be assigned other tasks during rest periods.

All employees will be informed of the importance of adequate rest, acclimation, and proper diet in the prevention of heat stress. If an employee exhibits symptoms of heat stress, emergency medical services should be summoned to the Site or the employee should be transported to the hospital identified below in this HASP. The CSO will make a determination to cancel a shift if the external weather conditions present a heat stress hazard.
4.2.2 Cold Stress

Persons working in temperatures of 40 degrees and below may suffer from cold exposure. During prolonged periods with inadequate clothing, effects of cold exposure may even occur at temperatures well above freezing. Cold exposure may cause severe injury by freezing exposed body surfaces (frostbite) or result in profound generalized cooling, possibly causing death. Areas of the body which have high surface area-to-volume ratios such as fingers, toes and ears are the most susceptible to frostbite.

Two factors influence the development of a cold injury: ambient temperature and the velocity of the wind. Wind chill is used to describe the chilling effect of moving air in combination with low temperature. For instance, 10° F with a wind of 15 miles per hour (mph) is equivalent in chilling effect to still air at -18°F.

As a general rule, the greatest incremental increase in wind chill occurs when a wind of 5 mph increases to 10 mph. Additionally, water conducts heat 240 times faster than air. Thus, the body cools suddenly when external chemical-protective equipment is removed if the clothing underneath is perspiration-soaked.

4.2.3 Electrical Hazards

Overhead power lines, downed electrical wires, buried cables and improper use of electrical extension cords can pose a danger of shock or electrocution. All Site personnel should immediately report to the Field Team Leader any condition that could result in a potential electrical hazard. Please note that there are no overhead power lines in the vicinity of the Deconstruction work area and all electrical power will be provided through ground fault circuit interrupters (GFCI) in accordance with OSHA 29 CFR 1926 Subpart K “Standards for Use of Electricity”.

Any damaged electrical equipment, tools, cords, etc. will be taken out of service and removed from the site.

The Field Team Leader and/or CSO will notify Site personnel during the safety meetings of the locations of known underground cables, utilities and active electrical equipment such as temporary electric, electrical risers, basement electrical rooms or vaults, elevator equipment or other areas not de-energized.

4.2.4 Noise Hazards

Operation of equipment may present a noise hazard to workers. Site personnel will utilize hearing protection when noise levels are determined to be in excess of 29 CFR 1910.95 requirements. Noise monitoring will be performed to determine noise levels. Disposable ear plugs or ear muffs will be utilized dependant upon conditions.

4.2.5 Adverse Weather Conditions

In the event of adverse weather conditions, the CSO and/or Field Team Leader will determine if work can continue without endangering the health and safety of personnel.
involved in Deconstruction procedures. Some items to be considered before determining if work should continue are:

- Potential for heat stress and heat-related injuries.
- Potential for cold stress and cold-related injuries.
- Heavy rain, sleet, hail or snow.
- Flooding, icing or high accumulation of snow.
- Limited visibility.
- Potential for electrical storms or high winds.

### 4.2.6 Biological Hazards

It is not anticipated that Biological Hazards will be encountered during the Deconstruction. Potential biological concerns are: insects, rodents, and mold/fungi. In the event that any of these concerns are encountered, they will be dealt with as follows:

#### 4.2.6.1 Insects

The presence of insects will be addressed by personnel as the insects are encountered. When a stinging or poisonous insect, such as a bee or spider, is identified, personnel should exercise caution to avoid being bitten or stung for example by using tools to move material. In the event that a person is stung or bitten, the incident will be reported to the Site Manager and CSO. The Site Manager and/or CSO will initiate actions to manage and address the bite or sting. Personnel who are allergic to insect bites and stings should identify their allergy to their employer. Extermination services will be utilized as necessary to control infestation.

#### 4.2.6.2 Rodents

In the event that rodents or animal pests are identified or observed on-site, personnel should report the incident to the Contractor CSO. The Contractor will be responsible for evaluating the condition and implementing steps to eliminate rodents on the site. Extermination services will be utilized as necessary.

#### 4.2.6.3 Mold/Fungi

Interior investigations have indicated that there is no mold/fungi contamination present in the Deconstruction work areas. Should mold/fungi be determined to be present, the cleaning of impacted materials will be performed by properly trained personal using PPE as determined by the CSO. Removal and handling measures will be consistent with the NYC Department of Health.

### 4.3 Medical Program

Personnel will be required to receive medical evaluation if required to perform their work (i.e. for personnel performing asbestos abatement during deconstruction). Personnel who receive a medical evaluation will be notified by the Contractor as to the outcome of their evaluation. This will be in the form of a confidential report addressed to the individual and will contain a description of the clinical findings. In addition, it will indicate any areas of concern which would justify further medical consultation by the individual’s personal physician. In the event that the areas of concern
are of a severe nature, a follow-up notification will be made to the individual by the medical consultant to answer any questions the employee may have.

4.3.1 Personnel Monitoring

OSHA personal monitoring will be conducted as required during and deconstruction activities that involve disturbance of asbestos.

4.3.2 Medical Response Equipment

The following medical response equipment will be available on-site for the duration of the site activities.

- Eyewash Stations: The location of emergency eyewash stations will be determined by the CSO. Each station will provide a continuous spray of a rate of 0.4 gallons per minute for at least 15 minutes. This station will be inspected daily to ensure proper operation. Upon determination of eye wash station locations, a plan will be submitted showing such, and made part of this HASP. Eyewash stations to be provided by the PAL.

- First Aid Kits: First aid kits will be in 1) Deconstruction decontamination units, 2) administrative trailer located on the northwest side of the Site and 3) each Deconstruction work area and also at the first floor Project Command Center. As a general guideline, each Subcontractor will provide, at minimum, one first aid kit for every 20 employees and will station it within the existing administrative trailer.

The locations of these equipment stations will be determined by the CSO at the site and incorporated into this HASP upon initiation of each task. The CSO will maintain responsibility for the incorporation of this information into this HASP.

The locations of eyewashes, first aid kits, and the procedures for using and reporting an incident will be presented during the initial on-site training. The Contractor CSO will make all personnel aware of the locations and use of this equipment prior to engaging in site work activities.

Refer to Section 17.6 for the Emergency Plan.

4.4 ACCIDENT AND INCIDENT REPORTING

All accidents, injuries, or incidents will be reported to the CSO. This accident/incident will be reported as soon as possible to the employee’s supervisor. An Accident/Incident Form will be completed by the Field Team Leader, and a copy will be forwarded to the Project Manager. A copy of the form is shown as Figure 4.1.
### 5.0 TRAINING & ORIENTATION

All Contractor Site personnel will be trained in their respective trade responsibilities and certified as required (i.e. asbestos handler certification, torch operator certification, heavy equipment operator training).

#### 5.1 PROJECT AND SITE-SPECIFIC ORIENTATION
Prior to Deconstruction commencement, all assigned personnel will receive an initial project and site-specific training session. The CSO will ensure that all site employees receive this training.

This orientation will include, but not be limited to, the following areas:

- Review of the Health and Safety Plan;
- Review of applicable chemical and physical hazards present at the work site and their associated health risks;
- Location of the MSDS files.
- Proper use of all tools and equipment to complete the scope of work activities;
- PPE levels to be used by Site personnel;
- Site security control;
- Emergency response and evacuation procedures;
- Project communication;
- Required decontamination procedures;
- Waste disposal procedures;
- Prohibited on-site activities;
- Work practices to prevent the spread of contamination;
- Work practices to reduce or prevent exposure to hazardous chemicals; and
- Site alarms, emergency response procedures, and locations of emergency staging, evacuation and lay down areas.
- In the case of operation of deconstruction heavy equipment training and adherence to OSHA 29 CFR 1926.602

5.2 VISITOR ORIENTATION

The Owner, their authorized representative(s) and any representative of a regulatory or other agency having jurisdiction over the project will be considered an Authorized Visitor.

- Location and description of potential chemical and physical hazards and risks,
- Required PPE,
- Areas of the site that may be closed to visitors,
- The site evacuation and emergency procedures, and
- Other topics as deemed appropriate by the Contractor CSO.

