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Section I. Introduction

The Occupational Safety and Health Act (OSHA), found in the United States Code in Title 29, Chapter 15, is the primary federal law governing occupational health and safety for private and public sector employees. The State of Indiana has an agency within its Department of Labor, Indiana Occupational Safety and Health Administration (IOSHA), that enforces these laws in Indiana. IOSHA is responsible for ensuring that employers provide employees with an environment free from recognized hazards, such as exposure to toxic chemicals, excessive noise levels, mechanical dangers, and heat or cold stress or unsanitary conditions. The standards promulgated by IOSHA that are applicable to general industry, are found in Title 29 of the Code of Federal Regulations (CFR), Part 1910. Indiana public sector employers, such as Ivy Tech Community College, are directed to comply voluntarily with OSHA’s CFR 1910 standards as the basis for their safety practices.

In recognition of its responsibilities, Ivy Tech Community College- Fort Wayne & Warsaw has adopted a health and safety program for its employees that commits to the following:

A. Compliance with all applicable health, safety, and environmental laws and regulation, and establishing programs and procedures to assure compliance.
B. Provide the College’s faculty and staff with appropriate personal protective equipment (PPE) and ensure that they are properly trained in the procedures that will protect themselves, students, other College employees, and College property.
C. Take appropriate action to correct hazards or conditions that pose a risk to health, safety, or the environment.
D. Consider safety and environmental factors in all operating decisions.

To ensure that its employees are provided an environment free from recognized hazards, and to fulfill the requirements of the College’s safety policy, which can be accessed online at https://www.ivytech.edu/hr/ft-handbook.html#safety, Fort Wayne & Warsaw has developed this written health & safety program, which addresses the OSHA requirements applicable to the College and establishes programs to comply with them. The specific health and safety programs and procedures are detailed in separate documents referenced in this program. Organization in this manner allows the programs to be directed to the specifically affected personnel and departments at the College, while also affording ease of administration-change in a program’s description or requirements. To accommodate changes in the regulations would not necessitate an accompanying amendment of the written program.

Section II: Responsibilities

Pursuant to the Occupational Safety and Health Act, Fort Wayne & Warsaw as an employer, is responsible for (1) providing its employees with employment and a place of employment which is safe and (2) complying with applicable OSHA regulations. Likewise, each employee is responsible for complying with those regulations through their adherence to the health and safety programs and procedures established by the College.
The Public Safety & Emergency Preparedness Campus Lead (PSEP Campus Lead) along with others who hold responsibility, Executive Director of Facilities, Campus Safety Committee, etc.), is/are responsible for the development and implementation of programs that will comply with OSHA requirements and lead to a healthy and safe environment for all students, faculty, staff, vendors and guests of the College.

Section III: Workplace Hazard Analysis

Identifying and understanding workplace hazards helps to determine the potential for risks to the health and safety of the College’s students, faculty, staff, vendors, and guests resulting from activities at any of the College’s buildings and grounds. OSHA requires such an assessment of the workplace to determine if hazards are present, or are likely to be present (See 29 CFR 1910. 132(d)(1)). Analysis of these hazards allows identification of measures that can eliminate or mitigate their risks. The identification of hazards and their associate controls requires the involvement of health and safety professionals, managers and supervisors and affected employees, and can occur through various means.

A. Job Hazard Analysis

One way of determining hazards to employees is to conduct a job hazard analysis, which examines the steps involved in each task an employee is required to perform to identify any risks that may be present. Consideration is given to the following hazard categories and their sources.

- Impact (e.g., from sources of motion such as movement of tools, machine elements or particles or movement of employees that could result in collision with stationary objects)
- Penetration (e.g., from sharp objects or materials that might pierce, cut or abrade a body part)
- Compression (e.g., from roll-over of vehicles or rolling or pinching objects that could crush a body part)
- Chemical exposure (e.g., from maintenance, laboratory or waste handling operations)
- Extreme temperature (e.g., high temperatures from ovens or heaters that could result in burns, eye injury or ignition of clothing or cold temperatures from cryogenic materials that could cause freezing o the skin or eye injuries)
- Harmful dust exposure (e.g., from grinding or machining operations)
- Light (optical) radiation (e.g., from lasers, welding, brazing, furnaces, heat treating, high intensity lights, etc.)
- Electrical (e.g., shock hazards from improperly grounded electrical equipment, bare or unprotected electrical wiring, etc.)
- Ionizing/non-ionizing radiation exposure (e.g., from non-destructive test equipment, X-ray equipment)
- Biological exposure (e.g., to bloodborne pathogens or other potentially infectious materials from “needlesticks” or response to an accident involving bodily injury)
• Combustion (e.g., from ignition of automotive fuel, oils and other flammable or combustible materials)
• Harmful noise exposure (e.g., from operation of gasoline or diesel powered equipment)
• Repetitive motion/ergonomic stress (e.g., from improper lifting techniques or poorly designed office equipment/furniture)

Once hazards have been identified, an estimate of the potential for injuries is made. Each of the identified hazards is reviewed, including the possibility of exposure to several hazards simultaneously, and a determination is made as to the type, level of risk and seriousness of potential injury from each of the hazards found in an area. This information forms the basis for determining the appropriate measure for hazard prevention and control.

B. Accident/Incident Reports and Investigation

All College employees and students should immediately report any accident or incident, including near misses, to the campus’ Security Department. In emergency situations, the Security Department will notify 911 and relevant College officials without delay. Additionally, all accidents should be reported on the College’s “Incident Report” at https://www.ivytech.edu/risk/17100.html. This report can provide information that allows the identification of hazards and serve as the basis for an investigation into the cause(s) that determines corrective and preventative measures. Follow-up analysis or additional investigation may be performed by the Facilities Department, who may also involve an affected employee’s supervisor and/or a representative from the Office of Human Resources and/or the Office of Student Success to ensure that the root cause of the accident has been identified and that appropriate corrective/preventive action has been taken.

C. Employee and Student Injuries

Employee injuries should be reported to the Office of Human Resources where the injury will be recorded/documented appropriately, medical treatment will be arranged when necessary, and documentation may be submitted to the College’s worker’s compensation carrier. Student injuries should be reported to the Student Success Office or Security Office, where medical treatment will be arranged when necessary, and relevant documentation will be submitted to the College’s insurance carrier. Employee and Student Accident Reports, available via MyIvy, should be completed by the respective injured party as soon as practicable.

