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Alcohol - short term effects include behavioral changes, impairment of judgment and coordination, greater likelihood of aggressive acts, respiratory depression, irreversible physical and mental abnormalities in newborns (fetal alcohol syndrome) and death. Long-term effects of alcohol abuse include damage to the liver, heart and brain, ulcers, gastritis, malnutrition, delirium, tremens and cancer. Alcohol, combined with other barbiturates/depressants can prove to be a deadly mixture.

Amphetamines/Stimulants - (speed, uppers, crank, caffeine, etc.) speed up the nervous system which can cause increased heart and breathing rates, higher blood pressure, decreased appetite, headaches, blurred vision, dizziness, sleepiness, anxiety, hallucinations, paranoia, depression, convulsions and death due to a stroke or heart failure.

Anabolic Steroids - seriously affect the liver, cardiovascular, and reproductive systems. Can cause sterility in males and females, as well as impotency in males.

Barbiturates/Depressants - (downers, Quaaludes, valium, etc.) slow down the central nervous system which can cause decreased heart and breathing rates, lower blood pressure, slowed reactions, confusion, distortion of reality, convulsion, respiratory depression, coma and death. Depressants combined with alcohol can be lethal.

Cocaine/Crack - stimulates the central nervous system and is extremely addictive, both psychologically and physically. Effects include dilated pupils, increased heart rate, elevated blood pressure, insomnia, loss of appetite, hallucinations, paranoia, seizures and death due to cardiac arrest or respiratory failure.

Hallucinogens - (PCP, angel dust, LSD, etc.) interrupt the functions of the part of the brain which controls the intellect and instincts. May result in self-inflicted injuries, impaired coordination, dulled senses, incoherent speech, depression, anxiety, violent behavior, paranoia, hallucinations, increased heart rate and blood pressure, convulsions, coma and heart and lung failure.

Cannabis - (marijuana, hashish, hash, etc.) impairs short-term memory, comprehension, concentration, coordination and motivation. May also cause paranoia and psychosis. Marijuana smoke contains more cancer-causing agents than tobacco smoke. The way in which marijuana is smoked - deeply inhaled and held in the lungs for a long period - enhances the risk of getting cancer. Combined with alcohol, marijuana can produce a dangerous multiplied effect.

Narcotics - (smack, horse, demerol, percodan, etc.) initially produce feelings of euphoria often followed by drowsiness, nausea and vomiting. An overdose may result in convulsions, coma and death. Tolerance develops rapidly and dependence is likely. Using contaminated syringes to inject such drugs may result in AIDS.

Tobacco/Nicotine - some 170,000 people in the United States die each year from smoking related coronary heart disease. Some 30% of the 130,000 cancer deaths each year are linked to smoking. Lung, larynx, esophagus, bladder, pancreas and kidney cancers strike smokers at increased rates. Emphysema and chronic bronchitis are ten times more likely among smokers.

Further information concerning health risks may be found in the Student Health Center. You should also consult your personal physician about the health risks associated with alcohol and drug use.

*Drug/Alcohol Counseling and Rehabilitation Programs* - There are programs in the community or nearby that may be helpful. A list of such programs, showing their location and phone number, is maintained in the Student Health Services Office and the Office of the Director of Student Services, and are included in this policy statement. Seeking help from, being referred to or from these services is confidential and will not, alone, result in disciplinary action. Individual privacy will, of course, be maintained in any counseling/rehabilitation process. In addition, the following toll-free, hot-line numbers may be of use to someone needing help or service.

- National Institution of Drug Abuse Information and Referral Line, Monday - Friday, 8:30 a.m. - 4:30 p.m., 1-800-622-HELP
- The National Federation of parents for Drug-Free Youth; Monday - Friday, 8:00 a.m. - 5:00 p.m., 1-800-544-KIDS
- Just Say No Foundation, 1-800-258-2766
- National Council on Alcoholism, 24 hours a day, 7 days a week, 1-800-622-2255
- National Drug Abuse Hotline, 1-800-241-9746
- Cocaine Helpline, 1-800-COCAINE
- Reach-Out Hotline (alcohol, drug crisis intervention, mental health, and referral), 1-800-522-9054

In any organization of the size and complexity of USAO, special situations do arise which cannot be handled expeditiously as outlined above. Such problems should be discussed with the Director of Health Services so that alternate procedures may be established when necessary. (Regents 5-89, 9-90)

#### **4.10 SMOKING POLICY**

The University of Science and Arts of Oklahoma is committed to providing a healthy, comfortable, and productive environment for the students, faculty, and staff of this campus.

The United States Surgeon General, in his 1986 report on Involuntary Smoking concluded:

- Involuntary smoking is a cause of disease, including lung cancer, in healthy nonsmokers; and
- The simple separation of smokers and nonsmokers within the same air space may reduce, but does not eliminate, the exposure of nonsmokers to environmental tobacco smoke.

Research has documented that voluntary smoking is the leading cause of preventable death in the U.S., and that involuntary smoking is the third leading cause of preventable death. In light of these findings, the University of Science and Arts of Oklahoma shall be completely smokefree effective August 15, 1993. The Smoke Free Policy applies to all University facilities, owned or leased, regardless of location. Smoking will not be permitted in any enclosed space except private residential space within university housing. No ashtrays will be provided at any location on campus. Cigarettes will not be sold on university grounds, either in vending machines, the student union, or any other area on campus.

Copies of this policy shall be distributed to all employees and students. Announcements will also be printed in campus newspapers to ensure that everyone understands the new policy. Signs shall be posted at all building entrances.

On-site smoking cessation programs may be made available to assist and encourage individuals who wish to quit smoking. Questions and problems regarding this policy should be directed to the Vice President for Administrative Affairs. The success of this policy will depend on the thoughtfulness, consideration, and cooperation of smokers and nonsmokers. All employees share in the responsibility for adhering to and enforcing this policy. (Regents, 6-22-93).

**4.11 AMERICANS WITH DISABILITIES ACT** The Americans With Disabilities Act (ADA) was signed into law by President Bush on July 29, 1990. The underlying purpose of the ADA is to prohibit discrimination against persons with disabilities in both the public and private sectors. The Act is divided into five titles.

*Employment* - The Americans With Disabilities Act prohibits discrimination against a qualified individual with a disability in employment and includes specific features related to reasonable accommodation, qualification standards and other labor-management issues.

“No covered entity shall discriminate against a qualified individual with a disability because of the disability of such individual in regard to job application procedures, the hiring, advancement, or discharge of employees, employee compensation, job training, and other terms, conditions, and privileges of employment.”

*Public Service* - ADA addresses services and activities of state and local governments including actions applicable to public transportation provided by public entities. Transportation provisions of the Act are intended to improve access in equipment (buses, rail coaches, etc.) facilities and demand response systems. Some of these include: the purchase of new accessible public transportation equipment, special transportation services that are comparable to fixed route services, modification of key existing facilities to assure access and inter-city and commuter rail accessibility improvements.

“No qualified individual with a disability shall, by reason of such disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination by a department, agency, special purpose district, or other instrumentality of a state or a local government.”