All non-essential personnel and visitors who plan to enter the site will be briefed on the HASP requirements and 10 CFR 1912 requirements prior to entry with a trained Site escort.

5.3 SAFETY TAILGATE MEETINGS

Before the start of the work week, at a pre-arranged date and time, the Field Team Leader will assemble the Site personnel for a brief safety meeting. The purpose of these meetings will be to discuss project status, problem areas, conditions, safety concerns, PPE levels and to reiterate HASP requirements. The Field Team Leader will complete a Safety Meeting Report (Figure 5.1) to indicate the contents of the meeting and the attendees.
Topics to be addressed include but not be limited to:

- Use and maintenance of PPE;
- Notification of known unsafe conditions
- Evacuation routes;
- Warning signals;
- Maintaining line-of-sight and communications;
- Rehearsal of scheduled activities;
- Hospital routes;
- Locations of safety equipment;
- Fall protection;
- Previous violations of the safety plan and procedures or changes to the program to correct the violation;
- Anticipated hazards for the day’s work activities;
- Any changes to the requirements for levels of PPE;
- The locations of work zones; and
- General site conditions.

5.4 FIRST AID

At least one (1) individual, trained and qualified to administer first aid and CPR in accordance with American Red Cross requirements, will be present at the Site.

5.5 SPECIAL WORK CONDITIONS

Site workers in special work conditions such as confined space, hot work, trenching, or other physical hazards, will have the proper training and certification to perform special work activities.

5.6 EMERGENCY RESPONSE TRAINING

Emergency response training will be provided to all on-site-personnel as part of the site-specific safety and health awareness training. The emergency response training will be conducted by each Subcontractor’s designated Safety Officer for its respective employees.

At a minimum, the topics of this training will include the following:

- Location of all site emergency equipment
- Response procedures for fires
- Response procedures for injuries and accidents
- On-site/off-site response resources
- Fall protection
- Emergency site operations shut down procedures
- On-site “Chain of Command”
- Designated on-site emergency meeting location
- Recognition of evacuation signals and alarms
6.0 COMMUNICATIONS

6.1 GENERAL COMMUNICATIONS
The Field Team Leader will have available at the Site the means for telephone communications, or an equivalent means of communication, for summoning emergency assistance from the fire/ambulance and police departments in the event they are required. The telephone will also act as a direct link to technical personnel for information pertaining to all phases of the project.

6.2 RADIO/TELEPHONES

Short-range walkie-talkies or cellular telephones will be made available to the Deconstruction Project Manager, Site Superintendent, Work Area Supervisors and Site Safety Personnel working at the Site during the Deconstruction.

6.3 EMERGENCY WARNING

In the event of an emergency condition, the CSO or Field Team Leader will notify project personnel by three horn blasts if all are within immediate hearing and/or by short-range walkie-talkies or cellular telephones if they are out of range. The CSO or Field Team Leader will also notify any visitors present within the area. Site personnel will immediately proceed to the designated assembly area. Personnel will remain in the designated area until further instructions are received by the CSO. A warning signal of three (3) consecutive air horn alerts will be sent if evacuation is required from the Deconstruction work area.

All communication equipment will be tested at the beginning of each day to verify operational integrity.

6.4 HAND SIGNALS

Hand signals will be used by field teams in conjunction with the buddy system. Hand signals will be familiar to the entire field team before operations commence and should be reviewed during site-specific training and orientation.

<table>
<thead>
<tr>
<th>Signal</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand gripping throat</td>
<td>Out of air; can’t breathe</td>
</tr>
<tr>
<td>Grip partner’s wrist</td>
<td>Leave area immediately; no debate</td>
</tr>
<tr>
<td>Hands on top of head</td>
<td>Need assistance</td>
</tr>
<tr>
<td>Thumbs up</td>
<td>OK; I’m all right; I understand</td>
</tr>
<tr>
<td>Thumbs down</td>
<td>No; negative</td>
</tr>
</tbody>
</table>
7.0 PERSONNEL EXPOSURE AND AIR QUALITY MONITORING

7.1 AIR QUALITY (DUST)

Due to the nature of the deconstruction procedure, dust suppression will be important as a means of minimizing exposure levels and off-site migration of contaminants. The Field Team Leader will routinely monitor the project area. The OSHA personal exposure limit (PEL) for nuisance dust is 15 mg/m³ and will be complied with during deconstruction. As outlined in the Part I(R) Deconstruction Work Plan, wet methods will be used as a means of dust control during all Deconstruction activities.

7.2 AIRBORNE CHEMICAL MONITORING

Monitoring for airborne exposure is as important as other occupational safety precautions; this includes the following elements:

- Air sampling for particulate and fibrous materials
- Recordkeeping regarding personnel work locations and time in location, and
- Respiratory protective equipment records for devices used by workers in potential airborne contaminant areas.

By closely monitoring these three elements, a continuous record of personnel exposure to airborne chemical contaminants is maintained.

General methodologies for sample collection and analysis include:

7.2.1 PERSONAL AIR MONITORING

Monitoring for airborne exposure is as important as other occupational safety precautions; this requires the following elements:

- Air sampling for asbestos as required by OSHA regulations
- Recordkeeping regarding personnel work locations and time in location, and
- Respiratory protective equipment records for devices used by workers in asbestos work areas.

By closely monitoring these three elements, a continuous record of personnel exposure is maintained.

General methodologies for sample collection and analysis include:

7.3 ACTION LEVELS

7.3.1 Chemical Action Levels

Please note that Deconstruction activities are not anticipated to generate any airborne chemical hazards. As a precautionary measure, the HASP addresses Chemical Action Levels and procedures necessary should they be exceeded.
8.0 ENGINEERING AND ADMINISTRATIVE CONTROLS

8.1 ENGINEERING CONTROLS

The Contractor will be responsible for providing and implementing Engineering Controls as a primary means of ensuring worker health and safety, and will provide the following minimum controls.

- Water used as a dust suppression is the only engineering control for deconstruction.

8.2 ADMINISTRATIVE CONTROLS

Each Subcontractor, as overseen by the CSO, will be responsible for the provision and maintenance of the administrative documentation as a secondary means of ensuring worker health and safety. Please note that all Subcontractors entering the site will adopt this HASP to their work and conform to its rules.

During Deconstruction, only trained and certified employees utilizing the proper protective equipment will be permitted to perform work with regulated materials such as asbestos. Should it become necessary for other Subcontractors to perform work with regulated materials, the following administrative controls will be implemented by each required Subcontractor:

- Ensure all employees performing deconstruction asbestos abatement work are enrolled in a medical monitoring program as required by OSHA;
- Ensure all employees performing deconstruction asbestos abatement work who require respiratory protection have current fit-test and training certifications;
- Implement work practices and engineering controls that avoid generating dust whenever possible;
- Require all employees performing deconstruction asbestos abatement work to follow decontamination procedures, including washing hands, face, hair and neck upon leaving the work area and before eating, drinking or smoking;
- Require that the Buddy System be utilized when employees are working within the Deconstruction work area

9.0 PERSONAL PROTECTIVE EQUIPMENT

Determinations of PPE requirements for Deconstruction activities are based upon available historical site characterization data collected during the Remediation Phase and knowledge of the anticipated hazards. Changes in levels of PPE and changes in the PPE requirements for specific areas may be made following evaluation of the results of monitoring, visual observations and specific conditions associated with Deconstruction activities.

All PPE will be provided, used, and maintained in a sanitary and reliable condition per OSHA 29 CFR 1910.132-138 and 1926.28 (Personal Protective Equipment). All selected PPE will be of construction, design, and material that properly and appropriately fits the employee to protect employees against known or anticipated hazards.

