ALCOHOL AND DRUG TESTING OF UNTHSC EMPLOYEES

On June 19, 1992, the University Of North Texas Board Of Regents adopted the health science center’s “for cause” alcohol and drug testing policy to ensure a safe, health and productive learning environment free from the influences of drugs and alcohol. The policy went into effect September 1, 1992. The testing program is designed to identify individuals using illicit drugs in the workplace; be a deterrent to continued abuse; encourage individuals to seek help before personal problems affect job performance; and help overcome the natural tendency to deny the problem. In implementing the policy, the health science center is committed to a fair, compassionate and consistent approach to maintaining confidentiality consistent with legal requirements.

This policy does not call for random testing, but does require “administrators, faculty, staff and students to submit to drug and/or alcohol testing based upon a reasonable suspicion.” The policy contains guidelines for reasonable suspicion testing, reporting and reviewing drug test results and for appeals and retesting. Health Science Center personnel will not be involved in the collection of testing. This policy is an appropriate step for maintaining a drug free workplace as mandated by the state and federal government.
Illicit Drugs and Alcohol Abuse

Information for Employees and Students

Standards of Conduct

ALCOHOL

A. Policy prohibits the unauthorized possession and consumption of alcoholic beverages in public places on campus.
B. The health science center strictly enforces the state law that prohibits the possession and consumption of alcohol by those under the age of 21.

CONTROLLED SUBSTANCES (DRUGS).

It is a requirement that all students, faculty members and staff members be in compliance with all local, state and federal laws regarding controlled substances to include, but not be limited to, their use, sale, possession or manufacture.

Health Science Center Penalties

STUDENTS. The health science center will impose a minimum disciplinary penalty of suspension for a specified period of time or suspension of right and privileges, or both, for conduct related to the use, possession or distribution of drugs that are prohibited by state, federal or local law. Other penalties that may be imposed for conduct related to the unlawful use, possession or distribution of drugs or alcohol include disciplinary probation, payment for damage to or misappropriation of property, suspension of rights and privileges, suspension for a specified period of time, expulsion, or such other penalty as may be deemed appropriate under the circumstances.

EMPLOYEES. The unlawful use, possession or distribution of drugs or alcohol will result in appropriate disciplinary action such as demotion, suspension without pay, or termination or will require satisfactory participation in an approved drug rehabilitation program or both, depending upon the circumstances.

