

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
- [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)
 - Safety policies
 - Supervisor responsibilities
 - Safety training classes in Cornerstone & Moodle
 - 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 require a current training date for expenses relative to ground transportation
 - Students & PT staff must request access to Cornerstone, via human resources [Computer Access for Non-Employees Form](#).
 - Course completions take 3 days to reflect in Chrome River.
3. **Violence in The Workplace Policy**
 - If threatened or assaulted, report to either University Police or Human Resources
 - [Violence Free Workplace Policy](#)
4. **Employee Drug Testing Policy**
 - Pre-employment, Post Accident, Random, Reasonable Suspicion, & Return-to-duty
 - [Drug Testing Policy](#)
5. **Other Employee Points of Interest**
 - [Disability Accommodation Policy](#); [EEO Policy](#), [Sexual Harassment Policy](#)
 - [Hazard Communication Policy \(Section 11\)](#)
 - [Asbestos Management Plan](#)
 - [Tobacco-Free Policy](#)
 - [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:

- Active Shooter
- All-Terrain Vehicle (ATV)
- Asbestos Course
- Back Injury & Lifting
- Bloodborne Pathogens
- Boating Safety
- Boating Safety Refresher
- Building Emergency Action Plan (BEAP)
- Campus Security Authority (CSA)
- Compressed Gas Safety
- Confined Space Safety
- Distracted Driving
- Electrical Safety
- Fall Protection Course
- Fire Extinguisher Safety
- Fire Safety Course
- First Aid Basics
- Hand & Power Tool
- HAZCOM & RCRA Course
- Hearing Loss Protection
- Heat Illness Prevention
- ORM Defensive Driving Online Course
- Ladder Safety
- Lockout/Tagout
- Office Ergonomics
- Personal Protective Equipment
- Science Lab Safety & Chemical Spills
- Slips, Trips & Falls
- Utility Cart Safety
- Welding Safety
- Workplace Injury Prevention

And much more....

Note: Students, volunteers and part time faculty & staff must request access to Cornerstone; however, training is available in Moodle.

Contact Information for Emergencies and Unsafe Conditions

DIAL 911 FOR ALL EMERGENCIES

University Police are the First Responders for ALL Emergencies

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
(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

What to do if you have an accident...

For All Accidents (Including those involving a Motor Vehicle)

- Forms are on our website at all times
- If necessary, dial 911 or report to an emergency medical center of your choice
- Contact your Departmental Safety Coordinator
- 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**
 1. Ask the medical provider to contact Wellness Works, 888-977-3319 (24 hours a day)
 2. The employee should also contact Human Resources:

Martin Hall, room 170
482-6242
(For Worker's Compensation paperwork)

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

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
- 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): _____

8. PARISH WHERE OCCURRED: _____ 9. PARISH OF DOMICILE: _____
10. WAS MEDICAL TREATMENT REQUIRED? ____Y ____N?
11. EXACT LOCATION WHERE EVENT OCCURRED: _____

12. NAME(S) OF WITNESS(ES): _____
13. NAME OF PERSON COMPLETING THIS SECTION OF REPORT: _____
14. SIGNATURE: _____ 15. DATE: _____

This form is for internal use only
and is prepared in anticipation of litigation.

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
- 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.)

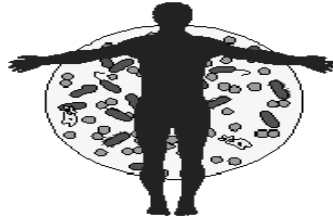
WITNESSES OR PASSENGERS

Name and Address	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	(Specify)
Name and Address	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