TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Safety Management Plan

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Safety Management Plan

Table of Contents

I. Objective
II. Duties and Activities of the Safety Officer
III. Employee Safety Programs
IV. Environment of Care Committee
V. Fire Protection and Life Safety Code
VI. Safety Training
VII. Special/Regulated/Hazardous Waste
VIII. Safety Surveys
IX. Risk Assessment: Information Collection Evaluation System
X. Performance Improvement Indicators
XI. Corresponding Policies
XII. Attachment A
I. Objective

This Safety Management Plan serves to describe the policies and processes in place to minimize safety risks to patients 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 Environment of Care Committee.

II. Duties and Activities of the Safety Officer

A. The Director, Safety Services is appointed by the President as Safety Officer (SO) and in that capacity has 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 authorities having jurisdiction. The Director or 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 Safety Director is a permanent staff position and is the President'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 of corrective action the Safety Director will notify the President as well as the department head responsible for the area.
2. Within the authority delegated by the President, the Safety Director shall 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, discussed 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 and regulatory rules, regulations, and policies.
9. Provide consultation to the institution on matters related to safety.
10. Support and implement the recommendations of the Environment of Care Committee as approved by the President.
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 HSC OP 75.01 which defines the HSC Safety Policy and establishes the responsibilities of the Department of Safety Services. Safety Programs are incorporated by reference to the TTUHSC Safety Manual, TTUHSC Radiation Safety Manual, TTUHSC Laser Safety Manual, TTUHSC Laboratory Compliance Manual and TTUHSC Regulated Waste Disposal Manual. These Manuals are reviewed periodically and revised as necessary. Distribution of the manuals is made to applicable departments, clinics, laboratories and service departments as appropriate, as well as electronic availability. [http://www.ttuhsc.edu/hsc/op/op75/op7501.pdf](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 Hazard Communication Act (Right – to – Know), TTUHSC Safety Programs, TTUHSC Policy regarding infectious disease and bloodborne pathogens and Violence in the Workplace. All safety training conducted by Safety Services is tested; passing score is 80%. Personnel failing to achieve an 80% passing score receive additional training or re-testing. 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. This form is returned to Safety Services.

C. Each new employee receives a copy of the “Faculty, Staff and Student Safety Handbook” which provides fundamental level 1 safety information, practices and procedures. [http://www.ttuhsc.edu/Admin/safety/edu/Safman02.pdf](http://www.ttuhsc.edu/Admin/safety/edu/Safman02.pdf)

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

E. Employee Accidents/Incidents and Workers Compensation Claims are processed through the TTU System Office of Risk Management. Data from injury/illness reports are analyzed for trends and hazards. The result of this analysis is incorporated into safety education and training.

F. Non-employee accidents are investigated and recorded in accordance with TTUHSC OP 75.14

IV. Environment of Care Committee

The Environment of Care Committee functions as the oversight body of the Safety Program as it impacts staff and patient safety in SOM Clinics within the TTUHSC.

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. This policy also addresses elements of Board Policy 08.06 Construction Code Requirements which mandates that all construction/renovation projects must conform to the most current edition of the following codes:

1. International Building Code (IBC)
2. International Energy Conservation Code (IECC)
3. International Fire Code (IFC)
4. International Plumbing Code (IPC)
5. International Electrical Code Administration Provisions (IECAP)
7. National Fire Protection Association Codes and Standards
9. ANSI Z136.1 Standards for Safe Use of Lasers
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
16. Americans with Disabilities Act (ADA) – Accessibility Guidelines for Buildings and Facilities
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 HSC employees, 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 Safety Services.

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 Regulated Waste Manual and the TTUHSC 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 Surveys

A. A safety/hazard survey of all HSC facilities will be conducted every six months in patient care areas by Safety Services in coordination with departmental USOs. Problems/discrepancies will be reported to the appropriate entity for correction (clinic, department, Plant Operations, Physical Plant, etc.)

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

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

D. Radiation Laboratory surveys 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 Drill 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 Safety Services 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 SOM activities with a participation goal of 100%. Procedures, participation and response is 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/Injury Reporting- TTUHSC OP 70.13


D. Infectious Disease Exposure TTUHSC OP 75.11

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

F. Pregnant Employees Working with Ionizing Radiation- TTUHSC Radiation Safety Manual


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
Attachment A
Texas Tech University Health Sciences Center
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
- Tissues or fetuses
- Organs
- 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 stylets
- Specimen tubes
- Blood culture bottles
- Microscope slides
- Broken lab glass
- Expired medication

**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
  - Teratogens

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

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**Safety Services**
Environmental Safety Division

**HSC Custodial Services**

**Safety Services**
Environmental Safety Division

**Safety Services**
Radiation Safety Division

**Commercial Vendor**

**Lubbock Landfill**

**Commercial Vendor**

Lubbock Landfill or Commercial Vendor
or Sanitary Sewer

Scheduled pickup by Custodial Services or call Safety Services if not scheduled.