D. Reporting Hazards or Unsafe Conditions

Students, faculty, staff, vendors and guests are encouraged to note and report unsafe or potentially hazardous conditions to their supervisor, instructor, Security, and/or Facilities Departments. These reports become the basis for corrective measures to eliminate or mitigate the hazardous condition.
E. Ergonomic Assessments

Musculoskeletal injuries can occur from improper equipment, equipment set-up or equipment use. Employees may request an ergonomic assessment through their supervisor, which will identify potential risks as well as the need for any replacement equipment, and advise employees of proper techniques for using their equipment in a manner that will minimize the risk of injury. Employees may consult with their PSEP Campus Lead for information on how to set up their workstations or to obtain an ergonomic assessment.

F. Safety Inspections of Campus locations

Security and Facilities Departments conduct safety inspections at each campus location annually. In addition, fire extinguishers, fire alarms, sprinkler systems, AEDs, and other safety equipment are inspected by the College’s employees and vendors. Safety hazards and/or deficiencies identified during the course of these inspections are corrected as soon as possible.

Periodic safety inspections by the College’s Facilities staff are conducted which may identify existing or potential hazards at campus locations. The Campus Safety Committee, The PSEP Campus Lead and the Executive Director of Facilities work closely to correct hazards discovered during Facilities' inspections.

Students, faculty, staff, vendors, or guests who discover existing or potential hazards should report their findings to the Security or Facilities Department, who will assess the findings and correct hazards as soon as possible.

Section IV: OSHA Regulatory Requirements

Based on an analysis of workplace hazards, a number of OSHA regulations that are applicable to the College’s operations have been identified. These regulations require employers, such as Fort Wayne and Warsaw, to undertake various actions to protect employees and promote their safety, including the following, which have been undertaken by the College:

A. Provide Appropriate Employee Training

At the beginning of employment, during a mandatory new hire orientation session, full and part-time employees are:

- Required to complete a “Safety Awareness” training course which addresses:
  - I. Workplace Safety Risks
  - II. Equipment Safety (e.g., PPE)
  - III. Ergonomics
  - IV. The Emergency Action Guide
  - V. Accident, Incident, and Injury Reporting

*It is mandatory that all employees retake this course every two years.
• Required to complete a “Bloodborne Pathogens” course. It is mandatory that certain employees retake this course every year.
• Instructed how to access the College’s written “Health & Safety Program,” which includes a written hazard communication program, lockout/tagout procedures, bloodborne & airborne pathogens guidelines, and other important health and safety related information.
• Instructed how to access the “Emergency Action Guide,” which provides instruction on how to respond to all workplace emergencies.
• Instructed how to access the employee handbooks on the College’s website which includes the College’s “Safety at the College” policy. The “Safety at the College” policy addresses the following:
  I. The College’s strong commitment to safety
  II. The role of the Campus Safety Committees
  III. The employee’s responsibilities towards the premises
  IV. Reporting Injuries
  V. Safe use of College vehicles
  VI. Safety and Violence Prevention

As needed safety training (e.g., forklift training, PPE, respiratory fit-testing, fire prevention, electrical safety, and occupational exposure to chemicals in that department/work area) is provided to employees in their assigned departments.

Emergency drills are conducted regularly at all campus locations to ensure students, faculty, and staff are prepared to respond to real emergencies (e.g., fire, severe weather, and secure in place situations).

B. Establish Written Programs & Plans (and make available to employees)

The plans below have been created and/or are maintained and updated by the PSEP Campus Lead and/or Facilities and are approved by the Fort Wayne & Warsaw Safety Committee.

• Health & Safety Program (this document)
• Hazard Communication Program (Attached as APPENDIX A)
• Lockout/Tagout Procedures (APPENDIX B)
• Bloodborne and Airborne Pathogens Exposure Guidelines (APPENDIX C)
• Emergency Action Guide
• Evacuation Routes

C. Record Keeping and Reporting

At Fort Wayne & Warsaw, the Office of Human Resources maintains all illness and injury records/logs and documents all recordable illnesses and/or injuries on the OSHA 300 and OSHA 300A logs in accordance with OSHA regulations. The OSHA 300A forms are posted at all campus locations and worksites from February 1 to April 30 every year and then maintained for five years. All fatalities, catastrophic events, and other reportable illnesses or injuries are reported to OSHA within the required amount of time.
Section V: Hazard Prevention and Control

Workplace hazards are identified through the Workplace Hazard Analysis described in Section III. Hazard prevention and control are achieved by one or more of the measures described below.

A. Engineering Controls

Engineering controls involve some structural change to the work environment or work process to place a barrier to or interrupt the transmission path between the worker and the hazard. This may include isolation or enclosure of hazards or use of machine guards and manual handling devices. Listed below are a few examples of engineering controls.

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<th>Hazard</th>
<th>Engineering Control</th>
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<td>Chemical Combustion</td>
<td>Storage of chemicals in flammable cabinets.</td>
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<tr>
<td>Penetration</td>
<td>Machine guards for drill presses</td>
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<tr>
<td>Ergonomic Stress</td>
<td>Ergonomically correct workstations and furniture.</td>
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B. Administrative Controls

Administrative (procedural) controls reduce or eliminate exposure of individuals to a hazard by adhering to a specific process or set of instructions. Documentation should emphasize all the steps to be taken and the controls to be used in carrying out the task(s) safely. Listed below are a few examples of administrative controls utilized by the College.

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<th>Hazard</th>
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<td>Impact</td>
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<td>Fire</td>
<td>Smoke Free Campus Policy</td>
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<tr>
<td>Ergonomic Stress</td>
<td>Ergonomic Assessment Process</td>
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C. Personal Protective Equipment (PPE)

Personal protective equipment (PPE) is worn by employees as a barrier between themselves and the hazard. The success of this control is dependent on the PPE being selected correctly (e.g., it must ensure a level of protection greater than the minimum required to protect an individual from the hazard), as well as its being fitted, worn and maintained correctly, and worn at all times of exposure to the specific hazard. All PPE is provided by the College and selected to meet the requirements of recognized regulatory standards. The selection of proper PPE is determined from the job hazard analysis and, in case of handling chemicals, the chemical specific safety data sheet (SDS).
D. Health & Safety Training

- **New Hire Orientation**

At the beginning of employment, during a mandatory new hire orientation session, full and part-time employees are required to complete a “Safety Awareness” training course which addresses:

- Workplace Safety Risks
- Equipment Safety (e.g., PPE)
- Lockout/Tagout procedures
- Ergonomics
- Emergency Action Guide
- Accident, Incident and Injury Reporting

Additionally during New Hire Orientation, full and part-time employees are required to complete a “Bloodborne Pathogens” training course, and instructed how to access (online) the College’s administrative policies and procedures including this health and safety program, employee handbooks, and the Emergency Action Guide.