All personnel entering the Building during Deconstruction operations are required to utilize the proper personal protective equipment (PPE) at all times. No personnel will be allowed to enter the Building without proper PPE. The minimum PPE required for Deconstruction operations is as follows:
- Safety glasses
- Work boots
- Hard hats
- Hearing Protection (only if noise will exceed OSHA decibel limits)**

10.0 CONTAMINATION REDUCTION PROCEDURES

When exiting a deconstruction abatement work area, personnel shall be aware of and follow the procedures used to decontaminate personnel, equipment, and sampling containers. Subcontractors shall ensure that their employees follow proper decontamination and waste disposal procedures. Disposal of PPE and other items shall be performed with material placed in appropriately sized and labeled containers. Specific decontamination procedures are presented in the following subsections. All decontamination procedures will be in accordance with the Entry/Exit Procedures of NYS Industrial Code Rule 56 and/or in accordance with the Deconstruction Variance Decision.

10.1 EQUIPMENT

Since equipment decontamination is difficult, unnecessary equipment shall not be brought into the controlled areas. All materials used in deconstruction abatement work areas will be properly HEPA vacuumed and wet-wiped before leaving a work area.

10.2 PERSONNEL

Personnel exiting a deconstruction abatement work area will follow proper decontamination procedures as outlined below.

- All employees shall remove all gross contamination and debris from disposable protective clothing and equipment by vacuuming prior to leaving a deconstruction abatement work area.
- Upon entering the Decontamination Unit, each employee will remove the first layer of protective clothing and place it in the appropriate container. If the employee performs duties and becomes “grossly contaminated”, the decontamination procedure will include a soapy wash and a tap water rinse of the outer suit, gloves and overboots prior to removal of the outer layer.
- He/she shall then move into decon area, the employee removes the Tyvek and gloves and places into the appropriate waste container. Personnel shall then proceed to a washing facility to take full showers.
- The employee shall dispose of all protective clothing upon exiting the decontamination unit; all half-face APR respirator cartridges, if used, shall be changed out, as needed, but on a daily basis at a minimum. Full-face PAPR cartridges may be utilized more than one day if functioning as designed and sealed and decontaminated after each use.

If additional decontamination steps are necessary, these steps shall be performed and documented by the CSO.

Respirator Maintenance Procedure:
1. All respirators will be cleaned, sanitized, inspected, assembled, and maintained ready for use on a daily basis.
2. Each respirator will be stored in a clean and sanitary container.
3. Prior to use, the wearer will inspect the respirator, including the valves, valve covers, nosepiece, straps, eyepiece (for full face respirators), face piece and its snaps, cylinders, and canisters to insure that the respirator can be worn.
4. Each employee will be responsible for cleaning, inspecting, maintaining, sanitizing, and storage of his/her respirator equipment.
5. If a respirator becomes contaminated or malfunctions, the respirator will be replaced by the employer with a clean and sanitized respirator, and the contaminated/defective respirator will be decontaminated and repaired before reuse, or tagged “out of service” and disposed of.
6. The respirator wearer will inspect the replacement respirator for defective parts and leaks and will be fit tested if the replacement respirator is of a different make, model or size than the original.

10.3 DISPOSAL PROCEDURES

All discarded materials, waste materials, or other field equipment and supplies will be handled in such a way as to prevent the spread of contamination, creating a sanitary hazard, or causing litter to be left on-site. All potentially contaminated waste materials (e.g., clothing, gloves) will be placed in appropriately sized and labeled containers. Appropriate labels will be affixed to all containers.

11.0 GENERAL WORK PRECAUTIONS

11.1 GENERAL WORK PRECAUTIONS

The following general work precautions apply to all Site personnel involved in Deconstruction:

- There is zero tolerance for smoking at the site. Smoking is strictly prohibited at all times.
- Eating, drinking, chewing gum or tobacco, or any other practice that increases the probability of hand-to-mouth transfer and ingestion of material is prohibited in the work area.
- Hands and face must be thoroughly washed upon leaving the work area. Wash water will be provided at the Site for this purpose.
- Whenever levels of fibrous materials warrant, the entire body should be thoroughly washed, as soon as possible, after the protective coveralls and other clothing are removed as part of the decontamination process.
- No facial hair that interferes with a satisfactory fit of the mask-to-face-seal is allowed on personnel required to wear respirators.
- Contact with contaminated or suspected contaminated surfaces should be avoided. Whenever possible, do not walk through puddles, leachate, discolored surfaces, kneel on ground, lean, sit, or place equipment on drums, containers, or the ground.
- Medicine, drugs and alcohol may interfere with or impair judgment and reaction times. Therefore, usage of prescribed drugs must be specifically approved in writing by a qualified physician and made known to the CSO prior to an individuals’ presence on the work-site.
• There is zero tolerance for consumption of alcoholic beverages at the site. Alcoholic beverage intake is strictly prohibited at the Site and prior to work.
• All personnel must be familiar with standard operating procedures for deconstruction and any additional instructions and information contained in the HASP.
• All personnel must adhere to the requirements of the HASP.
• Contact lenses are not permitted when respiratory protection is required or where the possibility of a splash exists.
• Personnel must be cognizant of symptoms for chemical exposure onsite, for heat stress and cold stress, and knowledgeable regarding emergency measures contained in the Emergency Plan.
• Respirators will be cleaned and disinfected after each day’s use or more often, if necessary.
• Prior to donning, respirators will be inspected for worn or deteriorated parts. Emergency respirators or self-contained devices will be inspected at least once a month and after each use.
• Each employee that will be required to use a respirator to perform their work will be familiar with the project’s Respiratory Protection Program.

11.2 OPERATIONAL PRECAUTIONS

The following operational precautions must be observed at all times:

• All Site personnel will be adequately trained and thoroughly briefed on anticipated hazards, equipment to be worn, safety practices to be followed, emergency procedures, and communications.
• All Site personnel will use the buddy system when wearing respiratory protective equipment.
• During continual operations, on-site workers act as a safety backup to each other. If Contractor or deconstruction subcontractor personnel are not on site at the time, Consultant and Subcontractor personnel provide emergency assistance if necessary. If the situation requires, emergency services should be summoned to the site by calling 911.
• Personnel should practice any unfamiliar operations prior to undertaking the actual procedure.
• Entrance and exit locations will be designated and emergency escape routes delineated.
• Warning signals for Site evacuation must be established. During Deconstruction, warning signal for evacuation will be three (3) successive air horn alerts.
• Personnel and equipment in the contaminated work area should be minimized, consistent with effective Site operations.
• Work areas for various operational activities will be established.
• Procedures for leaving a deconstruction asbestos work area will be planned and implemented prior to going on-site. Work areas and decontamination procedures will be established based on expected Site conditions.
• Inspection of Site operations will be conducted on a daily basis by the CSO during Deconstruction to ensure compliance with the HASP.
• If any changes in operation occur, the HASP will be modified to reflect those changes.
12.0 FALL PREVENTION

The nature of the work during Deconstruction requires strict adherence to the fall prevention procedures as outlined in this section. Fall protection will be implemented and utilized in accordance with OSHA requirements outlined in 29 CFR 1926. The Contractor and Subcontractors will ensure any potential fall hazards are eliminated from the Deconstruction work area. Safety measures for fall prevention outlined below are divided into the areas of specific concern for the Deconstruction: ladders, scaffolding, shafts and hoist ways.

All personnel utilizing fall protection equipment will be properly trained in its usage. CSO will maintain records of this training on Site. CSO will be responsible for performing a visual inspection of the Deconstruction work area prior to each shift to ensure that it is free from potential fall hazards.

All falls will be reported immediately reported to the CSO. Conditions leading to falls will be investigated in order to determine the cause and the corrective measures or equipment needed in order to prevent the possibility of further incidents. Documentation of investigations and corrective measures implemented will be kept on Site in the existing administrative trailer.

12.1 LADDERS

Please note that metal ladders will not be used during deconstruction asbestos abatement during the Deconstruction. Metal ladders may be used during deconstruction only in areas that are not deconstruction asbestos abatement work areas.

Some causes of ladder related accidents are:

- Ascending or descending improperly
- Failure to secure ladder at top and/or bottom
- Structural failure of the ladder itself
- Carrying objects in hands while ascending or descending ladders
- When climbing off or onto the ladder.

In order to prevent ladder accidents while using ladders on Site the CSO will take the following measures regarding their usage.