*Public Accommodations* - ADA addresses public accommodations of businesses and services operated by private entities. Also included are privately owned transportation. Specific features of the Act vary from section to section laying out how equal access is to be achieved by particular entities.

“No individual shall be discriminated against on the basis of disability in the full and equal enjoyment of the goods, services, facilities, privileges, advantages, and accommodations of any place of public accommodation.”

*Telecommunications* - ADA mandates telecommunications relay services be offered by private companies and includes services operated by states.

“...shall ensure that interstate and intrastate telecommunications relay services are available...to hearing-impaired and speech-impaired individuals in the United States.”

*Miscellaneous Provisions* - Various explanations, exemptions, directives and mandated studies are also detailed in the Act.

The University of Science and Arts of Oklahoma has many different kinds of support services and technology which are available to students, faculty, and other non-faculty employees with disabilities. The following is a checklist of the services and technology available.

1. Career Counseling for Disabled Students
2. Classroom with Assistive Listening Device System
3. Curbcuts on Sidewalks
4. Elevators in Administrative Buildings
5. Elevators in Classroom Buildings
6. Intake Counseling for Disabled Students
7. Keyboard Guard for Mouth-Stick
8. Personal Assistant (PA) Referral System
9. Public Television with Closed-Caption Decoder
10. Publicly Accessible TDD on Campus
11. Sign Language Classes
12. Speech Recognition System for Computer Input
13. Access to Talking Book
14. Text Enlargement Software for Computer Displays
15. Test Proctoring
16. Touch-Window for Computer Input
17. Visual Fire Alarms for Student Dormitory Rooms
18. Wheelchair Ramps for All Buildings
19. Sighted Readers
20. Notetakers (manual)
21. Notetakers (Computer-assisted)
22. Interpreters (Signing, oral)
23. Restrooms
24. Drinking Fountains

The University will review requests for reasonable accommodations on a yearly basis and fully supports and adheres to this Act. (Regents 2-16-93).

#### **4.12 BLOODBORNE PATHOGENS**

**4.12.1 Purpose of the Plan and Definitions** - One of the major goals of the Occupational Safety and Health Administration (OSHA) is to regulate facilities where work is carried out...to promote safe work practices in an effort to minimize the incidence of illness and injury experienced by employees. Relative to this goal, OSHA has enacted the Bloodborne Pathogens Standard, codified as 29 CFR 1910.1030. The purpose of the Bloodborne Pathogens Standard is to “reduce occupational exposure to Hepatitis B Virus (HBV), Human

Immunodeficiency Virus (HIV) and other bloodborne pathogens” that employees may encounter in their workplace.

The University of Science and Arts of Oklahoma believes there are a number of good general principles which should be followed when working with potentially contaminated materials. These include:

- Minimizing employee exposure.
- Recognizing the possibility that exposure exists.
- Instituting work practice and engineering controls.

The University has implemented this Exposure Control Plan to meet the letter and intent of the OSHA Bloodborne Pathogens Standard. The objective of this plan is twofold:

- To protect University employees from the health hazards associated with bloodborne pathogens.
- To provide appropriate treatment and counseling should an employee be exposed to bloodborne pathogens.

*Important Definitions* - while it is always important to know what definitions OSHA gives to certain words and phrases in their regulations, the Standard on which this plan is based rests very strongly on a clear understanding of these definitions:

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

Bloodborne Pathogens - pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

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

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

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

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

Engineering Controls - controls (e.g. sharps disposal containers, self-sheathing needles, etc.) that isolate or remove the bloodborne pathogens hazard from the workplace.

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

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

HBV - Hepatitis B Virus.

HIV - Human Immunodeficiency Virus.

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

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

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

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

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

Universal Precautions - treating all blood and certain human body fluids as if they are known to be infectious for HIV, HBV, and other bloodborne pathogens.

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

**4.12.2 General Program Management** - There are four major "Categories of Responsibility" that are central to the effective implementation of the Exposure Control Plan. These are:

- The "Exposure Control Officer"
- Department Supervisors
- Education Coordinator
- University Employees

The following sections define the roles played by each of these groups in carrying out the plan (Throughout this written plan, employees with specific responsibilities are identified. If, because of promotion or other reasons, a new employee is assigned any of these responsibilities, the Vice President for Administrative Affairs is to be notified of the change, so that records can be updated.)

*Exposure Control Officer* - will be responsible for overall management and support of the Bloodborne Pathogens Compliance Program. Activities which are delegated to the Exposure Control Officer typically include, but are not limited to:

- Overall responsibility for implementing the Exposure Control Plan.
- Working with supervisors and other employees to develop and administer any additional bloodborne pathogen-related policies and practices needed to support the effective implementation of this plan.
- Looking for ways to improve the Exposure Control Plan, as well as to revise and update the plan when necessary.
- Collecting and maintaining a suitable reference library on the Bloodborne Pathogens Standard and bloodborne pathogens safety and health information.
- Knowing current legal requirements concerning bloodborne pathogens.
- Acting as facility liaison during OSHA inspections.
- Conducting periodic facility audits to maintain an up-to-date Exposure Control Plan.

The Vice President for Administrative Affairs serves as the Exposure Control Officer.

The Exposure Control Officer will require assistance in fulfilling these responsibilities. An Exposure Control Committee has been created to assist in carrying out these duties. It is composed of the following people: Director of Health Services, Director of Physical Plant, and such individuals as the President should appoint.

*Department Supervisors* - are responsible for exposure control in their respective areas. They work directly with the Exposure Control Officer, the Exposure Control Committee, and University employees to ensure that proper exposure control procedures are followed.

*Education Coordinator* - USAO's Education Coordinator will be responsible for providing information and education to all employees who have the potential for exposure to bloodborne pathogens. Activities falling under the direction of the Coordinator include:

- Maintaining an up-to-date list of facility personnel requiring education (in conjunction with facility management).
- Developing suitable education programs.
- Scheduling periodic education seminars for employees.
- Maintaining appropriate education documentation such as "Sign-in Sheets", Quizzes, etc.
- Periodically reviewing the education programs with the Exposure Control Officer and Department Supervisors to include appropriate new information.

The Director of Health Services has been selected to be the facility's Education Coordinator.

*Employees* - As with other University activities, USAO employees have the most important role in the bloodborne pathogens compliance program, for the ultimate execution of much of the Exposure Control Plan rests in their hands. In this role they must do things such as:

- Know what tasks they perform that have occupational exposure.
- Attend the bloodborne pathogens education sessions.
- Plan and conduct all operations in accordance with work practice controls.
- Develop good personal hygiene habits.

*Availability of the Exposure Control Plan to Employees* - To help them with their efforts, the University's Exposure Control Plan is available to employees at any time. Employees are

advised of this availability during their education sessions. Copies of the Exposure Control Plan are kept in the following locations: Office of the President; Office of the Vice President for Administrative Affairs; Office of the Vice President for Fiscal Affairs; Office of the Director of Health Services; and Office of the Director of Physical Plant.

