

## Quick Reference Guide

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### QUICK REFERENCE GUIDE— WHAT IS IN THIS DOCUMENT?

Minimum safety information that all university employees need to know:

- How to report emergencies - dial 911 – from any telephone on or off campus.
- Work Order: easiest method: [workorder@louisiana.edu](mailto:workorder@louisiana.edu)
- UL Lafayette general safety rules
- An informational sheet on what to do if you have an accident
- A copy of an accident reporting form –DA2000
- A copy of an accident reporting form –DA3000
- Return to work policy statement
- A copy of the motor vehicle accident reporting form – DA2041
- (keep this in your glove box)
- Bloodborne Pathogens information/Meningitis general information

### OTHER MATTERS OF SAFETY THAT YOU NEED TO KNOW

1. **Environmental Health and Safety Website – ([www.safety.louisiana.edu](http://www.safety.louisiana.edu) )**
  - Safety policies
  - Supervisor responsibilities
  - Safety training classes in Cornerstone/Moodle/Safety Website
  - Safety forms (downloadable/editable)
  - Listing of departmental safety coordinators to assist you
2. **Driver's Safety Training – (Cornerstone on ULINK )**
  - Training is mandatory for all employees who drive on university business
    - Travel Request documents require a training date for
    - expenses relative to ground transportation
    - Students & PT staff must request access to Cornerstone, via human resources
    - You must request the course first. Weekly permissions are granted on Wednesdays, or by special request
3. **Violence in The Workplace Policy**
  - If threatened or assaulted, report to either University Police or Human Resources
4. **Employee Drug Testing Policy**
  - Pre-employment, Post Accident, Random, Reasonable Suspicion, & Return-to-duty
  - Policy can be found on the human resources or safety websites
5. **Other Employee Points of Interest**
  - ADA Policy Statement; EEOC Policy Statement, Sexual Harassment Policy
  - Hazard Communication Policy (Section 11)
  - Asbestos Management Plan [facilities.louisiana.edu](http://facilities.louisiana.edu)
  - Tobacco-Free Policy - [breatheeasy.louisiana.edu/](http://breatheeasy.louisiana.edu/)
  - Return to Work Policy (Human Resources at 482-4246)
  - General Campus Electrical Safety (Section 8.33)
6. **Emergency Preparedness**
  - Hurricane/Tropical Storm Preparedness, 3-phased plan
  - Pandemic Flu Preparedness, 4-phased plan
  - Emergency Notification System – keep your profile updated in ulink

## Safety Training

Training Programs available in Cornerstone:

- All-Terrain Vehicle (ATV)
- Asbestos Course
- Bloodborne Pathogens
- Building Emergency Action Plan (BEAP)
- Campus Security Authority (CSA)
- Fall Protection Course
- Fire Safety Course
- Genie Lift Safety Training
- HAZCOM & RCRA Course
- ORM Defensive Driving Online Course
- Safe Lifting Course
- Shots Fired on Campus: Surviving and Active Shooter Situation
- State Boating Safety
- State Boating Safety Refresher Course
- Student Health Services – Bloodborne Pathogens for High-Risk Employees
- Title IX Sexual Harassment Prevention Online Training
- Several Safety Training Videos to choose from
- Several Everfi Online Training Courses
- Several CPTP Online Training Courses

And much more....

Note: Students, volunteers and part time faculty & staff must request access to Cornerstone. Request are granted on a one on one basis.

# Help prevent the spread of respiratory diseases like COVID-19.

**Report positive cases of COVID-19 to Human Resources at:  
[hrcompliance@louisiana.edu](mailto:hrcompliance@louisiana.edu)**



**Stay at least 6 feet  
(about 2 arms' length)  
from other people.**



**Cover your cough or sneeze with a  
tissue, then throw the tissue in the  
trash and wash your hands.**



**When in public, wear  
a mask over your  
nose and mouth.**



**Do not touch your  
eyes, nose, and mouth.**



**Clean and disinfect  
frequently touched  
objects and surfaces.**



**Stay home when you are sick,  
except to get medical care.**



**Wash your hands often with soap  
and water for at least 20 seconds.**

Please report any cases of Direct Exposure. This is defined as:  
Someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the patient is isolated.