- **Recurring Training**

Recurring employee training on Safety Awareness is provided to full and part-time employees annually.

E. Safety Committee

Fort Wayne & Warsaw have designated a Campus Safety Committee to oversee and direct the College’s health and safety programs and emergency preparedness. The Campus Safety Committee is established and maintained under the guidelines set forth in the Campus Safety Committee Policy located in the College’s Fulltime Employee Handbook

[https://www.ivytech.edu/hr/ft-handbook.html](https://www.ivytech.edu/hr/ft-handbook.html)

F. Emergency Preparedness and Response

- **Hazard Communication Program**

For the safety of students, faculty, and staff and in accordance with OSHA standard 29 CFR 1910. 1200, Fort Wayne & Warsaw have developed a hazard communication program to establish procedures for the safe use of hazardous chemical substances at the College. Fort Wayne & Warsaw’s Hazard Communication Program is attached to this document as APPENDIX A.
- **Emergency Action Guide**

Various internal and external events with hazardous consequences may occur which result in an emergency situation for the College. Examples include fire, tornado, hazardous material spill, bomb threat, and active shooter. Being prepared for emergencies and undertaking an effective safety of students, employees, and College property is the responsibility of the Emergency Response Team under the guidance of the Security and Facilities departments. The Safety Committee has approved an Emergency Action Guide that gives specific instructions on how to respond to all emergencies at the College. This document, along with a building specific Emergency Action Plan and evacuation procedures, is posted in all classrooms, meeting areas, and work areas in all College facilities, and is also accessible on the Security Website.

- **Business Continuity Plans (BCPs)**

Business Continuity Plans (BCPs) are, by their nature, living documents that are continually updated and enhanced. The plans are the basic procedures for protecting life and health & safety, maintaining external and internal communications, and protecting property for events that may last from 12 hours to 30 days. It focuses on those systems that facilitate critical administrative functions during an emergency and the preparation required for the eventual return to normal operations, including the ability to maintain and access crucial records and functions. The plans are broken down by department and/or critical service areas at each campus location. The intention is to ensure consistency across the campus and sites as well as compatibility with external agencies' procedures that are necessary to meet the challenges of incidents and disasters. The plans incorporate terminology, command structures, and communications systems that are compatible with national standards and allow for common understanding among agencies.

- **IvyAlert (the College’s emergency notification system)**

Students, faculty, and staff can receive emergency notifications, and updates through text messaging via the IvyAlert System. Students and employees are encouraged to register for IvyAlert at [www.getrave.com/login/ivytech](http://www.getrave.com/login/ivytech)

Through IvyAlert, when necessary, emergency notifications are sent through a variety of different methods including text messaging, the building’s intercom system, computer desktop and beacon notifications, the College’s website, and mass email.
• **Emergency Drills**

Emergency drills (e.g., severe weather, fire, and secure in place) are planned and conducted annually at all campus locations. The drills are coordinated and conducted by the Security Department.

**Section VI: Questions & Concerns**

• Any questions or concerns about the Health & Safety Program or related issues should be directed to the PSEP Campus Lead, Jennifer Kummer, 260-480-2095 or [jkummer3@ivytech.edu](mailto:jkummer3@ivytech.edu), or Tim Kelsey, Director of EH&S/Regulatory Compliance at (317) 921-4204 or [wkelsey@ivytech.edu](mailto:wkelsey@ivytech.edu)
APPENDICES

Appendix A .......................... Fort Wayne and Warsaw Hazard Communication Program

Appendix B .......................... Fort Wayne and Warsaw Lockout/Tagout Procedures

Appendix C .......................... Ivy Tech Bloodborne and Airborne Pathogens Exposure Guidelines

Appendix D .......................... IvyTech Community College’s Fire Protection Program

Appendix E .......................... Forms
Appendix A: Hazard Communication Program

Ivy Tech Community College
Fort Wayne and Warsaw

Hazard Communication Program
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SECTION I: PURPOSE

The purpose of this plan is to establish a program and procedures for the safe use of hazardous chemical substances at Ivy Tech Community College- Fort Wayne and Warsaw.

The Occupational Safety and Health Administration (OSHA) Hazard Communication Standard (HCS) 29 CFR 1910.1200 (General Industry) and 29 CFR 1926.59 (Construction Industry) call for the development of a hazard communication program when employees may be exposed to any chemical in the workplace under normal conditions of use or in a foreseeable emergency. In 2012, OSHA revised the Hazard Communication Standard (HCS) to align with the Globally Harmonized System of Classification and Labeling of Chemicals (GHS). As a result, this program has been revised to comply with the requirements of the OSHA HCS 2012. The written hazard communication program will include and address the following criteria in order to satisfy the minimum requirements of the OSHA HCS 2012:

- List of all hazardous chemicals known to be present in the workplace or individual work area
- Methods used to ensure that all containers, including pipes and holding tanks, are labeled, tagged, or marked properly
- Methods used to obtain and maintain safety data sheets (SDSs)
- Methods used to provide employees with information and training on hazardous chemicals in their work areas
- Methods used to inform employees of the hazards of non-routine work practices
- Methods used to provide the employees of other employers (e.g., consultants, construction contractors, and temporary employees) on-site access to SDSs for each hazardous chemical that the other employer’s employees may be exposed to while working in the workplace
- Methods used to inform the employees of other employers of precautionary measures that need to be taken to protect themselves during the workplace’s normal operating conditions and in foreseeable emergencies
- Methods used to inform the employees of other employers of the labeling system used in the workplace

This hazard communication program will identify the following:

- Key personnel responsible for the program
- Location of chemical inventory list and SDSs
- Workplace labeling system
- Good work practices and procedures to minimize exposures
- How training will be performed
- Procedures to maintain the program and update the required information
- How records will be maintained
SECTION II: RESPONSIBILITIES

Fort Wayne and Warsaw’s PSEP Campus Lead, Executive Director/Director of Facilities, and the Office of Human Resources share the administrative responsibilities in accordance with the hazard communication program. The responsibilities for each office are broken down below.