*Review and Update of the Plan* - USAO recognizes that it is important to keep this Exposure Control Plan up-to-date. To ensure this, the plan will be reviewed and updated under the following circumstances:

- Annually, on or before May 5 of each year.
- Whenever new or modified tasks and procedures are implemented which affect occupational exposure of University employees.
- Whenever University employees' jobs are revised such that new instances of occupational exposure may occur.
- Whenever USAO establishes new functional positions within the University that may involve exposure to bloodborne pathogens.

**4.12.3 Exposure Determination** - One of the keys to implementing a successful Exposure Control Plan is to identify exposure situations employees may encounter. To facilitate this at the University, the following lists have been prepared:

- Job classifications in which all employees have occupational exposure to bloodborne pathogens.
- Job classifications in which some employees have occupational exposure to bloodborne pathogens.
- Tasks and procedures in which occupational exposure to bloodborne pathogens occur (these tasks and procedures are performed by employees in the job classifications shown on the two previous lists).

The Director of Health Services will work with department supervisors to revise and update these lists as tasks, procedures, and classifications change.

*Job Classifications in Which All Employees Have Occupational Exposure to Bloodborne Pathogens; Job Classifications in Which Some Employees Have Occupational Exposure to Bloodborne Pathogens; and Work Activities Involving Potential Exposure to Bloodborne Pathogens* - these lists are contained on pages 12 and 13 of the Policy.

#### **4.12.4 Methods of Compliance** -

*General* - There are a number of areas that must be addressed in order to effectively eliminate or minimize exposure to bloodborne pathogens in the University. The first five areas dealt with in the plan are:

- The use of Universal Precautions
- Establishing appropriate Engineering Controls
- Implementing appropriate Work Practice Controls
- Using necessary Personal Protective Equipment
- Implementing appropriate Housekeeping Procedures

Each of these areas is reviewed with employees during the bloodborne pathogens related education. By rigorously following the requirements of OSHA's Bloodborne Pathogens

Standard in these five areas, the plan is to eliminate or minimize employees' occupational exposure to bloodborne pathogens as much as possible.

*Universal Precautions* - Underway at USAO is the practice of "Universal Precautions". As a result, all human blood and body fluids such as semen and vaginal secretions are treated as if they are known to be infectious for HBV, HIV and other bloodborne pathogens.

In circumstances where it is difficult or impossible to differentiate between body fluid types, all body fluids are assumed to be potentially infectious.

The Director of Physical Plant is responsible for overseeing USAO's Universal Precautions Program.

*Engineering Controls* - One of the key aspects to USAO's Exposure Control Plan is the use of Engineering Controls to eliminate or minimize employee exposure to bloodborne pathogens. As a result, employees use cleaning, maintenance and other equipment that is designed to prevent contact with blood or other potentially infectious materials.

The Director of the Physical Plant periodically works with department supervisors to review tasks and procedures performed in the University where engineering controls can be implemented or updated. As part of this effort, a facility survey has been completed identifying three things:

- Operations where engineering controls are currently employed.
- Operations where engineering controls can be updated.
- Operations currently not employing engineering controls, but where engineering controls could be beneficial.

The results of this survey follow: Each of these lists is re-examined during USAO's annual Exposure Control Plan review and opportunities for new or improved engineering controls are identified. Any existing engineering control equipment is also reviewed for proper function and needed repair or replacement every six months, in conjunction with the department supervisor where the equipment is located.

*Engineering Control Equipment* - Operations that have Engineering Control Equipment to eliminate or minimize employees' exposure to bloodborne pathogens are listed on pages 16 and 17 of the University's Plan. In addition to the ones identified, the University provides handwashing facilities (or antiseptic hand cleansers and towels or antiseptic towelettes) which are readily accessible to all employees who have the potential for exposure.

*Work Practice Controls* - In addition to engineering controls, the University uses a number of Work Practice Controls to help eliminate or minimize employee exposure to bloodborne pathogens. The person in the University who is responsible for overseeing the implementation of these Work Practice Controls is the Director of Physical Plant. He works in conjunction with department supervisors and the University's education coordinators to effect this implementation.

The University has adopted the following Work Practice Controls as part of the Bloodborne Pathogens Compliance Program:

- Employees wash their hands immediately, or as soon as feasible, after removal of potentially contaminated gloves or other personal protective equipment.
- Following any contact of body areas with blood or any other infectious materials, employees wash their hands and any other exposed skin with soap and water as soon as possible. They also flush exposed mucous membranes with water.
- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens.
- Contaminated sharps must be placed in an appropriate container as soon as possible.
- Contaminated needles and other sharps are not to be removed from the container.
- Shearing or breaking of contaminated needles is prohibited.
- Contaminated needles and other sharps cannot be bent, recapped or removed unless: no alternative is feasible and/or such action is required by a specific medical procedure. If recapping or needle removal must be performed, it must be done using a mechanical device or a one-handed technique.
- 

When a new employee comes to the University, or an employee changes jobs within the facility, the following process takes place to ensure that they are trained in the appropriate work practice controls:

- The employee's job classification and the tasks and procedures they will perform are checked against the Job Classifications and Task Lists which have been identified in the Exposure Control Plan as those in which occupational exposure occurs.
- If the employee is transferring from one job to another within the University, the job classifications and tasks/procedures pertaining to his or her previous position are checked against these lists.
- Based on this "cross-checking" the new job classifications and/or tasks and procedures which will bring the employee into occupational exposure situations are identified.
- The employee is then trained by the facility Education Coordinator or another member of the Exposure Control Committee regarding any work practice controls that the employee is not experienced with.

*Personal Protective Equipment* - Personal Protective Equipment is the employees' "last line of defense" against bloodborne pathogens. Because of this, the University provides (at no cost to USAO employees) the Personal Protective Equipment that employees need to protect themselves against such exposure. This equipment includes, but is not limited to:

- Gloves
- Safety glasses
- Goggles
- Face shields/masks
- Disposable refuse bags

Hypoallergenic gloves, gloveliners or similar alternatives are readily available to employees who are allergic to the gloves the University normally uses.

The Director of Physical Plant, working with department supervisors, is responsible for ensuring that all departments and work areas have appropriate personal protective equipment available to employees.

USAO employees are trained regarding the use of the appropriate personal protective equipment for their job classifications and tasks/procedures they perform. If an employee takes a new position or new job functions are added to his or her current position, the employee is provided with appropriate education.

To ensure that personal protective equipment is not contaminated and is in the appropriate condition to protect employees from potential exposure, the University adheres to the following practices.

- All personal protective equipment is inspected periodically and repaired or replaced as needed to maintain its effectiveness
- Reusable personal protective equipment is cleaned, laundered and decontaminated as needed.
- Single-use personal protective equipment (or equipment that cannot, for whatever reason, be decontaminated) is disposed of in an appropriate manner according to state waste management regulations.
- Sharps are disposed of by forwarding to Browning-Ferris Industries Medical Waste Systems, Houston, Texas.

