Texas Tech University Health Sciences Center-El Paso

Safety Management Plan
Safety Management Plan

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Safety Management Plan

I. **Objective**

The Safety Management Plan serves to describe the policies and processes in place to minimize safety risks to patients, visitors and staff through a comprehensive hazard surveillance program and analysis of aggregate information. The plan is monitored on a continuous basis through established performance indicators and reviewed and/or revised annually by the Campus Safety Committee.

II. **Duties and Activities of the Safety Manager**

A. The Campus Safety Managers are part of the Facilities Operations and Maintenance (FOM) Division, and are appointed by the Dean of the Texas Tech University Health Sciences Center – El Paso Campus (TTUHSC-ELP) and in that capacity have the authority to inspect, review and recommend for correction any institutional discrepancies with the safety and health codes and standards as set forth by the respective authorities having jurisdiction. The Campus Safety Managers or their designee may stop the operation or function of any equipment, job or procedure that is determined to be immediately dangerous to life, health or property.

B. The TTUHSC – ELP Campus Safety Managers are a permanent staff position and is the Dean’s representative in all matters related to safety. Duties include, but are not limited to, the following:

1. Shall have the authority to take immediate corrective action when a hazardous condition exists that could result in personal injury to individuals, or damage to equipment or facilities. Upon initiation or corrective action the Safety Manager will notify the Director of FOM and the Associate Dean for Finance & Administration (ADFA) and the VP for Health Affairs (VPHA) as well as the department head responsible for the area.

2. Within the authority delegated by the VPHA, the Safety Manager will provide the leadership and resources necessary to assure and maintain overall institutional safety with full employee interest and participation.

3. Be familiar with overall institutional operations to the degree that unsafe conditions can be recognized, identified, and corrected.
4. Participates in hazard surveillance, incident reporting, safety education orientation for new employees, and continuing education for all employees.

5. Conduct annual reviews of all safety policies and procedures to ensure compliance with local state, and federal safety rules, regulations, and policies.

6. Keep administration informed of the status and progress of the overall safety program and provide periodic summaries, including an annual review of all pertinent safety activities.

7. Coordinate safety training for employees.

8. Provide advice and assistance to departments in developing departmental safety policies and standards consistent with institutional regulatory rules, regulations, and policies.

9. Provide consultations to the institution on matters related to safety.

10. Support and implement the recommendations of the Campus Safety Committee as approved by the VPHA.

11. Direct activities to maintain a safe environment for patients, visitors, students, faculty and staff.


13. Interpret codes, rules, regulations and policies that apply to the institution and contact the appropriate persons to ensure implementation.

14. Provide environmental monitoring for hazardous materials, and emergency intervention for spills, releases and other situations immediately dangerous to life, health and property.

15. Ensure response to product safety recalls. (See HSC OP 75.01)
III. Employee Safety Programs

A. Employee Safety Programs are identified in Health Science Center (HSC) Operations Policy (OP) 75.01 which defines the HSC Safety Policy and establishes the responsibilities of the Department of Safety Services (DSS). Safety Programs are incorporated by reference to the TTUHSC – ELP Safety Manual, TTUHSC—ELP Radiation Safety Manual, TTUHC—ELP Laser Safety Manual, TTUHSC—ELP Laboratory Safety Compliance Manual and TTUHSC – ELP Regulated Waste Disposal Manual. These Manuals are reviewed periodically and revised as necessary. Distribution of the manuals is made to appropriate departments, clinics, laboratories and service departments as appropriate, as well as electronic availability. 

http://www.ttuhsc.edu/hsc/op/op75/op7501.pdf

B. All employees are required to complete the New Employee Safety Orientation Program (NESOP) (see Safety Manual IV-15). The training program is available on-line. This program fulfills level 1 safety training and includes: Emergency Procedures, Texas Hazardous Communication Act (Right-to-Know), TTUHSC—ELP Safety Programs, and TTUHSC—ELP Policy regarding infectious diseases and bloodborne pathogens and violence in the workplace. All safety training conducted by Safety Services is tested; passing score is 80%. A database is maintained that tracks all training completed by employees. Certificates are awarded for successful completion. On completion of NESOP the employee receives a level 2 Site Specific information form, which the employee’s supervisor(s) must complete and sign indicating that the employee has received training on safety relevant to their job and any associated hazards. The form is returned to the DSS.