Penalties Under State and Federal Law

<table>
<thead>
<tr>
<th>OFFENSE</th>
<th>MINIMUM PUNISHMENT</th>
<th>MAXIMUM PUNISHMENT</th>
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<tbody>
<tr>
<td>Manufacture or delivery of controlled substances (drugs)</td>
<td>Confinement in the Texas Department of Correction (TDC) for a term of not more than 10 years or less than two years, or confinement in a community correctional facility for not more than one year, and a fine not to exceed $10,000.</td>
<td>Confinement in TCDC for life or for a term of not more than 99 years or less than 20 years, and a fine not to exceed $500,000.</td>
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<tr>
<td>Possession of controlled substances (drugs)</td>
<td>Confinement in jail for a term of not more than 180 days, and a fine not to exceed $1,000.</td>
<td>Confinement in TDC for life or for a term of not more than 99 years or less than 10 years, and a fine not to exceed $100,000.</td>
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<tr>
<td>Delivery of Marijuana</td>
<td>Confinement in jail for a term of not more than 180 days, and a fine not to exceed $1,000.</td>
<td>Confinement in TDC for life or for a term of not more than 99 years or less than 15 years, and a fine not to exceed $250,000.</td>
</tr>
<tr>
<td>Possession of Marijuana</td>
<td>Confinement in jail for a term of not more than 180 days, and a fine not to exceed $1,000.</td>
<td>Confinement in TDC for life or for a term of not more than 99 years or less than 15 years, and a fine not to exceed $250,000.</td>
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<tr>
<td>Driving While Intoxicated (includes intoxication from alcohol, drugs or both)</td>
<td>Confinement in jail for a term of not more than two years or less than 72 hours, and a fine of not more than $2,000 or less than $100.</td>
<td>Confinement in jail for a term of not more than two years or less than 30 days, or confinement in TDC for a term of not more than five years or less than 60 days, and a fine of not more than $2,000 or less than $500.</td>
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<td><strong>OFFENSE</strong></td>
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<td>Public Intoxication</td>
<td>A fine not to exceed $200.00</td>
<td>For a subsequent offense, a fine of not less than $100 or more than $500.</td>
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<td>Purchase of alcohol by a minor</td>
<td>Fine of not less than $25 or more than $200.</td>
<td>For a subsequent offense, a fine of not less than $500 or more than $1000 or confinement in jail for not more than one year, or both.</td>
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<td>Consumption of alcohol by a minor</td>
<td>Fine of not less than $100 or more than $500 or confinement in jail for not more than one year, or both.</td>
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<tr>
<td>Possession of alcohol by a minor</td>
<td>Fine of not less than $25 or more than $200.</td>
<td>For a subsequent offense, a fine of not less than $500 or more than $1000 or confinement in jail for not more than one year, or both.</td>
</tr>
<tr>
<td>Sale of alcohol to a minor</td>
<td>Fine of not less than $100 or more than $500 or confinement in jail for not more than one year, or both.</td>
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<tr>
<td>Manufacture, distribution or</td>
<td>A term of imprisonment not more than one year and a minimum fine of $1,000.</td>
<td>A term of life imprisonment without release (no eligibility for parole) and a fine not to exceed $8 million (for an individual) or $20 million (if other than an individual).</td>
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<td>dispensation of drugs (including</td>
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<td>marijuana)</td>
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<td>Possession of drugs (including</td>
<td>Civil penalty in amount not to exceed $10,000.</td>
<td>Imprisonment for not more than 20 years of not less than five years, a fine of not less than $5,000 plus costs of investigation and prosecution.</td>
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<td>marijuana)</td>
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<td>Operation of a Common Carrier</td>
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<td>under the influence of alcohol or drugs.</td>
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<td>Imprisonment for up to 15 years and a fine not to exceed $250,000</td>
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**Health Risks of Alcohol and Drugs**

**ALCOHOL.** Health hazards associated with the excessive use of alcohol or with alcohol dependency include dramatic behavioral changes, retardation of motor skills and impaired reasoning and rational thinking. These factors result in a higher incidence of accidents and accidental death for persons with such dependency than for non-users of alcohol. Nutrition also suffers, and vitamin and mineral deficiencies are frequent. Prolonged alcohol abuse causes bleeding from the intestinal tract, damage to nerves and the brain, psychotic behavior, loss of memory and coordination, damage to the liver often resulting in cirrhosis, impotence, severe inflammation of the pancreas, and damage to the bone marrow, heart, testes, ovaries and muscles. Damage to the nerves and organs is usually irreversible. Cancer is the second leading cause of death in alcoholics and is 10 times more frequent than in non-alcoholics. Sudden withdrawal of alcohol from persons dependent on it will cause serious physical withdrawal symptom.

**DRUGS.** The use of illicit drugs usually causes the same general type of physiological and mental changes as alcohol, though frequently those changes are more severe and more sudden. Death or coma resulting from overdose of drugs is more frequent than from alcohol, but unlike alcohol, abstinence can lead to reversal of most physical problems associated with drug use.

**COCAINE.** Cocaine is a stimulant that is most commonly inhaled as a powder. It can be dissolved in water and used intravenously. The cocaine extract (freebase) is smoked. Users progress from infrequent use to dependence within a few weeks or months. Psychological and behavioral changes resulting from use include overstimulation, hallucinations, irritability, sexual dysfunction, psychotic behavior, social isolation and memory problems. An overdose produces convulsions and delirium and may result in death from cardiac arrest. Discontinuing the use of cocaine requires considerable assistance, close supervision and treatment.

**AMPHETAMINES (SPEED, LOVE DRUG, ECSTASY).** Patterns of use and associated effects are similar to cocaine. Severe intoxication may produce confusion, rambling or incoherent speech, anxiety, psychotic behavior, ringing in the ears, hallucinations and irreversible brain damage. Intense fatigue and depression resulting from use can lead to suicide. Large doses may result in convulsions and death from cardiac or respiratory arrest.