To make sure that this equipment is used as effectively as possible, USAO employees adhere to the following practices when using their personal protective equipment:

- Any garments penetrated by blood or other infectious materials are removed immediately, or as soon as feasible.
- All potentially contaminated personal protective equipment is removed prior to leaving a work area.
- Gloves are worn in the following circumstances: a) whenever employees anticipate hand contact with potentially infectious materials; b) when handling or touching contaminated items or surfaces.
- Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured or otherwise lose their ability to function as an “exposure barrier”.
- Protective clothing (such as coats) is worn whenever potential exposure to the body is anticipated.
- Disposable gloves cannot be washed or decontaminated for reuse.
- Utility gloves, such as those made of vinyl, leather or other heavy materials, can be decontaminated for reuse if their integrity has not been compromised.
- Utility gloves must be discarded if they are cracked, peeling, torn, punctured or exhibit other signs of deterioration...or when they otherwise lose their ability to function as a barrier to exposure.

*Housekeeping* - Maintaining the University in a clean and sanitary condition is an important part of USAO’s Bloodborne Pathogens Compliance Program. To facilitate this, a written schedule for cleaning and decontamination of the appropriate areas of the facility has been written. The schedule provides the following information:

- The area to be cleaned/decontaminated.
- Day and time of scheduled work.
- Cleansers and disinfectants to be used.
- Any special instructions that are appropriate.

Using this schedule, the custodial staff employs the following practices:

- All equipment and surfaces are cleaned and decontaminated immediately or as soon as feasible after contact with blood or other potentially infectious materials.
- Protective coverings (such as plastic trash bags or wrap, aluminum foil or absorbent paper) are removed and replaced.
- All trash containers, pails, bins, and other receptacles intended for use routinely are inspected, cleaned and decontaminated as soon as possible if visibly contaminated.
- Potentially contaminated broken glassware is picked up using mechanical means (such as dustpan and brush, tongs, forceps, etc.).

The Director of Physical Plant is responsible for setting up a cleaning and decontamination schedule and making sure it is carried out within the University.

Care is given in handling regulated waste (including used bandages and other potentially infectious materials). The following procedures are used with all of these types of wastes.

- They are discarded or “bagged” in containers that are: closeable; puncture-resistant if the discarded materials have the potential to penetrate the container; leak-proof if the potential for fluid spill or leakage exists; and/or red in color or labeled with the appropriate biohazard warning label.
- Containers for this regulated waste are placed in appropriate locations in the University within easy access of employees and as close as possible to the sources of the waste.
- Waste containers are maintained upright, routinely replaced and not allowed to overfill.
- Whenever employees move containers of regulated waste from one area to another the containers are immediately closed and placed inside an appropriate secondary container if leakage is possible from the first container.

The Director of Physical Plant is responsible for the collection and handling of the University’s contaminated waste.

4.12.5 Hepatitis B Vaccination, Post-Exposure Evaluation and Follow-up. Everyone in the University recognizes that even with good adherence to all exposure prevention practices, exposure incidents can occur. As a result, USAO has implemented a Hepatitis B Vaccination Program, as well as set up procedures for post-exposure evaluation and follow-up should exposure to bloodborne pathogens occur.

*Hepatitis B Vaccination* - To protect employees as much as possible from the possibility of Hepatitis B infection, the University has implemented a vaccination program. This program is available, at no cost, to all employees who have been identified by the Exposure Control Committee as having occupational exposure to bloodborne pathogens.

The vaccination program consists of a series of three inoculations over a six-month period. As part of their bloodborne pathogens education, USAO employees have received information regarding Hepatitis vaccination, including its safety and effectiveness.

The Director of Health Services is responsible for setting up and operating a vaccination program.

Vaccinations are performed under the supervision of a licensed physician or other healthcare professional. Employees taking part in the vaccination program are listed and this list is kept by the Director of Health Services. The Director also maintains completed "Vaccination Declination Forms" which are signed by employees who have declined to take part in the program. To ensure that all employees are aware of the vaccination program, it is thoroughly discussed in bloodborne pathogens education. The Vice President for Administrative Affairs is responsible for contacting each individual employee to set up appointments to receive "Vaccination Declination Forms."

*Post-Exposure Evaluation and Follow-Up* - If a USAO employee is involved in an incident where exposure to bloodborne pathogens may have occurred, efforts immediately are focused upon:

- Investigating the circumstances surrounding the exposure incident.
- Making sure that employees receive medical consultation and treatment (if required) as expeditiously as possible.

The Director of Health Services investigates every exposure incident that occurs in the University. This investigation is initiated within 24 hours after the incident occurs and involves gathering the following information:

- When the incident occurred - date and time.
- Where the incident occurred - location within the facility.
- What potentially infectious materials were involved in the incident - type of material (blood, etc.).
- Source of the material.
- Under what circumstances the incident occurred - type of work being performed.
- How the incident was caused - accident; unusual circumstances (such as equipment malfunction, power outage, etc.)
- Personal protective equipment being used at the time of the incident.
- Actions taken as a result of the incident - employee decontamination; cleanup; notifications made.

After this information is gathered, it is evaluated, a written summary of the incident and its causes is prepared and recommendations are made for avoiding similar incidents in the future. In order to make sure that employees receive the best and most timely treatment if an exposure to bloodborne pathogens should occur, the University has set up a comprehensive post-exposure evaluation and follow-up process. To verify that all the steps in the process have been taken correctly, a checklist is used. This process is overseen by the Vice President for Administrative Affairs.

USAO recognizes that much of the information involved in this process must remain confidential, and will do everything possible to protect the privacy of the people involved.

As the first step in this process, an exposed employee is provided with the following confidential information:

- Documentation regarding the routes of exposure and circumstances under which the exposure incident occurred.
- Identification of the source individual (unless infeasible or prohibited by law).

Next, if possible, the source individual's blood is tested to determine HBV and HIV infection. This information will also be made available to the exposed employee, if it is obtained. At that time, the employee will be made aware of any applicable laws and regulations concerning disclosure of the identity and infectious status of a source individual. Finally, the blood of the exposed employee is collected and tested for HBV and HIV status.

Once these procedures have been completed, an appointment is arranged for the exposed employee with a qualified healthcare professional to discuss the employee's medical status. This includes an evaluation of any reported illnesses, as well as any recommended treatment.

*Information Provided to the Healthcare Professional* - To assist the healthcare professional, a number of documents are provided, including the following:

- A copy of the Bloodborne Pathogens Standard.
- A description of the exposed employee's duties as they relate to the exposure incident.
- Documentation of the route of exposure and circumstances under which exposure occurred.
- The exposed employee's medical records relevant to treatment.
- Other pertinent information.
- Results of the source individual's blood testing, if available.

*Healthcare Professional's Written Opinion* - After the consultation, the healthcare professional provides the University with a written opinion within 15 days after evaluating the exposed employee's situation. A copy of this opinion is furnished to the exposed employee.

In keeping with this process' emphasis on confidentiality, the written opinion will contain only the following information:

- Whether Hepatitis B Vaccination is indicated for the employee.
- Whether the employee has received the Hepatitis B Vaccination.
- Confirmation that the employee has been informed of the results of the evaluation.
- Confirmation that the employee has been told about any medical conditions resulting from the exposure incident which require further evaluation or treatment.