- The foot of the ladder should be placed approximately one-quarter of its supported length away from the vertical plane of its top support. Only light, temporary work should be performed from ladders. Workers should be cautioned frequently about the danger of trying to reach too far from a single setting.
- Since, in most ladder applications, the weight of the worker is unevenly distributed over an area of approximately three (3”) inches long by three (3”) inches wide, any effort which tends to shift the balance of the worker should be discouraged.
- Ladders will not be placed in front of doors, which open towards the ladder unless the door is locked or otherwise guarded. In addition, ladders will not be placed in passageways, driveways, or any other location where they may be displaced by activities being conducted by persons not working directly with the ladder.
- Ladder feet should be placed on a firm level base, and the area in the vicinity of the bottom of the ladder should be kept clear of tools and debris.
• Ladders leading to landings, walkways, platforms will extend thirty-six inches (36”) above the top point of contact and will be securely fastened to prevent moving. Long ladders will be braced at intermediate points as necessary to prevent springing.
• When ascending or descending ladders, workers will face the ladder and use both hands to hold onto the side rails. If material must be moved from one level to another via ladders, a rope, block and tackle, or other means will be used.
• Workers will ascend or descend ladders one rung at a time.
• Ladder rungs will be kept clear of tools, debris and slip hazards at all times.
• Ladders will not be used in a horizontal position as runways, platforms or scaffolds.
• Ladders will be inspected on a regular basis by the CSO or their designee. Any ladder discovered to have loose, broken or missing rungs, broken or split side rails, or other faulty or defective construction will be immediately removed from service, tagged out of service, and disposed of.
• Frame ladders will not be used as a straight or extension ladder.

12.2 SCAFFOLDING

The Contractor and all Subcontractors utilizing scaffolding will provide, to the greatest extent possible, safe working conditions for those employees engaged in the erection, use and dismantling of scaffolds, to encourage and direct safe work practices, and to comply in all respects with all applicable laws, regulations and standards governing the use and safety of scaffolds.

12.2.1 Competent Person

No scaffold will be erected, moved, dismantled, or altered except under the supervision of a competent person (s). All required certification and/or licensing will be held by the competent person.

12.2.2 OSHA Requirements

All scaffolding erection, maintenance and usage will be conducted in strict accordance with Subpart L of OSHA 29 CFR 1926 at all times during the Deconstruction.

12.2.3 Guardrail, Midrail and Toeboard Requirements

• Guardrails, midrails and toeboards must be installed on all open sides and ends of platforms more than ten feet (10’) above the ground and for scaffolds with platform heights between four (4’) to ten (10’) feet high, having a minimum horizontal dimension in either direction of less than 45 inches, also require guardrails.
• All guardrails must be constructed with two inch (2”) x four inch (4”) lumber, or the equivalent and they must be located approximately forty-two (42”) inches above the deck of the platform. Guardrails, which are constructed between thirty-six (36”) and forty-two (42”) inches in height, will satisfy the intent of the OSHA Standard. Supports must be at intervals that do not exceed 8 feet.
• Toeboards must be at least five and one half (5 1/2") inches in height and must be used on all scaffolds, which are located in areas where it is expected that personnel may walk or work in the area directly beneath the scaffold.

• Midrails and toeboards, constructed of not less than one inch (1") x six inch (6") lumber or other materials providing equivalent protection, must be installed on all System Scaffolds, Tube and Coupler Scaffolds, Fabricated Tubular Frame Manually Propelled Mobile Scaffolds, and Prefabricated Mobile Tower Scaffolds. Midrails should be located midway between the guardrails and the deck of the platform.

12.2.4 Personal Fall Protection

• When the potential exists for a free fall of greater than 2 feet, or when the distance form the working or walking surface to grade or lower level is more than six (6) feet, or less if lower obstructers are present, workers must continuously use the fall protection equipment provided by the company and insure that it is used in a proper manner.

• The personal fall protection system must either prevent a free fall, or if a free fall does occur, must bring the employee to a complete stop within a deceleration distance of 42 inches, excluding lifeline elongation. This distance is in addition to the maximum six (6) foot distance of the free fall.

12.2.5 Areas of Scaffold Use

• The scaffold used during the Deconstruction Phase will include rolling towers, and ladder frame systems in areas such as interior floors, mechanical rooms and the exterior areas such as the cooling tower.

13.0 SANITARY FACILITIES

13.1 POTABLE WATER

a. An adequate supply of potable drinking water will be maintained at all times immediately outside the Site. Drinking water will meet all federal, state and local health requirements.
b. Drinking water will be supplied to project personnel via approved dispensing sources.
c. Paper cups will be permitted for the drinking of potable water supplies.
d. Drinking water dispensers will be clearly marked and will, in no way, have the potential for contamination from non-potable supplies.
e. Site personnel must be fully decontaminated prior to approaching the drinking water supply located in the Clean Zone.

13.2 TOILET FACILITIES

a. Adequate toilet facilities will be provided at the Site.
b. These facilities will be in the form of portable chemical toilets.
   Routine servicing and cleaning of the toilets must or will be established with the selected contractor and will be in accordance with federal, state, and local health regulations.
c. Site, personnel must be fully decontaminated prior to approaching the toilet facilities.
13.3 WASHING AREAS

a. Adequate washing areas will be provided for personal use within the work area.
b. Washing areas will be maintained in a sanitary condition and will be provided with adequate supplies of soap, towels for drying, and covered waste receptacles.
c. Washing areas will be maintained and sanitized daily.
d. No eating, drinking or smoking will be permitted in the work area. This policy will be strictly enforced by the Field Team Leader.

14.0 FIRE CONTROL EQUIPMENT

An adequate number of approved portable fire extinguishers (class rated A, B and C and a minimum of 10 pounds) will be readily available at the Site at all times. A minimum of two (2) fire extinguishers on each floor of the Building during Deconstruction will be provided. Extinguishers will be located in close proximity to the on-going work and will move as the work progresses. All fire extinguishers will have current inspection tags.

All Site personnel will be trained in the use of the extinguishers. Extinguishers will only be used on incipient stage fires or fires of minor nature. The Building will be evacuated and the local fire department will be contacted by calling 911 in the event of a larger fire. The dry standpipe will be available for use.

15.0 HAZARD COMMUNICATION

15.1 PURPOSE

The purpose of this written Hazard Communication Program is to inform our employees, by means of labels, Material Safety Data Sheets and Training, of the physical and health hazards to which they may be exposed during Deconstruction.

15.2 POLICY

Although no hazardous materials/chemicals will be used during Deconstruction, it is the policy of the Contractor that all persons entering the Site are required to read the Haz-Com in case of unforeseen exposure to hazardous materials/chemicals. Any chemicals found in at the Site during Deconstruction will be evaluated, and information concerning their hazard will be transmitted to all affected employees, subcontractors and visitors.

15.3 SCOPE

This section applies to all Deconstruction activities engaged in by all employees, subcontractors and visitors on Site. The Hazardous Communication Program is administered by the CSO. It is not anticipated that the use of any hazardous products will be required during Deconstruction activities. The Contractor and Subcontractors will notify the CSO of any hazardous materials/chemicals prior to bringing them on Site and will provide an up to date MSDS for each product. These MSDSs will be maintained by the Contractor CSO and will be kept in a site master file in the administrative shanty and/or office. In addition, each Subcontractor will maintain on site a copy of the MSDS for each product that they bring on-site.
The CSO will have the responsibility to review MSDSs for hazardous materials proposed for the site in order to investigate potential alternate products that are non-hazardous.

The Subcontractors will review with the CSO the procedures for handling, using and storing the chemicals brought on-site, and will review with their personnel the proper procedures for handling, using and storing the chemicals before the product is used on-site. This includes but is not limited to all commercial products brought on-site by Subcontractors, including commercial cleansers, degreasers, lubricants, fuels and paints.

15.4 RIGHT-TO-KNOW

All persons entering the Site have the right-to-know the potential hazards that may be encountered upon doing so. All applicable right-to-know laws will be abided by during the course of Deconstruction. The CSO will communicate all potential hazards to employees, Subcontractors and visitors entering the Site.