C. Each new employee from the TTUHSC-ELP receives a copy of the “Faculty, Staff and Student Safety Handbook”, which provides fundamental level 1 safety information, practices and procedures. In addition, the Safety Handbook is available online in the Safety Services webpage. 


D. Each department has a Unit Safety Officer (USO) who is appointed by the Department Head, is trained by Safety Services and is the department’s point of contact for safety matters. A USO Job Description is found in the Safety Manual and online. 

http://www.ttuhsc.edu/admin/safety/uso/uso-job.pdf

E. Employee Accident Incidents and Workers Compensation Claims are processed by the Department Supervisor where the incident occurred. The completed report is then submitted to the TTUHSC Human Services Department and then sent to the TTU System Office of Risk Management. Data from injury/illness reports are analyzed for trends and hazards. The results of this analysis is incorporated into safety education and training.

F. Non-employee accidents are investigated and recorded in accordance with TTUHSC—ELP OP 75.14.
IV. **Campus Safety Committees**

TTUHSC-El Paso Campus is committed to maintaining a safe and healthy work environment for all faculty, staff, students, patients and visitors. To accomplish this, a number of Safety Committees have been established, each with specific areas of responsibilities. The various institutional safety committees are structured with the Institutional Compliance Working Committee providing guidance and direction on matters of institutional concern falling outside of the scope responsibilities for the various Safety Committees. The standing institutional Safety Committees include the following:

a. Radiation Safety Committee  
b. Institutional Biosafety Committee  
c. Animal Care and Use Committee  
d. Recombinant DNA Biosafety Committee  
e. Campus Safety Committee

The Campus Safety Committee functions as an administrative body overseeing the Safety Programs and Policies as it impacts staff and patient safety in SOM Clinics within the TTUHSC – ELP.

V. **Fire Protection Standards and Life Safety Code**

A. Fire protection standards are established in HSC OP 75.04 Compliance with National Fire Protection Association Standards (NFPA). This policy also addresses elements of Board Policy 08.06 Construction Code Regulations which mandates that all construction, renovation projects must conform to the most current edition of the following codes:

10. State Insurance Board requirements governing fire sprinkler systems.  
11. U.S. Environmental Protection Agency regulations.  
14. State statutes regulating, but not limited to the following:
   a. Asbestos
   b. Boilers
   c. Control of radiation
   d. Energy consumption
   e. Fire escapes
   f. Fire alarms, and
   g. Plumbing fixtures.
15. Texas Accessibility Standards of the Architectural Barriers Act, Article 9102, Texas Civil Statutes.
17. U.S. Department of Labor Occupational Safety and Health Administration (OSHA) regulations.

B. Life Safety Code issues are guided by the foregoing codes and regulations as well as institutional policies that address individual matters that are of a universal nature. (see HSC OP 75.06 Corridor Storage and OP 75.07 Elevator Usage, Attachment D) All construction and renovation projects and proposals are reviewed at several administrative levels for compliance with Life Safety and Fire Protection standards. (see Life Safety Management Plan)

VI. Safety Training

A. Employee safety training will follow the format and responsibilities as described in HSC OP 75.01. Safety training requirements apply equally to all TTUHSC—ELP employee, faculty, staff, student hires, and part-time employees.

B. All training conducted by Safety Services will be tested with an 80% passing score required for credit. Certificates of completion will be awarded for successful completion of all training conducted by the DSS.

C. Employees will be given the opportunity to attend formal instruction, on-line courses; stand-alone computer based training (CBT) and may test out of the training.

D. All safety training will be documented, recorded and retained in an electronic format for each employee. Training records will be retained for 20 years.
VII. **Special Regulated Hazardous Waste**

A. Special Regulated Hazardous waste streams will be managed in accordance with rules and regulations of the Texas Department of State Health Services (TDSHS), Texas Commission on Environmental Quality (TCEQ) and applicable federal, state, and local codes and ordinances.