**Contact Information for Emergencies and Unsafe Conditions**

# **DIAL 911 FOR ALL EMERGENCIES**

**University Police are the First Responders for ALL Emergencies**

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## **Notice for University Employees Regarding Safe Work Practices**

*Good safe work ethics are required from every University employee. Any employee who repeatedly commits unsafe acts is a danger to himself or herself and to others around him or her. Once any unsafe condition is discovered, it should be reported to a Departmental Safety Coordinator or supervisor immediately. Departmental supervisors are responsible for initiating corrective action and for ensuring that all employees are trained on how to do these tasks safely.*

## **Work Orders and Work Requests**

Work Orders can be submitted by:

- Filling out the online work order form
- Emailing our office at [workorder@louisiana.edu](mailto:workorder@louisiana.edu)  
(Building name, Room number, Contact name & Phone number must be provided)
- Calling the Work Order Desk at 482-6440
- Completing the work order form and mailing in through inter-office mail or by fax

For a Work Request (construction projects above regular maintenance):

- Please contact Facility Planning at 482-2001

For Pest Control (insects, rodents, etc.):

- Please contact Facility Management at 482-6441

For Elevator Problems (elevator cars not running, Doors not opening or closing, and leveling issues):

- Please contact the Work Order Desk at 482-6440

**\*\*Note:** Please do not email elevator request\*\*

Solid Waste Services (trash removal, dumpsters and recycling containers):

- Please contact Grounds Services at 482-6440

Hazardous Waste Disposal (used and unused chemical disposal & empty drums):

- Please contact the Safety Office at 482-1840

## UL Lafayette General Safety Rules

*Note: These rules shall be distributed to every university employee as required by the Office of Risk Management. These rules shall also be available for students and should be posted in work areas.*

- Every employee is expected to take responsibility for his or her own safety.
- DO NOT knowingly put yourself in an unsafe working environment.
- Determine who your Departmental Safety Coordinator is – ask your supervisor if you are not sure.
- Report accidents or any unsafe activity to a Departmental Safety Coordinator or Supervisor.
- Possession or use of any weapons on campus is prohibited by law.
- UL Lafayette is an alcohol and drug free zone. Possession or use of these on campus is prohibited
- Smoking is not allowed in any University building
- Horseplay and fighting are not tolerated on campus.
- Notify your supervisor of any impairment that may reduce your ability to perform tasks in a safe manner.
- Operate equipment only if you are trained and authorized to do so.
- Use Personal Protective Equipment (safety glasses, ear protection, etc) to protect yourself from hazards
- Keep an orderly work environment. Pay close attention to hazards that can cause slips, trips, or falls.
- Store flammables, hazardous materials, and hazardous waste in appropriate containers.
- Bend your knees when lifting objects. DO NOT bend your back when lifting objects.
- Fasten safety belts before starting any motor vehicle.
- Additional safety procedures and policies may be applicable for certain departments. Consult your Departmental Safety Coordinator or the EH & S Policy for more information on these. If you do not know who your Departmental Safety Coordinator is, contact the EH & S office at 482-1840.

*Reference: UL Lafayette Environmental Health and Safety Policy, section 8.2*

# What to do if you have an accident...

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## For All Accidents (Including those involving a Motor Vehicle)

- Forms are on our website at all times ([safety.louisiana.edu/report-issue/accident-campus](https://safety.louisiana.edu/report-issue/accident-campus))
- If necessary, dial 911 or report to an emergency medical center of your choice
- Contact your Departmental Safety Coordinator ([safety.louisiana.edu/about-us/coordinators](https://safety.louisiana.edu/about-us/coordinators))
- For any employee injury, the DSC will complete **ORM DA –2000** (keep copy for your records)
- For an injury to a NON-employee, the DSC will complete **ORM DA –3000**
- For an employee injury requiring medical attention ([safety.louisiana.edu/report-issue/job-injury](https://safety.louisiana.edu/report-issue/job-injury))
  1. Ask the medical provider to contact Wellness Works, 888-977-3319 (24 hours a day)
  2. The employee or the medical provider should also contact:

Human Resources Department  
Martin Hall, room 170  
482-6242  
(This is for Worker's Compensation paperwork)

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## Additional Information for Accidents Involving a Motor Vehicle

- Contact University Police or the Police Authority Having Jurisdiction or dial 911
- Complete Form **DA-2041** – *Driver's Accident Report Form* (should be done within 48 hours)
- Contact:

Joey Pons  
Parker Hall  
482-5357  
[joseph.pons@louisiana.edu](mailto:joseph.pons@louisiana.edu)

## Return to Work Policy

The University follows a transitional return-to-work process when an employee is injured on the job and is released by a physician with restrictions that result in the inability of the employee to perform the full functions of their job. This effort is to provide for an employee's earliest possible safe return to work for occupationally related injuries or illnesses, give employees more options in returning to work other than only being able to return with a full duty release, retain qualified employees within state government thus utilizing their training and expertise facilitate a safer working environment by taking more responsibility for injured employees, reduce medical costs of Worker's Compensation claims due to extended work absences, and reduce the duration of time needed for employees to transition back to full duty.

The transitional return-to-work process is a collaborative effort between the employee, the employee's supervisor, the return to work coordinator (Human Resources) and the employee's treating physician(s). If the employee is eligible, he or she is given a modified job assignment for a specified time frame as determined by the physician(s).

Employees who have questions regarding this process can contact the Office of Human Resources at (337) 482-6242.

# STATE EMPLOYEE INCIDENT/ACCIDENT ANALYSIS FORM - DA2000

OFFICE OF RISK MANAGEMENT - UNIT OF RISK ANALYSIS AND LOSS PREVENTION

## WORKER'S COMPENSATION – FOR AGENCY USE ONLY

- This form is NOT for use in reporting a claim. The claim reporting form can be found at: [www.laorm.com](http://www.laorm.com)
- Required for all incidents/accidents except auto accidents, for which a police report serves as the investigation document.
- Keep completed forms on file at the location where the audit/compliance review will occur.

(PLEASE TYPE OR PRINT)

1. AGENCY NAME and LOCATION CODE: \_\_\_\_\_

2. ACCIDENT DATE and TIME: \_\_\_\_\_ 3. REPORTING DATE: \_\_\_\_\_

4. EMPLOYEE NAME (LAST, FIRST): \_\_\_\_\_

5. JOB TITLE: \_\_\_\_\_

6. IMMEDIATE SUPERVISOR: \_\_\_\_\_

7. DESCRIBE IN DETAIL HOW INCIDENT/ACCIDENT OCCURRED: (USE ADDITIONAL SHEET IF NECESSARY): \_\_\_\_\_

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8. PARISH WHERE OCCURRED: \_\_\_\_\_ 9. PARISH OF DOMICILE: \_\_\_\_\_

10. WAS MEDICAL TREATMENT REQUIRED? \_\_\_\_Y \_\_\_\_N?

11. EXACT LOCATION WHERE EVENT OCCURRED: \_\_\_\_\_

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12. NAME(S) OF WITNESS(ES): \_\_\_\_\_

13. NAME OF PERSON COMPLETING THIS SECTION OF REPORT: \_\_\_\_\_

14. SIGNATURE: \_\_\_\_\_ 15. DATE: \_\_\_\_\_

# STATE EMPLOYEE INCIDENT/ACCIDENT INVESTIGATION FORM - DA2000

## MANAGEMENT SECTION

16. NAME OF PERSON COMPLETING THIS SECTION OF REPORT: \_\_\_\_\_
17. POSITION/TITLE: \_\_\_\_\_
18. IS THE PERSON COMPLETING REPORT TRAINED IN ACCIDENT INVESTIGATION? \_\_\_\_Y \_\_\_\_N
19. WAS EQUIPMENT INVOLVED? \_\_\_\_Y \_\_\_\_N (If no, skip to question 20) STATE-OWNED? \_\_\_\_Y \_\_\_\_N
- A. TYPE OF EQUIPMENT: \_\_\_\_\_
- B. IS THERE A JSA FOR EQUIPMENT? \_\_\_\_Y \_\_\_\_N C. DATE LAST JSA PERFORMED: \_\_\_\_\_
20. HAVE SIMILAR ACCIDENT/INCIDENTS OCCURRED? \_\_\_\_Y \_\_\_\_N
21. DID INCIDENT INVOLVE SAME INDIVIDUAL? \_\_\_\_Y \_\_\_\_N
22. SAME LOCATION? \_\_\_\_Y \_\_\_\_N
23. WAS THE SCENE VISITED DURING THE INVESTIGATION? \_\_\_\_Y \_\_\_\_N
- A. DATE & TIME: \_\_\_\_\_ B. ARE PICTURES AVAILABLE? \_\_\_\_Y \_\_\_\_N
- C. IF NO, REASON FOR NOT VISITING: \_\_\_\_\_

## ROOT CAUSE ANALYSIS

**UNSAFE ACT (PRIMARY):** ☐ Failure to comply with policies/procedures ☐ Failure to use appropriate equipment/technique ☐ Inattentiveness  
☐ Inadequate/lack of JSA/standards ☐ Incomplete or no policies/procedures ☐ Inadequate training on policies/procedures ☐ Inadequate adherence of policies/procedures

Other (specify) \_\_\_\_\_

Detailed explanation of checked box \_\_\_\_\_

WHY WAS ACT COMMITTED:

**UNSAFE CONDITION (PRIMARY):** ☐ Inappropriate equip/tool ☐ Inadequate maintenance ☐ Inadequate training ☐ Wet surface  
☐ Worn/broken/defective building components ☐ Broken equipment ☐ Inadequate guard ☐ Electrical hazard ☐ Fire Hazard

Other (specify) \_\_\_\_\_

Detailed explanation of checked box \_\_\_\_\_

WHY DID CONDITION EXIST:

CONTRIBUTORY FACTORS (IF ANY):

IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE:

LONG RANGE ACTION TO BE TAKEN:

WHAT ADDITIONAL ASSISTANCE IS NEEDED TO PREVENT RECURRENCE:

# VISITOR/CLIENT POST INCIDENT/ACCIDENT INITIAL INFORMATION FORM - DA 3000

OFFICE OF RISK MANAGEMENT - UNIT OF RISK ANALYSIS AND LOSS PREVENTION

## GENERAL LIABILITY – FOR AGENCY USE ONLY

- This form is NOT for use in reporting a claim. The claim reporting form can be found at: [www.laorm.com](http://www.laorm.com)
- Required for all incidents/accidents except vehicle accidents for which a police report serves as the proper documentation.
- Keep completed forms on file at the location where the audit/compliance review will occur.

(PLEASE TYPE OR PRINT)

1. AGENCY NAME and LOCATION CODE: \_\_\_\_\_

2. DATE and TIME of INCIDENT/ACCIDENT: \_\_\_\_\_ 3. REPORTING DATE: \_\_\_\_\_

4. VISITOR/CLIENT NAME (LAST, FIRST): \_\_\_\_\_

5. VISITOR/CLIENT ADDRESS: \_\_\_\_\_

6. VISITOR'S/CLIENT'S TELEPHONE #: \_\_\_\_\_

7. VISITOR'S/CLIENT'S DETAILED DESCRIPTION OF HOW ACCIDENT OCCURRED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. DID ANY EMPLOYEE ASK THE VISITOR/CLIENT IF HE/SHE WAS INJURED? \_\_\_Y \_\_\_N

9. DID THE VISITOR/CLIENT VERBALLY EXPRESS AN INJURY TO ANY PART OF HIS/HER BODY? \_\_\_Y \_\_\_N

(IF NO, SKIP TO Q. 10)

A. WHICH PART OF HIS/HER BODY WAS INJURED? PLEASE BE SPECIFIC (e.g., RIGHT FOREARM, LEFT WRIST, LOWER RIGHT ABDOMEN) \_\_\_\_\_

B. WAS MEDICAL CARE OFFERED? \_\_\_Y \_\_\_N

1. DID THE VISITOR/CLIENT ACCEPT MEDICAL CARE? \_\_\_YES \_\_\_NO

10. WERE THERE ANY WITNESS(ES)? \_\_\_Y \_\_\_N (IF NO, SKIP TO Q. 11)

A. WITNESS'S NAME, ADDRESS, and TELEPHONE # (use additional sheet if needed)

\_\_\_\_\_  
\_\_\_\_\_

B. WITNESS STATEMENT(S) ATTACHED? \_\_\_Y \_\_\_N



# VISITOR/CLIENT POST INCIDENT/ACCIDENT INITIAL INFORMATION FORM - DA 3000

11. DETAILED DESCRIPTION OF INCIDENT/ACCIDENT LOCATION \_\_\_\_\_

A. IS THIS LOCATION IN A ☐ STATE-OWNED OR ☐ LEASED BUILDING?

B. IS THIS SPACE SHARED WITH NON-STATE EMPLOYEES? \_\_\_Y \_\_\_N

12. DID THE PERSON CONDUCTING THE INVESTIGATION OBSERVE ANYTHING THAT WAS DIFFERENT THAN THE VISITOR'S/CLIENT'S/WITNESS'S ACCOUNT? \_\_\_Y \_\_\_N IF YES, PLEASE PROVIDE A BRIEF SUMMARY:

13. CHECK THE APPROPRIATE ENVIRONMENTAL CONDITION(S) THAT IS/ARE APPLICABLE TO THE INCIDENT/ACCIDENT:

☐ RAINING ☐ SUNNY ☐ CLOUDY ☐ FOGGY ☐ COLD ☐ HOT ☐ LIGHTING ☐ WIND

☐ OTHER WEATHER CONDITION(S) \_\_\_\_\_ ☐ WEATHER NOT A FACTOR

14. CHECK THE APPROPRIATE BOX(ES) THAT PERTAINS TO THE INCIDENT/ACCIDENT:

☐ STAIRS ☐ PARKING LOT ☐ GARAGE ☐ SIDEWALK ☐ ELEVATORS ☐ GRATING

☐ SPONSORED ACTIVITY ☐ DORMITORY ☐ WAITING ROOM ☐ WALKWAYS ☐ RAILINGS

☐ FURNITURE ☐ LIQUID ON FLOOR - TYPE OF LIQUID \_\_\_\_\_

☐ FLOORING - DESCRIBE THE TYPE OF FLOOR AND TYPE OF WAX \_\_\_\_\_

☐ EQUIPMENT (SPECIFY TYPE) \_\_\_\_\_ STATE-OWNED? \_\_\_Y \_\_\_N

☐ OTHER CONDITION(S): \_\_\_\_\_

15. IF THE INCIDENT/ACCIDENT INVOLVED ITEMS THAT CAN BE RETAINED (e.g., furniture, muffler, exam table), THE CLAIMS UNIT REQUIRES THAT THE ITEM BE TAGGED WITH THE DATE OF INCIDENT/ACCIDENT AND NAME OF VISITOR/CLIENT.

IF THE STATE-OWNED ITEM IS BROKEN OR DAMAGED, IT MUST BE PLACED IN A SECURED AREA AFTER BEING TAGGED.

THE TAG CANNOT BE REMOVED OR THE BROKE/DAMAGE ITEM CANNOT BE SURPLUS/DISCARDED UNTIL NOTIFIED BY THE CLAIMS UNIT.

IF APPLICABLE, WERE THESE STEPS FOLLOWED? \_\_\_Y \_\_\_N

16. WAS THE VISITOR/CLIENT AUTHORIZED TO BE IN THIS AREA? \_\_\_Y \_\_\_N

17. DID ANY EMPLOYEE OBSERVE ANYTHING BEFORE/AFTER THAT IS REVELANT TO THE ACCIDENT? \_\_\_Y \_\_\_N

(IF NO, SKIP TO Q. 18)

A. WAS A STATEMENT OBTAINED AND ATTACHED? \_\_\_Y \_\_\_N

18. DID THE SUPERVISOR OR AGENCY SAFETY OFFICER RECEIVE A REPORT OF ANY OBSERVED CONDITIONS? \_\_\_Y \_\_\_N

19. WERE PICTURES TAKEN AND ARE THEY ATTACHED TO REPORT? \_\_\_Y \_\_\_N

20. NAME AND POSITION OF EMPLOYEE FILLING OUT THIS REPORT:

DATE

**ACCIDENT REPORT**  
**LOUISIANA STATE DRIVER SAFETY PROGRAM**  
(If you do not know your location code, please refer to <http://www.laorm.com/documents/lococodes.pdf>)

Submit report to ORM  
within 48 hours of accident

SUPERVISOR TO COMPLETE FIRST 4 ITEMS	Agency Name (Owner)	Person to Contact	Phone	Vehicle Owner's Loc. Code
	State Vehicle Driver's Name	Driver's Agency Name and Location Code	Date of Accident	Time of Accident AM PM

Exact Location of Accident (Use street markers, mileage markers, etc., to pinpoint location)

DESCRIBE HOW ACC. HAPPENED	
Seat Belt in Use Yes No	

STATE VEHICLE INFORMATION						
If other than vehicle damage, fill in as much as possible under "Other Vehicle" section substituting property owner information for vehicle driver.						
State Vehicle Driver's Address (Street No)		City	State	Zip Code	Home Phone	Work Phone
Driver's License No.	Age	Sex M F	Vehicle's Owner's Name and Address			
Year Vehicle	Make Vehicle	Model Vehicle	Body Type	Vehicle Lic. No. / Equip No. / VIN	LPAA Fleet ID No.	
Where can the Vehicle be Seen ?			Describe Damage			

OTHER VEHICLE INFORMATION						
If more than one vehicle is involved, submit additional sheet with information on other vehicle(s).						
Other Vehicle Driver's Name		Driver's Social Security No. --no longer required--	Driver's License No.	Age	Sex M F	
Other Vehicle Driver's Address (Street No.)		City	State	Zip Code	Home Phone	Work Phone
Vehicle Owner's Name and Address (Street No.)		City		State	Zip Code	
Year Vehicle	Make Vehicle	Model Vehicle	Body Type	Vehicle I.D. No. or Lic. No.	Where can the vehicle be seen ?	
Other Vehicle Insurance Co.					Policy No.	
Describe Damage					Estimated Amount \$	

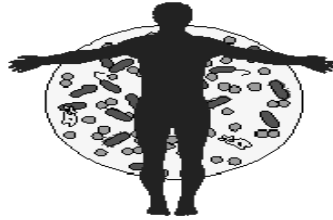
INJURED						
Name and Address	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	Police Investigated ? Yes No	
Name and Address	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	Type Report State Sheriff City	
Name and Address	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	Report No. (Item No.)	

WITNESSES OR PASSENGERS						
Name and Address	Witness Passenger	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	(Specify)
Name and Address	Witness Passenger	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	(Specify)
State Driver's Signature		Name of Driver's immediate Supervisor and Phone No.				

## Bloodborne Pathogens (BBP)

## Safety Training

**Bloodborne Pathogens** are microorganisms such as viruses or bacteria that are carried in blood and can cause disease in people. OSHA requires employers to establish a written plan to eliminate or minimize an employee's occupational exposure to blood, bodily fluids or other potentially infectious material. UL Lafayette's written plan can be found on the: <https://safety.louisiana.edu>.



