PASCO-HERNANDO STATE COLLEGE

Safety Manual

2017 - 2018

PHSC
Pasco-Hernando State College

Preface

The purpose of the Pasco-Hernando State College's Safety Manual is to provide the College's employees with information that will promote a safe and healthy work environment. Implementation of this Safety Manual will be in compliance with the Florida Occupational Safety Act (FLOSHA) and the Florida Department of Labor and Employment, Division of Safety, Rule 381-74.

The Safety Manual consists of six chapters and an appendix. These six chapters deal with a variety of issues that may impact employees and/or students in some way under certain circumstances. The Safety Manual is developed and reviewed by the College Safety and Security Committee. The structure of this committee, the roll for campus facilities committees, responsibilities of staff, and general safety procedures are discussed in Chapter 1. Chapters 2 – 6 contain detailed information about specific areas of safety awareness. The Appendix contains information about Florida Cardiac Arrest Survival Act, a list of required an optional safety training programs by employee category, and a list of safety training programs available.

The College Safety Officer provides a list of employees, by name, that need to complete or provide verification that they have completed specified safety training programs. The College Safety Officer also maintains a record of employee training that has been completed.

Questions about this manual should be directed to the Director of College Safety and Security at 727-816-3475 or mccaind@phsc.edu.

Safety related policy issues should be directed to the Chair of the College Safety and Security Committee at 727-816-3475 or mccaind@phsc.edu. 813-527-6620 or giannes@PHSC.edu.

This manual is updated as needed. The reader should check the College Intranet for the most current version. This version of the College Safety Manual was published in the current format during the 2007-2008 academic year.

Updates:
December 2008: Appendix B & C updated, title page and preface updated with new academic year. August 2009: Chapter 1 revised Appendix B updated, Appendix C replaced; Appendix D created; index and title updated for new academic year. August 2010: revised Chapter 1; Appendix C, new Appendix E (MRSA); general update 2014; general update, November, 2015;General update, April 2017

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SAFETY MANUAL
Chapter 1
General Safety Provisions

Responsibility for Safety

All College employees are responsible for practicing safe work habits and for adhering to established procedures that foster a safe working environment. Program involvement by employees at all levels is critical for the College's goal of providing its employees with a safe and healthy work place. Responsibility for safety at the College can be delineated in the following manner:

1. **General.** Safety rules and practices are not meant as a substitute for common sense. Safety rules can not be devised to cover every situation an employee may face on the job. Safety is an important aspect of an employee's job. An employee must possess the understanding and knowledge needed to prevent accidents. Safety is more than guidelines and procedures, it is a way of life. A comprehensive safety plan requires the commitment of all College employees. Each employee must learn about safety risks, be alert to problems, react appropriately and know the proper channels to follow to address safety deficiencies. The College is committed to promoting a safe working environment, not simply because it is the law, but also because it makes good sense. Working safely and obeying safety rules protects the employee and fellow workers from injuries, illness and death. **All of the College's employees are responsible for safety.**

2. **Administration.** The College's administration is responsible for the prevention of work related injuries, illnesses and death because it is held accountable for all issues under its span of control. The College's administration supports a safe and healthy working environment by:

- providing safety training for employees;
- disseminating safety manuals and materials to employees;
- promoting the active participation and recommendations of a College Safety and Security Committee and Campus Facilities Safety Committees;
- appointing the Director of College Safety and Security as the College's Safety Officer.
- appointing the Safety and Risk Management Specialist as the College's Safety Training Officer and
- reviewing and updating periodically safety rules, procedures, manuals and materials.

3. **Supervisors.** Supervisors are responsible for properly supervising and training their staffs. Proper training includes providing information about safe work practices and procedures and proper selection and use of personal protective equipment (PPE). Supervisors must enforce College rules and internal management memoranda and initiate immediate corrective action to eliminate hazardous work conditions or practices. Supervisors will not permit safety to be sacrificed for any reason. Supervisors will consistently implement and enforce all job safety rules and practices outlined in this manual and any other applicable safety related manual promulgated by the College. All supervisors are responsible for conducting adequate briefings of employees prior to their beginning work as well as inspection of tools, equipment, and the work area. Supervisors will observe work in progress to the best of their ability to foresee hazards or hazardous operations. Supervisors will be familiar with the location of first aid kits. Supervisors will conduct a job hazard assessment to determine if personal protective equipment is needed for a particular job.

4. **Faculty.** Faculty members teaching in science laboratories will be familiar with safety requirements and practices issued by the College's administration. Science laboratory faculty will require students to read and sign a Student Agreement for Science Laboratory Courses (IIN-52) Physical education faculty will require students to read and sign a Student Certification/Agreement for Physical Activity Courses except Perspectives of Health and Wellness (HSC 1101) (SAA-1), Student Certification/Agreement for Perspectives of Health and Wellness Course (HSC 1101) (SAA-6) and/or Student Certification/Agreement for Laboratory/ Clinical Courses (IIN-17) form(s). Law Enforcement Faculty will require students to read and sign a Release and Hold Harmless Form. An annual inventory of all chemicals used will be conducted in each laboratory and an emergency plan of action will be posted for chemical spills and laboratory evacuation.

5. **Individual Responsibilities.** All employees are responsible for following approved safety rules, practices and procedures published in this manual and in any other manual or training material promulgated by the College. Employees must use only the appropriate and approved protection equipment or devices whenever the hazard justifies their use or when so instructed by a supervisor. Employees must report to their immediate supervisor any

hazardous condition which might injure a person or damage property. Potential hazards must be identified to an employee so that precautionary measures can be taken. As an added safety precaution, staff who carry cellular phones are encouraged to program into their phone the name "**ICE**" or "**A-ICE**" and list the phone number of a special person to call in case of emergency. **ICE** stands for in-case-of-emergency and in some training programs, first responders are trained to look for such an entry in the cell phone of an injured person who is unable to speak. Placing the "A" in the front of ICE simply serves to make it show up at the top of a search or directory list.

6. **Good Housekeeping.** Good housekeeping is essential to safe operations. Good housekeeping and management will result in fewer accidents and reduces fire hazards. Oil and chemical spills will be cleaned up promptly to eliminate the dangers of slipping and fire hazards. All work areas must be kept free of tools, materials, draped hoses, extension cords, and other objects which create hazards. Cleaning the area where an employee works is part of the job. A job is not completed until the work area is cleaned.

College Safety and Security Committee and Campus Facilities Safety Committees

The College's Internal Management Memorandum #1-3 establishes the College Safety and Security Committee. The purpose of the committee is to function as an advisory body to develop and recommend to the College President matters of policy and procedure affecting the administration of the College loss prevention program. This Committee should meet a minimum of quarterly to plan and recommend policies and procedures affecting the development of an aggressive loss prevention program for all employees; to coordinate and establish goals, objectives, and regulations for this program to ensure directives are current and coincidental with current needs; to review statistical data, records, and reports of safety matters; to make follow-up investigations of accidents and safety inspections and when appropriate, file a report to the President's Administrative Leadership Team regarding recommendations concerning appropriate action; to guide College staff in general and specific loss prevention efforts; to assist and monitor a program of safety and health inspections; and to maintain and update, annually, the College Safety Manual.

The College Safety and Security Committee is comprised of the following members:

Director of College Safety and Security, Chair
Vice President of Academic Affairs and Faculty Development/College Provost
Vice President of Student Affairs and Enrollment Management
Vice President of Technology and Distance Education
Assistant Vice President of Policy/General Counsel
Provosts (East Campus, North Campus, Porter Campus, Spring Hill Campus)
Dean of Student Affairs and Enrollment Management

Associate Dean of Student Affairs, Engagement and Special Services
Executive Director of Human Resources
Executive Director of Marketing and Communications
Director of Plant Operations
Associate Director of Human Resources
Executive Director of Public Service Programs
Continuing Education Specialist
Information Center Coordinator
Science Laboratory Coordinator/Supervisor (1)
Faculty (1), Division of Arts and Sciences
Faculty (1), Division of Nursing and Heath Programs
Faculty (1), Division of Workforce Development
Career Confidential Employee (1)
Vice President of Administration and Finance, Ex Officio

The College's Internal Management Memorandum #1-3 establishes the Campus Facilities Safety Committees. These committees are responsible for conducting quarterly campus safety walk through inspections. The committee will file a written report through the Provost to the Chairman of the College Safety and Security Committee on the condition of each campus/center, with recommendations for correcting and safety or health concerns found to be dangerous or hazardous. These reports will be presented by the College Safety Training Officer (Safety and Risk Management Specialist) to the College Safety and Security Committee for appropriate action. These committees are composed of the following members:

<u>East Campus Facilities Safety Committee</u>

Plant Manager, Chair
Provost
Director of College Safety and Security
Public Service Technology Representative
Coordinator of Student Activities
Coordinator of Disabilities Services
Plans Reviewer / Building Inspector
Science Lab Coordinator
Safety and Risk Management Specialist
Campus Maintenance Mechanic I
Director of Plant Operations
Faculty (1)
Student (1)
Library (1)
Career Confidential Employee (1)
Student Affairs (1)

North Campus Facilities Safety Committee

Plant Manager, Chair
Provost
Director of College Safety and Security
Assistant Plant Manager
Coordinator of Student Activities
Coordinator of Disabilities Services
HVAC/Energy Coordinator / Supervisor
Science Lab Coordinator
Safety and Risk Management Specialist
Campus Maintenance Mechanic I
Director of Plant Operations
Faculty (1)
Student (1)
Library (1)
Computer Lab Coordinator
Student Affairs (1)

Porter Campus at Wiregrass Ranch Facilities Safety Committee

Plant Manager, Chair
Provost
Director of College Safety and Security
Coordinator of Student Activities
Coordinator of Disabilities Services
Plans Reviewer / Building Inspector
Science Lab Coordinator / Supervisor
Safety and Risk Management Specialist
Assistant Plant Manager
Director of Plant Operations
Faculty (1)
Student (1)
Library (1)
Career Confidential Employee (1)
Student Affairs (1)

Spring Hill Campus Facilities Safety Committee

Plant Manager, Chair
Provost
Director of College Safety and Security
Coordinator of Student Activities
Coordinator of Disabilities Services
Plans Reviewer / Building Inspector
Science Lab Coordinator / Supervisor
Safety and Risk Management Specialist
Campus Trades Worker

Director of Plant Operations
Faculty (1)
Student (1)
Library (1)
Career Confidential Employee (1)
Student Affairs (1)

West Campus Facilities Safety Committee

Facilities Coordinator, Chair
Vice President of Academic Affairs and Faculty Development / College Provost
Director of College Safety and Security
Director of Student Activities
Associate Dean of Student Affairs, Engagement and Special Services
Director of Plant Operations
Production Engineer
Plans Reviewer / Building Inspector
Science Lab Coordinator/Supervisor
Safety and Risk Management Specialist
Campus Maintenance Mechanic I
Campus Maintenance Trades Worker
Faculty (2)
Student (1)
Library (1)
Career Confidential Employee (1)
Student Affairs (1)
Athletics (1)

Safety and Health Training

Employees are subject to workplace safety and health policies at the College upon employment. Each employee is informed about the College's Safety Manual and other college policies as part of new employee orientation. Supervisors are responsible for ensuring that employees they supervise understand workplace safety and health rules, policies, and job specific procedures. All employees will be instructed by their supervisor that compliance with the safety rules described in the College's Safety Manual is important and that safety guidelines should be followed at all times.

Job Specific Training

Safety will be discussed with new employees by their supervisor as part of their orientation to the job. Employee and supervisor will work together as needed throughout an employee's tenure at the college to maintain safe work practices. The following procedures will be used to assure safe work practices are followed:

1. For new employees or employee assigned to new tasks, supervisors will review the tasks to be performed, provide training as needed, and review safe work practices.
2. Supervisors will observe employees performing their work. If necessary, the supervisor will provide a demonstration using safe practices or remedial instruction to correct training deficiencies before an employee is permitted to do the work without supervision.
3. All employees will receive instruction in the safe use and operation of new or seldom used equipment prior to use of the equipment.
4. Supervisors will review safe work practices with employees before permitting the performance of new, non-routine or specialized procedures.

Periodic Training and Retraining of Employees

Periodic refresher training and training on new or revised safety procedures will be scheduled as often as needed. Dates and locations will be communicated to administrators, supervisors and employees via various written media such as e-mail, bulletins and memoranda. Employees are responsible for attending training that specifically applies to their job and are encouraged to attend all ongoing safety training. Periodic training sessions may include, but are not limited to, the following items:

1. A progressive review and discussion of a section of the College's Safety Manual or specific safety rules.
2. A discussion of on-the-job accidents including possible ways of preventing them.
3. A review of procedures from specific sections of the Safety Manual such as the Chemical Hygiene Plan, Respiratory Protection Plan, Bloodborne Pathogens Exposure Control Plan, Lockout/Tagout Plan and/or Emergency Procedures Plan.
4. A review of changes and updates of the College's Safety Manual.
5. A list of training topics and a training schedule is included as an appendix to this manual.

Supervisors in departments that have a high propensity for accidents will be required to conduct periodic safety meetings. Individuals will be retrained after the occurrence of a work related injury caused by an unsafe act or work practice or any time a supervisor observes or is informed about an employee who displays unsafe acts, work practices, or behaviors.

The College's Safety Training Officer (Safety and Risk Management) will assist with the coordination and/or training of the College's employees regarding job related safety and health issues.

Mandated Training

Federal and state laws and rules require that the College provide safety training for certain job classifications. Employees in job classifications that have mandatory safety training requirements are required to attend scheduled training. The College Safety and Security Committee will be responsible for identifying the job classifications of employees who must attend mandatory training. The College's Safety Training Officer (Safety and Risk Management Specialist) will schedule, coordinate, record attendance, and assure that required training is conducted.

Federal and state laws and rules require that the College provide training to affected employees as follows:

- **Hazard Communication Plan.** Hazardous communication (Right to Know) training is required for all new employees who work with hazardous materials within 90 days of employment and annually for all full-time and part-time employees who work with toxic substances or hazardous materials as part of their occupational duties. This training provides information on the Florida Occupational Safety and Health Act (FLOSHA) Hazard Communication Standards, the College's Hazard Communication Plan, routes of exposure, methods of detecting exposure, Material Safety Data Sheets (MSDS), and selection and use of personal protective equipment (PPE). Additional information on toxic substances can be obtained by contacting the Florida Poison Information Center – Tampa**,** Tampa General Hospital, PO Box 1289, Tampa, FL 33601, Emergency Phone***:*** 1-800-222-1222, Administrative Phone: (813) 844-7044, FAX: (813) 844-4443, Website: http://www.poisoncentertampa.org. Detailed information on the chemical hygiene and hazardous material is contained in the College's Hazard Communication Plan.
- **Respiratory Protection Plan.** Employees who use respirators or maintain respirators for use during emergencies are required to attend respirator training prior to using them. Training on the use and limitations of respirators is provided as part of the College's annual hazardous communication training. Periodic refresher training will be conducted by the College's Safety Training Officer (Safety and Risk Management Specialist) and/or supervisors, as needed. Detailed information on the use of respirators is contained in the College's Respiratory Protection Plan.
- **Bloodborne Pathogens Exposure Control Plan.** Employees in job classifications who are at some risk of being exposed to diseases transmitted by blood and bodily fluids while performing occupational duties are required to attend training on exposure control. Detailed information on exposure control is contained in the College's Bloodborne Pathogens Exposure Control Plan.
- **Chemical Hygiene Plan.** Employees who work in the science laboratories and in other "laboratory-type" areas (i.e. photography darkroom) must comply with OSHA's Laboratory Standard and be trained in the specific hazards of

the chemicals they work with. Detailed information on proper chemical hygiene procedures in the lab environment are contained in the College's Chemical Hygiene Plan.

- **Lockout/Tagout Plan.** All employees who perform maintenance or repairs on energized machines and/or equipment will be trained on the proper lockout and tagout procedures prior to performing needed maintenance or repairs. Detailed information on lockout and tagout procedures is contained in the College's Lockout/Tagout Program.

First Aid Procedures

There are no first aid or medical clinics located at any of the College's campuses or centers because all College sites are located within ready access of emergency medical and advanced life support services. Employees must report all job related injuries to their supervisors. Supervisors are responsible for ensuring that all staff under their supervision understand and follow the first aid and emergency medical treatment procedures. It is always advisable to contact the College's Director of Human Resources for medical referral information for the treatment of an injured or sick employee.

1. **Emergency Medical Treatment.** Supervisors are responsible for ensuring that emergency telephone numbers are posted in appropriate locations at the college. Emergency medical services will be obtained through the countywide emergency medical services system by calling the 911 emergency telephone number. If an employee sustains a severe injury or develops a condition that requires immediate medical attention, the following actions must be taken immediately:
    a. Call for help or seek assistance from a co-worker or administrator. The employee's immediate supervisor should be notified as soon as feasible.
    b. Call the countywide 911 emergency phone number from any College telephone by dialing 911.
    c. Provide the 911 emergency operator with the following information:
        * Type of emergency
        * Campus location
        * Building name
        * Room number or location of emergency
        * The caller's name and title
        * The telephone number from where the call is originating
    d. Do not hang up. The 911 emergency operator may need additional information.
    e. Inform the Provost about the emergency as soon as possible. The Provost will contact the President, Director of College Safety and Security and Director of Human Resources.
    f. Following the emergency, submit copies of Accident-Incident Report to the immediate supervisor, Campus Provost, Associate Director of Human Resources, and the Director of College Safety and Security .

2. **Minor First Aid Treatment.** Employees who sustain an injury or are involved in an accident requiring minor first aid treatment will:
   a. Inform their supervisor of the injury.
   b. Access a first aid kit that is located in the Provost's/Center Director's office of each campus/center. The access to a first aid kit may not be substitute for medical attention.
   c. Self administer first aid treatment for minor injuries appropriate under the circumstances.
   d. Provide the supervisor with details of the injury for completion of the College's Accident-Incident Report and submit it to Human Resources.
   e. College first aid kits are compliant with OSHA and ANSI standards for minimal components. The College Safety Officer performs a first aid kit audit annual on each campus to assure that the minimum contents are maintained.

3. **Non-Emergency Medical Treatment.** All non-emergency work related injuries requiring professional medical assistance must be reported to the employee's supervisor. If an employee sustains an injury requiring medical assistance of a non-emergency or first aid nature, the employee must:
   a. Notify his/her supervisor of the need for medical attention.
   b. Contact or have their supervisor contact the College's Director of Human Resources.
   c. Provide the supervisor with details of the need for non-emergency medical treatment for completion of the College's Accident-Incident Report and submit it to Human Resources.

4. **First Aid Guide.** The following information is provided only as a general guide for employees. This information is not intended to serve as first aid training for employees. The College does not have designated first aid providers nor does it require employees to provide first aid or emergency treatment to coworkers or students. All first aid rendered by College employees is done so on a "Good Samaritan" basis.

   a. **Wounds**
      * Minor cuts, lacerations, or punctures require that the wound be washed with soap and water and rinsed well. Cover the wound using a clean dressing or bandage.
      * Major lacerations with serious bleeding will require direct pressure on the wound with a clean bandage or cloth to stop the bleeding. Direct pressure must be applied to the wound until medical help arrives.
   b. **Broken bones**
      * Do not move the victim unless his/her life is in immediate danger.
   c. **Burns**
      * Thermal (heat) burns require that the burned area be rinsed with cold water (not ice water) and immersed in cold water. Gently blot dry and cover the burned area with sterile gauze or a clean cloth.