Fort Wayne and Warsaw’s PSEP Campus Lead is responsible for the following in accordance with the hazard communication program:

- Maintaining and periodically reviewing the effectiveness of the hazard communication program, and making sure that the program satisfies the requirements of all applicable federal, state, or local hazard communication requirements.

Fort Wayne and Warsaw’s Executive Director/Director of Facilities is responsible for the following in accordance with the hazard communication program:

- Reviewing the potential hazards and safe use of chemicals
- Maintaining SDS binders in all applicable areas (where chemicals are stored)
- Ensuring that each binder includes a chemical inventory list
- Ensuring that all containers are labeled, tagged or marked properly
- Maintaining department specific training records
- Monitoring the air concentrations of hazardous chemicals in the work environment
- Properly selecting and caring for personal protective equipment
- Directing the cleanup and disposal of hazardous substances
- Identifying hazardous chemicals used in non-routine tasks and assessing their risks
- Informing outside contractors who are performing work on company property about potential hazards
- Reviewing incoming hazardous chemicals to verify correct labeling

Fort Wayne and Warsaw’s Office of Human Resources is responsible for the following in accordance with the hazard communication program:

- Providing new-hire safety training for employees
- Maintaining training records

Fort Wayne and Warsaw’s Employees are responsible for the following aspects of the hazard communication program:

- Identifying hazards before starting a job
- Reading container labels and SDSs
- Notifying the supervisor of torn, damaged, or illegible labels or of unlabeled containers
• Using controls and/or personal protective equipment provided by the company to minimize exposure
• Following company instructions and warnings pertaining to chemical handling and usage
• Properly caring for personal protective equipment, including proper use, routine care and cleaning, storage, and replacement
• Knowing and understanding the consequences associated with not following company policy concerning the safe handling and use of chemicals
• Participating in training

SECTION III: LABELS AND OTHER FORMS OF WARNING

Each container of hazardous chemicals received from the chemical manufacturer, importer, or distributor will be labeled with the following information:

• Product identifier
• Signal word
• Hazard statement(s)
• Pictogram(s)
• Precautionary statement(s)
• Name, address, and telephone number of the chemical manufacturer, importer, or other responsible party

Fort Wayne and Warsaw will use the GHS labeling system for secondary containers. When a chemical is transferred from the original container to a portable or secondary container, the container will be labeled, tagged, or marked with a GHS label containing the following information:

• Product identifier
• Signal word
• Hazard statement(s)
• Pictogram(s)
• Precautionary statement(s)

Portable containers into which hazardous chemicals are transferred from labeled containers and that are intended for the immediate use by the employee who performs the transfer do not require a label. If the portable container will be used by more than one employee or used over the course of more than one shift, the container must be labeled. Food and beverage containers should never be used for chemical storage.

Signs, placards, process sheets, batch tickets, operating procedures, or other such written materials may be used in lieu of affixing labels to individual, stationary process containers as long as the alternative method identifies the containers to which it is applicable and conveys the information required for workplace labeling.

Where an area may have a hazardous chemical in the atmosphere (e.g., where extensive
welding occurs), the entire area will be labeled with a warning placard.

Pipes that contain hazardous chemicals should be labeled in accordance with ANSI/ASME A13.1 and indicate the direction of flow. (Please note that this not a requirement of the OSHA HCS but a best practice or requirement of local jurisdiction.)

Workplace labels or other forms of warning will be legible, in English and prominently displayed on the container or readily available in the work area throughout each work shift. If employees speak languages other than English, the information in the other language(s) may be added to the material presented as long as the information is presented in English as well.

Note: After Dec. 1, 2015, distributors may not ship containers labeled by the chemical manufacturer or importer unless the label on the container meets GHS labeling requirements.

SECTION IV: SAFETY DATA SHEETS (SDS)

A Safety Data Sheet (SDS) will be obtained and maintained for each hazardous chemical in the workplace. SDSs for each hazardous chemical will be readily accessible during each work shift to employees when they are in their work areas.

SDSs will be obtained from the chemical manufacturer, importer, or distributor. The name on the SDS will be the same as that listed on the chemical inventory list.

The PSEP Campus Lead, in conjunction with the Facilities Department, will maintain the master file of all original SDSs, and keep the master file in his/her office. SDSs will be maintained at each site in all areas where hazardous chemicals are used.

SDSs for new products or updated SDSs for existing products will be obtained by the Executive Director/Director of Facilities. The PSEP Campus Lead will update the master file and submit to relevant campus locations.

If problems arise in obtaining an SDS from the chemical manufacturer, importer or distributor, a phone call will be made to request an SDS and to verify that the SDS has been sent. The phone call will be logged and a letter will be sent the same day. The College will maintain a written record of all efforts to obtain SDSs. If these efforts fail to produce an SDS, the local OSHA office will be contacted for assistance.

SECTION V: CHEMICAL INVENTORY LIST

A chemical inventory can be found in the front of each SDS binder. A copy of a chemical inventory can be obtained by contacting the PSEP Campus Lead, Jennifer Kummer, 260-480-2095 or jkummer3@ivytech.edu.
The chemical inventory list will be updated regularly and whenever a new chemical is introduced to the workplace.

SECTION VI: EMPLOYEE INFORMATION AND TRAINING

Employees included in the hazard communication program will receive the following information and training prior to exposure to hazardous chemicals and when new chemical hazards are introduced to their work area:

- Operations in the work area where hazardous chemicals are present
- Location and availability of the hazard communication program, chemical inventory list, and SDSs
- Methods and observations used to detect the presence or release of a hazardous chemical in the work area, such as monitoring devices, visual appearance, or odor of hazardous chemicals when being released
- Physical, health, simple asphyxiation, combustible dust and pyrophoric gas hazards, as well as hazards not otherwise classified of the chemicals in the work area
- Measures employees can take to protect themselves from hazards, such as appropriate controls, work practices, emergency and spill cleanup procedures, and personal protective equipment to be used
- Explanation of the labels received on shipped containers
- Explanation of the workplace labeling system
- Explanation of the SDS, including order of information and how employees can obtain and use the appropriate hazard information

SECTION VII: NON-ROUTINE TASKS

The Executive Director/Director of Facilities and/or the immediate supervisor of an employee performing a non-routine task, such as cleaning machinery and other process equipment, is responsible for ensuring that adequate training has been provided to the employee on any hazards associated with the non-routine task. Employees share in this responsibility by ensuring that their immediate supervisor knows that the non-routine task will be performed.