B. The specific waste streams and staging disposal are schematically depicted in Attachment A. Collection, processing and disposal procedures are contained in the TTUHSC--ELP Regulated Waste Manual and the TTUHSC--ELP Radiation Safety Manual.

C. Hazardous (chemical or biological) waste will be handled according to applicable regulations and disposed of through a properly permitted licensed commercial vendor as appropriate.

VIII. **Safety Inspections**

A. A safety hazard inspection of all TTUHSC--ELP facilities will be conducted every six months in patient care areas by the DSS. Problems/discrepancies will be reported to the appropriate entity for correction (clinic, department, Plant Operations, etc.)

B. Additional Health and Safety Review will be conducted by USOs annually with inspection reports forwarded to DSS for follow up action (see Safety Manual).

C. Lab inspections will be conducted at least semi-annually in the research areas.

D. Radiation Laboratory inspections will be conducted quarterly.

IX. **Risk Assessment: Information Collection Evaluation System (ICES)**

Risk Assessments performed through information from reports, inspections, and survey data will be recorded in databases as follows:

A. Training
B. Lab Inspections
C. Special Waste
D. Pest Control
E. Hazard Reports
F. Indoor Air Quality (IAQ) Problems, Surveys, Investigations
G. Fire Drills Results
H. Fire Alarm Incidents
Data is analyzed for compliance with established rules, regulations and policies, and is then forwarded to the appropriate department or entity for corrective action as needed. Follow-up inspections and surveys by the DSS are then used to assess the effectiveness of corrective actions.

X. **Performance Improvement Indicators**

A. Successful review by external regulatory agencies.

B. Emergency Drills involve all TTUHSC-ELP activities with a participation goal of 100%. Procedures, participation and response are assessed and evaluated. After-action reports are generated. The performance standard for evacuation drills is 12 minutes or less.

C. Training NESOP 90% of all new employees, Lab training 100% all lab workers and Radiation training 100% all employees working with radioactive material.

XI. **Corresponding Policies**

A. Accident Reporting – TTUHSC OP 70.13


D. Infectious Diseases Exposure – TTUHSC OP 75.11

E. Laboratory Safety – TTUHSC OP 75.09, 75.10, 75.11


H. Respiratory Protection Policy – TTUHSC OP 75.12

I. Tobacco Free – TTUHSC OP 10.19

J. Fire Response – TTUHSC OP 75.16

K. Non-Employee Accidents – TTUHSC OP 75.14 and 75.15
Texas Tech University Health Science Center
El Paso Campus
Clinic / Laboratory Infectious, Pathological, Hazardous and Radioactive Waste Streams

Infectious / Pathological
• Material saturated with blood or OPIM
• Tissue from surgery, labor & delivery, autopsy, embalming, or biopsy
• Body parts
• Tissue or fetuses
• Bulk Blood
• Lab specimens of blood and OPIM
• Anatomical remains
• Animal Waste

Sharps
• Needles (all types)
• Syringes
• Scalpel blades
• Razor blades
• Disposable razors, scissors
• IV styles
• Pipettes
• Specimen tubes
• Blood culture bottles
• Microscope slides
• Broken lab glass
• Medication vials

Other Waste
• Gloves (Vinyl or latex)
• Bandages (unless saturated with blood or OPIM)
• Diapers
• Exam table paper
• Sanitary napkins
• Disposable speculums
• Band-Aids
• Disposable gowns and shoe covers
• Paper towels
• Paper cups
• Casting material
• Office records
• Food waste

Chemically Hazardous
All Chemical waste, including:
• Asphyxiates
• Carcinogens
• Corrosives
• Flammables
• Hepatotoxins
• Mutagens
• Nephrotoxins
• Neurotoxins
• Poisons
• Reactives
• Tumorigens

Radioactive Waste
All material contaminated with radioactive material, such as:
• Gloves
• Absorbent pads
• Paper towels
• Empty vials
• Lab ware
• Bulk liquid from experiments
• Liquid scintillation vials
• Animal carcasses

Department of Safety Services

HSC Custodial Services

El Paso Landfill

Commercial Vendor

Commercial Vendor

Or
Sanitary Sewer