15.5 CONTAINER LABELS

It is not anticipated that any hazardous material will be brought to the site during deconstruction. All containers of hazardous materials will be labeled in accordance with appropriate standards. The labels on containers provided by the manufacturer, importer, or distributor will be used.

Labels affixed to containers of hazardous materials will:

- Identify the material using a name with which workers are familiar,
- Identify the hazards associated with the material, including toxicity information that indicates symptoms and target organs,
- Identify the name, address and telephone number of the manufacturer, importer or distributor where more information may be obtained.

Labels will not conflict with Hazardous Materials Transportation Act (HMTA) labeling requirements and will meet the requirements of OSHA substance-specific health standards, where required.

Labeling of all portable/temporary hazardous materials containers will be required of all portable/temporary hazardous materials containers at all times. The contractor/subcontractor will prepare a container label on portable containers filled from a correctly labeled container and when the container label is defaced or illegible. The prepared temporary label will indicate pertinent chemical identification and health information as required by OSHA.

All hazardous materials containers will be labeled for content, hazard, and storage prohibitions, such as those relating to temperature range and chemical incompatibility with other materials and/or wastes. The labels will be in compliance with requirements of New York State law. Containers containing hazardous waste will also be labeled or marked clearly with the words, “Hazardous Waste”.

15.2 Material Safety Data Sheets (MSDSs)

All MSDSs will be submitted by any Subcontractors and will be maintained by the Contractor CSO within a site master file. In addition, each Subcontractor will maintain a copy of the MSDS for each
product that they bring on-site. In addition, each Subcontractor will also retain a log of MSDSs for chemicals used on this project and this log will be kept on-site. The location of the MSDS folder will be made known to all project employees. For the Deconstruction, the MSDS folder will be kept in the existing administrative shanty.

Each Subcontractor CSO will review incoming MSDSs for new or significant health and safety information and will ensure that any new information is communicated to affected employees, the Contractor Site Safety Manager (SSM) and other subcontractors. If an MSDS is not received at the time of initial shipment of materials, the material may not be used until the MSDS has been obtained from the manufacturer.

Employees will be instructed to notify their Site Manager if an MSDS is not available. When a revised MSDS is received, the Site Manager will immediately replace the old MSDS. Subcontractors will insure that the MSDSs on file on site for their chemicals are current (updated within the last two years).

16.0 ELECTRICAL LOCKOUT/TAGOUT

Electrical power to the Building will be disconnected and decommissioned prior to the start of the Deconstruction Operation.

17.0 EMERGENCY RESPONSE

Below is a list of unplanned events that may occur during the Deconstruction. This list may not be comprehensive, but is representative of the types of events that may occur. These include:

- Unplanned, sudden, or non-sudden release of hazardous waste or constituents
- Unplanned, unanticipated falling or dropped building debris
- Fire or explosion
- Power failure
- Unplanned, unanticipated structural failure
- Medical emergency

17.1 UNPLANNED, SUDDEN, OR NON-SUDDEN RELEASE OF HAZARDOUS WASTE OR CONSTITUENTS

It is not anticipated that hazardous materials or constituents will be remaining in the building at the commencement of deconstruction. The intention of this section is to provide a procedure in the event of an unanticipated release of such material. In the event of an unplanned, sudden or non-sudden release of hazardous waste or constituents, the CSO will immediately:

1. Call 911, if warranted.
2. Initiate building evacuation procedures, as outlined in the Emergency Plan of this HASP, of any personnel in the Deconstruction work area if necessary dependent upon the nature of the release.
3. Coordinate with the Site Manager to initiate work area isolation activities to include:
   - Immediately seal Personnel and Waste Decontamination.
   - Perform a controlled cleanup of the release.
Reentry into the Building following any release will not be allowed until the CSO and Owner’s Environmental Consultant has inspected the area and determined that it is safe to do so. If the conditions of evacuation require emergency responders (police, fire department, EMS) to be summoned to the Site, reentry to the work area must first be approved by the responders before any CSO or consultant determinations may be made.

17.2 UNPLANNED, UNANTICIPATED FALLING OR DROPPED BUILDING DEBRIS

In the event of falling or dropped building debris, the CSO will immediately:

1. Call 911, if warranted;
2. Initiate building evacuation procedures as outlined in the Emergency Plan of this HASP of any personnel in the Deconstruction work area if necessary depending on the nature of the incident.
3. Summon deconstruction engineer to perform inspection.

Reentry into the Building following any unplanned, unanticipated falling or dropped building debris will not be allowed until the deconstruction engineer has inspected the area and determined that it is safe to do so. If the conditions of evacuation require emergency responders (police, fire department, EMS) to be summoned to the Site, reentry to the work area must first be approved by the responders before any CSO or engineer determinations may be made.

17.3 FIRE OR EXPLOSION

All Site personnel will be trained in the use of fire extinguishers. Extinguishers will only be used on incipient stage fires or fires of minor nature. The local fire department will be contacted in the event of a fire. The building will be evacuated in all cases until a decision about re-entering has been made by fire department and/or first responders and the CSO.

In the event of an explosion or a fire, the CSO will immediately:

1. Call 911;
2. Initiate building evacuation procedures as outlined in the Emergency Plan of this HASP;
3. Meet First responders at the pre-designated location for briefing on the scope and nature of the emergency; and
4. Notify OWNER.

Should there be a work stoppage in a certain area due to a fire or an explosion, work will not resume until the area has been cleared by fire department and/or first responders and the CSO verifies that all appropriate corrective actions have been taken.

17.4 POWER FAILURE

The criteria for defining the need for building evacuation in the case of “certain power failures” would be the extent or duration of the failure. An example would be that a “total power failure” may require building evacuation for the safety of the workers if a repair was not immediate.
In the event of a power failure, the CSO will immediately:

1. Call 911, if warranted;
2. Coordinate the safe exit of all site personnel in the Deconstruction work area.
3. Notify on site Electrician to evaluate issue;

17.5 UNPLANNED, UNANTICIPATED STRUCTURAL FAILURE

In the event of an unanticipated structural failure, the CSO will immediately:

1. Call 911, if warranted;
2. Coordinate the safe exit of any personnel in the Deconstruction work area.
3. Ensure that reentry into the Building following any structural failure is not allowed until the deconstruction engineer has inspected the area and determined that it is safe to do so. If the conditions of evacuation require emergency responders (police, fire department, EMS) to be summoned to the Site, reentry to the work area must first be approved by the responders and DOB inspectors before any CSO or engineer determinations may be made. The deconstruction engineer will notify the Owner’s engineer in the event of unplanned, unanticipated structural failure.
4. Address any shoring requirements based on engineering assessments.

17.6 EMERGENCY PLAN

Work Area Evacuation

All personnel working on Deconstruction will be given the opportunity to read the Health and Safety Plan (HASP) in its entirety prior to their entrance onto the Site. It is required that any personnel entering the site sign a statement indicating that they have read the HASP and agree to its requirements. The Primary Designated Assembly Area (PDAA) for the Deconstruction is the corner of Greenwich Street and Murray Street to the north of the Site. If it is not possible to reach the PDAA, an Alternative Designated Assembly Area (ADAA) is the Corner of Greenwich Street and Vesey Street to the south of the Site. Communication via an air horn warning system (three consecutive alerts) will be used to alert all personnel to proceed immediately to the Assembly Areas. In case of an evacuation, all personnel will be instructed to proceed to the PDAA for roll call to be compared to the Site sign in sheets. It will be the responsibility of the CSO to check both Assembly Areas to check for personnel after an evacuation. If the roll call shows that all persons are not accounted for, the CSO will notify the First Responders. In the event evacuation of the work area is required on an emergency basis, the following will be incorporated to the greatest extent possible as the nature of the emergency dictates.