* Chemical burns necessitate use of an emergency shower, eye wash station, or water faucet to flush the burned area with cool water for at least 15 to 20 minutes

d. **Eye injury**
   * Do not rub the eye if a small particle enters it. Use the corner of a soft, clean cloth to draw particles out or hold eyelids open and flush the eye(s) continuously with cool water.
   * If large particles penetrate or adhere to the eye, do not attempt to remove them. Cover both eyes with a bandage.
   * If chemicals come into contact with the eyes immediately irrigate the eyes and under the eyelids with water at an emergency eye wash station or water faucet for at least 15 to 20 minutes.

e. **Neck and spine injury**
   * If the victim appears to have sustained a neck or spinal injury or is unable to move their arm(s) or leg(s), do not attempt to move the victim or allow the victim to move unless his/her life is in immediate danger.

f. **Heat exhaustion**
   * Loosen tight clothing, offer the victim sips of cool water, and have the victim lie down in a cooler place and elevate his/her feet.

Personal Protective Equipment

College employees are required to wear personal protective equipment when exposed to hazards such as, but not limited to, falling; handling and using chemicals and caustic materials; handling of rough or uneven materials; exposure to dust, gases or vapors of a toxic or irritating nature; insufficient oxygen; moving machinery; high noise levels; exposure to injurious rays; and handling biohazardous waste.

Personal protective equipment (PPE) will be provided by the College. It is the supervisor's responsibility to ensure that any employee who requires equipment or is frequently exposed to such hazards will be issued the proper protective equipment. The following types of personal protection equipment (PPE) are required for use as follows:

1. Head protection. Approved head protection equipment will be worn by all employees when they are performing or observing work where the head is exposed to injury from moving, falling, flying objects, or other types of head injury hazards or when directed by a supervisor. All College employees and visitors will be required to wear approved protective headgear when visiting a construction area or when in an area where employees are performing work where approved protective headgear is required.
2. Foot protection. Foot guard protection will be required when foot injury hazards are present. The use of personal protective shoes is recommended so that employees will have the benefit of full-time foot protection while on the job. Protective shoes provide good protection against rolling or falling objects, moving

machinery, and the accidental kicking of hard or sharp objects. It is highly recommended that the employee wear safety shoes in any area where the potential for foot injury exists.

3. Eye, Face and Respiratory Protection. Approved protection will be worn by all employees during construction, maintenance operations, inspection or observing where there is danger of exposing the eyes, face, and respiratory system to flying particles, acids, caustics, harmful electric arcs, light rays or other types of eye, face and respiratory hazards.
   a. Eye and face protection will be worn, respiratory protection, should be worn when necessary, such as when handling strong acids, caustics or other irritating or harmful dusts, liquids or gases. Special hooded ports on the goggles are required to protect the eyes when handling strong chemicals. Approved goggles will protect the eyes, but face shields, masks or respiratory equipment may be required to protect the face from chemical splashes.
   b. Eye protection will be worn when scaling rust, soldering, and using compressed air. Face shields are preferred for jobs with flying particles or splatter but with little dust. Protective glasses are approved if exposure is slight and infrequent in occurrence.
   c. Approved filter masks, respirators or helmets supplied with air will be worn for respiratory protection, in addition to the dust proof eye protection for sandblasting work. In well ventilated rooms or open areas, respirator filtering with dust proof goggles is approved protection. In poorly ventilated areas or where contaminants are unusually heavy, air supplied sandblast helmets are required.
   d. Welding on brass, bronze, or galvanized iron will be done only in well ventilated places or approved respirators must be worn. A welder's helmet with proper filter lenses and with safety glasses or goggles underneath will be worn for electric welding work. Protective glasses or goggles are required underneath the helmet unless incorporated in the helmet, to protect the eyes from injurious rays, from adjacent work and from flying objects when the helmet is raised. The lenses of the protective glasses or goggles may be clear or unfiltered, depending upon the amount of exposure to adjacent welding operations. If filtered glass is used, the sum of the shade numbers of the helmet and the spectacles or goggles should add up to the recommended filter shade number.
   e. Work gloves will be provided for certain work assignments and must be worn whenever the potential for hand injuries exist.
   f. Clothing made from synthetic materials must not be worn where an explosive or flammable atmosphere may exist. Loose clothing must not be worn near moving machinery.

Accident Investigation Procedures

An accident investigation will be performed by the supervisor at the location where the accident occurred. The College's Associate Director of Human Resources is

responsible for reviewing the reports for completeness and ensuring that recommendations are being addressed.

Supervisors will investigate all accidents, injuries, and occupational diseases using the following procedures:

1. Review the Accident/Incident Report related to the investigation.
2. Implement temporary control measures to prevent any further injuries to employees.
3. Review the equipment, operations and processes to gain an understanding of the accident/incident.
4. Identify and interview each witness and any other person who might provide information concerning the cause of the accident/incident.
5. Investigate causal conditions and unsafe acts and make conclusions based on existing facts.
6. Provide recommendations for corrective actions.
7. Indicate the need for additional or remedial safety training.

8 Submit copies of the Accident/Incident Report Accident-Incident Report to the immediate supervisor, Campus Provost, Associate Director of Human Resources, and the Director of College Safety and Security .

Recordkeeping Procedures

The College's accident and injury records are maintained as follows:

1. The College's Executive Director of Human Resources will maintain:
   a. Workers' Compensation First Report of Injury or Illness (DWC-1)
   b. Accident-Incident Report for Workers' Compensation related injuries
   c. Florida Department of Labor and Employment Security Log and Summary of Occupational Injuries, Diseases and Illnesses (SAF 200)
2. The College's Associate Director of Human Resources will maintain:
   a. Accident-Incident Report for property, casualty, and liability related accidents and incidents

Procedure for Facilitating Safety/Health Audits

Periodic audits are conducted on the various campuses by representatives from several agencies/institutions. Some of the typical agencies that may be expected to conducted audits include: the state Health Department, the Fire Marshall, the insurance Consortium, and the federal EPA. While many of these audits are scheduled ahead of time, audits may occur with little or no prior notice. To avoid confusion and to assure that the most helpful and knowledgeable individuals are available to assist and/or answer questions for auditors the following procedure should be followed.

1. When a college staff member is contacted by an auditor, the staff member should notify her/his supervisor immediately. Additionally, the following individuals should also be notified: Director of College Safety and Security,, the campus Provost, the campus Facilities or Plant Manager, the Vice President for Administration and Finance, and the appropriate Dean or Associate Dean for academic areas.

2. When possible, the College Safety Officer and campus Facilities/Plant Manager will accompany the auditor. Additionally, staff from the most closely affiliated functional area of the college should accompany the auditor as well. This will assure that the auditor has appropriate access to facilities and information during the audit.

3. Prior to the actual audit, the auditor should be required to present her/his credentials that indicate that she/he is, in fact, appropriately authorized to conduct the particular audit being requested.

4. The auditor will provide a written summary or report of her/his findings. Copies of this document should be maintained by the office/department being audited and the original forwarded the Director of College Safety and Security who maintains the official record. Copies of the audit report should also be provided to same individuals identified in step 1 of these procedures.

5. In non-emergency situations, remedial actions taken in response to audits should only be initiated after receiving the written audit finding and after proper authorization through the normal chain of command for the impacted area.

6. In emergency situations, appropriate action needs to be taken as per the direction of the auditor, but authorization via the appropriate chain of command is advisable when time permits.

7. If emergency action is required prior to receipt of a written finding or prior to authorization through the normal chain of command, the staff member should prepare an after-action written report explaining the nature of the emergency and the actions taken. This report will be in addition to the normal Accident/Incident Report that is required to be completed for safety-threatening incidents that occur at the College.

General Public Health Considerations

The College fully cooperates with local public health authorities including the Hernando and Pasco Counties Health Departments. Good health practices are encouraged by Pasco-Hernando State College. The College periodically provides health information to employees via a variety of means and encourages healthy living. Students are encouraged to practice healthy habits as part of several instructional programs, sports, and student activities. In addition to the first aid

information printed earlier in this chapter and the information presented in the Emergency Procedures Manual (e.g. see Chapter 10. Pandemic Influenza Plan).

1. The College recognizes the MRSA is also a potential hazard to student, faculty and staff who may use fitness facilities at the College. MRSA, or methicillin-resistant *Staphylococcus aureus*, is a skin infection spread by contact with infected individuals or surfaces recently touched by an infected person. Students and staff are encouraged to facilitate safe practices with regard to personal hygiene habits to minimize one's likelihood of contracting MRSA. Examples of educational materials available from the Centers for Disease Control (CDC) suitable for distribution or posting in gyms or locker rooms are found in Appendix E at the end of this manual.

Safety Manual
Chapter 2
BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN

Purpose

Pasco-Hernando State College is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with Occupational Safety and Health Administration (OSHA) standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens". The ECP is a key document to assist our college in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

* Determination of employee exposure
* Implementation of various methods of exposure control, including:
  - Universal precautions
  - Engineering and work practice controls
  - Personal protective equipment
  - Housekeeping
* Hepatitis B vaccination
* Post-exposure evaluation and follow-up
* Communication of hazards to employees and training
* Recordkeeping
* Procedures for evaluating circumstances surrounding an exposure incident

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this exposure control plan.

Definitions

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

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

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

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

Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

For the definitions of terms not otherwise stated here or within the text of the ECP, refer to page 16 in this document. (Paragraph (b) of the OSHA standard.)

Program Administration

* The College's administration is responsible for the implementation of this exposure control plan.
* The College Safety and Security Committee will maintain, review, and update the Bloodborne Pathogens Exposure Control Plan at least annually, and whenever necessary to include a new or modified tasks and procedures.
* Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this plan.
* The College's administration will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels and red bags as required by the standard. The College's Safety Officer will conduct annual inspections and provide the results to appropriate college administrators who will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
* The College's administration will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained. The administration will also be responsible for training, documentation of training, and making the written ECP available to employees, OSHA and NIOSH representatives. The College's Safety Officer is responsible for overall coordination of the ECP. The role of College Safety Officer is filled by the Director of College Safety and Security.

Employee Exposure Determination

The following categories are determined by exposure potential to blood or other potentially infectious materials (OPIM) according to position and job duties:

CATEGORY I

All employees in this category have occupational exposure. The following job classifications/job titles fall under this category:

Nursing Programs Faculty
Dental Programs Faculty
Radiography Faculty
EMS/Paramedic Program Faculty and Lab Aide(s)
Allied Health Laboratory Assistant(s)
Patient Care Assistant Practicum Instructor
Phlebotomy Instructor
Athletic Coaches and Assistant Coaches
Athletic Trainers and Assistant Trainers

Job duties of Category I employees include, but are not limited to, the following:

1. Instruction of health programs' students in the campus laboratory setting;
2. Instruction of health programs' students in the clinical patient care setting; and
3. treatment/rehabilitation of athletic injuries.

CATEGORY II

Some employees in this category have occupational exposure. Category II job classifications/job titles include:

Athletic, Exercise, and Student Activities staff
Science Laboratory Coordinator/Supervisor
IV Therapy Certification Instructor
Science Faculty
Custodial Staff
Law Enforcement and Corrections Instructional Staff
Maintenance Staff

Also included under Category II is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals. This includes activities that result in accidental exposure to blood and OPIM:

DEPARTMENT/LOCATION	TASK/PROCEDURE
Science	Lab activities involving human blood typing, animal blood, pathogenic microbes or animal carcasses/tissues
Allied Health	Instruction in venipuncture on manikins
Athletic	Athletic events, i.e. basketball, baseball, cross-country, softball and volleyball activities
Law Enforcement/Corrections	Defensive tactics and fitness activities
Maintenance/Custodial	Custodial duties involving clean-up of blood and OPIM
Student Activities	Fitness and physical activities
Wellness/Arts & Sciences	Fitness and wellness activities

CATEGORY III

No employees in this category have occupational exposure. The following job classifications/job titles fall into this category:

Clerical Staff
Faculty not included in Category I or II
Administrative and staff personnel not included in Category I or II

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

"Universal Precautions" is an approach to infection control. According to the concept of universal precautions, all human blood and certain human body fluids are treated as if known to be infected with HIV (Human Immunodeficiency Virus), HBV (Hepatitis B Virus) and other bloodborne pathogens. All employees will utilize universal precautions whenever there is the potential for contact with **any** body fluid. The use of universal precautions includes wearing protective gloves.

Bloodborne Pathogens Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this plan during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting their immediate supervisor. If requested, the College will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

The College Safety and Security Committee is responsible for reviewing and updating this plan annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The devices and practices covered by these controls include, but are not limited to, appropriate hand washing, sharps disposal, housekeeping practices and decontamination procedures. The specific engineering and work practice controls used at the College are listed below. More specific housekeeping practices are listed in a different section of this plan, labeled "Housekeeping".

- Eating, drinking, smoking, applying cosmetics or handling contact lenses in contaminated areas while performing cleanup of body fluid spill or decontaminating equipment is prohibited.
- Employees will wash hands immediately after removal of gloves, other protective equipment, or after contact with a suspect fluid or material.
- Employees will use antiseptic soap and water to wash hands or any other part of the body that has been exposed to potentially infectious materials. In the event that hand washing facilities are not immediately available, employees will use antiseptic towelettes and wash hands and other affected body parts as soon as possible.
- Contaminated equipment will be decontaminated with an Environmental Protection Agency-approved disinfectant and cleaned in a manner which eliminates or minimizes manual contact. Heavy-duty gloves will be worn while decontaminating equipment. When there is a splash hazard present during decontamination procedures, employees will also wear a protective face shield or goggles.
- Recapping of needles using a two-handed technique is strictly prohibited. Contaminated needles cannot be bent, recapped or removed, unless it can be proven that this is necessary and that there are no alternatives. Self-sheathing needles will be used as an alternative to recapping needles. Needles that will not become contaminated by blood during use (such as those used only to draw medication from a vial) are not required to have engineering controls under the OSHA standard.
- Any containers holding contaminated specimens/items must be labeled to adequately warn employees of contents.
- Sharps disposal containers are inspected and maintained or replaced by designated personnel whenever necessary to prevent overfilling.
- Annual examination of all engineering controls is the responsibility of the College's Safety Officer. The safest available devices must be in use at all times.
- This institution identifies the need for changes in engineering controls and work practices through the College's Safety Officer. If the purchase of new devices is necessary, employee participation in the selection of those devices is required. Both employees and administration are involved in this process. The administrators who oversee applicable programs are responsible for ensuring that these recommendations are implemented. The College’s Safety Officer is responsible for tracking all such changes and making sure that progress is constantly reviewed by the college.
- If engineering and work practice controls do not eliminate exposure, the use of PPE (Personal Protective Equipment) is required.

Personal Protective Equipment (PPE)

Personal protective equipment (PPE) is generally provided to our employees at no cost to them. A detailed discussion of PPE is presented in Chapter 1 (General Safety Provisions) of the College Safety Manual. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the employee's immediate supervisor.

The types of PPE available to employees are as follows: gloves, chemical splash goggles, safety glasses, rubberized or vinyl aprons, face shields, fluid-resistant face masks, lab coats, and respiratory masks. PPE is located in designated areas and may be obtained by contacting an employee's immediate supervisor.

All employees using PPE must observe the following precautions:

Wash hands immediately or as soon as feasible after removing gloves or other PPE.

Remove PPE after it becomes contaminated and before leaving the work area.

Used PPE may be disposed in one of the following manners:

- Reusable PPE - Designated areas
- Disposable PPE - Biohazard waste container with red bag.

Wear appropriate gloves when it is anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.

Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, puncturing, or deterioration.

Never wash or decontaminate disposable gloves for reuse.

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

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

Housekeeping

Employees must be trained in proper housekeeping procedures, dependent upon the tasks/procedures each employee performs. When such duties are carried out by contracted services, the contractor is responsible for meeting the requirements contained in the College Safety Manual.

Any items or surfaces contaminated by blood or OPIM must be treated in one of two ways:

1. Steam sterilization - items must be autoclaved for 15 - 30 minutes at the necessary temperature and pressure (see "Treatment of waste on site" on following page for specific autoclave requirements).
2. Chemical disinfection - The disinfectant used must be EPA-approved. Freshly-prepared and diluted (not less than 10% bleach in water) bleach solutions are also acceptable under OSHA guidelines. Leave the bleach solution on the item/surface until it dries before rinsing with water. Work surfaces requiring regular decontamination must be treated at the end of a set of procedures and/or when the work area is being left by the employee for a period of time. Any gross contamination must be cleaned up first with a soap and water solution to ensure the disinfectant is completely effective.

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section "Labels"), and closed prior to removal to prevent spillage or protrusion of contents during handling. All records concerning the treatment, generation, or removal of regulated waste must be kept for three years and available for review. This institution's records are located in designated areas at each campus. Generally records are maintained by the department in which the activities are conducted. The College Safety Officer inspects these records annually.

The procedure for handling sharps disposal containers is:

- Once contents of container have reached the marked fill line, close and seal the container with duct tape, then place in a biohazardous waste container for disposal with other regulated waste.
- Filled and sealed sharps containers must be properly disposed of. For sharps containers which contain non-sharps items, see procedures for handling other regulated waste below.

The procedure for handling other regulated waste is:

- All onsite storage of waste shall be in a designated area away from general traffic flow patterns and be accessible only to authorized personnel.
- Storage shall not be for a period greater than 30 days; the 30-day time period commences when the first non-sharps item of regulated waste is placed into a red bag or sharps container.
- All containers and general areas (other than point of origin) used for the storage of regulated waste will be constructed of smooth, easily cleanable materials that are impervious to liquids, vermin- and insect-free, and maintained in a sanitary condition.
- The regulated waste storage areas used at this institution are located in designated laboratories.
- Any waste not to be treated on-site is removed by a licensed biomedical waste transporter, every 30 days. Any department generating regulated waste is responsible for scheduling the pick-up of their own waste.

- Treatment of waste on-site
  - The only waste to be treated on-site includes: contaminated microbiological media (broths and agars).
  - The waste must be steam sterilized using an autoclave. The sterilization cycle must run for at least 30 minutes at a setting of 15 psi and 121 degrees Celsius.
  - A log of all sterilization cycles performed must be kept, specifying operator, load type, and cycle time.
  - Every load should include a temperature-sensitive tape to ensure adequate autoclave performance. The results should be recorded on the sterilization log.
  - The autoclave must be tested with a biological indicator after every 40 hours of use. A steam sterilization cycle must be run using the microorganism *Bacillus stearothermophilus* (or a similar spore-forming microorganism). Once the cycle is complete, *the B. stearothermophilus* must be incubated to determine its viability, if any. No growth of *B. stearothermophilus* after incubation at 55 degrees Celsius for 48 hours indicates a successful sterilization. If there is any growth present, the autoclave must be inspected/repaired before it can be used again. A record of these sterilization tests must be maintained.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closeable, puncture-resistant, leak-proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available in designated areas.

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware that may be contaminated is only picked up by mechanical means, i.e., broom/brush and dustpan. A vacuum is not an acceptable alternative.

Custodial and maintenance employees will use biohazard spill clean up kits to clean up blood or body fluid spills visibly contaminated with blood which may occur in restrooms, classrooms, laboratories, offices or hallways within College facilities. These clean up kits are located in each campus' physical plant office.

Training in the proper use of these kits will be provided by each employee's immediate supervisor and will be given to grounds, maintenance and custodial staff. All clean up kit materials will be properly disposed of in the biohazard waste containers provided for this purpose.

Custodial staff will not perform nor assist in the cleaning of health programs laboratories without close guidance from the faculty and staff responsible for these laboratories.

Blood and body fluid spills occurring during criminal justice, corrections, fire fighting technology, fire fighting training, physical education classes, and athletic events will be properly cleaned up by the faculty or staff responsible for conducting those classes. Custodial staff will not perform nor assist in cleaning of body fluid spills in these areas without the assistance of faculty or staff responsible for these areas.

Labels

The following labeling methods are used by the College:

Equipment to be Labeled	**Label Type (size, color)**
— Refrigerators and Incubators	— Biohazard label; "Not for food or drink storage" sticker
— Regulated waste containers and sharps containers	— Red bag and biohazard label
— Entrances to waste storage areas	— Biohazard label on door

Hepatitis B Virus (HBV) Vaccination Program

The College will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. All employees will be informed of their exposure potential via the Employee Acknowledgement of Exposure to Blood/Body Fluids form (College form BPE-49). Each employee must sign this form; it will be maintained in his/her official personnel file. The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees (including part-time and temporary employees) identified in the exposure determination section of this plan. This includes all category I and category II employees. Vaccination is encouraged unless:
1) documentation exists that the employee has previously received the series;
2) antibody testing reveals that the employee is immune; or
3) medical evaluation shows that the vaccination is contraindicated.

If an employee declines the vaccination, the employee must sign a Vaccination Declination Form (College form BPE-50). Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the employee's personnel file.

Vaccinations will be provided by a licensed health care professional though the appropriate county public health office. If necessary, employees must be allowed to attend appointment(s) during their scheduled work hours. In this situation, compensation must also be provided by the College to the employee for travel to and from the appointments. The employee is responsible for keeping all appointments to obtain the vaccination series. Any employee who fails to receive the complete vaccination series, for any reason, will be required to sign a Vaccination Declination Form.

Post-Exposure Evaluation and Follow-up

The following terms are relative to the post-exposure evaluation and follow-up process:

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Good Samaritan Acts are not included as part of the Blood borne Pathogens Standard. The Blood borne Pathogens Standard does not include "good Samaritan acts" which result in exposure to blood or other potentially infectious materials while assisting a fellow employee or student. Nevertheless, the College will provide exposure evaluation and follow-up to any College employee who becomes exposed while performing a "Good Samaritan Act" while on duty.

The following steps must be taken as part of the post-exposure evaluation and follow-up process:

1. The employee will immediately report the incident to his/her supervisor. The supervisor will then be required to complete an Accident/Incident Report (College form, F-277) using information provided by the employee and eye witnesses.
2. An immediately available confidential medical evaluation and follow-up will be conducted by a physician who is authorized by the College. Following initial first aid (clean the wound, flush eyes or other mucous membranes, etc.), the following activities will be performed:
   * Document the routes of exposure and how the exposure occurred.
   * Identify and document the source individual (unless the employer can establish that the identification is infeasible or prohibited by state or local law).
   * Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
   * If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing need not be performed.
   * Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
   * After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
   * If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

Administration of Post-Exposure Evaluation and Follow-Up

The College's Director of Human Resources ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are aware of OSHA's bloodborne pathogens standard.

The College's Director of Human Resources ensures that the health care professional evaluating an employee after an exposure incident receives the following:

A description of the employee's job duties relevant to the exposure incident.
Routes of exposure
Circumstances of exposure
If possible, results of the source individual's blood test
Relevant employee medical records, including vaccination status

The College's Director of Human Resources provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

The College's Assistant Director of Human Resources will review the circumstances of all exposure incidents to determine:

Engineering controls in use at the time
Work practices followed
A description of the device being used (including type and brand)
Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc)
Location of the incident
Procedure being performed when the incident occurred
Employee's training

The College's Assistant Director of Human Resources will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

Employee Training

All College Category I employees who are licensed health care professionals must provide evidence that their license is current. If provisions of licensure do not require current bloodborne pathogen training, such training will be provided the college within the first 90 days of initial employment/reassignment to Category I duties.

Category I employees, other than licensed health care professionals who have occupational exposure to bloodborne pathogens (including part-time and temporary employees) receive initial and annual training conducted by the College's Director of Human Resources, or designee. Training takes place within 90 days of initial employment/reassignment and at least once per year after the initial training session.

Category I employees who have occupational exposure to bloodborne pathogens receive training on epidemiology, symptoms and transmission of bloodborne pathogen diseases. The training is either included as part of professional licensure maintenance or as part of the college employee training program. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the OSHA bloodborne pathogen standard
- An explanation of our ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location, removal, handling, decontamination and disposal of PPE
- An explanation of the basis for PPE selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs and labels and/or color coding required by the standard and used at the College
- An opportunity for interactive questions and answers with the person conducting the training session.

In addition to the training given to employees in general, training of <u>appropriate</u> supervisors will include the following items:

a. Explanation of the situations and areas where potential exposure may occur.
b. Training in body fluid spill procedures, including:
    Notification procedures
    Location and proper use of PPE
    Location and proper use of devices used for cleanup of body fluid spills
    Proper disposal of contaminated materials

c. Training will include demonstration in the proper use of personal protective equipment and devices the employees are expected to use to protect against potential exposure.
d. Following the above explanations and demonstrations, the supervisor will observe their employees perform each of the tasks and question the employees to ensure that the employees understand the procedures and can perform the tasks associated with potential exposure to body fluids.

Training materials for the College are available from the College's Safety Officer.

Recordkeeping

Medical Records

The College's Director of Human Resources will maintain an accurate medical record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records". These confidential records are kept on file at the College for at least 30 years past the last day of the employee's employment at the College. Records do not have to be maintained for any employee who leaves the College before their first year is complete. In such a situation, the records should be given to the employee.

The employee's medical records will include the following information:

1. Name and social security number of the employee.
2. A copy of the employee's Hepatitis B Virus vaccination status including the dates of all the Hepatitis B Virus vaccinations and any medical records relative to the employee's ability to receive vaccinations.
3. A copy of all results of examinations, medical testing, and follow-up procedures.
4. The College's copy of the healthcare professional's written opinion.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the College's Director of Human Resources.
The medical record information listed above will be kept confidential and may not be disclosed or reported without the employee's express written consent to any person within or outside the College, except as required by law.

Training Records

Training records are completed for each employee upon completion of training. The College's Director of Human Resources will maintain an accurate record of each employee's training as required by this plan. Training records will be maintained for at least three (3) years. Additionally, the College's Safety Officer will maintain a record of all employee safety training for program monitoring and coordination purposes.

Training records will include the following information:

1. Date of the training session.
2. The contents or a summary of the training.
3. The names and qualifications of the person(s) conducting the training.
4. The names and job titles of all persons attending the training sessions.

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Director of Human Resources.

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the College's Assistant Director of Human Resources.

SECTION VI. **MEDICAL PLAN**

EMPLOYEES ELIGIBLE FOR HEPATITIS B VACCINATION

Employee	Department	Accepted/ Declined	Dates Scheduled	Innoculation Received #1/#2/#3			Administering Healthcare Professional (initials)

OSHA Standard Definitions from the OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030)
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051)

1910.1030(b)
Definitions. For purposes of this section, the following shall apply:

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

Blood means human blood, human blood components, and products made from human blood.

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

Clinical Laboratory means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Director means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Handwashing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Needleless systems means a device that does not use needles for:

(1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) The administration of medication or fluids; or (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

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

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

Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Production Facility means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Research Laboratory means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Sharps with engineered sharps injury protections means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

SAFETY MANUAL
CHAPTER 3
CHEMICAL HYGIENE PLAN

Purpose

One of the major goals of the Occupational Safety and Health Administration (OSHA) is to regulate industries and other facilities where work is carried out and to promote safe work practices in an effort to minimize the incident of chemically related employee illnesses and injuries. Relative to this goal, OSHA has enacted the Laboratory Standard, codified as 29 CFR 1910.1450. The purpose of the Laboratory Standard is to protect employees from "chemical hazards" that they may encounter in their workplace.

The College's position is that there are a number of "good general principles" that should be followed when working with laboratory chemicals. These include:

- It is prudent to minimize chemical exposures.
- Risk of exposure to chemical hazards should never be underestimated
- Adequate ventilation must be provided in all laboratory areas.
- Permissible Exposure Limits, Threshold Limit Values, and other accepted exposure limits should be observed at all times.

This plan will meet the letter and intent of the OSHA Laboratory Standard. The objective of this plan is two-fold:

- To protect our employees from health hazards associated with hazardous chemicals in their laboratories.
- To keep employee exposures to hazardous chemicals below the limits specified in OSHA's "General Health Hazards" (29 CFR Part 1910, Subpart Z)

This Plan is available to all employees and their designated representatives.

Responsible Persons

There are five major "categories of responsibility" that are essential to the effective implementation of this plan. These are:

- *Senior Administration - President, Provosts, Vice Presidents*
- *College Safety Officer (who is the designated Chemical Hygiene Officer)*
- *Deans, Department Supervisors/Associate Deans/Facilities Supervisors*
- *Laboratory Supervisors/Coordinators*
- *Faculty*

The following sections define the roles played by each of these groups in carrying out the program.

College Safety Officer

The College Safety Officer will be responsible for overall management and support of the College's Laboratory Standard Compliance Program. Activities which are delegated to the College Safety Officer typically include, but are not limited to:

- Overall responsibility for implementing the CHP for the entire College.
- Working with administrators and other employees to develop and administer any additional chemical hygiene policies and practices needed to support the effective implementation of this plan.
- Looking for ways to improve the CHP plan, as well as to revise and update it when necessary.
- Collecting and maintaining a suitable reference library on the Laboratory Standard Regulations and chemical safety information.
- Knowing current legal requirements concerning regulated substances.
- Monitoring procurement, use and disposal of chemicals used in our laboratories.
- Acting as College liaison during Occupational Safety and Health Administration inspections.
- Maintaining the Safety Data Sheets file, the Laboratory Standard Compliance Program, and the laboratory's library of reference materials containing information on hazardous chemicals.
- Conducting periodic facility audits to maintain an up-to-date Chemical Hygiene Plan.

- Delegating responsibility to other appropriate personnel for the support of the Laboratory Standard Compliance Program. Such activities will include the designation of:
    - An alternate *College Safety Officer* for each campus, normally the science or clinical laboratory coordinators for that campus
    - *Laboratory Standard Trainer(s)*
    - Personnel responsible for requesting, collecting and maintaining SDS's from all manufacturers and suppliers.
    - Personnel responsible for labeling containers holding hazardous chemicals which the laboratory must label.
    - Personnel responsible for conducting periodic facility audits to update the Chemical Hygiene Plan and to assure general compliance with the Compliance Program.

The College Safety Officer will be responsible for coordination of information dissemination and training for all personnel who are exposed to or handle hazardous chemicals. Activities falling under the direction of the College Safety Officer:

- Maintaining an up-to-date list of College personnel (in conjunction with *College Administration*)
- Developing suitable training programs
- Scheduling periodic training seminars for affected employees
- Maintaining appropriate training documentation such as sign-in sheets, quizzes, manuals, etc
- Periodically reviewing the training programs with the *Department Supervisors, Laboratory Supervisors/Coordinators* and *Faculty* to include appropriate new information.

Department Supervisors / Deans

Department Supervisors and *Deans* are responsible for chemical hygiene in their respective areas/departments. They work directly with the *College Safety Officer* as well as *Laboratory Supervisors* and *Faculty* to ensure that proper chemical hygiene procedures are followed.

Laboratory Supervisors/Coordinators and Faculty

Laboratory Supervisors/Coordinators and *Faculty* have overall responsibility for chemical hygiene in their laboratories. Activities which they will be responsible for include:

- Ensuring that employees know and follow proper chemical hygiene procedures and practices.
- Making sure that required personal protective equipment is available and in working order.

- Making sure that employees have appropriate training regarding the use of available personal protective equipment.
- Knowing the current legal requirements concerning regulated substances
- Determining the required levels of personal protection and other equipment that should be used with any chemical operations in the laboratory.
- Ensuring that facilities are adequate and appropriate training has been conducted regarding the use of any chemical being ordered. Providing regular, formal chemical hygiene and housekeeping inspections…including routine inspections of emergency equipment.
- Know which chemicals in their work area are hazardous
- Attend the Laboratory Standard training sessions conducted by the College Safety Officer
- Become familiar with the information on the SDS's and in other available reference materials regarding the hazardous chemicals in their work area.
- Observe all the handling precautions noted on the SDS's and as discussed in the training sessions.
- Develop good personal chemical hygiene habits.
- Plan and conduct all experiments/procedures in accordance with our established chemical hygiene procedures and practices.
- Obtain approval from *Department Supervisor/Dean* before performing special operations and non-routine tasks in which hazardous chemicals are involved.

Safety Data Sheet Acquisition

For our institution, the *Laboratory Coordinators/Supervisors* have been given the responsibility of working with the College Safety Officer to maintain up-to-date SDS records. Additionally, the campus facilities supervisors are responsible for working with the College Safety Officer to maintain appropriate SDS sheets for any listed chemicals utilized by facilities maintenance personnel. The College Safety Officer will compile and annually update a collegewide list of all listed chemicals for which SDS sheets are required. The collegewide list shall be available for distribution to the appropriate fire/rescue authority for each campus and included in the campus crisis boxes (see Emergency Response Manual for a description of crisis boxes).

If an SDS is not provided with an incoming chemical, that chemical manufacturer, importer, or distributor will be contacted by the *Laboratory Supervisor/Coordinator* in order to obtain Safety Data Sheets (SDS's) for that chemical. All of the SDS's for the College's laboratory areas are kept on file. Review of the SDS records will be conducted periodically.

An example of a typical letter sent to a manufacturer or supplier requesting copies of SDS's is shown on the following page.

Pasco-Hernando State College
10230 Ridge Road
New Port Richey, Florida 34654

Request for Safety Data Sheet(s)

Date:

To: Chemical Hygiene Officer at

To Whom It May Concern:

We are currently using your product:
Catalog/Item number:

To date we have not received a Safety Data Sheet (SDS) on this product. It is extremely important that we have an SDS for this product on file. Therefore, I would appreciate it if you would forward this information immediately to my attention at the address listed above. You may also fax me this information:
(Fax number)

If you have any questions regarding this request, please contact me at (Phone number) immediately. Thank you for your assistance.

Sincerely,

(Signature)

(Name)
Science Lab Coordinator/Supervisor

References
In addition to the SDS, or in its absence, the following sources are available as references for information regarding the hazards attached to chemicals used in our laboratories.

- Hawley's Condensed Chemical Dictionary, OSHA's General Health Hazard Regulation 29 CFR Part 1910, Subpart Z, Flinn Reference Manual 2003, Rapid Guide to Hazardous Chemicals in the Workplace, 4th ed.

Container Labels

In general, the College relies on manufacturers and suppliers to appropriately label all incoming containers they deliver in accordance with the OSHA Hazard Communication Standard. However, the college realizes that it has a responsibility to ensure that chemicals received are adequately labeled. We will therefore not accept any materials for delivery without the labeling required by the Standard.

The College recognizes that the minimum amount of information required by the Laboratory Standard for incoming container labels is:

- Identity of the hazardous chemical(s) contained therein
- Name and address of the chemical manufacturer, importer, distributor or other responsible party
- Appropriate hazard warnings

At the College, the department receiving the container is responsible for seeing that incoming containers of hazardous chemicals are checked to ensure that labeling covering these requirements is affixed.

Special Operations and Non-routine Tasks

The College recognizes that from time to time employees may be called upon to perform "special operations" or non-routine tasks which can involve potential exposure to especially hazardous chemicals. In these situations, employees must obtain prior approval from their *Department Supervisor/Dean* before undertaking these tasks.

Below are listed specific situations where prior approval must be obtained. When an employee's supervisor requests an employee to perform one of these especially hazardous tasks they will notify the employee regarding the hazards attached to the operations using the form on the following page.

NOTIFICATION OF REQUEST FOR THE PERFORMANCE OF A "SPECIAL" OPERATION OR NON-ROUTINE TASK

The following operation uses chemicals that are considered to be especially hazardous. You must consult the following supervisor(s) before proceeding with this task.

Date signed: _____

Employee(s) Assigned To:

_____

Description of Operation: _____
_____
_____
_____
_____

Hazardous Chemicals to be Used:

- _
- _
- _
- _
- _

Supervisor Sign-offs:

Supervisor(s) Signature(s)	Date
• _	_____
• _	_____
• _	_____

When an employee recognizes that they will be working with an especially hazardous chemical, or they are uncertain as to the degree of hazard that may be associated with chemicals they will be working with, they should consult their supervisors before proceeding.

Situations Requiring Prior Approval:

- Women of childbearing age handling embryo toxins such as organomercurial, lead compounds, formaldehyde, etc. must review the use of these materials with their supervisors. Continuing uses of these materials must be reviewed annually or whenever a procedural change is made to the operation being performed.
- Employees working with chemicals having a high chronic toxicity such as: dimethyl mercury, nickel carbonyl, benzo(a)pyrene and other human carcinogens, must prepare a plan for use and disposal of materials and obtain the approval of their Department Supervisor before commencing operations.

Safety Data Sheets

Safety Data Sheet Central File

Safety Data Sheets (SDS's) are normally received with the shipments of chemicals received from suppliers. However, from time to time shipments are received that are not accompanied by SDS's and for which no current SDS is on file. In these situations, SDS's are requested from our suppliers as described in the "SDS Acquisition" section of this plan. A "central file" of these SDS's has been set up in the Facilities Building ("I" Building) on West campus. Each campus also has its own "central file" of SDS's kept within the immediately laboratory/prep room area. Their locations are listed below:

- East campus laboratories: Room A209
- East campus facilities management office: Room F101
- North campus laboratories: Room A222
- North campus facilities management office: Room B107
- Porter campus facilities management office: Room F Bldg
- Porter Campus laboratories: Room D716-A
- Spring Hill facilities management office: Room G101
- Spring Hill science laboratories: Room D208-B
- West campus science laboratories: Room M313
- West campus dental laboratories: Room M124
- West campus facilities management office: Room I107

A procedure assuring that SDS's are received for all hazardous chemicals used at the College has also been created and can be found on the following pages

Recordkeeping Procedures

The College recognizes that it is very important that the institution has a Safety Data Sheet for each hazardous chemical used. The procedure below is followed as part of normal operations in order to make sure that Safety Data Sheets are on file for all the materials that the College laboratories use:

- For any shipment of a potentially hazardous chemical which is received at the College, the *Laboratory Supervisor/Coordinator* checks to see if an SDS was received with the shipment. If an SDS was received, it is forwarded to the College Safety Officer to be added to the College's central SDS file.
- If there was an SDS received with the shipment, the *Laboratory Supervisor/Coordinator* checks to see if we have an existing copy of an SDS for that chemical on file in the laboratory's central file. If the SDS is forwarded to the College Safety Officer, that person will also check if we have an existing copy of an SDS for that chemical on file in the College's central file. In either case, if the college does have an SDS already on file for the chemical, they will determine whether the SDS received with the shipment should supersede the one that is one file, and take appropriate action.

- If no SDS was received with the shipment, the *Laboratory Supervisor/Coordinator* checks to see whether there is an existing SDS of that chemical on file (Laboratory central file).

  ▪ If there is an existing SDS for the substance, no further action is taken.
  ▪ If there is not an SDS for that substance the *Laboratory Supervisor/Coordinator* requests the SDS from the supplier of that chemical as specified in the previous section of this plan, labeled "Safety Data Sheet Acquisition".

Chemical Procurement, Storage and Distribution

The College recognizes that one of the first things needed to do in order to work safely with hazardous chemicals is set up good procurement, storage and distribution procedures.

- **Procurement:** Before a chemical is received, the receiving authority will make sure that information on proper handling, storage and disposal of the chemical to be purchased is provided by the supplier.

  No container will be accepted without identifying labeling. Except under special circumstances, all chemicals will be delivered to the designated science laboratories.

  Incoming containers should be marked with the following information: full line, date received and initials of employee. (These markings must not cover or deface any information on the original label.)

- **Stockrooms and Storerooms:** Hazardous chemicals will be segregated in well identified areas equipped with local exhaust ventilation. Chemicals which are especially hazardous will be stored in unbreakable secondary containers. Stored chemicals will be examined by the *Science Laboratory Supervisor/Coordinator* for replacement, deterioration and container integrity.

  Chemicals will be segregated in storerooms according to their hazard classification (Slight Hazard, Reactive, Corrosive Acid, Corrosive Base, Flammable or Toxic) and stored alphabetically within each hazard class.

  Stockrooms and storerooms will be opened during normal working hours and controlled on a daily basis by a single employee. They will not be used as preparation or prepackaging areas.

- **Distribution:** When chemicals are hand carried, the container will be placed in a suitable secondary container or bucket.

- **Laboratory Storage:** Amounts of chemicals to be stored in operating areas of the laboratory will be kept as small as possible. Every effort will be made to conduct this "temporary" storage in areas other than bench tops or in hoods. Exposing chemicals to heat or direct sunlight will be avoided. Periodic inventories of laboratory areas will be conducted identifying unneeded/unused chemical substances. Any such identified chemicals will be returned to appropriate storeroom/stockroom areas or disposed of.

General Work Practices

The administration of the College feels strongly that all employees should be knowledgeable regarding proper "general work practices" to be used when dealing with hazardous chemicals. As a result, a review of these practices has been incorporated into our "Information and Training" program. Employees in our facilities will adhere to the following practices and procedures:

- **Accidents and Spills:**
  - ***Eye contact:*** Eyes will be promptly flushed with water for a period of 15 minutes or longer and medical attention will be sought.
  - ***Ingestion*:** Employees ingesting hazardous chemicals will drink large amounts of water (to dilute the chemical) or take other actions specified by the SDS for the ingested chemical.
  - ***Skin contact*:** The affected area will be promptly flushed with water and contaminated clothing will be removed. If symptoms persist after washing, medical attention should be sought.
  - ***Cleanup*:** Spills will be cleaned up promptly using appropriate personal protective equipment and following our laboratory's cleanup and disposal guidelines.

- **Avoidance of "Routine Exposure":**
  - Safe working practices will be developed and unnecessary exposure to chemicals by any route will be avoided.
  - Chemicals will not be smelled or tasted.
  - Equipment that may discharge toxic chemicals (such as vacuum pumps, distillation columns, etc.) will be vented into local exhaust devices or systems.
  - Gloves will be tested before use.

- **Choice of Chemicals:** Only those chemicals for which the quality of available ventilation systems is appropriate will be selected for use.

- **Eating, Smoking, Etc.:**
  - Eating, drinking, smoking, gum chewing or application of cosmetics in areas where laboratory chemicals are present will be avoided.
  - Hands will be washed immediately before conducting any of the above activities.
  - The storage, handling or consumption of food or beverages will not take place in any area exposed to hazardous/toxic substances (i.e. laboratory storage areas, refrigerators).
  - Laboratory glassware, utensils or equipment that is used for laboratory operations will not be used to handle food or beverages.

- **Equipment and Glassware:**
  - Laboratory glassware will be stored and handled carefully to avoid damage.
  - Damaged glassware will not be used in laboratory operations, and will be appropriately disposed of (using a designated and labeled broken glassware box).
  - Special care will be taken with Dewar flasks and other evacuated glass apparatus (these will be shielded or wrapped to contain chemicals and fragments should implosion occur).
  - Equipment will be used only for its designated purpose.

- **Leaving the Laboratory:** All areas of exposed skin will be washed thoroughly before leaving the laboratory.

- **Horseplay:** Employees will not engage in behavior which might confuse, startle or distract another worker.

- **Mouth Suction:** Mouth suction will not be used for pipetting or starting a siphon.

- **Personal Apparel:**
  - Long hair and loose clothing will be confined.
  - Appropriate work shoes will be worn in the laboratory at all times (sandals, perforated shoes or sneakers are not permitted).

- **Personal Housekeeping:**
  - Work areas will be kept clean and uncluttered.
  - Chemicals and equipment will be properly labeled and stored.
  - Work areas will be cleaned upon completion of an operation or at the end of each day, whichever occurs first.

- **Personal Protection:**
  - All employees as well as visitors will wear appropriate eye protection where chemicals are stored or handled. As a general guideline, ANSI (American National Standards Institute)-approved splash goggles should be worn when there is a splash risk from chemicals and/or any liquid hotter than 60º Celsius. The goggles must fit snugly to the face and be indirectly ventilated. ANSI-approved safety glasses will be worn when there is an impact hazard.
  - Gloves will be worn when the potential for contact with hazardous chemicals exists (gloves will be inspected before each use, washed before removal and replaced periodically).
  - Appropriate respiratory equipment will be used when air contaminant concentrations are not sufficiently restricted by engineering controls (respirators will be inspected before use).
  - Other personal protective equipment and/or emergency apparel will be used as needed.
  - The use of contact lenses will be avoided in the laboratory unless absolutely necessary (inform supervisors if lenses are to be used).
  - Laboratory clothes will be removed immediately upon any significant contamination and will be disposed of following proper laboratory procedures.

- **Planning:** Employees will seek information and advice about hazards and plan appropriate protective procedures (as well as the positioning of equipment) before beginning any new operations.

- **Unattended Operations:**
  - Lights in the unattended area should be left on.
  - An appropriate sign should be placed on the door indicating that "unattended operations" are in progress.
  - Provisions should be made for containment of hazardous chemicals in the event of a utility service failure (such as cooling water).

- **Use of Hoods:**
  - Hoods will be used for operations which might result in the release of toxic chemical vapors or dust.
  - Hoods or other local ventilation devices will be used when working with any appreciable volatile substance with a TLV of less than 50 ppms.
  - Hoods will be tested before use.
  - Hoods will be closed at all times except when adjustments within the hood are being made.

- Materials will not be stored in hoods unless absolutely necessary. Stored materials should not block vents or air flow.
- If hazardous chemicals are stored in a hood, the hood will be left "on" when not active.

- Vigilance: Employees will be alert to unsafe conditions and see that they are corrected as soon as directed.

Environmental Monitoring

The College recognizes that monitoring the various work and storage areas in the laboratories is an essential part of the safety program. The College Safety Officer will be responsible for obtaining and maintaining appropriate monitoring equipment as well as scheduling and conducting monitoring activities.

Monitoring will be conducted under the following guidelines:

- **Initial Monitoring:** Employees' exposure to any hazardous substance (i.e. formaldehyde) regulated by a standard which requires monitoring will be measured if there is reason to believe that exposure levels for that substance routinely exceed the Action Level or PEL.
- **Periodic Monitoring:** If initial monitoring shows employee exposure over the Action Level (or PEL), exposure monitoring provisions of the standard addressing the measured chemical will immediately be initiated.
- **Termination of Monitoring:** Monitoring will be terminated in accordance with the related standard.
- **Employee Notification of Monitoring Results**: Employees will be notified of the results of any monitoring activities within 15 working days after the receipt of these results. This notification will be made in writing either individually to each affected employee or by notification by their direct supervisor.

However according to OSHA standards (1910.1450 Appendix A), regular instrumental monitoring of airborne concentrations is not usually justified or practical in laboratories but may be appropriate when testing or redesigning hoods or other ventilation devices or when a highly toxic substance is stored or sued regularly (e.g., 3 time/week).

Housekeeping and Maintenance

The College feels that housekeeping and maintenance play an important role in the Laboratory Standard Compliance Program. All appropriate employees, not just custodial and maintenance staff, are made aware of the practices in these areas and the importance of their roles in maintaining the following standards:

- ***Cleaning*:** Floors will be cleaned frequently on a regular schedule. Work surfaces as well as equipment will be cleaned as necessary by the employee working in that area.

- ***Inspections*:** Formal housekeeping and chemical hygiene inspections will be held annually. "Informal" inspections will be made on a continuing basis.
- ***Maintenance*:**
  — Eye washes will be inspected not less than every three months.
  — Safety showers will be tested routinely.
  — All other safety equipment will be inspected every three to six months.
- ***Work Areas and Passageways*:** Stairways, hallways and other traffic or work areas are not to be used as storage areas. Access to exits, emergency equipment and utility controls must not be blocked.

Signs and Labels

Because "providing information" is such a major part of the Laboratory Standard, the use of signs and labels is especially important. The College has posted the following information in sign or label form:

- Emergency telephone numbers of emergency personnel and facilities as well as laboratory supervisors and employees. These telephone numbers are located in many rooms and areas on every campus, including each laboratory area.
- Identity labels, showing contents of containers (including waste receptacles) and associated hazards.
- Location signs for safety showers, eyewash stations and other safety and first-aid equipment.
- Exit signs.
- Signs designated where food/beverage consumption and storage are permitted.
- Warnings in areas or by equipment where special or unusual hazards exist.

Spills and Accidents

Being able to respond to spills and accidents involving hazardous chemicals is essential in the laboratory environment. The College has taken the following steps to address these situations:

- Created a written emergency plan and informed all appropriate employees regarding that plan. This plan addresses procedures that should be used for:
  — Ventilation failure
  — Spill control
  — Other emergencies
  — Evacuation
  — Medical care
  — Reporting
  — Drills
  A copy of this plan is available to employees at all times from their immediate supervisor and is located in the electronic form in the Groupwise File Folder under Risk Management Committee.

- Implemented the following alarm system:
  — Simplex, fire & security.
  This system has been designed to alert employees in all parts of the facility.
- Assigned the responsibility for reviewing and analyzing all accidents or near accidents to Assistant Director of Human Resources. The results of these reviews will be distributed to all affected employees.

Waste Disposal

The College recognizes that the existence of a comprehensive waste disposal program is essential to safe laboratory operations. In the laboratories there are established waste disposal procedures which assure that minimum harm to people, other organisms, and the environment will result from the disposal of waste chemicals from the laboratories.

This program addresses the collection, segregation, storage and transportation of hazardous waste.

Laboratory Design, Equipment Performance and Maintenance

Chemical safety in the laboratory begins with the design of the facility itself (integrated into this design activity is the selection and performance of the equipment used in our laboratories, as well as its maintenance). The College therefore established the following criteria when designing the facilities:

- An appropriate general ventilation system with air intakes and local exhaust located so as to avoid intake of contaminated air must be present.
- Stockrooms and storerooms must be well ventilated.
- Laboratory hoods, sinks and similar equipment must be present in adequate numbers and located in appropriate areas.
- Safety equipment, including eyewash stations and drench showers must be in place in appropriate locations.
- Waste disposal containers are secure and located where needed.

To ensure that ventilation systems and safety equipment is operating appropriately at all times, the College Safety Officer has been assigned the responsibility of conducting annual inspections.

Additionally, all laboratory systems and equipment undergo continual "informal" inspection and appraisal. If any of these inspections uncover malfunctions or indicate that modifications need to be made to bring equipment performance to required standards the appropriate repairs or modifications will be made immediately.

Lastly, all equipment undergoes regular routine maintenance.

Working with Especially Hazardous Substances

Being sensitive to problems that working with hazardous chemicals can cause, the College has developed a standard operating procedures and control measures to rigorously deal with these activities. However, the College also recognizes that certain substances should be considered "especially hazardous" and that additional measures should be taken to protect employees when working with these chemicals. As a result, the College has adopted special procedures as well as installed special facilities and equipment to be used when working with these substances.

These substances include:

- "Select" Carcinogens
- Reproductive Toxins
- Allergens
- Embryotoxins
- Chemicals of Moderate Chronic or High Acute Toxicity
- Chemicals of High Chronic Toxicity

The standards established which are used in the laboratories when working with especially hazardous substances are as follows:

- The use of any "especially hazardous substances" on both a short and long range basis should be reviewed with appropriate supervisors.
- These materials should be used and stored only in areas of restricted access, which have special warning signs.
- Skin contact should be avoided through the use of gloves, long sleeves and other appropriate personal protective equipment.
- Upon leaving an area where work with these especially hazardous substances takes place, personal protective equipment should be removed and placed in a separate labeled container. Hands, forearms, face and neck should be thoroughly washed.
- Work areas where these chemicals are handled should be cleaned using a wet mop or vacuum cleaner equipped with a HEPA filter instead of dry sweeping.
- Especially hazardous chemicals should be stored in a ventilated and limited access area. Primary containers of these chemicals should be stored in appropriately labeled, unbreakable, chemically-resistant secondary containers as well.
- Waste should be chemically decontaminated whenever possible. Containers of contaminated waste must be transferred from the controlled area in a secondary container under the supervision of authorized personnel.
- At least two people should be present at all times if the chemical being worked with is highly toxic or of unknown toxicity.
- Supervisors must be notified of all incidents of exposure or spills. Qualified physicians should be consulted when appropriate.
- Work areas that have been designated for use with especially hazardous chemicals should be conspicuously marked with warning and restricted access signs.

In addition to implementing the above-listed procedures, the College has designated specific work areas, including containment devices such as fume hoods, which should be used when working with especially hazardous chemicals. In the College's facilities, these work areas are in each campus' Chemistry Laboratories.

Information and Training

Information and Training Program

Under the Laboratory Standard Compliance Program, the College has instituted an employee information and training program regarding exposure to hazardous chemicals in the workplace. All personnel who are exposed to chemical hazards in their jobs will be provided with information on training at the time of their initial assignment, as well as whenever circumstances in the workplace change involving the addition of a new hazard, or new hazardous chemical.

The information and training program will be given to all of the college's employees at least annually to keep their knowledge in these areas current. Additionally, all new employees will be trained as part of our "new employee orientation program" so that they are adequately prepared to deal with the chemicals they will be using in their new jobs.

The topics covered in the training program will include, but not be limited to, all of the following subjects:

- The Laboratory Standard
- The location and contents of PHSC's Chemical Hygiene Plan
- The location and availability of reference material on the hazards, safe handling, storage and disposal of the hazardous chemicals encountered in our laboratories (including SDS's)
- Physical and health hazards associated with the types of hazardous chemicals used in our laboratories
- Methods and observations which can be used by employees to detect the presence of hazardous chemicals in their work area
- Recommended measures which employees can take to protect themselves from exposure, including work practices and the use of appropriate personal protective equipment
- How to read and interpret information contained on Safety Data Sheets
- How to read and interpret container labeling information
- The Permissible Exposure Limits (PELs) for OSHA regulated substances, or recommended exposure limits for other hazardous chemicals where there is no applicable OSHA standard
- Emergency procedures and first-aid required during an incident involving a hazardous chemical
- Review of the "terminology" used in the Laboratory Standard Compliance Program, including that found on SDSs.

The College's training presentations make use of several training techniques including: seminar, self-paced, video, on-line, printed materials, and review sessions.

These activities are being conducted/overseen by the College's Safety Officer and/or Director of Human Resources. Assistance in delivering training may also be provided by appropriate staff from continuing education and electronic learning departments.

Training Scheduling and Documentation

To facilitate the training of all employees, as well as to document the training process, the College has developed several tools for use in these areas.

A tracking system has been created that will perform the following tasks:

- List all employees needing Laboratory Standard training
- Indicate when this training has taken place

Medical Consultations

If an employee has an incident or accidental exposure to a chemical while on the job, they must file an Accident-Incident Report. This will be handled in accordance with the Worker Compensation laws of the state of Florida. Any questions regarding this may be directed to the Director of Human Resources and Coordinator of Internal Budget and Risk Management.

Definitions

Action level means a concentration designated in 29 CFR part 1910 for a specific substance, calculated as an eight (8)-hour time-weighted average, which initiates certain required activities such as exposure monitoring and medical surveillance.

Carcinogen (see select carcinogen).

Chemical Hygiene Officer (College Safety Officer) means an employee who is designated by the employer, and who is qualified by training or experience, to provide technical guidance in the development and implementation of the provisions of the Chemical Hygiene Plan. This definition is not intended to place limitations on the position description or job classification that the designated individual shall hold within the employer's organizational structure.

Chemical Hygiene Plan means a written program developed and implemented by the employer which sets forth procedures, equipment, personal protective equipment and work practices that (i) are capable of protecting employees from the health hazards presented by hazardous chemicals used in that particular workplace and (ii) meets the requirements of paragraph (e) of this section.

Designated area means an area which may be used for work with "select carcinogens," reproductive toxins or substances which have a high degree of acute toxicity. A designated area may be the entire laboratory, an area of a laboratory or a device such as a laboratory hood.

Emergency means any occurrence such as, but not limited to, equipment failure, rupture of containers or failure of control equipment which results in an uncontrolled release of a hazardous chemical into the workplace.

Employee means an individual employed in a laboratory workplace who may be exposed to hazardous chemicals in the course of his or her assignments.

Explosive means a chemical that causes a sudden, almost instantaneous release of pressure, gas, and heat when subjected to sudden shock, pressure, or high temperature.

Hazardous chemical means a chemical for which there is statistically significant evidence based on at least one study conducted in accordance with established scientific principles that acute or chronic health effects may occur in exposed employees. The term "health hazard" includes chemicals which are carcinogens, toxic or highly toxic agents, reproductive toxins, irritants, corrosives, sensitizers, hepatotoxins, nephrotoxins, neurotoxins, agents which act on the hematopoietic systems and agents which damage the lungs, skin, eyes, or mucous membranes.

Appendices A and B of the Hazard Communication Standard (29 CFR 1910.1200) provide further guidance in defining the scope of health hazards and determining whether or not a chemical is to be considered hazardous for purposes of this standard.

Laboratory means a facility where the "laboratory use of hazardous chemicals" occurs. It is a workplace where relatively small quantities of hazardous chemicals are used on a non-production basis.

Laboratory scale means work with substances in which the containers used for reactions, transfers, and other handling of substances are designed to be easily and safety manipulated by one person. "Laboratory scale" excludes those workplaces whose function is to produce commercial quantities of materials.

Laboratory-type hood means a device located in a laboratory, enclosure on five sides with a movable sash or fixed partial enclosed on the remaining side; constructed and maintained to draw air from the laboratory and to prevent or minimize the escape of air contaminants into the laboratory; and allows chemical manipulations to be conducted in the enclosure without insertion of any portion of the employee's body other than hands and arms.

Walk-in hoods with adjustable sashes meet the above definition provided that the sashes are adjusted during use so that the airflow and the exhaust of air contaminants are not compromised and employees do not work inside the enclosure during the release of airborne hazardous chemicals.

Laboratory use of hazardous chemicals means handling or use of such chemicals in which all of the following conditions are met:

(i) Chemical manipulations are carried out on a "laboratory scale;"

(ii) Multiple chemical procedures or chemicals are used;

(iii) The procedures involved are not part of a production process, nor in any way simulate a production process; and

(iv) "Protective laboratory practices and equipment" are available and in common use to minimize the potential for employee exposure to hazardous chemicals.

Medical consultation means a consultation which takes place between an employee and a licensed physician for the purpose of determining what medical examinations or procedures, if any, are appropriate in cases where a significant exposure to a hazardous chemical may have taken place.

Physical hazard means a chemical for which there is scientifically valid evidence that it is a combustible liquid, a compressed gas, explosive, flammable, an organic peroxide, an oxidizer pyrophoric, unstable (reactive) or water-reactive.

Protective laboratory practices and equipment means those laboratory procedures, practices and equipment accepted by laboratory health and safety experts as effective, or that the employer can show to be effective, in minimizing the potential for employee exposure to hazardous chemicals.

Reproductive toxins means chemicals which affect the reproductive chemicals which affect the reproductive capabilities including chromosomal damage (mutations) and effects on fetuses (teratogenesis).

Select carcinogen means any substance which meets one of the following criteria:

(i) It is regulated by OSHA as a carcinogen; or

(ii) It is listed under the category, "known to be carcinogens," in the Annual Report on Carcinogens published by the National Toxicology Program (NTP) (latest edition); or

(iii) It is listed under Group 1 ("carcinogenic to humans") by the International Agency for research on Cancer Monographs (IARC)(latest editions);

(iv) It is listed in either Group 2A or 2B by IARC or under the category, "reasonably anticipated to be carcinogens" by NTP, and causes statistically significant tumor incidence in experimental animals in accordance with any of the following criteria:

(A) After inhalation exposure of 6-7 hours per day, 5 days per week, for a significant portion of a lifetime to dosages of less than 10 mg/m (3);

(B) After repeated skin application of less than 300 (mg/kg of body weight) per week; or

(C) After oral dosages of less than 50 mg/kg of body weight per day.

Unstable (reactive) means a chemical which is the pure state, or as produced or transported, will vigorously polymerize, decompose, condense, or will become self-reactive under conditions of shocks, pressure or temperature.

Water-reactive means a chemical that reacts with water to release a gas that is either flammable or presents a health hazard.

Safety Manual
Chapter 4
HAZARDOUS COMMUNICATION PROGRAM PLAN

Purpose

To ensure that information about the dangers of all hazardous chemicals used by Pasco-Hernando State College is known by all affected employees, the following hazardous information program has been established. Under this program, you will be informed of the contents of the OSHA Hazard Communications standard, the hazardous properties of chemicals with which you work, safe handling procedures and measures to take to protect yourself from these chemicals.

This program applies to all work operations in our college where you may be exposed to hazardous chemicals under normal working conditions or during an emergency situation. All departments of the College will participate in the Hazard Communication Program.

Copies of the Hazard Communication Program are available for review by any interested employee. The College Safety Officer is the program coordinator, with overall responsibility for the program, including reviewing and updating this plan as necessary.

Container Labeling

The Receiving Authority will verify that all containers received for use will be clearly labeled as to the contents, note the appropriate hazard warning, and list the manufacturer's name and address. The Lab Tech / Supervisor in each department will ensure that all secondary containers are labeled with either an extra copy of the original manufacturer's label or with labels marked with the identity and the appropriate hazard warning.

Safety Data Sheets (SDSs)

The College Safety Officer is responsible for establishing and monitoring the College's SDS Program. He/she will ensure that procedures are developed to obtain the necessary SDSs and will review incoming SDSs for new or significant health and safety information. He/she will see that any new information is communicated to affected employees. The procedure below will be followed when an SDS is not received at the time of initial shipment:

See Chemical Hygiene Plan - SDS Section

Copies of SDSs for all hazardous chemicals to which employees are exposed or are potentially exposed will be kept in appropriate science labs and campus facilities offices. A master set of all SDSs will be kept in the district officer by the College Safety Officer. SDSs will be readily available to all employees during each work shift. If an SDS is not available, contact College Safety Officer.

Employee Training and Information

The College Safety Officer is responsible for the Hazard Communication Program and will ensure that all program elements are carried out. Everyone who works with or is potentially exposed to hazardous chemicals will receive initial training on the hazard communication standard and this plan before starting work. The immediate supervisor is responsible for assuring that new employees who work with hazardous materials attend a health and safety orientation that includes the following information and training:

- An overview of the OSHA hazard communication standard
- The hazardous chemicals present at his/her work area
- The physical and health risks of the hazardous chemicals
- Symptoms of overexposure
- How to determine the presence or release of hazardous chemicals in the work area
- How to reduce or prevent exposure to hazardous chemicals through use of control procedures, work practices, and personal protective equipment
- Steps the College has taken to reduce or prevent exposure to hazardous chemicals
- Procedures to follow if employees are overexposed to hazardous chemicals
- How to read labels and SDSs to obtain hazard information
- Location of the SDS file and written Hazard Communication program

Training modules, schedules of training, and a roster of employees for whom each type of training is required are included in the Comprehensive Training Materials appended to this manual.

Prior to introducing a new chemical hazard into any department/area of this College, each employee in that department/area will be given information and training as outlined above for the new chemical hazard.

Hazardous Non-routine Tasks

Periodically, employees are required to perform non-routine tasks that are hazardous. Prior to starting work on such projects, each affected employee will be given information by the College Safety Officer or their immediate supervisor about the hazardous chemicals he or she may encounter during such activity. This information will include specific chemical hazards, protective and safety measures the employee should use, and steps the College is taking to reduce the hazards, including ventilation, respirators, the presence of another employee (buddy systems), and emergency procedures.

Definitions

"Chemical" means any element, chemical compound or mixture of elements and/or compounds.

"Chemical manufacturer" means an employer with a workplace where chemical(s) are produced for use or distribution.

"Chemical name" means the scientific designation of a chemical in accordance with the nomenclature system developed by the International Union of Pure and Applied Chemistry (IUPAC) or the Chemical Abstracts Service (CAS) rules of nomenclature, or a name which will clearly identify the chemical for the purpose of conducting a hazard evaluation.

"Common name" means any designation or identification such as code name, code number, trade name, brand name or generic name used to identify a chemical other than by its chemical name.

"Container" means any bag, barrel, bottle, box, can, cylinder, drum, reaction vessel, storage tank, or the like that contains a hazardous chemical. For purposes of this section, pipes or piping systems, and engines, fuel tanks, or other operating systems in a vehicle, are not considered to be containers.

"Designated representative" means any individual or organization to whom an employee gives written authorization to exercise such employee's rights under this section. A recognized or certified collective bargaining agent shall be treated automatically as a designated representative without regard to written employee authorization.

"Distributor" means a business, other than a chemical manufacturer or importer, which supplies hazardous chemicals to other distributors or to employers.

"Employee" means a worker who may be exposed to hazardous chemicals under normal operating conditions or in foreseeable emergencies. Workers such as office workers or bank tellers who encounter hazardous chemicals only in non-routine, isolated instances are not covered.

"Employer" means a person engaged in a business where chemicals are either used, distributed, or are produced for use or distribution, including a contractor or subcontractor.

"Exposure or exposed" means that an employee is subjected in the course of employment to a chemical that is a physical or health hazard, and includes potential (e.g. accidental or possible) exposure. ***"Subjected"*** in terms of health hazards includes any route of entry (e.g. inhalation, ingestion, skin contact or absorption.)

"Foreseeable emergency" means any potential occurrence such as, but not limited to, equipment failure, rupture of containers, or failure of control equipment which could result in an uncontrolled release of a hazardous chemical into the workplace.

"Hazardous chemical" means any chemical which is a physical hazard or a health hazard.

"Hazard warning" means any words, pictures, symbols, or combination thereof appearing on a label or other appropriate form of warning which convey the specific physical and health hazard(s), including target organ effects, of the chemical(s) in the container(s). (See the definitions for ***"physical hazard"*** and ***"health hazard"*** to determine the hazards which must be covered.)

"Identity" means any chemical or common name which is indicated on the safety data sheet (SDS) for the chemical. The identity used shall permit cross-references to be made among the required list of hazardous chemicals, the label and the SDS.

"Immediate use" means that the hazardous chemical will be under the control of and used only by the person who transfers it from a labeled container and only within the work shift in which it is transferred.

"Label" means any written, printed, or graphic material displayed on or affixed to containers of hazardous chemicals.

"safety data sheet (SDS)" means written or printed material concerning a hazardous chemical which is prepared in accordance with paragraph (g) of this section.

"Mixture" means any combination of two or more chemicals if the combination is not, in whole or in part, the result of a chemical reaction.

"Physical hazard" means a chemical for which there is scientifically valid evidence that it is a combustible liquid, a compressed gas, explosive, flammable, an organic peroxide, an oxidizer, pyrophoric, unstable (reactive) or water-reactive.

"Produce" means to manufacture, process, formulate, blend, extract, generate, emit, or repackage.

"Responsible party" means someone who can provide additional information on the hazardous chemical and appropriate emergency procedures, if necessary.

"Specific chemical identity" means the chemical name, Chemical Abstracts Service (CAS) Registry Number, or any other information that reveals the precise chemical designation of the substance.

"Work area" means a room or defined space in a workplace where hazardous chemicals are produced or used, and where employees are present.

"Workplace" means an establishment, job site, or project, at one geographical location containing one or more work areas.

Safety Manual
Chapter 5
LOCKOUT/TAGOUT PLAN

Purpose

The purpose of the Lockout/Tagout Program at Pasco-Hernando State College is to prevent injuries or deaths caused by the unexpected start-up or energizing of machinery or equipment, or the release of stored energy which could cause injury or death. This program establishes the minimum requirements for the lockout or tagout energy isolating devices whenever maintenance or servicing is done on machines or equipment. This program will be used to ensure that machinery or equipment is stopped, isolated from all potentially hazardous energy sources, and locked out before employees perform any servicing or maintenance work.

Compliance

All College employees are required to comply with the restrictions and limitations imposed upon them during the use of lockout/tagout procedures. All of the College's physical plant, tradesworkers, maintenance, and custodial personnel will be trained and authorized to perform lockout/tagout procedures in accordance with this plan. A schedule of safety training specified in this manual is included in Comprehensive Safety Training Matrix included in the appendix. All College employees, upon observing a machine or piece of equipment which is locked out or tagged out, will not attempt to start, energize or use that machinery or equipment. Failure to comply with the College's Lockout/Tagout Program will result in disciplinary action in accordance with the College's District Board of Trustees Board Rule 6HX19 - 2.24, Criteria for Suspension or Dismissal of Employees.

Definitions

Affected employee. An employee whose job requires him/her to operate or use a machine or equipment on which servicing or maintenance is being performed under lockout or tagout, or whose job requires him/her to work in an area in which such servicing or maintenance is being performed.

Authorized employee. A person who is authorized to lockout or implement a tagout system procedure on machines or equipment to perform servicing or maintenance on that machine or equipment.

Capable of being locked out. An energy isolating device will be considered to be capable of being locked out if it is designed with a hasp or other attachment or integral part to which, or through which, a lock can be affixed, or if it has a locking mechanism built into it. Other energy isolating devices will also be considered to be capable of being locked out if lockout can be achieved without the need to dismantle, rebuild, or replace the energy isolating device.

***Energized*.** Connected to an energy source or containing residual or stored energy.

Energy isolating device. A mechanical device that physically prevents the transmission or release of energy, including but not limited to the following: a manually operated electrical circuit breaker; a disconnect switch; a manually operated switch by which the conductors of a circuit can be disconnected from all ungrounded supply connectors and, in addition, no pole can be operated independently; a block; and any similar device used to block or isolate energy. The term does not include a push button, selector switch, and other control circuit type devices.

Energy source. Any source of electrical, mechanical, hydraulic, pneumatic, chemical, thermal or other energy.

Lockout. The placement of a lockout device on an energy isolating device to ensure that the equipment being controlled cannot be operated until the lockout device is removed.

Lockout device. A device that utilizes a positive means such as a lock, either key or combination type, to hold an energy isolating device in a safe position and prevent the machine or equipment from being turned on.

Tagout. The placement of a tagout device on an energy isolating device to indicate that the energy isolating device and the equipment is being controlled and is not to be operated until the tagout device is removed.

Tagout device. A prominent warning device, such as a tag with a means of attachment, which can be securely fastened to an energy isolation device to indicate

that the energy isolating device and the equipment being controlled must not be operated until the tagout device is removed.

Lockout/Tagout Procedures

The College's physical plant, tradesworkers, and maintenance personnel will follow the following lockout/tagout procedure:

1. Notify all affected employees and students that servicing or maintenance is required on machinery, equipment or electrical circuits and that a lockout or tagout will be necessary to perform the servicing or maintenance.
2. The employee authorized to perform the lockout/tagout will identify the type and magnitude of the energy utilized by the machinery or equipment, review, anticipate and understand the energy involved to ensure he/she will effectively determine the methods required to control the energy source(s) with the lockout/tagout.
3. If the machine or equipment is operating, it will be shut down by the normal stopping procedure such as depressing the stop button, flipping the appropriate switch or closing a valve.
4. Energy isolating devices will be deactivated to isolate the machine or equipment from the energy source(s).
5. Lockout/tagout the energy isolating device(s) with assigned lockout/tagout device(s) and lock(s). A Lockout/Tagout Kit which contains lockout/tagout devices is assigned to each of the College's campuses and centers. If additional lockout/tagout devices are necessary to perform service or maintenance work, the employee who needs additional devices will contact his/her supervisor who will be responsible for obtaining additional devices.
6. Stored or residual energy such as hydraulic systems, air, gas, steam or water pressure, rotating flywheels, springs under tension or compression, elevated machine members, capacitors and similar items must be dissipated or restrained by methods such as bleeding down, blocking, repositioning and/or grounding.
7. Precautions must be taken to ensure that the machinery or equipment is disconnected from the energy source(s) by the first checking so that no personnel are exposed to potential danger. The next appropriate measure is to verify the isolation of energy source(s) to the machinery or equipment by operating the push button, switch, or other normal operating control(s) or by testing to make certain the machinery or equipment will not operate.

CAUTION: Operating controls must be returned to neutral or to the off position after verifying the isolation of energy source(s) supplying the equipment or machinery.

8. The employee performing the lockout/tagout will attach a "DANGER" tag to the tagged device and a lock on the locked out device. The employee performing the lockout/tagout will write his/her name and location where he/she is performing the work on the "DANGER" tag.

9. The machine or equipment is now locked/tagged out and the energy source(s) isolated to protect employees performing service or maintenance from injury or death from uncontrolled hazardous energy sources.

Returning Machinery/Equipment to Service

When the servicing or maintenance is completed and the machine or equipment is ready to return to normal operating condition, the following steps will be taken:

1. Check the machine or equipment and the immediate area around the machine or equipment to ensure all tools, supplies and nonessential items have been removed and that the machine or equipment components are ready to operate properly.
2. Check the work area to ensure that all employees have been safely positioned or removed from the area.
3. Verify that the controls are in neutral or in the off position.
4. Remove the lockout/tagout device(s) and tag(s) and re-energize the machine or equipment.

NOTE: The removal of some forms of blocking may require re-energizing of machinery or equipment before safe removal.

5. Notify affected employees and students that the servicing or maintenance has been completed and the machinery or equipment is ready for use.

Lockout/Tagout Employee Awareness and Training

All of the College's physical plant, tradesworkers, and maintenance personnel will be trained and authorized to perform lockout/tagout procedures in accordance with the institution's Lockout/Tagout Program. Training will occur within 10 working days of employment. Prior to receiving authorization to perform lockout/tagout procedures, identified College employees will participate in a lockout/tagout training program. Additional training will be conducted annually by the College's Director of Facilities, or designee, during normal work hours. The training will be presented in a manner that provides an opportunity for employees to obtain answers to questions regarding the Occupational Safety and Health Act (OSHA) Control of Hazardous Energy (Lockout/Tagout) Standard and the College's Lockout/Tagout Program.

The training content will consist of the following items:

1. Explanation of the OSHA Control of Hazardous Energy (Lockout/Tagout) Standard.
2. Explanation of the College's Lockout/Tagout Program which includes:
   a. Purpose and scope of the program.
   b. Compliance with the program.
   c. Lockout/tagout procedures and equipment.
   d. Restoring service.
   e. Lockout/tagout authorization and maintenance of the authorization list.

f. Employee information and training.

3. Explanation of the following items:
   a. Recognition of hazardous energy sources.
   b. Details about the type and magnitude of hazardous energy sources.
   c. The methods and means necessary to isolate and control hazardous energy sources.
4. Training of immediate supervisors will include enhancing the awareness of employees who are not authorized to perform lockout/tagout procedures, but who work around or near equipment that will be locked out or tagged out. This training will include the following:
   a. Recognition of hazardous energy sources.
   b. Details about the type and magnitude of hazardous energy sources.
   c. How to recognize when lockout/tagout procedures are being used.
   d. The purpose of lockout/tagout procedures and the importance of not attempting to start or use equipment that has been locked out or tagged out.

Retraining

The Director of Facilities, or designee, will provide retraining within 10 working days whenever there is a change in an authorized employee's job assignment, a change in machines, equipment or processes that present a new hazard, a change in energy control procedures, or when circumstances indicate that employees are not following or do not understand the College's Lockout/Tagout Program.

Authorized Lockout/Tagout Employees

A list of the College's employees who are authorized to perform lockout/tagout procedures is maintained by the Director of Facilities. The Director of Facilities is responsible for ensuring that this list remains current.

Affected employees in the following positions are eligible to be authorized to lockout and tagout machines and equipment in their particular area of responsibility:

Director of Facilities
Project Manager
Building Inspector
District HVAC Supervisor
District HVAC Mechanic II
Campus Maintenance Mechanic I
Plant Manager
Assistant Plant Manager
District Maintenance/Tradesworkers
Campus Maintenance Tradesworker
Groundskeepers/Custodians
Technical Support Specialist

Safety Manual
Chapter 6
RESPIRATORY PROTECTION PLAN

Purpose:
The purpose of the Respiratory Protection Plan at Pasco-Hernando State College is to coordinate the use and maintenance of respiratory protection equipment used by College employees. The objective of this program is to provide employees adequate means of protection when working in a potentially hazardous environment due to high concentrations of contaminants in the air.

Compliance:
The College is administering this plan in compliance with the State of Florida Department of Labor and Employment Security, Division of Safety Rule 381.20 and the U.S. Department of Labor, Occupational Safety and Health Administration (OSHA), 29 CFR Part 1910.134 Respiratory Protection. Administration of the overall respiratory protection program is the responsibility of the Director of Facilities. Training, inspection and program evaluation is the responsibility of the Director of Facilities. Program administration at each department is the responsibility of the department dean, director, manager or supervisor. These responsibilities include:

1. Air contaminate exposure protection
2. Supervision of respirator selection
3. Supervision of employee training and qualitative respirators fit testing
4. Supervision of cleaning, maintenance, inspecting, and storage of respirators
5. Surveillance and program evaluation

The use of respirators for exposure protection is determined by job classification. Job classifications in which professional respirators are required to be used on a routine basis:

District Painter

Job titles in which the use of simpler filter-type masks may be required during emergency spills and are recommended when working with substances that produce fumes, dust and or noxious odors:

Biology & Chemistry Laboratory Supervisors
Campus Facilities Coordinator
Campus Maintenance Mechanic
Groundskeepers/Custodians
Plant Manager
HVAC/Energy Coordinator
District Painter

All potentially hazardous air contaminants are located in campus chemical storage rooms and flammable storage cabinets. The College uses ventilation systems and other engineering controls in an effort to keep concentrations of hazardous substances in the air below levels that may cause health problems. Normal work practices and procedures will not be performed above the Permissible Exposure Limits (PELs) or Threshold Limit Values (TLVs) as listed on the **Safety Data Sheet (SDS**). Employees will use respirators whenever work is being performed that exceeds the permissible exposure limits stated on the SDS. Respirators are recommended when working with substances that produce fumes, dust, and/or noxious odors. All respirator users will receive training on selection, proper fitting, maintenance, and storage prior to using respirators.

Prior to assignment to a position that requires wearing a respirator on a routine basis, a medical evaluation is required to determine if an employee is physically capable of working while wearing a respirator. An identical evaluation is required every two years for as long as the employee is required to wear a respirator.

Air contaminant monitoring will be conducted if and when work is required above the PELs/TLVs. Monitoring will commence prior to work beginning and continue for as long as the PELs/TLVs are expected to be surpassed. Monitoring will be done by College qualified personnel **or qualified outside contractors,** as designated by the Director of Facilities, by using the appropriate instruments or through a qualified commercial service. Monitoring information will be recorded using the format on page 8 of this document. The information will be provided to all affected employees and will be posted in a prominent location where it can be readily seen by all personnel who may enter the affected area

Air contaminant monitoring will also be conducted and recorded during accidental spills where the PELs/TLVs cannot be contained by qualified personnel. All employees involved in spill containment and clean-up will wear respirators that are

designated for emergency use and that afford adequate protection from the contaminant being contained.

Respirator Selection

Supervisors are responsible for the selection of the appropriate respirators. Respirator selection will be based on the hazards to which the employee could be exposed and the minimum protection factor needed. To aid in proper respirator selection, an information guide is provided on page 10 of this document.

Ordering and purchasing respirators will be done using normal College procedures and is the responsibility of the impacted department. Only National Institute for Occupational Safety and Health (NIOSH) and Occupational Safety and Health Administration (OSHA) approved respirators will be selected for use.

Respirators will be limited to the air-purifying type. This type of respirator removes the hazardous contaminant from the breathing air before it is inhaled. The components of this respirator are a soft rubber facepiece and a receptacle filter or cartridge. Two major subcategories of air-purifying respirators are the mechanical filter type and the chemical cartridge.

1. Mechanical Filter Type elements provide protection against particulate matter such as dusts, mists or metal fumes. This type of element "filters" particulate matter by physically trapping it in the fibrous material. In addition, the wool/felt fibers possess an electrostatic charge that increases filter efficiency by electrostatically attracting the particulars to the fibers. Although mechanical filters become more efficient as they are used, they should be changed when breathing becomes noticeably harder.

2. Chemical Cartridge Type Filter elements are filled with a specially treated activated carbon with a very high absorption capacity. Gases and vapors passing through chemical cartridges are attracted and held to the surface of the carbon. With acid or alkaline gases, a chemical reaction and/or absorption occur. Unlike mechanical filters, chemical cartridges do not become more efficient with use. Their absorption capacity is limited. Therefore, when wearers detect any taste, odor or irritation, they must immediately leave the contaminated area and change filters.

Identification of Face Mask Canisters

Respirator face mask canisters will be properly labeled in order to facilitate identification and use of the right canister for the appropriate contaminate. The primary means of identifying face mask canisters is by properly worded labels. The secondary means is by color code as depicted on the color code table below.

1. On each canister will appear in bold letters the following:

Canisters for _____
(Name of atmospheric contaminant)
or
Type - Face Mask Canister

2. Each face mask canister will be marked a distinctive color or combination of colors. All colors used will be such that they are clearly identifiable from one another.

Color Code Table	
Atmospheric Contaminants	**Color Code**
Acid gases	White
Hydrocyanic acid gases	White with ½-inch green stripe completely around the canister near the bottom.
Chlorine gas	White with ½-inch yellow stripe completely around the canister near the bottom.
Organic vapors	Black
Ammonia gas	Green
Acid gases and ammonia gases	Green with ½-inch white stripe completely around the canister near the bottom.
Hydrocyanic acid gases and chloropicrin vapor	Yellow with ½-inch blue stripe completely around the canister near the bottom.
Carbon Monoxide	Blue
Acid gases, organic vapors, and ammonia gases	Brown
Radioactive materials, excepting tritium and noble gases	Purple (Magenta)
Acid gases and organic vapors	Yellow
Particulate (dusts, fumes, mists, fogs or smokes) in combination with any of the above gases or vapors	Canister color for contaminant, as designated above, with ½-inch grey strip completely around the canister near the top
All of the above atmospheric Contaminants	Red with ½-inch gray stripe completely around the canister near the top.
Gray will not be assigned as the main color for a canister designed to remove acids or vapors. **Orange** will be used as a complete body, or stripe color to represent gases not included in this table. The user will need to refer to the canister label to determine the degree of protection the canister will afford When the employer cannot identify or reasonably estimate employee exposure, the employer shall consider the atmosphere to be immediately dangerous to life or health.	

Employee Training and Fit Testing.

Training on the use and limitations of respirators is incorporated as part of required annual training conducted by the College's Safety Officer ***except for fit testing which will be done by qualified outside contractors or qualified College personnel***. Supervisors of impacted personnel are responsible for assuring that of periodic refresher training is conducted when as deemed necessary. Training assistance is available through the College Safety Officer.

Training will be documented using copies of the form on page 10 and copies sent to the Director of Human Resources for record keeping purposes. During training, employees will be advised of the potential hazards associated with excessive exposure. Respirator training will include instructions on:

1. The nature of the hazard for which the respiratory protection is being provided and of possible consequences of exposure without respirator protection.
2. A discussion of the respirator's capabilities and limitations and discussion of the parts of the device and the function and possible malfunction of each part.
3. A detailed discussion of the user's responsibility for inspection of equipment prior to use and the appropriate points of inspection. Each user will have access to a respirator during this part of training.
4. Guidance on proper storage, method of obtaining cleaning and maintenance service and methods to assure adequate fit and function of the device each time it is donned.
5. Obtaining equipment, donning methods, proper fitting and adjustment of the equipment. Each user will don the equipment in an atmosphere of normal air, prior to a fit testing exercise.

Respirators will be issued individually and a record of issuance **maintained by the departmental supervisor** and recorded on the Respirator Issue and Maintenance Record format on page 12 of this document. Every respirator user will receive fitting instructions including demonstrations and practice on how the respirator should be worn.

Respirators will not be worn when conditions prevent a good face seal. Such conditions may be a growth of beard, sideburns, a cap that projects under the face piece, or temple pieces of glasses.

The absence of one or both dentures may affect the fit of the facepiece. The seal must be checked each time the wearer puts on the respirator.

Wearing of contact lenses in a contaminated atmosphere when wearing a respirator is not allowed. If corrective glasses are required, they must be worn so as not to affect the fit of the facepiece. Chewing gum, tobacco, or food will not be permitted since excessive facial movements can break the face seal.

Qualitative fit testing will be performed by the College Safety Officer as part of the employee training program and annually thereafter. The fit test results will be recorded using the format on page 11 of this document and maintained by the College’s Director of Human Resources.

Cleaning, Maintenance, Inspecting, and Storage

Respirators, except those designated for emergencies, will be reserved for exclusive use of the individual to whom it was issued. Cleaning and maintenance is the responsibility of the user and will be done under the supervision of the Director of Facilities, or designee**. A maintenance and cleaning record will be maintained by the individual assigned the respiratory protection use using the format on page 12 of this document.** Respirators stored for emergency use will be cleaned and inspected monthly. All respirators must be washed and disinfected after each time of use following the following procedures:

1 Remove the air-purifying element from the respirator. An air-purifying element must never be washed and disinfected.
2. Immerse the respirator in a warm (140-160 degree F.) water solution of a detergent. The respirator facepiece and parts may be scrubbed gently with a cloth or soft brush. Make sure that all foreign matter is removed from all surfaces of the rubber exhalation valve seal.
3. After washing and disinfecting the respirator, rinse it in clean, warm water and then allow the respirator to dry.
4. After the respirator is dry, change the air-purifying element if necessary and attach a new pre-cleaned one.
5. Remove accumulation of paint, enamel, or lacquer from the respirator; wipe areas (so covered) with a cloth that has been wetted with a commercially available paint-enamel-lacquer stripping agent. Mineral spirits, naphtha, or turpentine may be substituted if it is found that any of these materials are effective. Accumulations of water based paint, enamel or lacquer may be removed from the respirator by wiping with a cloth that has been wetted with soap and water solution. *Do not* immerse and soak rubber and plastic parts in stripping agents since this may damage them. Never attempt to remove accumulations of paint, etc. from the air-purifying element, discard it and replace it with a new one.

The respirator must be inspected before and after each use to insure that it will function properly. Examine each part of the respirator for defects and discard it if defects are found, unless the defects may be eliminated by replacing defective parts with new ones. Respirators designated for "Emergency Use Only" will be inspected monthly when not used. Check for the following:

1. Cracks, tears, decomposition, stiffening and distortion of the rubber facepiece.
2. Distorted or badly worn plastic adapter.
3. Rubber gasket that contains cuts, cracks, or scratches.
4. Rubber inhalation valve flap that is stiffened, decomposed, or cut.
5. Snap fasteners on head straps or facepiece that are worn or loose.
6. Plastic exhalation valve seat that is distorted, or contains scratches or cracks on its sealing surface.
7. Rubber head harness straps that are stiff, frayed, decomposed, or cut.

8. Rubber exhalation valve seat, valve flap, and valve cover, that are distorted, decomposed, or contain cuts.
9. Rubber filter clip that is distorted, decomposed, or contains cuts.

Replacement parts must be from the same manufacturer and for the same respirator. Otherwise the manufacturer's guarantee is voided.

The storage of respirators is very important. When not in use, respirators will be placed it in a plastic bag and store it in the original carton. Respirators must be stored in a single layer with the facepiece and exhalation valve facing up in a more or less normal position so as to prevent the rubber or plastic from becoming distorted.

An area designated for respirator storage will be marked with an appropriate sign. The storage area will afford respirators protection from sunlight, heat, extreme cold, excessive moisture, damage and contamination from chemicals. Emergency use respirators will be labeled, “For Emergency Use Only", and kept isolated from the regular use respirators.

Surveillance and Program Evaluation

Supervisors of impacted areas and personnel will periodically survey working conditions to be certain that respirators being used provide adequate protection. Only employees who have been determined to be physically capable will be required to wear respirators. A medical evaluation will be required for all those employees who are required to wear a respirator as part of their job as determined by their job description, or when an evaluation determines that work conditions are unsafe and use of a respirator is dictated. Persons required to wear respirators will have their medical status reviewed annually.

The College Safety Officer will conduct an annual evaluation of the overall program. The evaluation will include inspection of records, user proficiency, and random inspection of respirators for cleanliness, deterioration and proper storage. A record of the evaluation will be maintained using the Respiratory Protection Plan Evaluation form on page 14 of this document by the College Safety Officer.

Pasco-Hernando State College

Respiratory Protection Plan

Identification and Location of Air Contaminant Exposures

LOCATION	OPERATION	CONTAMINANTS	EXPOSURE	DATE

Risk Management/Loss Prevention Specialist **Date**

Pasco-Hernando State College

Respiratory Protection Plan

Respirator Selection Information Worksheet

General Information

1. Work Description/Operation: _____
2. Anticipated Use Time: _____
3. Worker Activity Level: _____
4. Work Area Location: _____
5. Work Area Characteristics: _____
6. Location of Hazardous Area Relative to Safe Area: _____

Specific Information

1. Air Contaminants:				
Chemical Name				
Trade Name				
Physical State (dust, fume, mist, gas, vapor)				
2. Permissible Exposure Limit (PEL):				
OSHA 8-hr. TWA				
OSHA Ceiling				
ACGIH 8-hr. TWA				
ACGIH Ceiling				
NIOSH 8-hr. TWA				
NIOSH Ceiling				
Other				
3. Warning Properties:				
Eye Irritation				
Respiratory Irritant				
Can substance be absorbed through skin?				
Can substance cause skin Irritation?				
4. Chemical Properties:				
Vapor Pressure				
Flammable limits:				
Upper				
Lower				
5. Minimum Protection Factor Needed:				

_____ _____

Risk Management/Loss Prevention Specialist Date

Pasco-Hernando State College

Respiratory Protection Plan

Employee Training and Qualitative Fit Test Record

Employee Name:_____ Social Security Number: _____

Campus/Center: _____

Job Title: _____

Respirator Training Attended:

Date:_____ Location: _____

Conducted by: _____

Fit Tested: _____

Date:_____ Tester: _____

Fit Test Result: Initial Test Date:_____ Annual Re-fit Date: _____

Doctor's Evaluation: Yes: _ No: _

Remarks and pertinent information (i.e.; limitations etc.)

_____

_____

_____

Employee's Signature: _ Date: _

Trainer's Signature: _ Date: _

Trainer's Title: _____

Pasco-Hernando State College

Respiratory Protection Plan

Respirator Fitting Test
(Qualitative)

Name:_____ Date: _____

Job:_____ Glasses Worn: Yes:_____ No: _____

Facial hair, dentures, etc.: _____

Respirator Type	Date	Date	Date
A. Compatible with eye glasses			
B. Irritant smoke test: (1) Head stationary, normal breathing			
(2) Heat stationary, deep breathing			
(3) Head turning side to side			
(4) Head moving up and down			
(5) Talking			
B. Comfort: (1) Very comfortable			
(2) Comfortable			
(3) Barely Comfortable			
(4) Uncomfortable			
(6) Intolerable			

Tested by: _____ _____
Signature Date

Pasco-Hernando State College

Respiratory Protection Plan

Respirator Issue and Maintenance Record

Respirator Type: _____

Manufacturer: _____

Model Number: _____

Date Placed in Service: _____

Assigned to: _____

DATE	SERVICED BY (PRINT NAME)	SERVICED BY (SIGNATURE)

_____ _____ _____ _____

Recipient's Signature Date Risk Management Specialist Date

Pasco-Hernando State College

Respiratory Protection Plan

Respirator Protection Plan Evaluation

1. Are all records complete and up to date? Yes_____No _____ If no, what action has been taken to improve future performance?

   _____

2. Has air contaminant monitoring been conducted at operations where new raw materials or production processes are in use? Yes_____No _____ Not applicable_____ If no, what action has been taken to determine exposure?

   _____

3. Are employees wearing the respirators, which have been selected for the job? Yes No If no, what action has been taken to eliminate the use of improper respirators?

   _____

4. Do all employees wearing respirators have medical approval and fit test? Yes_____No_____If no, what is being done to correct the situation?

   _____

5. Have all employees completed their initial or refresher respirator training? Yes_____No_____If no, what is being done to complete the training?

   _____

6. Do employees who have completed training understand limitations use and inspection of respirators? Yes No If no, what improvements in the training program are being made?

   _____

   _____

Date:_____Signature: _____
Risk Management/Loss Prevention Specialist

Safety Manual
APPENDIX A
768.1325[1] Florida Cardiac Arrest Survival Act; immunity from civil liability

(1) This section may be cited as the "Cardiac Arrest Survival Act."

(2) As used in this section:

(a) "Perceived medical emergency" means circumstances in which the behavior of an individual leads a reasonable person to believe that the individual is experiencing a life-threatening medical condition that requires an immediate medical response regarding the heart or other cardiopulmonary functioning of the individual.

(b) "Automated external defibrillator device" means a lifesaving defibrillator device that:

1. Is commercially distributed in accordance with the Federal Food, Drug, and Cosmetic Act.

2. Is capable of recognizing the presence or absence of ventricular fibrillation, and is capable of determining without intervention by the user of the device whether defibrillation should be performed.

3. Upon determining that defibrillation should be performed, is able to deliver an electrical shock to an individual.

(c) "Harm" means damage or loss of any and all types, including, but not limited to, physical, nonphysical, economic, noneconomic, actual, compensatory, consequential, incidental, and punitive damages or losses.

(3) Notwithstanding any other provision of law to the contrary, and except as provided in subsection (4), any person who uses or attempts to use an automated external defibrillator device on a victim of a perceived medical emergency, without objection of the victim of the perceived medical emergency, is immune from civil liability for any harm resulting from the use or attempted use of such device. In addition, any person who acquired the device, including, but not limited to, a community association organized under chapter 617, chapter 718, chapter 719, chapter 720, chapter 721, or chapter 723, is immune from such liability, if the harm was not due to the failure of such acquirer of the device to:

(a) Notify the local emergency medical services medical director of the most recent placement of the device within a reasonable period of time after the device was placed;

---

[1] Copied from the Florida State Senate webpage, 2006 Florida Statutes (www. flsenate.gov).

(b) Properly maintain and test the device; or

(c) Provide appropriate training in the use of the device to an employee or agent of the acquirer when the employee or agent was the person who used the device on the victim, except that such requirement of training does not apply if:

1. The employee or agent was not an employee or agent who would have been reasonably expected to use the device; or

2. The period of time elapsing between the engagement of the person as an employee or agent and the occurrence of the harm, or between the acquisition of the device and the occurrence of the harm in any case in which the device was acquired after engagement of the employee or agent, was not a reasonably sufficient period in which to provide the training.

(4) Immunity under subsection (3) does not apply to a person if:

(a) The harm involved was caused by that person's willful or criminal misconduct, gross negligence, reckless disregard or misconduct, or a conscious, flagrant indifference to the rights or safety of the victim who was harmed;

(b) The person is a licensed or certified health professional who used the automated external defibrillator device while acting within the scope of the license or certification of the professional and within the scope of the employment or agency of the professional;

(c) The person is a hospital, clinic, or other entity whose primary purpose is providing health care directly to patients, and the harm was caused by an employee or agent of the entity who used the device while acting within the scope of the employment or agency of the employee or agent;

(d) The person is an acquirer of the device who leased the device to a health care entity, or who otherwise provided the device to such entity for compensation without selling the device to the entity, and the harm was caused by an employee or agent of the entity who used the device while acting within the scope of the employment or agency of the employee or agent; or

(e) The person is the manufacturer of the device.

(5) This section does not establish any cause of action. This section does not require that an automated external defibrillator device be placed at any building or other location or require an acquirer to make available on its premises one or more employees or agents trained in the use of the device.

(6) An insurer may not require an acquirer of an automated external defibrillator device which is a community association organized under chapter 617, chapter 718, chapter 719, chapter 720, chapter 721, or chapter 723 to purchase medical malpractice liability coverage as a condition of issuing any other coverage carried by the association, and an insurer may not exclude damages resulting from the

use of an automated external defibrillator device from coverage under a general liability policy issued to an association.

History.--s. 1, ch. 2001-76; s. 3, ch. 2004-345; s. 3, ch. 2004-353; s. 3, ch. 2006-206.

[1]**Note.**--Section 4, ch. 2001-76, provides that:

"No later than January 1, 2003, the Secretary of the Department of Health shall adopt rules to establish guidelines on the appropriate placement of automated external defibrillator devices in buildings or portions of buildings owned or leased by the state, and shall establish, by rule, recommendations on procedures for the deployment of automated external defibrillator devices in such buildings in accordance with the guidelines. The Secretary of the Department of Management Services shall assist the Secretary of the Department of Health in the development of the guidelines. The guidelines for the placement of the automated external defibrillators shall take into account the typical number of employees and visitors in the buildings, the extent of the need for security measures regarding the buildings, special circumstances in buildings or portions of buildings such as high electrical voltages or extreme heat or cold, and such other factors as the Secretaries determine to be appropriate. The Secretary of the Department of Health's recommendations for deployment of automated external defibrillators in buildings or portions of buildings owned or leased by the state shall include:

"(a) A reference list of appropriate training courses in the use of such devices, including the role of cardiopulmonary resuscitation;

"(b) The extent to which such devices may be used by laypersons;

"(c) Manufacturer recommended maintenance and testing of the devices; and

"(d) Coordination with local emergency medical services systems regarding the incidents of use of the devices.

"In formulating these guidelines and recommendations, the Secretary may consult with all appropriate public and private entities, including national and local public health organizations that seek to improve the survival rates of individuals who experience cardiac arrest."

Safety Manual
APPENDIX B
Safety Training Programs

(Titles in **bold** are **required** per 2015-16 edition of the PHSC Safety Manual)

Employee Group	Title of Training Program	Frequency
A - Coaches	**Bloodborne Pathogens/Biowaste**	Annual
H – Health Care	**Bloodborne Pathogens/Biowaste**	Annual (except for licensed health care professionals with current licenses)
	Chemical Hygiene	Annual (except for licensed health care professionals with current licenses)
	Hazardous Communication	Annual (except for licensed health care professionals with current licenses)
M - Maintenance	**Lock-out/tag-out**	Annual
	Hazardous Communication	Annual
	Fire Extinguisher Operation	Annual
	Appropriate use of Vision protection / Eye Wash	Required upon initial employment; annual refresher, if applicable
	Appropriate use of Hearing Protection	Required upon initial employment; annual refresher, if applicable to work requirements
	Safe Lifting	Required upon initial employment; annual refresher, if applicable
	Safe Use of Forklift	Required upon initial employment; annual refresher, if applicable
	Safe Use of Aerial Lift	Required upon initial employment; annual refresher, if applicable
	Safe Use of Tractor & Attachments	Required upon initial employment; annual refresher, if applicable
	Pesticide Mixing & Application	Maintain certification, if applicable
	Safe Use of Power Tools, Chainsaws	As needed determined by supervisor
	Safe Use of Golf Carts	As needed determined by supervisor
	Underground Storage Tank Safety	As needed determined by supervisor
~~M (HVAC only)~~	~~**Respirator Safety**~~	~~Annual, if applicable to current~~

		~~HVAC equipment~~
S - Science	**Chemical Hygiene**	Annual
	General Lab Safety	Initial employment; as needed
	Bloodborne Pathogens/Biowaste Disposal	Annual lab supervisors & staff, plus instructors for anatomy & physiology and microbiology
	Hazardous Communication	Annual
P – Public Service	**Bloodborne Pathogens/Biowaste**	Included in instructor certification.
	Firearms Safety	Included in instructor certification.
	Driver Safety	Included in instructor certification.
W – Welding	**Welding Safety**	As required by certification.
All	**Safety Manual General**	Initial employment; as needed
	CPR / AED	Offered to employee volunteers
	First Aid	Offered to employee volunteers
	EVACU TRAC	Offered to employee volunteers
Student Workers	**Review of Emergency Procedures**	To be provided upon employment

Supervisors may require one or more of the optional training programs listed above or other appropriate training programs for the employees they supervise as part of the supervisors' overall responsibility for employee and student safety. All safety training programs listed above are offered annually. Additional safety training programs may also be available upon request. The Safety Officer is responsible for acquiring and making available training materials required by this Manual.

Many of these courses are available in an on-line format. However, classes may be offered in group presentation format by request and/or by special arrangement through the employee's supervisor. Alternative forms of delivery must be approved by the Chair of the Risk Management/Loss Prevention committee in order to satisfy the training requirements of this Manual.

The Director of Human Resources will provide a list of employees, by name, that need to complete or provide verification that they have completed specified safety training programs.

Safety Manual
APPENDIX C
First Aid Kit Requirements / OSHA & ANSI Standards[1][2][3]

OSHA (1910.151) does not have a specific standard for first aid kits. However, OSHA does indicate that first aid kits should be available in the workplace. OSHA refers readers to the ANSI standard (Z308.1-2009).

The minimum requirements for work place first aid kits recommended by ANSI are shown in the table below.

The supplies listed below are the minimum that should be contained in a first aid kit. This kit is considered adequate for most workplaces. However, specialized applications may require additional supplies to adequate meet the first aid needs for that applications. Examples of potential specialized applications may include sports or law enforcement training. Requirements for Law Enforcement and Corrections training programs are specified by Florida Department of Law Enforcement (FDLE) rule in four specific areas of training. FDLE requirements are specified in field audit forms and are included as attachments to this appendix.

First Aid Kit: Supply and Minimum Size or Volume (from ANSI Z308.1-2009)	**Minimum Quantity**
Absorbent Compress, 32 sq. in. (206 sq. cm), with no side smaller than 4 in. (10 cm)	1
Adhesive Bandages, 1 x 3 in. (2.5 x 7.5 cm)	16
Adhesive Tape, 3/3 in. x 2.5 yd. (2.3 m) total	1
Antibiotic Treatment, 0.14 fl oz (0.5 g) application	6
Antiseptic, 0.14 fl. Oz. (0.5 g) application	10
Burn Treatment, 1/32 oz. (0.9 g) application	6
First Aid Guide	1
Medical Exam Gloves	2 pair
Sterile pad, 3 x 3 in. (7.5 x 7.5 cm)	4
Triangular Bandage, 40 x 40 x 56 in. (101 x 101 x 142 cm)	1
Red Biohazard Bag (small)[4]	1

[1] United States Department of Labor, Occupational Safety & Health Administration (OSHA) Regulation Standard 1910.51: Medical services and first aid.
[2] United States Department of Labor, Occupational Safety & Health Administration (OSHA) 04/18/2002 – Clarification of 1910.151 (Medical Services and First Aid).
[3] American National Standard Institute (ANSI) / International Safety Equipment Association (ISEA) Standard Z308.1-2009. American National Standard – Minimum Requirements for Workplace First Aid Kits and Supplies
[4] Any items, including gloves, which may have been in contact with blood or other body fluids, should be discarded in the biohazard bag. Once a bag is used, the campus facilities/maintenance staff should be notified. Facilities staff will provide a new bag for the first aid kit and deposit the used bag in one of the campus biohazard disposal boxes for pick up. Replacement gloves will also be provided, if needed.

FDLE
Florida Department of Law Enforcement

FIRING RANGE FACILITY AND EQUIPMENT REQUIREMENTS

Incorporated by Reference in Rule 11B-21.005(6), F.A.C.

CJSTC 201

TRAINING SCHOOL	REVIEWER	DATE and TIME

Location: _____

Rule 11B-21.005, F.A.C., requires that a Commission-certified training school, conducting CJSTC firearms training for basic recruit or instructors students, shall comply with the following specifications:

1. _____ The range shall have a bullet impact backstop that will stop and render harmless, bullets fired into it from handguns, revolvers, semi-automatic pistols, rifles, carbines, and shotguns from the firing positions at the firing line, without ricocheting projectiles or debris, or striking individuals at the firing line.

2. _____ The range shall have a minimum of five firing positions with two color-coded or numbered targets for each firing position. Range targets shall be placed at least 24 inches from the scoring edge to the scoring edge facing the shooters.

3. _____ The range shall have an observation position for the range master for indoor and outdoor range facilities that allow simultaneous unrestricted view of all firing positions and all areas within the confines of the impact area.

4. _____ The range shall have warning signs posted at all access points to the firing range that clearly identify the areas as a criminal justice firing range.

5. _____ The range shall have an operational public address system that is capable of transmitting instructions to all areas of the range to allow shooters on the firing line or in the firing booth to hear commands while firing with ear protectors in place.

6. _____ The range cover used for firing shall be permanently affixed, or is a portable construction with a base affixed to the ground, or is securely braced to ensure the shooter's safety.

7. _____ The range shall provide adequate lighting to allow shooters to clearly see the targets from all firing positions and to allow the range caller to clearly see all firing positions and targets.

8. _____ Firearm ranges used for practical exercises shall be equipped with a first aid kit. The first aid kit shall be located at the facility when basic recruit students are actively engaged in practical exercises or CJSTC training is in session and shall be immediately accessible to instructors and basic recruit students.

The first aid kit shall include at a minimum the following supplies:

a. Protective gloves of varying sizes
b. Pocket mask with one-way valve
c. Gauze bandage; one roll 4" x 6 yards
d. Adhesive bandages; one box of 1" or 2"
e. One roll of adhesive tape
f. Cold pack, or plastic bags and ice to make a cold pack
g. One pair of blunt tipped scissors
h. Emergency blanket
i. Two 4" bandage compresses
j. Two 2" bandage compresses
k. Two triangular bandages
l. One eye-dressing kit
m. One occlusive dressing
n. Two trauma dressings
o. One biohazard disposal bag
p. Sterile eyewash

FDLE
Florida Department of Law Enforcement

DRIVING RANGE FACILITY AND EQUIPMENT REQUIREMENTS

Incorporated by Reference in Rule 11B-21.005(4)(a), F.A.C.

CJSTC 202

TRAINING SCHOOL	REVIEWER	DATE and TIME

Location: _____

Rule 11B-21.005, F.A.C., requires that a Commission-certified training school, conducting CJSTC vehicle operations training for basic recruit or instructor students, shall comply with the following requirements:

1. _____ The driving range shall have a paved area at least a 300' x 600' in size and a paved skid pad area at least 24'x200' in size, that is located off public roadways, or the training school shall have a Commission-approved exemption on file pursuant to Rule 11B-21.005, F.A.C.

2. _____ The driving range shall be equipped with at least 90 orange or yellow traffic cones no less than 12" in height; and at least eight orange or yellow traffic cones that are no less than 24" in height.

3. _____ The driving range shall be equipped with two fire extinguishers with a rating of 10 BC or equivalent.

4. _____ Driving ranges used for practical exercises shall be equipped with a first aid kit. The first aid kit shall be located at the facility when basic recruit students are actively engaged in practical exercises, and shall be immediately accessible to instructors and basic recruit students.

   The first aid kit shall include at a minimum the following supplies:

   a. Protective gloves of varying sizes
   b. Pocket mask with one-way valve
   c. Gauze bandage; one roll 4" x 6 yards
   d. Adhesive bandages; one box of 1" or 2"
   e. One roll of adhesive tape
   f. Cold pack, or plastic bags and ice to make a cold pack
   g. One pair of blunt tipped scissors
   h. Emergency blanket
   i. Two 4" bandage compresses
   j. Two 2" bandage compresses
   k. Two triangular bandages
   l. One eye-dressing kit
   m. One occlusive dressing
   n. Two trauma dressings
   o. One biohazard disposal bag
   p. Sterile eyewash

5. _____ The driving range shall have accessible and immediately available telephone or radio communication.

6. _____ The driving range shall have accessible drinking water, restroom, and rain-resistant shelter for personnel engaged in driving training.

7. _____ The driving range shall be secured by barriers from through traffic while training is being conducted on the range. Warning signs shall be posted at all vehicle access points that clearly identify the area as a "vehicle operations training driving range" with access restricted to basic recruit trainees, criminal justice instructors, and personnel authorized by the training center director.

8. _____ For delivery of night driving exercises driving range equipment shall include:

   a. Reflective vests to be worn by all personnel and students; and
   b. At least one traffic wand for each instructor and other individuals designated to assist in the facilitation of night driving, for example: road guards and traffic control personnel who setup driving cones.

9. _____ The range and associated equipment shall be maintained in proper working order to ensure safety of the shooters and instructors. Indoor ranges shall comply with the manufacturer's specifications for operational safety.

10. _____ The range shall have accessible drinking water, a restroom, and a rain-resistant shelter for all personnel engaged in training on the range.

11. _____ The range shall have telephone or radio communication immediately available to instructors.

12. _____ Access to the range shall be restricted to criminal justice trainees, criminal justice instructors, Commission staff, and personnel authorized by the training center director when firearms training is being conducted. The range must have warning signs posted.

13. _____ All personnel shall wear ear and eye protectors while a student is actively engaged in a shooting exercise.

Note: Instructor to Student Ratio: For instruction of the CMS *Criminal* Justice Firearms Course or CMS Firearms Instructor Course, there shall be no more than six students actively engaged on a firearms range for each Commission-certified firearms instructor. The rangemaster shall not be included in the student to instructor ratio. Actively engaged is defined in Rule 11B-35.0021(4)(a), F.A.C., as "a student on the firing range handling a weapon." Discretionary course of fire shall be conducted with a one-to-one instructor to student ratio.

In Compliance ☐ Non-Compliance ☐ Corrected on Site by the Field Specialist ☐

Rule Violation: _____, F.A.C.

Comments: _____

_____

_____

_____

_____

_____

_____

_____

_____ _____

Field Specialist's Signature Date

_____ _____

Training Center Director or Coordinator or Instructor Signature Date

9. _____ Each Commission-certified training school shall have available at least one automobile for vehicle operations training. Emergency lights and sirens that are external or internal are required for vehicles engaged in emergency training exercises in a CMS Law Enforcement Vehicle Operations Course and CMS Vehicle Operations Instructor Course.

Note: **Instructor to vehicle ratio:** For instruction of the CMS Law Enforcement Vehicle Operations Course and CMS Vehicle Operations Instructor Course, there shall be at least one Commission-certified driving instructor for each vehicle actively engaged on a driving range, plus one range master.

A range master is not required during remediation and reevaluation if only one vehicle is actively engaged

Actively engaged is defined as "a vehicle that is at the point between the start and end of an exercise." Returning from or being in route to a driving range or course shall not be considered as actively engaged, pursuant to Rule 11B-35.0021, F.A.C.

In Compliance ☐ Not In Compliance ☐ Corrected on site by the Field Specialist ☐

Rule Violation: _____, F.A.C.

Comments: _____

_____

_____

_____

_____ _____
Field Specialist's Signature Date

_____ _____
Training Center Director or Coordinator or Instructor Signature Date

FDLE
Florida Department of Law Enforcement

DEFENSIVE TACTICS FACILITY AND EQUIPMENT REQUIREMENTS

Incorporated by Reference in Rule 11B-21.005(5), F.A.C.

CJSTC 203

TRAINING SCHOOL	REVIEWER	DATE and TIME

Location: _____

Rule 11B-21.005, F.A.C., requires that a Commission-certified training school, conducting CJSTC defensive tactics training for basic recruit or instructor students, shall designate the classroom or gymnasium areas where defensive tactics are to be taught and comply with the following specifications:

Yes ☐ No ☐

1. Areas where defensive tactics are used for practical exercises shall be equipped with a first aid kit. The first aid kit shall be located at the facility when basic recruit students are actively engaged in practical exercises and shall be immediately accessible to instructors and basic recruit students.

   The first aid kit shall include at a minimum the following supplies:

a. Protective gloves of varying sizes	i. Two 4" bandage compresses
b. Pocket mask with one-way valve	j. Two 2" bandage compresses
c. Gauze bandage; one roll 4" x 6 yards	k. Two triangular bandages
d. Adhesive bandages: one box of 1" or 2"	l. One eye-dressing kit
e. One roll of adhesive tape	m. One occlusive dressing
f. Cold pack, or plastic bags and ice to make a cold pack	n. Two trauma dressings
g. One pair of blunt tipped scissors	o. One biohazard disposal bag
h. Emergency blanket	p. Sterile eyewash

Yes ☐ No ☐

2. Each pair of students who are actively engaged in defensive tactics techniques requiring items b. – i. below, shall be provided these items during the defensive tactics training period.

   The training school shall provide at minimum the following items for inspection:

a. A cushioned floor matting that is at least 80 square feet in size for every two students actively engaged in techniques requiring mats	e. A leg restraint f. A non-firing training firearm g. A blunt-edged training knife h. Training baton or other such impact weapon i. One duty belt to include a handcuff case and holster
b. One set of handcuffs with a handcuff key	
c. One striking bag	
d. One set of waist chains and leg irons	

Yes ☐ No ☐

3. Accessible and immediately available telephone or radio.

Yes ☐ No ☐

4. Accessible drinking water and a restroom.

Yes ☐ No ☐

5. Adequate ventilation and water for use during the chemical agent contamination exercise. This exercise is allowed to be conducted outdoors in an area approved by the training center director.

Note: Instructor to student ratio: Note: Instructor to student ratio: For instruction of the CMS Criminal Justice Defensive Tactics Course or, CMS Defensive Tactics Instructor Course, there shall be one lead Defensive Tactics Instructor that shall be counted in the instructor to student ratio of one Commission-certified Defensive Tactics Instructor for every eight students actively engaged in defensive tactics.

Actively engaged is defined as "a student engaged in the practical performance of any one of the approved defensive tactics techniques."

In Compliance ☐ Not In Compliance ☐ Corrected on site by the Field Specialist ☐

Rule Violation: _____, F.A.C.

Comments: _____

_____ _____
Field Specialist's Signature Date

_____ _____
Training Center Director or Coordinator or Instructor Signature Date

FDLE
Florida Department of Law Enforcement

FIRST AID INSTRUCTIONAL REQUIREMENTS

Incorporated by Reference in Rule 11B-21.005(7), F.A.C.

CJSTC 208

TRAINING SCHOOL	REVIEWER	DATE and TIME

Location: _____

Rule 11B-21.005, F.A.C., requires that a Commission-certified training school conducting CJSTC first aid training have the following equipment available:

1. _____ The training materials shall include the following:

- ☐ Non-disposable blanket
- ☐ Adult resuscitation manikin
- ☐ Infant resuscitation manikin
- ☐ Disposable protective gloves in varying sizes
- ☐ Imitation or simulated blood
- ☐ Body Substance Isolation (BSI) kit that includes gloves, eye protection, facemask or shield, gown or coverall with sleeves, shoe covers, and biohazard bag
- ☐ Roll-type bandages (2" or 3")
- ☐ Splinting equipment (boards, magazines, pillows, and etc.)
- ☐ Gauze pads (4" x 4")
- ☐ Triangular bandages
- ☐ Adhesive Tape
- ☐ Trauma Dressing
- ☐ Occlusive dressing
- ☐ CPR mask with one-way valve (one for each student)

2. _____ For every two students actively and physically engaged in first aid practical exercises and testing, the training school shall provide 64 square feet of unobstructed floor space. For each additional student actively and physically engaged, add an additional 32 square feet. Victims are not considered when calculating the total square footage requirements.

3. _____ Areas where first aid is used for practical exercises shall be equipped with a first aid kit. The first aid kit shall be at the facility when basic recruit students are actively engaged in practical exercises, and shall be immediately accessible to instructors and basic recruit students.

The first aid kit shall include at a minimum the following supplies:

a. Protective gloves of varying sizes
b. Pocket mask with one-way valve
c. Gauze bandage; one roll 4" x 6 yards
d. Adhesive bandages; one box of 1" or 2"
e. One roll of adhesive tape
f. Cold pack, or plastic bags and ice to make a cold pack
g. One pair of blunt tipped scissors
h. Emergency blanket
i. Two 4" bandage compresses
j. Two 2" bandage compresses
k. Two triangular bandages
l. One eye-dressing kit
m. One occlusive dressing
n. Two trauma dressings
o. One biohazard disposal bag
p. Sterile eyewash

4. _____ For instruction of the CMS First Aid for Criminal Justice Officers Course or CMS First Aid Instructor Course, at least one Commission-certified CMS First Aid Instructor shall be required for every ten students actively engaged in the practical and performance areas of the training. Actively engaged is defined as "a student involved in the practical performance of any first aid skills training."

In Compliance ☐ Not In Compliance ☐ Corrected on site by the Field Specialist ☐

Rule Violation: _____, F.A.C.

Comments: _____

_____

_____

_____ _____
Field Specialist's Signature Date

_____ _____
Training Center Director or Coordinator or Instructor Signature Date

Effective 2/7/2002 Original – FDLE 1st Copy – Training School 1 of 1 2nd Copy – Field Representative Revised 11/9/2007

Safety Manual
APPENDIX D
Procedure for Facilitating Safety/Health Audits

Periodic audits are conducted on the various campuses by representatives from several agencies/institutions. Some of the typical agencies that may be expected to conducted audits include: the state Health Department, the Fire Marshall, the insurance Consortium, and the federal EPA. While many of these audits are scheduled ahead of time, audits may occur with little or no prior notice. To avoid confusion and to assure that the most helpful and knowledgeable individuals are available to assist and/or answer questions for auditors the following procedure should be followed.

1. When a college staff member is contacted by an auditor, the staff member should notify her/his supervisor immediately. Additionally, the following individuals should also be notified: Director of College Safety and Security, the campus Provost and/or Center Director, the campus Facilities or Plant Manager, the Vice President for Administration and Finance, and the appropriate Dean or Associate Dean for academic areas.

2. When possible, the College Safety Officer and campus Facilities/Plant Manager will accompany the auditor. Additionally, staff from the most closely affiliated functional area of the college should accompany the auditor as well. This will assure that the auditor has appropriate access to facilities and information during the audit.

3. Prior to the actual audit, the auditor should be expected to present her/his credentials that indicate that she/he is, in fact, appropriately authorized to conduct the particular audit being requested.

4. The auditor will provide a written summary or report of her/his findings. Copies of this document should be maintained by the officer/department being audited and the original forwarded the College Safety Officer who maintains the official record. Copies of the audit report should also be provided to same individuals identified in step 1 of these procedures.

5. In non-emergency situations, remedial actions taken in response to audits should only be initiated after receiving the written audit finding and after proper authorization through the normal chain of command for the impacted area.

6. In emergency situations, appropriate action needs to be taken as per the direction of the auditor, but authorization via the appropriate chain of command is advisable when time permits.

7. If emergency action is required prior to receipt of a written finding or prior to authorization through the normal chain of command, the staff member should prepare an after-action written report explaining the nature of the emergency and the actions taken. This report will be in addition to the normal Accident/Incident Report that is required to be completed for safety-threatening incidents that occur at the College.

Safety Manual
APPENDIX E
CDC MRSA Educational Materials

Copies of selected pages from the CDC (Centers for Disease Control) are reprinted in this section. For current information and materials available from the CDC the readers should consult the CDC webpage at http://www.bt.cdc.gov/disasters/disease/mrsa.asp. Or at http://www.cdc.gov/mrsa/.

Fitness center and locker room managers are encouraged to consider MRSA education for users of these facilities. Any of the CDC posters shown in this Appendix may be suitable for posting or other educational programs.

Have you been diagnosed with a *Staphylococcus aureus* or MRSA infection?

Below are answers to some common questions...

What is *Staphylococcus aureus* or Staph?

Staph is a type of bacteria. It may cause skin infections that look like pimples or boils. Skin infections caused by Staph may be red, swollen, painful, or have pus or other drainage. Some Staph (known as Methicillin-Resistant *Staphylococcus aureus* or MRSA) are resistant to certain antibiotics, making it harder to treat. The information on this page applies to both Staph and MRSA.

Who gets Staph infections?

Anyone can get a Staph infection. People are more likely to get a Staph infection if they have:

- Skin-to-skin contact with someone who has a Staph infection
- Contact with items and surfaces that have Staph on them
- Openings in their skin such as cuts or scrapes
- Crowded living conditions
- Poor hygiene

How serious are Staph infections?

Most Staph skin infections are minor and may be easily treated. Staph also may cause more serious infections, such as infections of the bloodstream, surgical sites, or pneumonia. Sometimes, a Staph infection that starts as a skin infection may worsen. It is important to contact your doctor if your infection does not get better.

How are Staph infections treated?

Treatment for a Staph skin infection may include taking an antibiotic or having a doctor drain the infection. If you are given an antibiotic, be sure to take all of the doses, even if the infection is getting better, unless your doctor tells you to stop taking it. Do not share antibiotics with other people or save them to use later.

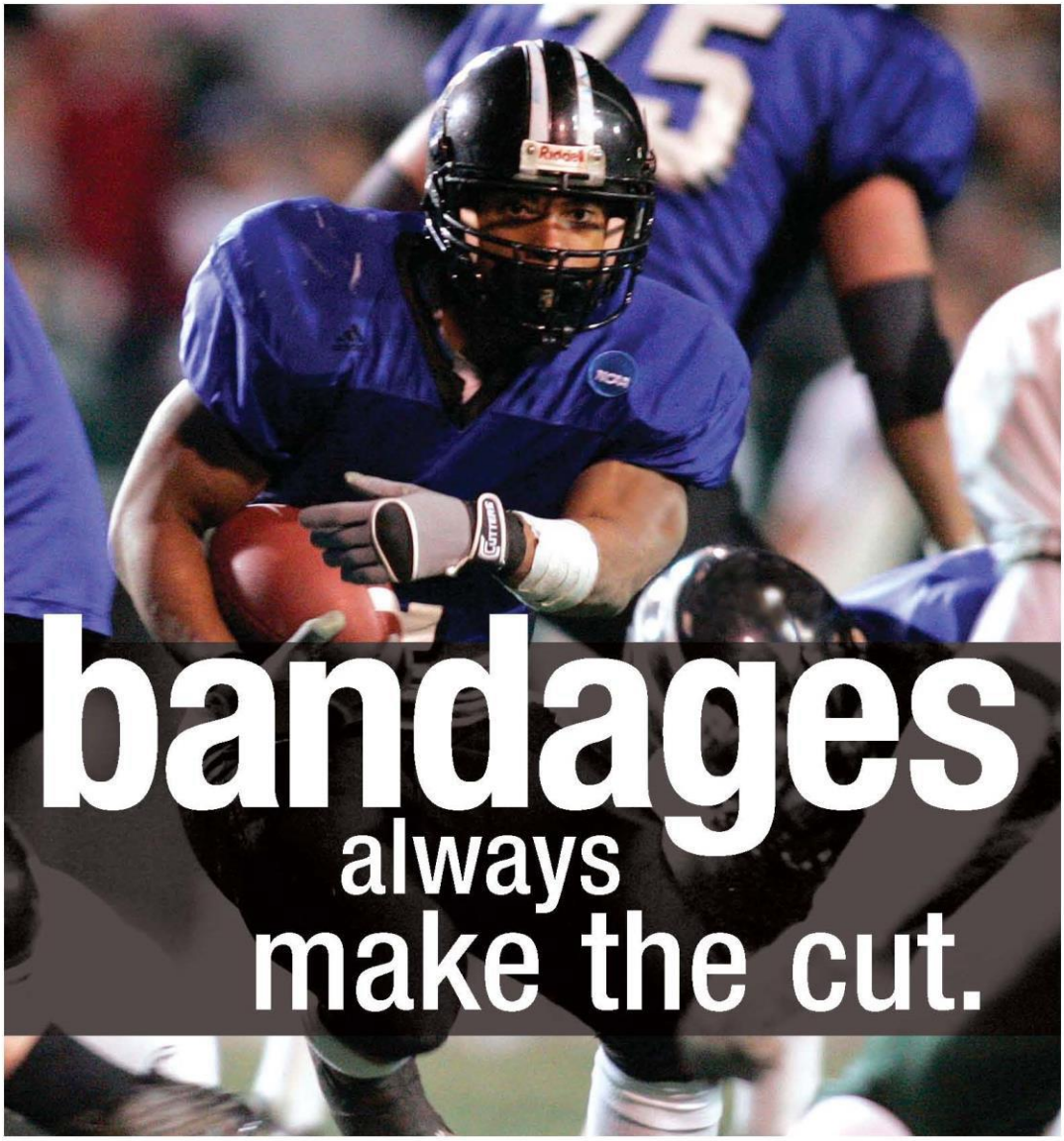
How do I keep Staph infections from spreading?

- Wash your hands often or use an alcohol-based hand sanitizer
- Keep your cuts and scrapes clean and cover them with bandages
- Do not touch other people's cuts or bandages
- Do not share personal items like towels or razors

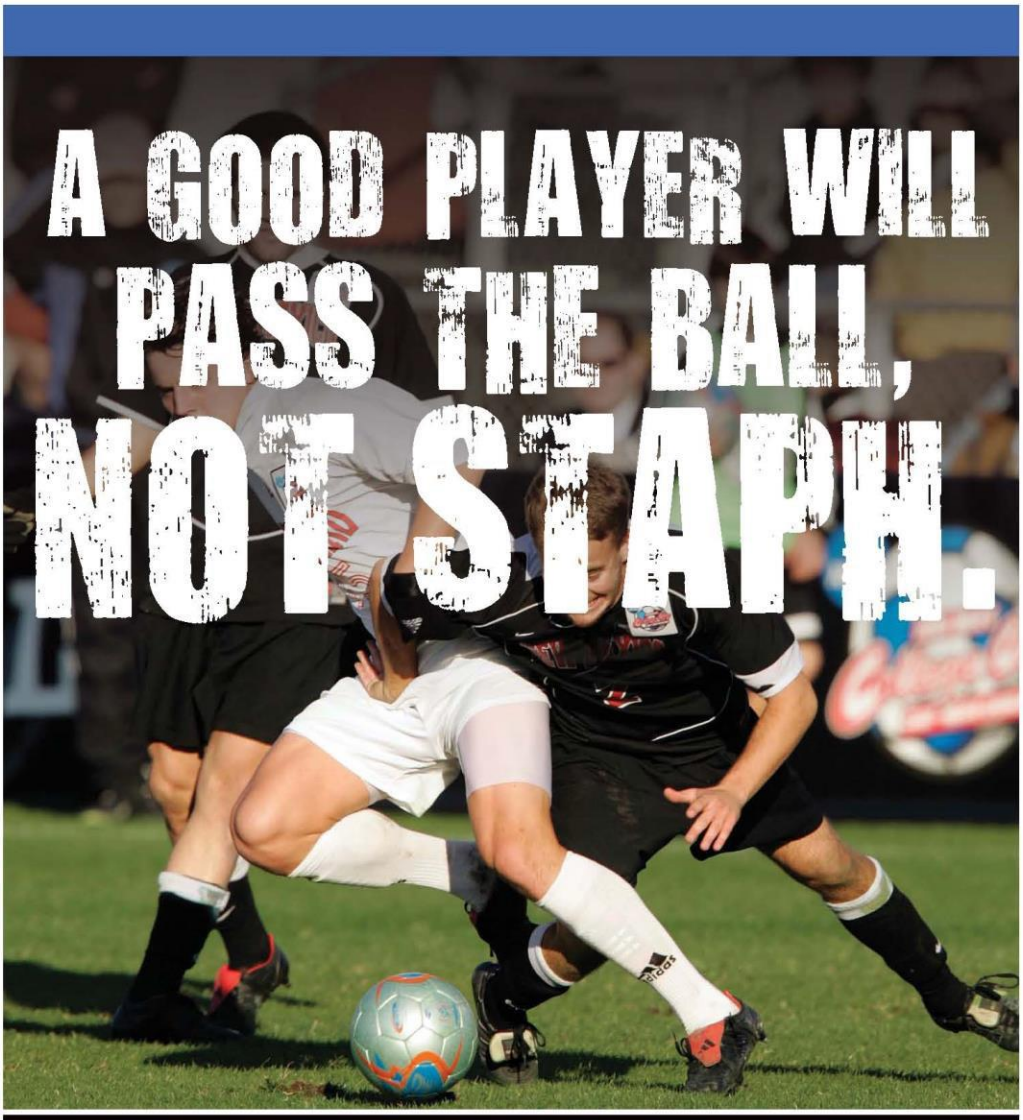
If you have any questions about your condition, please ask your doctor.
For more information, please visit: http://www.cdc.gov/ncidod/dhqp/ar_mrsa.html.

Practice good hygiene: Do not share personal items, such as towels or razors. Wash your hands frequently. Shower immediately after every practice and game. Use clean towels each time you shower. Launder clothes and towels after each use. **Your health matters.**

Practice good health: Report skin infections to your athletic trainer, coach or team physician. Recognize the signs of infection: skin sores/lesions that have redness, pain, swelling or pus. Don't treat yourself. **When in doubt, check it out.**



Practice good wound care: Keep cuts and scrapes clean and covered with a bandage until healed. Avoid contact with other people's wounds or bandages. **Your health matters.**



Do not share personal items such as towels or razors.

Wash your hands frequently.

Shower immediately
after each practice and game.

Use clean towels each time you shower.

Launder clothes and towels after each use.

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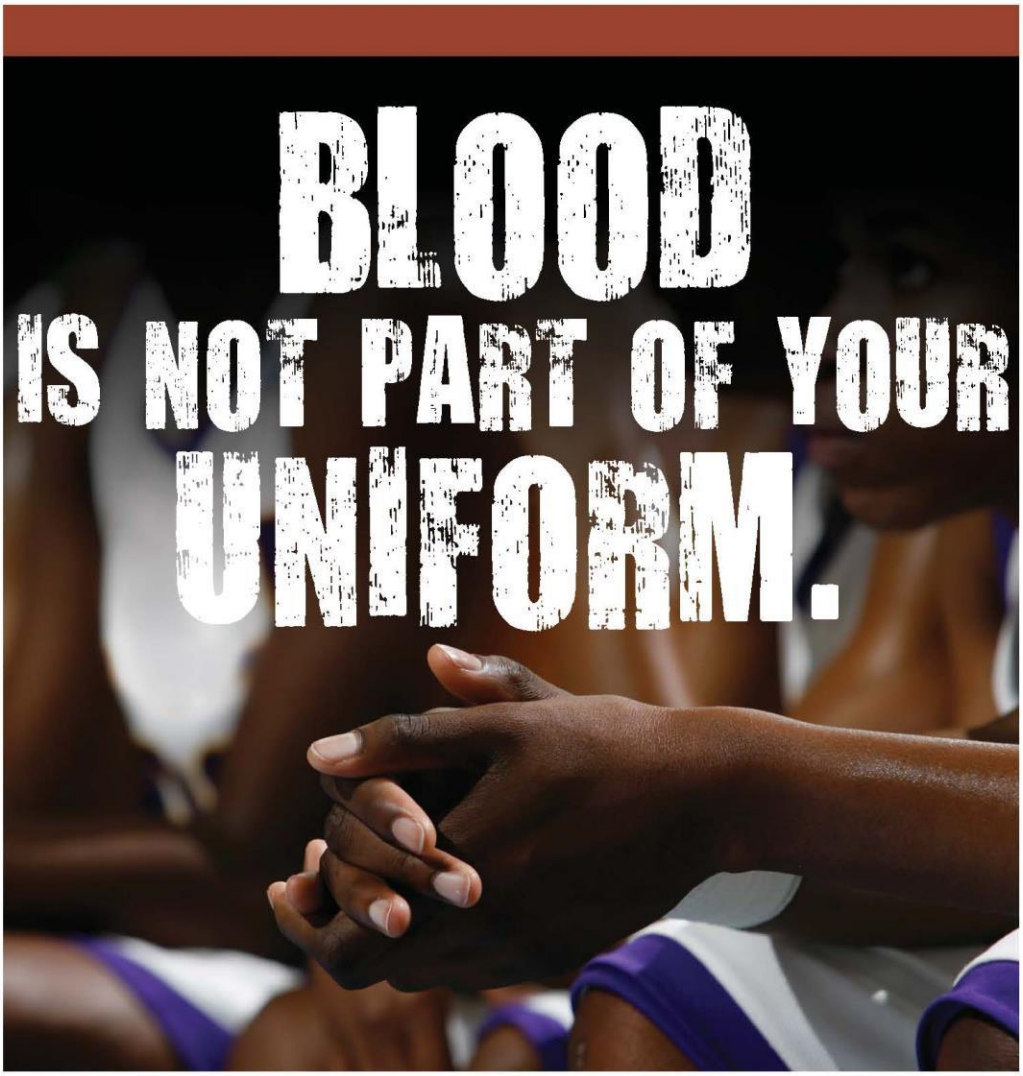

Keep cuts and scrapes clean and covered
with a bandage until healed.

Avoid contact with other
people's wounds or bandages.

Wash your hands
before and after changing bandages.

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Report skin infections

to your athletic trainer, coach or team physician.

Recognize the signs of infections:
skin sores/lesions that have redness, pain, swelling or pus.

Don't treat yourself.

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Safety Manual
APPENDIX M
3D Printer Safety Procedure

In order to ensure safe operation of all 3D Printers at the College, all faculty, staff and students who use 3D printers are expected to follow the attached guidelines when operating any 3D printer.

3D Printing SAFETY PROCEDURE for Pasco-Hernando State College

DO NOT USE WITHOUT INSTRUCTOR AUTHORIZATION
Instructor must be present during operation

3D Printer Installation and Maintenance

- Should be installed and maintained according to manufacturer's instructions
- Should be placed on a flat, stable, and clean surface per instructions set forth in the manufacturer's guidelines

Required Personal Protective Equipment

- **Dust Mask (all users and those near printers while in use)** Meeting *OSHA 1910.134 and ANSI 88.2-2015 requirements*
- **Eye Protection - Goggles/Safety Glasses (all users and those near printers while in use)** *Meeting ANSI Z87.1 – 2010 requirements*
- **Gloves** *meeting ANSI/ISEA 105-2011requirements* **(all users as applicable)**
  - Protection against heat
  - Nitrile for chemical





General Safety During 3D printing Process:

- Always follow the manufacturer guidelines for proper use of 3D printers.
- To prevent respiratory irritation, ventilate areas where model and support materials are used. Air volumes should be replaced at least 4 times per hour (confirmed with PHSC HVAC representative that PHSC classrooms and laboratories meet or exceed this requirement).
- Do not open the cover or enter print stage area once a printing job has started.
- Do not defeat or override the interlock switch once a printing job has started. If Interlock safety switch fails, do not use printer. Contact lab manager/instructor immediately.
- Wear dust mask, safety glasses, and non-permeable gloves when opening printer or accessing the stage area of the printer once print is complete.
- Uncured material is hazardous; wear neoprene or nitrile gloves when handling it.
- Store all materials in proper storage cabinet when not in use.
- No food or drink allowed in classroom. Keep materials away from where food and drink are stored, prepared, or consumed.

Printing Hazards

- Hot Surfaces – Print head block and stage
- Moving Parts – Printing assembly

Support Material Removal

- Removal of support material **by hand**
  - Wear nitrile gloves according to *ANSI/ISEA 105-2011* guidelines for chemical protection
  - Wear eye protection according to *ANSI Z87.1 – 2010* guidelines for impact resistance
  - Use proper hand tools to remove support material
  - Ensure that surrounding areas are clear of projectiles injuring people
  - Dispose of material in trash receptacle
- Removal of support material using **WaveWash** system (Accompanies MOJO Printer)
  - Follow manufacturing guidelines
  - Wear nitrile gloves according to *ANSI/ISEA 105-2011* guidelines for chemical protection
  - Wear proper eye protection according to *ANSI Z87.1 – 2010* for possible splash protection

ANY QUESTIONS OR ISSUES - SEEK INSTRUCTOR ASSISTANCE