Special work permits are required for the performance of certain non-routine tasks, such as entry to confined spaces, breaking and opening piping systems, and welding and burning. For some special tasks, employees are required to follow Fort Wayne and Warsaw's lockout/tagout procedures to ensure that all machinery motion has stopped and energy sources are isolated prior to and during the performance of such tasks.
SECTION VIII: CONTRACTORS

Prior to beginning work at any Fort Wayne and Warsaw’s location, the Executive Director/Director of Facilities or their designee will inform contractors with employees working on company property of any hazardous chemicals that the contractors’ employees may be exposed to while performing their work. The Executive Director/Director of Facilities or their designee will also inform contractors of engineering or work practice control measures to be employed by the contractor, personal protective equipment to be worn by the contractors’ employees, and any other precautionary measures that need to be taken to protect their employees during the workplace’s normal operating conditions and in foreseeable emergencies.

Furthermore, the Executive Director/Director of Facilities or their designee will advise contractors that they must comply with all OSHA standards while working on College property. Appropriate controls will be established with the contractor to ensure that College employees are not exposed to safety and health hazards from work being performed by the contractor and that College operations do not expose contractors’ employees to hazards.

The Executive Director/Director of Facilities or their designee will also inform contractors of the workplace labeling system and the availability and location of SDSs for any chemical to which contractors’ employees may be exposed while performing their work. Finally, contractors will be advised to notify the Executive Director/Director of Facilities or their designee of any chemicals they bring on site when performing work at any Fort Wayne and Warsaw location.

SECTION IX: RECORDKEEPING

Records pertaining to the hazard communication program will be maintained by the PSEP Campus Lead, the Executive Director/Director of Facilities, and the Office of Human Resources.

The PSEP Campus Lead will maintain the following records:

- Campus and Sites Hazard Communication program
- A master copy of all SDSs for chemicals used at all campus locations

The Executive Director/Director of Facilities will maintain the following records:

- Campus and Sites’s SDSs (whether hard copy or electronic)
- Department specific training records of Facilities’ employees

The Office of Human Resources will maintain the following records:

- Employee training records
- Warnings issued to employees for not following the hazard communication program.
SECTION X: QUESTIONS/CONCERNS

Any questions or concerns about the Hazard Communication program, hazardous chemicals or SDS should be directed to PSEP Campus Lead, Jennifer Kummer, 260-480-2095 or jkummer3@ivytech.edu.
Appendix B: Lockout/Tagout Procedure

Ivy Tech Community College
Fort Wayne & Warsaw

Lockout/Tagout Procedure
Purpose:

Identify the proper procedures for controlling hazardous energy, comply with Federal OSHA regulations, and assist the College in achieving our overall goal of maintaining a safe work place.

Scope:

This procedure applies to all employees of Fort Wayne and Warsaw who conduct lockout/tagout as part of their normal work activities.

Definitions:

Affected Employee: An employee who may operate equipment subject to lockout or who works in an area(s) where lockout is used.

Authorized Employee: An employee who locks out and tags out equipment in order to perform servicing or maintenance on the equipment.

Lockout: The placement of a lockout device on an energy-isolating device, in accordance with an established procedure, to ensure an energy isolating device and 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 position to prevent the energizing of machine or equipment.

Potential Energy: May include any source of electrical, mechanical, hydraulic, pneumatic, chemical, thermal, or other energy.

Servicing and/or Maintenance: Workplace activities such as constructing, installing, setting up, adjusting, inspecting, modifying, and maintaining and/or servicing machines or equipment. The activities include lubrication, cleaning or un-jamming of machines or equipment and making adjustments or tool changes, where the employee may be exposed to the unexpected startup of the equipment or release of hazardous energy.

Tagout: The placement of a tag on the energy source that indicates the equipment being controlled may not be operated.
Responsibilities:

Public Safety and Emergency Preparedness (PSEP) Campus Lead

- Ensures the procedures of this policy are followed and supported by all employees.

Supervisors

- Enforce the guidelines addressed in this procedure.
- Oversee the emergency removal of locking devices, and communicate these procedures to the employees who applied them immediately upon returning to the job site.
- Develop specific procedures for each specific piece of equipment that is covered by this program by completing the Lockout/Tagout Equipment Specific Procedures form (Appendix E).

Procedures:

Energy Control Procedures

Whenever the servicing or maintenance of equipment in which unexpected start-up or release of stored energy could cause injury, the following detailed procedures will be followed by trained and authorized personnel:

Step 1: Preparation
Lockout/Tagout procedures will only be carried out by “authorized employees.” Before implementing the lockout/tagout procedure, you will fully understand the:
- Type and magnitude of the energy to be controlled.
- Methods for controlling the hazardous energy.
- Means of controlling the hazardous energy.

Step 2: Notification
Before applying lockout devices and tabs, notify all affected employees that the energy control procedure is going to be used and the reasons why.

Step 3: Shutdown
- Shut down equipment by using normal procedures. When the equipment is part of a production process, all parts of the operation will be considered. Before an authorized or affected employee turns off a machine or equipment, the authorized employee shall have knowledge of the type and magnitude of the energy, the hazards of the energy to be controlled, and the methods or means to control the energy.
• The machine or equipment shall be turned off or shutdown using the procedures established for the machine or equipment. An orderly shutdown must be utilized to avoid any additional or increased hazard(s) to employees as a result of the equipment stoppage.

**Step 4: Isolation**
Locate all of the energy isolating devices. Operate the energy isolating devices so that the equipment is completely isolated from the energy source.

**Step 5: Attachment of Locks and Tags**
Attach locks to the energy-isolating device so that device is held in the “safe” or “off” position. Place the tag in a position that will be immediately obvious to anyone attempting to operate the device.

**Step 6: Control Stored and Residual Energy**
• Relieve, disconnect, and restrain all stored or residual energy. This energy will be dissipated or restrained. Some common methods to restrain or dissipate stored energy are repositioning, blocking and bleeding down systems.
• If there is a possibility of re-accumulation of stored energy level, verification of isolation shall be continued until the servicing or maintenance is completed, or until the possibility of such accumulation no longer exists.