A. PROTECT WORKERS POTENTIALLY EXPOSED TO BUILDING CONTAMINANTS

1. Notify workers if levels of asbestos above background levels are found to be present in building dust, contents, and building components.
2. Any personnel not utilizing respirators will be instructed through radio communication to immediately don respiratory protection and to proceed to the PDAA or ADAA. If respiratory protection is not immediately available, personnel must avoid inhaling or ingesting dust and proceed directly to the PDAA or ADAA. It is recommended that all
personnel carry a dust mask at a minimum on their person at all times during the Deconstruction.
3. Avoid contact with the dust, tools and building components to the extent possible.
4. Wear protective coveralls or disposable coveralls to facilitate cleanup of workers who may have been exposed to contamination during evacuation.
5. Any personnel reentering the work area immediately after an evacuation will utilize PPE until satisfactory test results indicate that the area is free of contaminants. PPE will be at a minimum: half face air-purifying respirators equipped with P100 filter cartridges, safety goggles, disposable coveralls with hoods, boots, boot covers, nitrile gloves and hard hats.
6. No personnel will reenter the work area until the CSO has determined it is safe to do so. If structural damage has occurred, the Owner’s engineer must issue the determination that it is safe to reenter the Building. If the conditions of evacuation require emergency responders (police, fire department, EMS) to be summoned to the Site, reentry to the work area must first be approved by the responders before any CSO or engineer determinations may be made.

B. AVOID SPREAD OF CONTAMINATION

1. Limit activities that promote transport of dust as much as possible. Stop operating tools and equipment and leave them behind. Proceed in an orderly manner to the nearest point of exit. If possible choose an exit route that does not pass through known contaminated areas.
2. Do not remove equipment which has been in contact with potential contamination until it has been checked and released.

C. MINIMIZE POTENTIAL PUBLIC CONTACT

1. Limit access using barricades, temporary fencing and re-entry to the site including “jersey barriers” if necessary. For the Deconstruction a wooden construction barrier, painted blue, will be in place to enclose the Site from public areas.
2. Control, to the extent possible, off-site tracking by vehicles and personnel.

D. DISPOSAL

1. Any materials, including PPE, removed from deconstruction asbestos abatement work area following an emergency situation will be disposed of as required by law.

E. EMERGENCY MEDICAL TREATMENT

1. Emergency first aid should be administered on-site as appropriate. Depending on the severity of the injury, the person may need to be transported to the nearest medical facility, as named in this HASP. If it is not possible to transport the person, emergency medical personnel will be summoned to the Site by calling 911. Treatment of the injury is of primary concern and decontamination a secondary concern in emergency medical situations.
2. The Field Team Leader will complete the appropriate incident report, if warranted. See Section 4.4, Accident and Incident Reporting.

3. An emergency first-aid station will be established and will include a first-aid kit for onsite emergency first aid. For the Deconstruction, the first-aid station will be located in the existing administrative trailer located on the northwest side of the Site.

4. Provisions for emergency medical treatment will be implanted within the following guidelines:
   
   - At least one individual qualified to render first aid and Cardiopulmonary Resuscitation (CPR) will be assigned to each shift during Deconstruction.
   - Emergency first aid station will be accessible in the immediate work area vicinity. Additional first aid stations will also be available in the Deconstruction decontamination facilities and administrative area.
   - Phone numbers and procedures for contacting ambulance services, fire department, police, and medical facilities will be conspicuously posted on Site.
   - Maps and directions to medical facilities, and evacuation routes and gathering area locations will be posted conspicuously on Site.

F. NOTIFY AUTHORITIES

1. If necessary, contact emergency medical services (EMS) by dialing 911 from a cellular phone or a pay phone in the vicinity of the PDAA/ADAA. Additionally, notify Agencies identified on the enclosed emergency notification list (Page 5).

   **Note:** Any explosion, regardless of size or type, any structural failure, fires and total power failures will require a complete work area evacuation.

   The criteria for defining the need for building evacuation in the case of “certain power failures” would be the extent or duration of the failure. An example would be that a “total power failure” may require building evacuation for the safety of the workers if a repair was not immediate.

   **Reporting Emergencies:** Any site personnel, upon discovering an emergency situation, will immediately call 911. If multiple personnel witness an emergency situation, only one person should be assigned to make the call to 911. The Contractor Safety Officer (CSO) will be notified immediately thereafter and will assume responsibility as the onsite representative to the Emergency Services. The CSO will immediately notify OWNER.

   **Emergency Services:**

   **Hospital:** NYU Downtown Hospital  
   170 William Street  
   New York, NY 10038
17.7 MEDICAL EMERGENCY

The first worker who notices that a medical emergency or personal injury has occurred will immediately make a subjective decision as to whether the emergency is life threatening and/or otherwise serious.

Potential injuries that may result in a medical emergency include:

- Slips, trips, falls, lacerations
- Trauma injuries caused by being struck by heavy equipment, building components, waste containers, etc.
- Eye injuries
- Burns from electrical, fire or explosion
- Electrical contact or electrocution
- Heat stress/stroke
- Chemical exposures
- Cardiac emergencies
- Respiratory emergencies

The Contractor and its Subcontractors will respond to minor injuries requiring first aid only; major injuries or requirements for search and rescue will be handled by First Responders.

If a worker is showing signs of distress or obvious injury or illness, the CSO will be immediately notified and provided the following information:

1. Location of victim
2. Nature of Emergency
3. Whether the victim is conscious
4. Specific details regarding the injury or illness
5. Whether the victim is in need of decontamination

The CSO will suspend work within the immediate area until the emergency situation has been corrected. If possible the subcontractors’ first aid attendant will treat the injured employee as necessary until a decision is made to seek outside medical assistance or to remove the victim from the Building.
The CSO will be responsible for calling 911 and will inform the First Responders whether asbestos abatement activities are taking place within the work area, and whether or not the injured employee has been brought through the decontamination chamber.

17.7.1 Life-Threatening and/or Otherwise Serious Incident

If a life-threatening incident occurs, those persons recognizing the situation should perform whatever actions necessary, within their capabilities, to reduce the threat and then the CSO will be contacted. The CSO will immediately notify the Emergency Medical Services (EMS-911) and implement emergency action procedures to have someone meet and guide EMS to the incident location. The Contractor will be notified of the incident as early as possible.

The CSO will be kept apprised of the situation and the location of the injured person(s).

As the CSO proceeds to the accident scene, communications channels will be opened and kept on standby until the CSO has surveyed the scene and performed a primary survey of the injured person.

The CSO will provide emergency action guidance consistent with the injury and will relay the appropriate information to the site person meeting the EMS. Depending on the nature of the injury and the location at which the injury occurred, the CSO will determine whether the person can be moved or whether the EMS team will need to come into the work area to assist the injured person. Should the person be injured in a deconstruction asbestos abatement work area, all appropriate life-saving methods will be exercised in that area before attempting decontamination of the injured person. The extent of emergency decontamination performed will depend on the severity of the injury or illness and the nature of the contamination. If the emergency is such that emergency decontamination cannot be performed safely, the injured person will be given necessary first-aid treatment and wrapped in a blanket prior to transportation by EMS. If heat stress is a factor in an injury/illness, all protective clothing will be removed from the person immediately.

17.7.2 Non-Life-Threatening Incident

Should it be determined that no threat to life is present, a co-worker will assist the injured person and contact the CSO as soon as reasonably possible. Should a person be injured a deconstruction asbestos abatement work area, a rapid decontamination consisting of Tyvek, glove and respirator removal will be performed in the Decontamination Unit prior to initiation of medical assistance. For all non-life-threatening injuries, all medical assistance will be provided in the deconstruction shanty.

17.7.3 Bloodborne Pathogens

When an emergency occurs that involves the potential for contact with bodily fluids, personnel will use procedures and PPE that minimize the potential for exposure.

All personnel who provided direct support to an injured person will participate in a post-incident exposure review during which their role in the event and the potential for contact with bodily fluids will be evaluated. The information relating to exposure will be
documented for each individual. The procedures for the post-exposure consultation identified in the OSHA Bloodborne Pathogens (BBP) Standard (29 CFR 1910.1030) will be followed.

All personnel on-site will receive awareness training concerning BBP and the procedures to be followed to respond to emergencies that occur on-site. This awareness training will be provided by each Subcontractor prior to the initiation of work activities and when new employees are introduced to the Site.