All other findings or diagnoses will remain confidential and will not be included in the written report.

*Medical Recordkeeping* - To ensure that maximum medical information is available to the participating healthcare professional, the University maintains comprehensive medical records on exposure incidents that may involve bloodborne pathogens on USAO employees. The Vice President for Administrative Affairs is responsible for setting up and maintaining these records, which include the following information:

- Name of the employee.

- Social security number of the employee.
- A copy of the employee's Hepatitis B Vaccination Status with dates of any vaccinations and/or medical records relative to the employee's ability to receive vaccination.
- Copies of the results of the examinations, medical testing and follow-up procedures which took place as a result of an employee's exposure to bloodborne pathogens.
- A copy of the information provided to the consulting healthcare professional as a result of any exposure to bloodborne pathogens.

As with all information in these areas, USAO recognizes that it is important to keep the information in these medical records confidential. USAO will not disclose or report this information to anyone without the employee's written consent (except as required by law).

**4.12.6 Labels and Signs** - For USAO employees one of the most obvious warnings of possible exposure to bloodborne pathogens are biohazard labels. Because of this, a comprehensive biohazard warning labeling program has been implemented using the biohazard label in fluorescent orange or orange-red.

When more appropriate, we use red "color-coded" containers. The Vice President for Administrative Affairs is responsible for setting up and maintaining this program in the University.

**4.12.7 Information and Education** - Having well informed and educated employees is extremely important when attempting to eliminate or minimize USAO employees' exposure to bloodborne pathogens. Because of this, all employees who have the potential for exposure to bloodborne pathogens are put through a comprehensive education program and furnished with as much information as possible on this issue.

Employees will be retrained at least annually to keep their knowledge current. Additionally, all new employees, as well as employees changing jobs or job functions, will be given any additional education their new position requires at the time of their new job assignment.

The Director of Health Services is responsible for seeing that all employees who have potential exposure to bloodborne pathogens receive this education.

*Education Topics* - The topics covered in the education program include, but are not limited to, the following:

- The Bloodborne Pathogens Standard itself.
- The epidemiology and symptoms of bloodborne diseases.
- The modes of transmission of bloodborne pathogens.
- The University's Exposure Control Plan (and where employees can obtain a copy)
- Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- A review of the use and limitations of methods that will prevent or reduce exposure including engineering controls; work practice controls; and personal protective equipment.
- Selection and use of personal protective equipment including types available; proper use; location within the facility; removal; handling; decontamination; and disposal.

- Visual warnings of biohazards within the University including labels, signs and “color-coded” containers.
- Information on the Hepatitis B Vaccine including its efficacy, safety, method of administration, benefits of vaccination, and the University’s free vaccination program.
- Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- The procedures to follow if an exposure incident occurs, including incident reporting.
- Information on the post-exposure evaluation and follow-up including medical consultation that the University will provide.

*Education Methods* - The University’s education presentations make use of several techniques including, but not limited to:

- Classroom type atmosphere with personal instruction
- Videotape programs.
- Education manuals/employee handouts.
- Employee Review Sessions

Because employees need an opportunity to ask questions and interact with their instructors, time is specifically allotted for these activities in each education session.

*Recordkeeping* - To facilitate the education of employees, as well as to document the education process, records containing the following information are maintained:

- Dates of all education sessions.
- Contents/summary of the education sessions.
- Names and qualifications of the instructors.
- Names and job titles of employees attending the education sessions.

Forms are used to facilitate this recordkeeping. These education records are available for examination and copying to employees and their representatives, as well as OSHA and its representatives. (Board of Regents, June 22, 1993).

**4.13 OPEN RECORDS** - The Oklahoma Open Records Act (51O.S.Supp.1985) became effective on November 1, 1985. The purpose of this Act is to insure and facilitate the public’s right of access to and review of state government records so that the public may efficiently and intelligently exercise their inherent political power.

All University records, except those protected by this Act, are open to any person for inspection, copying, and/or mechanical reproduction except those records specifically required by law to be kept confidential. Requests to inspect and/or reproduce University records are to be forwarded to the President for disposition and action. Charges for these services are as follows:

1. There will be a 25-cent per page charge for all records reproduced.
2. In those instances where administrative and clerical services are required to accumulate information requested, there will be a \$15 per hour charge in addition to the 25-cents per page charge.

University records will be open for inspection 8:30 a.m. until 4:30 p.m. Monday through Friday except for holidays.

The University, as set forth in O.S. Supp. 1990, 51:24A.5 and O.S. Supp.1994, 51:24A.7, holds the following records to be confidential and not accessible to the general public:

1. Personnel records which relate to internal personnel investigations including examination and selection material for employment, hiring, appointment, promotion, demotion, discipline, or resignation;
2. Personnel records where disclosure would constitute a clearly unwarranted invasion of personal privacy such as employee evaluations, payroll deductions, and employment applications submitted by persons not hired by the institution;
3. The dates of employment, title or position;
4. Any final disciplinary action resulting in loss of pay, suspension, demotion of position, or termination;
5. The home address of any person employed or formerly employed by the institution;
6. Individual student records;
7. Faculty lesson plans, tests and other teaching materials; and
8. Personal communications concerning individual students.

The University fully supports the Oklahoma Open Records Act within the above guidelines. Procedures outlined above are designed to protect the integrity and organization of University records and to prevent excessive disruptions of University essential functions. Any questions concerning the release of University records are to be directed to the President or a designee (Regents 2-86).

#### **4.14 COPYRIGHT POLICY**

*Policy* - The University of Science and Arts of Oklahoma recognizes that copyrights are protected by the Constitution and the laws of the United States to promote the progress of science and the arts by securing for limited times the exclusive rights to an individual's works and writings. The basic objectives of the University's policy concerning copyrights include the following:

- To maintain the University's academic policy by encouraging research and scholarship without regard to potential gain from royalties or other income.
- To make materials eligible for copyright, created pursuant to University objectives, available to the public under conditions which promote their effective use.
- To provide adequate incentive and recognition to faculty, staff, and students through proceeds derived from their work.

#### *Definitions*

- Inventions - All discoveries, programs, processes, methods, uses, products, or combinations, whether already patented or eligible for patent at any time, under the current Federal Patent Act.
- Written Materials - All literary, dramatic, artistic and musical materials or works and all other materials or works including computer programs published or unpublished, copyrighted or eligible for copyright, at any time under the Federal Copyright Act.
- Recorded Materials - All audio tapes, video tapes, film, or other recordings or transcriptions, published or unpublished, whether or not copyrighted or eligible for copyright, at any time under the Federal Copyright Act.
- Materials - Written and recorded materials.

- University Personnel - Part-time and full-time members of the faculty, staff, and all other agents and employees, and students of the University.

### *Regulations*

A. Under the Copyright Revision Act of 1976, (17 U.S.C. 101 etseq.), original works are protected by copyright from the time they are fixed in a tangible medium of expression.

B. All University personnel, in accordance with the University's policy of promoting creative and scholarly activities, are free to develop, create, and publish works eligible for copyright.

