

UNIVERSITY OF RIO GRANDE

SAFETY
MANUAL

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Safety Manual

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POLICY

It shall be the policy of the University of Rio Grande that all staff will understand and participate in the Safety Program outlined in this manual.

Safety principles will become a major part of each employees work habits while in the office or in the field. Each employee will become a participant in the safety program and in fire drills as required by the University and other regulated standards.

The University of Rio Grande strives to ensure a safe workplace. It will be the responsibility of each staff member to adhere to the following:

- Work according to good safety practices as posted, instructed and discussed; refrain from any unsafe act that might endanger oneself, co-worker or the people we serve.
- Use all safety devices provided for his or her protection— failure to comply with safety requirements could result in immediate dismissal.
- Report any unsafe equipment or situation immediately to the supervisor or safety officer for prompt correction of the problem.

In the event a work related accident or illness should occur, the University is committed to return the injured or ill employee to work at the earliest opportunity.

Disasters, whether natural or caused will be a part of this manual. Each staff member will participate in semi-annual fire drills and in any disaster or emergency situations or training scheduled by County Emergency personnel for county drills.

Staff members will be encouraged to attend Health/Safety workshops and training sessions in order to provide all staff with the proper information and understanding of safety issues and standards.

SAFETY MANUAL

A. Manuals

The Safety Manual will be located in each supervisor's office, and will be available to all staff at any time. Manuals will include floor plans for each building showing: fire extinguisher and alarm locations, fire escape routes and tornado shelters. Initially all employees will be required to read the manual and sign off accordingly.

The Safety Director will periodically review the manual with office staff.

In the event of a safety problem or disaster, the safety manual will be utilized immediately. The Safety Director or designated person in each office will be in charge until otherwise relieved of duty when a person in authority arrives at the scene and/or information is received as to how to proceed with the disaster or safety problem.

B. Emergency phone numbers

Emergency phone numbers to be used by the Safety Director:

<u>City</u>	<u>Fire Station</u>	<u>Sheriff or Police Department</u>	<u>Highway Patrol</u>
Rio Grande	9-911	245-7286	446-2433
Meigs	911	992-6424	992-2397

C. Safety Committee

The Safety Committee is coordinated by the Safety Director appointed by the President. The Committee is comprised of: VP/Administrative Services, Dean of Students, Chief of Campus Police, Director of Health Services, Maintenance Supervisor and Human Resources Director.

The Safety Committee will develop and update annually the University's Safety Manual. They will also meet annually to plan safety programs and drills. Special meetings will be held to discuss any major concerns, issues or problems that may arise.

C. Safety Committee (Continued)

University Management is supportive of the Safety Committee's efforts in establishing a safety program. Problems and concerns that arise will be taken to management for correction and/or resolutions.

D. Orientation and Training

The safety program will be a major part of the orientation of each new employee during their orientation schedule. The Safety Director will complete a safety in-service sheet listing items/topics covered and a sign-in form signed by the Safety Director and the employee during orientation. The supervisor will conduct safety training in relation to their assigned office area.

Quarterly in-service training will be presented to the staff in the areas of accident prevention, health, and all aspects of safety training by the Supervisor in each office.

Other mandatory in-services will continue in the areas of blood-borne pathogens, lifting, and secondary trauma and other necessary in-services to keep staff totally informed of safety and health issues.

E. Semi-Annual Safety Audits

Semi-annual audits will be conducted in each office by the Safety Director. (See safety inspection sheet, page 14)

When a safety or health problem is found, corrective measures will be implemented immediately to maintain the safety of staff and visitors.

F. Communications

Results of the semi-annual safety audits (inspections) will be sent to all Division Heads and supervisors as to problems found or good safety practices by staff *within 14 days of the inspection*. The Safety Inspection report will be shared with all staff. Feedback will be encouraged by all staff as to safety concerns or problems. This report will also reflect any accident prevention strategies used by

supervisors or staff to maintain the safety of staff in and out of the office. Health issues will also be addressed in the safety program such as: signs and symptoms of heart attack, stroke, seizures, and fainting, etc.

G. Notification of Accident/Exposure to Occupational Illness/Claims:

When an accident/exposure occurs medical treatment, if needed, will be obtained for the staff member. Staff members or their immediate supervisor are to complete an incident report form, available in each office, within one working day of an accident/exposure and submit to human resources. All incident reports are recorded by the Business Office on the OSHA 200 log. Data from the 200 log is analyzed periodically to determine the types and number of safety and health problems identified. If the accident/exposure is such that there will be lost time of seven days or more, a report will be submitted to Ohio Bureau of Workers' Compensation per rule (within 14 days of the date of the injury/illness, or within one week of notification of injury/illness from the injured/ill employee.) Accidents/exposures are investigated by supervisors within one working day of the reported accident/exposure to determine what, if any, corrective actions need to be taken.

First aid kits are located in each building and include personal protective equipment. A log of all first aid supplies used is also maintained in each office. Listed below are the locations for first aid kits in campus buildings:

First Aid Kit Locations

Dorms – *See Student Life Coordinator*

Campus Police – *(1) Office (1) Cruiser*

Bob Evans Farms Hall – *Office of Heather Hartley*

Davis Career Center – *Office of Judy Potter*

Kidd Math and Science Center – *Office of Diane Clark*

McKenzie Hall – *Office of Karen Jones*

IDMS – *Wood Hall*

Learning Center - *Wood Hall*

Lyne Center (Total of 5) *1 in office, 4 in various gyms, fitness center and pool areas*

President's Office
Crossroads Office
Anniversary Hall – *Office of Fran Osthoff*
Fine Arts – *Office of Kathy Musser*
Fowler House –
Wood Hall – *Office of Barry Thompson*
Berry Center –
Fulton House – *University Relations Office*
Allen Hall – *Phyllis Mason's Office*
Library – *Office of Debbie Thompson*
Arts Annex - *Office of Kevin Lyles*
Greer Museum - *Office of Jim Allen*

Return to Work Practices:

While an employee is on extended medical leave, the policies set forth in the Family Medical Leave (FMLA) Policy contained in the University personnel policy manual shall be adhered to. All benefits will be continued while the employee is on leave as required by workers compensation or FMLA. The employee's leave will be monitored in order to return the employee to productive work as soon as possible. While on leave, the employee must contact their immediate supervisor every thirty days. Upon return to work, the employee must submit to human resources a doctor's release to return to work. The employee may be returned to full duty in the same position or a comparable position as before the accident, if possible. Modifications may be made to the job, i.e. light duty, if possible, on a temporary basis. Accommodations also may be made in order to allow the employee to return to work in a productive capacity in an appropriate job.