18.0 DOCUMENTATION

The Contractor will and require each Subcontractor to maintain documentation, which will record, at a minimum, the following information:

- The employees on Site, including arrival and departure times and their destination at the Site.
- Daily field reports detailing activities performed on site.
- Information required to be maintained by the OSHA respiratory protection standard, including medical clearance documents, training and certification records, fit-test records, and the results of personal air monitoring used to determine employee exposures. Additionally, all medical and sampling documentation required by OSHA’s Lead in Construction standard must be maintained.
- Area air testing results during deconstruction asbestos abatement.
- Incidents and unusual activities that occur at the Site, including but not limited to injuries, illnesses, accidents, spills, breaches of security, equipment failures, weather-related problems and near-misses.
- Records of daily safety briefings, including attendance documentation for all employees required to attend.
- Records of health and safety inspections by governmental agencies
- Records of corrective actions performed in response to any deficiencies noted through government agency inspection or by the CSO.
Attachment 1

Location Map
Fiterman Hall
30 West Broadway, New York, NY 10007
Attachment 2

Contractor/Sub-Contractor/Visitor HASP Acknowledgement

HASP Received by: _________________________________ Date: _______________

Print Name _______________________________________
Affiliation: _______________________________________ 
Address __________________________________________ Phone ______________

________________________________ is the designated Contractor Safety Officer (CSO) for this project. His 
contact numbers are _______________________________ as indicated in Attachment 1.

These are the primary Contractor emergency contact phone numbers, and both are 24-hour contact numbers. The 
CSO’s base of operations will be the Contractor’s field office (trailer). In the event that Mr. __________ is not on site, an alternate CSO will be designated and will be responsible for ensuring 
proper implementation of this HASP.

Signature _________________________________ Date ______________

_________________________________________ __________________________
Attachment 3

Worker Hygiene and Protection

Employees will be required to observe the following procedures:

1. Change into work clothing in the designated area;
2. Wear hardhats at all times while on site.
3. Wear work boots
4. Use PPE and appropriate protective gear including respirators before entering the deconstruction asbestos abatement work areas; and
5. Store any clothing not worn under protective clothing in the designated area.

When leaving a deconstruction asbestos work area, employees will:

1. HEPA vacuum all contaminated protective work clothing while it is still being worn.
2. Remove shoe covers (these must not be left in work area). Work area must be left clean before lunch and at end of the day.
3. Remove protective clothing and gear in the controlled section of the designated changing area.
   Remove protective coveralls by carefully rolling down the garment to reduce exposure to dust.
4. Remove respirator last.

In addition to the procedures described above, employees will obey the following procedures when performing deconstruction asbestos abatement activities on site:

1. Place all disposal coveralls and shoe covers with the abatement waste.
2. Contaminated clothing, which is to be disposed of, must be placed in a clearly marked closed container in the designated changing area.
3. Clean protective gear in accordance with the WALDORF training sessions and respiratory program. Wash hands and face.
4. Eating areas or lunchrooms will be the only area in which employees may eat and drink during the work shift. Employees may not wear their protective clothing in this area. Employees will be required to wash prior to using the designated eating area.
Personnel Entrance and Decontamination Procedures Utilizing Full Decontamination Facility for Deconstruction Asbestos Abatement:

NOTE: Medical emergencies take priority over decontamination procedures.

1. All workers and authorized visitors will enter the work area through the worker decontamination enclosure system.

2. All individuals who enter the work area will sign the entry log, located in the clean room, upon each entry and exit. The log will be permanently bound and will identify fully the facility, agents, contractor(s), the project, each work area and worker respiratory protection employed. The site supervisor will be responsible for the maintenance of the log.

3. Each worker or authorized visitor will, upon entering the job site, remove street clothes in the clean room and put on a clean respirator (with new filters, if appropriate) and clean protective clothing before entering the work area through the shower room and equipment room.

4. Each worker or authorized visitor will, each time he leaves the work area: remove gross contamination from clothing before leaving the work area; proceed to the equipment room and remove all clothing except the respirator; still wearing the respirator, proceed to the shower room; clean the outside of the respirator with soap and water while showering; remove filters, wet them, and dispose of them in the container provided for that purpose; wash and rinse the inside of the respirator; and thoroughly shampoo and wash himself/herself.

5. Following showering and drying off, each worker or authorized visitor will proceed directly to the clean room, dress in street clothes, and exit the decontamination enclosure system immediately. Disposable clothing of the type worn inside the work area is not permitted outside the work area.
Attachment 4

Medical Emergencies

MAJOR MEDICAL EMERGENCIES

• **If it is not practical to move the ill or injured individual,** call 911 to obtain an ambulance and escort it to the location of the emergency.

• **For job sustained injury/illness,** all patients must be taken to either

  **NYU Downtown Hospital**
  (212) 312-5000
  170 William St
  New York, NY 10038

  or their own hospital of choice. Responding Emergency Medical Personnel will have final decision on the hospital destination, for the injured worker, based on patient care requirements. Hospital personnel must be told it is an on-the-job injury, if applicable. A First Report of Injury Form must be filed with the Site Manager.

• **When the injury or illness involves a chemical,** a Material Safety Data Sheet (MSDS) must accompany the victim to the hospital.

MINOR MEDICAL EMERGENCIES

• **On-the-job, minor medical injuries/illness** (e.g. falls, cuts, sprains and strains) involving employees must be reported immediately to the injured person's supervisor. The supervisor must fill out a Record of Occupational Injury Form. If medical attention is required, the injured can be taken to **NYU Downtown Hospital's Emergency Room**, 170 William St New York, NY 10038 (212-312-5000) or the injured person's physician of choice.
## LIST OF ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>ACBM</td>
<td>Asbestos Containing Building Materials</td>
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<tr>
<td>ANSI</td>
<td>American National Standards Institute</td>
</tr>
<tr>
<td>APR</td>
<td>Air-Purifying Respirator</td>
</tr>
<tr>
<td>CFR</td>
<td>Code of Federal Regulations</td>
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<tr>
<td>CIH</td>
<td>Certified Industrial Hygienist</td>
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<td>COPCs</td>
<td>Contaminants of Potential Concern</td>
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<td>CPR</td>
<td>Cardiopulmonary Resuscitation</td>
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<td>Decon</td>
<td>DECONTAMINATION UNIT</td>
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<td>CSO</td>
<td>Contractor Safety Officer</td>
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<tr>
<td>CUNY</td>
<td>City University of New York</td>
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<tr>
<td>DASNY</td>
<td>Dormitory Authority of New York</td>
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<tr>
<td>dBA</td>
<td>decibels adjusted (decibels on the “A” scale)</td>
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<td>EC</td>
<td>Emergency Coordinator</td>
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<td>Emergency Medical Service</td>
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<td>Emergency Medical Technician</td>
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<td>Emergency Response</td>
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<td>Emergency Response Team</td>
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<tr>
<td>IC</td>
<td>Incident Commander</td>
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<tr>
<td>IDLH</td>
<td>Immediately Dangerous to Life and Health</td>
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<tr>
<td>lbs</td>
<td>pounds</td>
</tr>
<tr>
<td>LEL</td>
<td>Lower Explosive Limit</td>
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<tr>
<td>MAWP</td>
<td>Maximum Allowable Working Pressure</td>
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<tr>
<td>mg/m3</td>
<td>milligrams per cubic meter</td>
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<tr>
<td>MSDS</td>
<td>Material Safety Data Sheet</td>
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<tr>
<td>MSHA</td>
<td>Mine Safety and Health Administration</td>
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<tr>
<td>NIOSH</td>
<td>National Institute for Occupational Safety and Health</td>
</tr>
<tr>
<td>NYCDEP</td>
<td>New York City Department of Environmental Protection</td>
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<tr>
<td>NYCSSM</td>
<td>New York City Site Safety Manager</td>
</tr>
<tr>
<td>OSHA</td>
<td>Occupational Safety and Health Administration</td>
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<tr>
<td>PEL</td>
<td>Permissible Exposure Limits</td>
</tr>
<tr>
<td>PM</td>
<td>Project Manager</td>
</tr>
<tr>
<td>PPE</td>
<td>Personal Protective Equipment</td>
</tr>
<tr>
<td>ppm</td>
<td>parts per million</td>
</tr>
<tr>
<td>PS</td>
<td>Project Supervisor</td>
</tr>
<tr>
<td>psia</td>
<td>pounds per square inch, absolute</td>
</tr>
<tr>
<td>psig</td>
<td>pounds per square inch, gauge</td>
</tr>
<tr>
<td>SAR</td>
<td>supplied air respirator</td>
</tr>
<tr>
<td>SCBA</td>
<td>self-contained breathing apparatus</td>
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<tr>
<td>SOW</td>
<td>Scope of Work</td>
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<td>Site Safety and Health Officer</td>
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<tr>
<td>STEL</td>
<td>Short-Term Exposure Limit</td>
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<tr>
<td>TWA</td>
<td>Time-Weighted Average</td>
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<tr>
<td>WTC</td>
<td>World Trade Center</td>
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Attachment 6