C. Copyrighted works produced by University personnel, except as noted in the paragraph E. of this section, are the property of the creator. All rights afforded copyright owners under Section 196 of the Act reside with the creator unless he or she has assigned or licensed any of the rights. Decisions relative to registering works with the copyright office are left to the individual creator.

D. Works specifically commissioned by the University under Section 201(b) of the Act belong to the University. As copyright owner, the University makes decisions relative to registering commissioned works. Royalties for University-commissioned copyrighted works may be shared by the University and the creator(s) of the work subject to the discretion of the University. Disputes arising over royalty sharing shall be referred to the University Research Committee, which will in turn recommend to the President.

E. All noncommissioned copyrightable material, developed with the significant use of funds, facilities, or equipment, administered by the University, become the property of the University. However, the University recognizes and reaffirms the traditional academic freedom of its faculty, staff, and students to publish freely without restriction. In keeping with this philosophy, the University does not construe the provision of office or library facilities as constituting significant use of University facilities, nor does it construe the payment of salary as constituting significant use of University funds, except for those situations where the funds, facilities or equipment specifically support development of such material.

F. Faculty, staff and students shall own all rights to materials prepared at their initiative including all royalties from publication or distribution of such materials, except as noted in paragraph E above.

G. Works produced under a specific contract or grant agreement between the University and a governmental or other agency, or any other organization, are subject to the terms of the grant or contract for purposes of copyright. If copyright ownership is not specified, such rights shall reside with the creator(s).

H. Where University service units are involved with the production of a substantially completed copyrightable product, royalties shall be distributed between the copyright owner and the University as provided in a written agreement, prior to completion. However, when a written agreement has not yet been completed, the distribution of royalties will be evenly divided between the creator and the University. If disputes arise, the matter shall be referred to the University Research Committee which will in turn recommend to the President.

I. The University Research Committee, as noted above, will investigate and make appropriate recommendations to the President. The committee's responsibilities shall include, but not be limited to, disputes concerning: ownership of University-

commissioned works; terms of commissions; distribution of royalties for University-produced works; and distribution of royalties for works that may have necessitated specific and unusual University expenses.

(Regents, 4-17-86).

**4.15 PATENT POLICY** - The University recognizes that:

- A. Patent policies serve to document the rights and equities of the originator, University, sponsor, and society. Such policies also provide an incentive to creative intellectual effort and research through royalty arrangements.
- B. Patent rights are protected by the Constitution and the laws of the United States to promote the progress of science and the arts by security for limited times, exclusive rights to inventions and to control the manufactured, use, and sale of individual inventions for a specific period of years.
- C. The progress of science and the arts may be benefited by use of the established patent system.
- D. Inventions eligible for patent, created pursuant to University objectives, should be made available to the public under conditions which promote their effective use.
- E. Incentive and recognition of faculty, staff, and students is provided by protecting the individual's rights to proceeds from inventions.

*Definitions*

- Inventions - All discoveries, programs, processes, methods, products or combinations, whether already patented or eligible for patent at any time under the Federal Patent Act.
- University Personnel - Part-time and Full-time members of the faculty, staff, all other agents and employees, and students of the University.

*Regulations*

- A. Patent rights created by the Constitution and the always of the United States promote the progress of science and the arts by securing for limited times the exclusive rights for an individual's control of the manufacture, use, and sale of an invention for a period of 17 years. Patents are non-renewable after the initial 17-year period.
- B. All University personnel, in accordance with the University's policy of promoting creative and scholarly activities are free to develop, create, and patent inventions.
- C. Inventions eligible for patent produced by University personnel, except as noted in paragraph "e" below, are the property of the creator of that invention. All rights afforded patent owners under the provisions of the Federal Patent Act reside with the creator unless he or she has assigned or licensed any of the enumerated rights. Decisions relative to registering these inventions with the United States Patent Office are left to the individual creator.
- D. Patent rights in works specifically commissioned by the University shall belong to the University. As the patent right owner, the University shall make decisions relative to registering commissioned works. Royalties for University-commissioned patented inventions may be shared by the University and the creator(s) of the invention. Disputes arising over royalty sharing shall be referred to the University Research Committee, which will in turn recommend to the President.

- E. All noncommissioned patentable inventions, developed with the significant use of funds, facilities, or equipment, administered by the University, shall be the property of the University. However, the University recognizes and reaffirms the traditional academic freedom of its faculty, staff, and students. In keeping with this philosophy, the University does not construe the provision of office or library facilities as constituting significant use of University facilities nor does it construe the payment of salary as constituting significant use of University funds, except for those situations where the funds, facilities, or equipment are paid specifically to support the development of such invention(s).
- F. Faculty, staff and students shall own all rights to patented inventions prepared at their initiative, including all royalties from the use of such inventions except as noted in paragraph "E" above.
- G. Inventions produced under a specific contract or grant agreement between the University and a governmental or other agency, or any other organization, are subject to the terms of the contract or grant for purposes of patent rights. If patent rights ownership is not specified, such rights shall reside with the creator(s).
- H. Where University service units are involved with the production of a substantially completed patentable product, royalties shall be distributed between the patent owner and the University as provided in a written agreement prior to completion. However, when a written agreement has not been completed, the distribution of royalties will be evenly distributed between the creator and the University. If disputes arise, the matter shall be referred to the University Research Committee, which will in turn recommend to the President.
- I. The University Research Committee, as noted above, will investigate disputes and make recommendations to the President. The committee's responsibilities shall include, but not be limited to, disputes concerning: ownership of University commissioned inventions; terms of commissions; distributions of royalties for University-produced works; and distribution of royalties for inventions that may have necessitated specific and unusual University expenses.  
(Regents, 4-17-86).

**4.16 CONCEALED HANDGUN** - The University, within the authority of Senate bill 3, Section 1277, 45th Oklahoma Legislature, 1995 Session adopts the following as its Concealed Handgun Policy.

It shall be unlawful for any person having or not having a valid concealed handgun license issued pursuant to the provisions of the Oklahoma Self-Defense Act, Sections 1 through 25 of this Act, to carry any concealed handgun in any University building as well as on any University property without the written permission of the President of USAO, providing exception for law enforcement officers or any person authorized by law to carry a pistol in the course of their employment.

Any person violating the provisions of this section shall be subject to administrative penalty and/or turned over to the proper authorities. Upon conviction, the violator shall be guilty of a misdemeanor punishable by a fine not to exceed \$500, by imprisonment in the county jail for a period not to exceed 6 months, or by both such fine and imprisonment. Any person convicted of violating the provisions of this section shall have the concealed handgun license permanently

revoked and shall be liable for an administrative fine of \$500 upon a hearing and determination by the Oklahoma State Bureau of Investigation that the person is in violation of the provisions of this section.