**Step 7: Verification**
Check to be sure that all personnel are in a safe location. Verify that the equipment is properly isolated and all hazardous energy is safety controlled. This should be accomplished by attempting to start the equipment by normal means of operation. Return operating controls to the “Neutral” or “Off” position after the test. Once you are sure the energy is isolated and safely controlled, proceed with the work activities.

**Control Removal Procedures**

**Step 1: Inspection**
Inspect the work area for the removal of all tools, parts, and cleaning supplies.

**Step 2: Notification**
Notify all affected employees that the lockout devices are being removed.

**Step 3: Guard Attachment**
Inspect the equipment and ensure that all guards are in place and properly secured.

**Step 4: Power Restoration**

Restore the power to the equipment by removing all locking devices and placing all energy isolating devices back in the on position.

**Step 5: Startup**

Energize the equipment suing normal startup procedures

**Step 6: Quality Check**

Check the equipment to make sure that it operates safely before allowing another employee to conduct work.

**Specific Energy Control Procedures**

Each Specific piece of equipment that is covered by this program will have specific procedures written for it. These procedures will be documented by using the *Lockout/Tagout Equipment Specific Procedures* form (Appendix E).

A copy of the completed form will be maintained on file and an additional copy will be laminated and posted by the indicated equipment.

A new form will be completed whenever a new piece of equipment is to be used or when old procedures are viewed as a deficient.

**Authorization of Procedure**

Only employees who have been designated by management and trained to the guidelines of this procedure, and safe working procedures associated with controlling hazardous energy, will be allowed to practice lockout/tagout. Each authorized employee will be re-trained whenever a new job, equipment, or process is introduced.

**Application and Removal**

Equipment will be properly isolated from all energy sources and rendered inoperative prior to performing any work whenever unexpected energization could occur and cause injury.

Only the person who applied it will be able to remove the locking device, unless there is an emergency requiring immediate removal. The key will only be in the possession of the locks owner. The lockout and tagout device shall indicated the identity of the employee applying the device.

If a lock will be removed and the employee is not to be found to perform removal, then an authorized Supervisor will remove the lock by first placing a new lock on
the clasp, and then removing the original lock. The employee who applied the original lock will be notified immediately upon returning to the job site.

**Group Lockout Procedures**

When the scope of lockout/tagout necessitates the use of a “group lockout” (e.g., the use of a lock box which contains the one key that controls the lock on devices), an authorized employee will be assigned the primary responsibility to oversee and coordinate group lockout procedures.

The authorized employee should ascertain the exposure status of the individual group members. Each employee shall attach a personal lockout or tagout device to the group’s device while he/she is working and then remove it when finished. During the shift change or personnel changes, there should be specific procedures to ensure the continuity of lockout/tagout procedures. Documentation should be specific.

**Equipment**

Only the locking devices issued by the College will be used for lockout/tagout. These locking devices will be uniform in size, color, and shape.

Locks will remain in good condition and able to withstand at least 50 pounds of pressure. Tags will be laminated to remain legible and in good operating condition regardless of weather conditions.

Tags will accompany all locking devices.

Legends will be included on all tagging devices, and completed prior to use. These legends will consist of employee name, company, date, and purpose.

**Inspection**

Authorized employees will visually inspect locking devices prior to initial use each working day. The Executive Director of Facilities/Director of Facilities and/or PSEP Campus Lead will inspect all locking devices on an annual basis. This inspection will be documented and maintained on file. This inspection will consist of strength testing, physical defects and capability of application and removal.

All written procedures will be evaluated for their effectiveness on an annual basis. The evaluation will be conducted by the supervisor and/or the PSEP Campus Lead. Documentation of the inspection including date, equipment, employees and the inspector should be filed and maintained.
**Training Requirements**

The training must include recognition of hazardous energy source, type and magnitude of energy available, methods and means necessary for energy isolation and control. The training should also include that a tag is not to be removed without authorization. The tag is never to be ignored.

Affected employees will be trained on the purpose of lockout/tagout, the equipment that will be used on company job sites, those employees who are designated as authorized level trained employees, and the importance of not removing lockout or tagout devices during safety orientation.

Authorized employees will be trained on the recognition of applicable hazardous energy sources, the type and magnitude of the energy available in the workplace, and the methods and means necessary for energy isolation and control. They will also be retrained whenever a procedure changes or a new piece of equipment is introduced.

Retraining is required when there is a new change in job assignments or in machines, a change in the energy control procedures, or a new hazard is introduced.

All training and/or retraining must be documented, signed, and certified.
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I. Introduction

Ivy Tech Community College is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens.

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood, human body fluids, human tissues or other potentially infectious material (OPIM).

The ECP assists the College in implementing and ensuring compliance with the standard. It applies to those faculty or staff that may reasonably anticipate skin, eye, mucous membrane, or parenteral (beneath the skin) contact with blood or OPIM that may result from the performance of an employee’s duties.

II. Plan Administration

Systems Office, in cooperation with the Executive Directors and Directors of Human Resources, PSEP Campus Leads, Directors of Facilities, and Schools of Nursing and Health Sciences Program Chairs, will maintain, review, and update the ECP at least annually, or more frequently if necessary, to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

As it relates to their departmental staff, the PSEP Campus Lead, Director of Facilities, and Schools of Nursing and Health Sciences Program Chairs will provide and maintain all necessary personal protective equipment (PPE), engineering controls (i.e. sharps containers), labels, and red bags as required by the standard. Each Director or Program Chair will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes for their department or program.

Human Resources will be responsible for ensuring that all post-exposure evaluation and action steps required by the standard (see VI. Post-Exposure Evaluation and Follow-Up below) are performed and that appropriate employee health and OSHA records are maintained.

Human Resources will be responsible for assigning and documenting training, which will be managed in IvyLEAD from Systems Office. Campus Human Resources will be responsible for making the written ECP available to employees, OSHA, and NIOSH representatives.

III. Employee Exposure Determination

Employees who are determined to have reasonably anticipated occupational exposure to blood or other potentially infectious materials (“occupational exposure”) must comply with the procedures and work practices outlined in this ECP.