### Types of Bloodborne pathogens include:

Malaria      Syphilis  
Brucellosis    Hepatitis B (HBV)  
Human Immunodeficiency Virus (HIV)

### Transmission of Bloodborne Pathogens

Anytime there is blood-to-blood contact with infected blood or body fluids, there is a potential for transmission. Unbroken skin forms a generally good barrier against bloodborne pathogens. However, infected blood can enter your system through open sores, cuts, abrasions, acne, burns, and open blisters.

### Preventing Exposure

**Universal Precautions** is an approach to infection control whereby all bodily fluids are treated as if they are known to be infected.

**Personal Protective Equipment (PPE)** is wearable protective equipment such as gloves, mouth, face and eye covers, gowns, shoe covers, lab coats etc., designed to protect the wearer's body from injury or infection.

### Engineering and Work Practice Controls

**Engineering Controls** protect workers by removing hazardous condition or placing a barrier between the worker and the hazard. Example: The use of safety needles

**Workpractice Controls** are procedures that reduce the likelihood of exposure by altering the way a task is performed. Example: Do not recap needles

### Smart Safety Rules

**Be Aware.** Treat all blood and body fluids and items contaminated with as if they were infected with bloodborne pathogens

**Read.** UL Lafayette's Exposure Control Plan

**Know** procedures, practices, vaccination requirements and appropriate reporting for Incident of Exposure

**Use** Personal Protective Equipment (PPE) appropriate for your work. If you do not know which PPE to use, ask your supervisor.

**Always** wash your hands, even if you were wearing disposable gloves.

**Follow** safe hygiene and work practices. Avoid eating drinking, smoking, applying cosmetics or handling contact lenses when exposure to infectious material is possible. Do not reach inside trash cans with bare or gloved hands.

**Never** recap, bend or break needles.

**Always** dispose of needles in appropriate leak-proof, puncture proof containers

**Dispose** of personal protective equipment and contaminated laundry properly in designated areas or containers.

**Know** what to do/who to contact if blood/bodily fluids clean-up is needed:  
Safety Office: 482-1840  
Facility Management: 482-6440

## UL Lafayette STUDENT HEALTH SERVICE

Phone: 482-5464

### MENINGOCOCCAL DISEASE – general information

#### What is Meningococcal disease?

A disease caused by the systemic invasion of the bacteria *Neisseria meningitides*, also known as meningococcus and may be manifested as **meningitis** (inflammation of the lining of the brain and spinal cord), pneumonia, meningococcemia (febrile bacteremia), and conjunctivitis. Complications may include arthritis, myocarditis, pericarditis and endophthalmitis.

#### What is meningitis?

Meningitis is an inflammation of the linings of the brain & spinal cord caused by either viruses or bacteria:

- *Viral meningitis* is more common than *bacterial meningitis* and usually occurs in late spring & early summer. Signs & symptoms of *viral meningitis* may include stiff neck, headache, nausea, vomiting, and rash. Most cases of viral meningitis run a short, uneventful course. Since the causative agent is a virus, antibiotics are not effective. Persons who have had contact with a person with viral meningitis do not require any treatment.
- *Bacterial meningitis* occurs rarely and sporadically throughout the year, although outbreaks tend to occur in late winter and early spring. Bacterial meningitis in college-aged students is most likely caused by *Neisseria meningitides* or *Streptococcus pneumoniae*. Meningococcal meningitis can cause grave illness and rapidly progress to death; early diagnosis and treatment are imperative. In contrast to viral meningitis, a person who has had *intimate contact* with a case requires prophylactic therapy. Untreated meningococcal disease can be fatal.

#### How does meningococcal disease occur?

- Approximately 10% of the general population carries meningococcal bacteria in the nose and throat in a harmless state. This carrier state may last for days or months before spontaneously disappearing, and it seems to give persons who harbor the bacteria in their upper respiratory tracts some protection from developing meningococcal disease.
- During meningococcal disease outbreaks, the percentage of people carrying the bacteria may approach 95%, yet the percentage of people who develop meningococcal disease is less than 1%. This low occurrence of disease following exposure suggests that a person's own immune system, in addition to bacterial factors, plays a key role in disease development.
- Meningococcal bacteria cannot usually live for more than a few minutes outside the body. As a result, they are not easily transmitted in water supplies, swimming pools, or by routine contact with an infected person in a classroom, dining room, bar, restroom, etc.
- Roommates, friends, spouses, and children who have had *intimate contact* with the oral secretions of a person diagnosed with meningococcal disease are **at risk** for contracting the disease and should seek medical evaluation and receive prophylactic medication immediately. Examples of such contact includes sharing of oral secretions, such as kissing, sharing drinks, food, utensils, any type of cigarettes, or any object that was in someone else's mouth, and being exposed to droplet contamination from the nose or throat, such as from sneezing or coughing.
- The incubation period is 1 to 10 days, usually less than 4 days.

#### How many cases of meningococcal disease occur each year?

The annual incidence of meningococcal disease in the U.S. is about 1 to 2 cases per 100,000 population. The case fatality rate is approximately 12%.

### **Can meningococcal disease be mistaken for other health problems?**

YES. Meningococcal disease is potentially dangerous because it is relatively rare and can be mistaken for other conditions. The possibility of having meningitis may not be considered by someone who feels ill, and early signs and symptoms may be ignored. A person may have symptoms suggestive of a minor cold or flu for a few days before experiencing a rapid progression to severe meningococcal disease.

### **What are the signs & symptoms of meningococcal disease?**

Understanding the characteristic signs and symptoms of meningococcal disease is critical & possibly lifesaving. Common early symptoms of meningococcal disease include fever, leg pain, cold hands and feet, abnormal skin color, severe sudden headache accompanied by mental changes (confusion, fatigue), nausea and vomiting light sensitivity and neck stiffness. A rash may begin as a flat, red eruption, mainly on the arms & legs. It may then evolve into a rash of small dots that do not change with pressure (petechiae). New petechiae can form rapidly, even while the patient is being examined.

### **What is the treatment for meningococcal disease exposure?**

Treatment of infected persons: Meningococcal disease can become rapidly progressive within hours of onset of the symptoms. With early diagnosis and treatment, however, the likelihood of full recovery is increased. Early recognition, performance of a lumbar puncture (spinal tap) and prompt initiation of antimicrobial therapy are crucial.

Chemoprophylaxis: The use of such prophylactic antibiotics as Ciprofloxacin, Rifampin or Rocephin is recommended for those who may have been exposed to a person diagnosed with meningococcal disease, and is considered at risk. These antibiotics kill or eliminate the bacteria in the at risk person's nose and throat, thereby decreasing the risk of them from passing the disease or becoming ill. Anyone who suspects possible exposure should consult a physician immediately to determine their risk status.

Vaccination: As an adjunct to appropriate antibiotic chemoprophylaxis, immunization against the meningococcus bacterium may be recommended when an outbreak of meningococcal disease has occurred in a community. It is important to note that meningococcal vaccine should not be used in place of chemoprophylaxis for those exposed to an infected person. The protection from immunization begins within 7 to 10 days and is too slowly generated in this situation.

### **Meningococcal Meningitis Vaccine**

Immunization against the bacterium *N. meningitides* may be recommended if they are members of a population that is experiencing an outbreak of meningococcal disease, e.g., students at a university where an outbreak has occurred.

As with any vaccine, vaccination may not protect 100% of all susceptible individuals. Adverse reactions to meningococcal vaccine are mild & infrequent, consisting primarily of redness & pain at the injection site that may last 1-2 days. Rarely, fever of short duration may occur.

### **How can one reduce the risk of contracting meningococcal disease?**

Maximize your body's own immune system response. A lifestyle that includes a balanced diet, adequate sleep, appropriate exercise, & the avoidance of excessive stress is very important. Avoiding upper respiratory tract infections & inhalation of cigarette smoke may help to protect from invasive disease. Everyone should be sensitive to public health measures that decrease exposure to oral secretions, such as, covering one's mouth when coughing or sneezing & washing hands after contact with oral secretions.