COMMUNICABLE DISEASE POLICY FOR PERSONNEL

GENERAL

Because of the University's policy to provide non-discriminatory employment opportunities, while ensuring the rights of the personnel and taking the necessary precautions to safeguard the health of all personnel, and because a variety of infectious/communicable diseases exist that vary in degree of communicability and in severity of potential health risks (chicken pox, measles, mononucleosis, tuberculosis, leprosy, A.I.D.S., etc.) the University will (1) provide information about various infectious/communicable diseases, (2) encourage informed and responsible individual conduct to promote a wellness-oriented lifestyle, and (3) attempt to decrease the risk of contagion of infectious disease.

PERSONNEL WITH A POTENTIALLY COMMUNICABLE DISEASE

- A. A potentially communicable disease will also include Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or a positive Human Immunodeficiency Virus (HIV) antibody test.
- B. Each employee is encouraged to report to Health Services if he/she has acquired or been exposed to any communicable disease.
- C. Each employee or prospective employee who has an infectious/communicable disease will be treated, with regard to his/her employment in accordance with the provisions of the Americans With Disabilities Act (ADA) as long as:
 - a. All decisions and implementations will be based on the regulations adopted under the ADA, the latest recommendations by the National Centers for Disease Control, the Ohio Department of Health, and the Gallia County Health Department.
 - b. All information concerning personnel with a communicable disease will be considered confidential information. (See Medical and Health Files section under Personnel Files section of this chapter).

HEALTH SERVICES COUNSELING PROVIDED

During the prevalence of contagious/infectious diseases on campus, Health Services will endeavor to counsel the immunological deficient individuals concerning special health precautions.

INFECTION CONTROL TECHNIQUES INSTRUCTION

Personnel who have been or are in a position to be exposed to blood, body fluids, or items which have been in direct contact with body fluids or waste, will be instructed in current infection control techniques.

ADVISORY COMMITTEE COMPOSITION AND FUNCTION

The University will form an advisory committee - composed of the Health Services Director, Dean of Students and Vice President of Student Services, Chairman of the AIDS Advisory Task Force, University Counsel, Director of Human Resources, and President of the Faculty Association - whose duties will be as follows:

- A. To be informed of current medical knowledge and information about communicable diseases;
- B. To make recommendations of policy, including AIDS.

HEALTH SERVICES RESPONSIBILITIES

- A. The Director of Health Services shall maintain confidential records concerning all confirmed communicable disease cases that come to the attention of Health Services.
- B. The Director of Health Services shall compile and maintain an up-to-date supply of educational literature.
- C. The Director of Health Services shall coordinate and present health-maintenance educational programs for the collegiate population concerning infectious diseases.
- D. The Director of Health Services shall maintain a current directory on health care referral sources.
- E. The Director of Health Services shall assist in making referrals for testing and health care services.
- F. The Director of Health Services shall recommend and monitor current infection control procedures for personnel.
- G. The Director of Health Services shall maintain an active file on specific divisional and departmental infection control policies, as submitted by that division or department - Medical Laboratory School of Technology, Maintenance Department, School of Nursing, etc.
- H. The Director of Health Services shall offer annual (more as needed) educational programs on communicable diseases for personnel.
 - 1. Included will be a plan for making information on AIDS available to the personnel.
 - 2. Goal - to dispel fear based upon erroneous information or lack of information.

REPORTING INJURIES

All injuries occurring during Health Services clinic hours should be seen by the nurse for treatment or referral as this is a means of limiting the number of individuals exposed to potential infection.

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

In accordance with the OSHA Blood borne Pathogens standard, 29CFR1910.1030, the following exposure control plan has been developed:

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear

personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. The University of Rio Grande's following job classifications are in this category: Health Services Nurses, Security Officers, M.L.T. Faculty, Nursing Faculty, Athletic Trainer, and Daycare Workers.

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious material, tasks or procedures that would cause these employees to have occupational exposure area are also required to be listed in order to clearly understand which employees in the categories are considered to have occupational exposure. The job classifications and associated tasks for those categories are as follows: RA's, Clean-up Responsibilities; SLC's, Clean-up Responsibilities.

Implementation Schedule and Methodology

OSHA also requires that this plan also include a schedule and method of implementation for the various requirement of the standard. The following complies with this requirement:

Universal precautions will be observed at Rio Grande in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At Rio Grande the following engineering controls will be utilized:

1. Disposal gloves and paper towels will be used during cleanups when there is any chance of exposure to blood borne pathogens through blood or body fluids.
2. Masks and protective eyewear will be used when there is a chance of spray or splattering of blood or body fluids.
3. Impermeable lab coats that are disposable or are provided through an outside laundry service will be used when there is a chance of exposure to blood borne pathogens or body fluids.
4. Used syringes will not be recapped, bended or broken, but will be placed in a disposable syringes container that is OSHA approved.
5. Work surfaces will e cleaned after each procedure with a 1:10 bleach solution or an EPA approved disinfectant.
6. Final disposal of potentially contaminated products will be through contracting an outside waste disposal company which complies with OSHA guidelines.

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:

Each Dean or Building Supervisor will appoint a Health and Safety Committee whose responsibility will include a monthly check to see that compliance methods are enforced. Hand-washing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. Hand-washing facilities are located within all campus buildings including separate facilities in laboratories, Health Services and Security Department. The Security Staff will

carry antiseptic towelettes and paper towels in the cruiser to use when hand washing facilities are not available. Security personnel will wash their hands with soap and running water as soon as possible.

Needles

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. Used syringes will be placed in a disposable syringe container. Used containers will be double bagged in a bio-hazardous bag and brought to Health Services for disposal.

Containers for Sharps

Contaminated sharps are to be placed immediately, or as soon as possible after use into appropriate sharps containers. At this facility the sharps containers are puncture resistant, labeled with a bio-hazard label, and are leak proof. Sharps containers are located in Health Services, Lyne Center, MLT, Science and Nursing Departments. Sharps containers will be checked monthly by the Health and Safety Inspection Committee.

Filled sharps containers will be double bagged in bio-hazardous bags and brought to Health Services by work area supervisors. Disposal of possibly contaminated products will be by outside waste disposal service.

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

Mouth pipetting/suctioning of blood or other potentially infectious material is prohibited.

All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Methods which will be employed at this facility to accomplish this goal are: Masks and protective eyewear; Disposable/or outside laundry cleansed lab coats; Disposable gloves; Proper hand washing.

Specimens

Specimens of blood or other potentially infectious materials will be placed in a container which prevents leakage during the collection, handling, processing storage, and transport of the specimens.