Emergency Evacuation Assembly Areas
Fiterman Hall
30 West Broadway, New York, NY 10007
Attachment 7

Bloodborne Pathogens

I. PURPOSE

The purpose of the Bloodborne Pathogens Module is to establish an Exposure Control Plan (ECP) to eliminate or minimize occupational exposure to blood and other potentially infectious materials. This Module is designed to comply with the Occupational Safety and Health Administration (OSHA) General Industry Standards for Bloodborne Pathogens found at 29 Code of Federal Regulations (CFR) 1910.1030.

For the purposes of this Module;

- **Blood** – means human blood, human blood components, and products made from human blood.

- **Bloodborne Pathogens** – means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), and human immunodeficiency virus (HIV).

- **Exposure Incident** - means a specific eye, mouth, or other mucous membrane, non-intact skin or parenteral (enters the body in some way other than the digestive tract) contact with blood or other potentially infectious materials that result from the performance of an employee’s duties.

- **Occupational Exposure** - means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.

- **Other Potentially Infectious Materials (OPIM)** – means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV containing cell or tissue cultures, organ cultures, and HIV- or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

- **Universal Precautions** – is an approach to infection control that utilizes the concept that all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other Bloodborne Pathogens.

This ECP includes:

- Determination of employee exposure;

- Implementation of various methods of exposure control, including universal precautions, the use personal protective equipment (PPE), and housekeeping;
Hepatitis B vaccinations;

Post-exposure evaluation and follow-up, including procedures for evaluating circumstances surrounding an exposure incident;

Information and Training; and

Recordkeeping.

II. DETERMINATION OF EMPLOYEE EXPOSURE

The nature of the work and services provided by the deconstruction subcontractor does not routinely expose employees to blood or other potentially infectious materials. The deconstruction subcontractor provides services in a variety of commercial, industrial, and residential settings. The risk of exposure will be determined by the Project Manager (PM) on a per project basis.

Employees that may be exposed under certain conditions include;

- Project Supervisors (PS’s) who are trained in First Aid and CPR.

WALDORF PM’s and PS’s will comply with the procedures and work practices outlined in this ECP.

III. EXPOSURE CONTROL

A. Universal Precautions

WALDORF employees will utilize universal precautions in order to prevent contact with blood or other potentially infectious materials. Blood or other potentially infectious material will be considered infectious, regardless of the status of the individual.

B. Personal Protective Equipment

PPE will be provided without cost Contractor and deconstruction subcontractor employees. Gloves and barrier devices for performing mouth-to-mouth resuscitations will be available in the First Aid kits at the deconstruction subcontractor’s project shanty. Gloves will be worn if it is reasonably anticipated that PS’s will have hand contact with blood or OPIM. A barrier device will be utilized before performing any mouth-to-mouth resuscitation. Employees using PPE will observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of contaminated gloves or other PPE.
- Remove PPE after it becomes contaminated, and before leaving the work area.
- Contaminated PPE will be disposed of in appropriate red, biohazard bags.
- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surface.
- Replace gloves if torn, punctured, contaminated or if their ability to function as a barrier is compromised.
Never wash or decontaminate disposable gloves for reuse.

Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.

Remove immediately or as soon as feasible any garment contaminated by blood or OPIM in such a way as to avoid contact with the outer surface.

C. Housekeeping

Visible contamination of surfaces will be decontaminated with either a 10% bleach solution or a commercially available disinfectant (designed for use with blood or OPIM) immediately or as soon as feasible after any spill involving blood or OPIM.

III. HEPATITIS B VACCINATION

The Hepatitis B vaccination series will be made available at no cost to affected employees and PS’s with valid First Aid and CPR credentials. The vaccination series will also be promptly provided at no cost to employees who have had an exposure incident. Vaccinations will be provided at a reasonable time and place under the supervision of a licensed physician or under the supervision of another licensed healthcare professional.

Vaccination is encouraged unless documentation exists that the employee has previously received the series, antibody testing reveals that the employee is immune, or medical evaluation shows that vaccination is unadvisable.

If an employee chooses to decline vaccination, the PM or PS will promptly document HBV Declination. Employees who decline may request and obtain the vaccination at a later date at no cost. The PM will maintain the original documentation in the employee’s medical file, one copy in the project file, if applicable, and one copy will be mailed to the employee.

PM’s will provide physicians or Licensed Health Care Providers (responsible for providing Hepatitis B vaccinations) with Attachment 8.1, OSHA 29 CFR 1910.1030.

IV. POST-EXPOSURE EVALUATION and FOLLOW-UP

Incidents involving exposure to blood or OPIM will be immediately documented and reported using an Incident Investigation Report.

Following the report of an exposure incident, Waldorf Corporate Health, Quality and Safety and the PM will:

1. Arrange for a confidential medical evaluation and follow-up for the exposed employee in accordance with the OSHA standard.

2. Document the routes of exposure and the circumstances under which the exposure occurred.

3. Identify and document the source individual.
4. Obtain consent and make arrangements to have the source individual’s blood tested as soon as feasible to determine HIV, HCV, and HBV.

5. Convey the source individual’s test results to the exposed employee’s health care provider.

6. Inform the exposed employee of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

7. Provide appropriate information regarding the incident investigation to the exposed employee’s health care provider, including all medical records relevant to the appropriate treatment of the exposed employee.

8. Obtain and provide the exposed employee with a copy of the evaluating healthcare professional’s written opinion within 15 days of the completion of the evaluation. The written opinion will be limited to the following information:

☐ A statement that the employee has been informed of the results of the evaluation.

☐ A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials, which require further evaluation or treatment.

All other findings or diagnosis will remain confidential and will not be included in the written report.

V. INFORMATION AND TRAINING

Training will be provided to affected employees whose current job assignment may involve exposure to blood or OPIM as mentioned in Section II. Bloodborne pathogen training will be documented. The training will be tailored to the education level and language of the employee, offered during the normal work shift, and tailored to the appropriate tasks and risks of the projects requirements. The training will cover at least the following topics:

☐ An explanation of the contents of 29 CFR 1910.1030;

☐ A discussion of the epidemiology and symptoms of bloodborne diseases;

☐ An explanation of the modes of transmission of bloodborne pathogens;

☐ An explanation of WALDORF’s bloodborne Pathogen ECP and a method for obtaining a copy;

☐ The tasks that may involve exposure;

☐ An explanation of the use and limitations of methods to reduce exposure (i.e. workprizes and personal protective equipment);

☐ Information on the types, use, location, removal, handling, decontamination and disposal of PPE;

☐ An explanation of the basis of selection of personal PPE;

☐ Information on the Hepatitis B vaccination, including effectiveness, safety, method of administration, benefits and that it will be offered without charge;
Information on the appropriate actions to be taken and persons to contact in an emergency involving blood or other potentially infectious material;

An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up;

Information on the evaluation and follow-up required after an employee exposure incident; and

An explanation of the signs, labels and color coding systems.

VI. RECORDKEEPING

Medical records will be maintained in accordance with OSHA 29 CFR 1910.20 at the WALDORF office. These records will be kept confidential and will be maintained for at least 30 years. The records will include all documentation necessary to comply with this Module.

Training records will be maintained in accordance with OSHA 29 CFR 1910.1030(h) (2) at the WALDORF office. These records will be kept for 3 years from the date of the training.