
OSHA Policy and Procedure Manual

**Occupational Safety
& Health Administration**



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Table of Contents

CHAPTER 1: INTRODUCTION..... 4
 Purpose.....4
 Scope.....4
 References.....4
 Cancellations.....4

CHAPTER 2: SAFETY AND HEALTH MANAGEMENT SYSTEM..... 5
 Policy5
 Participation5
 Hazard prevention and control6
 Safety and health training.....7
 Specific safety and health programs.....7

CHAPTER 3: OFFICE SAFETY AND HEALTH 8
 Purpose8
 Scope.....8
 Responsibilities8
 Procedure.....9

CHAPTER 4: EMERGENCY CONTINGENCY PLAN..... 12
 Purpose12
 Scope.....12
 Responsibilities12
 Procedures12
 Responsible personnel.....13
 Position descriptions for responsible personnel.....13
 Emergency action plan.....16

CHAPTER 5: PERSONAL PROTECTIVE EQUIPMENT 21
 Purpose21
 Scope.....21
 Responsibilities21
 Procedure.....22

CHAPTER 6: HAZARD COMMUNICATION 23
 Purpose23
 Scope.....23
 Procedure.....23
 Warning labels.....23

CHAPTER 7: FIRST AID AND CARDIOPULMONARY RESUSCITATION..... 25
 Purpose25
 Scope.....25
 Definitions.....25
 Responsibilities25

Procedures26

First aid equipment27

CHAPTER 8: BLOODBORNE PATHOGENS..... 28

Purpose28

Scope.....28

References.....28

Exposure control plan28

Hazard assessment29

Universal precautions and work practices.....29

Bloodborne pathogen training.....29

Voluntary hepatitis B vaccination29

Post-exposure evaluation and follow-up30

Recordkeeping: training records.....30

Procedures for unforeseen contact with blood or other potentially infectious material (OPIM)..30

Regulated waste31

Post-exposure evaluation and follow-up32

Information provided to the evaluating healthcare provider32

Responsibilities33

APPENDIX A..... 35

CHAPTER 1: INTRODUCTION

Purpose

The purpose of this policy is to define and implement a field safety and health management system (SHMS) and appropriate safety and health programs, as identified in the subsequent chapters. Dongguk University Los Angeles (DULA) is responsible for ensuring that employees have a safe and healthful workplace that complies with the Occupational Safety and Health Act (OSHA) standards. Establishing an effective

SHMS appropriate to employees' varied work responsibilities and workplace conditions is also an essential strategy to eliminate/control hazards before they lead to fatalities, injuries, and illnesses.

Scope

These instructions apply to all members of DULA.

References

1. Occupational Safety and Health Act, Public Law 91-596, December 29, 1970; as amended by public law 101-552, November 5, 1990; as amended by public law 105-241, September 29, 1998.
2. Department of Labor, OSHA 29CFR 1910.1030. Occupational exposure to bloodborne pathogens.
3. Department of Labor, OSHA 29CFR 1910. Occupational Exposure to bloodborne pathogens, needlesticks, and other sharps injuries.
4. Centers for Disease Control and Prevention; U.S. public health service guidelines for the management of occupational exposures to HBV, HCV, and HIV; and recommendations for post-exposure prophylaxis.

Cancellations

None.

CHAPTER 2: SAFETY AND HEALTH MANAGEMENT SYSTEM

The basic tenets of an effective SHMS are management commitment and leadership and employee participation, worksite analysis, hazard prevention and control, and safety and health training.

Policy

It is the policy of the Dongguk University Los Angeles (DULA) to provide a safe and healthful work environment for all permanent, temporary, and contract employees. It is also our policy to provide the same safe and healthful environment for our visitors. DULA is not only committed to ensuring a safe and healthful work environment for others, but is equally committed to the safety and health of its employees. The development, implementation, and evaluation of this safety and health management system (SHMS) shall be a cooperative effort between labor and management in order to prevent injuries, illnesses, and death from work-related causes and minimize losses of material resources. The information contained in this SHMS shall be used to assist employees and supervisors in carrying out their responsibilities of ensuring a safe and healthful working environment.

This SHMS establishes the framework of a continuing process for providing occupational safety and health guidelines and information to all personnel. DULA's commitment is to ensure continuous improvement by establishing procedures for annual self-evaluation and followup, as well as safety, health, and well-being.

Participation

A. Each employee, student, and faculty covered by these instructions are responsible for:

1. Following all of the safety and health rules and practices of the SHMS, as well as safety and health programs.
2. Monitoring and reporting to their supervisor (or designee) any unsafe conditions for prompt correction.
3. Correcting any hazard that they have the ability to correct and report to the applicable supervisor (or designee).
4. Providing feedback to their applicable supervisor (or designee) regarding the need for additional controls to ensure safety and health standards are met.
5. Avoiding exposure to any recognized uncontrolled hazard.

6. Participating meaningfully in SHMS activities, for example: preparing job hazard analyses (JHA), conducting accident investigations, and serving on safety and health committees.

All employees shall be provided access to: training materials, safety data sheets, results of inspections, evaluations of their own SHMS, results of accident investigations (except for portions deemed confidential for personnel or medical reasons), hazard assessments, and such other materials produced by the SHMS that may be helpful to employees in improving safety and health in their workplace.

B. Incident reporting/investigation procedures

Prompt and accurate reporting and investigation of work-related incidents, which include all work-related injuries, illnesses, near misses, or accidents that could have caused serious injuries is a necessary component of effective accident prevention programs. This information can be used in evaluating and preventing hazards, fulfilling mandatory recordkeeping requirements, and filing for workers' compensation benefits.

All work-related incidents occurring during the performance of the employee's job duties must be reported promptly to the employee's supervisor (or designee).

Hazard prevention and control

Hazard prevention and control procedures must be reviewed and modified as necessary on a regular basis to follow the most current laws and regulations, and to ensure that the fullest level of protection is provided.

Supervisors (or designees) are responsible for ensuring that employees comply with all safety and health rules, policies, and programs, and are required to take appropriate action to prevent injury or illness to employees. Specific actions to be taken will be in accordance with existing personnel practices and regulations.

Safety and health training

The supervisor (or designee) will ensure that all employees are trained initially and given refresher training as appropriate on an annual basis thereafter.

Employee training will include all relevant chapters of the SHMS and specific safety and health programs.

Specialized technical training will be provided for employees who may encounter unique hazards associated with a particular industry or hazard.

Supervisors and employees who are engaged in safety and health activities for the agency will be trained to conduct those duties.

Specific safety and health programs

Safety and health programs for the specific topics identified in the subsequent chapters must be adopted and implemented. These may be supplemented or augmented to enhance employee safety and health. Safety and health on additional topics may also be adopted and implemented to address unique safety and health topics. All safety and health programs shall ensure the highest level of protection for employees, temporary employees, contractors, and the visiting public consistent with existing rules, standards, and guidance.

All changes to the SHMS (or programs other than those that describe site specific roles and responsibilities) must be submitted to the DTSEM for review and approval using the following procedure: DTSEM in conjunction with the joint labor-management committee is to review and respond to the region within 60 days of receipt of changes to policies and procedures.

The SHMS and programs provide baseline guidance to OSHA in order to implement an effective SHMS to prevent employee injuries, illnesses, and fatalities. Within established guidelines, regional administrators may supplement or augment the SHMS and programs to address the unique needs within the national office or their respective regions and ensure the health and safety of their employees. Changes to the SHMS or programs to make them site specific (i.e. identify areas of responsibility) may be made without national office approval. Changes to the SHMS or programs that alter their policies require national office approval.

CHAPTER 3: OFFICE SAFETY AND HEALTH

Purpose

This program is intended to protect employees from potential health and safety hazards in the office. This policy emphasizes the elimination or reduction of hazards by workplace and job design, taking into account differences among tasks and individuals.

Scope

This chapter applies to all DULA employees, students, and faculties.

Responsibilities

A. Responsible safety officer's responsibilities include:

1. Working with the local safety and health committee to supplement this chapter to meet the needs of the specific office environment.
2. Ensuring office safety and health inspections are conducted quarterly.
3. Training all employees on this chapter.
4. Providing proper storage for office supplies.
5. Ensuring that office equipment is in safe working order.
6. Ensuring that safe procedures for processing incoming mail and deliveries are utilized.

B. Employee responsibilities include:

1. Reporting all safety or health concerns to management.
2. Maintaining an orderly and sanitary office environment.
3. Following all office safety and health policies.

Procedure

Housekeeping.

1. All aisles and passageways in offices must be free and clear of obstructions. Proper layout, spacing, and arrangement of equipment, furniture, and machinery are essential.
2. All tripping hazards must be eliminated. Some common hazards are damaged carpeting, cords in walking areas, and projecting floor electrical outlet boxes.
3. Chairs, files, bookcases, and desks must be maintained in safe operating condition. Filing cabinet drawers must always be kept closed when not in use.
4. Materials stored in supply rooms must be safely stacked and readily accessible. Care must be taken to stack materials so that they will not topple over. Heavy objects will be stored at low levels. Under no circumstances will materials be stacked within 18 inches of ceiling fire sprinkler heads or halon planes of operation.
5. Hazardous materials must be properly handled and disposed of. A waste receptacle of hazardous material must be labeled to warn employees of the potential hazards.

Electrical safety.

1. Electrical cords must be examined on a routine basis for fraying and exposed wiring. Particular attention should be paid to connections behind
2. furniture, as files and bookcases may be pushed tightly against electric outlets, severely bending the cord at the plug. Defective cords will be replaced or repaired as needed.
3. Electrical equipment and wiring must be approved and used in accordance with NEC and local requirements.
4. Non-business related small appliances, such as space heaters, are not permitted in the office unless approved by management. Re-locatable power taps (power strips) can be used in conjunction with small appliances if listed and labeled for such use.
5. Use of extension cords:
6. Extension cords must only be used as temporary wiring in accordance with OSHA's electrical standards.
7. Extension cords must be kept in good repair, free from defects in their insulation. Defective cords will be removed from service until repaired or replaced.
8. Extension cords must be positioned so that they do not present a tripping or slipping hazards.
9. Extension cords must not be placed through doorways having doors that can be closed and thereby damage the cord.

Indoor air quality (IAQ).

1. Smoking is prohibited within all DULA offices and buildings, except in designated locations. Smoking materials must be extinguished and placed in appropriate containers before leaving smoking areas.
2. The safety officer will investigate all complaints of IAQ. Air sampling will be conducted when appropriate, and the results will be shared with employee(s) and their union representative(s).

Noise.

1. Sound levels must be considered during the procurement and location of any office equipment.
2. Provide proper maintenance of equipment, such as lubrication and tightening of loose parts, to prevent noise.
3. Locate loud equipment in areas where its effects are less detrimental. For example, place shredders away from areas where people must use the phone.
4. Barriers, walls, or dividers can be used to isolate noise sources. Acoustically-treated materials can be used as buffers to deaden noise and appropriate padding can be used to insulate vibrating equipment to reduce noise.
5. Schedule noisy tasks at times when it will have the least effect on other tasks in the office.
6. Hazard communication program.
7. Every employee must be made aware of all hazardous materials they may contact in the office.
8. The hazard communication program must follow the requirements of the hazard communication portion of this manual.

Emergency action plan.

1. DULA has a written emergency action plan covering actions that must be taken to ensure employee safety from fire and other emergencies, such as earthquakes or bomb threats.
2. The written emergency action plan must, at a minimum, include the following information:
3. Emergency escape procedures and emergency escape route assignments.
4. Procedures to account for all employees after emergency evacuation has been completed.
5. The methods of reporting fires and other emergencies.
6. The alarm or emergency notification system used to alert employees of emergencies.
7. Employees will be trained on the emergency action plan when first hired, whenever the plan changes, whenever any person's responsibilities under the plan change, and not less than annually.

Fire extinguishers.

1. Employees are not to use fire extinguishers unless they have been trained in their proper use.
2. The responsible safety officer will ensure that all portable fire extinguishers are visually checked on a monthly basis and inspected annually.

First aid.

1. First aid kits must be available in designated place.
2. The first aid procedures outlined in the first aid and CPR chapter must be followed.

CHAPTER 4: EMERGENCY CONTINGENCY PLAN

Purpose

The purpose of this plan is to ensure that each employee is provided a safe working environment. The emergency contingency plan has been developed to provide an organized plan of action to prepare and respond to major natural and human-caused emergencies.

Scope

The program applies to all DULA employees, students, and faculties. This chapter includes the following emergency action plans.

Responsibilities

A. The responsible safety officer will ensure:

1. Development and implementation of office-specific emergency programs.
2. Employees are trained on emergency procedures.
3. Exercises are conducted to evaluate the effectiveness of the emergency action plans.
4. Maintenance of training records and documentation related to incidents and exercises.

B. Employees, students, and faculties are responsible for:

1. Attending emergency training.
2. Reporting potential emergency situations to their responsible safety officer.
3. Following emergency action plans as directed.

Procedures

- A. Emergencies will be assessed by the responsible safety officer and/or emergency personnel for the size of and potential to cause injury or illness to DULA employees. The appropriate emergency plan will be implemented based upon the nature and seriousness of the emergency.
- B. Exercises will be conducted annually to evaluate the effectiveness of the plans.

- C. Any time an emergency plan is implemented, whether it is for an actual emergency or an exercise, the response will be documented. The documentation will include the date, description of the scenario, actions taken or parts of the plan implemented, participants, and critique. The critique will identify what went well and what areas need improvement. Plans will be modified as necessary to correct deficiencies.

Responsible personnel

The personnel responsible for the operation of the emergency plan are listed below. Their agreement to participate is appreciated by the university.

In cases of emergency, or in practice drills, it is expected that all instructions be followed properly and completely.

| | |
|---------------------------------|---------------------|
| Emergency director----- | John Jeon |
| Communication coordinator----- | Emilio Lopez |
| Communicator, second Floor----- | Yae Chang |
| Communicator, third Floor----- | Adrianus Wong |
| Communicator, fourth Floor----- | Chan Ho Kim |
| Alternate communicator----- | Maintenance on duty |
| DULA office monitor----- | Jacy Davis |
| OMC monitor----- | Hyunju Cha |

* Responsible personnel are subject to change according to emergency director's decision

Position descriptions for responsible personnel

- A. Emergency director
Basic responsibilities during drills / emergencies:
 1. When a fire is reported to you, you must find out the location of the fire, the type of fire, size of the fire, likelihood of the fire spreading, and the name of the person reporting the fire.
 2. Call the fire dept. (911) first. Tell the fire dept. where the fire is in the building and the type of fire.
 3. Announce the emergency evacuation with PA system or our emergency mic located in the basement area's fire control room. Be available to help with any aspect of the evacuation—have keys with you to all areas of building.

4. When you have ascertained where the problem is (from operators or other team members funneling info to you) direct appropriate team members to their area (i.e. communicators, monitors).
5. Act as liaison/spokesperson to fire dept., police, etc.
6. If communications are down, assign someone to run or drive to the nearest phone to summon help.
7. Assign someone to stand near the driveway entrance to flag down fire trucks, ambulances, etc. when they arrive.
8. Announce reentry is O.K. only after all areas are reported clear.
9. Be knowledgeable of all other emergency team members' basic responsibilities.
10. During an earthquake drill, station yourself at the switchboard to await a report from communicators that drill is complete, then advise them to announce end of drill.
11. During actual earthquakes, obviously no announcements can be made immediately, so follow the same procedure as everyone else in the building (i.e. get under your desk). When the quake and immediate aftershocks have subsided, you may see fit to order an evacuation due potential gas leaks, etc., if the quake was substantial
12. We do not have significant water storage for our people for post-earthquake survival. Ascertain the nearest evacuation / disaster relief center and direct them to it.

B. Communicators

Basic responsibilities during drills/emergencies

1. If anyone other than the emergency director informs you that there is fire, immediately contact the emergency director, report the location, and wait for further instructions.
2. Assist the emergency director in whatever way directed.
3. If an evacuation alarm is sounded, repeat the following several times: "Please evacuate the building immediately."
4. For fire or other evacuation type drills:
 - a. When instructed to initiate or other evacuation type drill, announce throughout your entire floor (including the lunchroom and conference areas).
 - b. Repeat the following several times: "This is a drill. Please evacuate the building immediately."
 - c. Report to the emergency director and assist in whatever way directed.
5. For earthquake drills
 - a. When instructed to initiate an earthquake drill, announce throughout your entire floor.

- b. Repeat the following several times: “This is an earthquake drill. Please get under your desks or tables immediately.” Make a mental note of non-cooperative persons.
- c. Report to the emergency director at the switchboard when complete. He will advise you when you should announce the end of the drill.
- d. After evacuation, report your assigned group to obtain roll call results.
- e. Write down and be prepared to give names of people not accounted for to the emergency director when asked for it.

C. Monitors

Basic responsibilities during drills/emergencies

- 1. Monitors are the key individuals in any emergency. By their actions they can maintain calm in their groups and ensure effective communications between the disaster team leaders and students, faculty, and staff of the university.
- 2. Monitors are responsible for maintaining a roster of the individuals in their groups and for knowing who is at the facility so that, in event of an evacuation, they can report individuals who may still be in the building. This is a very important responsibility as it may be necessary to search for individuals at risk of human lift.
- 3. Monitors are also the communication link between the communicators and the students, faculty, and staff.
- 4. Monitors are responsible for getting access to class schedules/intern schedules/patient rosters.
- 5. Upon hearing an announcement to evacuate the building, instruct everyone in your area (including visitors and VIPs) to leave the building immediately via the nearest exit.
- 6. Recheck the area to make certain everyone is gone.
- 7. Report to the emergency director that your area is clear.
- 8. Exit the building if no further instructions are given to you by the emergency director.
- 9. Prevent people in your group from reentering the building until reentry is ordered by the emergency director.
- 10. Take the roll of your group and report individuals unaccounted for (and their last known location) to the communicator who requests it.
- 11. Pass along to individuals in your group the information given to you by communicators. This will include information regarding finding individuals unaccounted for, termination of any drill, authorization to return to the building, authorization to start automobile engines, and instructions to go home.

Emergency action plan

A. FIRE PLAN

1. **PLAN AHEAD:** Be familiar with the locations of stairwells, fire alarm pulls, and fire extinguishers. See the floor plan posted in your office.
2. If a fire is observed or suspected, do the following.
 - a. Alert others around you and activate the fire alarm.
 - b. Notify the emergency director and provide as much information as you can about the location, nature, and size of the fire.
 - c. Evacuate the building if the evacuation alarm is sounded or directed to do so.
 - d. If you are leaving the building, close but do not lock all doors as you leave. Ensure that all windows are closed.
 - e. Use the stairwells. **DO NOT USE ELEVATORS.**
 - f. Do not re-enter the building until given approval by the emergency director.
3. **DON'T:**
 - a. Panic.
 - b. Use elevators.
 - c. Reenter the building for valuables.
 - d. Break windows.
 - e. Open hot doors.
 - f. Become a spectator.
 - g. Congregate at building entrances/exits after evacuation.

B. EARTHQUAKE

1. **DO:**
 - a. Take cover under a desk, in a doorway, or in the center of the building's interior, or sit down against an interior wall.
 - b. Stay clear of windows, bookcases, file cabinets, storage racks, and similar items.
 - c. Follow the instructions of the emergency director and emergency personnel.
 - d. Remain calm.
 - e. Turn off all electrical equipment.

- f. If an evacuation is signaled, follow your escape route to the closest available stairwell and exit the building.

2. DON'T:

- a. Use telephones.
- b. Use elevators.
- c. React in a manner that may cause undue panic or alarm.
- d. Stand near windows.
- e. Use matches if the power fails.
- f. Panic if you are in an elevator. Emergency personnel will take action to remove passengers from inoperative elevators.

C. DEMONSTRATIONS AND CIVIL DISORDERS

1. All occupants will:

- a. Avoid contact with demonstrators and all media representatives.
- b. Continue working normally.
- c. Keep lobby and corridors clear.
- d. Stay away from windows and entrances.
- e. Report the presence of unauthorized persons in your office to the federal protective service.

D. BOMB THREAT PLAN

1. If a bomb threat is received, do the following:

- a. Identify the time the threat was received.
- b. Ask questions about the location, time set to go off, type of bomb, who placed it, and why it was placed.
- c. Listen for voice characteristics, speech pattern, background noise, age, and sex of caller.
- d. If a threat is received via mail, hand-carry it immediately to your supervisor and attempt to preserve it for fingerprints.
- e. Notify the federal protective service.

2. If a bomb is observed or suspected, do the following:

- a. Notify the emergency director and provide as much information as you can about the location, time set to go off, and type of bomb.

- b. Evacuate the building if the evacuation alarm is sounded or if directed to do so.

3. DON'T:

- a. Antagonize the caller.
- b. Touch or move the suspected bomb.
- c. Reenter the building until you are notified by emergency director.
- d. Retrieve your automobiles until notified that it is safe to do so.

E. EXPLOSION PLAN

1. If an explosion occurs:

- a. Vacate the office to a safe area.
- b. Notify the federal protective service or pull the nearest fire alarm box.
- c. Prohibit persons from entering the area.
- d. Follow instructions given by emergency personnel.

2. If you are unable to evacuate the affected area:

- a. Get down in the prone position.
- b. Get under the best available cover (i.e. desk, table etc).
- c. Get away from glass, open areas, or perimeter rooms.
- d. Protect head, eyes, and torso.

F. POWER FAILURE

1. In the event of a power failure, do the following:

- a. Turn off electrical office machine appliances, including computer equipment.
- b. Remain calm. Emergency lighting will be available.
- c. Personnel should remain in their areas and await further instructions from their first line supervisors.
- d. Further direction or instruction to floor occupants will be issued by the floor communicator.
- e. Only by the sounding of the fire alarm will all personnel vacate the building.

G. SEVERE STORM

1. If a severe storm occurs, do the following:
 - a. Stay away from windows and outside walls. Close all drapes and blinds on outside windows.
 - b. Close all doors to outside offices.
 - c. The emergency director will keep you posted on any further information and instructions.

2. DON'T:
 - a. Attempt to leave the building; you are safer in one of the safe areas of the building than you would be in the street or a car.
 - b. Use elevators.
 - c. Get excited.

H. ELEVATOR ENTRAPMENT

1. In the event of an elevator entrapment, do the following:
 - a. Press the emergency call button, located in the elevator control pad.
 - b. Remain calm and wait for instructions.
 - c. Follow the instructions from the emergency director or authorized personnel.

I. EMERGENCY MEDICAL SITUATION IN BUILDING

1. In the event of emergency medical situation in the building, do the following:
 - a. Report the situation to the switchboard.
 - b. If possible, have another individual remain with the person requiring medical aid.
 - c. The individual remaining with the person requiring medical aid should not attempt to move the individual.
 - d. He/she should make the person as comfortable as possible by using common sense.
 - e. You should remain at the switchboard until the appropriate assistance has been secured. You may need to describe the exact situation over the telephone.

- f. The switchboard operator will notify the emergency director, who will immediately go to the switchboard to determine the assistance required.

J. ACTIVE THREAT

- 1. If an active threat is outside your building:
 - a. Proceed to a room that can be locked, barricaded, or secured in some way; close and lock it; turn off the lights; and hide under a desk, in a closet, or in the corner.
 - b. Call 911.
 - c. Remain in place until the police, or the emergency director known to you, gives the all clear.

- 2. If an active threat is in the same building:
 - a. Determine if the room you are in can be locked and, if so, follow the same procedure as described in the previous paragraph.
 - b. If your room can't be locked, determine if there is a nearby location that can be reached safely and secured, or if you can safely exit the building.
 - c. If you decide to move from your current location, be sure to follow the instructions of safe escaping from the scene below.

- 3. If an active threat enters your office or classroom:
 - a. Try to remain calm.
 - b. Call 911 if possible, and alert police to the location of the threat; if you can't speak, leave the line open so the dispatcher can listen to what is taking place.
 - c. You can make attempts to: run, hide, or fight (consider it a very last resort).

- 4. Safe escaping from the scene:
 - a. Make sure you have an escape route and plan in mind.
 - b. Do not carry anything while fleeing.
 - c. Move quickly, keep your hands visible, and follow the instructions of any police officers you may encounter.
 - d. Do not attempt to remove injured people; instead, leave wounded victims where they are and notify authorities of their location as soon as possible after you are safe.

CHAPTER 5: PERSONAL PROTECTIVE EQUIPMENT

Purpose

The object of this personal protective equipment (PPE) program is to protect employees from the risk of injury by creating a barrier against workplace hazards. PPE will be provided, used, and maintained when it has been determined that its use is required and that such use will lessen the likelihood of occupational injury and/or illness.

Scope

The program applies to all employees, students, and faculties required to wear PPE.

Responsibilities

1. Responsible safety officers have the primary responsibility for implementation of the PPE program in their work area. A responsible safety officer will:
2. Provide appropriate PPE and make it available to employees.
3. Ensure and certify completion of a PPE assessment.
4. Ensure employees are trained on the proper use, care, and cleaning of PPE.
5. Maintain records of training and PPE supplied.
6. Supervise employees to ensure that the PPE program elements are followed and that employees properly use and care for PPE.
7. Ensure defective or damaged equipment is immediately removed from service.
8. Ensure proper disposal and cleaning of contaminated PPE.
9. Designate a PPE coordinator to supervise the distribution, maintenance, and care of equipment.
10. DULA employees, students, and faculties are responsible for conforming to the requirements of this policy. Employees will:
11. Wear PPE as necessary.
12. Attend PPE training sessions.
13. Care for, clean, maintain, and dispose of PPE as necessary.
14. Report any damaged or defective PPE to the safety officer.

Procedure

1. General requirements.
2. Equipment will be maintained and worn in accordance with the manufacturer's specifications.
3. Care will be taken to ensure that the correct size is selected.
4. Eye and face protection.
5. Wherever hazards exist that may require additional eye protection, goggles or face shields will be worn.
6. The equipment is available in intern's room and herbal dispensary room.
7. Hand protection.
8. Hand protection will be worn to protect against specific hazards such as chemical exposure.
9. Glove selection for chemical protection will be based on performance characteristics of the gloves, conditions, duration of use, and hazards present.
10. Based on a hazard assessment, the responsible safety officer will select and provide appropriate hand protection to employees that are potentially exposed.
11. Gloves are available in each treatment room.
12. DULA employees are responsible for checking the condition of gloves before use.

CHAPTER 6: HAZARD COMMUNICATION

Purpose

It is DULA's policy to comply with the requirements of OSHA's Hazard Communication Standard (HCS), 29 CFR 1910.1200.

Scope

This program applies to all DULA employees, students, and faculties, where there is exposure to hazardous chemicals that are known to be present in the workplace in such a manner that employees may be exposed under normal conditions of use or in a foreseeable emergency.

Procedure

1. List of hazardous chemicals.
2. A list of all hazardous chemicals used in the office will be maintained and updated as necessary.
3. The list will identify the corresponding material safety data sheet (MSDS) for each chemical.
4. Material safety data sheets.
5. MSDSs for all hazardous chemicals used in DULA will be readily accessible to employees at all times.
6. Requisitions for hazardous chemicals are to include a request for the MSDS. All MSDSs will be reviewed for content and completeness. Additional research will be done if necessary.
7. MSDSs of new material to be purchased must be reviewed and the chemical approved for use by the responsible safety officer or his or her designee. Whenever possible, the least hazardous substance will be obtained.

Warning labels

1. All containers of hazardous chemicals in the office will be properly labeled.
2. All labels will include the identity of the hazardous chemical and the appropriate hazard warning, including the target organ effects.
3. Each label will be checked with the corresponding MSDS to verify the information.

4. Alternate labeling provisions, such as tags or markings, may be made for containers that are of unusual shape or size and do not easily accommodate a legible label.
5. Chemicals that are transferred from a properly labeled container to a portable container, and that are intended only for the immediate use of the person who performs the transfer, are not required to be labeled.

CHAPTER 7: FIRST AID AND CARDIOPULMONARY RESUSCITATION

Purpose

To provide prompt and properly administered first aid, cardiopulmonary resuscitation (CPR), and automated external defibrillation (AED) to minimize the severity of injuries and illnesses that may occur in the workplace.

Scope

This chapter applies to all DULA employees, students, and faculties. Any reference to AEDs is reserved until further notice.

Definitions

Automated external defibrillator (AED). A medical device that analyzes the heart rhythm and can deliver an electric shock to victims of ventricular fibrillation to restore the heart's normal rhythm.

Cardiopulmonary resuscitation (CPR). The combination of artificial respiration and manual artificial circulation.

First aid. Immediate assistance, emergency care, or treatment given to an ill or injured person before regular medical aid can be obtained.

Responsibilities

The responsible safety officer or their designee is responsible for the development and implementation of this program in DULA.

Only designated first aid responders are expected to provide first aid as part of their job duties.

When emergency services cannot respond within fifteen minutes, the responsible safety officer or their designee will solicit a sufficient number of volunteers to administer first aid.

Where a sufficient number have not volunteered, the responsible safety officer or designee will designate individuals as first aid responders as a collateral job duty.

Designees will include members outside the bargaining unit and others within the bargaining unit subject to the collective bargaining agreement.

The responsible safety officer will assure the following:

1. All employees are offered first aid and CPR training.
2. Training certificates remain current.
3. The contents of first aid kits are replenished and maintained in a serviceable condition.

Procedures

In the event of an injury to an employee, an assessment of the injuries will be made by a designated first aid responder as to whether the injury requires treatment beyond first aid. If further treatment is needed, the employee will be transported to an appropriate facility. Call 911 for all transports deemed unsafe when controlled by anyone other than emergency response services.

In the event of an injury to a contract worker, first aid supplies will be made available to the individual. If the extent of an injury requires treatment beyond first aid, emergency response services (911) will be contacted.

In the event that first aid is required, it will be provided by a designated first aid responder.

Incidents in which employees provide first aid and/or CPR in the course of their duties must be reported to the unit manager for review and follow-up, which may be necessary to protect the health of the employee.

First aid equipment

In the absence of an infirmary, first aid kits will be provided for each office. First aid kits will be readily accessible and stored in a convenient area. The size of the kit will be determined by the number of employees in the office, based on the supplier's recommendations.

The first aid kit for the office will comply with current ANSI standards.

CHAPTER 8: BLOODBORNE PATHOGENS

Purpose

This program establishes a uniform policy and guidance for protecting DULA employees, students, and faculties from bloodborne pathogens and other potentially infectious materials (OPIM).

Scope

This program applies to all employees, students, and faculties. DULA does not anticipate its employees, students, and faculties will have occupational exposure to blood or OPIM.

References

CPL 02-02-077, bloodborne pathogens exposure control plan and guidance on post-exposure evaluations for federal OSHA personnel, dated 09/27/2010.

Memorandum of understanding between the U.S. DOL and NCFLL, dated 10/21/2010.

Exposure control plan

Exposure determination. DULA does not anticipate that its employees, students, and faculties will have occupational exposure to blood or other potential infectious materials (OPIM). OPIM is defined as:

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.

Any unfixated tissue or organ (other than intact skin) from a human (living or dead).

HIV-containing cell, tissue, or organ cultures; HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV. The standard defines occupational exposure as “reasonably anticipated skin, eye, mucous, membrane, or parental contact with blood or other potentially infectious materials that may result from performance of the employee's duties.”

Hazard assessment

DULA employees, students, and faculties shall take necessary precautions to avoid contact with blood and OPIM and shall not participate in activities, nor enter areas that will require them to come into contact with blood or OPIM or with needles, instruments, or surfaces that are contaminated with it.

Methods of implementation and control.

Universal precautions and work practices

Employees, students, and faculties should consider all blood and OPIM to be infectious for HIV, HBV, and other bloodborne pathogens. Under circumstances where differentiation of body fluid types is difficult or impossible, all body fluids should be considered to be potentially infectious materials.

Bloodborne pathogen training

DULA employees, students, and faculties will be given bloodborne pathogen training at the time of initial assignment to work or internship and annually on the elements included on 29 CFR 1910.1030(g)(2), except for 1910.1030(g)(2)(vii)(I). The training required by 1910.1030(g)(2)(vii)(I) on the hepatitis B vaccine need only include information on its efficacy, safety, method of administration, and the benefits of being vaccinated. The trainer must be familiar with the bloodborne pathogens standard.

Voluntary hepatitis B vaccination

Firm management commitment to avoid contact with blood and other potentially infectious materials is the primary control method to prevent exposing field personnel to hepatitis B and other

bloodborne pathogens. In addition, hepatitis B immunization is a safe and effective way to prevent its infection and serious consequences. OSHA will provide interested field personnel with hepatitis B immunization on a voluntary basis, for health promotion and preventive care in accordance with the memorandum of understanding between OSHA and NCFLL dated October 21, 2010. For additional information about the hepatitis B vaccination, please see the Center for Disease Control Guidance at:

<http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html>

Post-exposure evaluation and follow-up

DULA shall provide post-exposure evaluation and follow-up, and post-exposure prophylaxis when medically indicated to any employee who suffers an exposure incident as defined by 29 CFR 1910.1030(b), while performing work assignments. All medical evaluations and procedures are to be made available at no cost to DULA personnel at a reasonable time and place, and under

the other conditions set forth in 29 CFR 1910.1030(f). Post-exposure evaluation and follow-up will be offered by OSHA to employees, students, and faculties who experience exposure to blood or OPIM (as defined in 29 CFR 1910.1030) while on duty when acting as a good Samaritan to others who have sustained a laceration, nosebleed, or similar incidents.

Recordkeeping: training records

Training records are to contain all information specified on 29 CFR 1910.1030(h)(2) and will be maintained for 3 years from the date on which the training occurred. Training records will be held by the office at which training took place.

Procedures for unforeseen contact with blood or other potentially infectious material (OPIM)

A. Work practice controls.

Intact skin contact with blood or OPIM.

Employees, students, and faculties are to wash their hands and any other affected skin with soap and water immediately or as soon as feasible if there has been skin contact with blood or OPIM. As soon as possible, the employee must notify his/her supervisor regarding the exposure. If the OSHA employee and supervisor are not able to determine that the exposure was definitely not an exposure incident (i.e. the employee has an open wound, chapped hands), the supervisor should immediately contact the regional administrator or their designee. The regional administrator or their designee will then contact the director of the Office of Occupational Medicine (OOM) within 30 minutes to determine if post-exposure evaluation is warranted.

Contaminated equipment.

In the event that equipment becomes contaminated with blood or OPIM, the employee shall immediately contact a supervisor to review how to proceed in this situation.

Personal protective equipment.

Employees, students, and faculties are expected to avoid contact with blood and OPIM as well as surfaces and items contaminated with such materials. In the unlikely event that equipment becomes contaminated, DULA will provide appropriate gloves of proper size. Employees, students, and faculties will carry these gloves on inspections. Gloves are to be replaced as soon as practical if they become contaminated, torn, or punctured, or whenever their ability to function as a barrier appears to be compromised. These gloves are not to be washed or decontaminated for reuse. Employees, students, and faculties are to determine the extent of contamination of gloves prior to their removal. It is unlikely that gloves worn by field personnel would be contaminated to the extent that they would be considered regulated waste, but if this should occur, the gloves are to be discarded in a regulated waste container at the inspection site. In a facility, not in compliance with 29 CFR 19 10.1030 regarding regulated waste, see section 4.0.C.

Regulated waste

DULA does not anticipate that the duties of DULA employees, students, and faculties will generate regulated waste.

Post-exposure evaluation and follow-up

DULA may provide post-exposure evaluation and prophylaxis, as well as follow-up.

Handling an exposure incident. In the unlikely event of an exposure incident (as defined in 29 CFR 1910.1030[b]), the DULA employee, student, or faculty is to immediately, or as soon as feasible, wash the affected skin with soap and water and flush any affected mucous membranes with water. He/she should then seek medical attention. A bloodborne pathogens exposure incident is an event for which immediate attention must be sought, because the effectiveness of post-exposure prophylaxis is dependent on prompt administration. An employee, student, or faculty who has had an exposure incident is to report the incident to his or her supervisor as soon as possible.

The safety officer or designee shall instruct the employee to seek medical attention from a healthcare provider capable of performing a post-exposure evaluation and, if indicated, able to provide the hepatitis B vaccination series, baseline testing for hepatitis B/C and HIV, prophylaxis for hepatitis and HIV, and any future testing or prophylaxis as recommended by the U.S. public health service.

Information provided to the evaluating healthcare provider

The instructions for the healthcare provider describe the applicable requirements of 29 CFR 1910.1030(f) and instruct the healthcare provider to give a written opinion to the employee. The supervisor must obtain the written opinion from the employee when the employee returns to the duty station. The written opinion will be maintained at the employee's assigned duty station. While at the evaluating healthcare facility, the employee should ask to sign a medical records release form requesting that the healthcare provider send a copy of the evaluation's medical record to DULA. This medical documentation will become a part of the employee's confidential employee medical record maintained.

Procedures for evaluating an exposure incident.

The safety officer, or a designee to whom the affected employee is assigned, will evaluate the circumstances surrounding any exposure incident. The evaluation should consist of at least:

A review of the exposure incident report completed by the DULA employee, student, or faculty.

Documentation regarding a plan to reduce the likelihood of a future similar exposure incident.

Notification of the oriental medical center and discussion of any similar incidents and planned precautions.

Management will ensure that employee medical records and all other personally identifiable information is afforded all safeguards in accordance with the applicable provisions of DLMS-5 chapter 200, “The Privacy Act of 1974 and Invasion of Privacy,” and DLMS-9 chapter 1200, “Safeguarding Sensitive Data Including Personally Identifiable Information.”

Such reports will be maintained at the employee's assigned duty station, and copies are to be sent to DULA oriental medical center and safety officer. The safety officer will review these reports on a periodic basis so that this information can be considered when reviewing and updating this plan.

Responsibilities

DULA.

Safety officers will:

1. Ensure that employees are trained and that training records are maintained.
2. Determine how and if contaminated equipment can be decontaminated.
3. Provide gloves and other supplies (i.e. bags) to DULA employees, students, or faculty.
4. Arrange for appropriate disposal of regulated waste if an employee is unable to properly dispose of it on-site and is therefore obligated to bring it back to the office for disposal.
5. Instruct employees to obtain post-exposure evaluation and locate an appropriate healthcare facility for the evaluation in the event that an exposure incident occurs.
6. Work with the employee to complete an exposure incident report in the event of an exposure incident.
7. Ensure that the healthcare provider for any exposure incident is provided with a copy of 29 CFR 19 10.1030 and the other materials in appendix A of these instructions.
8. Obtain a written report completed by the healthcare provider who performs a post-exposure evaluation on an employee.
9. Evaluate the exposure incident report and other reports and send copies of these reports to OOM and the regional administrator.

10. Immediately notify the regional administrator or designee, as well as the ARA-AP, of any exposure incident that occurs to an employee.
11. Immediately notify the regional administrator when an employee reports that an on-site investigation could result in a potential exposure to blood or OPIM.

Employees, students, faculties Employees, students, faculties will:

1. Notify their supervisor immediately if they believe that an investigation could result in potential exposure to blood or OPIM and wait for approval prior to entering any area where an exposure could occur.
2. Not handle or touch contaminated objects.
3. Take appropriate action if an occupational exposure occurs or if equipment becomes contaminated.
4. Contact the supervisor immediately if an exposure incident occurs.
5. Work with the supervisor as soon as possible, if an exposure incident occurs, to complete an exposure incident report.
6. Bring a copy of the healthcare provider's written report back to the supervisor after any post-exposure evaluation for an exposure incident.

APPENDIX A

EXPOSURE INCIDENT REPORT

Please print

Employee's name _____ Date _____

Date of birth _____

Telephone (business) _____ (Home) _____

Job title _____

Date of exposure _____ Time of exposure AM PM

Hepatitis B vaccination status _____

Location of incident _____

Describe the job duties you were performing when the exposure incident occurred.

To what body fluid(s) were you exposed? _____

What was the route of exposure (i.e. mucosal contact, contact with non-intact skin, percutaneous)?

Describe any personal protective equipment (PPE) in use at the time of the exposure incident.

Did PPE fail? _____ If yes, how? _____

Identification of source individuals(s) (names). [Unless infeasible or prohibited by state or local laws]

Other pertinent information _____