**4.17 EMPLOYEE ALCOHOL AND CONTROLLED SUBSTANCES TESTING RULES AS ISSUED BY THE UNITED STATES DEPARTMENT OF TRANSPORTATION -**

**4.17.1. Drug Testing Policy Defined** - It is the policy of the University of Science and Arts of Oklahoma to comply with the Omnibus Transportation Employee Testing Act of 1991 and to establish programs that help prevent accidents and injuries resulting from misuse of alcohol and/or controlled substances by University employees. This Act preempts inconsistent state and local laws and requires colleges and universities take appropriate steps to ensure employment practices and policies:

1. conform with federal rules governing privacy collection techniques;
2. incorporate the Department of Health and Human Services' mandatory guidelines for controlled substances testing and comparable safeguards for alcohol testing;
3. require that confirmation of any initial positive result is quantified;
4. require collection of split urine specimens;
5. guarantee confidentiality of test results; and
6. provide for a scientifically random selection of employees to be tested.

**4.17.2. Authority** - This policy shall be in accordance with and administered pursuant to 49 U.S.C. 102, 301, 322; 49 U.S.C. app. 1301nt., app. 1434nt, app. 2117, and app. 1618a of the Federal Statutes and the Department of Transportation (DOT) rules and regulations found at 49 CFT, part 40, and any amendments thereto.

**4.17.3. Effective Date of Policy** - This policy becomes effective January 1, 1996.

**4.17.4. Application** - This policy shall apply to all employees who are required to hold a Commercial Drivers License or work in a safety sensitive position.

**4.17.5. Pre-placement Testing** - All applicants for positions requiring a CDL and/or safety sensitive positions shall undergo drug and alcohol testing prior to assignment.

1. Job applicants shall be tested only after a conditional offer of employment is made.
2. Refusal to undergo a test, or a confirmed positive test, shall be the basis for withdrawing a conditional offer of employment.

**4.17.6. Reasonable Suspicion** - Drug and/or alcohol testing may be conducted on any University employee covered under this policy when there exists a reasonable suspicion of alcohol and/or substance abuse in the workplace.

1. A determination that reasonable suspicion exists to require an alcohol test must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the employee. Reasonable suspicion alcohol testing is authorized only if the required observations are made during, just preceding or just after the period of the work day that the covered employee is performing a safety-sensitive function (including scheduled for driving).

2. The University is required to test covered employees for controlled substances when there is a reasonable suspicion to believe that the employee has violated the controlled substance prohibition. A determination that reasonable suspicion exists to require a controlled substance test must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the covered employee. The observations may include indications of the chronic and withdrawal effects of controlled substances. Controlled substance testing is authorized only if the required observations are made by a trained supervisor and/or administrator during, just preceding or just after the period of the work day that the covered employee is performing a safety-sensitive function (including scheduled to drive). A written record of the observations leading to a controlled substance reasonable suspicion test must be made and signed by the supervisor/director and/or University administrator who made the observations. This record must be made within 24 hours of the observed behavior or before the results of the controlled substance test are released, whichever is earlier.

#### **4.17.7. Post-Accident Testing**

4.17.7.1. Alcohol - In General: as soon as practicable following an accident, the University is required to test each surviving covered employee for alcohol if:

1. The employee was performing a safety-sensitive function with respect to the vehicle and the accident involved the loss of human life; or
2. The employee receives a citation under state or local law for a moving traffic violation arising out of the accident.

If a required post-accident alcohol test is not administered within two hours following the accident, the University must submit a report to the DOT stating why the test was not promptly administered.

Post-Accident Requirement: prior to performing a safety-sensitive function, the University will provide each covered employee with necessary post-accident information, procedures, and instructions prior to the employee performing the safety-sensitive function.

4.17.7.2. Controlled Substance - In General: as soon as practicable following an accident, the University is required to test each surviving covered employee for controlled substance if:

1. The employee was performing a safety-sensitive function with respect to the vehicle and the accident involved the loss of human life; or
2. The employee receives a citation under state or local law for a moving traffic violation arising out of the accident.

If a required post-accident controlled substance test is not administered within 32 hours following the accident, the University must cease attempts to administer the test, and prepare and maintain on file a record stating the reasons the test was not promptly administered.

Post-Accident Requirement: prior to performing a safety-sensitive function, the University will provide each covered employee with necessary post-accident information, procedures, and instructions prior to the employee performing the safety-sensitive function.

#### **4.17.8. Employee Alcohol Testing**

**4.17.8.1. Selection** - The University will randomly select covered employees at various times for unannounced alcohol testing. The random selection standard is based on a “scientifically valid method: (i.e., computer-based random number generator that is matched with employees’ identification number). This will assure that all covered employees will have an equal chance of being tested. Covered employees may only be tested while performing safety-sensitive functions; immediately before performing a safety sensitive function; or immediately after he or she has ceased performing a safety-sensitive function. Refusal by an employee to complete and sign the breath alcohol testing form, to provide breath, to provide an adequate amount of breath, or otherwise to cooperate with the testing process in any way that prevents the completion of the test, shall be noted by the BAT in the remarks section of the form. The testing process shall be terminated and the BAT shall immediately notify the employer. The employee will then be subject to administrative penalty.

**4.17.8.2. Administration of the Alcohol Test** - The employee alcohol testing will be conducted through use of an evidential breath testing device. The selected employee will not be given advanced notice of the upcoming alcohol breath test. He or she will be personally contacted by a University administrator (or representative) immediately prior to the testing.

#### **4.17.9. Failure to Pass Alcohol Testing**

**4.17.9.1. Penalties** - If the employee fails to pass the alcohol breath test, the University must relieve the employee from performing safety-related functions and impose a system of federally prescribed penalties as follows:

1. A covered employee with an alcohol concentration of 0.02 or greater, but less than 0.04 may not be permitted to perform safety-sensitive functions until the next scheduled duty period (but not less than 24 hours following administration of the test). However, a covered employee shall be prohibited from driving for a period of one year following an alcohol test indicating an alcohol concentration of 0.02 or greater when he or she has been involved in a fatal accident.
2. A covered employee who is found to have an alcohol concentration of 0.04 or greater may not drive a commercial motor vehicle for a period of 60 consecutive days.
3. A covered employee who, during any three-year period, is found (as a result of alcohol testing conducted by the University in conformity with federal alcohol testing requirements, or a federal, state or local government official) to have an alcohol concentration of 0.04 or greater in two separate incidents may not drive for a period of 60 consecutive days.
4. A covered employee who, during any three-year period, is found (as a result of alcohol testing conducted by the University in conformity with federal alcohol testing requirements, or a federal, state or local government official) to have an alcohol concentration of 0.04 or greater in three separate incidents may not drive for a period of 120 consecutive days.
5. In addition to the driving prohibition, a covered employee who is found through testing (conducted in conformity with the federal rules) to have an alcohol concentration of 0.04 or greater may not perform any safety-sensitive functions until he or she has been evaluated by a substance abuse professional (SAP), completed any rehabilitation required by the substance abuse professional, and tests at less than 0.02 for the presence of alcohol.

4.17.9.2. Return to Duty Testing - The University must ensure that a covered employee who has violated any of the alcohol misuse rules is evaluated and undergoes an alcohol test with a result indicating an alcohol concentration of less than 0.02 before returning to a safety-sensitive function.