The following is a list of job classifications at the College in which all employees have occupational exposure whether in a campus setting or clinical location:

- Instructors in the School of Nursing
- Instructors in School of Health Sciences
- Instructors in the Mortuary Science Program
• Instructors in the Hospitality Administration Program
• All security personnel

The following is a list of job classifications in which some employees at the College have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

<table>
<thead>
<tr>
<th>Job Classifications</th>
<th>Task/Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintenance and Custodial</td>
<td>Cleaning of rest rooms; especially of urinals and</td>
</tr>
<tr>
<td>Personnel</td>
<td>toilets</td>
</tr>
<tr>
<td></td>
<td>Repair of rest room plumbing fixtures</td>
</tr>
<tr>
<td></td>
<td>Body fluid spill clean-up</td>
</tr>
<tr>
<td></td>
<td>Emergency calls of students and personnel</td>
</tr>
</tbody>
</table>

Contract employees who enter Ivy Tech facilities are covered by the OSHA standard. The specific contract should dictate whether training is provided by the College or the employer. In general, the Ivy Tech ECP and associated training apply to contract employees where Ivy Tech is providing day-to-day supervision and direction on how the job is to be completed.

IV. Methods of Implementation and Control

A. Universal Precautions
Employees shall observe universal precautions.

B. Exposure Control Plan
Employees covered by the bloodborne pathogens standard receive an explanation of and access to this ECP during their initial hiring and at each subsequent training session. All employees can review this plan at any time during their work shifts by contacting their department Director or Program Chair or Human Resources, and if requested, the respective office should provide an employee with a copy of the ECP free of charge and within 15 days of the request.

C. Engineering Controls and Work Practices
The following engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens:

1. Handwashing:
   a. Handwashing facilities are readily accessible to employees, or where not feasible, the provision of appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes are made available. Hands shall be washed with soap and running water as soon as feasible.
   b. Employees shall wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

2. Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary by the nearest (or most readily available) individual trained to properly decontaminate equipment unless the decontamination of the equipment is not feasible. A
readily observable label shall be attached to the equipment stating which portions remain contaminated.

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

4. All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

5. Contaminated sharps will not be bent, recapped, removed, sheared or purposely broken unless no alternative exists, and the action is required by the medical procedure. In such an instance, such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

6. Contaminated sharps that are reusable are to be placed immediately, or as soon as possible, after use into appropriate sharps containers. Containers shall be puncture resistant, appropriately labeled or color-coded and leak-proof. Sharps shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

7. Sharps disposal containers are inspected and maintained or replaced in accordance with your campus or site’s ECP supplement or whenever necessary to prevent overfilling.

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

9. Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

10. The container for storage, transport, or shipping shall be labeled or appropriately color-coded and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility.

11. If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

12. If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

13. The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, and prior to handling, servicing, or shipping so that appropriate precautions will be taken.

This facility identifies the need for changes in engineering controls and work practices through a review of OSHA records, incidents or near-misses, employee notifications and interviews, with both front-line employees and supervisory staff involved as follows:
1. Front-line employees should promptly notify his/her supervisor if engineering controls fail or additional controls are warranted.
2. Program Department Chairs are responsible for reviewing the effectiveness of controls in their programs as well as evaluating new procedures and new products which may enhance or add to current controls.
3. The Directors of Facilities are responsible for reviewing the effectiveness of controls in cleaning rest rooms and maintenance-related tasks as well as evaluating new procedures and new products which may enhance or add to current controls.
4. The Directors of Safety & Security are responsible for reviewing the effectiveness of controls in responding to injured persons as well as evaluating new procedures and new products which may enhance or add to current controls.
5. Human Resources, along with the above-mentioned parties, are responsible for reviewing OSHA records, incidents or near-misses to identify controls and practices which may need evaluated and improved.

D. **Personal Protective Equipment (PPE)**
PPE is provided to our employees at no cost to them and is made available by the employee’s supervisor. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the employee’s supervisor or designee. The types of PPE available to employees must be appropriate for the tasks and procedures expected to be performed.

All employees using PPE must observe the following precautions:

1. Wash hands immediately or as soon as feasible after removing gloves or other PPE.
2. Remove PPE immediately or as soon as feasible after it becomes contaminated and before leaving the work area.
3. Used PPE may be disposed of in the appropriate receptacle used for disposal of contaminated PPE.
4. Wear appropriate gloves when it is reasonably 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.
5. Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
6. Never wash or decontaminate disposable gloves for reuse.
7. 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.
8. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
E. **Housekeeping**

**General**

a. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or OPIM.

b. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or OPIM; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

c. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

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

e. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

**Regulated Waste**

a. **Contaminated Sharps Disposal**
   
   1) Contaminated sharps are discarded immediately or as soon as possible in upright containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded (see section “Labels”). Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.
   
   2) Sharps disposal containers are available at locations designated in the campus or site’s ECP supplement.
   
   3) The procedure for handling sharps disposal containers is discussed in the campus or site’s ECP supplement.

   *Sample: Sharps containers will be replaced when at three-quarters full. When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping and placed in a secondary container if leakage is possible. The secondary container must meet the same standards as the primary container.*
b. Other Regulated Waste Containment
Regulated waste is placed in containers which are closable, puncture-resistant, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the section “Labels”), and closed prior to removal to prevent spillage or protrusion of contents during handling. Disposal of all regulated waste shall be in accordance with applicable Federal, State, and City/County regulations.

The procedure for handling other regulated waste is outlined in the campus or site’s ECP supplement.

F. Labels
As it relates to their departmental staff, the PSEP Campus Lead, Director of Facilities, and Program Chairs are responsible for ensuring that warning labels are affixed to containers or red bags are used to store, transport or ship blood or OPIM.

Employees are to notify the Director of Facilities if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

Biohazard labels of fluorescent orange or orange-red coloring, with lettering and symbols in a contrasting color shall be affixed to contaminated equipment or containers of regulated waste, refrigerators and freezers containing blood or OPIM, and other containers used to store, transport or ship blood or OPIM.

G. Laundry
If contaminated articles are laundered at a campus or site, please refer to the campus or site’s ECP supplement for specific guidance.

V. Hepatitis B Vaccination
The Blood Borne Pathogens annual training will address safety, benefits, efficacy, methods of administration, and availability of the Hepatitis B vaccination. The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan.

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 vaccination is contraindicated. However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of election or refusal of the vaccination is kept at the campus office of Human Resources. Vaccination will be provided at the medical facility designated by the campus.
VI. Post-Exposure Evaluation and Follow-Up

Should an exposure incident occur, contact your supervisor as well as Human Resources. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following shall be immediately made available to the exposed employee:

- A confidential medical evaluation and follow-up at the campus’ designated medical facility
- Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- Identification and documentation of the source individual, unless that identification is infeasible or prohibited by state or local law;
- The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, HR shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
- When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- Collection and testing of the employee’s 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, the baseline blood sample should be preserved by the medical facility 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.
- Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service, counseling, and evaluation of reported illnesses.

