

**LAMAR UNIVERSITY  
COMPREHENSIVE SAFETY PLAN  
AND MANUAL**

**Office of Vice President for Finance and Operations  
August 2006**

# **CONTENTS**

<b>SECTION 1</b>	PURPOSE
<b>SECTION 2</b>	LAMAR UNIVERSITY AND LAMAR INSTITUTE OF TECHNOLOGY PRESIDENTS' POLICY STATEMENT
<b>SECTION 3</b>	ASSIGNMENT OF RESPONSIBILITIES
<b>SECTION 4</b>	SAFETY TRAINING
<b>SECTION 5</b>	TRAFFIC SAFETY
<b>SECTION 6</b>	HAZARD IDENTIFICATION AND REPORTING
<b>SECTION 7</b>	FIRE AND BUILDING EVACUATION INSTRUCTIONS
<b>SECTION 7.1</b>	USE OF CANDLES AND OTHER OPEN FLAME DEVICES
<b>SECTION 7.2</b>	PROTECTION AGAINST FIRE, SPREAD OF FIRE AND SMOKE
<b>SECTION 8</b>	EMERGENCY TELEPHONE NOTIFICATION SYSTEM
<b>SECTION 9</b>	HURRICANE/EVACUATION PREPARATIONS
<b>SECTION 10</b>	BUILDING INSPECTION PROGRAM
<b>SECTION 11</b>	ACCIDENT/INCIDENT INVESTIGATION, REPORTING AND ANALYSIS
<b>SECTION 12</b>	DRUG-FREE WORKPLACE POLICY
<b>SECTION 13</b>	SOCIAL EVENTS WITH ALCOHOL
<b>SECTION 14</b>	PROCEDURE FOR OCCUPATIONAL EXPOSURE TO BLOOD AND BODILY FLUIDS

<b>SECTION 15</b>	CHEMICAL RELEASE/SHELTER IN PLACE
<b>SECTION 16</b>	PET/ANIMAL POLICY
<b>SECTION 17</b>	HOW TO RECOGNIZE AND HANDLE A SUSPICIOUS PACKAGE OR ENVELOPE

## **APPENDICES**

<b>APPENDIX A</b>	DUTIES OF ADDITIONAL DUTY SAFETY SPECIALIST
<b>APPENDIX B</b>	RECORD OF ATTENDANCE, SAFETY TRAINING/MEETINGS
<b>APPENDIX C</b>	BUILDING SAFETY CHECKLIST
<b>APPENDIX D</b>	EMPLOYEE SAFETY INFORMATION FORM
<b>APPENDIX E</b>	SUPERVISORS ACCIDENT/INCIDENT REPORT
<b>APPENDIX F</b>	EXPOSURE REPORT

## **SECTION 1**

### **PURPOSE**

The purpose of this manual is to describe the Lamar University Comprehensive Safety Plan and to provide information as to where specialized safety information can be found.

The manual addresses safety items which are of general applicability across the campus. It does not address the special hazards that may be present in specific buildings or in the work of specific departments such as physical plant. Safety training in these departments is the responsibility of each department.

If you have a specific safety problem that you and your supervisor cannot resolve, then you should contact the Safety Officer or the Director of Risk Management. The telephone numbers of these employees are in this manual.

In addition to this manual, the university maintains a comprehensive Risk Management Manual. An emergency procedures manual, intended primarily for senior administrators of the University, is in the final stages of preparation. Some of the procedures described in this manual are distributed to all departments. Each department in which there exist special hazards or which require the use of special safety equipment or procedures will have its own safety manual or other documentation of these procedures.

## **SECTION 2**

### **LAMAR UNIVERSITY SAFETY POLICY**

The goal of Lamar University's Safety Policy is to develop positive attitudes regarding accident prevention for all employees of our University. All management personnel are to be cognizant of the safety needs of their employees and the general public. They are charged with the responsibility of initiating necessary preventive measures to control safety hazards. It is essential that all management personnel recognize and accept this responsibility for the safety of all employees. Safety shall be incorporated as an integral part of all University programs. All employees are responsible for taking reasonable and prudent action to prevent involvement in an accident.

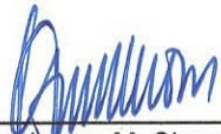
The responsibility for the administration and implementation of the University's Safety Program is assigned to the Director of Risk Management and the Safety Coordinator. The Director of Risk Management is responsible for ensuring that appropriate safety policies are promulgated and disseminated, and for reviewing overall safety records with a view to identifying areas of concern. The Safety Coordinator is responsible for detecting unsafe conditions and unsafe acts; performs inspections; and reviews inspection reports from all areas periodically to ensure the safety of the University's working environment. The Safety Coordinator is empowered to stop work functions whenever imminent danger, which can result in serious injury, is noted. All discrepancies noted or detected will continue to be remedied either by work order or by the responsible supervisor.

Lamar University will continue to appoint a University Health and Safety Committee. The Committee has six basic purposes

1. Develop and maintain the interest of directors, department chairs, managers and front-line supervisors and keep them informed on safety matters;
2. Stimulate and maintain employee interest and show them that their cooperation is needed to minimize accidents;
3. Make safety activities a function of the University's operation and an integral part of operating procedures and methods;
4. Provide an opportunity for free discussion of occupational hazards or potential problems and preventive measures;
5. Help the operating manager evaluate safety suggestions, and
6. Maintain the full backing of management so that the Safety Committee may perform its purpose efficiently.


The minutes of the Safety Committee will be distributed and posted in major work areas. A copy of the Committee meeting's findings, corrective actions, and minutes will be submitted to the State Office of Risk Management in the interest of mutual coordination. The Committee will report to the Vice Presidents for Finance and Operations for Lamar University and Lamar Institute of Technology. Documentation will be maintained on file in support of our Accident Prevention Program. In the interest of employee safety and accident prevention, total participation and continued cooperation of all employees is essential.

March 15, 2004



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Dr. James M. Simmons  
President,  
Lamar University



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Dr. Robert D. Krienke  
President,  
Lamar Institute of Technology

This memorandum establishes a Safety Policy for the conservation and protection of human and material resources and for the maintenance of healthful and controlled environments. This policy will be brought to the attention of all personnel, included in all appropriate manuals and distributed to all new employees during their initial orientation and training.

## **SECTION 3**

### **ASSIGNMENT OF RESPONSIBILITY**

#### **A. The Vice President for Finance and Operations**

The Vice President for Finance and Operations is responsible for the establishment and monitoring of the Comprehensive Safety Plan. To accomplish this the Vice President for Finance and Operations shall;

1. Promote safety and health considerations as integral components in the planning and decision-making process at all levels of the organization.
2. Hold managers/supervisors/employees accountable for acts and conditions within their areas of responsibility and control.
3. Appoint a staff member as the Lamar University Director of Risk Management who shall report directly to the Vice President for Finance and Operations.
4. Appoint a staff member as the Lamar University Safety Officer who shall report directly to the Director of the Human Resources on safety related issues.

#### **B. Lamar University Director of Risk Management.**

The Lamar University Director of Risk Management is responsible for:

1. Implementing and monitoring the Comprehensive Safety Plan.
2. Assist management and supervisors in establishing reasonable and measurable safety goals and objectives and provide performance feedback in obtaining the established goals and objectives.
3. Annually review and update as necessary the Comprehensive Safety Plan and manual.
4. Promote safety awareness through the distribution of educational materials such as posters, flyers, brochures, and safety articles.
5. Assist management and supervisors with safety related issues and topics to be presented and discussed at scheduled staff meetings.
6. Encourage management and supervisors to conduct and document periodic safety inspections of assigned work areas.

7. Perform timely analysis of Workers' Compensation injury losses, and at least annually prepare a summary report for the Vice Presidents for Finance and Operations and the Executive Councils of both Lamar University and the Lamar Institute of Technology.
8. Prepare annual reports for submission to State Office of Risk Management.

### **C. The Lamar University Safety Coordinator.**

The Lamar University Safety Coordinator is responsible for administering the employee safety plan. Specifically the safety coordinator is to assist, advise, and guide the operation of the Comprehensive Safety Plan. To accomplish this he will:

1. Prepare information to be presented to all new employees concerning the Plan.
2. Personally conduct and document at least an annual safety inspection of the entire campus.
3. Assist management and supervisors with accident and incident investigation to insure that all mishaps are investigated in a timely and thorough manner and appropriate corrective actions taken.
4. Maintain a record of all jobs-related injuries or illnesses, and coordinate proper reporting with the University claims coordinator.
5. Keep the Director of Human Resources informed on an ongoing basis of the status of the Safety Plan.

### **E. Managers and Supervisors:**

Managers and supervisors at all levels are responsible for the effectiveness of the Safety Plan in eliminating or minimizing job related injuries and illnesses. To do this, they shall:

1. Accept responsibility for the Safety Plan.
2. Observe employees' work practices and take immediate action whether to reinforce safe behavior or correct unsafe behavior or work conditions.
3. Include discussions and training on safety related issues on topics on a regular basis during staff meetings.



4. Ensure procedures are in place to investigate and report in a timely fashion accidents and incidents in the assigned work areas.

#### **F. Employees:**

Each employee is responsible and accountable for his or her own safety to the maximum extent possible. Each employee shall:

1. Attend and participate in training and discussions concerning safety related issues and concerns.
2. Perform assigned tasks and operate equipment in a safe manner.
3. Report to supervisor or manager any safety hazard which cannot be immediately corrected.
4. Report to work in the physical condition which will allow safe accomplishment of the job.
5. Attempt to correct, if possible, any observed condition or practice that has caused , or has the potential to cause, an injury or damage to property. The circumstances and as much fact as possible should be reported to the supervisor immediately.
6. Seek training opportunities regarding safe work practices and safe operating procedures.

#### **G. Lamar University Risk Management Council**

The function of the Council is to review and advise the Executive Councils of Lamar University and the Lamar Institute of Technology on all aspects of Risk Management, including but not limited to identification and analysis of property loss exposures of all kinds and causes, legal liability exposures of all kinds, employee related exposures of all kinds including workers' compensation and unemployment benefits. The Council also advises on ways to finance those risks which cannot be avoided.

In general, the Council is concerned with overall policy and philosophical issues, and does not deal with specific individual losses, incidents or accidents unless necessary in the course of establishing campus wide policies.

## **H. Lamar University Safety and Health Committee**

The charge to the Committee is to advise the Presidents and the Executive Councils of Lamar University and the Lamar Institute of Technology on safety and health issues in order to

- (a) Provide a feedback mechanism for organizational safety issues.
- (b) Develop alternative operational solutions for complex safety problems.
- (c) Consider employee safety suggestions and concerns.
- (d) Reduce loss exposures.
- (e) Reduce loss control costs.

The Committee will, if appropriate, review individual accidents or incidents in order to recommend means of preventing reoccurrence. The Committee will not attempt to apportion blame on individuals for accidents or incidents, but will cite institutional shortcomings. (However, in egregious cases, the committee may suggest that a supervisor review the accident or incident for violation of safety rules or codes of good practice).

## **SECTION 4**

### **SAFETY TRAINING**

Employee training is the most valuable accident prevention tool. The overall goal is to develop employee awareness of safety -- a culture of safety. Every employee will undergo training at one time or another. New employees will be trained to start off on the right foot. Existing employees who are changing jobs will be trained to perform the new jobs more efficiently and safely. Training is extremely important for employees assigned to an activity requiring reaching, material handling, and repetitive motion. Supervisors will be trained in safety management techniques to serve as role models and to ensure employees are performing their assigned tasks in a safe and efficient manner. Refresher training of employees at various times will be necessary to reinforce safety procedures and to maintain efficiency and safe task performance.

The safety training component will be divided into three major categories: new employee orientation, specialized initial training, and refresher training.

#### **1. New Employee Orientation.**

This is our first opportunity to establish our expectations for the safety program. This general orientation training will be conducted within the first week of employment and usually on the first day of employment. Whenever possible the director of human resources will personally greet each new employee, provide the employee with the safety policy statement, and take the opportunity to emphasize the institution's commitment to safety. As a minimum the following topics will be covered with new employees:

- A. Safety Policy.
- B. Employee's Safety Responsibilities.
- C. Emergency Response/Availability of First Aid.
- D. Reporting Unsafe Working Conditions.
- E. Management Support for Working Safety.
- F. Accident/Incident Reporting Procedure.
- G. Review of Fire and Emergency Evacuation Plans.
- H. Workers' Compensation Programs and Benefits.
- I. Drug and Alcohol Free Workplace Policy.
- J. Texas Hazard Communication Act (Overview).
- K. Local Hazards.

## **2. Specialized Initial Training.**

In certain jobs and/or work locations, legal requirements and/or Division, Department, or unit safety rules mandate additional specialized training before employees commence regular work duty. The training required under the Texas Hazard Communication Act will be conducted at the Department level. In general, use of power tools and operation, maintenance or repair of machinery of all kinds requires special initial training.

## **3. Specialized refresher training, and other specific subject matter training.**

The frequency and subject matter of refresher training will be determined by a training needs assessment performed on a yearly basis by the safety coordinator or the department head and approved by the Director of Human Resources. Safety training will often not be scheduled as a separate session. Most general safety training will be presented during regular scheduled staff meetings, where attendance is normally at a maximum. Safety training normally will include topics such as hazard recognition, hazard avoidance, and may cover new and or a special hazards encountered on the job. For example, seasonal concerns such as water hazards, excessive exposure to the sun, and winter hazards may not be directly job related; however, regardless of where injured, an injured employee is not available for work. Some specialized training requires more time and in some cases is conducted by professional sources outside the university. Examples of specific specialized training which may be conducted for employees includes but is not limited to:

- A. First Aid Training.
- B. CPR.
- C. Back injury prevention training.
- D. Cumulative trauma disorders.
- E. Defensive driving.
- F. Use of fire extinguishers.
- G. Workplace violence.

## **3. Records and documentation.**

It is essential that all training be adequately documented. As a minimum, the following information will be obtained and maintained on file. (Sample format in appendix B);

- A. Date of training.
- B. Name of instructor (and affiliation, if not an employee).
- C. Lesson plan or brief outline of subject matter covered.
- D. Name and signature of all in attendance.

## **SECTION 5**

### **TRAFFIC SAFETY**

Traffic Safety is extremely important to Lamar University, and only safe drivers will be employed in positions in which driving a University vehicle or driving a rented or personal vehicle on state business is an essential job function. In the case of applicants for such positions, the University will conduct driver's license and driving record checks of applicants to whom an offer of employment has been made. The employment offer will be contingent upon verification of the applicants current license, and evaluation of the applicant's driving records. Employees in such positions are required, as a condition of employment, to report to the University if they are convicted of any moving violation. Driving records will be reviewed on an annual basis, and specifically during an employee's annual performance review. Employees who are found to no longer possess a valid driver's license or to have accumulated and an unacceptable level of traffic violations will not be allowed to drive on University business.

For positions in which driving a University vehicle or extensive driving of personal or rented vehicles on state business is an essential job function, the maintenance of a valid driver license and a safe driving record is a condition of continued employment. The University administration will determine what personnel action(s) will be taken as a result of an employee's driver's license or record status. Personnel action may be up to and including discharge, but any personnel action will be taken in accordance with the University's personnel policies.

The following practices are adopted by the University for employees driving University vehicles or other vehicles on state business:

1. All drivers must have a valid driver's license and an acceptable driving record.
2. Applicable motor vehicle laws within the state, county and city must be observed.
3. Seat belts must be worn at all times by drivers and all passengers.
4. All state travel rules and regulations must be followed without exception.
5. In the event an employee is involved in a traffic accident, the following actions must be followed:
  - A. Stop the vehicle immediately at the scene. Move the vehicle to a safe location if the vehicle is blocking traffic and can be driven.
  - B. Aid any injured persons and request emergency assistance from police, firefighters or emergency personnel.
  - C. Report the accident by telephone to law enforcement authorities having appropriate jurisdiction. If the accident happens on campus, notify the

University police department. If the accident happens off campus, notified the University police department at the earliest practical time.

- D. Report the accident to your supervisor, and to the office of the Vice President for Finance and Operations. If driving a rental vehicle, report the accident to the rental agency, your supervisor, and the Office of the Vice President for Finance and Operations.
- 6. The University's may require any employee involved in an accident or convicted of any moving violation to pass a defensive driving course as a condition of continued employment.
- 7. The University reserves the right to require all drivers of University vehicles and all employees driving personal or rented vehicles on state business to take a defensive driving course.

## SECTION 6

### HAZARD IDENTIFICATION AND REPORTING PROGRAM

The building inspection program (section 10) details an inspection program, which involves a comprehensive check of each building. However, hazards will arise between formal inspections, or from temporary activities within the building. It is the responsibility of all employees to rectify or report any hazards or unsafe conditions that they observe within the campus.

#### **Responsibilities:**

1. **Supervisors and managers** will continually observe their employees and work areas for unsafe work practices or conditions in these assigned work areas; identify any observable safety hazard or unsafe work practices which may be present; and to personally correct, implement or initiate immediate corrective action and follow-up.
2. **Individual employees** are charged with being alert to note and personally correct if possible any observed safety hazard or unsafe work practice, within their individual work area. In the event the hazard or unsafe work practice cannot be immediately corrected, each employee is further responsible to immediately report the situation to his/her immediate supervisor.

#### **Hazard reporting:**

Because of the size of the campus and the number of buildings involved, employees may be tempted to verbally report hazards to a supervisor, who in turn may inadvertently forget to take the proper action, especially as there appears to be no imminent danger to life or limb. To preclude this, employees will use the following simple formal reporting process:

1. In the event an employee notes a specific hazard and is unable to correct hazard (i.e. a faulty wall socket), the hazard should be reported to a supervisor.
2. In the event the supervisor is also unable to personally correct or initiate prompt correction of the hazard, the employee will complete an employee safety information form (Appendix D), which will be forwarded to the University Safety Coordinator.
3. The University's Safety Coordinator will investigate the reported hazard and take whatever corrective action is necessary to ensure that the hazard is corrected. This may mean taking immediate corrective action to prevent further employee exposure until the hazard is corrected.

4. Once the corrective action has been taken and documented on the employee safety information form, the originator of the report will be notified and provided a copy of the completed report.
5. Any employee may anonymously submit the report to the University Safety Coordinator. All such reports will be handled in the same expeditious manner and appropriate feedback provided whenever possible when the corrective action has been taken.

**Safety suggestions:**

Employees do not have to wait until the hazard is clearly identified. In fact, all employees are encouraged to submit safety suggestions on how to improve work practices and/or the work environment. To ensure the suggestion is adequately communicated and appropriately handled, the Employee Information Form, specifically, part 2, will be used for this purpose.



## SECTION 7

### FIRE AND BUILDING EVACUATION INSTRUCTIONS

All employees should familiarize themselves with the location of stairs and emergency exits within the buildings in which they work. In addition, they should learn the locations of the fire extinguishers in the building and learn how to operate these extinguishers. On the following two pages are the standard procedures for use in case of fire and standard emergency evacuation instructions which are applicable to most campus classroom and administrative buildings which do not have more than two floors. If the building in which you work has special building evacuation procedures, you should study these in advance of any emergency.

#### PROCEDURE IN CASE OF FIRE

1. If you discover a fire in a building, activate the nearest fire alarm pull station. If no fire alarm is available, **immediately notify occupants of the building to evacuate the building.**
2. Telephone the Lamar University Police by dialing **8311** on any campus telephone. Tell the dispatcher the location and nature of the fire. The dispatcher will call the Beaumont Fire Department on their special direct line, and dispatch all available police and maintenance units to assist in evacuation of the building.
3. If the fire has not spread from its point of origin, attempt to extinguish the fire using fire extinguishers. However, "Safety of Life" is the prime concern.
4. Do not attempt to extinguish a fire in a laboratory or a chemical fire unless you know what chemicals are involved **and** have been trained in the correct procedures and types of extinguishers to be used for fighting such fires. "Safety of Life" remains the prime concern.
5. Do not reenter an evacuated building until you have been advised that it is safe to do so.

#### OTHER INSTRUCTIONS

1. If you have knowledge of what chemicals are present at the location of a fire, or of other hazards in the vicinity of a fire, tell a Lamar University police officer or fire department personnel on the scene, and remain available to give further assistance if needed.

# BUILDING EMERGENCY EVACUATION INSTRUCTIONS

(for use in one- and two-story Campus buildings  
without special evacuation plans)

Upon receipt of emergency instructions to evacuate the building, or upon the sounding of the Fire Alarm, all persons shall:

1. **Walk** to the nearest usable exit, and exit the building.
2. If on the second floor, **walk** to the nearest stairwell. If the door to the stairwell is hot, or smoke or other hazardous condition is encountered or visible, proceed to an alternate stairwell. **Walk** down the stairs and exit the building. **DO NOT USE THE ELEVATORS.** They may lose electrical power and trap you, or may automatically open into a fire or other hazardous situation.
3. If you have information about persons in the building who may need assistance, or about hazardous conditions existing in the building, report to a Lamar University police officer, Fire Department personnel or other emergency coordinator on the scene.
4. Proceed well clear of the building and, if the problem is localized and not campus-wide, assemble in the nearest parking lot or other open space so that a roll may be taken to determine if anyone known to have been in the building is not accounted for.
5. The designated areas for rescue assistance for persons with disabilities or serious injuries are the stairwells of the building. Stairwells at ends of the building should be used preferentially over others. Provide all possible assistance to persons with disabilities to reach the designated rescue assistance areas. **Do not attempt to carry such persons down the stairs.** Inform a Lamar University police officer or Fire Department personnel on the scene of the location and number of persons needing rescue.

## OTHER INSTRUCTIONS

1. All persons leaving the building should close as many doors as possible and especially hallway and stairwell doors, as they evacuate the building.
2. Personnel leaving laboratory or other areas where hazardous materials and/or conditions exist should, if circumstances permit, shut off all gas burners, shut down electrical equipment and otherwise render the area non-hazardous. However, "safety of life" is to be the prime concern.

## **SECTION 7.1**

### **USE OF CANDLES AND OTHER OPEN FLAME DEVICES**

#### **POLICY**

To preserve life safety and reduce the risk of fire as required by the Life Safety Code (NFPA 101), the use of candles and other open flame devices in Lamar University and Lamar Institute of Technology buildings is prohibited unless specially approved through the Office of Risk Management. Open flames meeting the requirements for exceptions specified in the NFPA Life Safety Code will be authorized.

Exceptions are available for:

- A. Educational and research purposes.
- B. Dining and food service areas
- C. Theatrical or other entertaining arts performances.
- D. Special religious ceremonies.
- E. Maintenance operations conducted under a hot work permit system.

Once specifically approved for use in a laboratory or dining facility, the same or same type of open flame device may be used on multiple occasions without re-approval.

# **DRAFT**

## **SECTION 7.2**

### **PROTECTION AGAINST FIRE, SPREAD OF FIRE AND SMOKE**

#### **POLICIES**

To ensure compliance with the Life Safety Code (NFPA 101) as required by regulations promulgated by the State Fire Marshal, the following policies have been formally adopted by Lamar University and Lamar Institute of Technology.

##### **7.2.1 Hallways**

Hallways must be kept free of obstructions and tripping hazards at all times that the building is occupied. In general, chairs, tables, and office machines may not be placed in hallways, even temporarily. In areas where corridors widen, and in other locations provided in the building design by the architect, items such as benches, constructed from materials with the required fire safety rating, may be placed. If the item is easily movable, it will normally need to be secured to the wall or floor. Vending machines may not be installed in such a way that they decrease the minimum width that exists in the pathway from any part of a building past the vending machine to the outside, or otherwise would constitute an obstruction.

Furniture and other items that are being declared surplus shall not be left in hallways. If there is no suitable room in which to temporarily store such items, an appointment shall be made with Facilities Management to pick up the items from their existing locations. If replacement of large quantities of furniture is to occur while the building is occupied, coordination with Facilities Management must be effected so that the surplus items may be removed without delay.

Cardboard boxes and other trash to be disposed off shall not be left in the hallways while that area of the building is occupied. Such items may be placed outside office doors at the close of the working day in areas where doing so will not obstruct pathways to and from any classroom or other part of the building that is used after normal working hours.

The fire rating of the walls and finish in hallways shall not be compromised by attaching excessive amounts of paper to walls. Administrative notices such as faculty office hours and reasonable amounts of course related materials may be attached adjacent to offices. Temporary paper directional signage may also be attached to walls in hallways. Longer term directional signage should be made of fire rated materials such as plastic. Posting of other notices shall be restricted to bulletin boards provided for the purpose. Covering doors or parts of hallways with paper, posters or banners is not permitted.

##### **7.2.2 Enclosed Stairwells**

## **DRAFT**

The Life Safety Code requires that doors from enclosed stairwells into any floor of a building be kept closed to prevent the spread of fire and smoke. In order to prevent such doors being forced open by the air pressure generated in a fire, such doors are now also required to latch closed. Therefore, propping these doors open by any means is prohibited. An exception in the code allows such doors to be held open magnetically in some locations provided they close and latch on activation of any fire alarm or smoke detector in the building. Malfunctioning doors should be immediately reported to Facilities Management.

### **7.2.3 Prohibition of Storage in Enclose Stairwells**

The Life Safety Code prohibits storage of anything in enclosed stairwells. Such stairwells must be kept clear and nothing may be left in them.

### **7.2.4 Doors required to be Self-closing**

In general, doors that are equipped with closers must be kept closed at all times. This includes all doors from “assembly” occupancy areas – any area capable of holding 50 persons or more – and also all doors into hallways in “high hazard” occupancy areas – areas where there are labs and workshops with hazardous materials present.

### **7.2.5 Use of Power Strips, Surge Protectors and Extension Cords**

A directive by the State Fire Marshal restricts the use of power strips, surge protectors and extension cords in University buildings. All power strips and surge protectors must be rated for 20 amps or more or fitted with an internal circuit breaker to prevent overloading of the protector and cord. A power strip or surge protector may not be plugged in to another power strip or surge protector, but only directly into a wall receptacle. Extension cords may only be used temporarily, and must be rated at 20 amps or more, or other steps taken to ensure the cord is not overloaded. Cords rated at less than 15 amps may not be used at all. For other than temporary situations, additional electrical outlets must be installed, and equipment plugged directly into a receptacle.

### **7.2.6 Exit and Emergency Lights**

The Life Safety Code requires that Exit signs be illuminated at all times. Lights which are not illuminated and any emergency lighting systems indicating a malfunction must be reported immediately to Facilities Management.

## **SECTION 8**

### **EMERGENCY TELEPHONE NOTIFICATION SYSTEM**

Jefferson County Emergency Managers have access to a Telephone notification system which will dial Lamar University telephones in a predetermined sequence using three tiers to disseminate emergency information across campus.

In the event of an on-campus only emergency, the University will use its normal “chain of command” to relay emergency messages to all employees and students at all locations.

## **SECTION 9**

### **HURRICANE/EVACUATION PREPARATIONS**

**The University has now prepared a separate Hurricane Plan.**

## SECTION 10

### BUILDING INSPECTION PROGRAM

The inspection program can be viewed as fact finding with emphasis on locating potential hazards that can adversely affect safety of employees and students. Its primary purpose is to detect potential hazards so that they can be corrected before an accident occurs. The inspection program can determine conditions that need to be corrected or improved to bring operations up to the acceptable standards both from safety and operational standpoints. Secondary purposes are to improve operations and thus to increase efficiency, effectiveness and productivity. While management ultimately has the responsibility for inspecting the work place, responsibility for carrying out the actual and state inspection process extends throughout the campus.

#### **Responsibilities:**

1. The **University Safety Coordinator** will endeavor to conduct semi-annual formal safety walk- through inspections. At an absolute minimum, this type of inspection will be conducted once each year.
2. **Additional Duty Safety Officers** (see Appendix B) in buildings which present extensive special safety concerns as a result of the activities carried out in the buildings will conduct building inspections of their respective building at least twice yearly. These inspections will be documented and a copy sent to the University Safety Coordinator. These buildings include, but are not limited to, the following

Archer Physics  
Art Building  
Chemistry Building  
Chemical Storage Building #1  
Civil Engineering Lab Building  
Geology Building  
Hayes Biology Building  
LUIT Buildings #1 Through #5.  
McDonald Gymnasium  
Most Physical Plant Buildings  
Weight Room

3. **Building coordinators**, or their designated representatives, of all other buildings are responsible for helping ensure safety in their respective buildings. They will conduct and periodic inspections and report items which need to be corrected to the responsible individual or department. An information copy of this report will be furnished to the University Safety Coordinator. If the standard evacuation plan



(Section 7) is not adequate for the building involved, building coordinators will develop an emergency evacuation plan specific to the building and ensure that is known by faculty, staff and students. If necessary, the University Safety Coordinator should be consulted for assistance in preparing the plan. A copy of this plan will be posted in several conspicuous places in each building, and a copy sent to the University Safety Coordinator.

**Documentation:**

1. Supervisors and managers will use a checklist (example - Appendix D) to serve as a guide and to document random or periodic inspections. Additions or modifications to customize the checklist for a particular building are encouraged; however, the final form must be coordinated with the University Safety Coordinator.
2. Supervisors and managers will provide a copy of the inspection results to the University Safety Coordinator. Supervisors and managers will provide the University Safety Coordinator with update status reports on corrective actions and follow-up actions taken and corrective actions still outstanding.
3. The University Safety Coordinator will conduct random checks on corrective actions taken and conduct and document at least the twice yearly campus-wide - wide comprehensive inspection.

## SECTION 11

### ACCIDENT/INCIDENT INVESTIGATION, REPORTING AND ANALYSIS

One of the best ways to prevent accidents is to investigate the causes of the accidents/incidents that do occur. A prompt, thorough investigation of any incident, regardless of severity, including "near misses" is an important part of any good safety program. Safety investigations should be fact-finding and not fault-finding. The focus should be on finding out what happened, and how we can prevent another similar accident from happening. What is learned from the investigation helps identify and correct problems, contributing to a safe and healthy workplace. Investigations should be conducted involving the following circumstances:

An accident which results in an employee injury.

An incident which results in a "near miss" - one which "almost" or "could have" resulted in an injury-producing accident.

An incident which results in damage to State property.

A vehicle accident involving a state vehicle driven by an employee.

An occupational illness or disease, including but not limited to: any form of cumulative trauma disorder (i.e., Carpal Tunnel Disorder, back/neck pain, etc.)

#### Responsibilities:

1. The supervisor will normally be the first person notified of an accident or incident. As soon as possible after an accident which results in injury to an employee or damage to property, the supervisor will: take immediate action as appropriate to prevent any further injury to an employee or damage to property; and will see that first aid is rendered as appropriate, and/or emergency assistance requested. As soon as practical, the supervisor will notify the University Safety Coordinator who will, when requested, assist the supervisor in conducting an investigation to include preparation of an accident report form (Sample TWCC-121, Appendix E).
2. The University Safety Coordinator will ensure that appropriate notification procedures are available for the proper and timely notification of accidents/incidents. The University Safety Coordinator will also guide and advise supervisors and management in the investigation and reporting process.

3. All accidents which result in employee injury will also be reported to the University's Workers' Compensation Claims coordinator who will complete the Employer's First Report of Injury or illness (TWCC-IS) according to applicable rules and instructions contained in the Claims Coordinator Handbook, published by the State Employees Workers' Compensation Division, Office of the Attorney General.

Documentation and Procedures:

1. Supervisors will complete the accident/incident investigation form. The injured employee does not fill out the supervisors section of this form.
2. The investigation report form should be signed by the appropriate parties and submitted to the University Safety Coordinator.
3. The University Safety Coordinator will ensure that recommended corrective action has been/or is being taken.
4. Depending on the frequency and/or severity of accidents/incidents, the University Safety Coordinator and management will jointly conduct a semi-annual review and analysis of the University's accident experience data to determine the effectiveness of implemented corrective actions and to detect any trends, either positive or adverse.
5. The investigation report form and any other documentation prepared during the investigation will be filed in the University's Safety Coordinators office and disposed of according to the University's records retention schedule.

## **SECTION 12**

### **LAMAR UNIVERSITY DRUG-FREE WORKPLACE POLICY**

ADMINISTRATORS SHOULD EXERCISE EXTREME CAUTION IN ALL MATTERS RELATING TO THIS POLICY, ASSURING THAT PROCEDURES ARE CAREFULLY FOLLOWED AND THAT SUBSTANTIAL EVIDENCE FROM RELIABLE SOURCES SUPPORTS A DECISION TO CONFRONT A STUDENT OR EMPLOYEE. UNIVERSITY COUNSEL SHALL BE APPRISED BY THE APPROPRIATE ADMINISTRATOR OF POSSIBLE VIOLATION OF THIS POLICY AND THEIR ADVICE SHALL BE SECURED BEFORE TAKING ANY ACTION WITH REGARD TO TESTING.

#### **1 PURPOSE**

1.1 Based on its commitment to assure the safety and health of its students and employees, Lamar University seeks to maintain a work and learning environments free of the unlawful manufacture, distribution, possession or use of a controlled substance or the abuse of alcohol. Drug and alcohol abuse affects the responsible conduct of business, teaching, and learning, and therefore will not be tolerated.

1.2 This policy is based on the following objectives:

- (1) To maintain a safe and healthy environment for all students and employees;
- (2) To maintain the good reputation of the University and its employees;
- (3) To minimize accidental injuries to a person or property;
- (4) To keep absenteeism and tardiness at a minimum and to improve the effective performance of job duties and productivity of all employees and the educational performance of all students;
- (5) In appropriate circumstances, to assist students and employees in securing substance abuse rehabilitation;
- (6) To comply with the federal Drug-Free Workplace Act of 1988, the Drug-Free Schools and Communities Act Amendments of 1989, and other applicable legislation, and,
- (7) To adopt and implement a program to prevent use of illicit drugs and abuse of alcohol by students and employees.

1.3 This policy shall be in addition to any drug abuse policy or policies relating to participation in intercollegiate athletics.

## 2. DEFINITIONS

As used in this policy, the following definitions apply.

2.1 "Drugs or other controlled substances" means any substance, other than alcohol, capable of altering an individual's mood, perception, pain level or judgment.

2.11 A "prescribed drug" is any substance prescribed for individual consumption by a licensed medical practitioner. It includes prescribed drugs and over-the-counter drugs which have been legally obtained and are being used for the purpose for which they were prescribed or manufactured.

2.12 An "illicit drug" or chemical substance is: (a) any drug or chemical substance, the use, sale or possession of which is illegal under any state or federal law, or (b) one which is legally obtainable but has not been legally obtained. The term includes prescribed drugs not legally obtained and prescribed drugs not being used for prescribed purposes.

2.13 The term "controlled substance" means a controlled substance in schedules I through V of Section 202 of the Controlled Substance Act (21 U.S.C.S. 812) or which possession, sale or delivery results in criminal sanctions under the Texas Controlled Substances Act (Art. 4476-15, TCS). In general, this includes all prescription drugs, as well as those substances for which there is no generally accepted medicinal use (e.g., heroin, LSD, marijuana, etc.), and substances which possess a chemical structure similar to that of the controlled substance (e.g., "Designer Drugs"). The term does not include alcohol.

2.2 "Alcohol" refers to any beverage that is "alcohol, or any beverage containing more than one-half of one percent of alcohol by volume, which is capable of use for beverage purposes, either alone or when diluted."

2.3 "Alcohol abuse" means the excessive use of alcohol in a manner that interferes, with (1) physical or psychological functioning; (2) social adaptation; (3) educational performance; or (4) occupational functioning.

2.4 The term "conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charge with the responsibility to determine violations of the Federal or State criminal drug statutes. (See 9.5 for time limitations on reporting such convictions.)

2.5 "Cause for reasonable suspicion" shall be established by: (1) observation; (2) action/behaviors of the individual; (3) witness by supervisor or other reliable individual of possession or use; or (4) any other legal measure used for alcohol or drug detection.

- 2.6 The term "criminal drug statute" means a criminal statute involving manufacture, distribution, dispensation, use, or possession of any controlled substance.
- 2.7 "Sanctions" may include completion of an appropriate rehabilitation or assistance program, probation, expulsion, termination, or referral to authorities for prosecution. If an employee has been convicted of a criminal drug statute, sanctions must be imposed within 30 days.

### **3. POLICY**

#### **3.1 Standards of Conduct.**

The unlawful manufacture, distribution, possession or use of illicit drugs or alcohol are strictly prohibited.

- 3.2 Sanctions will be imposed on students and employees (consistent with local, state, and federal law), up to and including expulsion or termination of employment and referral for prosecution, for violation of the standards of conduct set forth in 3.1 above.
- 3.3 The University shall conduct a biennial review of its drug and alcohol abuse prevention program. It shall determine and put in report format: (1) the effectiveness of the program, and (2) the consistency of the enforcement of sanctions imposed pursuant to the program. It shall also evaluate whether any changes are needed and shall implement any such changes.
- 3.4 The University shall have available for review by the Secretary of Education, or designee, and the general public, if requested, copies of all documents distributed to students and employee under the drug and alcohol abuse prevention program and copies of the institution's biennial review.

### **4. DRUG FREE AWARENESS PROGRAM**

- 4.1 The University shall distribute annually to each employee and student, if applicable, information pertaining to :
  - (1) standards of conduct that prohibit the unlawful possession, use, and distribution of illicit drugs and alcohol by students and employees on the University's property or as part of any University activity;

- (2) a description of the applicable legal sanctions under local, state, or federal law for the unlawful possession or distribution of illicit drugs or alcohol;
- (3) a description of the health risks associated with the use of illicit drugs and the abuse of alcohol;
- (4) a description of any drug or alcohol counseling, treatment, or rehabilitation or re-entry programs that are available to students or employees;
- (5) a clear statement that the University, consistent with local, state, or federal law, will impose sanctions against a student or employee who violates the standards of conduct. The statement must describe the possible sanctions, which may include completion of an appropriate rehabilitation program, expulsion from school, termination of employment, or referral to the authorities for prosecution; and
- (6) a description of the institution's drug/alcohol abuse prevention and intervention program, including alternative support, education and re-entry programs for students who are suspended as a result of violating standards required by these minimum requirements.

4.2 The University shall certify the availability of a drug abuse prevention program for officers, employees and students of the institution, as required under Title IV of the Higher Education Amendments of 1986 (P.L. 99-498).

## **5. SUSPICION OF USAGE**

- 5.1 If a supervisor reasonably suspects that usage of a controlled substance has affected an employee's job performance, the supervisor shall immediately notify the appropriate department head, or other designated administrative official and, upon direction, the supervisor or other designated administrative official shall discuss with the employee the suspected drug-related problems. The employee should be advised of any available drug counseling, rehabilitation, or employee assistance programs, and the terms of any applicable period of probation. All such meetings between the employee and the supervisor or other designated administrative official to address the suspected drug-related problem and/or its resolution shall be documented in a memorandum to the record and filed in the employee's personnel file.
- 5.2 Should such discussion and/or participation in any available drug counseling, rehabilitation, or employee assistance program fail to resolve the suspected drug-related problems, or should the employee fail to meet the term of any applicable probation period, the employee may be subject to termination, or a

chemical screening may be required as provided in 7, **PROCEDURE FOR TESTING (CHEMICAL SCREENING)**.

## **6. RULES FOR TESTING**

### **6.2 Employees.**

- 6.211 Employees in a sensitive position may be tested for the use of illicit drugs. "Employee in a sensitive position" means an employee who has been granted access to classified information or employees in other positions determined by appropriate administrative personnel to involve national security, health or safety concerns, or functions requiring a high degree of trust and confidence.
- 6.212 The Department of Defense Drug-Free Work Force Rule, 53 Fed. Rep 37763 (1988), mandates that government contractors establish a program for testing for the use of illicit drugs by an employee in a sensitive position under a Department of Defense(DOD) contract.
- 6.213 Testing of an employee in a DOD-funded sensitive position shall be undertaken under the following circumstances: (1) there is reasonable suspicion that the employee's job performance has been affected by the use of illicit drugs, and (2) there is a reasonable belief that such impairment will affect national security, health or safety concerns, or functions requiring a high degree of trust and confidence.

## **7. PROCEDURE FOR TESTING (CHEMICAL SCREENING)**

### **7.1 Employees.**

- 7.11 The decision to require a chemical screening must be reviewed with legal counsel prior to the screening.
- 7.12 Prior to the administration of chemical screening, the appropriate administrative or supervisory personnel must explain the chemical screening procedures to the employee and then accompany the employee to a hospital or clinic for the taking of a specimen for screening purposes.
- 7.13 Before the specimen is taken, the employee should be asked to sign a consent form agreeing to the taking of a specimen for testing purposes. The signed form will be required by the hospital or clinic. The employee will be asked to list any medications taken. There will



be a reasonable opportunity to rebut or explain a positive test result, including an independent retest of the sample.

- 7.14 The expense of the test, and any retest, shall be borne by the University. The testing procedure will be kept confidential, with the results being reported to the employee and the appropriate senior-level administrator as soon as they are available.

## **8. REGULATIONS SPECIFICALLY RELATED TO EMPLOYEES**

- 8.1 A copy of this policy shall be provided to each employee who is or who will be engaged in the performance of a federal grant or contract, and a record shall be kept of the distribution.
- 8.2 Any employee whose off-duty use of drugs or other controlled substances results in absenteeism, tardiness, impairment or work performance, or is the cause of workplace accidents, will be referred to an assistance program and may be subject to discharge if he or she rejects participation in the program.
- 8.3 Employees in sensitive positions whose work-related performance gives cause for suspicion of use or possession of a controlled substance may, at the discretion of appropriate authorities be subjected to testing for the substance in accordance with the sections in this policy related to testing and chemical screening. A refusal to submit to a test, combined with a reasonable suspicion of usage, may be a sufficient basis for termination.
- 8.4 Any disciplinary action shall be governed by University policies on discipline and dismissal and academic freedom, responsibility and tenure. Sanctions may include a period of probation for an employee. A record of the action will be placed in the employee's personnel file.
- 8.5 As a condition of employment, employees on government grants or contracts must abide by the required notification statement and must report any criminal drug statute conviction for a violation occurring in the workplace or on University business to their employer no later than five days after such conviction. The employer, in turn, must so notify the contracting federal agency within 10 days after receiving notice from an employee or otherwise receiving, actual notice of such conviction, and within 30 days must impose sanctions on the employee, up to and including termination, or requiring the employee to satisfactorily participate in an approved drug abuse assistance or rehabilitation program.

## **9. AUTHORITY OF PRESIDENT**

The President of Lamar University is authorized to approve any changes to this policy to bring the University into full compliance with instructions of the Board of Regents, applicable legislation, or guidelines promulgated by local, state, or federal governmental bodies.

### **AUTHORITATIVE REFERENCES:**

Amendment IV, U.S. Constitution

Pub. L. No. 100-690, Drug-Free Workplace Act of 1988, 1988 U.S. CODE CONG. AND ADMIN. NEWS, 102 Stat. 4304-06

HR 3614, Drug-Free Schools and Communities Act Amendments of 1989, USC, signed 12/12/89 (Section 22 of the Act amends Title XII of the Higher Education Act of 1965.)

21 USC 812, Controlled Substance Act

Drug-Free Work Place Rule, 53 *Federal Register* 37763, U.S. Department of Defense, 1988

Department of Defense Appropriations Act (P.L. 99498)

*O'Connor v. Ortega* 107 S.Ct. 1492 (1987)

*National Treasury Employees Union v. Von Raab*, 109 S.Ct 1384 (1989)

*Skinner v. Railway Labor Executives Association* 109 S.Ct. 1402 (1989)

Article I. Section 9, Texas Constitution

Article 4476-15, TCS, Texas Controlled Substances Act

Section 1.04, VTS, Alcoholic Beverage Code

Tex. M. & S. Code Ann., Section 461.002 (1) (1990)

Lamar University System Minute Order 99-90, 3/22/90 (Drug Abuse Resolution); 142-90, 5/25/90

**This policy supersedes all other DRUG-FREE WORK PLACE POLICIES.**

## SECTION 13

### SOCIAL EVENTS WITH ALCOHOL

#### POLICY

It is the policy of Lamar University and the Lamar Institute of Technology that alcoholic beverages are not to be possessed, served, or consumed on campus except as provided in this policy and residence hall regulations. All social events where alcohol beverages are served are subject to the following regulations.

#### A. Facility Reservations

1. Use of campus facilities will be granted only to groups or organizations which have the approval of the appropriate building coordinator.
2. A "Request for Facilities" form must be signed by the organization president and the advisor for the organization; a reservation form must be signed by an appropriate official of the group.
3. Reservations for use of the Setzer Student Center, outdoor fields, and pavilion facilities are made in the Setzer Student Center Reservations office -Room 101 (880-8727) . Requests for use of other facilities are made in the offices of the various building coordinators. Reservations for the eighth floor of Gray Library are made by contacting 880-8136.
4. Reservation forms must be submitted to the appropriate office at least one week prior to the scheduled event.

#### B. Stipulations regarding time and place

1. Alcohol **beverages may not be served** until after 5 p.m. without explicit authorization. Alcohol may be served in authorized facilities Monday-Thursday, 5 p.m. until midnight; Friday, 5 p.m. until 2 a.m.; Saturday, 10 a.m. until 2 a.m.; Sunday, noon until midnight. Ordinarily facilities are unavailable during holiday periods. Beverage and bartender service will be discontinued thirty (30) minutes prior to the scheduled ending time of an event.
2. No alcohol may be possessed, served, or consumed in or near an area used for classroom instruction while classes are being held in such an area.

3. Alcohol beverages may be served or consumed only with authorization by the building coordinator, in the following approved areas; Setzer Student Center meeting rooms, The Perch, and the ballroom, Gladys City, the Cardinal Club Room and the eighth floor of Gray Library. When approved by the residence hall supervisor and the director of housing, alcohol beverages may be permitted in certain areas of the residence halls and dining hall facilities. Any additional areas must be approved by the President or his designee.
4. Alcohol beverages are restricted to the specific area designated on the reservation form.

### C. Food Service

1. Food should be served at all events with alcohol beverages. Arrangements for food should be made in advance with the director of catering (880-8966). When alcohol beverages are served, each group/organization is responsible for providing the alcohol beverages in the advance of the event. Time and place of delivery and pick-up will be designated by the building coordinator at the time the reservation is made. Alcohol beverages must be delivered in bulk form by a representative of the sponsoring organization. Individual members or guests may not individually bring alcohol beverages to a social function.
2. An admission fee cannot be charged at an event where alcohol is served unless an alcohol sales license has been provided for and permission has been given by appropriate University or Institute officials. University Police must have prior notification.

### D. Responsibilities

1. The president of the organization is responsible for the delivery/pick-up of **the bulk quantities** of alcohol to the building coordinator or his/her designate.
2. Signatures indicate full acceptance of responsibility for the organization's use of the facilities and compliance with state regulations regarding the consumption and distribution of alcohol.
3. A minimum of two (2) police officers are required at all dances/mixer-type events where alcohol is served or where the building coordinator, advisor, or chief student affairs officer deems necessary.
4. All adjustments to these regulations shall be communicated in writing to the police office and to the advisor and/or officers of the sponsoring group

or organization and have the prior approval of the chief student affairs officer.

5. The group or organization reserving a facility is responsible for any charges for damages and cleanup which result from an organization's function.
6. Any violation of these policies will be referred to the chief student affairs officer for disciplinary action. Violations may result in denial of the use of facilities and/or disciplinary action.

### **Legal Considerations**

1. No state funds may be used to purchase alcohol beverages or services connected with use of alcohol beverages.
2. When alcohol beverages are served, a fee may not be charged for the event except when provided for by license.
3. All state regulations and statutes regarding possession, serving, and/or consumption of alcohol beverages and the "Policy Governing On-Campus Social Events" will be strictly enforced, Violators of these regulations/statutes/policies are subject to disciplinary action by the university and by civil authority.

The President or his designee has the prerogative of making adjustments in these policies in the best interest of the University or the Institute.

## **SECTION 14**

### **PROCEDURE FOR OCCUPATIONAL EXPOSURE TO BLOOD AND BODILY FLUIDS**

The Student Health Center (SHC) offers post-exposure care to Health Science students or SHC staff that has an occupational exposure to blood or other body fluids that may contain HBV/HIV.

#### **A. Immediately following the exposure:**

Wounds or skin sites exposed to blood or other body fluids should be washed thoroughly with soap and water; mucus membranes should be flushed with water. The incident should be immediately reported to the supervisor who will complete a departmental accident report indicating: date and time of occurrence; details of the procedure being performed and how the exposure occurred; a description of the immediate post-exposure care provided in the department; and details about the exposure source. The report should indicate the HIV status of the source-person, or whether the source material contained HIV or other blood borne pathogens. If the source-person is HIV positive, the report should indicate the stage of disease, history of antiretroviral therapy, and viral load, if known. The exposed person should be given a copy of the departmental report and advised to seek immediate post-exposure medical care at the SCH, a family physician, a local urgent care clinic, or a local hospital emergency room.

#### **B. If the exposed person presents to the SCH:**

1. The exposed person will present their Lamar University or Institute of Technology I.D. and the departmental accident report. SHC staff will initiate an Exposure Report (see 2.7a) and make a chart for the patient if one does not already exist.
2. The physician or nurse practitioner will evaluate the injury and document his/her findings on the departmental accident report, and in the patient chart utilizing the Exposure Report.
3. A blood specimen will be obtained for HBV/HIV testing immediately, at 6 weeks, 12 weeks, and 6 months post exposure, or at any time during the first 6 months if the exposed person develops an illness compatible with an acute retroviral syndrome. The exposed person should be advised to immediately report any febrile illness that occurs during the first 6 months post exposure.
4. If the exposed person is a student, the cost of the lab work will be billed to their student account.

5. If the exposed person could be pregnant, a serum pregnancy should also be performed with the initial lab work. In the event the exposed person is pregnant, immediate referral to their obstetrician is indicated for recommendations regarding post-exposure prophylaxis (PEP) and follow-up care.
6. SHC staff will inform the exposed person it is their responsibility to return the SHC for subsequent testing. Should the exposed person desire follow-up at another location, he or she should be given a copy of the Centers for Disease Control and Prevention (CDC) guidelines (2.7 b 1, 2, 3), and any appropriate records.
7. If the HIV status of the source-person is unknown, serious attempts should be made to obtain testing of that individual immediately.
8. SHC staff will inform the exposed person that occupational exposure carries a low risk for HIV transmission but that they should use the following measures to prevent secondary transmission during the follow-up period: use sexual abstinence or condoms to prevent sexual transmission and to avoid pregnancy; refrain from donating blood, plasma, organs, tissue, or semen; and if breastfeeding, discontinue and contact their pediatrician immediately.
9. SHC medical staff will offer post-exposure counseling or licensed counselors as needed.

### **C. Post-exposure Prophylaxis (PEP):**

The physician or nurse practitioner will determine the need for post-exposure prophylaxis for HBV/HIV on an individual basis, based on the type of body substance involved and the route and severity of the exposure. The decision will be grounded on the CDC guidelines (2.7 b 1, 2, 3). If it is determined that PEP is needed for a health science student, SHC staff will obtain the required medication from a local pharmacy and bill the student account. If the exposed person is a SHC employee, the required medication will be purchased by the SHC.

*(COMPLETE RECOMMENATIONS AND REPORT FROM THE CDC LOCATED IN THE APPENDIX OF THE SHC POLICY AND PROCEDURE MANUAL)*

### **D. Patient Information Following Occupation Exposure to Blood or Body Fluids:**

Occupational exposure carries a low risk for HIV transmission, however, the Centers for Disease Control and Prevention recommends the following precautions after an occupational exposure to blood or body fluids:

1. Evaluation for hepatitis B (HBV) and human immunodeficiency virus (HIV) should be performed immediately, and at 6 weeks, 12 weeks, and 6 months post exposure.

2. Any febrile illness occurring within the first 6 months post exposure should be immediately evaluated.
3. To prevent possible secondary transmission during the follow-up period, the following measures should be observed:
  - Use sexual abstinence or condoms to prevent sexual transmission and to avoid pregnancy.
  - Refrain from donating blood, plasma, organs, tissue, or semen.
  - If breast-feeding, discontinue immediately and contact your pediatrician.

Counseling regarding medical and/or psychosocial issues is available to you at the Student Health Center (880-8466). You may also contact the AIDS Hotline at 1-800-342-AIDS.



## SECTION 15

### WHAT SHOULD I DO DURING A CHEMICAL RELEASE EMERGENCY?

Local officials may recommend the following appropriate protective actions during a chemical emergency. You should "**Shelter In Place**" until the chemical release is stopped and winds have dissipated any vapors. Here's how to "**Shelter In Place**":

- ❖ **Go Inside Immediately.**
- ❖ **Close All Doors, Windows, And Other Sources Of Outside Air.** Physical plant personnel will turn off air conditioning or heating systems in buildings controlled by EMS (Energy Management Systems), to keep chemical vapors from entering. Buildings **not controlled by EMS** will have to be manually shut down to keep chemical vapors from entering. Gather a portable radio.
- ❖ **Move Into An Interior Room, Preferably A Room With No Windows, Such As A Hallway.** If you smell any unusual odor or have trouble breathing, you should sit down, cover your nose and mouth with a damp paper towel. Take slow, shallow breaths and try to stay calm.
- ❖ **Turn On Your Radio.** During a chemical release, stations will continuously repeat instructions about how to shelter in place and provide more information as it's available. You can access Lamar University **KVLU at FM 91.3** or access the **National Weather Service at 162.475 on your weather band.**
- ❖ **Stay Off the Telephone.** Local officials may try to telephone using computerized telephone notification system. **Do not** call police, fire, or 9-1-1 unless you are reporting a police, fire or medical emergency at your location. Overloaded telephone circuits may keep actual emergency calls from getting through.
- ❖ **Do Not Try to Evacuate.** Evacuation may be an appropriate precaution during a flood or hurricane, but you should **NOT** attempt an evacuation during a chemical emergency **unless specifically ordered by officials**. Leaving may expose you to more chemical vapors, especially if you travel toward the leak or through the toxic cloud as it drifts downwind.
- ❖ **What If I Can't Find Shelter?** Even a poorly sealed building or vehicle provides some protection against chemical vapors. If you are inside a vehicle, close your vehicle's doors and windows, and turn off the vehicle's air conditioning and ventilation system. Turn on your car radio for more information.

If you can't get inside, move in a crosswind direction, so the wind is blowing from left to right, or right to left, but **NOT** directly into your face or from behind you. You can see what direction the wind is blowing by observing nearby trees, flags, or clouds in the sky.

- ❖ **How Will I Know When The Emergency Is Over?** Stay inside, sheltered in place, until you hear the "**All Clear**" message from local officials over your city's siren system, telephone notification system, or on the local emergency management radio station.

After the **"All Clear"** signal has been given, open all doors and windows, turn on your air conditioning or heating system, then go outside to let the building **"Air Out"** for 15-30 minutes before you re-enter.

## SECTION 16

### PET/ANIMAL POLICY

*The following does not apply to service animals for special needs individuals, properly harnessed and in the company of their masters.*

**Pet/animals are strictly prohibited inside University buildings and/or in areas in which the pet may have contact with Lamar University or Lamar Institute of Technology students, employees, and visitors.**

**Exception:** Pet animals, in appropriate carriers or cages in the beds of pick-up trucks or inside appropriately ventilated vehicles, may be brought onto campus for brief periods, not to exceed 30 minutes, provided they do not cause disturbance to campus operations or activities. Employees may not use this exception during their regular working hours.

These restrictions are necessary because:

1. Animals may attack and/or bite, injure students, employees, or visitors.
2. Individuals may experience allergic reactions to pet dander, saliva, hair, etc.
3. The campus may be fouled by animal defecation.

## SECTION 17

### HOW TO RECOGNIZE AND HANDLE A SUSPICIOUS PACKAGE OR ENVELOPE

Letters containing *Bacillus anthracis* (anthrax) have been received by mail in several areas of the United States. In some instances, anthrax exposures have occurred, with several persons becoming infected. To prevent such exposures and subsequent infection, all persons should learn how to recognize a suspicious package or envelope and take appropriate steps to protect themselves and others.

#### **START**

- Handle mail in well-ventilated areas.
- If possible choose an area to open mail that can be isolated should a suspicious package or envelope be found in the mail.
- Avoid touching mouth, eyes, or face when handling mail.
- Use gloves while handling mail.
- Change gloves when they are grossly dirty or have perforations. Remove gloves when eating, drinking, or smoking.

#### **Identifying Suspicious Packages and Envelopes**

##### ***Inappropriate or unusual labeling***

*(The following are the official recommendations. It is understood that for many Lamar Offices, many of these characteristics are not unusual. Offices that regularly receive mail from overseas and/or mail exhibiting some of the characteristics below, should be especially careful to select a location for mail opening that can be easily isolated. Require all employees to follow the recommended precautions when opening the mail.)*

- Excessive postage
- Handwritten or poorly typed addresses
- Misspellings of common words
- Strange return address or no return address
- Incorrect titles or title without a name
- Not addressed to a specific person
- Marked with restrictions, such as “**Personal**”, “**Confidential**”, or “**Do Not X-Ray**”
- Marked with any threatening language
- Postmarked from a city or state that does not match the return address

##### **Appearance**

- Powdery substance felt through or appearing on the package or envelope
- Oily stains, discoloration, or odor
- Lopsided or uneven envelope
- Excessive packaging material such as masking tape, string, etc.

### ***Other suspicious signs***

- Excessive weight
- Ticking sound
- Protruding wires or aluminum foil

## **IF A PACKAGE OR ENVELOPE APPEARS SUSPICIOUS,**

**DO NOT OPEN IT!**

### ***Handling Suspicious Packages or Envelopes***

- Do not shake or empty contents of any suspicious package or envelope.
- Do not carry the package or envelope, show it to others or allow others to examine it.
- Put the package or envelope down on a stable surface; do not stiff, touch, taste, or look closely at it or at contents, which may have spilled.
- Alert others in the area about the suspicious package or envelope. Leave the area, close any doors, and take action to prevent others from entering the area. If possible, shut off the ventilation system.
- **WASH** hands with soap and water to prevent spreading potentially infectious material to face or skin. Seek additional instructions for exposed or potentially exposed persons.
- Notify supervisor, Lamar Police Department **(Ext. 8311)**, University/Institute Safety Specialist, and University Post Office.
- If possible, create a list of persons who were in the room or area when this suspicious letter or package was recognized and a list of persons who also may have handled this package or letter. Give this list to the University/Institute Safety Specialist and Lamar Police Department.<sup>1</sup>

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<sup>1</sup> CDC Health Advisory, 10 31, 2001, 21:25 EST  
CDCCHAN-00050-01-10-31-ADV-N

# FBI *Advisory*

**If you receive a suspicious letter or package**

**What should you do?**

**1** Handle with care  
Don't shake or bump

**2** Isolate and look  
for indicators

**3** Don't Open, Smell  
or Taste

**4** Treat it as Suspect!  
Call 911



No Return Address  
Restrictive Markings

Possibly  
Mailed from a  
Foreign Country  
Excessive Postage

Misspelled Words  
Addressed to Title Only  
or Incorrect Title  
Badly typed or written

Protruding Wires

Lopsided or Uneven

Rigid or Bulky

Strange Odor

Wrong Title with Name

Oily Stains,  
Discolorations,  
or Crystallization on Wrapper

Excessive Tape or String

**If parcel is open and/or a threat is identified...**

**For a Bomb**

Evacuate Immediately  
Call 911 (Police)  
Contact local FBI

**For Radiological**

Limit Exposure - Don't Handle  
Distance (Evacuate area)  
Shield yourself from object  
Call 911 (Police)  
Contact local FBI

**For Biological or Chemical**

Isolate - Don't Handle  
Call 911 (Police)  
Wash your hands with soap and warm water  
Contact local FBI



Police Department

8311

**LAMAR UNIVERSITY  
LAMAR INSTITUTE OF TECHNOLOGY**

**ADDITIONAL DUTY SAFETY OFFICERS  
SUPPLEMENTAL JOB DESCRIPTION (GENERAL)**

1. Carries out thorough safety inspections of the building at least two times per year; inspections are to be additional to those carried out by the University Safety Coordinator, and are to be documented in the Department's files; copy of the inspection report to be filed with the University Safety Coordinator.
2. Reports safety problems and violations observed in or around the building at any time to the building coordinator and/or to Physical Plant as appropriate and arranges for appropriate precautionary measures to be taken pending rectification of the problem.
3. Review any accidents or incidents with faculty or staff members, the building coordinator, University Safety Coordinator and Physical Plant personnel as appropriate with a view to preventing recurrence.
4. If there are hazardous substances in the building, monitors the training of employees and students, and ensures that appropriate documentation of training is prepared and retained as required by the University's Records Retention Schedule.
5. Acts as a resource person to the University Safety Coordinator, Physical Plant personnel and others in respect of hazards peculiar to the specific activities carried out in the building.

ADSOs may, in addition, be assigned responsibility for conducting initial and recurrent training of employees and students and other safety related responsibilities. Any such additional assignments will be documented in writing.

**LAMAR UNIVERSITY  
LAMAR INSTITUTE OF TECHNOLOGY**

**RECORD OF ATTENDANCE  
SAFETY TRAINING/MEETINGS**

1. DATE:
2. LEVEL:            Division:\_\_\_\_\_ Department:\_\_\_\_\_ Section:\_\_\_\_\_
3. SUBJECT:
4. MATERIAL COVERED:
5. TRAINING AIDS /EQUIPMENT:(e.g. film, videotape, written handout, demonstration)
6. PRESENTED BY:
7. ATTENDEES:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



# LAMAR UNIVERSITY/LAMAR INSTITUTE OF TECHNOLOGY BUILDING SAFETY CHECKLIST

College/Dept/Office: \_\_\_\_\_ Location: \_\_\_\_\_

Survey Conducted By: \_\_\_\_\_ Date: \_\_\_\_\_

1. Is the general housekeeping satisfactory?
2. Are aisles and hallways clear of boxes, cartons and other obstructions?
3. Are file cabinet drawers closed when not in use?
4. Are shelves and filing cabinets which may tip over secured?
5. Is there a safety step stool or step ladder available to reach high shelves?
6. Are floor surfaces, carpets, stairways, etc. free from defects?
7. Are aisles or walkways clear of computer/electrical/phone cords and are these cords arranged such that they are not a tripping hazard?
8. Are floors too slick due to buffing or wax application?
9. Are warning signs posted when floors are being wet mopped?
10. Are ceiling panels loose, deteriorated, or danger from falling
11. Does mechanical ventilation and A/C systems provide an adequate flow of air (poor air movement, stale odors, etc)?
12. When present, are portable fans guarded with a fine mesh screen with openings no more than 1/2 inch in diameter?
13. Is there a first aid kit available where appropriate?
14. Is personal protective equipment available when required; serviceable, used when needed, and/or stored properly?
15. Are light bulbs in custodial closets and mechanical rooms protected with wire or plastic guards?
16. Are there any broken or defective chairs or equipment being used?

N/A	YES	NO

## ELECTRICAL

1. Were there any lightweight electrical cords being used?
2. Were extension cords routed thru doors, ceilings, walls, etc.?
3. Were any electrical plug adapters (2/3 way), plastic plug in cubes, etc., observed?


Continued on Reverse

## Building Safety Checklist

### Page Two

#### Electrical (Cont'd)

4. Are electrical wall plug covers & switch covers in place?
5. Is there exposed wiring, broken plugs, missing prongs on electrical wiring or equipment?
6. Are fuse or circuit breaker wiring and connections exposed?
7. Are fuse/circuit breakers identified as to what they control?
8. Have problems occurred from electrical overloads (breakers' tripping, arcing, etc.)?

N/A	YES	NO

#### Fire/Egress

1. Are evacuation plans current-and posted?
2. Is there a procedure or an alarm system to warn employees in case of fire/emergency evacuation?
3. Are emergency egress routes properly illuminated (fire exit lights), properly marked and identified?
4. Are there obstructions in egress routes or exits?
5. Are fire extinguishers properly mounted, easily accessible and inspected at appropriate intervals? Does employees know where the closest fire extinguisher is located?
6. Are employees trained to use portable, fire extinguishers?
7. Are there combustible or flammable materials stored in equipment rooms, stairwells. or other such places?
8. Are portable electrical heaters present? If so was a request for exemption approved by Physical Plant in writing?


COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*NOTE:** It is the responsibility of the Building Coordinator or other designated person to insure the above discrepancies are corrected. If technical assistance is needed or required, work orders should be submitted to Physical Plant. Copy of work order should be sent to the University Safety Coordinator (P.O. Box 11127).

COPY OF THIS CHECKLIST GIVEN TO: \_\_\_\_\_ DATE: \_\_\_\_\_

**LAMAR UNIVERSITY  
LAMAR INSTITUTE OF TECHNOLOGY  
EMPLOYEE SAFETY INFORMATION FORM**

This form is for use by employees who wish to provide a safety suggestion or report an unsafe workplace condition or practice.

To: Safety Coordinator, PO Box 11127

Description of unsafe condition or practice:

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Causes or other contributing factors:

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---

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Employee's suggestion for improving safety:

---

---

---

Has this matter been reported to a supervisor?: \_\_\_\_\_

Employee Name (OPTIONAL): \_\_\_\_\_

Division/Section: \_\_\_\_\_ Date: \_\_\_\_\_



## **SUPERVISOR'S INVESTIGATION OF EMPLOYEE'S ACCIDENT/INCIDENT**

The Supervisor's Investigation of Employee's Accident/Incident (AGS-10-91/TWCC-121) is intended to provide the information necessary to evaluate existing and potential risks to State workers. The Employee's Safety and Health Program of the office of the Attorney General, in conjunction with the Risk Management Division of the Texas Workers' Compensation Commission (TWCC), will use this information to initiate and evaluate safety programs. The Supervisor's Investigation of Employee's Accident/Incident Report must be completed by State agencies as part of the safety program and risk management reporting requirements.

### **INSTRUCTIONS FOR COMPLETING AGS-10-91/TWCC-121**

The Supervisor's Investigation of Employee's Accident/Incident Report must be completed each time a reportable injury or occupational illness occurs. Reporting on this form fulfills the requirements of Section 7.21 of the Texas Workers' Compensation Act. This means that a report must be prepared and submitted to the Risk Management Division of the Workers' Compensation Commission when an employee loses time from work in the shift following the injury, or when there is medical cost resulting from the job-related injury. All items are to be completed by the injured employee's immediate supervisor and reviewed by the agency's safety officer for accuracy. The investigation should be completed as soon as possible and submitted to TWCC within 10 days, with corrective action taken at each supervisory level to prevent recurrence of similar incidents. Incidents that do not result in lost time or medical cost should be retained as an aid to the agency's safety program development.

This form may be supplemented by any agency as a part of their safety program. However, supplements should not be forwarded to the TWCC. A copy of all reports must be maintained in the agency for a minimum of three years.

#### **HEADING**

In line one of the heading, print the injured employee's last name, first name and middle initial; social security number; and date of birth.

In line two, indicate the injured employee's sex; the date the employee began working in the assigned unit; the agency's three digit comptroller's code; and the unit's five digit budget number.

In line three, indicate the employee's four digit classification code; date of incident; and time of the incident's occurrence.

#### **SECTION**

- A. Complete the information concerning the extent of the injury. An injury not requiring an E-1 (item 02) is an injury which resulted in no medical cost to State workers' compensation and did not result in the employee losing time from work in the following shift. Medical (item 03) should be checked when there is a medical claim to State workers' compensation but less than one day of lost work. Lost time only (item 04) should be checked when more than one day of work is lost but there is no medical claim to State workers' compensation. Medical and lost time (item 05) is appropriate when there is both a medical claim to State workers' compensation and more than one day is lost from work. Check fatality (item 06) when the injury results in the employee's death.

- B. Check the category which best describes the incident responsible for initiating this report.
- C. Indicate the location of the incident's occurrence. If the incident occurred indoors also fill in the building's name or number. When none of the pre-assigned categories are appropriate, check "other" and fill in the location in the blank provided.
- D. Denote the injured employee's activity at the time of the incident. When none of the listed categories are appropriate, mark "other" and write the activity in the space provided.
- E. Check the body part most affected by the incident. Check "other" and specify the part when none of the categories are appropriate.
- F. Denote the primary type of injury brought about by the incident. Use the "other" category when none of the listed categories apply.
- G. Indicate the type of incident which resulted in filing this report. Check "other" when none of the pre-assigned categories are appropriate.
- H. Indicate the physical object most directly related to the incident. When none of the listed categories are appropriate, check "other" and specify the type of object.
- I. Denote the act or practice resulting in the incident. Check "other" and specify when none of the pre-assigned categories are appropriate.
- J. Check the most appropriate, or primary, physical hazards associated with the incident. When appropriate check "other" and specify.
- K. Indicate whether the State or the unit had a safety rule which could have prevented this incident.
- L. Indicate whether the rule(s) denoted in item K. were violated.
- M. Check all actions already taken or planned to prevent a recurrence of this incident. Check "other" and specify when appropriate.
- N. Give a brief narrative description of the incident. Include who was involved, what happened, where the incident occurred, when it happened, why the incident occurred and how it happened.
- P.1. Submit the AGS-10-91/TWCC-121 to the unit's additional duty safety officer for review and comment. A signature is needed whether or not a comment was included.
- P.2. Once this form has been completed by the injured employee's supervisor, and reviewed by the additional duty safety officer, it should be submitted to the additional duty safety officer's supervisor for review, comments if appropriate, and signature.
- P.3. Submit completed form to the agency's facility safety manager for review of correctness and completeness. When the form is correct and positive action has been initiated to prevent recurrence of similar accidents/incidents, the safety manager should make appropriate comments, sign and date the form. When the report was prepared as a result of medical cost to State workers' compensation or as a result of time lost from work in the following shift (items 03 through 06 in section A.), this form must be returned to the Risk Management Division of the TWCC within ten (10) days through interagency mail or at the following address:

TEXAS WORKERS' COMPENSATION COMMISSION  
Risk Management Division  
Southfield Building  
4000 South I.H. 35  
Austin, Texas 78704-1287

# SUPERVISOR'S INVESTIGATION OF EMPLOYEE'S ACCIDENT/INCIDENT

1. LAST NAME OF INJURED		2. FIRST NAME		3. M.I.	4. SOCIAL SECURITY NUMBER	5. DATE OF BIRTH / /
6. SEX M <input type="checkbox"/> F <input type="checkbox"/>	7. DATE OF EMPLOYMENT IN UNIT / /	8. AGENCY NUMBER (COMPTROLLER'S CODE)		9. BUDGET NUMBER OF ASSIGNED UNIT		
10. JOB CLASSIFICATION CODE		11. POSITION STATUS <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Floater (fills where needed)		12. DATE OF INCIDENT / /		13. TIME OF INCIDENT a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>

**A. EXTENT OF INJURY (Check one only)**

☐ 01 No injury (incident only)

☐ 02 Injury not requiring a TWCC-1

☐ 03 Medical

☐ 04 Lost time only (more than one day)

☐ 05 Medical and lost time

☐ 06 Fatality

**B. CATEGORY (Check one only)**

☐ 01 Occupational injury (accident)

☐ 02 Occupational injury (aggressive behavior)

☐ 03 Occupational illness/disease

**C. SPECIFIC LOCATION OF OCCURRENCE (Check one only)**

**INDOORS:**  
BUILDING INVENTORY NO. \_\_\_\_\_

☐ 01 Auditorium

☐ 02 Bath/Toilet area

☐ 03 Boiler room

☐ 04 Canteen/Snack bar

☐ 05 Cell block

☐ 06 Classroom

☐ 07 Closet

☐ 08 Day room

☐ 09 Dormitory/Living room

☐ 10 Elevator

☐ 11 Food service area/Dining/Kitchen

☐ 12 Garage

☐ 13 Gymnasium/Recreation

☐ 14 Hallway/Corridor

☐ 15 Hospital/Clinic/Dispensary

☐ 16 Laboratory

☐ 17 Laundry

☐ 18 Library

☐ 19 Nursing station

☐ 20 Office areas

☐ 21 Program areas

☐ 22 Ramp

☐ 23 Sales store/Outlet

☐ 24 Seclusion room

☐ 25 Sleeping room

☐ 26 Steps/Stairs/Stairway

☐ 27 Storage area

☐ 28 Waiting room

☐ 29 Workshop/Technical trades

☐ 30 Other (specify) \_\_\_\_\_

**OUTDOORS:**

☐ 31 Athletic field

☐ 32 Campus

☐ 33 Grounds

☐ 34 Highway/Road/Street

☐ 35 Loading dock

☐ 36 Park or recreation area

☐ 37 Parking lot

☐ 38 Roof

☐ 39 Sidewalk

☐ 40 Steps/Stairs/Stairway

☐ 41 Storage area

☐ 42 Swimming pool area

☐ 43 Tower

☐ 44 Other (specify) \_\_\_\_\_

**D. ACTIVITY ENGAGED IN BY INJURED AT TIME OF INJURY (Check one only)**

<input type="checkbox"/> 01 Bathing	<input type="checkbox"/> 21 Moving
<input type="checkbox"/> 02 Buffing	<input type="checkbox"/> 22 Operating
<input type="checkbox"/> 03 Carrying	<input type="checkbox"/> 23 Pulling
<input type="checkbox"/> 04 Cleaning	<input type="checkbox"/> 24 Pushing
<input type="checkbox"/> 05 Climbing	<input type="checkbox"/> 25 Reaching
<input type="checkbox"/> 06 Cutting	<input type="checkbox"/> 26 Redirecting
<input type="checkbox"/> 07 Descending	<input type="checkbox"/> 27 Restraining
<input type="checkbox"/> 08 Digging	<input type="checkbox"/> 28 Running
<input type="checkbox"/> 09 Dressing	<input type="checkbox"/> 29 Sanding
<input type="checkbox"/> 10 Driving	<input type="checkbox"/> 30 Sawing
<input type="checkbox"/> 11 Eating	<input type="checkbox"/> 31 Searching
<input type="checkbox"/> 12 Escorting	<input type="checkbox"/> 32 Securing
<input type="checkbox"/> 13 Exercising	<input type="checkbox"/> 33 Sitting
<input type="checkbox"/> 14 Feeding	<input type="checkbox"/> 34 Standing
<input type="checkbox"/> 15 Grinding	<input type="checkbox"/> 35 Stripping
<input type="checkbox"/> 16 Grooming	<input type="checkbox"/> 36 Turning
<input type="checkbox"/> 17 Jumping	<input type="checkbox"/> 37 Walking
<input type="checkbox"/> 18 Lifting	<input type="checkbox"/> 38 Welding
<input type="checkbox"/> 19 Loading	<input type="checkbox"/> 39 Other (specify) _____
<input type="checkbox"/> 20 Mopping	

**E. BODY PART INJURED (Most serious)**

<input type="checkbox"/> 01 Ankle	<input type="checkbox"/> 16 Internal organ
<input type="checkbox"/> 02 Arm	<input type="checkbox"/> 17 Jaw
<input type="checkbox"/> 03 Back	<input type="checkbox"/> 18 Knee(s)
<input type="checkbox"/> 04 Buttocks	<input type="checkbox"/> 19 Leg(s)
<input type="checkbox"/> 05 Check	<input type="checkbox"/> 20 Mouth
<input type="checkbox"/> 06 Chest	<input type="checkbox"/> 21 Neck
<input type="checkbox"/> 07 Chin	<input type="checkbox"/> 22 Nose
<input type="checkbox"/> 08 Ear(s)	<input type="checkbox"/> 23 Pelvis
<input type="checkbox"/> 09 Eye(s)	<input type="checkbox"/> 24 Rib(s)
<input type="checkbox"/> 10 Foot-Feet	<input type="checkbox"/> 25 Scalp
<input type="checkbox"/> 11 Finger/Thumb(s)	<input type="checkbox"/> 26 Shoulder
<input type="checkbox"/> 12 Forehead	<input type="checkbox"/> 27 Toe(s)
<input type="checkbox"/> 13 Groin	<input type="checkbox"/> 28 Wrist(s)
<input type="checkbox"/> 14 Hand	<input type="checkbox"/> 29 Other (specify) _____
<input type="checkbox"/> 15 Hips	

**F. TYPE OF INJURY (Check primary one)**

<input type="checkbox"/> 01 Abrasion	<input type="checkbox"/> 15 Heat exhaustion
<input type="checkbox"/> 02 Amputation	<input type="checkbox"/> 16 Hernia
<input type="checkbox"/> 03 Bite	<input type="checkbox"/> 17 Infection
<input type="checkbox"/> 04 Bruise	<input type="checkbox"/> 18 Inflammation
<input type="checkbox"/> 05 Burn	<input type="checkbox"/> 19 Internal injuries
<input type="checkbox"/> 06 Concussion	<input type="checkbox"/> 20 Puncture
<input type="checkbox"/> 07 Cut	<input type="checkbox"/> 21 Rupture
<input type="checkbox"/> 08 Dermatitis	<input type="checkbox"/> 22 Scratch
<input type="checkbox"/> 09 Dislocation	<input type="checkbox"/> 23 Shock
<input type="checkbox"/> 10 Foreign object	<input type="checkbox"/> 24 Sprain
<input type="checkbox"/> 11 Fracture	<input type="checkbox"/> 25 Sting
<input type="checkbox"/> 12 Frostbite	<input type="checkbox"/> 26 Strain
<input type="checkbox"/> 13 Hearing loss	<input type="checkbox"/> 27 Other (specify) _____
<input type="checkbox"/> 14 Heart attack	

**G. TYPE OF OCCURRENCE (Check one only)**

☐ 01 Aggression (client, student, inmate, patient)

☐ 02 Bodily reaction (drug, medication)

☐ 03 Caught in, on, under, or between

☐ 04 Contact with chemicals

☐ 05 Contact with electric current

☐ 06 Contact with temperature extremes

**G. CONTINUED**

☐ 07 Fall on same level

☐ 08 Fall on different level

☐ 09 Over-exertion (exceeding physical ability resulting in strain, rupture)

☐ 10 Overexposure to environmental hazards (noise, toxic)

☐ 11 Slip (not a fall)

☐ 12 Struck against (rough, sharp object)

☐ 13 Struck by falling, moving object

☐ 14 Other (specify) \_\_\_\_\_

**H. PHYSICAL THING MOST CLOSELY ASSOCIATED WITH OCCURRENCE (Check one)**

☐ 01 Aircraft

☐ 02 Air pressure

☐ 03 Animal (snake, dog, horse, etc.)

☐ 04 Athletic equipment (baseball, bat, dart, etc.)

☐ 05 Attachments (belt, pulley, gear, shaft)

☐ 06 Building component

☐ 07 Cabinet

☐ 08 Chemical (solid, liquid, or gas)

☐ 09 Clothing

☐ 10 Container (bottle, box, barrel, cylinder, etc.)

☐ 11 Curb

☐ 12 Doors (automatic, manual, revolving)

☐ 13 Drugs or medicine

☐ 14 Dust

☐ 15 Electrical apparatus

☐ 16 Elevator, escalator

☐ 17 Explosives

☐ 18 Eyewear

☐ 19 Fan

☐ 20 Fire, flame, smoke

☐ 21 Floor

☐ 22 Food products

☐ 23 Fumes

☐ 24 Furniture, fixtures

☐ 25 Gas

☐ 26 Glass items

☐ 27 Gun

☐ 28 Ground (earth)

☐ 29 Hand tool

☐ 30 Heating equipment

☐ 31 Hoisting equipment

☐ 32 Ice condition

☐ 33 Infectious or parasitic agent

☐ 34 Inmate, client, employee

☐ 35 Insect

☐ 36 Kitchen equipment

☐ 37 Knife

☐ 38 Lighting fixture and equipment

☐ 39 Ladder, scaffold

☐ 40 Locker

☐ 41 Machine

☐ 42 Material handling equipment

☐ 43 Metal

☐ 44 Mineral items (asphalt, clay, gravel, etc.)

☐ 45 Motor vehicle

☐ 46 Needle

☐ 47 Office equipment (chair, desk, cabinet, etc.)

☐ 48 Paint

☐ 49 Particle

☐ 50 Pavement

☐ 51 Person (other than client, inmate, employee)

☐ 52 Pipe

☐ 53 Platform, dock, ramp

Continued On Other Side

H. CONTINUED

- ☐ 54 Pole
- ☐ 55 Power tool or machinery (lathe, saw, etc.)
- ☐ 56 Radiating equipment (microwave, x-ray, etc.)
- ☐ 57 Receptacle
- ☐ 58 Smoke
- ☐ 59 Stair, step
- ☐ 60 Sun
- ☐ 61 Trench/Ditch
- ☐ 62 Vegetation
- ☐ 63 Weather
- ☐ 64 Wood
- ☐ 65 Other (specify) \_\_\_\_\_

I. ACT/PRACTICE ASSOCIATED WITH OCCURRENCE (Check one only)

- ☐ 01 Contact with electrical source (tool, device, wire, etc.)
- ☐ 02 Entering an unauthorized area
- ☐ 03 Failure to practice safe driving technique
- ☐ 04 Failure to use established route or taking short cut
- ☐ 05 Failure to use handrail, grab bar
- ☐ 06 Failure to use lockout device
- ☐ 07 Failure to use/wear personal protective equipment (PPE)
- ☐ 08 Failure to warn of known hazards (i.e. no safety sign, light, barricade, instruction, etc.)
- ☐ 09 Failure to wear appropriate dress (shoes, shirt, blouse)
- ☐ 10 Handling (of object, material, item, thing)
- ☐ 11 Horseplay
- ☐ 12 Improper making or storing (non-compatible material, chemicals, etc.)
- ☐ 13 Improper placing or storing (materials, tools, equipment)
- ☐ 14 Lifting (including position, stance)
- ☐ 15 Making safety devices inoperative
- ☐ 16 No unsafe act/practice on the part of employee
- ☐ 17 Operating/Working at unsafe speed
- ☐ 18 Operating without proper authority/clearance
- ☐ 19 Over or unnecessary exposure to hazards (gas, fumes, dust, chemicals, mist, radiation, etc.)
- ☐ 20 Repairing or servicing moving object/thing (machine, equipment, etc.)

I. CONTINUED

- ☐ 21 Riding moving equipment not designed for passengers
- ☐ 22 Unobservant (daydreaming, inattentive, etc.)
- ☐ 23 Using unsafe/defective tool, material, equipment
- ☐ 24 Using wrong tool, material equipment
- ☐ 25 Working/Walking under suspended load (crane, hoist, derrick)
- ☐ 26 Working in a confined space without proper safeguard
- ☐ 27 Working without adequate lighting
- ☐ 28 Other (specify) \_\_\_\_\_

J. CONDITION (PHYSICAL HAZARD) ASSOCIATED WITH OCCURRENCE (Check one)

- ☐ 01 Congested area
- ☐ 02 Electrical hazard (uninsulated wire, overloaded circuit, inadequate ground, etc.)
- ☐ 03 Excessive noise
- ☐ 04 Harmful animals/insects/reptiles
- ☐ 05 Health hazards (radiation, gas, fumes, dust, vapors, etc.)
- ☐ 06 Improper housekeeping
- ☐ 07 Improperly stored chemicals, hazardous substances
- ☐ 08 Inadequate ventilation
- ☐ 09 Inadequate or no warning signs
- ☐ 10 Layout or design (office, shop, equipment)
- ☐ 11 Lighting
- ☐ 12 Mislabeled/Unlabeled chemicals, hazardous materials, etc.
- ☐ 13 No unsafe condition
- ☐ 14 Open trench, hole, ditch, sharp drop-off
- ☐ 15 Poisonous vegetation (oak, ivy, etc.)
- ☐ 16 Protruding object (nail, wire, splinter, etc.)
- ☐ 17 Rough/Sharp objects
- ☐ 18 Slipping or tripping hazard
- ☐ 19 Step, stairs, ladder, or other working surfaces
- ☐ 20 Unguarded machine, belt, pulley, roller, etc.

J. CONTINUED

- ☐ 21 Unsafe/Defective hand or electric tools
- ☐ 22 Unsafe equipment
- ☐ 23 Unsafe material
- ☐ 24 Unsafe vehicle
- ☐ 25 Unshored trench, excavation, etc.
- ☐ 26 Walkway, sidewalk, pavement
- ☐ 27 Other (specify) \_\_\_\_\_

K. DID THE STATE OR THE UNIT HAVE A SAFETY RULE, REGULATION, OR STANDARD THAT WOULD HAVE PREVENTED THE OCCURRENCE?

☐ 01 Yes ☐ 02 No

L. WAS THE RULE, REGULATION, OR STANDARD VIOLATED?

☐ 01 Yes ☐ 02 No

M. ACTION(S) TAKEN OR PLANNED TO PREVENT RECURRENCE (Check all that apply)

- ☐ 01 Action taken with employee for violating rules, regulations or procedures
- ☐ 02 All employees were made aware of the occurrence cause, consequence, and action taken to prevent recurrence
- ☐ 03 Employee given basic training
- ☐ 04 Employee given refresher or remedial training
- ☐ 05 Existing rule, regulation or standard (SOP) enforced
- ☐ 06 Existing rule, regulation or standard (SOP) revised
- ☐ 07 New rule, regulation or standard prepared
- ☐ 08 Physical hazard(s) corrected
- ☐ 09 Other positive action taken \_\_\_\_\_

N. DESCRIBE BRIEFLY IN NARRATIVE FORM THE CIRCUMSTANCES THAT LED TO AND CAUSED THIS OCCURRENCE.

ANSWER: WHO? WHAT? WHERE? WHEN? WHY? AND HOW? ( Use additional sheet if necessary)

INJURED'S IMMEDIATE SUPERVISOR (print)	SIGNATURE	DATE	PHONE
--	-----------	------	-------

P. REVIEWED BY	P.1 SECTION/DEPARTMENT/DIVISION ADDITIONAL DUTY SAFETY OFFICER. COMMENT:		
			/ /
		SIGNATURE	DATE
	P.2 SECTION/DEPARTMENT/DIVISION HEAD. COMMENT:		
			/ /
		SIGNATURE	DATE
	P.3 AGENCY OR FACILITY SAFETY MANAGER.		
	A) Repeat occurrence: <input type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes; total incidents: <input type="checkbox"/> 03 Two <input type="checkbox"/> 04 Three <input type="checkbox"/> 05 Four <input type="checkbox"/> 06 Five <input type="checkbox"/> 07 Over Five		
	B) Were more than two (2) workers injured in this accident? (if so, complete a separate form for each employee) <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
	C) Comment:		
SIGNATURE		DATE	

# LAMAR UNIVERSITY/LAMAR INSTITUTE OF TECHNOLOGY EXPOSURE REPORT

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**1. DETAILS OF PROCEDURE BEING PERFORMED AND HOW EXPOSURE OCCURRED:**

**2. MATERIAL EXPOSED TO (circle one):**      Blood                      Fluid containing visible blood  
Semen                      Vaginal Secretions                      other: \_\_\_\_\_

**3. TYPE OF EXPOSURE (circle one):**      Percutaneous injury (needle stick or sharps  
related)                      Mucus Membrane                      Skin

**4. TYPE OF DEVICE, IF APPLICABLE (solid needle large bore needle, etc.):** \_\_\_\_\_  
\_\_\_\_\_

**5. DEPTH:**      N/A      Superficial scratch      Slight puncture      Deep puncture

**6. VISIBLE BLOOD ON DEVICE OR HAD NEEDLE BEEN IN PATIENT'S ARTER OR VEIN?**  
YES                      NO                      N/A

**7. AMOUNT:**      Scant      Small (few drops)      Large (several drops, major blood splash)

**8. DURATION:**      Less than one minute                      Several minutes or more

**9. SKIN INTEGRITY:**      Intact      Chapped      Abraded      Punctured

**10. EXPOSURE SOURCE:**

HIV STATUS:      Negative      Positive      Unknown

HBV STATUS:      Negative      Positive      Unknown

If HIV positive:

Stage of Disease: Symptomatic      Primary HIV infection      Advance AIDS

History of antiretroviral therapy: \_\_\_\_\_

Viral load: \_\_\_\_\_

**POST-EXPOSURE MANAGEMENT (counseling, post-exposure prophylaxis, follow-up):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**POST-EXPOSURE MANAGEMENT (counseling, post-exposure prophylaxis, follow-up)**  
**(continued):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME OF PERSON COMPLETING REPORT** \_\_\_\_\_



**Table 9**

TABLE 9. Recommendations for post exposure prophylaxis for Percutaneous or permucosal exposure to hepatitis B, United States

Exposed person	Hasbro * positive	Treatment when source is:	
		HBsAg negative	Source not tested or unknown
Unvaccinated	HBIG + x 1 & and Initiate HB @ vaccine	Initiate HB vaccine	Initiate HB vaccine
Previously vaccinated	Test exposed for anti-HBs ++	No treatment	No treatment
Known responder	1. If adequate, && no treatment 2. If inadequate, HB vaccine booster dose		
Known nonresponder	HBIG x 2 or HBIG x 1 plus 1 HB vaccine	No treatment	if known high-risk may treat as if sc HBsAg positive
Response unknown	Test exposed for anti-HBs 1. If inadequate, && HBIG x 1 plus HB vaccine booster dose 2. If adequate, no treatment	No treatment	Test exposed for a 1. If inadequate, HB vaccine boos 2. If adequate, nc

\* HBsAg Hepatitis B surface antigen.

+ HBIG Hepatitis B immune globulin.

& HBIG dose 0.06 mL/kg IM.

@HB = Hepatitis B.

\*\* For HB vaccine doses, see reference 21.

++ Antibody to hepatitis B surface antigen.

&& Adequate anti-HBs is 10 SRU by radioimmunoassay or positive by enzyme immunoassay

# Compliance Assistance Guideline for the February 27, 1990, OSHA Instruction CPL 2-2.44B Enforcement Procedures for Occupational Exposure to Hepatitis B Virus and Human Immunodeficiency Virus

from the U.S. Department of Labor Occupational Safety and Health Administration

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## Introduction

The intent of this guideline is to offer employers assistance in understanding the Occupational Safety and Health Administration's (OSHA) requirements for preventing occupational exposure to hepatitis B virus (**HBV**) and human Immunodeficiency virus (HIV). SEE: OSHA Instruction CPL 2-2.44B, February 27, 1990, Enforcement Procedures for Occupational Exposure to Hepatitis B Virus and Human Immunodeficiency Virus for the complete text.

OSHA Instruction CPL 2-2.44B sets forth the enforcement procedures and interpretations of OSHA requirements with respect to the protection of workers who are exposed to blood or other potentially infectious materials. The OSHA requirements currently being enforced include section 5(a) (1) of the Occupational Safety and Health Act of 1970, the general duty clause, and certain general OSHA standards. The instruction will be superseded after OSHA promulgates a standard on occupational exposure to Bloodborne pathogens.

Appropriate measures have been taken to ensure that the information contained in this pamphlet is current, reliable, and accurate. This document is published as a guide to assist in compliance with the Occupational Safety and Health Act of 1970 (OSH Act). It is not intended, however, to be a substitute for the OSH Act and OSHA standards. In the event of a conflict, the OSH Act and OSHA standards apply.

Workers at risk are those whose work may involve exposure to blood or other potentially infectious materials. They include but are not limited to:

- Physicians
- Nurses
- Pathologists
- Phlebotomists
- Medical technologists
- Paramedics
- Emergency medical technicians
- Some laundry workers
- Dentists and other dental workers
- Laboratory and blood bank technologists
- Research laboratory scientists
- Dialysis personnel
- Funeral service personnel
- Medical examiners
- Some maintenance personnel
- Some housekeepers

## Infection Control Program

Employees incur risk of infection and subsequent illness each time they are exposed to blood or other potentially infectious materials. Therefore, the infection control program (ICP) is the core element used to reduce worker risk by minimizing or eliminating employee exposure incidents to Bloodborne pathogens, such as HBV and HIV. An ICP is the establishment's oral or written policy for implementation of procedures relating to the control of infectious disease hazards.

## **ICP Components**

### **1. Exposure Determination**

### **2. Control Methods**

#### **A- Universal Precautions**

#### **B. Engineering Controls**

#### **C. Work Practice Controls**

#### **D. Personal Protective Equipment**

- HBV Vaccination
- Post-Exposure Evaluation and follow-up
- Infectious Waste Disposal
- Tags, Labels, and Bags
- Housekeeping practices
- Laundry Practices
- Training and Education of Employees
- Record keeping

### **1. Exposure Determination**

#### *Considerations:*

- The employer shall identify all employees who are directly exposed or whose jobs have the likelihood of exposure to blood or other potentially infectious materials.
- Fluids that have been recognized by the Centers for Disease Control (CDC) as directly linked to the transmission of HBV and/or HIV are: blood, blood products, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, concentrated HIV and HBV viruses, and saliva in dental settings.
- The employer shall make an exposure determination without regard to the use of personal protective equipment.

### **2. Control Methods**

#### **A. Universal Precautions**

The term "universal precautions" refers to a method of infection control in which all human blood and other potentially infectious materials are treated as if known to be infectious for HIV and HBV.

#### *Considerations:*

- Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, or vomits unless they contain visible blood.

#### **B. Engineering Controls**

An engineering control is the use of available technology and devices to isolate or remove hazards from the worker.

#### *Considerations:*

- Engineering controls should be used in preference to other control methods to eliminate or minimize worker exposure to blood or other potentially infectious materials.
- Engineering controls must be examined and maintained or replaced on a regular scheduled basis to ensure their effectiveness.
- Examples of engineering controls include but are not limited to: puncture-resistant sharps containers, splashguards, mechanical pipetting, and self-sheathing needles.

#### **C. Work Practice Controls**

Work practice controls are alterations in the manner in which a task is performed in an effort to reduce the likelihood

of a worker's exposure to blood or other potentially infectious materials.

*Considerations:*

- Hands shall be washed after removing gloves or as soon as possible after contact with body fluids.

All personal protective equipment (PPE) should be moved immediately, or as soon as possible upon leaving the work area, and placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

- Used needles and other sharps shall not be sheared, bent, broken, recapped, or resheathed by hand.
- All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing and spraying.

#### **D. Personal Protective Equipment**

Personal protective equipment is specialized clothing or equipment used by workers to protect themselves from direct exposure to blood or other potentially infectious materials.

*Considerations:*

- The employer shall provide and assure employee use of appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, fluid-resistant aprons, head and foot coverings; face shields or masks and eye protection; and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices when there is a potential for exposure to blood or other potentially infectious materials.
- The employer shall assure that appropriate personal protective equipment is available in a variety of sizes and, readily accessible.
- The employer shall provide for the cleaning, laundering, or disposal of personal protective equipment
- The employer shall repair or replace required personal protective equipment as needed to maintain its effectiveness.
- Surgical or examination gloves shall be replaced when visibly soiled, torn, or punctured, or when their integrity is compromised. They shall not be washed or disinfected for re-use.
- Utility gloves may be cleaned and disinfected for re-use if they show no signs of deterioration.

#### **HBV Vaccination**

*Considerations:*

- The HBV vaccination shall be offered, at no cost, to all employees whose jobs involve the risk of directly contacting blood or other potentially infectious materials.
- Vaccinations shall be given according to recommendations for standard medical practice.

#### **Post-Exposure Evaluation and Follow-Up**

*Considerations:*

- Following a report of an exposure incident, the employer shall make available to the employee a confidential medical evaluation and follow-up of the incident.
- The employer shall document the route of exposure, HBV and HIV status of the source, patient(s), if known, and the circumstances under which the exposure occurred.
- The employer shall notify the source patient(s) of the incident and attempt to obtain consent to collect and test the source's blood to determine the presence of HIV and/or HBV infection.
- The employer shall offer to collect a blood sample from the exposed worker as soon as possible after the exposure incident for determination of HIV and/or HBV status.
- The employer shall offer repeat HIV testing to exposed employees six weeks post-exposure and on a periodic basis thereafter (12 weeks and 6 months after exposure).
- Follow-up of the exposed worker shall include counseling, medical evaluation of any acute febrile illness that occurs within 12 weeks post-exposure, and use of safe and effective post-exposure measures according to recommendations for standard medical practice.

#### **Infectious Waste Disposal**

*Considerations:*

- Disposal of all infectious waste shall be in accordance with applicable federal, state, and local regulations.
- All infectious waste shall be placed in closable, leak proof containers or bags that are color-coded, labeled, or tagged.
- Disposable syringes, needles, scalpel blades and other sharp items shall be placed in puncture resistant containers for

disposal.

- Puncture-resistant sharps containers shall be easily accessible to workers and located in areas where they are commonly used.
- Double-bagging prior to handling, storing, and /or transporting infectious waste is necessary if the outside of a bag is contaminated with blood or other potentially infectious materials.
- Lab specimens of body fluids shall be transported in a container that will prevent leaking and disposed of in accordance with institutional policies and regulatory requirements.

### **Tags, Labels, and Bags**

Considerations:

- Tags that comply with 29CFR 1910.145(f) shall be used to identify the presence of an actual or potential biological hazard.
- Tags shall contain the word "BIOHAZARD" or the biological hazard symbol and state the specific hazardous condition or the instructions to be communicated to employees.
- The word and message must be understandable to all employees who may be exposed to the identified hazard.
- Labels/tags may be an integral part of the container or affixed as close as safely possible to their respective hazards by string, wire, or adhesive to prevent their loss or unintentional removal.
- Red bags or red containers may be substituted for labels on containers of infectious waste.
- All employees shall be informed of the meaning of various labels, tags, and color-coding system.

### **Housekeeping Practices:**

Considerations:

- The employer shall assure that the worksite is maintained in a clean and sanitary condition.
- The employer shall determine and implement an appropriate cleaning schedule for rooms where body fluids are present. Schedules shall be as frequent as necessary depending on the area of the institution, the type of surface to be cleaned, and the amount and type of soil present.
- The employer shall ensure that housekeeping workers wear appropriate PPE including generalpurpose utility gloves during all cleaning of blood or other potentially infectious materials and during decontaminating procedures.
  - Initial clean-up of blood or other potentially infectious materials, shall be followed with the use of an approved hospital disinfectant chemical germicide that is tuberculocidal or a solution of 5.25 percent sodium hypochlorite (household bleach) diluted between 1:10 and 1:100 with water.
- Equipment contaminated with blood or other potentially infectious materials shall be checked routinely and decontaminated if possible prior to servicing or shipping.

### **Laundry Practices**

Considerations:

- The employer shall ensure that laundry workers wear protective gloves and other appropriate personal protective equipment to prevent exposure to blood or other potentially infectious materials during handling and sorting of linen.
- Laundry that is contaminated with blood or other potentially infectious materials or that may contain contaminated needles or sharps shall be treated as if it were HBV/HIV infectious and handled as little as possible with a minimum of agitation.
- Contaminated, laundry shall be bagged at the locations where it was used and shall not be sorted or rinsed in-patient areas.

## **Training and Education of Employees**

### *Considerations:*

- The employer shall ensure that all employees with exposure to blood or other potentially infectious materials
- participate in a training and education program.
- Material appropriate in content and vocabulary or educational level, literacy, and language background of employees shall be used.
- The training program shall contain the following elements:
  - A general explanation of the epidemiology and symptoms of HBV and HIV.
  - An explanation of the modes of transmission of HBV and HIV.
  - An explanation of the employer's infections control program.
  - An explanation of the use and limitations of methods of control that may prevent or reduce exposure including universal precautions, engineering controls, work practices, and personal protective equipment.
  - An explanation of the basis for selection of personal protective equipment.
  - Information on the HBV vaccine, including its efficacy, safety, and the benefits of being vaccinated.
  - An explanation of the procedure to follow if an exposure incident occurs, method of reporting the incident, and the medical follow-up that will be made available.
  - An explanation of the signs, labels, tags, and/or color-coding used to denote biohazards.

### **Record keeping** \*

- The employer shall track each worker's reported exposure incident to blood or other potentially infectious materials.
- Needle stick injuries shall be included on the OSHA 200 occupational injury and illness log if medical treatment such as gamma globulin, hepatitis B immune globulin, or hepatitis B vaccine is prescribed and administered by licensed medical personnel

HBV and HIV shall be recorded on the OSHA 200 log if the illnesses can be traced back to an injury or other exposure incident.

## **Sources**

Centers for Disease Control: "Protection Against Viral Hepatitis: Recommendation of the Immunization Practices Advisory Committee." *MMVYR* 29:1-26. February 9, 1990.

Centers for Disease! Control: 'Recommendations and Reports Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health Care Workers and Public Safety Workers." *MMVlrR* 37(24):276-387. June 24, 1988.

Centers for Disease Control: "Perspectives in Disease Prevention and Health *Promotion*." *MMWR* 37 (24): 376-387. June 24, 1988.

Centers for Disease Control, "Recommendations for Prevention of HIV Transmission in Health Care Settings." *MMIM* 3~6: 3s-18s. August 21, 1987.

Department of Labor-Occupational Safety and Health Administration: "Occupational Exposure to Blood borne Pathogens; Proposed Rule and Notice of Hearing." *Federal Register*. " 54. May 30, 1989.

U.S. Department of Labor: "OSHA Instruction CPL 22.44B, Enforcement Procedures for Occupational Exposure to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV)." February 27, 1990.

## Related OSHA Publications

Single free copies of the following publications can be obtained from the OSHA Publications Office. U.S. Department of Labor, 200 Constitution Avenue, NW, Room N-3101, Washington, DC 20210. Send a self-addressed mailing label with your request.

OSHA-2056	All About OSHA
OSHA-2098	OSHA Inspections
OSHA-3021	OSHA: Employee Workplace Rights
OSHA-3000	Employer Rights and Responsibilities Following an OSHA Inspection

(The American College Health Association, P.O. Box 28937, Baltimore, MD 21240-8937 brings this information to you. ACHA also recommends the following publications to support these guidelines: "HIV Infection and AIDS: What Everyone Should Know" and "The ABCJs of Hepatitis." - These brochures are available from ACHA; for information contact ACHA, (410) 859-1500.1)