4.17.9.3. Follow-up Testing - Each covered employee identified by a substance abuse professional as needing assistance in resolving problems with alcohol misuse, and who has returned to duty involving the performance of a safety-sensitive function, is subject to a minimum of six unannounced follow-up alcohol tests administered by the University over the first 12 months following his or her return to duty. Failure to pass will bring about administrative penalties.

#### **4.17.10 Alcohol Misuse Information, Training and Referral**

4.17.10.1. Alcohol Misuse Policy - Universities are required to provide educational materials that explain the requirements of these rules as well as policies and procedures with respect to meeting the federal requirements.

4.17.10.2. Supervisor Training - The University must ensure that individuals designated to determine whether reasonable suspicion exists to require an alcohol test receive at least 60 minutes of training on the physical, behavioral, speech and performance indicators of probable alcohol misuse.

4.17.10.3. Referral, Evaluation and Treatment - As set forth in the Act, the University is required to advise a covered employee who has engaged in prohibited conduct of the available resources for evaluation and treatment of alcohol problems, including the names, addresses and telephone numbers of substance abuse professionals, counseling centers, and treatment programs. Employees found with alcohol concentration of 0.04 or greater must participate in some type of evaluation and treatment as set forth in 4.17.9.1.(5).

#### **4.17.11. Test Results, Record Retention, and Confidentiality**

4.17.11.1. Retention of Records - The University must maintain records of its alcohol misuse prevention program in a secure location with controlled access as follows:

- \* Five Year Retention Requirements: records of any employee alcohol test results indicating an alcohol concentration of 0.02 or greater; documentation of refusals to take required alcohol tests; equipment calibration documentation; and documentation of employee evaluations and referrals.
- \* Two Year Retention Requirement: records related to the collection process and training.
- \* One Year Retention Requirement: records of negative test results.

4.17.11.2. Management Information System Reporting Requirements - The University must submit to the appropriate office within the Department of Transportation an annual report summarizing the results of its alcohol misuse prevention program for each calendar year.

#### **4.17.12. Employee Controlled Substance Testing**

4.17.12.1. Selection - The University will randomly select covered employees at various times for unannounced controlled substance testing. The random selection standard is based on a “scientifically valid method: (i.e., computer-based random number generator that is matched with employees’ identification number). This will assure that all covered employees will have an equal chance of being tested. Refusal to take the test will result in administrative penalty.

4.17.12.2. Administration of the Controlled Substance Test - The employee controlled substance testing will be conducted through urine samples. The selected employee will not be given advanced notice of the upcoming controlled substance test. He or she will be personally contacted by a University administrator (or representative) immediately prior to the testing.

#### **4.17.13. Failure to Pass Controlled Substance Testing**

4.17.13.1. Penalties - If the employee fails to pass the controlled substance test, the University must relieve the employee from performing safety-related functions and impose a system of federally prescribed penalties as follows:

1. First Offense: professional referral and the employee must submit a urine specimen that has a negative result.
2. Second Offense Within a Three-Year Period: professional referral, 60-day driving suspension and the employee must submit a urine specimen that has a negative result.
3. Third Offense Within a Three-Year Period: professional referral, 120 day driving suspension and the employee must submit a urine specimen that has a negative result.
4. Refusal to be Tested: one-year minimum driving prohibition and the driver must submit to a urine specimen that has a negative result.

4.17.13.2. Return to Duty Testing - The University must ensure that a covered employee who has violated any of the controlled substance use rules undergoes a return-to-duty controlled substance with a result indicating a verified negative result for controlled substance use.

4.17.13.3. Follow-up Testing - Each covered employee identified by a substance abuse professional as needing assistance in resolving problems with controlled substances, and who has returned to duty involving the performance of a safety-sensitive function, is subject to a minimum of six unannounced follow-up controlled substances tests administered by the University over the first 12 months following his or her return to duty. Failure to pass will bring about administrative penalties.

#### **4.17.14 Controlled Substance Misuse Information, Training and Referral**

4.17.14.1. Controlled Substance Policy - Universities are required to provide specific educational materials that explain the requirements of these rules and the University’s policies and procedures with respect to meeting those requirements. The University is also required to provide written notice of the availability of this information to each covered employee.

4.17.14.2. Supervisor Training - The University must ensure that individuals designated to determine whether reasonable suspicion exists to require a controlled substance test receive at least 60 minutes of training on the physical, behavioral, speech and performance indicators of probable use of controlled substances.

**4.17.14.3. Referral, Evaluation and Treatment** - As set forth in the Act, the University is required to advise a covered employee who has engaged in prohibited conduct of the available resources for evaluation and treatment of controlled substance problems, including the names, addresses and telephone numbers of substance abuse professionals, counseling centers, and treatment programs.

A substance abuse professional is required to evaluate each covered employee who violates the rules to determine whether the employee requires assistance. In addition, prior to returning to duty, each employee identified as needing assistance must:

1. Be evaluated again by a substance abuse professional to determine whether the employee has successfully complied with the rehabilitation program prescribed following the initial evaluation;
2. Undergo a controlled substance test with a negative result; and
3. Undergo a minimum of six unannounced, follow-up controlled substance tests over the following twelve months.

Compliance with the prescribed treatment is a precondition of re-employment. The final determination whether to return an employee to his or her position is left to the University.

The required evaluation and rehabilitation may be provided by the University, by a substance abuse professional under contract with the University, or by a substance abuse professional not affiliated with the University. The choice of substance abuse professional and assignment of costs will be determined by University administration.

#### **4.17.15. Test Results, Record Retention, and Confidentiality**

**4.17.15.1. Retention of Records** - The University must maintain records of its controlled substances prevention program in a secure location with controlled access as follows:

- \* Five Year Retention Requirements: records of any employee verified positive controlled substance test results, documentation of refusals to take a required controlled substance test, covered employee evaluations and referrals.
- \* Two Year Retention Requirement: records related to controlled substance and training.
- \* One Year Retention Requirement: records of negative and canceled controlled substance test results.

**4.17.15.2. Management Information System Reporting Requirements** - The University is required submit to the Federal Highway Administration an annual report summarizing the results of its controlled substance program for each calendar year.

**4.18 NEPOTISM** - Except as prohibited by the laws of the State of Oklahoma, relationship by blood or marriage shall not, in itself, be a bar to appointment, employment or advancement at USAO. But, no two persons who are related within the third degree shall be given positions in which either one is directly responsible for initiating or making recommendations involving direct benefit (initial appointment, retention, promotion, salary, leave of absence, etc.) to the other; nor shall one of two persons so related who hold positions in the same budgetary unit be appointed to an executive or administrative position in that unit or to a position involving administrative responsibility over it, as long as the other person remains in the unit.

Relatives who are within the third degree of relationship to an employee by blood or marriage are: spouse; son or daughter; son-in-law or daughter-in-law; parent; grandparent; great-grandparent; parent, grandparent or great-grandparent of spouse; uncle or aunt; uncle or aunt of spouse; brother or sister; brother-in-law or sister-in-law; niece or nephew; spouse of niece or nephew; grandson or granddaughter or their spouse; and great-grandson or great-granddaughter or their spouse.