- * The container used for this purpose will be labeled or color-coded in accordance with the requirements of the OSHA standard.
- * The institution will use precautions when handling specimens.
- * If specimens leave the building, they will be double bagged in bio-hazardous bags.
- * Any specimens which could puncture a primary container will be placed within a secondary container which is puncture resistant.
- * Primary bio-hazardous bags (double bagged or secondary boxes) will be placed in MLT labs, nursing labs, science labs, athletic training office, and resident halls. These supplies will be obtained from Health Services.
- * If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

- * Specimens will be transported to Health Services for final disposal.
- * Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. Disposable masks will be placed in specifically marked bio-hazardous bags, double bagged, then taken to Health Services for final disposal.

This facility will be cleaned and decontaminated according to the following schedule:

- * Immediate clean-up wearing gloves, paper towels and a 1:10 bleach solution or an EPA registered germicide.
- * Daily clean up by an outside contracted cleaning service that follows OSHA guidelines.
- * Decontamination will be accomplished by utilizing the following materials: A 1:10 bleach solution or a registered EPA germicide.
- * All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.
- * All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a daily scheduled basis by the cleaning service. There will be a container with a bio-hazard bag in all work areas where there is a risk of exposure to blood borne pathogens.
- * Any broken glassware which may be contaminated will not be picked up directly with the hands. The following procedures will be used: 1) Dust pan and broom will be used to pick up glass; 2) Glass will be double bagged and taken to Health Services; 3) Final disposal will be with an outside contracted disposal company.

Regulated Waste Disposal

All contaminated sharps shall be discarded as soon as feasible in sharps containers which are located in the work area. Sharps containers are located in Health Services, MLT labs, nursing labs and athletic training room.

Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials. Soiled linen will be picked up at the work site.

Laundry at this facility will be cleaned at outside contracted laundry service that complies with OSHA standards.

Contaminated Equipment

Equipment which has become contaminated with blood or other potentially infectious material shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible. Equipment which is contaminated and cannot be cleaned should be labeled with a "Biohazard" label before being sent out for servicing.

Personal Protective Equipment

All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated

exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. The OSHA standard requires appropriate clothing to be used such as lab coats, gloves and masks. Protective clothing will be used if there is any risk of exposure to blood borne pathogens.

Protective clothing will be provided to employees in the following manner: (1) Disposable impermeable lab coats or those provided by an outside laundry service will be used by MLT's nursing lab facilities, Health Services and science labs when there is a risk of exposure. (2) All personal protective equipment will be cleaned, laundered, disposed of or replaced by the employer at no cost to employees. All repairs and replacements will be made by the employees. (3) All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area.

The following protocol has been developed to facilitate leaving the equipment at the work area: (1) Disposable lab coats, masks and gloves will be placed in specifically marked Bio-hazardous bags, double bagged and taken to Health Services for final disposal. (2) Lab coats from a laundry service will be placed in bags provided by the company. (3) Gloves shall be worn when it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves will be available from the office of Health Services or through various departments. (4) Disposable gloves used at this facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility (work) gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

Hepatitis B Vaccine

All employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or who wishes to submit to antibody testing which shows the employee to have sufficient immunity. Employees who initially decline the Hepatitis B vaccine will sign a waiver. Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost. The Director of Human Resources will be responsible for making the referral to Health Services at the time of employment. The nurses at Health Services will offer training, and see that permission slips or the waiver form is signed. Hepatitis B vaccine will be given in three doses, initially, one month and six month intervals with Health Services notifying the employee in writing of appointment dates.

Post-Exposure Evaluation and Follow-up

When the employee incurs an exposure incident, it should be reported to Health Services, Rhodes Center, 8:00 - 4:30. All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. The follow-up will include the following: Employee name and social security number.

Documentation of the route of exposure and the circumstances related to the

incident by notifying Health Services and completing, in writing, an incident report form. If possible the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.

Results of testing of the source individual will be made available to the exposed employee(s) and the Director of Human Resources, with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual. The employee(s) will be offered the option of having their blood collected for testing HIV/HB V serological status. The blood sample will be preserved for up to 90 days to allow the employee(s) to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will or will not be conducted then the appropriate action can be taken and the blood sample discarded.

The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service. These recommendations are currently as follows:

Blood will be drawn immediately at 90 days and 180 days for HIV and Hepatitis. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel. The employee(s) will have the right to select the medical professional for any follow-up deemed necessary.

Interaction with Health Care Professionals

A written opinion shall be obtained from the health care professional who evaluates employees of the facility. Written opinions will be obtained in the following instances:

- 1) When the employee is sent to obtain the Hepatitis B vaccine.
- 2) Whenever the employee is sent to a health care professional following an exposure incident.

Health Care professionals shall be instructed to limit their opinions to:

- 1) Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident;
- 2) That the employee has been informed of the results of the evaluation;
- 3) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials;
- 4) Only information surrounding the incident will be made available to the employer. All medical information will be considered confidential;
- 5) This information will be part of the Incident Report.

Training

Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur. Training will be conducted in the following manner:

Training for employees will include the following explanation of

- 1) The OSHA standard for Blood borne Pathogens
- 2) Epidemiology and symptomatology of blood borne diseases
- 3) Modes of transmission of blood borne pathogens
- 4) This Exposure Control Plan (i.e. points of the plan, lines of responsibility, how the plan will be implemented, etc.)
- 5) Procedures which might cause exposure to blood or other potentially infectious

- material at this facility.
- 6) Control methods which will be used at the facility to control exposure to blood or other potentially infectious materials.
 - 7) Personal protective equipment available at this facility and who should be contacted concerning
 - 8) Post exposure evaluation and follow-up
 - 9) Signs and labels used at the facility
 - 10) Hepatitis B vaccine program at the facility

Record Keeping

All records required by the OSHA standard will be maintained by Health Services. Training records will be maintained for three (3) years, incident reports for duration of employment and thirty years.

Training will be conducted using slide presentations, videotapes, written material and class discussion. Training records will include the content or summary, names and qualifications of trainers and signature and job title of all employees trained.

Dates

All provisions required by the standard will be implemented by: October 1, 1994. All employees will receive annual refresher training within a year of the previous training. The outline for the training material is located in the Department of Health Services. The Health and Safety Committee will review the occupational Exposure Plan on a yearly basis.

Safety Inspection

Office location: _____ Date _____

Office Area: Office or Cubicle with problem _____

1. Extension cords present: if yes, location _____
Surge Protector strip in use: _____
Frayed cord ends or cuts in cord: _____
2. Electrical outlets & covers intact: Yes _____ Clean _____
Location of problem: _____
3. Condition of carpet or tile: _____
4. Ceiling lights: Clean ___ Off ___ Shields in place ___ Broken _____
5. Ceiling tile in tact _____ Broken areas _____ Location _____
6. Chairs in good condition _____ Broken _____ Location _____
7. Desks and file cabinets obstructing door ways _____
8. Walls clean _____ Scratch _____ Location _____
9. Ceiling vents and return air vents: Clean _____ Dusty _____
10. Trash cans clean: Yes _____ Odor _____

Kitchen or Snack Room:

1. Refrigerators: Clean _____ Spoiled food _____ Odor _____
2. Freezers: Ice build up _____ Clean _____
3. Microwave: Clean _____ Odor _____ Loose door _____
4. Toaster oven: Clean _____ Crumbs _____
Toaster: Clean _____ Crumbs _____
5. Bottled water dispenser: Clean _____ Dirty _____
6. Coffee maker: Clean _____ Film build up _____ Odor _____

Kitchen or Snack Area (Continued)

7. Dishes: Clean ___ Broken _____ Sanitized _____
Dish towels and dish cloths: Clean ___ Washed regularly _____
8. Kitchen sink: Clean _____ Stains _____ Odors _____
Kitchen counter: Clean ___ Stains ___ Cracked or chipped surface _____
9. Light switch covers intact & clean: ___ If no, Location _____
10. Electrical sockets and covers intact & clean: ___ If no, Location _____
11. Cabinets: Clean _____ Scratched _____ Neat _____
12. Trash cans: Clean _____ Odor _____
13. Table and chairs: Clean _____ Broken _____ Location _____
14. Walls Clean _____ Scratched _____ Location _____
15. Ceiling vents and return air vent: Clean _____ Dusty _____
16. Bulletin board: Neat ___ Clean _____ Up to date _____
17. Windows and window sills: Clean _____ Clutter _____
18. Exit sign: On ___ Off ___ Emergency light: working _____
19. Fire Extinguisher: Tagged _____ Current check date _____
20. First aid kits: Complete _____ Items needed _____
First aid log available _____
21. Resuscitation kit: Intact _____ Replace _____

Medical Records Room:

1. Floor: Clean ___ Tile intact _____ Location _____
2. Walls: Clean ___ Dirty _____ Scratched _____
3. Ceiling vents and return air vent: Clean _____ Dusty _____

Medical Records Room (Continued)

4. Lights: Clean _____ Off _____ Shields in place _____ Broken _____
5. Sliding files: Clean _____ Operating correctly _____ Carpet intact _____
6. Stacked boxes in the room: _____ yes _____ no Move to storage _____
7. Trash cans: Clean _____ Dirty _____
8. Clutter in room: _____ yes _____ no
9. Electrical outlet and cover: Clean _____ Broken _____ Location _____
10. Light switch: Clean _____ Broken _____ Location _____

Supplies Storeroom:

1. Floor tile: Clean _____ Dirty _____ Loose or torn tile _____
2. Lights: Clean _____ Off _____ Shields in place _____ Broken _____
3. Ceiling vents and return air vent: Clean _____ Dusty _____
4. Storage neat on shelves: _____ Yes _____ No
5. Clutter in room: _____ Yes _____ No
6. Light switch cover: Clean _____ Broken _____

Print Shop

1. Floor: Clean _____ Loose or torn tile _____ Location _____
2. Lights: Clean _____ Off _____ Shield in place _____ Broken _____
3. Electrical outlets & covers: Clean _____ Broken _____ Location _____
4. Light switch cover: Clean _____ Broken _____ Location _____
5. Bags of shredded paper present: _____
6. Machines: _____

Conference Rooms:

#1

#2

#3

- 1. Carpets: Clean _____
Loose or Torn _____
Location _____
- 2. Lights: Clean _____
Off _____
Shields in Place _____
Broken _____
- 3. Walls: Clean _____
Scratched _____
Location _____
- 4. Electrical outlets and covers:
Clean _____
Broken _____
Location _____
- 5. Ceiling vents and return air vent:
Clean _____
Dusty _____
- 6. Tables and Chairs:
Clean _____
Broken _____

Reception Area:

- 1. Carpet: Clean _____ Loose or Torn _____ Location _____
- 2. Walls: Scratched _____ Location _____
- 3. Clean: _____ In working order _____
- 4. Doors: Clean _____ Shields in Place _____ Broken _____
- 5. Ceiling vents and return air vent: Clean _____ Dusty _____
- 6. Electrical outlets and covers: Clean _____ Broken _____
- 7. Exit sign on: _____ Yes _____ No. Emergency light in working order.
- 8. Tables and chairs: Clean _____ Broken _____

Halls:	Far left	Left	Right	Front	Back
1. Carpet:					
Clean	_____	_____	_____	_____	_____
Loose or					
Tom	_____	_____	_____	_____	_____
Location	_____	_____	_____	_____	_____
2. Walls:					
Clean	_____	_____	_____	_____	_____
Scratched	_____	_____	_____	_____	_____
Location	_____	_____	_____	_____	_____
3. Lights:					
Clean	_____	_____	_____	_____	_____
Off	_____	_____	_____	_____	_____
Shields in					
Place	_____	_____	_____	_____	_____
Broken	_____	_____	_____	_____	_____
Location	_____	_____	_____	_____	_____
4. Electrical outlets:					
Clean	_____	_____	_____	_____	_____
Broken	_____	_____	_____	_____	_____
Location	_____	_____	_____	_____	_____
5. Intercom Vent:					
Clean	_____	_____	_____	_____	_____
6. Fire Extinguishers:					
Date of					
Service	_____	_____	_____	_____	_____
Shaken	_____	_____	_____	_____	_____
7. Outside doors: In					
Working					
Order	_____	_____	_____	_____	_____
Clean	_____	_____	_____	_____	_____
Free of					
Clutter	_____	_____	_____	_____	_____
8. Wall Exit					
Signs	_____	_____	_____	_____	_____

Women's Bathroom

1. Floor: Clean _____ Tile loose/torn _____ Drains: Clean _____ Odor _____
2. Walls: Clean _____ Scratched _____ Location _____
3. Doors: Clean _____ In working order _____ hand washing sign on door _____
4. Lights: Clean _____ Off _____ Shields in place _____ Broken _____
5. Ceiling vent and return air vent: Clean _____ Dusty _____
6. Ceiling filter: Clean _____ Dusty _____ Broken _____
7. Toilet stalls: Clean _____ Toilet clean _____ Toilet seat loose _____
Floor plates intact _____
8. Sinks: Clean _____ Cracked/chipped _____ Odor _____ Stained _____
9. Mirrors: Clean _____ Cracked/chipped _____
10. Towel dispenser: Clean _____ Broken _____ Empty _____
11. Soap dispenser: Clean _____ In working order _____ Soap available _____
12. Virtual Aire: Clean _____ In working order _____ No sound emitting _____
13. Electrical outlets and covers: Clean _____ Broken _____
14. Trash containers: Clean _____
15. Wicker shelves: Clean _____ Neat _____
16. Feminine Pad dispenser: Clean _____ Odor present _____

Men's Bathroom

1. Floor: Clean _____ Tile loose/torn _____ Drains: Clean _____ Odor _____
2. Walls: Clean _____ Scratched _____ Location _____
3. Doors: Clean _____ In working order _____ hand washing sign on door _____
4. Lights: Clean _____ Off _____ Shields in place _____ Broken _____

Men's Bathroom (Continued)

5. Ceiling vent and return air vent: Clean _____ Dusty _____
6. Ceiling filter: Clean _____ Dusty _____ Broken _____
7. Toilet stalls: Clean _____
Floor plate intact _____
8. Sinks: Clean _____ Cracked/chipped _____ Odor _____ Stained _____
9. Mirrors: Clean _____ Cracked/chipped _____
10. Towel dispenser: Clean _____ Broken _____ Empty _____
11. Soap dispenser: Clean _____ In working order _____ Soap available _____
12. Virtual Aire: Clean _____ In working order _____ No sound emitting _____
13. Trash Containers: Clean _____
14. Urinals: Odor _____ Stained _____
15. Dry Sink Broken _____

Storage Room

1. Floor: Clean _____ Tile loose/torn _____
2. Lights: Clean _____ Shields in Place _____ Broken _____
3. Ceiling Vent: Clean _____ Dusty _____
4. Electrical Cover: Clean _____ Broken _____
5. Shelves: Neat _____ Overcrowded _____ Isles Full _____

Signature

Date

HEALTH ISSUES: MEDICAL

Our University staff includes a Registered Nurse, at the main campus only who is available to help if needed. There are first aid kits located in each building. (See Section G – First Aid Kit Locations)

The following information is provided for instructional or illustrative purposes only. It is not intended to be used as a First Aid manual nor does it imply that the University requests/requires staff without First Aid certification to deliver first aid to others.

Heart Attack:

Signs or symptoms of a heart attack may include persistent chest pain or pressure which often radiates to the left shoulder and arm, neck, jaw, shortness of breath bluish color of the lips and fingernails, cold and clammy.

Stroke:

Signs or symptoms may include unconsciousness, limp facial muscles, weakness on one side of the body, breathing difficulty, unequal pupil size, and speech impairment.

Seizures/Convulsions:

Signs or signals include jerking movements, bluish face and lips, rolled back eyes, clenched teeth, and frothing at the mouth. Seizures/Convulsions usually end safely in less than 30 seconds, after which the victim enters a phase of unconsciousness or drowsiness.

Bleeding and Wounds:

Put clean cloth, gauze, or your gloved hand over the wound, and apply firm steady pressure. Elevate an injured arm or leg above the level of the victim's heart if possible. Continue to apply pressure by securing the cloth with a bandage. (Do not lift the cloth from the injury/wound to check the bleeding. Be sure bandage is

First Aid Procedures for: (Continued)

not so tight it cuts off circulation. Do **not** apply a tourniquet) Take steps to prevent shock. **SHOCK can be life threatening!** Do not give the victim food or drink. Lay victim on their back, but do not move them if they have back or neck injuries. If victim is unconscious, had severe injury to lower face/jaw, or vomits, lay them on their side and be sure they're getting air. Keep victim warm, but not hot, using blankets or clothes. Raise victim's feet and legs with a pillow unless painful or suspect severe injuries. Loosen tie, belt or any tight clothing.

Broken bones/fractures:

DO NOT move the victim unless in immediate danger. **DO NOT** move the injured body parts or try to reset the bone. Control bleeding. Cover any protruding bone with a clean moist dressing. Take steps to prevent shock (see bleeding/wound section above.)

Burns:

- First degree: Cool the burn, immerse burned area in cool water or gently apply cool wet compresses until pain is relieved. Do **not** apply any ointment, butter or etc. Leave open to air.
- Second degree: Cool the burn, gently apply cool wet compresses until pain is relieved. Do **not** break a blister if one forms. Do **not** apply ointment, butter or etc^ Bandage with clean dry dressing.
- Third degree: Do **not** remove embedded clothing, **do not** immerse in water. Cover with clean dry dressing and seek medical care.

FIRE

Staff should always be on the alert for fires.

Fire Prevention

1. Electrical equipment should be turned off when not in use.
2. Staff members should notify the supervisor of any equipment that has cracked or has exposed wiring, is causing a shock or emitting sparks, or appears to be a potential fire hazard.
3. Fire drills are held semi-annual to keep staff members aware of the fire safety equipment and procedures.

Fire Emergency

1. Staff members should familiarize themselves with the location of fire exits, and extinguishers.
2. If a staff member sees smoke or fire, the fire alarm should be pulled to alert the people on the floor and in the building. If there is no fire alarm system in the building then a fire alarm alert will be issued over the phone system. If it is a small fire, a nearby fire extinguisher may be used as necessary.
3. Periodically, the fire alarm may sound when there is no smoke or fire because the system is being tested. If this is the case staff will be notified before the alarm sounds.
4. If evacuation is called for, staff members should use the closest unaffected exit. Staff members should walk in single file, against the wall leading to the exit, proceed quickly and calmly. Do not run. If you are in smoke, stay low, crawl if necessary.

Move as far away from the building as possible for your safety and make room for emergency vehicles. **DO NOT** block fire lanes.

5. **Only if time permits** before evacuation of the building, staff will secure classified information, turn out lights, shut off equipment and close doors.

Fire Emergency (Continued)

6. If you discover or see a fire **report it immediately** by turning in the alarm at the pull station, and/or call 911 or call the fire department covering your particular office area.
 - Rio Grande office will call the Fire Department at 9911 and report location of fire.
 - Meigs Branch will call the Fire Department at 911 and report location of the fire.
7. Evacuate the office area immediately to the designated area. Account for all staff and visitors. Do not re-enter the building for any reason.

Safety Director, or his designee, will fill in the fire report.

Fire Procedure:

- A. If a fire should occur in the area where an employee is working they should do the following:
 1. Close the door(s) that the fire is behind, after making sure that everyone is out of the area.
 2. Close your office door.
 3. Turn in the fire alarm, outside the area of the fire.
 4. Call 911 for the Fire Department and report the fire, this is a back up to the fire alarm, if you have an alarm system in your building.
 5. Evacuate all staff, and visitors from the building and have them report to the designated area, as determined by the fire emergency, for accounting. Report any missing person to the firemen.

Fire Procedure (Continued)

7. **Do not** go back into the building for any reason.
- B. The Fire Report following an actual fire will be filled in by the Safety Director or his designee. Information needed on the fire report: (see page 19)
1. Date and time of fire.
 2. Area where fire occurred.
 3. Type of fire — trash can, clothes, electric.
 4. How was fire extinguished — fire extinguisher, cloth, etc.
 5. Damage that occurred — to chair, desk, rug, etc.
 6. How many people were evacuated.
 7. Names of people evacuated.
 8. Any injuries that may have occurred to staff, clients, and visitors.
 9. Ambulance/EMT's called to area for the injured.
 10. Send report to Vice President of Administrative & Student Services.
- C. In a fire drill (held semi-annual) the Safety Director will complete the fire drill report on page 27.

Fire Report

To: _____ VP/Administrative Services, University of Rio Grande

Office where fire occurred: _____

Date: _____ Time: _____

Area where fire occurred: _____

Type of fire: _____

How was fire extinguished: _____

Damage that occurred: _____

Injuries that occurred: to who and type of injury: _____

Was 9911 or the Fire Department called and who responded: _____

Was building evacuated: _____ Yes _____ No

Staff evacuated:

_____	_____
_____	_____
_____	_____
_____	_____

Safety Director

Fire Drill Report

To: _____ Safety Director, University of Rio Grande

Office where simulated fire occurred: _____

Date: _____ Time: _____

Area where simulated fire occurred:

Type of simulated fire:

How was simulated fire extinguished: _____

Damage that occurred: _____

Injuries that occurred: to who and type of injury:

Was 9-911 or the Fire Department called and who responded:

Was building evacuated: _____ Yes _____ No

Staff evacuated:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature

Classification of Fires and Fire Extinguishers

Before attempting to extinguish a fire, it is necessary to determine the type of fire one is facing so that the proper fire extinguisher may be used.

<u>Classification of Fire</u>	<u>Type of Extinguisher to be used</u>
Class A Ordinary combustible materials; wood, paper, cloth, rubber, coal, etc.	ABC (dry chemical)
Class B Flammable liquids; gasoline, grease, oil, paint, solvent, etc.	ABC (dry chemical)
Class C Electrical equipment; TV's, electric motors, VCR's, computers, wiring, etc.	ABC (dry chemical)

ABC extinguishers are placed in crucial areas of the building and office areas where they may be needed.

Refuge Area for Fire Evacuations

Traffic is a main concern during a fire with the fire department and other safety personnel arriving, make sure everyone is in an area away from the traffic and fire lanes.

Fire hydrants are another concern when movement of staff and visitors is necessary. **Do not** place anyone near the fire hydrants or in areas where they may interfere with the fire departments.

Account for everyone in the fire evacuation area. Do not allow anyone to re-enter the building for any reason.

Return to the building **only** after the Fire Chief has given approval.

TORNANDOOES

Pertinent Facts about Tornadoes:

1. TIME OF DAY during which tornadoes are most likely to occur is mid-afternoon, generally between 3 and 7 p.m., but they have occurred at all times of the day and night.
2. DIRECTION OF MOVEMENT is usually from the southwest to northeast. (NOTE: Tornadoes associated with hurricanes may move from an easterly direction.)
3. LENGTH OF PATH averages 4 miles, but may reach 300 miles. A tornado traveled 293 miles across Illinois and Indiana on May 26, 1917, and lasted 7 hours and 20 minutes.
4. WIDTH OF PATH averages about 300 to 400 yards, but tornadoes have cut swaths a mile or more in width.
5. SPEED OF TRAVEL averages from 25 to 40 miles per hour, but speeds ranging from stationary to an F5 of 250 miles per hour have been reported.
6. THE CLOUD directly associated with a tornado is a dark, heavy cumulonimbus (familiar thunderstorm cloud) from which a whirling funnel-shaped pendant extends to the ground.
7. PRECIPITATION associated with the tornado usually occurs first as a rain just preceding the storm, frequently with hail, and as a heavy downpour immediately to the left of the tornado's path.
8. SOUND occurring during a tornado has been described as a roaring, rushing noise closely approximating that made by a train speeding through a tunnel or over trestle, or the roar of many jet airplanes.

Responsibilities of staff when a **Tornado Warning** is issued by the National Weather Bureau, radio station or county warning signal.

1. Be alert as to the weather outside and be ready to evacuate to safe area immediately. When necessary evacuate to the designated area — room (several rooms may be needed depending on number of staff in the office at any given time.) which should have no windows, and be small in size, you should sit facing the wall and cover your head with an item of clothing or your arms. If you are caught at your desk, dive under your desk and cover your head, when you hear the "trains or planes/" you have only 30 seconds to move.
2. Account for everyone in the office area, staff and visitors after the tornado has passed, and the threat is over. Determine any injuries and call for help if necessary.
3. The Safety Director will fill out the Tornado Report. (See pg. 32)
4. Evacuation areas will be listed for each office:
 - a. Rio Grande staff will move to the following areas as illustrated on the following diagrams:
 - 1) Fine Arts Annex
 - 2) President's House - 1st Floor
 - 3) Fulton House – 1st Floor
 - 4) Fine and Performing Arts
 - 5) Fowler House - Basement
 - 6) Child Development Center
 - 7) Davis Hall Basement
 - 8) Davis House Basement
 - 9) Campus Police Department - Basement
 - 10) Student Center Annex – Basement
 - 11) Rhodes Center – Basement
 - 12) New Residence Hall – 1st Floor
 - 13) Lyne Center – Main Floor
 - 14) Math & Science
 - 15) McKenzie – 1st Floor
 - 16) Moulton – Basement
 - 17) Greer – 1st Floor
 - 18) Davis Tech
 - 19) Wood Hall – 1st Floor

- 20) Woodworking – Main Floor
- 21) Holzer Hall – Basement
- 22) Library – Ground Floor
- 23) Allen Hall – Basement
- 24) Anniversary – Basement
- 25) Bob Evans Farms Hall – 1st Floor
- 26) Boyd – Sub Basement
- 27) Boyd - Basement

Tornado Report

To: _____ VP/Administrative Services, URG

Office: _____

Date: _____ Time: _____

Notified by: _____

Evacuated to:

Staff and visitors present:

Injured, type of injury:

Emergency squad called:

Who responded: _____

Comments:

Signature (Date)

SEVERE WEATHER

Severe weather constitutes flooding, blizzards, heavy rain and snow as determined by the U.S. Weather Bureau.

The following information is provided with hopes that it may alleviate some questions with regard to closing of the campus during inclement weather or emergencies. *Instead of calling the University, please tune in to one of the following television or radio stations that will be broadcasting this information for the University of Rio Grande/Rio Grande Community College:

- *WSAZ-TV3
- *WOWK-TV13
- *WOUB-Public Radio, Athens
- *WRYV Radio 101.5
- *WKOV Radio 96.7 FM
- *WMPO Radio 92.1 FM
- *WBYG Radio 99.5 FM
- *WKKJ Radio 93.3

The University of Rio Grande may also have updated weather advisories posted at:
<http://www.rio.edu>

1. When the University is closed due to inclement weather or emergencies, the only personnel required to report are Food Service, Housekeeping, Maintenance and Grounds and Campus Police. The personnel required to report should attempt to arrive at the University at their normally scheduled start time; however, they should exercise good judgment in determining their ability to report.
2. When the University opening is delayed, personnel will not be required to report for work until the time specified except for those personnel listed above. Any delay will commence from 8:00 a.m. Therefore, if school is delayed for two hours, administrative office will open at 10:00 a.m. All academic classes prior to 10:00 a.m. will be cancelled for the day. Classes scheduled at or after 10:00 a.m. will be held at the regularly scheduled time. (i.e. your regularly scheduled 10:30 a.m. class will be held at 10:30 a.m.)
3. When classes only are cancelled, all administrative staff and hourly support personnel are to report to work at their regularly scheduled times.

Classes cancelled by faculty for emergencies or illness must be reported personally to the appropriate Dean. If the Dean is unavailable, then report the cancellation to the Vice President for Academic Affairs (740-245-7215)

CHEMICAL SPILL INCIDENT

Each office needs to receive notification either through a county wide alert system, or university alarm system, of a Chemical spill incident within their surrounding area. Information to be received will be: location of spill; type of chemical released, if known; type of evacuation and where to evacuate; or to shelter in place.

The supervisor in each office will follow directions received from identified local emergency personnel when initial call is received, or by instructions given over the radio during the course of the chemical spill incident. To shelter in place all air conditioners will be turned off, all outside doors shut and all windows closed. Refer to Shelter-in-Place policy (page 36) for more information. No staff member will leave until all clear is given or they are told to evacuate. If staff are told to evacuate, they will go in the direction given to a safe site. Before staff evacuate the office areas, please turn off all equipment, lights, secure files and lock doors. There will be time, unless the Chemical spill incident occurs at your front door.

As most parents will go to their children, please do so in a safe direction away from the chemical spill incident; report to the Safety Director if you are going to your students. Account for everyone at the evacuation site and staff who left.

After the chemical spill incident, an accountability of staff, injuries, and any follow-up will be the responsibility of the Safety Director or his designee.

The Safety Director will fill out chemical spill incident report, (see page 35)

Chemical Spill Incident Report

To: _____ VP/Administrative Services, URG

Office: _____

Date: _____ Time: _____

Notified by: _____ Chemical involved _____

Location of spill/incident: _____

Shelter in place _____ or evacuated to:

Staff and visitors present:

Injured, type of injury and name.

EMS called and responded

Comments:

Signature (Date) _____

SHELTER IN PLACE

Procedure to follow when Emergency Officials order a Shelter-in-Place during a Chemical Accident.

1. Move to a predetermined inside room (if possible).
2. Close and lock all doors and windows.
3. **Turn off** all incoming ventilation:
 - a. Air conditioners
 - b. Window fans, wall fans, etc.
4. Tape all doors and windows shut.
5. Wet towels and place across bottom of doors.
6. Wait for all clear.

When “all clear” is given, **open** doors and windows to ventilate the business or homes; staff should go outside when building/home is being aired out.

Bomb Threat

In the event that a bomb threat is received by the receptionists or any other staff member, the following procedure is to be implemented:

ASK:

1. What is your name?
2. When is the bomb going to explode?
3. Where is the bomb right now?
4. What does it look like?
5. What kind of a bomb is it?
6. What explosive was used?
7. Why was it placed?

Record:

1. Date _____ and time _____ of call.
2. Exact words of caller: _____

3. Male ____ Female ____ Child ____ Approximate age _____
4. Speech: Slow ____ Rapid ____ Normal ____ Excited ____ Loud _____
5. Background noise _____
6. Name of person receiving the call: _____

Immediately after receiving the bomb threat call, the staff member will call the Campus Police Department. Phone number to call 7286

NO ONE is to look for the bomb, if it is obvious or in sight leave it alone go around the object and keep everyone away from the area.

The Safety Officer or Case Management Supervisor will immediately evacuate all staff, visitors and any other person or people in the building to the designated area outside. Everyone should be 300 feet or more away from the building.

NO ONE will re-enter the building for any purpose until the building is released back to us by a Police Officer/Fire Chief.

Bomb Threat Report, to be filled out after the event by the Safety Director or designee. (See page 40)

Letter or Package Bomb

In the event that the receptionist or staff member receives a suspicious looking letter or package through the mail, the following procedure must be followed:

To determine if the letter or package is suspicious look for the following indicators:

Letter and/or Package

1. Restrictive Endorsements: Confidential, Personal, To Be Opened By Addressee Only
2. Visual distractions: Fragile, Rush, Handle with Care
3. Fictitious, unfamiliar or no return address
4. Badly typed or handwritten addresses
5. Addressed to title only
6. Misspelled words
7. Excessive postage (Usually Postage Stamps)
8. Postmarked from area different than Return Address
9. Rigid, lopsided or uneven envelope
10. Oily stains or discolorations
11. Excessive binding material: masking, electric or strapping tape, string, twine
12. Protruding wires, screws or other metal parts
13. Excessive or uneven weight distribution

Procedure

1. **DO NOT OPEN**
2. Treat it as suspect
3. Isolate it
4. Notify Safety Director immediately
 - A. Evacuate 300 feet from building immediately.
5. Rio Grande office will call the Campus Police: Extension **7375 or 7286**
6. All other offices will call **9-911**.
7. When it's a **real** letter/package bomb the Postal Inspector for the area **must** be notified.

Letter or Package Bomb

Follow instructions given by the Campus Police or other authorized emergency personnel who may be called to investigate.

DO NOT re-enter the building until the building has been released by the proper authorities.

Receptionist, or staff member and Safety Director will complete the Letter-Package Bomb report.

Letter or Package Bomb Report

TO: _____ VP/Administrative Services, University of Rio Grande

Office: _____ Date: _____ Time: _____

Staff member receiving the letter/package bomb:

Type of bomb: Letter _____
Package _____

Describe how the letter/package looked, felt, etc. using the letter/package bomb indicators.

Police Department called: _____ Time _____

Who responded:
name _____ Time _____

Was the building evacuated: Yes _____ No _____ Evacuated to
_____?

Time building released back to the University: _____
By: _____

Report injuries:

Signature Date

EARTHQUAKE

In the event of an earthquake, stay where you are until the earthquake passes and the shaking has stopped. Touch as little of the surrounding environment i.e. wall, partitions, windows, doors, etc. as possible. The Safety Director or Case Management Supervisor will evacuate all staff and visitors from the building as quickly and safely as possible to a designated safe area, as determined by the amount of damage present. **DO NOT** re-enter the building for any reason. Account for all staff and visitors. The Safety Director or designee **will** report any injuries, damages or down power lines, gas leaks, fires, etc. to the Emergency Operation Center in their county. Use whatever means of communication that is available.

If university employees are trapped in the building, report as soon as possible to emergency staff. If a lot of damage has been done in the area, help may be slow in coming. Make your rescue attempts as safely and careful as possible.

VIOLENCE IN THE WORKPLACE

Homicide is now the third highest work-related cause of death in the United States.

Types of Workplace Violence:

1. Employer directed — violence against workplace authority: supervisor, manager, director.
2. Domestic directed — partner or would be partner engages in violence against the object of his or her affections.
3. Property directed — acts against any property that the company/employer owns.
4. Commercial directed — an employee participates in events against the company that can include theft of money or property and which may also involve violence.

Preventive Measures:

Be aware of the warning signs of violence, (see below)
Mentally prepare for "what if" situations.
Understand company procedures about violent situations.
Be aware of weapons brought into the workplace.
Take all threats seriously.
Alert management immediately if any of the above occurs.

Warning Signs of Violence:

Stage I

1. Unusual behavior changes.
2. Uncooperative with direct supervisor on a regular basis.
3. Curses profusely.
4. Argues with coworkers constantly.
5. Spreads gossip and rumors deliberately to harm others.
6. Unwanted sexual remarks.
7. Hostile toward customers or coworkers.
8. Irritability and anxiety escalates.
9. Sleep disturbances; sleep apnea or insomnia, mentioned by them on the job.

Stage II

1. Plays the role of a victim.
2. Writes violent or sexual notes to other employees or management.
3. Verbalizes desires to harm coworkers or employer.
4. Sabotages equipment or steals property.
5. Disregards company policies and procedures.
6. Levels of arguments or altercations increase with all personnel.
7. Accidents increase; either physical or traffic-related.

Stage III

Intense anger is most the frequent emotion displayed, and results in:

Depression or withdrawal
Property destruction
Physical fighting
Suicidal threats
Use of weapons to harm others.

What You Can Do At Work

1. Treat each other with respect.
2. Get to know the people around you and agree to look out for each other.
3. Look intently for how everyone is doing.
4. Improve communication throughout your company*
5. Improve working conditions by offering suggestions for safety.
6. Notify management of any suspicious activities.
7. Watch for the warning signs of violence.
8. Encourage each other to be alert for danger signals in coworkers.
9. Promote workplace integrity between all employees.
10. Listen for verbal intimidation on the job.
11. Watch for psychological abuse on the job between employees.
12. Be aware of behavioral pattern changes in fellow workers.
13. Become more responsive to each other.

***AWARENESS IS THE FIRST STEP IN PREVENTING WORKPLACE
VIOLENCE.***

UNIVERSITY OF RIO GRANDE

HAZARD COMMUNICATION PROGRAM

I. PURPOSE

The practices and procedures described herein constitute the program by which the University of Rio Grande will comply with the OSHA Hazard Communication Standard, (29 CFR 1910.1200 & 29 CFR 1926.59); more importantly, this is to be done to protect the employees of this organization.

II. PROGRAM

Paul Harrison, VP/Administrative Services is the facility coordinator for implementing and administering the Hazard Communications Program for this facility. This program will be maintained along with the MSDS's and will be available to all employees during any working hours. Supervisors will be responsible for: (1) informing the Safety Director of any new chemicals brought into their area, (2) making sure that the new information is placed in the Office Safety Manual Hazard Communication section.

III. HAZARD DETERMINATION

This facility does not manufacture or import chemicals; therefore, hazard determination is performed by the various suppliers or manufacturers of the product we use.

IV. MATERIAL SAFETY DATA SHEETS

Material Safety Data Sheets (MSDS) are obtained from the manufacturers/suppliers for all chemicals/materials prior to their use at the facility. ***All supervisors will be responsible for placing a copy of the MSDS in the Hazard Communication section of the Office Safety Manual located in their offices.***

In instances where the validity of the information provided by the supplier is in question or where the MSDS are not supplied, the product will not be used until the University Safety Director has been consulted. The supplier will be notified to fax immediately the correct MSDS for the product or the product will be returned.

The Safety and Health Committee will review MSDS with the products on site annually. All MSDS on products not currently used will be retained in a file for thirty (30) years.

The Material Safety Data Sheets are maintained at the following locations within this University.

- * Safety Office
- * All Safety Officers and Supervisors Office.
- * Maintenance area in each office.

V. LABELING

Containers of hazardous materials/chemicals at this University must be labeled. The manufacturers/supplier's label will be used, when possible, identify the material, the manufacturer name and address, and the appropriate hazard warning, including any target organ affected.

All secondary containers will be labeled as well, using the same information noted for manufacturer labels above. When bulk products are received at the University, the University Safety Director will be notified. Labels will be provided through the Safety Office for these products with the correct information on each label, so that smaller containers of the product may be used and correctly labeled.

Safety Officers at our facilities are:

Rio Grande Office: Aaron Quinn - Safety Director

Meigs Office: Gina Pines

VI. CONTRACTORS

Contractors will be required to (1) inform the University of any hazardous materials they will have and to supply an MSDS for each one. In return, the University will inform the contractor of any materials with which they might come in contact in our facility and will supply them with a MSDS. The Safety Director will be responsible for conducting this communication process. Companies providing housekeeping services in each office will be included in this policy.

VII. EMPLOYEE INFORMATION AND TRAINING

All employees are provided training and information on hazardous chemicals in their work area during orientation and during site training sessions.

Employees are informed of:

- 1) The existence and requirements of the OSHA Hazard Communication Standard.
- 2) The components of the hazard communication's program.
- 3) Location of the written hazard communication program, the list of hazardous chemicals, and Material Safety Data Sheets.
- 4) Hazards associated with non-routine tasks.

Employee Training includes:

- 1) Methods to detect the presence of a hazardous chemical in their work area.
- 2) Physical and health hazards of chemicals in their work area.
- 3) Implementation of the hazard communication program in the work place, interpreting and reading information on labels and Material Safety Data Sheets, and obtaining and using the available information.
- 4) Measures employees can take to protect themselves from hazards, including specific procedures required to provide protection against hazards (work practices, personal protective equipment, and emergency procedures).

Employee training and information requirements are presented through formal classroom training, handouts, and quarterly safety meetings; original sign-in sheets and an outline of content presented will be maintained in a file in the University Safety Office.

The initial orientation training will be presented by Aaron Quinn, University Safety Director, during the first week of employment. Quarterly safety meetings will be presented by the Safety Director in each office concerning new chemicals to be used and updates of MSDS's.

The Safety Director in each office will inform employee's returning from an extended leave of absence of changes in chemicals or MSDS's during their absence.

VIII. HAZARDOUS NON-ROUTINE TASKS

This University does not have routine or non-routine tasks that require its staff to use hazardous chemicals. Chemicals used in this University are mainly housekeeping supplies, which are normally used by contracted housekeeping employees; staff may occasionally use these supplies during the day when housekeeping services are not available.