A. Administration of Post-Exposure Evaluation and Follow-Up

Human Resources ensures that the health care provider responsible for the employee’s hepatitis B vaccination and post-exposure evaluation and follow-up have a copy of OSHA’s bloodborne pathogens standard. 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
- route(s) of exposure circumstances of exposure
- if possible, results of the source individual’s blood test
- relevant employee medical records, including vaccination status

Human Resources provides the employee with a copy of the evaluating health care provider’s written opinion promptly, but within 15 days, upon completion of the evaluation, if he or she has not received it directly from the health care provider.

B. Procedures for Evaluation of the Circumstances Surrounding an Exposure Incident

The departmental Director or Program Chair, depending on the employee involved, and 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), if applicable
- protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident (classroom, lab, bathroom, patient room, etc.)
- procedure being performed when the incident occurred
- employee’s training

If the exposure incident involves a percutaneous injury from a contaminated sharp, special recording requirements are required, as outlined in the Sharps Injury Log section below.

If revisions to this ECP are necessary as a result of post-exposure incident evaluation, Human Resources will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

VII. Employee Training
All employees who have occupational exposure to bloodborne pathogens receive initial and annual training. That training addresses the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. 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 this facility
- an opportunity for questions and answers with the HR administrator. Training materials are within IvyLEAD.
VIII. Recordkeeping

A. Training Records
Training records are completed for each employee upon completion of training and held within IvyLEAD. Human Resources has access to training records. Employees also have access to their own record within IvyLEAD.

B. Medical Records
Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, “Access to Employee Exposure and Medical Records.”

Human Resources is responsible for maintenance of the required medical records. These confidential records are kept in the Human Resources for at least the duration of employment plus 30 years.

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 Human Resources.

C. 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 Human Resources.

D. Sharps Injury Log
In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log, to be maintained by Systems Office. All incidences must include at least:

- date of the injury
- type and brand of the device involved (syringe, suture needle)
- department or work area where the incident occurred
- explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.
Fire Emergencies and Fire Prevention: All fire response and evacuation procedures are documented in the Emergency Action Guide which is posted in all College classrooms and most work and common areas. Ivy Tech students, employees and guests should follow the procedure in the Emergency Response Guide for fire response and evacuation, and the techniques below for fire prevention.

Workplace Fire Hazards/ Prevention Techniques

- Keep storage, working areas and offices free of trash and clutter.
- Keep oily rags in a covered metal container and dispose of properly.
- Don't overload electrical outlets.
- Ensure that all passageways and exits remain unobstructed.
- All exit doors shall remain unlocked when the building or a portion of the building served by the exit is occupied.
- Stairwell doors shall never be propped open and materials shall not be stored in stairwells or on landings.
- Remove accumulations of combustible dust.
- Store flammable and combustible liquids in approved storage containers and cabinets.
- Maintain free and clear access to electrical panels. Do not stack or store materials within 3 feet of the electrical panel.
- Do not store combustible materials of any kind in mechanical rooms.
- Conduct regular maintenance of all mechanical equipment.
- Maintain free and clear access to fire extinguishers and fire alarm pull stations.
- Follow proper storage and handling procedures as directed by the product manufacturer.
- Check equipment wiring for frayed or damaged wires and replace immediately.
- Smoking and tobacco use, including vaping devices, are prohibited in/on Ivy Tech buildings and grounds.
- Do not refuel gasoline-powered equipment while it is hot.
- Candles/incense/open flames are not permitted in any setting except for supervised classroom and/or lab functions.
- Candle warmers are not permitted.
- Small electrical items/coffee makers shall not be placed on combustible surfaces (plastic or cloth mats, wood countertops).
- Ensure that coffee pots are not left on or unattended for long periods of time.
- Extension cords should only be used for temporary connections.
- Keep storage 18 inches away from sprinkler heads and 24 inches from the ceiling in non-sprinkler areas.
Appendix E: Forms

PPE Assessment Form........................................ pg. 43
Lockout/Tagout Form........................................ pg. 44
PPE HAZARD ASSESSMENT FORM
Ivy Tech Community College

Task Assessed: ________________ Assessor: ________________ Assessment Date: ___________

Brief Task Description:
____________________________________________________________________________________________
____________________________________________________________________________________________

BODY PARTS AT RISK:

___ Head  ___ Hand  ___ Face  ___ Finger  ___ Eye  ___ Back  ___ Ear  
___ Leg  ___ Respiratory  ___ Knee  ___ Neck  ___ Ankle  ___ Shoulder  
___ Foot  ___ Arm  ___ Toe

PERSONAL PROTECTIVE EQUIPMENT:

___ Hard Had  ___ Welding Helmet  ___ Welding Goggles  ___ Face Shield  
___ Safety Glasses  ___ Safety Goggles  ___ Ear Protection  ___ Dust Mask  
___ Particulate Respirator  ___ Supplied Air Respirator  ___ SCBA  ___ Kevlar Sleeves  
___ Elbow Pads  ___ Chemical Resistant Gloves  ___ Knee Pads  
___ Steel Toed Boots  ___ Metatarsal Guards  ___ Tyvek Coveralls  ___ FR Clothing  
___ Dielectric Equipment  ___ Body Harness & Lanyard  ___ Other  
___ Other  ___ Other
LOCKOUT-TAGOUT EQUIPMENT SPECIFIC PROCEDURES
Ivy Tech Community College

Equipment: ____________________ Author: ____________________ Date: ___________

HAZARDOUS ENERGY SOURCES:

___ Electrical  ___ Mechanical  ___ Hydraulic  ___ Pneumatic
___ Magnetic  ___ Radiation  ___ Gravity  ___ Thermal
___ Gas  ___ Other ____________________________________________

POINTS OF ISOLATION:

Isolation Points:

1.

2.

3.

Devices to Use:

1.

2.

3.

SPECIFIC PROCEDURES:

STEPS TO SHUTDOWN:

STEPS TO ISOLATE ALL ENERGY SOURCES:
LOCKOUT-TAGOUT (Continued)

STEPS TO AFFIX DEVICES:

STEPS TO VERIFY EFFECTIVENESS: