

**BY ORDER OF THE COMMANDER  
59TH MEDICAL WING**

**59TH MEDICAL WING INSTRUCTION  
32-1001**



**29 JULY 2021**

**Civil Engineering**

**FACILITIES AND ENVIRONMENT**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

---

**ACCESSIBILITY:** Publications and forms are available on the e-Publishing website at [www.e-publishing.af.mil](http://www.e-publishing.af.mil) for downloading or ordering.

**RELEASABILITY:** There are no releasability restrictions on this publication.

---

OPR: 59 MLRS/SGSKF

Certified by: 59 MLRS/CC  
(Lt Col John J. DeCataldo)

Supersedes: 59 MDWI 32-1001, 27 February 2018

Pages: 75

---

This instruction implements Air Force Policy Directive 32-10, *Installation and Facilities*. It establishes guidelines for uniform facility procedures, appearance, fire safety, utilities and outages, work requests, zone master and building manager responsibilities, Environment of Care (EOC) environmental tours, signage, key control, space allocation and utilization, environmental management, and parking. This publication applies to all personnel assigned, attached or under contract to the 59th Medical Wing (MDW). This instruction does not apply to the Air National Guard, Air Force Reserve, 59th Training Group (TRG), or the 959th Medical Group (MDG). Refer recommended changes and questions about this publication to the Office of Primary Responsibility using the AF Form 847, *Recommendation for Change of Publication*. Ensure that all records created as a result of processes prescribed in this publication are maintained IAW AFI 33-322, *Records Management and Information Governance Program*, and disposed of IAW Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS). The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force.

**SUMMARY OF CHANGES**

This publication has been substantially revised and must be completely reviewed. Major changes include deletion of 359th Medical Group references, changing Urgent Care Center (UCC) references to Family Emergency Center (FEC), incorporation of response actions for a liquid oxygen leak, standardization of signage requirements, changing reference from Facility

Infrastructure Committee to Medical Facility Utilization Board, fund raising event procedures, and paragraph renumbering.

<b>Chapter 1—INTRODUCTION</b>	<b>6</b>
1.1. Purpose.....	6
1.2. Responsibilities.....	6
1.3. Applying Standards.....	7
<b>Chapter 2—FACILITY</b>	<b>8</b>
2.1. Facility Standards.....	8
2.2. Facility Policies.....	8
2.3. Building Alteration or Modification.....	9
2.4. Display/Trophy Cases.....	9
2.5. Plumbing Fixtures.....	9
2.6. Personal Work Space.....	9
2.7. Flowers and Plants.....	9
2.8. Electrical Safety.....	10
2.9. Scent-Free Workplace.....	10
2.10. Environmental Cleanliness.....	10
2.11. Compressed gases.....	10
2.12. Fundraising.....	10
2.13. Miscellaneous.....	11
<b>Chapter 3—FIRE SAFETY</b>	<b>13</b>
3.1. General.....	13
3.2. Responsibilities.....	13
3.3. Fire Safety.....	14
3.4. Fire Response and Prevention Training.....	15
3.5. Fire Prevention.....	16
3.6. Fire Drills.....	16
3.7. Interim Life Safety Measures.....	17
Table 3.1. ILSM Schedule.....	18
3.8. Manual Fire Watch.....	19
3.9. Inspections.....	19
3.10. Alcohol Based Hand Rub (ABHR) Dispensers.....	19

3.11.	Space Heaters.....	19
3.12.	Interior Furnishings and Decorations. ....	20
3.13.	Holiday Decorations.....	20
3.14.	Procedures in Case of Fire. Protocols and Reporting (JBSA-Randolph Only). ....	22
<b>Chapter 4—UTILITIES AND OUTAGES</b>		<b>23</b>
4.1.	Utility System General Information. ....	23
4.2.	Responsibilities. ....	23
4.3.	Outage Procedures. ....	25
4.4.	Scheduled Utility Outage. ....	30
4.5.	Utility Failures. ....	31
<b>Chapter 5—WORK REQUEST SYSTEM</b>		<b>32</b>
5.1.	Responsibilities. ....	32
5.2.	Work Requests. ....	33
Table 5.1.	Emergency Work Request Examples. ....	33
Table 5.2.	Urgent Work Request Examples. ....	34
Table 5.3.	Routine Work Request Examples.....	34
5.3.	Work Request Submission. ....	35
5.4.	Work Request Prioritization. ....	35
5.5.	Unfunded Project and Requirements Working Group.....	35
5.6.	DMLSS System Utilization.....	36
5.7.	Self Help Projects.....	36
<b>Chapter 6—ZONE MASTER/BUILDING MANAGER</b>		<b>37</b>
6.1.	Overview.....	37
6.2.	Responsibilities. ....	37
Figure 6.1.	Zone Masters, Assistant Zone Masters and Building Managers Appointment Letter.....	38
6.3.	Zone Master and Building Manager Training. ....	40
6.4.	Zone Master Duties. ....	40
6.5.	Building Manager. ....	42
6.6.	Appointing Support Custodians. ....	43
<b>Chapter 7—ENVIRONMENTAL TOURS</b>		<b>44</b>
7.1.	Policy. ....	44
7.2.	Procedure. ....	44

7.3.	Discrepancies. ....	44
<b>Chapter 8—SIGNAGE</b>		<b>46</b>
8.1.	Policy. ....	46
8.2.	Responsibilities. ....	47
Table 8.1.	Approved Signage Locations. ....	47
8.3.	Definition of Terms. ....	48
8.4.	Signage Production Priorities. ....	49
8.5.	Office Designation Shingles. ....	49
8.6.	Exterior Signs. ....	49
8.7.	Pictures. ....	49
<b>Chapter 9—KEY CONTROL AND BADGES</b>		<b>51</b>
9.1.	Types of Keys. ....	51
9.2.	Key Authorization Requests. ....	51
9.3.	Key Control and Issue. ....	51
9.4.	Requests for Maintenance. ....	52
9.5.	Combination Changes. ....	52
9.6.	Key Inventory. ....	52
9.7.	Specialized Locks and Keys. ....	52
9.8.	Lockouts. ....	52
9.9.	Locks and Padlocks. ....	53
9.10.	Identification Badge Program. ....	53
9.11.	JBSA Randolph Procedures. ....	54
<b>Chapter 10—SPACE ALLOCATION AND UTILIZATION</b>		<b>56</b>
10.1.	Introduction. ....	56
10.2.	Responsibilities. ....	56
10.3.	Space Allocation and Utilization Process. ....	57
10.4.	Priorities. ....	58
10.5.	MFUB Meetings. ....	58
10.6.	MFUB Subcommittees. ....	58
<b>Chapter 11—PARKING PROGRAM</b>		<b>59</b>
11.1.	Parking Authority. ....	59
11.2.	Program Overview. ....	59

11.3.	Responsibilities. ....	59
11.4.	Traffic Warden Program. ....	59
11.5.	Motor Vehicle Operation. ....	60
11.6.	Policies, Procedures and Violations. ....	60
11.7.	Reserved Parking Areas. ....	61
11.8.	Traffic Violations. ....	61
11.9.	Parking Reservation for JBSA-Lackland Only.....	62
<b>Chapter 12—ENVIRONMENTAL MANAGEMENT</b>		<b>63</b>
12.1.	Environmental Conservation. ....	63
12.2.	Energy Management Policy. ....	63
12.3.	Recycling. ....	64
12.4.	Electric .....	64
<b>Chapter 13—HAZARDOUS MATERIALS, WASTE MANAGEMENT AND SPILL RESPONSE PLAN</b>		<b>65</b>
13.1.	Responsibilities. ....	65
13.2.	Specifications for Spill Prevention and Spill Response. ....	67
13.3.	Specifications for Waste Disposal. ....	67
13.4.	Bulk Liquid Nitrogen Tank Procedures.....	68
<b>Attachment 1—GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION</b>		<b>70</b>

## Chapter 1

### INTRODUCTION

**1.1. Purpose.** The purpose of this Instruction is to provide a consolidated document which establishes and standardizes facility policies and assigns responsibilities to individuals and functions for the management all of 59 MDW real property.

**1.2. Responsibilities.**

1.2.1. Commanders.

1.2.1.1. Ensure care, custody, and protection of assigned real property, including the correction of all hazards and deficiencies in the workplace.

1.2.1.2. Ensure no facility alterations, additions, or construction is accomplished without an approved DMLSS work request, 59 MDW Form 41, *Space Request* detailing the requirements for each request, and 59 MDW Form 12, *Move Checklist*. 502nd Civil Engineering reviews and approves all work in Real Property Facilities, regardless of the method of accomplishment.

1.2.1.3. Enforce compliance with this Instruction and implementing guidance.

1.2.2. Administrators.

1.2.2.1. Organize, direct, control and coordinate medical and health services in relation to Air Force policies and this instruction.

1.2.2.2. Designates in writing to Facilities Management an officer, Senior Airman or above, or civilian GS-5 and above as primary and alternate Zone Master/Building Manager/Facility Manager.

1.2.2.3. Execute the day-to-day operations and actions of assigned departments.

1.2.2.4. Act as liaison between senior and section leadership.

1.2.3. Section/Element Chiefs. Ensure compliance with this instruction within their section(s) and all common areas within their section(s).

1.2.4. 59 MDW Facilities Management.

1.2.4.1. Executes overall accountability and ensures compliance with this instruction.

1.2.4.2. Coordinates the review of physical workspace and alignment of the organizations' mission staff.

1.2.4.3. Plans, establishes, and maintains a work environment that effectively supports the goals and objectives of the organization.

1.2.5. Zone Master/Building Manager.

1.2.5.1. Assists the Facility Management staff with ensuring all facilities are properly maintained and in an operational condition.

1.2.6. Staff (military, civilian, contractors, and volunteers).

1.2.6.1. Comply with this Instruction.

1.2.6.2. Report unsafe working conditions/activities including any safety, fire and health hazards and deficiencies to the supervisor.

1.2.6.3. Report injuries and illnesses to the supervisor.

**1.3. Applying Standards.**

1.3.1. This instruction is intended for use by commanders, functional managers, supervisors, and staff at all levels, including Air Force civilians, contract employees and volunteers. The information in this instruction is derived from many sources and includes Air Force and non-Air Force directives.

1.3.2. When there is conflicting guidance, the guidance that is most stringent shall apply. All additional requirements addressed in OSHA standards, safety, NFPA, and equipment technical orders shall be followed at all times.

## Chapter 2

### FACILITY

#### 2.1. Facility Standards.

2.1.1. Air Force and 59 MDW standards of professional appearance projects the pride of the organization and assures and comforts patients, their families, and all others who visit the 59 MDW.

2.1.2. The parking lot creates the patients first impression of the quality of care. The medical campus building exteriors, signs, drives, parking lots, and landscaping project a positive image. Units, individuals, and professional organizations are expected to take time to police exterior areas of the medical campus and report maintenance issues to Facilities Management.

#### 2.2. Facility Policies.

2.2.1. Corridors/Hallway Doors. All walls and doors in medical facilities have a smoke or fire rating. A smoke rated wall is designed to restrict the movement of smoke where a fire-rated wall is a feature of a building's passive fire protection system. The purpose of fire-rated walls is to delay the spread of a fire and extend the time a person has to leave the building. This factor of safety is degraded when combustible items are affixed to the walls and doors, or doors are blocked/wedged open.

2.2.1.1. Informational signage may be attached to the surface of the door but shall not exceed five (5) percent of the area of the face of the door. **Note:** Five percent equals 144 square inches (8 1/2 x 11 piece of paper equals 93.5 square inches). NFPA 101, *Life Safety Code*, limits bulletin boards, posters, and paper attached directly to the walls to not more than 20 percent of the wall area.

2.2.1.2. Easels pose a risk to emergency egress and shall not be placed in egress corridors. The Facilities Management office shall approve the use of any easel and its location.

2.2.1.3. To ensure integrity of fire door ratings, mechanical attachments such as screws or nails are not permitted. Signs shall not be installed on the surface of fire doors which impair or otherwise interfere with the proper operation of the fire door. Command™ brand damage free hangers shall be used to hang items on doors.

2.2.1.4. Adhesives, tapes, glues, decals, or other sticky items shall not be used to displayed or affix items to any wall, panel, systems furniture component, chair, flooring, or associated government equipment. Double sided tape may be used to install Local Area Network tap boxes to the furniture bases. Command T Brand damage free hangers are permitted for use in personal office spaces. Alternatively, Monkey Hook™ or Gorilla Hook™ brand hangers may be used to hang pictures on office walls. If Command™ brand or hook hangers are not strong enough to hold heavier items, submit a DMLSS work order for assistance in hanging heavy items.

2.2.2. All 59 MDW facilities are a latex-safe environment. Latex balloons are prohibited.

2.2.3. Confetti is prohibited.

### **2.3. Building Alteration or Modification.**

2.3.1. All changes to room usage, alterations, or modifications require approval from 59 MDW Facilities Management and the Medical Facilities Utilization Board (MFUB).

2.3.2. Interior paint colors will be determined by the 59 MDW Facilities Management in accordance with the Air Force Medical Service (AFMS) Interior Design Guide, and are subject to approval by base environmental engineering prior to commencement of painting.

2.3.3. Window coverings. Window coverings shall be procured through the requesting organizations fund account. All requests for the purchase and installation of window covering(s) shall be approved by Facilities Management. The material selected shall allow ease of cleaning, comply with infection control and fire standards, and meet Air Force Medical Service (AFMS) Interior Design Guide requirements.

**2.4. Display/Trophy Cases.** Display cabinet in public/health care areas must be secured with locking doors. Bulletin boards/cork boards are only permitted in non-patient care areas to minimize an infection control risk. Request to purchase must be submitted in writing to the Facilities Management office to ensure standards are maintained. Display/Trophy cases shall be maintained neat and orderly, and free of dust by the owning organization.

**2.5. Plumbing Fixtures.** Sinks, drinking fountains and commodes are not to be used for disposal of food or coffee waste. Drain off liquids into janitorial/housekeeping sinks and place food or coffee waste in a plastic bag or paper towel and discard in the trash receptacle.

### **2.6. Personal Work Space.**

2.6.1. Pictures shall be framed and hung appropriately using Command™ Brand hangers. Unframed pictures, graphs or flyers must be displayed on appropriate tack or bulletin boards. Displayed materials shall be non-offensive and in good taste.

2.6.2. No items shall be displayed, placed, or stored on the top of files, safes, bookcases, and systems furniture. Personal items should not extend above the panel height of the cubical workstation.

2.6.3. No hooks, hangers, or other devices, unless provided and installed by furniture vendor, are to be stuck into the fabric-covered panels. Only the tack boards provided in the workstations and aisles may have thumbtacks placed into them. The use of thumbtacks and pushpins on uncovered bulletin boards is prohibited in all clinical areas.

2.6.4. Task lighting shall be turned off when leaving the area and at the end of the duty day.

### **2.7. Flowers and Plants.**

2.7.1. Potted plants are permitted in non-patient care and individual work areas. No plants are permitted to be attached or hung from the ceiling grid, fire sprinklers, smoke/heat detectors, or attached to the wall surface.

2.7.2. Plants shall be well maintained and pruned to remove dead leaves or overgrowth. Diseased or dead plants must be removed from the facility.

2.7.3. The use of plant sprays and/or insecticides is prohibited.

2.7.4. No vegetable, fruit bearing, or herbs are permitted to be grown in any clinical or non-clinical area.

2.7.5. Silk or plastic foliage is permitted in nonclinical areas. Cleaning shall be the responsibility of the owning individual or department.

**2.8. Electrical Safety.** It is the responsibility of every staff member to ensure that personal non-medical electrical appliances (i.e., personal radios, tape or compact disc players, coffee pots, water heaters, etc.) are in a safe operating condition. Report, replace or dispose of worn, cracked or frayed electrical extension cords, loose or broken electrical wires and worn or broken electrical plugs. Supervisors shall inspect cords frequently for signs of fraying, cracking, wear or any damage that could be an indication of possible short circuiting or overheating and for proper size/rating for the equipment it services. Appliances may be taken to Facilities Management/Clinical Engineering for inspection if a quality determination is required.

2.8.1. All electrical items must be Underwriters Laboratory (UL) or equivalent approved.

2.8.2. Non-medical electrical appliances cannot be plugged into red (emergency) outlets.

2.8.3. Supervisors shall maintain electrical safety training attendance/documentation on the AF Form 55, *Employee Safety and Health Record*, in the Air Force Competency Assessment Folder for each functional work center.

2.8.4. Section safety monitors will ensure all patients and visitors are briefed on the hazards that exist and the special precautions that must be taken.

**2.9. Scent-Free Workplace.** Due to the health concerns arising from exposure to scented products, the 59 MDW has adopted a scent-free environment. Scented products can trigger reactions such as respiratory distress and headaches. Items prohibited from personal use include:

2.9.1. Potpourri.

2.9.2. Industrial and household chemicals.

2.9.3. Room air fresheners and deodorizers.

2.9.4. Scented oils. **Note:** Plug-in oils are a fire hazard and not permitted in any area of the medical campus.

2.9.5. Candles/wax.

2.9.6. Incense Sticks.

**2.10. Environmental Cleanliness.** Section Officer in Charge/Noncommissioned Officer in Charge (OIC/NCOIC) are responsible to ensure cleanliness of those areas not under contractual Housekeeping Service. Use only approved items for all cleaning and disinfecting.

**2.11. Compressed gases.** Personnel involved in the use and storage of compressed gas cylinders will comply with the safety requirements outlined in 59 MDWI 91-204, *Oxygen Safety and Oxygen Enriched Atmosphere Areas*, and other applicable Air Force Instruction and Technical Order guidance.

**2.12. Fundraising.**

2.12.1. Organizations composed of military members and civilian employees may raise funds for organizational support or for the benefit of their members. These organizations can either be chartered Private Organization (PO), such as the Top Three Association, or unofficial activities known as "For Us, By Us" (FUBU). The most common example of FUBU

fundraising is to collect funds for unofficial unit social events (e.g., hail & farewells, holiday parties, military balls). Refer to AFI 34-223, *Private Organization Program*, and AFI 36-3101, *Fundraising*, for additional information.

2.12.2. Private Organization Approval Process. POs seeking to conduct a fundraising event must coordinate with 502d Force Support Squadron by completing the appropriate forms and instructions. Forms are located at the 502d Force Support Squadron Website <https://www.myjbsa-fss-mwr.com/nm/templates/?a=146&z=36>. The 59 MDW/SGA or designee will approve all PO request in 59 MDW facilities.

2.12.3. “For Us, By Us” Approval Process. Unit activities shall be coordinated by completing the appropriate 59 MDW forms and instructions. FUBU events will be approved by the unit commander. All requests for FUBU events must be received by Facilities Management at least fifteen (15) duty days in advance of the event for review. Failure to coordinate within the appropriate time frame may result in the disapproval of the request. The approval documentation must be displayed in a conspicuous place during the fundraising event.

2.12.4. Fundraising During Duty Hours. Supervisors will not give time off for personnel to engage in a fundraising event, nor will “comp-time” be granted before or after the event. Golf tournament fundraising events may be held during duty hours, but organizers and participants must be on leave, pass, or otherwise in a legitimate non-duty status. This is distinguishable from command-sponsored and funded golf tournaments, where personnel may participate in duty status. Although it is 59 MDW Policy to limit fundraising activities to one day, in rare cases, the 59 MDW/CC or designee can approve events up to three days.

## **2.13. Miscellaneous.**

2.13.1. Cabinets, overhead storage bins, and lockers shall be kept closed. For security, workstations should be locked at the end of the duty day/shift.

2.13.2. Radios are permitted but will be maintained at a very low volume to avoid disturbing adjacent staff or patients. All music shall be in good taste and free of offensive and/or profane language as determined by others.

2.13.3. Personal office items must comply with AFIs, NFPA guidance, and this Instruction.

2.13.4. Commander Leadership and Recognition Boards.

2.13.4.1. Leadership and recognition boards are encouraged within the unit. The design and frame must be approved by Facilities Management prior to purchase. All official photographs will be taken digitally and in color. Displayed pictures will be 8” x 10” or 5” x 7”. Picture sizes shall not be mixed on the same board or location.

2.13.4.2. 59th Medical Wing entryways and Command Section. Pictures from the President to Wing Three Letters.

2.13.4.3. 59th Medical Wing Group Level. Wing Commander through Squadron Commander/Superintendent.

2.13.4.4. 59th Medical Wing Squadron Level. Wing Commander through Group Commander/Superintendent, Squadron Commander, Superintendent, and First Sergeant.

2.13.5. Lost and Found.

2.13.5.1. Items lost and found at Wilford Hall will be brought to the HARPS information desk, 1st floor concourse, for logging and tagging of the item(s).

2.13.5.2. Items lost and found at JBSA-Randolph will be brought to the Facilities Management office for logging and tagging of the item(s).

2.13.5.3. All other facilities will establish procedures for collection and turn-in/recovery of item(s).

## Chapter 3

### FIRE SAFETY

#### 3.1. General.

3.1.1. Patient and non-patient care areas are divided into fire and smoke compartments. The type of wall and door construction determines if the compartment will resist the spread of smoke, fire, or both and for how long. Ambulatory care compartments are fire and/or smoke rated for one hour.

3.1.2. The Facilities Management Safety Manager is designated the 59 MDW Fire Marshal.

#### 3.2. Responsibilities.

3.2.1. Joint Base San Antonio (JBSA) Fire Department (502 CES/CEF).

3.2.1.1. Implements fire safety management program in all facilities operated by the 59 MDW.

3.2.1.2. Designated as authority having jurisdiction (AHJ).

3.2.1.3. Reviews and approves fire response plan(s).

3.2.2. Commanders.

3.2.2.1. Ensure all staff (military, civilian, licensed independent practitioners, and contractors) receive formal annual fire prevention response training. Generalized fire response training is provided through Computer Based Training, Newcomers Orientation, and recurring safety training by the section safety representative.

3.2.2.2. Ensure section supervisors through the Zone Master or Building Manager program accomplish fire prevention training annually within their area of responsibility.

3.2.2.3. Ensure all staff, licensed independent practitioners, and volunteers are familiar with, and capable of, implementing the section fire reaction response plan. Staff members and volunteers shall be able to define the meaning and actions of RACE and PASS.

3.2.2.4. Ensure required personnel are trained in the use of patient evacuation equipment (i.e. Stairchairs).

3.2.2.5. Annually review the current copy of the 59 MDW Medical Contingency Response Plan (MCRP) for actions and emergency procedures.

3.2.2.6. Prohibit the use of any fire or open flames activities within 25 feet of any medical facility. When open flame devices such as barbeque grills are utilized for morale activities the responsible commander must ensure a fire extinguisher is on hand for immediate use.

3.2.3. Fire Marshal or Deputy.

3.2.3.1. Implement requirements of the 59 MDW fire safety management program.

3.2.3.2. Annually inspect 59 MDW buildings, structures, and surroundings to identify potential fire hazards and assess fire safety management programs.

3.2.3.3. Annually review and update fire response plans.

3.2.3.4. Annually review the 59 MDW MCRP for actions and emergency procedures to be followed.

3.2.4. 59 MDW Administrator (SGA).

3.2.4.1. Reviews and approves Fire Response Plans.

3.2.4.2. Establish an investigative committee after a fire incident to review cause, action taken during fire, actions to preclude recurrence of similar incidents, and recommendations.

3.2.5. Building Managers, Zone Masters, and Section Supervisors.

3.2.5.1. Review fire response plan and brief personnel on location and operation of fire extinguishers and pull stations.

3.2.5.2. Supervisors conduct annual refresher training. Document completion on AF Form 55 located in the individual's competency assessment folder.

3.2.5.3. Prepare and update a fire response and evacuation plan for work sections in their assigned zone(s). In larger buildings, this may require coordination between zone masters. These plans must be sent to the flight commander and then the 59 MDW Fire Marshal or deputy for review and signature

3.2.5.4. Review and update fire response plans annually.

3.2.5.5. Ensure facilities portions of the MCRP are current or updated as necessary.

3.2.5.6. Post current fire response plan for their sections on safety bulletin boards.

**3.3. Fire Safety.**

3.3.1. Code RED is the term used to alert personnel of a real or suspected fire without causing undue alarm to patients and visitors.

3.3.2. The acronym RACE: Rescue, Alarm, Confine, Extinguish/Evacuate, is used throughout the 59 MDW to facilitate fire reaction training and to emphasize the actions to be taken during an actual fire emergency.

3.3.2.1. "R" stands for rescue. Every reasonable attempt will be made to remove patients from the immediate fire threat area. When conditions exist (actual smoke, flames, etc.), or directed by a competent authority, patient evacuation should be accomplished simultaneously with other fire response actions.

3.3.2.2. "A" stands for alarm. All personnel will ensure that all fires are promptly reported regardless of size or location. Failure to report could lead to a more dangerous condition being allowed to progress out of control.

3.3.2.2.1. Ensure a verbal alarm is sounded, call out "Code RED" (Fire, Fire, Fire) or Exercise, Exercise, Exercise "Code RED" (Fire, Fire, Fire) to alert and summon other staff members.

3.3.2.2.2. Pull the fire alarm, and phone the fire department at extension 911. Give exact location of fire: building, floor, room, your name, and phone number. If you are reporting a fire drill, ensure you specify Exercise Code RED. Do not hang up until the fire department has all pertinent information.

3.3.2.3. "C" is for confine. Closing doors and windows in the fire zone can confine the spread of smoke and fire. This action should be taken whenever fire alarms sound, even if smoke or flames are not visible.

3.3.2.3.1. The oxygen to a room or area should be shut off if there is a fire in the immediate area.

3.3.2.3.2. The senior clinical staff on duty is responsible for directing the shutting off the medical gases.

3.3.2.3.3. If time permits turn off lights and appliances or unplug fans before closing doors.

3.3.2.4. "E" is for extinguish/evacuate. Staff in the area experiencing the fire should assess the severity and quickly determine if use of a fire extinguisher is appropriate.

3.3.2.4.1. Staff will attempt to confine and extinguish the fire by smothering or reducing the oxygen supply to the fire with the available firefighting equipment and by closing doors to the room.

3.3.2.4.2. If the fire cannot be extinguished/contained evacuate the area.

3.3.3. Hospital Automated Resource Protection System (HARPS), or the Medical Control Center (MCC) will implement Code Red checklist upon notification of smoke, fire, or natural gas smell.

3.3.4. When conditions require, the incident commander will direct evacuation of Ambulatory Care areas.

3.3.5. After the senior on-scene Fire Chief terminates firefighting operations and a medical review of conditions in the fire area determines the area is fire safe the MCC or HARPS will announce termination of the Code RED using the following, "May I have your attention please, the Code RED (or Exercise Code RED) in (name of location) has been terminated." Repeat the message (3 times).

### **3.4. Fire Response and Prevention Training.**

3.4.1. Newly assigned personnel, including volunteers, contract employees, Licensed Independent Practitioners will be trained by their supervisor or Section Safety Representative on the work section's fire response plan. This training will be incorporated into the worker's job safety orientation and documented in accordance with current AF directives. This briefing will also cover staff roles at and away from a fire scene (i.e., be prepared to assist with evacuation, as required).

3.4.2. Work center fire response training will be provided by the immediate supervisor, zone master, or section safety representative oriented around the RACE concept.

3.4.3. Zone Masters/Building Managers/safety representatives are responsible to their unit commander to maintain a fire safe condition and serve as the focal point for all fire prevention issues within their area(s) of responsibility.

3.4.4. Zone Masters/Building Managers.

3.4.4.1. Train personnel on fire and emergency reporting procedures, location and use of fire extinguishers, location of alarm pull boxes, and emergency evacuation procedures.

3.4.4.2. Perform visual inspection of electrical equipment prior to use in all non-patient care areas.

3.4.4.2.1. Verify power cords insulation is not torn or frayed.

3.4.4.2.2. Verify power cords are UL (or equivalent) approved.

3.4.4.2.3. Verify outlet prongs are not damaged or missing.

3.4.4.3. Evaluate condition of all electrical equipment during weekly inspections.

3.4.4.4. Ensure mechanical rooms (for heaters, boilers, generators, etc.) and communication rooms are kept clean and are not used as storage rooms.

3.4.4.5. Ensure occupants are not using unauthorized space heaters or other high current drawing devices.

3.4.4.6. Ensure high current drawing devices (refrigerators, copy machines, etc.) are plugged into wall outlet without the use of an extension cord.

3.4.4.7. Ensure areas are left in a fire safe condition at the end of each workday or activity period.

3.4.4.8. Ensure occupants keep corridors and access to fire extinguishers, pull stations, and electrical panels unobstructed and accessible.

3.4.4.9. Newly assigned personnel, including volunteers, contract employees, Licensed Independent Practitioners will be trained by their supervisor or Section Safety Representative on the work section's fire response plan. This training will be incorporated into the worker's job safety orientation and documented in accordance with current AF directives. This briefing will also cover staff roles at and away from a fire scene (i.e., be prepared to assist with evacuation, as required).

### **3.5. Fire Prevention.**

3.5.1. Trash containers throughout the 59 MDW facilities will be non-combustible.

3.5.2. Blocking/wedging open fire/smoke doors is prohibited.

3.5.3. Soiled linen or trash collection receptacles shall not exceed 32 gal (121 L) in capacity.

### **3.6. Fire Drills.**

3.6.1. Staff knowledge and the effectiveness of the fire response plan will be evaluated through fire drills.

3.6.2. Fire drills will involve maximum staff participation

3.6.3. Hospital Automated Resource Protection System (HARPS), or the Medical Control Center (MCC) will implement Code Red checklist during fire drills if directed by Facilities Management.

3.6.4. When directed by the exercise evaluation team chief, the MCC or HARPS will announce termination of the exercise using the following, "May I have your attention please, the Exercise Code RED in (name of location) has been terminated." Repeat the message (3 times).

3.6.5. Documentation, and a roster of all staff who participated will be maintained by Facility Management.

3.6.6. Fire Drills will be scored utilizing the 59 MDW Fire Drill Evaluation Form. Sections that score below 80% will be re-drilled within 30 working days.

3.6.7. Fire drills will be accomplished once per quarter for each working shift in all ambulatory occupancies.

3.6.8. Fire drills in business occupancy will be accomplished annually. The annual fire drill will be 12 months (-/+ 30 days) from the date of the last drill.

3.6.9. Additional drills may be required for areas during implementation of interim life safety measures, or when the area that was drilled do not score a minimum of 80%.

3.6.10. The fire inspector/evaluator will provide on-the-spot training to correct deficiencies noted during inspections and drills.

### **3.7. Interim Life Safety Measures.**

3.7.1. Interim Life Safety Measures (ILSM) are administrative actions taken to temporarily compensate for the hazards posed by construction activities or any time the fire protection features of the facility are compromised. ILSM's are intended to provide a level of fire safety comparable to that described in NFPA 101, *Life Safety Code*.

3.7.2. The need for an ILSM, during construction, renovation, and/or remodeling, will be assessed during the preconstruction meeting, or at least one week before the project begins. ILSMs apply to all personnel including construction workers.

3.7.3. Interim Life Safety Measures.

3.7.3.1. Ensure exits provide free and unobstructed egress. Personnel shall receive training if alternate exits must be designated.

3.7.3.2. Ensure a free and unobstructed access to emergency services and emergency forces.

3.7.3.3. Ensure fire alarm detection and suppression systems are not impaired. A temporary, equivalent, system shall be provided when any fire system is impaired. Temporary system must be inspected and tested monthly.

3.7.3.4. Ensure temporary construction partitions are smoke tight and built of noncombustible materials.

3.7.3.5. If required, provide additional firefighting equipment and user training for personnel.

3.7.3.6. Ensure no smoking is allowed within the 59 MDW main and associated buildings. This policy includes contractors.

3.7.3.7. Development and enforcement of storage, housekeeping and debris removal, along with procedures that reduce the flammable and combustible fire load to the lowest level necessary for daily operations.

3.7.3.8. Conduct one additional fire drill per shift, per quarter in the affected area(s). **Note:** The need for additional drills will be assessed and determined based on the nature of the deficiency and criteria in the 59 MDW Interim Life Safety Measure Policy.

3.7.3.9. Increase surveillance hazard of buildings, grounds and equipment with special attention construction areas, construction storage and excavations.

3.7.3.10. Train personnel when structural or compartmentalization features of fire safety are compromised.

3.7.3.11. Conduct organization-wide safety education programs to ensure awareness of any Life Safety Code deficiencies, construction hazards for the ILSM.

3.7.4. Facilities Management, Wing Safety Manager or their designated representatives will evaluate the project or deficiency for impact on exiting, compartmentalization, fire detection and response systems, ignition sources, storage, debris, and other potential concerns identified the criteria. When advised as to which ILSM actions are to be implemented, squadron commanders will ensure those actions are accomplished in a timely manner and documented.

3.7.5. Determine if the impact is significant. In general, projects which do not reduce the level of life safety below LSC minimum requirements are not significant.

3.7.5.1. Activities which take place in a room with an intact door and which do not penetrate walls generally do not require an ILSM.

3.7.5.2. Activities that affect doors or walls for less than one shift generally do not require an ILSM.

3.7.5.3. Activities which block or compromise exit stairs, required exit corridors, or exit discharge areas for more than one shift generally require an ILSM.

3.7.6. When ILSMs are indicated, use 59 MDW Form 7, *Interim Life Safety Measures Assessment*. If ILSMs are deemed necessary, Facilities Management will consider each of the 11 items (paragraphs [3.7.3.1](#) through [3.7.3.11](#)). All items impacted by the project must be included in the implementation of Interim Life Safety Measures Plan.

3.7.7. Documentation of staff training and additional fire drills are required as part of every ILSM plan.

3.7.8. Enforcement of each required ILSM must be documented using the ILSM schedule, [Table 3.1](#).

**Table 3.1. ILSM Schedule.**

Inspection Period	Activity
Daily	Inspection of exiting for access, integrity, and discharge.
Weekly	Inspection of construction site for barrier integrity, smoking, storage, debris removal, fire system integrity, and extra fire-fighting equipment.
Project Initiation and As Needed	Training for facility staff.

3.7.9. Document and submit findings to the EOC or designated sub-committee.

3.7.10. Documentation of the ILSM shall be maintained for one (1) year after the ILSM is closed.

### **3.8. Manual Fire Watch.**

3.8.1. NFPA 25, *Standard For The Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems*, requires a manual fire watch to be initiated when the fire alarm system is out of service for more than 4 hours in a 24 hour period or a sprinkler system is out of service for more than 10 hours in a 24 hour period.

3.8.2. The MCC will activate the Security Team to perform manual fire watch. Security Team members will be briefed on their responsibilities and conduct checks of their assigned area. Checks will be documented using the 59 MDW Form 8, *Fire Watch Checklist*.

3.8.2.1. Areas with restricted access such as mechanical rooms will be checked by Facility Management, Civil Engineering (CE) Craftsmen, or the maintenance contractor.

3.8.2.2. If manual fire watch is required after duty hours a request can be made to have Security Forces conduct additional checks of the building in lieu of having security team members present. This will require approval of the AHJ.

### **3.9. Inspections.**

3.9.1. Facilities Management and/or the Zone Master shall accompany fire inspectors during all inspections and ensure corrective actions are taken promptly to correct any fire hazards and deficiencies noted during the inspection. If necessary ask the fire inspector for advice.

3.9.2. Facilities Management or Zone Master shall document in Defense Medical Logistics Standard Support (DMLSS) any noted fire hazards/deficiencies.

3.9.3. Any fire safety discrepancy identified during a fire inspection and not corrected during the visit, will generate an AF Form 1487, Fire Prevention Visit Report. If required, the fire inspector will assist facilities management in creating a work order to correct the deficiency.

**3.10. Alcohol Based Hand Rub (ABHR) Dispensers.** Facilities Management and JBSA Fire Department are responsible for managing and ensuring compliance with current NFPA guidance. Zone Masters/building managers (Facility Manager at JBSA-Randolph) are responsible for compliant placement and storage requirements of ABHR gels and solutions. Executive oversight of compliance is maintained through the EOC and through periodic reporting to Board of Directors.

### **3.11. Space Heaters.**

3.11.1. Space heaters are not authorized in any 59 MDW facilities unless there is a verifiable prolonged (several days) heating problem.

3.11.2. Space heaters will be permitted for personnel with a medical condition verified in writing from a competent medical authority.

3.11.3. Approved space heaters must have tip protection and be inspected and approved by 59 MDW Safety and the AHJ.

3.11.4. Space heaters are not permitted in patient care areas.

### **3.12. Interior Furnishings and Decorations.**

3.12.1. Facilities Management, with support from 59 MDW Safety office, will ensure that acquisitions of interior furnishings (bedding, window coverings, furnishings, decorations, and other equipment) are assessed for fire safety and compliance with NFPA 101.

3.12.2. Staff or volunteer organizations shall formally request 59 MDW Facilities Management approval of specialized interior furniture or decorations prior to procurement.

3.12.2.1. To request reasonable accommodations under Title 1 of the ADA, the individual must notify his or her immediate supervisor and Facilities Management that s/he needs an adjustment or change at work for a reason related to a medical condition. When the disability and/or the need for accommodation is not obvious, the individual may be asked for reasonable documentation about his/her disability and functional limitations.

3.12.2.2. Individuals requesting ergonomic accommodations may be asked to provide medical documentation of the need. If the individual fails to provide the requested documentation or if the documentation does not demonstrate the existence of the need, the request may be denied.

3.12.3. The JBSA Fire Department inspector and/or 59 MDW Safety Office may conduct ad hoc inspections and direct the removal of furnishings and decorations.

### **3.13. Holiday Decorations.**

3.13.1. All holiday decorations shall be inspected and approved by 59 MDW Safety and/or Facilities Management prior to display.

3.13.2. All materials used in the manufacturing of the decoration shall be fire retardant. The original decoration package or box along with the manufactures fire safety literature shall be kept and stored for Facilities Management or Fire/Safety review and approval. Without original manufacture fire safety literature items will not be approved for display.

3.13.3. Decorations shall not be arranged so they obstruct the view of egress to corridors/exits or block exits or access to exits. Decorations shall not be placed where they reduce or obstruct sprinkler heads, exit signs, or block access to electrical cabinets, fire extinguishers, or pull stations.

3.13.4. Use of flammable/combustible decorations such as cardboard boxes, wood products, straw, hay, or similar products for festive decorating is prohibited.

3.13.5. Decorations shall not be arranged where fire could spread from one area/room to another.

3.13.6. Attaching flammable/combustible items to walls is prohibited.

3.13.7. Covering of doors with wrapping or holiday paper is prohibited. The maximum amount of any non-fire-rated door that can be decorated with wrapping paper or any other holiday decoration is 5%, so a 2-foot-wide wreath would be acceptable. Door decorations must be located such that it does not interfere with the normal operation of the door.

3.13.8. Food products used as decorations (i.e., string popcorn) is prohibited.

3.13.9. No items are permitted to be hang/attach to/from smoke/fire detectors, sprinkler heads, light fixtures, or ceiling.

### 3.13.10. Wreaths.

3.13.10.1. Wreaths must be made of flame-retardant or fire-resistant material.

3.13.10.2. Wreaths made from or containing hay or straw, bamboo, dry moss, wood shavings, dry leaves, wood bark, corn stalks and corn shucks, saw dust, tumbleweed, flammable powders or liquids, plastic sheeting/pallets, cotton batting, flock, paper streamers or confetti in large quantities are prohibited.

3.13.10.3. Foil decorations such as satin balls or holiday ribbon is encouraged.

### 3.13.11. Trees.

3.13.11.1. Live trees and flocked metallic trees are prohibited in 59 MDW facilities.

3.13.11.2. Artificial trees must be flame-retardant or fire-resistant.

3.13.11.3. Remove trees promptly after the holidays.

### 3.13.12. Lights.

3.13.12.1. All lights must be approved with a label, stamp, or seal from UL or equivalent and non-heat producing.

3.13.12.2. Prior to use, check each set of lights, new or old, for broken or cracked sockets, frayed or bare wires, or loose connections. Discard damaged or broken lights.

3.13.12.3. The use of "bubbling" lights is prohibited.

3.13.12.4. Use of an open flame is prohibited.

3.13.12.5. Use no more than three standard-size sets of lights per single extension cord, follow manufacturer's guidance.

3.13.12.6. Lights may be attached to the front of desks. Do not attach or string lights to walls or ceiling.

3.13.12.7. Turn off all lights on trees and other decorations when departing for the day.

### 3.13.13. Extension Cords.

3.13.13.1. Facilities Management will have final approval for use of extension cords in non-patient care areas. Only commercially procured extension cords bearing the UL or equivalent certification may be used.

3.13.13.2. Extension cords shall be rated at 10 amps minimum above the required power draw.

3.13.13.3. Extension cords may not be manufactured or altered.

3.13.13.4. Extension cords cannot be chained together.

3.13.13.5. Do not run extension cords from one room to another, and never string cords across doorways, walkways or under/through fire or security shutters.

3.13.13.6. The use of RED outlets for displays is prohibited.

**3.14. Procedures in Case of Fire. Protocols and Reporting (JBSA-Randolph Only).**

- 3.14.1. Fire drills will be conducted annually or as directed by Fire Prevention and the Facility Manager.
- 3.14.2. The Facility Manager will:
  - 3.14.2.1. Contact Fire Prevention, 652-6915, for coordination of date and time of the drill.
  - 3.14.2.2. Monitor fire control and evacuation procedures.
- 3.14.3. The senior person present in each work area will:
  - 3.14.3.1. Assist in the supervision and evacuation of all staff, patients, and visitors.
  - 3.14.3.2. Account for all staff members and report their status to their respective senior leadership.
- 3.14.4. Group and Squadron senior leadership will be in their predetermined location in the north parking lot outside the exit nearest TRICARE Operations and Patient Administration Function.
- 3.14.5. Patients, visitors, and staff will:
  - 3.14.5.1. Evacuate the building as specified in their area fire evacuation plan (job safety training guide). Patients being treated at the time of the fire drill may remain in the area if the provider determines that the patient is not capable of being evacuated and it is not in the patient's best interest due to the particular procedure or examination.
  - 3.14.5.2. Move to their predetermined meeting area, as stated in your section's job safety training guide, at least 100 feet away from the Clinic building.
  - 3.14.5.3. Stand clear of any fire-fighting equipment, personnel, and operations.
  - 3.14.5.4. Stay clear of the building until Fire Prevention or the Facility Manager gives the all-clear signal.
- 3.14.6. Fire Prevention personnel will report the time it took for the evacuation to be completed and any problems encountered during the fire drill to the Facility Manager.
- 3.14.7. The Facility Manager will document the following information on the Fire Drill Report Form:
  - 3.14.7.1. The number of personnel, including patients and visitors that were evacuated from the area;
  - 3.14.7.2. Total time to evacuate;
  - 3.14.7.3. Problems encountered;
  - 3.14.7.4. Remedial training required or given, if any.

## Chapter 4

### UTILITIES AND OUTAGES

#### 4.1. Utility System General Information.

4.1.1. Utility failures occurs when a utility is interrupted due to mechanical or electrical failure. Although the most common disruption will be loss of power, the chapter will also address the loss of Heating, Ventilation and Air Conditioning (HVAC), water, steam, gases, vacuum/air, elevators, and communications.

4.1.2. All sections should develop a specific plan of action to be implemented during utility outages to ensure prompt action as well as an orderly procession of events (i.e., chain of command, assigned duties, etc.). Plans should allow for the following outages: electrical power, steam, water, communications, air conditioning, vacuum, medical air, oxygen, nitrous oxide, and nitrogen.

4.1.3. Commercial power is supplied directly to the medical campus and outlying buildings from the local power company through the base power grid.

4.1.4. Emergency Power (also called “Red Power”), is provided to facilities with standby generators. Emergency Power generation is activated and supplied only as a result of normal power failure or through planned outages. The emergency power distribution system is designed to meet the electrical support requirements for critical patient areas and life safety systems through the red power outlets. Emergency power is not designed or capable of providing power to all areas for continued operations. Outlying buildings providing medical care and critical mission facilities have an external generator to maintain life support/critical equipment.

4.1.4.1. Under nominal power conditions, all normal and red power outlets plus lighting systems are supplied with electrical power.

4.1.4.2. During electrical system failures, scheduled outages, or emergency situations, only red outlets and selected overhead lighting circuits are energized. Depending on the extent of scheduled outages, some patient care areas may have normal power, while other areas may have only red power. To ensure that generators are not overloaded no personal electrical devises are allowed to be plugged into a red power receptacle.

4.1.4.3. Transfer from normal power to emergency generators requires a momentary interruption during automatic transfer switch activation. The electrical system is designed to transfer power in ten (10) seconds or less during loss of commercial power. During the ten second period, there will be no power at any outlet or light system. For scheduled outages, emergency generators are started in advance. As a result, only a momentary “blip” will occur during transfer to emergency generators.

#### 4.2. Responsibilities.

4.2.1. The 59 MDW Commander, 59 MDW Deputy Commander, 59 MDW Administrator, or the senior Group Commander will decide whether to initiate the following:

4.2.1.1. Activate the MCC.

- 4.2.1.2. Request the Fire Department dispatch a radio-controlled unit to assist in communications concerning accidents requiring ambulance or Emergency Medical Technician assistance, etc.
- 4.2.1.3. Distribute hand-held radios to specific individuals and departments to ensure open communication and prompt action in the event of a serious incident.
- 4.2.2. During Non-Duty Hours, HARPS will ensure the following is accomplished:
  - 4.2.2.1. Notify the 59 MDW/CC or designated representative(s) and the Director, Facilities Management of the utility outage.
  - 4.2.2.2. Upon arrival, the 59 MDW/CC, or designated representative(s), will assume command and control of the situation.
- 4.2.3. Facilities Management will:
  - 4.2.3.1. Contact CE or maintenance contractor and obtain an assessment of the situation in regard to cause, expected duration, building(s) affected, and other pertinent information.
  - 4.2.3.2. If required, prepare for relocation of services or movement of patients.
  - 4.2.3.3. Brief the 59 MDW/CC or designated representative(s) on the current status.
  - 4.2.3.4. Ensure the safety of patients and 59 MDW staff is not compromised (i.e., elevators not occupied, battery powered lights functioning, etc.).
- 4.2.4. Family Emergency Center (FEC).
  - 4.2.4.1. During non-duty hours FEC Officer in Charge (OIC) will serve as the incident commander until relieved.
  - 4.2.4.2. FEC officer-in-charge will notify HARPS on the effects of the utility outage to Services.
  - 4.2.4.3. Establish an alternate Emergency Services area, if necessary, and notify all departments providing services.
  - 4.2.4.4. Develop a viable plan to be implemented during a total utility outage. Points to consider:
    - 4.2.4.4.1. Are all patients accounted for and has someone been designated to monitor patient activity and medical status?
    - 4.2.4.4.2. Are any patients on lifesaving medical equipment? Is battery-powered replacement equipment available for immediate use? Must seriously ill patients be relocated to another area or facility?
    - 4.2.4.4.3. Have all patients been notified of the situation and is order being maintained? Is additional manpower required to ensure proper care of patients?
    - 4.2.4.4.4. Is equipment available for surgeries? Is the maximum duration of battery powered equipment known?
- 4.2.5. Clinical and nonclinical areas will maintain open communication to the MCC via a designated runner to report any emergency situations.

### 4.3. Outage Procedures.

#### 4.3.1. Electrical.

4.3.1.1. Should an electrical failure occur immediately notify Facilities Management at 292-7171 or HARPS at 292-6070 after duty hours. HARPS in turn will notify the Facilities Management. Facilities Management will notify CE or the contract maintenance manager for response to the situation and corrective action.

4.3.1.2. Senior leadership will evaluate the situation and determine if patient care will continue to include possible termination/postponement of elective surgeries, alternative measures to implement in case of an emergency.

4.3.1.3. Facilities Management will contact CE or maintenance contractor to determine severity and projected duration of the outage and brief the 59 MDW/CC or designated representative(s) of the current status.

4.3.1.4. Section OICs and NCOICs should consider relocating refrigerated items to other refrigerators as necessary.

4.3.1.5. Section OICs and NCOICs should initiate shut-down procedures for medical and computer equipment supported by Universal Power System devices.

4.3.1.6. Operating Room personnel should terminate any surgical cases underway.

4.3.1.7. Clinical Research Division personnel should closely monitor internal air temperatures.

4.3.1.8. Building managers or CE/site maintenance teams should check generators to ensure they have started and automatic transfer switches have transferred.

4.3.1.9. Building managers or CE/site maintenance teams should periodically check and service fuel levels during operation and after commercial power has been restored.

#### 4.3.2. Heating Failures During Cold Weather:

4.3.2.1. Should a heating failure occur immediately notify Facilities Management at 292-7171 or HARPS at 292-6070 after duty hours. HARPS in turn will notify Facilities Management. Facilities Management will notify CE or the contract maintenance manager for response to the situation and corrective action.

4.3.2.2. Staff will take appropriate action such as supplying extra blankets or consider relocating patients.

4.3.2.3. Facilities Management will contact CE or maintenance contractor to determine severity and projected duration of the outage and brief the 59 MDW/CC or designated representative(s) of the current status.

4.3.2.4. Facilities Management will have an announcement made to inform staff. Senior leadership will evaluate the situation and determine if patient care will continue to include possible termination/postponement of elective surgeries, alternative measures to implement in case of an emergency.

#### 4.3.3. Air Conditioning Failure During Warm Weather.

4.3.3.1. Should an air conditioning failure occur immediately notify Facilities Management at 292-7171 or HARPS at 292-6070 after duty hours. HARPS in turn will notify the Facilities Management. Facilities Management will notify CE or the contract maintenance manager for response to the situation and corrective action.

4.3.3.2. Facilities Management will contact CE or maintenance contractor to determine severity and projected duration of the outage and brief the 59 MDW/CC or designated representative(s) of the current status.

4.3.3.3. Facilities Management will have an announcement made to inform staff. Senior leadership will evaluate the situation and determine if patient care will continue to include possible termination/postponement of elective surgeries, alternative measures to implement in case of an emergency.

4.3.4. Steam Outages. During a steam outage hot water and heat will not be available once the storage systems have been expended. Therefore, all affected areas will have to take appropriate action depending upon the time of year.

4.3.4.1. Should a steam failure occur immediately notify Facilities Management at 292-7171 or HARPS at 292-6070 after duty hours. HARPS in turn will notify the Facilities Management. Facilities Management will notify CE or the contract maintenance manager for response to the situation and corrective action.

4.3.4.2. Facilities Management will contact CE or maintenance contractor to determine severity and projected duration of the outage and brief the 59 MDW/CC or designated representative(s) of the current status.

4.3.4.3. Facilities Management will have an announcement made to inform staff. Senior leadership will evaluate the situation and determine if patient care will continue to include possible termination/postponement of elective surgeries, alternative measures to implement in case of an emergency.

4.3.4.4. Sections requiring steam for sterilization will need to implement contingency plans. Leadership will need to evaluate the outage impact(s) and determine if patient care continues.

4.3.5. Water Outages:

4.3.5.1. Depending upon the severity and duration, and at the direction of 59 MDW/CC, appropriate action will be implemented such as rationing of water, utilization of bottled water for consumption (obtained from the commissary), and alternative cleaning methods for work requiring water (non-aqueous cleaning solutions approved by the Infection Preventionist and Bioenvironmental Engineering).

4.3.5.2. Should a water outage occur immediately notify Facilities Management at 292-7171 or HARPS at 292-6070 after duty hours. HARPS in turn will notify the Facilities Management. Facilities Management will notify CE or the contract maintenance manager for response to the situation and corrective action.

4.3.5.3. Facilities Management will contact CE or the maintenance contractor to determine severity and projected duration of the outage and brief the 59 MDW/CC or designated representative(s) of the current status and expected duration.

4.3.5.4. Facilities Management will have an announcement made to inform staff. Senior leadership will evaluate the situation and determine if patient care will continue to include possible termination/postponement of elective surgeries, alternative measures to implement in case of an emergency.

4.3.5.5. Loss of water supply pressure. In the event of a complete loss of water supply, the use of bottled water must be initiated to supply the needs of staff and patients until water can be restored by CE, or contract maintenance.

4.3.5.6. Contamination of the water supply. In the event of bacteriological contamination of the water supply, Bioenvironmental Engineering will coordinate the issuance of a boil water order. Bottled water will be provided to patients and staff until potable water is restored to the base. Tap water can still be used for toilets.

4.3.5.6.1. Loss of chlorine residual in the water supply. If Bioenvironmental Engineering determines there is no chlorine residual in the base water during its routine monitoring, it will notify Facilities Management and make appropriate recommendations. At a minimum, patients will be given bottled water until chlorine residual is detected. CE will be notified by Bioenvironmental Engineering of the deficiency and monitor the chlorine residual until the problem is corrected.

4.3.5.6.2. All water fountains will be shut off and marked with an “out of order” sign until Bioenvironmental Engineering determines the water is safe to drink. The chilled water fountains will require the storage tank to be purged prior to use.

4.3.5.6.3. After water has been restored. Bioenvironmental Engineering will conduct bacteriological testing (prior to consumption) and monitor the chlorine residual in the water supplied by CE.

#### 4.3.6. Vacuum Supply Outages:

4.3.6.1. The operating theaters and oral surgery are the most critical areas supported by the vacuum system. In the event of vacuum loss, the operating room and oral surgery staff will complete any surgery that is in process using portable vacuum units that are in place within the sections. All other surgeries will be postponed or canceled. The medical staff will determine if emergency surgeries may proceed using the portable vacuum device.

4.3.6.2. Should a vacuum outage occur immediately notify Facilities Management at 292-7171 or HARPS at 292-6070 after duty hours. HARPS in turn will notify the Facilities Management. Facilities Management will notify CE or the contract maintenance manager for response to the situation and corrective action.

4.3.6.3. Facilities Management will contact CE or contract, maintenance manager, and determine severity and projected duration of the outage and brief the 59 MDW/CC or designated representative(s) of the current status and expected duration.

4.3.6.4. Facilities Management will have an announcement made to inform staff. Senior leadership will evaluate the situation and determine if patient care will continue to include possible termination/postponement of elective surgeries, alternative measures to implement in case of an emergency.

#### 4.3.7. Compressed Air Outage:

4.3.7.1. Should a compressed air outage occur immediately notify Facilities Management at 292-7171 or HARPS at 292-6070 after duty hours. HARPS in turn will notify the Facilities Management. Facilities Management will notify CE or the contract maintenance manager for response to the situation and corrective action.

4.3.7.2. Facilities Management will have an announcement made to inform staff. Senior leadership will evaluate the situation and determine if patient care will continue to include possible termination/postponement of elective surgeries, alternative measures to implement in case of an emergency.

4.3.7.2.1. In case of compressed air outages, with the concurrence of medical staff, surgeries may continue by using the installed bottled air systems.

4.3.7.2.2. Medical Logistics will ensure sufficient air cylinders are on hand to support continued operations.

4.3.7.3. Facilities Management will contact CE or the maintenance contractor to determine severity and projected duration of the outage and brief the 59 MDW/CC or designated representative(s) of the current status and expected duration.

#### 4.3.8. Nitrous Oxide System Failure.

4.3.8.1. Should a nitrous oxide system outage occur immediately notify Facilities Management at 292-7171 or HARPS at 292-6070 after duty hours. HARPS in turn will notify the Facilities Management. Facilities Management will notify CE or the contract maintenance manager for response to the situation and corrective action.

4.3.8.2. Facilities Management will have an announcement made to inform staff. Senior leadership will evaluate the situation and determine if patient care will continue to include possible termination/postponement of elective surgeries, alternative measures to implement in case of an emergency.

4.3.8.3. In case of nitrous oxide outages, with the concurrence of medical staff, surgeries may continue by using the installed bottled air systems.

4.3.8.3.1. If portable cylinders are installed for use, a Bio-medical Equipment Technician will test the low-pressure connections with the portable infrared spectrophotometer and high-pressure connections with a soap bubble solution.

4.3.8.3.2. Medical Logistics will procure cylinders to support continued operations.

#### 4.3.9. Liquid Oxygen System Faults:

4.3.9.1. If the pressure is low or a fault has occurred in the system, the alarm panel will sound an audible alarm.

4.3.9.2. Should a liquid oxygen failure occur immediately notify Facilities Management at 292-7171 or HARPS at 292-6070 after duty hours. HARPS in turn will notify the Facilities Management. Facilities Management will notify CE or the contract maintenance manager for response to the situation and corrective action.

4.3.9.3. Facilities Management will have an announcement made to inform staff. Senior leadership will evaluate the situation and determine if patient care will continue to include

possible termination/postponement of elective surgeries, alternative measures to implement in case of an emergency.

4.3.9.4. In case of liquid oxygen outages, with the concurrence of medical staff, surgeries may continue by using bottled systems.

4.3.9.5. Medical Logistics will procure cylinders to support continued operations.

4.3.9.5.1. A contract exists through Praxair for repairs as well as replenishing oxygen on a regular or as required basis. The Logistics office will determine if there is a requirement to contact Praxair.

4.3.9.5.2. Portable oxygen cylinders are stored at the medical warehouse and can be obtained by contacting the local purchase section during duty hours. After duty hours request HARPS (292-6070) contact the on-call logistics technician for assistance.

4.3.9.6. Facilities Management will contact CE or the maintenance contractor to determine severity and projected duration of the outage and brief the 59 MDW/CC or designated representative(s) of the current status and expected duration.

4.3.10. Elevator Failures:

4.3.10.1. Multiple medical campus facilities are equipped with elevators. If for any reason the elevators fail to operate correctly, contact Facilities Management immediately at extension 292-7171.

4.3.10.2. During duty hours, Facilities Management will notify the elevator repair specialist to correct the problem. If safety dictates the need, the elevators will be isolated to the OFF position after ensuring there is no one in them.

4.3.10.3. The elevator may be shut down until the elevator maintenance is complete to alleviate any further damage or safety hazards to patients, staff, and visitors.

4.3.10.4. If anyone becomes trapped inside, the elevators are equipped with emergency telephones which directly contact EMCS.

4.3.10.5. During non-duty hours, EMCS should be contacted immediately. The base Fire Department and Facilities Management can assist with the rescue of people trapped in the elevators.

4.3.11. Computer System Failures.

4.3.11.1. Medical Information Systems Flight personnel assigned as Client Support Administrator's will trouble-shoot problems within the scope of their training and expertise. Any problems that cannot be resolved locally will be referred to the appropriate project office and tracked by Surgeon General Systems Information office until corrected.

4.3.11.2. All users will contact the DHA Global Service Center Help Desk to report problems or request assistance with the desktop system, network, email, Composite Health Care System, and other system issues.

4.3.12. Telephone and other communication systems failures.

4.3.12.1. In the event of a total communication outage hand-held radios will be distributed and runners utilized for communication purposes.

4.3.12.2. The Information Systems Flight will be contacted to obtain the status of the situation as well as the expected duration.

4.3.12.3. Information Systems Flight/Facilities Management will brief the 59 MDW/CC or designated representative of the current status, staff/locations of hand-held radios, and any other pertinent information.

4.3.12.4. Each section Element Chief/NCOIC should ensure a runner is designated for communication purposes, all staff and patients are briefed on the current status, and order is maintained throughout the area and functions maintained as normal as possible.

4.3.13. Terrorist Situations. All 59 MDW personnel will be familiar with the MCRP. In the event of a potential terrorist situation causing major disruption to all utility systems refer to the MCRP for contingency instructions.

**4.4. Scheduled Utility Outage.** Due to new construction projects, electrical infrastructure upgrades, and statutory recurring maintenance requirements and inspections, CE and/or the maintenance contractor may have to schedule utility outages. A scheduled utility outage may affect all or a part of the medical facility may be necessary to repair, renovate, test or replace portions of the utility system. Notifications for scheduled outages should be made at least 14 days in advance of the outage.

4.4.1. Responsibilities.

4.4.1.1. 502 Civil Engineer Squadron Wilford Hall Operations Flight (502/CEW) or maintenance contractor shall:

4.4.1.1.1. Provide Facilities Management a 14-day advance notification, coordination and submission for approval concerning the proposed utility system outage.

4.4.1.1.2. Coordinate with all affected functions regarding the date, times, and purpose of a scheduled utility outage by sending an outage advisory memorandum through distribution to all 59 MDW departments or by hand-carrying it to affected areas.

4.4.1.1.3. Distribute and coordinate the final approved schedule with affected 59 MDW functions and/or base side civil engineer representatives.

4.4.1.1.4. If required, develop technical supporting plans to minimize outage impacts to 59 MDW patient care operations including implementation of emergency power sources (i.e., generators), auxiliary cooling or other support for critical life support systems.

4.4.1.1.5. If required, for large scale utility outages, EMCS shall notify the Facilities Management one day before the outage and then two hours before the outage.

4.4.1.1.6. If required, broadcast a message over the public address system providing details of the outage.

4.4.1.2. Facilities Management.

4.4.1.2.1. Submit a notice to Public Affairs not later than seven days prior to the scheduled outage for publication in the Medical Center Bulletin, Vital Signs, and/or through 59 MDW group commanders for outages affecting the entire medical center.

- 4.4.1.2.2. If required, arrange and conduct pre-outage meetings with affected medical functions or clinics to discuss systems affected during the outage and mitigation action to be taken to continue functioning during the time of the outage.
- 4.4.1.3. Zone Masters/Building Managers. When notified of any scheduled utility outage, Zone Masters/Building Managers must notify all zone occupants of the date and time of the outage (**Chapter 4**).
- 4.4.1.4. Affected 59 MDW functions.
  - 4.4.1.4.1. Upon initial notification of any scheduled utility outage areas may contact Facilities Management and request to postpone or reschedule if there is a valid "mission critical" reason. Facilities Management in coordination with CE and 59 MDW Leadership have final approval/disapproval of any rescheduled request.
  - 4.4.1.4.2. Implement basic utility system outage response measures to mitigate impacts to patient operations (e.g. maximize use of red power outlets, use of alternate elevators). Remind users to save computer files and shut off electrical equipment 5 to 10 minutes prior to the scheduled outage start time.

**4.5. Utility Failures.** A utility failure occurs when a utility is interrupted due to mechanical or electrical failure.

4.5.1. Responsibilities.

- 4.5.1.1. 502d Civil Engineering. Notify Facilities Management 24/7 and MCC if in operation, of the outage. Notification must include information regarding the type, extent, and if known the duration of the outage. Facilities Management will record the name of the person providing the information.
- 4.5.1.2. Facilities Management.
  - 4.5.1.2.1. Respond, and deploy Civil Engineering and/or Maintenance Contractor to determine the immediate extent of the failure, estimated duration and patient care areas impacted and immediately notify senior 59 MDW staff or the Medical Control Center.
  - 4.5.1.2.2. Develop and/or implement system mitigation or recovery plans to restore utility system operation as soon as possible.
  - 4.5.1.2.3. Provide on-going system outage status to 59 MDW leadership and affected patient care areas. If possible, consider announcements over the public address system at appropriate time intervals.
- 4.5.1.3. Affected 59 MDW functions:
  - 4.5.1.3.1. Implement basic utility system outage response measures to mitigate impacts to patient operations (e.g. maximize use of red power outlets, use of alternate elevators).
  - 4.5.1.3.2. If directed by the MCC, implement requirements of the 59 MDW MCRP.

## Chapter 5

### WORK REQUEST SYSTEM

#### 5.1. Responsibilities.

##### 5.1.1. Facilities Management.

- 5.1.1.1. Serves as liaison with 502 CEW or on-site maintenance contractor for scheduling and completing work requests submitted by 59 MDW.
- 5.1.1.2. Serves as the primary point of contact (POC) for collecting and validating work request submissions.
- 5.1.1.3. Instructs all newly appointed Zone Masters and Building Managers on the proper submission of work requests through the DMLSS Customer Support Module.
- 5.1.1.4. Monitors all work requests through final completion and provides status updates to customers.
- 5.1.1.5. Maintains a comprehensive database of submitted work requests using the DMLSS Facility Management Module.

##### 5.1.2. Zone Masters/Building Managers.

- 5.1.2.1. Zone Masters and Building Managers are the primary agent to enter and manage maintenance work requests for their respective zone(s)/buildings.
- 5.1.2.2. Request services/support for their areas of responsibility. For safety reasons, anyone in the facility may call in emergency repairs to Facilities Management.
- 5.1.2.3. Submit work order requests electronically through DMLSS automated support system. For access to DMLSS modules contact the Facilities Management Office for assistance.
- 5.1.2.4. Track status of all work requests for their areas of responsibility.
- 5.1.2.5. Provide status of work orders.

##### 5.1.3. Staff Members.

- 5.1.3.1. Report all emergencies to Facilities Management and follow up with zone master. Do not delay calls to 911 for Emergency Response (i.e. Code Red, Code Blue) to notify zone master, building manager, or Facilities Management.
- 5.1.3.2. Report Emergency work requests during non-duty hours (1530-0730 weekdays, weekends, and holidays) for JBSA Lackland notify HARPS at 292-6070 and for JBSA Randolph call 652-3151. The name of the individual time the call was made is required to complete the work request. A DMLSS work order will need to be submitted during the next duty day.
- 5.1.3.3. Report non-emergency work orders to Zone Master (Facilities Management at JBSA-Randolph).

## 5.2. Work Requests.

5.2.1. Maintenance actions are performed by civil engineering or the on-site maintenance contractor. To best serve the 59 MDW, requested maintenance actions must be planned, scheduled, and performed in order of criticality. This prioritization allows for appropriate response times employment of resources in an efficient and effective manner.

5.2.2. A work request is a means of communication for maintenance, repair, or installation needs from approved building staff members through Facilities Management to CE or the maintenance contractor. A work request must be completed for all work accomplished either by CE or the maintenance contractor.

5.2.3. A work request is required for maintenance actions on anything that is attached to the building floors, walls or ceiling. Examples include: stained or broken ceiling tiles, doors not operating or latching, pictures hung in offices, damaged floor or frayed carpet, sinks toilets or water leaks, heating or cooling issues, power (electrical), light bulb replacement.

5.2.4. There are three categories of work requests: Emergency, Urgent, and Routine. A Risk Assessment Code (RAC) can only be assigned to a work request by Wing Safety and the Fire Department.

5.2.4.1. Emergency work requests require immediate response. An emergency is defined as any unusual occurrence, utility malfunction, or equipment failure that presents an imminent danger to life or health or the potential for major damage to a 59 MDW building or facility detrimental to the mission or reduces operational effectiveness. The most common emergency work requests are fire, smell of smoke, water leaks, or an electrical power outage. Only those actions necessary to mitigate the emergency are accomplished on the initial work task. If additional work is required to restore complete functionality, a future lower priority work requirement will be created and executed in a time and manner consistent with requirements of similar scope and nature. Imminent threat to life, property, security, or the environment warrants immediate response and mitigation – but not necessarily a permanent repair. *Requests are dispatched immediately.*

**Table 5.1. Emergency Work Request Examples.**

<b>Note:</b> (Examples include but not limited to:)
Downed electrical lines
Broken gas line
Gas leaks or smell of gas leaks
Heavy flood, broken pipes, water lines
Overflowing toilets
Electrical or water outages
Elevator “stuck” with someone on board
Inoperable exterior locks or interior locks on sensitive spaces
Major equipment breakdown
Loss of HVAC in operating rooms
Loss of HVAC in Clinical Research Division
Certain pest or animal control situations
Fire Alarm sound (actual fire alarm)

5.2.4.2. An "Urgent" work order is one that is not an emergency, but must be responded to and completed, or materials ordered within 7 calendar days after receipt of order. Urgent situations pose a threat of personal injury, equipment damage, or a serious disruption of medical operations. Whenever possible, urgent work orders should be completed as soon as possible to alleviate the situation before injury occurs, equipment or property is damaged, or the condition worsens. *Requests are dispatched as soon as possible or practical.*

**Table 5.2. Urgent Work Request Examples.**

<b>Note:</b> (Examples include but not limited to:)
Temporary repairs conducted in an emergency that pose as a threat to personal injury
Broken glass
Inoperative switches, outlets or lights
No air conditioning or heat in rooms with sensitive equipment
Loss of refrigerated storage space
Piping or roof leaks that affect equipment or classrooms
Toilets/urinals running constantly
Clogged sink/toilet/shower/tub (water not overflowing)
Non-emergency elevator repairs/any compliance code requirements
Pest/animal control that could pose a harmful, unsafe condition
ADA compliance issues, e.g. inoperative door openers, obstructed route
Certain Fire Marshal or code compliance corrective actions
Broken, gushing, or misdirected irrigation device or sprinkler head
Broken windows, doors or locks
Fire Alarm trouble/Fire Alarm Panel

5.2.4.3. A "Routine" work order that does not qualify as emergency or urgent and must be accomplished within 30 days after identifying the requirement of receipt of material. Material requirements must be processed within 14 calendar days of receipt. Routine work requests do not pose an immediate risk to facilities, systems, equipment, or components and can be handled on a planned and scheduled basis. Advance coordination with the customer is typically required to allow scheduling of personnel and receipt of materials. Requests are addressed based on workload and priorities.

**Table 5.3. Routine Work Request Examples.**

<b>Note:</b> (Examples include but not limited to:)
Painting
Furniture or equipment moving services
Cracked glass replacement
Changing light bulbs
Broken furniture
Hang pictures/certificate/banners
Dripping faucets or showers
Minor projects

<b>Note:</b> (Examples include but not limited to:)
---

Grounds maintenance
---------------------

### **5.3. Work Request Submission.**

5.3.1. Zone Master or Building Manager serve as the primary agent to enter and manage maintenance work requests using the DMLSS Customer Support Module. DO NOT delay notifying Zone Master or Building Managers for emergency responders or emergency maintenance work requests.

5.3.2. Routine and urgent work requests during normal duty hours (0730-1530) are submitted into DMLSS.

5.3.3. Emergency work requests during non-duty hours (1530-0730 weekdays, weekends, and holidays) for JBSA Lackland notify HARPS at 292-6070. The name of the individual time the call was made is required to complete the work request. A DMLSS work order will need to be submitted during the next duty day.

5.3.4. Emergency work requests during non-duty hours (1530-0730 weekdays, weekends, and holidays) for JBSA Randolph notify Randolph CE Customer Service at 652-3151. The name of the individual time the call was made is required to complete the work request. A DMLSS work order will need to be submitted during the next duty day.

5.3.5. Facilities Management staff will review and validate the work request prior to forwarding for assignment.

5.3.6. For repair of medical equipment contact the Medical Equipment Repair at 292-7455.

5.3.7. For telephone or computer equipment repair contact DHA Global Service Center.

5.3.8. For changing burnt out light bulbs contact Zone Master or Building Manager and submit a work request.

5.3.9. For assistance with furniture or window coverings contact Facilities Management for assistance, 292-7171.

### **5.4. Work Request Prioritization.**

5.4.1. Work requests are completed based upon priority and funding availability. Facilities Management will assign priorities to work requests in accordance with governing directives.

5.4.2. Scheduled work orders will be prioritized and accomplished in the following order:

5.4.2.1. Life safety and security deficiency.

5.4.2.2. Command interests.

5.4.2.3. Real property deficiencies.

5.4.2.4. Group priorities.

5.4.2.5. Routine work orders.

### **5.5. Unfunded Project and Requirements Working Group.**

5.5.1. Unfunded Projects and Requirements in Development are items that have been delayed due to lack of funding, impending asset retirement, awaiting conflict resolution, long-term access issues, or have been subject to other administrative issues or constraints.

5.5.2. The Director, Facilities Management Flight serves as the Chairman, Unfunded Projects and Requirements Working Group.

5.5.3. Group Administrators serve as representatives for their respective Groups on the Unfunded Projects and Requirements Working Group.

5.5.4. The Unfunded Projects and Requirements Working Group will meet on a quarterly basis to discuss prioritization, obstacles, and scheduling.

5.5.5. Within the working group, each group administrator or designee is responsible for prioritizing projects or requirements relating to their respective group.

5.5.6. Facilities Management will ensure 502 CE and maintenance contractor are informed of discussions and decisions made during working group meetings. This information includes prioritization decisions made by the members.

5.5.7. Group representatives will brief their respective group commanders on the prioritization listing.

## **5.6. DMLSS System Utilization.**

5.6.1. Facility Management will use DMLSS-FM including applicable modules to support real property maintenance, repair, and renovation projects.

5.6.2. The DMLSS-FM application will be used to capture maintenance procedures and Preventative Maintenance (PM) schedules for the RPIE and administrative/ Regulatory Compliance (RC) items (e.g., fire drills, safety training). The main daily functions of the FM application are tracking and closing of unscheduled and PM work requests. Any work performed in the MTF shall be recorded in DMLSS.

5.6.3. The Facility Manager ensures the maintenance contractor uses DMLSS-FM and maintains all applicable data IAW AFMAN 41-216.

## **5.7. Self Help Projects.**

5.7.1. Self-help projects are not permitted in any building owned by the 59 MDW.

5.7.2. Moving of office furniture is not permitted.

## Chapter 6

### ZONE MASTER/BUILDING MANAGER

**6.1. Overview.** The Zone Master/Building Manager assists Facilities Management with ensuring all facilities are properly maintained and in operational condition.

**6.2. Responsibilities.**

6.2.1. Commander.

6.2.1.1. All real property facilities and facility space are assigned to unit commanders. Commanders and staff agency chiefs assume responsibility for the proper care, custody, and protection of all the real property and real property installed equipment (RPIE) assigned to the organization.

6.2.1.2. Appoints, or delegates to the Administrator, appointment of Zone Masters, Assistant Zone Masters and Building Managers. Appointment should be at least 10 days prior to existing Zone Masters departure. Submit appointment letter (**Figure 6.1**) to Facilities Management Office. **Note:** Until training of the new Zone Master is complete the individual appointed in writing will remain the POC for the section.

Figure 6.1. Zone Masters, Assistant Zone Masters and Building Managers Appointment Letter.



DEPARTMENT OF THE AIR FORCE  
59TH MEDICAL WING (AETC)  
JOINT BASE SAN ANTONIO - LACKLAND TEXAS

(Date)

MEMORANDUM FOR 59 MLRS/SGSKF

FROM:

SUBJECT: Zone Master Emergency Management Representative Appointment Letter

1. The following individual(s) are appointed Zone Master Emergency Management Representative for the following zone(s):

ZONE	PRIMARY	PHONE	ALTERNATE	PHONE

2. The above assigned Zone Masters will provide oversight and ensure compliance of responsibilities in accordance with 59 MDWI 32-1001, *Facilities and Environment*. Duties also include Emergency Management program according to AFI 10-2501 to include Shelter in Place attachment provided by 502 CES/CEX at 671-3614.

3. The individuals appointed will fulfill Zone Master duties for a period no less than six months from the date of appointment. Please direct any questions to \_\_\_\_\_.

4. This letter supersedes all previous, same subject.

Commander or Administrator Signature Block

6.2.1.2.1. Zone Masters appointees shall be an officer, airman E-4 or above, or civilian GS-5 or above. The Zone Master shall have retainability in their current zone for at least 6 months prior to departing permanent change of station (PCS), permanent change of assignment, retiring, or separating. Exceptions to this policy are approved by the Director of Facilities Management.

6.2.1.2.2. The Zone Masters' primary area of responsibility will be in the duty section or in close proximity of the duty section for which the person is appointed.

#### 6.2.2. Commander/Administrators.

6.2.2.1. Ensure unit members process all work requests through their Zone Masters.

6.2.2.2. Ensure unit members utilize their Zone Masters for work status information/updates.

6.2.2.3. Ensure Zone Masters, Assistant Zone Masters, and Building Managers complete required training.

6.2.2.4. Ensure unit members understand their collective responsibilities for the care, protection, and security of the facility.

#### 6.2.3. Facilities Management.

6.2.3.1. Provide initial and follow on training.

6.2.3.2. Prepare monthly training topic to educate and update all zone masters on their responsibilities, policies, changes and current issues.

6.2.3.3. Update the zone master list after training has been completed.

6.2.3.4. Inform Administrators of required changes.

6.2.3.5. Notify Squadron Commanders when responsibilities of Zone Masters/Building Managers are not completed as required.

#### 6.2.4. Zone Masters/Building Managers.

6.2.4.1. Serve as the primary point of contact for their area(s) of responsibility to facilities management.

6.2.4.2. Administer assigned programs in accordance with governing directives, policies, and this Instruction.

6.2.4.3. Periodically report to Facilities Management status of the program and any assistance required to facilitate their roles.

6.2.4.4. Complete assigned training. Zone Masters shall complete monthly training by the assigned date of each month. Training requirements will be identified by Facilities Management to maintain competency levels of the zone master in the areas of their responsibilities.

6.2.4.5. Maintain a record of all work requests submitted. This ensures a single point of contact for all issues and records within the facility and that duplicate work is not submitted. Additionally, it allows for the consolidation of work efforts to maximize the effectiveness of work requests.

6.2.5. Assistant Zone Masters.

6.2.5.1. Assume the duties of the Zone Masters in their absence.

6.2.5.2. Complete Zone Master monthly training requirements.

**6.3. Zone Master and Building Manager Training.**

6.3.1. Zone Masters and Building Managers shall receive initial training within 30 days of appointment. Training will include but not be limited to:

6.3.1.1. Access to the DMLSS-FM Customer Support Module.

6.3.1.2. Overview of work request input and identification of the category to which a work request pertains.

6.3.1.3. General information for managing work requests within their respective zone.

6.3.1.4. Review of work request status using the Customer Support module of DMLSS.

**6.4. Zone Master Duties.**

6.4.1. Maintain a Zone Master binder. The Zone Master binder is subject to inspection during all internal and external inspections. Checklists are available on the 59 MDW SharePoint. Contact Facilities Management for assistance. The binder shall be formatted using the following tabs:

6.4.1.1. Tab A – Zone Map-Roster.

6.4.1.2. Tab B – Primary and Alternate Zone Master Appointment Letters – Training Documentation.

6.4.1.3. Tab C – Zone Master Training.

6.4.1.4. Tab D – Zone Master References.

6.4.1.5. Tab E – Program Responsibilities.

6.4.1.6. Tab F – Zone Master Checklists.

6.4.1.7. Tab G – Work Requests Info.

6.4.1.8. Tab H – Work Requests-Open.

6.4.1.9. Tab I – Work Requests-Closed.

6.4.1.10. Tab J – Housekeeping Complaint Form.

6.4.1.11. Tab K – Inspections.

**Note:** For multi-organization area, each unit's Zone Master shall have a handbook in which they maintain the work request records submitted by their organization.

6.4.2. Brief occupants of proper work request reporting procedures.

6.4.3. Ensure that facility users do not alter, move or remove walls, outlets, switches, heating, lighting, ventilation, air conditioning, plumbing and related fixtures, or other real property installed equipment.

6.4.4. Maintain an accurate and current work order logbook to include written and verbal requests.

6.4.5. Security.

6.4.5.1. Security Forces/Law Enforcement patrols conduct regular security checks of all base facilities. If a facility is found unsecure, regardless of who is responsible, Zone Masters/Building Managers will be notified and required to report immediately to secure it. Impress upon all personnel the importance of building/facility security. Stress that everyone's cooperation maintaining building/facility security is essential.

6.4.5.2. Establish a standard security procedure to ensure facilities are secure from illegal entry at all times, and brief the occupants of the security measures which they must observe. The procedure will outline the rules for opening and closing the facility during and after normal duty hours to include double-checking that all windows and doors are secured/locked upon departure.

6.4.5.3. Perform regular inspections on all locks to ensure they are kept in good working order. If a facility cannot be secured due to a broken lock, door hinge, exterior window, etc., it is considered an emergency work order and the Zone Master/Building Manager must notify Facilities Management immediately.

6.4.5.4. Report any suspicious person(s), objects, or packages by notifying the Law Enforcement Desk. **Note:** Zone Masters and occupants must first check with co-workers to see whether they have any knowledge about the object before making notification.

6.4.5.5. Report stolen/missing items to the Facilities Management and HARPS.

6.4.5.6. Maintain a Zone Master identification sign on every building's/zone's bulletin board under their oversight.

6.4.6. Pest Control.

6.4.6.1. Zone Masters/Building Managers are responsible for ensuring their areas of responsibility are free of pests. This includes responsibility to ensure all break areas, snack shops, and vending machine areas within their area of responsibility are kept clean.

6.4.6.2. Contact facilities management if insects are observed, or of any dead or stray animals, birds, or bees, wasps and/or nests posing significant hazard to facility occupants.

6.4.7. Space Utilization/Management.

6.4.7.1. The 59 MDW Medical Facility Utilization Board (MFUB) reviews, approves space allocation and utilization issues. This committee provides information and direction on how space should be allocated and used within the 59 MDW to meet strategic goals and mission objectives.

6.4.7.2. Group SGAs shall advise the Facilities Management office when space is vacated or usage is changed. Space must not be given or shared with other organizations or units unless approved by the 59 MDW MFUB. If additional space is required to meet mission requirements, the SGA assists the requester in preparing the space request form, 59MDW41, *Space Request*.

6.4.8. Facility Abuse.

6.4.8.1. Unit Commanders, Zone Masters, and Building Managers play an integral part in identifying, investigating and resolving any possible instance of facility abuse. Facility abuse can be defined as any damage or loss which is due to misconduct or negligence in the use, care, custody or safeguarding of real property facilities or equipment. When facility abuse is suspected, report it to Facilities Management. Commanders may initiate an investigation and take administrative or disciplinary action as a result of facility abuse. Security Forces may conduct an incident report for the record and forward a copy to the commander(s) affiliated with the incident. Zone Masters may be required to assist commanders during investigations and determining liability or may be appointed to conduct reports of survey.

6.4.8.2. Zone Masters/Building Managers prevent abuse by properly training individuals on what abuse is and that they will be held monetarily liable for tampering, disabling, damaging or destroying Real Property or RPIE. Additionally Zone Masters/Building Managers will:

6.4.8.2.1. Mitigate abuse by performing routine checks to ensure there is no interior/exterior damage. If damage is noted, enter a DMLSS work request and notify the Group Administrator.

## **6.5. Building Manager.**

### **6.5.1. Responsibilities. Building Managers:**

6.5.1.1. Accomplish all duties of a Zone Master.

6.5.1.2. Ensure alternate building manager(s) (if appointed) comply with applicable instructions and other directives. The primary and alternate facility manager's work as a team to ensure the facility is managed effectively and efficiently.

6.5.1.3. Conduct monthly visual inspections of the facility and its windows, doors, lights, and plumbing, to determine the condition of the property. Inspect all interior areas such as closets, stairwells, entrances, hallways, and office areas for neatness and cleanliness. Inspect exterior areas such as lawns, trees, shrub, parking lots, and designated smoking areas for safety, cleanliness, and neatness.

6.5.1.4. Brief staff members on their collective responsibility for care, custody, and protection of the property.

6.5.1.5. Ensure thermostats throughout the assigned facilities are constantly set in accordance with the Base Energy Plan. Make sure doors and windows are closed when heating or air conditioning is in use.

6.5.1.6. Turn off exterior and interior lights, equipment, etc., when not in use.

6.5.1.7. Know the locations of circuit panels, thermostats, fire pull stations, extinguishers, and utility shut off valves in their assigned facilities. It would be a good idea to indicate on a map these areas and brief them to occupants.

6.5.1.8. Facility and Grounds Maintenance. Contact the Facility Management office (JBSA-Lackland 292-7171, JBSA-Randolph 652-2521) if contract services are failing on grounds maintenance, custodial or rubbish removal contracts.

6.5.1.9. Refuse Collection.

6.5.1.9.1. Ensure accesses to dumpsters adjacent to the facility are not blocked by illegally parked vehicles. Any illegally parked vehicles can be reported to the Facilities Management office and are subject to ticketing and towing.

6.5.1.9.2. Ensure trash is placed inside dumpsters and facility occupants do not use dumpsters to dispose of hazardous, electrical, or recyclable materials. Trash items left outside of dumpsters can result in health concerns.

6.5.1.9.3. Notify Facilities Management when regularly scheduled refuse collection is not being made. **Note:** If your dumpster is full, take all overflow trash to the next available dumpster and contact Facilities Management to have it emptied.

## 6.6. Appointing Support Custodians.

6.6.1. Commanders and Unit Administrators are responsible for ensuring support custodians are appointed in writing to carry out duties and responsibilities in support of the Zone Master. Zone Masters may request additional support custodians, but ultimately are held responsible for ensuring each one is accomplishing the tasks they are assigned.

6.6.2. The commander may appoint/designate tank custodians, hazardous waste accumulation point managers, recycling monitors, unit safety representatives, and unit emergency management representatives.

6.6.2.1. Tank Custodians must be appointed in writing to Base Supply's Fuels for all fuel tanks that service facilities (i.e. heating oil tanks, generator fuel tanks, etc.), and they must receive training prior to appointment. Commanders and Tank Custodian duties and responsibilities are outlined in AFI 23-204, *Organizational Fuel Tanks*.

6.6.2.2. Hazardous Waste Accumulation Point Managers (HWAPMs), Hazardous Material Monitors (HAZMAT Monitors) and Unit Environmental Coordinators (UECs) must coordinate with Zone Masters as required to ensure facility occupants properly store and dispose of hazardous waste, hazardous materials and recyclable products. HWAPMs, HAZMAT Monitors and UECs must be appointed in writing to CE's Environmental Flight.

6.6.2.3. Recycling Monitors are responsible for facilitating each facility recycling program. This includes acquiring recycling collection bins. Contact Facilities Management for assistance.

6.6.2.4. Unit Safety Representatives must coordinate any required work items through Zone Masters. Risk Assessment Codes are only assigned by the Wing Safety office, Fire Emergency Services Flight.

6.6.2.5. Unit Emergency Management Representatives must coordinate with Zone Masters to establish effective Shelter-in-Place procedure and ensure the required equipment is available.

## Chapter 7

### ENVIRONMENTAL TOURS

**7.1. Policy.** It is the policy of the 59 MDW that designated individuals conduct regular environmental tours of all areas of the organization to evaluate the effectiveness of previously implemented activities intended to minimize or eliminate environment of care risks.

**7.2. Procedure.**

7.2.1. As part of an ongoing environment of care program, Facilities Management shall coordinate the environmental tours of facilities to identify and evaluate information concerning safety, fire safety, hazardous conditions, exposure to hazardous materials and wastes, security, utilities, medical equipment and staff knowledge.

7.2.2. The team should consist of representatives from the following departments:

7.2.2.1. Facilities Management/Security.

7.2.2.2. Infection Control.

7.2.2.3. Medical Maintenance.

7.2.2.4. Housekeeping.

7.2.2.5. Zone Master/Building Manager or SGA are highly encouraged to accompany the environmental tour team.

7.2.3. It is the goal of the 59 MDW to conduct an EOC Environmental Tour in all patient care areas every six months and in non-patient care areas annually.

7.2.4. Inspections will be performed and documented by area, clinical or non-clinical, utilizing the 59 MDW Form 9, *Environmental Tour-Clinical Area* and 59 MDW Form 10, *Environmental Tour-Non-Clinical Area*. Each of the questions has been given a rating to determine the amount of time that the item should be addressed, if there is an issue. The rating system is as follows:

7.2.4.1. Rating 1- addressed immediately before the conductor of the inspection leaves the area.

7.2.4.2. Rating 2- addressed within 24 - 48 hours of the inspection.

7.2.4.3. Rating 3- addressed within 15 days of the inspection.

7.2.4.4. Rating 4- addressed within 30 days of the inspection.

**7.3. Discrepancies.**

7.3.1. Facilities Management will document deficiencies and issues identified during the environmental tour. Facilities Management will enter all facility related work orders identified during the tour in DMLSS.

7.3.2. Identified deficiencies will be corrected by one of the following means:

7.3.2.1. SGA/Zone Master.

7.3.2.2. Facilities Management.

7.3.2.3. Medical Equipment Repair.

7.3.2.4. Housekeeping.

7.3.3. Facilities Management will send an Environmental Tour Memorandum and a copy of the inspection to the appropriate Administrator and Zone Master of the department inspected. These will be sent within 1-week of the inspection.

7.3.4. The Administrator, Zone Master, and Department OIC/NCOIC will review and correct deficiencies identified for the department. Corrective actions shall be annotated and the returned to Facilities Management by the suspense noted in the memorandum.

7.3.5. Facilities Management will maintain the documentation in DMLSS of the environmental tours where issues identified. The issues will be addressed by the DMLSS work request system or by notifying the department of completion.

7.3.6. Facilities Management will schedule, track, trend and analyze the environmental tour inspections and provide completion, data, and issues to the EOC during scheduled meetings.

## Chapter 8

### SIGNAGE

#### 8.1. Policy.

8.1.1. The 59 MDW signage policy applies to all permanent, interim, and temporary signage used on the 59 MDW campus, and the 559 MDG.

8.1.2. No signage/items are to be posted on Plexiglas or acrylic barriers (sneeze screens).

8.1.3. Materials posted must be in good taste, non-offensive, and shall not contain obscene references. Signs not conforming to established standards will be subject to removal without notice to the office of primary responsibility (OPR). Any signage displayed in unauthorized locations shall be immediately removed by Facilities Management.

8.1.4. The public areas of all buildings, such as restrooms, corridors and lobbies, and common areas must be kept neat and orderly. No items shall be posted or displayed in these areas that fail to conform to this instruction. The Facilities Management office will remove or direct the removal of any items that do not conform to this instruction.

8.1.5. All permanent facility signage shall conform to the AFMS Interior Design Guide, JBSA, and Whole Building Design Guide. No changes to the layout, configuration, or information of permanent signs will be authorized without prior approval from the Facilities Management office.

8.1.6. Signs posted adjacent to doors, to include the room number, and room designation or position title of occupant, must meet specifications in the AFMS Interior Design Guide. Posting of individual names (other than physicians) is prohibited without approval of the Facilities Management office.

8.1.7. All directories must be in accordance with AFMS Interior Design Guide requirements. Building directories shall be located in, or near, the main entryways and readily visible to visitors. Large buildings may have additional directories on each floor, in elevator lobbies and/or near stairways. Large sections may also have publicly displayed directories in main visitor areas. Content of these directories is the responsibility of Facilities Management.

8.1.8. Announcement Signage shall:

8.1.8.1. Be approved in advance by Facilities Management and will meet specific dimension and quality standards.

8.1.8.2. Be placed in designated wall mounted slip cover locations or approved locations for tripod display. Signage shall be a maximum size of 22 inches by 28 inches. **Note:** Exceptions or unique circumstances to signage standards will be approved by Facilities Management.

8.1.8.3. Approval of Announcement Signage shall be noted with 59 MDW Interior Designer's signature stamp on the back of each poster, or the Facility Manager at JBSA-Randolph.

8.1.8.4. Have clear designation of the OPR, contact phone number, and end date for display located in the bottom right corner.

8.1.8.5. Designated OPR shall be responsible for inserting approved signage into scheduled display location and removal when display period is over. Display period shall not to exceed 2-weeks in approved locations. Tripods shall be obtained by OPR.

8.1.8.6. Notices of retirement lunches, Christmas parties, white elephant sales, bake sales, etc., shall not be displayed in any public area of the facility.

8.1.8.7. It is the responsibility of the requesting section to fund the purchase and posting/displaying of signs ordered.

## 8.2. Responsibilities.

### 8.2.1. Facilities Management.

8.2.1.1. Facilities Management has the responsibility to enforce the signage policy, approve requests, and manage the orderly display and location. Permanent signage i.e. Check-in Stations, Waiting Areas, and Sub Waiting Area Signage will be procured by Facilities Management. Determination regarding approved signage and locations are identified in [Table 8.1](#).

**Table 8.1. Approved Signage Locations.**

<b>Description</b>	<b>Reference</b>	<b>Determination</b>
Unit Patient Advocate	59 MDWVA 46-102, <i>Clinic Patient Advocate</i>	Standardized frame / box on front corner of reception desk
Patient Bill of Rights	AFMAN 41-210, <i>TRICARE Operations and Patient Administration</i> , 4.2.5.2	Standard frames provided by Facilities Management. Maintained by Patient Advocate. Required per facility, not per waiting area.
Notice of Privacy Policy	AFMAN 41-210, 6.5.2.	Standardized frame on back wall of reception desk below departmental lettering or in plastic standing frame displayed on counter surface. One per counter.
Inform Desk staff of Infection, Respiratory Illness, or Skin Rashes	59 MDWI 44-157 <i>Infection Prevention and Control Program</i> , 5.2	Standardized frame on back wall of reception desk below departmental lettering or in plastic standing frame displayed on counter surface. One per counter
BMT / PRP / PSP / Flight Status		New format adding BMT for all clinics. Standardized plastic standing frame displayed on counter surface between staff and patient.
Patient Satisfaction Survey	59 MDWI 46-101, <i>Patient Experience and Patient Advocate Program</i> , 2.3.13	Patient Satisfaction Scores to be obtained from JOES and posted on back wall of reception desk in plastic standing frame displayed on counter surface by 20th of each month

Description	Reference	Determination
Cover your Cough	59 MDWI 44-157, A5.6	To be place on or next to Cover your Cough Stations, not on Reception Desks
Hand Hygiene Campaign	59 MDWVA 44-111, A <i>Germ is a Terrible Thing to Spread</i>	Standardized plastic standing frame displayed on waiting room table. One per waiting area
CDC Guidance / Coronavirus Signage		Standardized plastic standing frame displayed on waiting room table. One per waiting area

8.2.1.2. Produce or provide Standard Signage used in 59 MDW medical and support facilities.

8.2.1.3. Install Standard Signage on doors walls adjacent to door jambs, and wayfinding boards.

8.2.1.4. Approve location of bulletin boards and content of posted material.

8.2.1.5. Manage the orderly display and use of designated public area Announcement Signage required by 59 MDW.

8.2.1.6. Approve request, standardize wording, timeline for display, and establishes final sign dimensions.

8.2.2. Public Affairs. Manage Announcement Signage located in the elevators, elevator lobbies, and multimedia visual display systems. Announcement signage shall be limited to either elevator lobbies or posters, efforts shall not be duplicated and only one option for display shall be approved.

8.2.3. Zone Masters. Submit validated Standard Signage requests from end users through DMLSS for review, production and/or installation.

8.2.4. Staff Members.

8.2.4.1. Identify Standard Signage requirements in coordination from their Section/Flight Chief and submit requests to Facilities Management through their Zone Master.

8.2.4.2. Coordinate with Zone Master/Building Manager for display and/or mounting of all wall, ceiling or door mounted Standard Signage.

8.2.4.3. Remove material which becomes outdated.

### 8.3. Definition of Terms.

8.3.1. Signage. Any publicly displayed poster, placard, banner, desk plate, medical function/organization identification, hours or operation information, patient information, room number, name tag, building directory, bulletin board or similar object containing a printed message and/or symbol. Signage and signs are used synonymously in this instruction.

8.3.2. Permanent Signs. Signage expected to be posted or on public display for 120 days or more, or signage that is used on a regular basis but not continuously, e.g. temporary reserved parking signs, safety caution signs. This signage is mounted to doors, walls, directional wayfinding boards, ceiling hung, etc., and is primarily geared for patient care activities.

8.3.3. Interim Signs. Signage expected to be posted or on public display for 14 to 120 days.

8.3.4. Temporary Signs. Signage expected to be posted or on display for a very short time, usually 14 days or less, and which normally have the purpose of announcing upcoming programs, activities or events. Such information signage is usually posted on bulletin boards or other places designated and used for guidance to patients or staff that is temporarily displayed in predestinated/managed locations by local staff or Facilities Management.

8.3.5. Standard Signage. Consists of personnel nameplates, medical function/organization identification, hours or operation information, patient information, directions or similar information designed for long term display in the medical treatment facilities. This signage is designed for permanent or long term mounted to doors, walls, directional wayfinding boards, ceiling hung, etc., and is primarily geared for patient care activities and is reviewed on a case-by-case basis.

8.3.6. Announcement Signage. Consists of poster boards, banners, sheets for display of short duration information or guidance to patients or staff that is temporarily displayed in predestinated/managed locations by local staff or Facilities Management.

8.3.7. Authorized Signage. Signs approved by Facilities Management.

8.3.8. Unauthorized Signage. Unapproved signage attached to walls, windows, doors, ceilings stairways. Affixing items to exterior of buildings to include: lighting poles, trees, shrubs or utility poles located on the medical campus.

#### **8.4. Signage Production Priorities.**

8.4.1. Priority is given to signage for life safety and patient care. All fire and safety standard signage will be coordinated through the responsible agency prior to processing the work request. All other signs will be accomplished in order of the request date and time.

8.4.2. Requests for a large number of signs may be filled in increments or contracted out to a commercial firm.

**8.5. Office Designation Shingles.** Any office shingles that are lost or damaged will be replaced upon submission of work order through DMLSS. Name shingles will be manufactured for three letters and above. Duty titles and room numbers for all others.

#### **8.6. Exterior Signs.**

8.6.1. All requirements for exterior signs should be typed and forwarded to the Facilities Management for appropriate actions.

8.6.2. The Facilities Management Office will complete appropriate documents and forms to have approved signs fabricated and installed.

8.6.3. Exterior signs shall comply with Unified Facilities Criteria (UFC) 3-120-01, *Design: Sign Standards*.

#### **8.7. Pictures.**

8.7.1. Facility art package will not be removed from the walls without the consent of Facilities Management.

8.7.2. Any additional artwork will be approved through Facility Management before it is purchased or displayed.

8.7.3. The installation of all personal pictures larger than 8 1/2" x 11" shall be coordinated through Facility Management and may require a DMLSS work request to be submitted for installation.

## Chapter 9

### KEY CONTROL AND BADGES

#### 9.1. Types of Keys.

9.1.1. Grand Master (GM)-Series Keys. Staff members issued GM-series keys have access to all interior doors of keyed buildings. Requests for GM-series keys must be submitted in writing, with sufficient justification and approved through the appropriate squadron commander, to the Facilities Management. The Director, Facilities Management has final approval authority.

9.1.2. Sub-Master (M-Series) Keys. Staff members issued M-series keys have access to a series of locks within a specific area of building. M-series keys will be limited to the group commander, deputy group commander, flight commander, superintendent, NCOIC or shift leader of a particular unit and all Zone Masters. Other personnel requesting M-series keys must provide detailed justification in their letter of request. Each request must be approved through the appropriate group prior to submission to the Facilities Management office. The Director, Facilities Management, or Deputy Director, Facilities Management, has final approval authority.

9.1.3. Office Keys. Staff members issued office keys have access only to the offices for which the key is assigned.

9.1.4. Furniture Keys. Furniture keys requests are made directly to Facilities Management, 292-7171.

#### 9.2. Key Authorization Requests.

9.2.1. An appointment letter must be on file in the Keys and Badges Office, for all individuals authorized to sign key request letters for Grand Master Key and GM-Series Keys. This letter must include name, office symbol and duty title of the individual(s) authorized to sign key request letters. Additionally, this letter must be signed by any one of the following: squadron commander, group commander or wing administrator.

9.2.2. Requests for keys issued to other than 59 MDW personnel must be approved by the Director or Deputy Director, Facilities Management.

9.2.3. The Zone Master is responsible for keys placed on a controlled key ring and will establish explicit, written safeguard procedures. All personnel assigned to the area will acknowledge understanding of key safeguard procedures.

#### 9.3. Key Control and Issue.

9.3.1. Facilities Management will issue all 59 MDW medical buildings keys. Individuals requiring keys will submit 59 MDW Form 11, *WHASC Identification Badge/Key Initial/Replacement Request*.

9.3.2. Once a key is issued to an individual, as annotated on the form the key will not be transferred to another individual.

9.3.3. Individuals who PCS, retire, separate, terminate employment, or transfer to a different section must clear their account at key and badges office.

9.3.4. Individuals who lose their key(s) will notify Facilities Management within five workdays and may be required to pay a replacement cost. If required, a letter for reimbursement of lost keys will be issued with payment instructions. Individuals liable for replacement cost will be required to show proof of reimbursement prior to issuance of new keys. Replacement cost will be deducted from the individual's pay if not accomplished prior to PCS, separation, or retirement.

9.3.5. Wing/Group Commanders will determine risk of lost keys on the organization. Unacceptable risk resulting from loss of keys will require rekeying of all effected doors.

#### **9.4. Requests for Maintenance.**

9.4.1. Requests for emergency repairs for vaulted safes and floor/wall mounted safes will be made to submitted to Facilities Management using the DMLSS customer support module. After normal duty hours, call HARPS at 292-6070.

9.4.2. To repair broken door locks a work order will be submitted to Facilities Management using the DMLSS customer support module. After normal duty hours, call HARPS at 292-6070. Repairs after normal duty hours will be limited to securing a facility from unauthorized entry, securing controlled areas and safeguarding expensive equipment and/or supplies. All other lock issues will be deferred to the next duty day.

9.4.3. Requests to change lock cores in doors will be submitted to Facilities Management using the DMLSS customer support module with detailed justification.

9.4.4. Broken or bent keys will be turned in to Facilities Management for replacement.

9.4.5. Desks and file cabinets are supply items and requests for replacement keys must be submitted to Facilities Management.

9.4.5.1. When the occupant vacates the workstation permanently, cabinet keys shall be placed in the locks and desk keys taped in the top drawer.

**9.5. Combination Changes.** Submit requests for combination changes to Facilities Management using DMLSS customer support module. Changes will be performed within 30 days of request.

**9.6. Key Inventory.** Key inventories will be accomplished annually by the Keys and Badges Office. Results of the annual key inventory will be presented to the EOC and will summarize major problems and corrective actions taken or proposed. Pharmacy key inventory will be accomplished annually, and results reported to the EOC.

**9.7. Specialized Locks and Keys.** Requests for new, nonstandard, or specialized physical security locking/key mechanisms will be carefully evaluated by Facilities Management. The Director, Facilities Management has final requirement approval authority.

**9.8. Lockouts.** Individuals who have been locked out of their office can obtain access by contacting the area Zone Master. Zone Masters are permitted to check out a master key from Facilities Management to allow access. Zone Masters are required to escort the individual to access areas. Master Keys will not be signed out to any contractor unless a Facilities Management authorization has been received. Housekeepers and maintenance staff are not authorized to allow access to locked rooms or secured areas. After duty hours contact HARPS at 292-6070.

## 9.9. Locks and Padlocks.

9.9.1. All locks and padlocks used to secure medical equipment or rooms must be maintained under the BEST keyway system. If a lock is required submit a DMLSS request through the area Zone Master.

9.9.2. Cipher Locks. The Air Force does not classify electromechanical locks, mechanical locks, or other automated entry control systems that use number or letter sequence combinations as protective devices. Cipher locks are not provided as a substitute for positive key control.

9.9.3. Commercial pad locks are only permitted to secure personal items in lockers and break rooms.

9.9.4. Manufactured cabinet lock keys are permitted and additional key(s) should be maintained in a lock box.

## 9.10. Identification Badge Program.

9.10.1. General. The 59 MDW operates with minimum restrictions on access. An identification badge facilitates positive identification of staff personnel and provides a basis for challenging suspicious or questionable persons. In the event of an emergency, an identification badge expedites identification of 59 MDW personnel and grants them re-entry into the facility.

9.10.1.1. JBSA-Randolph AFB Only: All personnel permanently assigned, to include affiliate providers to the 359 MDG will be issued an identification badge and must wear it while performing official duties in the medical facility (B-1040), Mental Health (B-860), Aerospace and Operational Physiology (B-747), Health and Wellness Center (B-999), and the Pharmacy BX (B-1068). The identification badge will not be worn when outside of these facilities. The identification badge may be worn to and from vehicles parked outside of the above facilities.

9.10.1.2. The identification badge is not a substitute for a military identification card.

9.10.1.3. All visitors, including but not limited to pharmaceutical reps, commercial vendors, contractors and students etc., will sign in and be issued a "Visitors Badge" from Facility Management prior to engaging in any activity in the facility.

### 9.10.2. Responsibilities.

9.10.2.1. Facilities Management is responsible for the ID Badge Program. Facilities Management will recommend changes and ensure the program is being managed effectively.

#### 9.10.2.2. JBSA-Lackland Keys and Badges Office.

9.10.2.2.1. Manages the badge computer program as well as the key control computer program.

9.10.2.2.2. Verifies Key and Badge Authorization Letter is digitally signed by the Superintendent or Flight Commander before a badge is processed.

9.10.2.2.3. Collect and destroy identification badges of personnel who move through PCS, separate, retire or terminate employment.

### 9.10.3. JBSA Lackland Procedures.

9.10.3.1. All personnel assigned to the 59 MDW are issued an ID badge during in-processing. The badge will allow the owner access to common and approved areas. Access to other areas in the facility is granted by the OPR responsible for that area.

9.10.3.2. Badges will be worn by 59 MDW personnel while on duty. Badges will be removed by personnel when they exit a campus facility. Military personnel will wear the ID badge, in plain view, facing outward, on the upper left portion of the attire attached to the collar or pocket of the shirt. Non-military personnel will wear the ID badge, in plain view, on the upper portion of the attire, or attached to a lanyard worn around the neck.

9.10.3.3. Any lost or stolen badges will be reported immediately to the Keys and Badges Office. Reissue of lost, stolen, destroyed, or deteriorated badges will be processed with a Replacement for ID Badge letter outlining the circumstances and a new 59 MDW Form 11 endorsed by flight, squadron, or group commander.

9.10.3.4. If badge is damaged, a new is issued without a replacement letter, as long as the old badge is turned in. If the individual does not have the damaged badge, then it is considered lost.

9.10.3.5. Members assigned to the 959 MDG while working at BAMC will adhere to BAMC badge policies.

9.10.4. When out-processing, each individual hand carries the signed out-processing checklist to the Keys and Badges Office. The Keys and Badges Office will delete the individual's badge issue record and destroy the badge. The individual's section certifies all badge/key turn-in actions are complete by reviewing and signing the individual's out-processing checklist.

### 9.11. JBSA Randolph Procedures.

9.11.1. All personnel permanently assigned, to include affiliate providers will be issued an identification badge by Medical Materiel during in-processing. The badge facilitates positive identification and will allow the owner access to the medical facility. Access to areas within the facility will be granted by the OPR responsible for that area. The OPR for each reader group will determine the criteria for assignment.

9.11.2. All personnel will wear the identification badge, in plain view, with picture clearly visible. All personnel will individually swipe in and out outside of normal duty hours.

9.11.3. Re-issue of identification badges for any reason will be accomplished by Medical Materiel. Individuals requesting reissue for reasons of a lost, stolen, or misplaced badge, must submit a letter endorsed by the individual's squadron commander to Medical Materiel outlining the circumstances and/or reasons. The Medical Materiel staff will forward a copy of the letter to the Command Support Staff to be put in the member's Personnel Information File for future reference.

9.11.4. When out-processing, each individual will personally hand carry their badge to Facility Management. Facility Management will clear the individual's badge computer record, destroy the badge, and sign off on the virtual out-processing program or manual paperwork as applicable. If the badge is lost, out-processing personnel must submit a letter signed by their commander prior to out-processing completion.

9.11.5. Facility Management will conduct a reconciliation of all badges annually. The reconciliation consists of a list produced by Facility Management showing all badges issued by name. The focus of the reconciliation will verify that each active badge is currently authorized and has the proper entry (reader group) privileges as compared to the member's record in the badge system's software. Any required deactivations will be accomplished immediately.

## Chapter 10

### SPACE ALLOCATION AND UTILIZATION

**10.1. Introduction.** Space within the 59 MDW is a limited resource and must be carefully managed to effectively support patient care, accommodate new technology, and meet life safety code requirements. The 59 MDW senior staff recognizes that changes in the organization's mission or the introduction of new technology often create requirements to modify the facility. However, any structural changes must be carefully planned and managed to ensure appropriate infrastructure and utility support are provided and life safety standards are being met. These items will be referred to the Medical Facility Utilization Board (MFUB) for review and approval.

#### **10.2. Responsibilities.**

10.2.1. The Commander, 59th Medical Wing, has final approval authority on all space allocation and utilization issues.

10.2.2. Medical Facility Utilization Board.

10.2.2.1. The Commander, 59 Medical Support Group or designated representative will chair the MFUB.

10.2.2.2. Reviews, approves, and makes decisions on space allocation and utilization issues.

10.2.2.3. Provides information and direction to the EOC on how space should be allocated and used within the 59 MDW to meet strategic goals and objectives.

10.2.3. Facility Management.

10.2.3.1. Serves as the Real Property Building Manager and member of the MFUB.

10.2.3.2. Coordinates on all moves/relocations that will involve a change in use/function or changes the occupancy of that space.

10.2.3.3. Reviews each space allocation and utilization request and conducts a preliminary feasibility assessment to determine any technical support issues and to estimate the full cost to support the request.

10.2.3.4. Provides architectural drawings and analyses of utility system capabilities and makes a recommendation on each request to the MFUB.

10.2.3.5. Gathers cost information on requests approved by the MFUB and works with requesters to ensure the structural, electrical, HVAC, and utility issues associated with space allocation are identified and completed, if approved.

10.2.4. Infection Control. The Infection Control office reviews each space allocation and utilization request for adequate hand hygiene stations, evaluation for isolation requirements, room allocations for clean and soiled tasks, appropriate ventilation, layout for special procedures and treatment rooms, and any other environmental issues that are unique to the room designation to be in compliance with infection control evidence-based preventive requirements.

10.2.5. Requesters.

10.2.5.1. Complete 59 MDW Form 41 and 59 MDW Form 12 detailing the requirements for each request and submits it to their respective group Administrator for coordination and forwarding to the MFUB.

10.2.5.2. Complete any systems requests by submitting a Remedy Ticket at 292-5112

#### 10.2.6. Outside Agency Support to MFUB.

10.2.6.1. Facilities Management Interior Designer. Provides interior design and furniture acquisition and reconfiguration plans. Evaluates interior placement of furniture and equipment for NFPA compliance and assists with ensuring furniture used meets national safety and ergonomic standards.

10.2.6.2. 59th Medical Support Squadron provides communications (network and telephone) support to the requester to include installations of commercial and network infrastructure contractor for all required telephone lines, telephone instruments, and network connections.

10.2.6.3. The 502d Civil Engineering or the maintenance contractor performs structural, mechanical, electrical, and other utility system renovations to support approved space allocation and utilization requests. In-house work is scheduled on a priority basis; the timeframe for completion of requested work will vary by project.

10.2.6.4. Defense Health Agency assists in the preparation and management of major renovation and construction projects for the 59 MDW.

### 10.3. Space Allocation and Utilization Process.

10.3.1. The space within 59 MDW structures belongs to the individual Groups. Minor space utilization changes within a Group can be made without MFUB approval. Specifically, those that do not change the purpose for use (such as ambulatory/clinical to business occupancy/administrative use), do not require renovation or significant work request to prepare rooms for new use, are small in scale (no more than 5 rooms), do not violate any previously clearly intended/specified use, and do not drive new requirements for space from the wing. These minor Group space use changes, however, still require 30 days advance notification/coordination with the facility management office so that facilities management office can determine that it is in fact a minor change and also so that they can update facility use plans and ensure issues such as changes to housekeeping requirements or any other contracts may be addressed as applicable.

10.3.2. For new requirements or changes within the Group that do not meet the above criteria, require a 59 MDW Form 12 along with the 59 MDW Form 41 with justification for the needed space or significant change in space utilization prior to the occupation, change in usage, or renovation. The request will be routed through the respective Administrator for presentation to the MFUB. Facilities Management will conduct a preliminary assessment of the request to determine feasibility and present their recommendation to the MFUB for final decision. The MFUB will review the request, along with the Facilities Management recommendation, and approve or disapprove the request. Once approved, Facilities Management will assist in defining user requirements.

10.3.3. Requesting space that belongs to another area requires pre-coordination between Administrators prior to submitting the space request.

**10.4. Priorities.** Priorities for allocating and utilizing space within the 59 MDW are as follows:

10.4.1. Life Safety Code Deficiencies.

10.4.2. Direct Patient Care.

10.4.3. Direct Patient Support.

10.4.4. Infrastructure.

10.4.5. All other areas not listed above.

**10.5. MFUB Meetings.** The MFUB will meet once monthly or at the discretion of the Chairperson. The MFUB may hold special meetings or establish special subcommittees to evaluate the feasibility of space allocation and utilization on specific space issues.

**10.6. MFUB Subcommittees.**

10.6.1. All MFUB subcommittees will be established under the direction of the MFUB. Each subcommittee will have an appointed chairman who will:

10.6.1.1. Define the membership, relationship, and meeting frequency of the subcommittee.

10.6.1.2. Develop a strategy to meet the goals and objectives of the MFUB.

10.6.1.3. Attend all MFUB meetings and provide updates on the progress of the subcommittee.

10.6.1.4. Assist in the implementation of any MFUB approved subcommittee actions.

## Chapter 11

### PARKING PROGRAM

**11.1. Parking Authority.** Defense Health Agency/Facilities Division is the sole Approving Authority over Department of Defense (DoD) Military Medical Facilities' parking requirements. Inadequate parking at Military Medical Facilities can impede the Military Health Systems' ability to provide prompt and unhindered care to patients. It may also require ill patients to walk extended distances, and potentially increase infectious incidence on public transportation. Parking requirements can be found in UFC 4-510-01, *Design: Military Medical Facilities*. Military Medical Facility parking requirements at DoD Installations as stated in this UFC supersede all non-medical state, regional, and or local jurisdiction criteria or requirements.

**11.2. Program Overview.** The JBSA-Lackland/JBSA-Randolph Security Forces is the designated authority to enforce the Parking Program. This includes all 59 MDW parking lots.

#### 11.3. Responsibilities.

11.3.1. The 59th Medical Wing Commander provides oversight of the 59 MDW parking policy.

11.3.2. The 59th Medical Wing Administrator adjusts assigned/reserved parking spaces/areas as required.

11.3.3. Facilities Management.

11.3.3.1. The Director, Facilities Management implements the requirements of the 59 MDW Parking Program.

11.3.3.2. Ensures assigned/reserved parking spaces/areas, as well as places where parking is prohibited, are properly and clearly marked.

11.3.3.3. Appoints individual(s) as traffic warden in accordance with AFMAN 31-116, *Air Force Motor Vehicle Traffic Supervision*.

**11.4. Traffic Warden Program.** This section prescribes the procedures for issuing, maintaining, control, and accounting of tickets. The Traffic Warden will monitor parking areas within their area of responsibility and only during normal base duty hours. Commanders with parking problems should appoint a maximum of two individuals, E-5 or higher, in their unit to become a primary and alternate parking monitor. All Traffic Wardens will receive Security Forces training on proper completion of tickets prior to accomplishing any parking monitor duties.

11.4.1. Only agencies with a specific need will be assigned parking monitors.

11.4.2. The same penalties for citations will apply as if a Security Forces member had issued the citation.

11.4.3. Traffic Wardens will:

11.4.3.1. Ensure assigned/reserved parking permits are available for staff/clinics.

11.4.3.2. Conduct annual review of spaces allocated within service and work-related reserved parking.

11.4.3.3. Manage Distinguished Visitor parking spaces.

11.4.3.4. Complete traffic violation reports in accordance with AFI 31-120, *Security Forces Systems and Administration*, for administrative processing procedures.

### **11.5. Motor Vehicle Operation.**

11.5.1. Staff, patients, and visitors operating a vehicle will comply with all posted traffic and parking signs and/or markings, and with signals and directions of Security Forces personnel, or any other authorized traffic and parking personnel who may be present during exercises or special events.

11.5.2. Reporting accidents, incidents of damage, or acts of vandalism to vehicles on property to Security Forces Law Enforcement.

11.5.3. Reporting any safety concerns which may come to their attention to the 59 MDW Safety Office.

### **11.6. Policies, Procedures and Violations.**

11.6.1. Vehicles parking in violation of applicable rules and regulations will be subject to ticketing. Repeat violators are subject to suspension or withdrawal of authorization to operate a privately owned and/or government vehicle on JBSA-Lackland/Randolph.

11.6.2. Parking space defined. An area designated by two vertical, horizontal, or diagonal white lines for the temporary storage of a passenger-carrying motor vehicle.

11.6.3. Prohibited Parking. Vehicles will not park in the following places:

11.6.3.1. Within 20 feet of a crosswalk.

11.6.3.2. Within 50 feet of an intersection, unless previously designated as a parking space.

11.6.3.3. Against the flow of traffic.

11.6.3.4. Alongside curbs.

11.6.3.5. On the shoulder of any roadway, grassed or seeded area, except during special functions.

11.6.3.6. Occupying more than one parking spot (parking over the lines designating one parking spot) including vehicles hauling trailers, boats, recreational vehicles, and commercial vehicles.

11.6.3.7. Blocking entrances, driveways, walkways, ramps, loading zones, inspection stations, roadways, safety and fire lanes, parking within 15 feet of fire hydrants and intersections except as marked, and parking on island, grass, or newly seeded areas is prohibited

11.6.3.8. Parking in the end cap of a parking lot row or in a spot not meant for parking a vehicle.

11.6.3.9. Parking in the immediate vicinity of the ambulance bays and Emergency Services entrance has been designated "Parking For Emergency Vehicles Only".

11.6.3.10. Parking in unauthorized locations or in reserved spaces without permission, or parking contrary to posted signs and/or markings.

11.6.3.11. Storing commercial vehicles, boat trailers, recreational vehicles, and privately owned vehicles on property used by 59 MDW is prohibited.

11.6.3.12. The use of parking facilities for routine service or repairs to vehicles of a non-emergency nature is prohibited.

11.6.4. “Reserved” spaces. The parking restriction applies from 0500–1800 Monday through Friday. In parking lots adjacent to buildings where operations continue around the clock; in these cases, it applies 24 hours a day. Additionally, all spaces at the group command level or higher remain reserved 24/7.

### **11.7. Reserved Parking Areas. (JBSA-Lackland Only)**

11.7.1. Expectant Mother parking spaces are first-come, first-served.

11.7.2. Handicap spaces in staff parking areas are first-come, first-served and require a state-issued Handicap and/or Disabled Veteran parking placard/plates and can be used by staff and/or patients.

11.7.3. Patient handicap reserved parking and Purple Heart recipient areas are filled on a first-come, first-served basis, require a state-issued Handicap and/or Disabled Veteran/Purple Heart placard/plates, and must be used for a patient of 59 MDW.

11.7.4. Motorcycle reserved parking spaces are first-come, first-served and do not require a permit.

11.7.5. Government vehicle reserved parking spaces are restricted to government vehicles only.

11.7.6. Designated parking may be provided for 59 MDW hosted conferences. Facilities Management will receive notification of requests from the 59 MDW Project Officer or Protocol Office and will provide cones and signage to mark the reserved parking area.

### **11.8. Traffic Violations.**

11.8.1. Within reason, Security Forces will notify the responsible commanders when military, civilian, or contract personnel receive a traffic violation ticket.

11.8.2. Unit commanders may decide not to take disciplinary or administrative action against the violator; however, points will still be assessed accordingly. If the unit commander believes the individual is not guilty and requests the removal of the citation from the individual’s driving record, the request will be handled as a rebuttal.

11.8.3. Self-reporting of violations (tickets). Active duty personnel must report violations (tickets received) to their supervisor and respective commander. Civilian personnel must report violations to their supervisor.

11.8.4. Individuals rebutting traffic tickets, which did not result in suspension or revocation of driving privileges, have 5 duty days from the date-of-issue to notify Security Forces of their intent to rebut. Written rebuttal letters must be submitted in writing and routed through the unit commander or equivalent (if applicable) within 14 days. If the unit commander disagrees with the request, the rebuttal ends. If the unit commander supports the rebuttal, it will be forwarded to Security Forces.

**11.9. Parking Reservation for JBSA-Lackland Only.** To schedule reserved parking for your event contact Facilities Management.

## Chapter 12

### ENVIRONMENTAL MANAGEMENT

#### 12.1. Environmental Conservation.

12.1.1. The Air Force has established energy goals, objectives, and metrics. These goals, objectives, and metrics align with federal, DoD, and Air Force energy policy and guidance. For an energy conservation program to be successful it requires support from commanders and supervisors down to each individual.

12.1.2. Commanders have the responsibility to ensure all building occupants practice energy conservation, including proper thermostat temperature settings decreasing hall lighting during daylight hours, and turning off or unplugging unnecessary energy-using devices whenever possible.

12.1.3. All 59 MDW staff members have responsibility to provide stewardship and accountability for proper use of environmental resources. Staff will report to Facilities Management any situations or conditions where protection of resources is at risk.

#### 12.2. Energy Management Policy.

12.2.1. The Zone Masters/Building Managers are responsible for energy management within their area(s) of responsibility and assisting Facilities Management in enforcement of energy conservation measures.

12.2.2. Thermostats will be set between 70-74 degrees or in accordance with design criteria for medical facilities, UFC 4-510-01, *Design: Military Medical Facilities*.

12.2.3. Approval for adjustments outside of design criteria (70-74F) will be at the discretion of the Director of Facilities Management or their representative.

12.2.4. In non-patient care areas during cold weather, close blinds to cut down on heat loss and open them for light and warmth on sunny days. In warm weather, close blinds to aid in cooling.

12.2.5. Keep all windows and exterior doors closed when the facility is being heated or cooled.

12.2.6. Turn off lights when not in use, including exterior lights during daylight hours.

12.2.7. Turn off workstation task lights when away from your desk and at the end of the duty day.

12.2.8. Housekeeping staff will turn off room lights at the completion of their duties in an unoccupied area.

12.2.9. Ensure equipment in the facility is turned off when not required.

12.2.10. Operate office printers, paper shredders, and fax machines using the power saver/sleep mode.

12.2.11. Ensure plumbing fixtures are not dripping. If found dripping notify Zone Master and enter a DMLSS work request.

### 12.3. Recycling.

12.3.1. Zone Masters/Building Managers are responsible for serving as recycling monitors and have the following responsibilities.

12.3.1.1. Promote the Recycling Program and encouraging all occupants to actively participating by separating and recycling all recyclable materials. **Note:** Disposal of equipment items on CA/CRL accounts must be cleared/turned in to Medical Logistics/MEMO. For furniture items and other items not on equipment accounts contact Facilities Management for disposition instructions. Contact Systems for disposition of phones, computers, and printers.

12.3.2. Paper. Individual recycling bins should be managed to prevent overflowing. Shredded paper bags must be tied closed and have no holes. Recycling bins are to be placed at the collection point.

12.3.3. Cardboard. Cardboard boxes must be broken down and emptied of their contents. If the bin is full, boxes should be neatly stacked next to the bin.

12.3.4. Protected Health Information. Lockable grey bins are provided for the disposal of Protected Health Information.

### 12.4. Electric Vehicle Charging.

12.4.1. The use of *government paid resources (such as electricity for vehicle fuel) is prohibited.*

## Chapter 13

### HAZARDOUS MATERIALS, WASTE MANAGEMENT AND SPILL RESPONSE PLAN

#### 13.1. Responsibilities.

13.1.1. Commanders at all levels, Flight Commanders, or Flight Chiefs will:

13.1.1.1. Ensure all personnel under their supervision who may encounter hazardous materials or wastes are aware of this Instruction and the 59 MDW Spill Response information to prevent and manage spills.

13.1.1.2. Appoint a primary and secondary Group UEC and ensure resources needed to maintain compliance are made available and managed effectively.

13.1.1.3. Appoint a primary and secondary manager for each Hazardous Material Shop and Hazardous Waste Accumulation Point and ensure they receive training.

13.1.2. Work Center Supervisors/Zone Masters will:

13.1.2.1. First level supervisors ensure all personnel who work near hazardous materials or hazardous wastes report any spills they encounter to the work center supervisor, zone master, UEC or other responsible individual in the area, and will comply with the 59MDW spill response procedures to manage hazardous materials and waste spills

13.1.2.2. Conduct periodic reviews of the Authorized Use List (AUL) and Hazard Communication (HAZCOM) Binder for each shop ensuring binders are current and accessible.

13.1.2.3. Advise UEC and shop points of contacts of any incompatible storage or hazardous materials storage deficiencies. Submit and track progress of work orders to correct deficiencies or hazards.

13.1.2.4. Assist UEC in maintaining current Safety Data Sheets (SDS) for all hazardous chemicals and spill response information is located near the area of use, but outside the likely spill area.

13.1.2.5. Assist UEC in conducting periodic reviews of spill kits and personal protective equipment (PPE) is adequate and stored in an accessible area.

13.1.2.6. Ensure staff training on spill prevention and clean-up procedures as well as all hazards associated with the materials present within the work center or zone as part of Hazard Communication training, as specified in AFI 90-821, *Hazard Communication*.

13.1.2.7. Approve all written procedures and plans. Verify the status of spill kits, at least every six months and within two weeks following a spill event, or immediately upon change of a process to ensure the information and materials are appropriate and available.

13.1.2.8. Ensure hazardous waste procedures are followed and waste materials (office paper, cardboard, aluminum cans, plastic bottles, etc.) are recycled.

13.1.2.9. Ensure workplace specific training of individuals will be documented on an AF Form 55, *Employee Safety and Health Record*, or equivalent.

13.1.3. Unit Environmental Coordinators/Shop POC's.

13.1.3.1. Work with shop POC's and Medical Material personnel to ensure all hazardous chemicals in use are authorized by the Installation Hazardous Material Program (IHMP) Office.

13.1.3.2. Conduct periodic reviews of the AUL and HAZCOM Binder for each shop ensuring all hazardous material are authorized for use and binders are maintained in an accessible area.

13.1.3.3. Continuously monitor hazardous material shops to ensure all storage is maintained in a compatible manner. Request additional resources and place work orders with zone master when required.

13.1.3.4. Maintain a current work center specific HAZCOM Training Plan for each shop. Ensure new workers in their area are trained on spill prevention and clean-up procedures as part of Hazard Communication training, as specified in AFI 90-821.

13.1.3.5. Maintain required spill kits and PPE on site at all times and review procedures when processes change, ensuring materials and information are appropriate and readily available.

13.1.3.6. Complete annual training on spill prevention and spill response procedures, or whenever new hazards are introduced to the workplace.

13.1.3.7. Review written procedures and plans. Verify the status of spill kits every six months and within two weeks following a spill event, or immediately upon change of a process to ensure the information and materials are appropriate and available.

13.1.3.8. Ensure hazardous waste procedures are followed and waste materials (office paper, cardboard, aluminum cans, plastic bottles, etc.) are recycled.

13.1.3.9. Ensure hazardous materials, waste disposal, and spill response is reviewed in accordance with the workplace specific Hazardous Communication Training Plan maintained by each shop. The 59 MDW spill response procedures will be made available by posting 59 MDW Form 36, *59 MDW Spill Response Checklist* in high visibility areas near hazardous material use and storage areas.

13.1.4. Bioenvironmental Engineering (BE) personnel will:

13.1.4.1. Evaluate compliance with this instruction in industrial work centers.

13.1.4.2. Assist work centers with completing requirements specified in this instruction, within the limits of BE Flight resources.

13.1.5. Medical Materiel Flight personnel will:

13.1.5.1. Establish procedures with supply account custodians that ensure purchases of hazardous materials for storage or use are tracked and reported to the IHMP Office.

13.1.5.2. Process hazardous material authorizations for the 59 MDW and route to Installation Hazardous Materials Management Office.

13.1.5.3. Provide AUL to shops. Input chemical authorizations and advise hazardous material shops of current authorization and storage requirements.

13.1.6. Facilities Management will:

13.1.6.1. Coordinate with Base Environmental as necessary to ensure hazardous material, hazardous waste and state regulated industrial waste generated in 59 MDW facilities is identified and handled appropriately.

13.1.6.2. Serve as the office of primary responsibility for coordinating all environmental compliance issues, waste recycling efforts and for resolving hazardous material and waste-related issues with 502 CES/CEAN.

13.1.6.3. Maintain oversight of waste disposal practices by housekeeping and other contracted services.

13.1.6.4. Maintain oversight for medical waste disposal through a medical waste contractor.

13.1.6.5. Maintain oversight of hazardous material, waste management and 59 MDW spill response procedures, reporting to the EOC.

13.1.6.6. Maintain oversight of the Locked Bin Program for secured document destruction and disposal of Protected Health Information.

## **13.2. Specifications for Spill Prevention and Spill Response.**

### 13.2.1. Staff responsibilities.

13.2.1.1. Receive hazardous materials/spill prevention and response training before handling work center chemicals.

13.2.1.2. Review all chemicals specific to the workplace and cleanup materials available to manage emergency procedures in the event of a spill.

13.2.1.3. Know the location of Safety Data Sheets, HAZCOM Binder and Spill Response Information.

13.2.1.4. Identify methods to prevent and manage spills (e.g., periodic checking of valves, or the use of secondary containment and absorbent materials during storage) and materials available for cleanup of small spills (Level 1, Incidental) and immediate procedures to stop and contain a large spill (Level 2/3, Emergency).

13.2.1.5. Understand procedures for evacuating unprotected personnel from the area and to limit the loss of resources (e.g., closing doors, ventilating the area, etc.).

13.2.2. Spill kits will include items to control the flow of a spill, to absorb or neutralize the material spilled, and to collect and containerize the spilled material. Spill kits must be designed for the material or materials to be cleaned and maintained in a ready condition at all times.

13.2.3. Spill reporting will be IAW 59 MDW Form 36. *59 MDW Spill Response Checklist*.

13.2.3.1. Spills causing injury or exposure involving patients, staff, or visitors will be reported immediately to Risk Management by phone, 292-5004, or IAW AFI 44-119, *Medical Quality Operations*.

## **13.3. Specifications for Waste Disposal.**

13.3.1. All waste will be collected and disposed of IAW 59 MDW contractual requirements and with proper procedures as established by 29CFR1910.1030, 49CFR172.7004, and 49CFR173.197 for medical waste. Hazardous waste will be collected and disposed of IAW

Lackland AFB Hazardous Waste Management Plan, for industrial and hazardous waste, and item SDS.

13.3.2. Records containing information protected by the Privacy Act, AFI 33-332, *The Air Force Privacy and Civil Liberties Program* and DoD 5400.7-R\_AFMAN33-302, *Freedom of Information Act Program*, will be destroyed in accordance with AFI 33-332. All Protected Health Information waste generated by clinic work centers will be disposed of in secure locked bins to prevent accidental disclosure. Contact Facilities Management for assistance, 292-7171.

13.3.3. All waste eligible for recycling will be sorted into the blue or gray recycle bins provided, according to bin designations and delivered by each work center to specified location for pickup.

13.3.4. Supervisors of work centers which generate regulated waste will establish written procedures to brief during HAZCOM training ensuring all workers in their area of responsibility perform proper segregation, collection, and disposal of waste. A primary and secondary Hazardous Waste Monitor (Satellite Accumulation Point Manager) will be appointed and properly trained to be responsible for the processing of waste out of the work center.

13.3.5. All processes which produce sanitary sewer waste (with the exception of human waste, blood and body products generated in the normal processes of hygiene, sanitation and medical care) or storm sewer waste must be reviewed by Facilities Management and JBSA-Lackland AFB Water Program for compliance.

13.3.5.1. For mixed waste, every effort must be made to segregate into appropriate containers. When mixed waste is unavoidable, disposal will be using the higher standard.

#### **13.4. Bulk Liquid Nitrogen Tank Procedures.**

13.4.1. O<sub>2</sub> Sensors and Signage.

13.4.1.1. All rooms with Liquid Nitrogen Tanks will have Oxygen (O<sub>2</sub>) depletion sensors installed.

13.4.1.2. All rooms will have approved signage indicating potential asphyxiation hazard.

13.4.2. Procedures for use of liquid nitrogen from compressed air tanks.

13.4.2.1. Clinics are required to assure room containing liquid nitrogen compressed air tank is safe for entry.

13.4.2.2. If leak is suspected or alarm sounding contact Medical Logistics at 292-6570 during duty hours, or HARPS 292-6070 after duty hours, and implement emergency procedures.

13.4.2.3. Proper PPE, gloves, goggles, face shield and apron shall be donned while dispensing liquid nitrogen from bulk tank.

13.4.2.4. A two-person team be used when dispensing liquid nitrogen from bulk tank.

13.4.2.5. Compressed air tank may “hiss” as part of venting, this is normal.

13.4.2.6. A maximum of 10 smaller dispenser are allowed to be filled at one time so that the tank dispensing nozzle does not freeze open

13.4.2.7. After dispensing assure that the fill valve is totally closed.

13.4.3. Emergency Procedures for Oxygen Sensor Alarm.

13.4.3.1. O2 Alarm during duty hours.

13.4.3.1.1. DO NOT enter the room.

13.4.3.1.2. Notify Medical Logistics at 210-292-6570.

13.4.3.1.3. Medical Logistics will notify facilities management for investigation and repair.

13.4.3.2. O2 Alarm After Duty Hours.

13.4.3.2.1. Do not enter room.

13.4.3.2.2. Notify HARPS Control at 210-292-6070; indicate room number of sensor alarm.

13.4.3.2.3. HARPS Control shall notify Medical Logistics and on call clinic POC utilizing the on call roster.

13.4.3.2.4. Medical Logistics will notify facilities management for investigation and repair.

R. CRAIG LAMBERT, Colonel, USAF, MSC, FACHE  
Administrator, 59th Medical Wing

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

- AFPD 32-10, *Installation and Facilities*, 19 July 2020
- AFI 23-204, *Organizational Fuel Tanks*, 24 July 2012
- AFI 31-218, *Motor Vehicle Traffic Supervision*, 22 May 2006
- AFI 32-1001, *Civil Engineer Operations*, 4 October 2019
- AFI 33-332, *The Air Force Privacy and Civil Liberties Program*, 10 March 2020
- AFI 41-201, *Managing Clinical Engineering Programs*, 10 October 2017
- AFI 44-119, *Medical Quality Operations*, 16 August 2011
- AFI 90-821 *Hazard Communication*, 13 May 2019
- AFMAN 32-7002, *Environmental Compliance and Pollution Prevention*, 4 February 2020
- AFMAN 41-210, *TRICARE Operations and Patient Administration*, 10 September 2019
- AFMAN 41-216, *Defense Medical Logistics Standard Support (DMLSS) Users Manual*, 7 January 2019
- 59 MDWI 44-157, *Infection Prevention and Control Program*, 8 May 2020
- 59 MDWI 46-101, *Patient Experience and Patient Advocate Program*, 29 May 2018
- 59 MDWI 91-204, *Oxygen Safety and Oxygen Enriched Atmosphere Areas*, 3 April 2009
- 59 MDWVA 44-111, *A Germ is a Terrible Thing to Spread*, 22 May 2018
- 59 MDWVA 46-102, *Clinic Patient Advocate*, 11 December 2017
- Military Health System (MHS): *DoD Space Planning Criteria for Health Facilities*, 2015 Edition
- DoD 5400.7-R\_AFMAN33-302, *Freedom of Information Act Program*, 27 April 2018
- NFPA 25, *Standard For The Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems*, 2017 Edition
- NFPA 72, *National Fire Alarm and Signaling Code*, 2016 Edition
- NFPA 99, *Healthcare Facilities Handbook*, 2018 Edition
- NFPA 101, *Life Safety Code*, 2018 Edition
- The Joint Commission Hospital Accreditation Standards*, current edition
- Unified Facilities Criteria (UFC) 4-510-01, *Design: Medical Military Facilities*, 16 October 2003
- United States District Court Western District of Texas Order Amending Local Rule CR-61, 26 April 2012

***Prescribed Forms***

59 MDW Form 7, *Interim Life Safety Measures Assessment*

59 MDW Form 8, *Fire Watch Checklist*

59 MDW Form 9, *Environmental Tour-Clinical Area*

59 MDW Form 10, *Environmental Tour-Non-Clinical Area*

59 MDW Form 11, *WHASC Identification Badge/Key Initial/Replacement Request*

59 MDW Form 12, *Move Checklist*

59 MDW Form 36, *59 MDW Spill Response Checklist*

59 MDW Form 41, *Space Request*

***Adopted Forms***

AF Form 55, *Employee Safety and Health Record*

AF Form 332, *Base Civil Engineer Work Request*

AF Form 847, *Recommendation for Change of Publication*

AF Form 1487, *Fire Prevention Visit Report*

***Acronyms and Abbreviations***

**ABHR**—Alcohol Based Hand Rub

**AFMS**—Air Force Medical Service

**AHJ**—Authority Having Jurisdiction

**AUL**—Authorized Use List

**BE**—Bioenvironmental Engineering

**CE**—Civil Engineer

**DMLSS**—Defense Medical Logistics Standard Support

**DoD**—Department of Defense

**EMCS**—Energy Monitoring Control System

**EOC**—Environment of Care

**GM**—Grand Master

**HARPS**—Hospital Automated Resource Protection System

**HAZCOM**—Hazardous Communication

**HAZMAT**—Hazardous Material

**HVAC**—Heating, Ventilation and Air Conditioning

**HWAPM**—Hazardous Waste Accumulation Point Managers

**IAW**—In Accordance With

**ILSM**—Interim Life Safety Measure  
**IHMP**—Installation Hazardous Material Program  
**JBSA**—Joint Base San Antonio  
**LSC**—Life Safety Code  
**MCC**—Medical Control Center  
**MCRP**—Medical Contingency Response Plan  
**MDG**—Medical Group  
**MDW**—Medical Wing  
**MDWI**—Medical Wing Instruction  
**MFUB**—Medical Facilities Utilization Board  
**NCOIC**—Noncommissioned Officer In-Charge  
**NFPA**—National Fire Protection Association  
**OIC**—Officer In-Charge  
**OPR**—Office of Primary Responsibility  
**OSHA**—Occupational Safety and Health Organization  
**PCS**—Permanent Change of Station  
**POC**—Point of Contact  
**PPE**—Personal Protective Equipment  
**RACE**—Rescue, Alarm, Contain, Extinguish/Evacuate  
**RPIE**—Real Property Installed Equipment  
**SDS**—Safety Data Sheet  
**UCC**—Urgent Care Center  
**UEC**—Unit Environmental Coordinator  
**UFC**—Unified Facilities Criteria  
**UL**—Underwriters Laboratory

### *Terms*

**AF Form 332, BCE Work Request**—A document used by organizations to request specific types of work, generally minor construction, or work required because of facility abuse or to coordinate the purchase of new equipment. This form is also used to identify routine maintenance and repair requirements that do not meet emergency or urgent criteria. All AF Forms 332 must be submitted by Facilities Management.

**Authority Having Jurisdiction (AHJ)**—The Base Fire Department is the AHJ. AHJs have two responsibilities: Enforcement and Approval. AHJs have the official authority and duty to enforce

compliance with a standard or code, and to approve the use of systems, strategies, practices, procedures, protocols, plans, methods, machines, facilities, and installations.

**Authorized Use List (AUL)**—A shop specific listing of all chemicals authorized through the IHMP office.

**Building Manager**—An individual who assists Facilities Management in the care, custody and protection of assigned real property. This person is the primary point of contact for the organization relationship with Facilities Management by ensuring the facility is maintained and in operational condition. The building manager is responsible for all facility related issues to include all duties of a zone master.

**Common Areas**—Areas not assigned to a specific medical function. These areas include restrooms, corridors, lobbies, entryways, and atriums.

**Facility Abuse**—Damage or loss which is due to misconduct or negligence in the use, custody, or safeguarding of real property facilities or systems.

**Hazardous Material**—For purposes of this instruction, any substance regulated by the 59 MDW or higher authority which can pose an increased risk to people or property if released into the environment in an uncontrolled manner, such as through a spill. This definition encompasses hazardous chemicals as defined by the Occupational Safety and Health Administration, but also includes such things as infectious waste and radioactive items. This definition does not apply to pharmaceuticals, except those that are specifically regulated by environmental or occupational health agencies (e.g., chemotherapy agents). This definition also specifically excludes chemicals contained in articles and in consumer-use products. All Hazardous material used in Wilford Hall Medical Ambulatory Surgical Center facilities will be authorized for use by the IHMP Office.

**Holiday Decorations**—An item used in covering doors, walls, or other surfaces of rooms or buildings to celebrate an occasion or event. Not limited to Christmas.

**RACE**—Rescue, Activate alarm, Confine the fire, Evacuate/ Extinguish (NFPA/OSHA fire safety)

**Safety Data Sheets (SDS)**—A SDS provides detailed information for both workers and emergency personnel regarding the proper procedures for handling or working with chemical substances and is of major importance if a spill or other accident occurs.

**Sanitary Sewer Waste**—Waste material specifically authorized to be disposed of down a drain.

**Satellite Accumulation Point (SAP)**—A SAP is a location where hazardous waste or universal waste, or non-hazardous waste can be accumulated.

**Signage**—Any publicly displayed poster, placard, banner, desk plate, medical function/organization identification, hours or operation information, patient information, room number, name tag, building directory, bulletin board or similar object containing a printed message and/or symbol.

**Permanent Signs**—Signage expected to be posted or on public display for 120 days or more, or signage that is used on a regular basis but not continuously, e.g. temporary reserved parking signs, safety caution signs. This signage is mounted to doors, walls, directional wayfinding boards, ceiling hung, etc., and is primarily geared for patient care activities.

**Interim Signs**—Signage expected to be posted or on public display for 45 to 120 days.

**Temporary Signs**—Signage expected to be posted or on display for a very short time, usually 45 days or less, and which normally have the purpose of announcing upcoming programs, activities or events. Such information signage is usually posted on bulletin boards or other places designated and used for guidance to patients or staff that is temporarily displayed in predestinated/managed locations by local staff or Facilities Management

**Authorized Signage**—Signs approved by the Facilities Management Interior Designer.

**Unauthorized Signage**—Unapproved signage attached to walls, windows, doors, stairways, exterior of buildings, lighting fixtures, trees, shrubs or utility poles on the medical campus.

**Spill**—A non-routine, unplanned release of a hazardous material into the environment. This definition specifically excludes the loss of a negligible amount of material which is predictable, controllable, and not feasible to prevent (e.g., a few drops of oil which can be easily cleaned with a cloth or paper towel).

**Level 1 Spill (Incidental)**—A spill of hazardous material that the work center has the capability of cleaning without calling for additional resources. Material spilled must be amount containable by shop personnel and no harm to personnel (injury or illness) will result from exposure to spilled material. When in doubt defer to emergency procedures in Level 2 Spill Response.

**Level 2/3 Spill (Emergency)**—A spill of hazardous material that enters a drain, is absorbed in carpet or porous building material, or otherwise exceeds the capability of the work center to clean up. For Intermediate health risk materials, any spill greater than a gallon will automatically be considered a large spill. Any spill involving high health risk materials must be treated as an Emergency (Level 2/3 spill) and reported to Facilities and 502 CES/CEAN to determine if additional notification is required.

**Parking Space**—An area designated by two vertical, horizontal, or diagonal white lines for the temporary storage of a passenger-carrying motor vehicle

**Unit Environmental Coordinator (UEC)**—An individual who assists with Hazardous Material, Waste management and spill response. Each group will appoint a Primary and Secondary UEC to oversee environmental concerns and to assist the Wing UEC in maintaining environmental compliance throughout 59 MDW facilities.

**Universal Waste**—Any waste to include mercury vapor, vapor sodium, or fluorescent light bulbs, batteries, paints or paint-related waste, pesticides, and/or mercury-containing articles.

**Utility Failure**—An interruption to service due to mechanical or electrical failure.

**Waste**—For the purposes of this instruction, any spent material used or generated in the 59 MDW complex which no longer has value to the user or generator and is intended to be disposed of. Materials which are turned in to the Defense Reutilization and Marketing Office as serviceable items are not considered waste. Waste streams fit into four general types: Municipal waste, Regulated waste, Universal waste and Sanitary Sewer waste.

**Work Request**—A means of communication of maintenance, repair, installation needs from approved building staff members through Facilities Management to the Maintenance Department. A work request must be completed for all work accomplished either by CEW or the maintenance contractor.

**Work Center Supervisor**—An individual with the responsibility of managing the daily activities of personnel with a related mission. In the 59th Medical Wing this person may be a flight commander, flight chief, flight noncommissioned officer in charge, or an element chief or equivalent, depending on the size of the unit.

**Zone Master**—An individual who assists Facilities Manager by ensuring the facility is maintained and in operational condition. Additionally, the zone master handles operational concerns that staff members, patients, and visitors express for the areas and appearance of the facility.