**HEROIN AND OTHER OPIATES.** These drugs usually are taken intravenously. “Designer” drugs similar to opiates include fentanyl, demerol and “china white.” Addiction and dependence develop rapidly. Use is characterized by impaired judgment, slurred speech and drowsiness. Overdose is manifested by coma, shock and depressed respiration, with the possibility of death from respiratory arrest. Withdrawal problems include sweating, diarrhea, fever, insomnia, irritability, nausea and vomiting, and muscle and joint pains.
HALLUCINOGENS OR PSYCHEDELICS. These include LSD, mescaline, peyote and phenacyclidine (PCP or “angel dust”). Use impairs and distorts one’s perception of surroundings, causes bizarre mood changes and results in visual hallucinations that involve geometric forms, colors or objects. Users who discontinue use experience “flashback” consisting of distortions of virtually any sensation. Withdrawal may require psychiatric treatment for the accompanying persistent psychotic states. Suicide is not uncommon.

SOLVENT INHALANTS, e.g. GLUE, LACQUERS, PLASTIC CEMENT. Fumes from these substances cause problems similar to alcohol. Incidents of hallucinations and permanent brain damage are more frequent.

MARIJUANA (CANNABIS). Marijuana is usually ingested by smoking. Prolonged use can lead to psychological dependence, disconnected ideas, alteration of depth perception and sense of time, impaired judgment and impaired coordination.

DAMAGE FROM INTRAVENOUS DRUG USE. In addition to the adverse effects associated with the use of a specific drug, intravenous drug users who use unsterilized needles or who share needles with other drug users can develop AIDS, hepatitis, tetanus (lock jaw) and infections in the heart. Permanent brain damage also may result.

Services Available to the Campus Community

FACULTY and STAFF. Assistance with drug and alcohol related problems is available through our group insurance.

STUDENTS. The Student EAP is a UNT Health Science Center sponsored program designed to provide immediate professional assistance for alcohol or drug abuse. In addition to help with drug or alcohol abuse problems, benefits include assistance with marital, family, work-related conflicts, financial issues and stress management.

ELIGIBILITY. You may participate in the Student EAP after you become a full-time student of the UNT Health Science Center at Fort Worth. At the same time, your immediate family members also will be covered.

CONFIDENTIALITY. You are guaranteed that information related to your participation in the Student EAP will be kept confidential within the limits specified by law. Student names, records, and other identifying information are not shared with the UNT Health Science Center.

COST. The UNT Health Science Center pays for the cost of the Student EAP. The services include problem assessment, short-term counseling and referral services. The Student EAP provides up to six (6) counseling sessions with a professional EAP specialist.

ASSESSMENT. The EAP professional will help clarify the nature of the problem or concern and determine exactly what assistance is needed to get started in the right direction.

CONTACT NUMBER FOR STUDENT EAP: 817-339-8936 (out of area, call collect)

For more information about any policy service or program....

Employees: contact Human Resource Services at 817-735-2690.

Students: contact the student development coordinator at 817-735-5006.

An EEO/Affirmative Action Institution
THE EMPLOYEES RETIREMENT SYSTEM OF TEXAS
SUMMARY NOTICE OF PRIVACY PRACTICES

The Employees Retirement System of Texas ("ERS") administers the Texas Employees Group Benefits Program, including your health plan, pursuant to Texas law. THIS NOTICE DESCRIBES HOW ERS MAY USE OR DISCLOSE MEDICAL INFORMATION ABOUT YOU AND HOW YOU CAN GET ACCESS TO YOUR OWN INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Uses and disclosures of health information:

ERS and/or a third-party administrator under contract with ERS may use health information about you on behalf of your health plan to authorize treatment, to pay for treatment, and for other allowable health care purposes. Health care providers submit claims for payment for treatment that may be covered by the group health plan. Part of payment includes ascertaining the medical necessity of the treatment and the details of the treatment or service to determine if the group health plan is obligated to pay. Information may be shared by paper mail, electronic mail, fax, or other methods. By law, ERS may use or disclose identifiable health information about you without your authorization for several reasons. Subject to certain requirements, we may disclose health information without your authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. ERS provides information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, ERS will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures. ERS may change its policies at any time. Before ERS makes a significant change in its policies, ERS will change its notice and post the new notice on the ERS web site at www.ers.state.tx.us. You can also request a copy of our full notice at any time. For more information about our privacy practices, contact the ERS Privacy Officer.

Individual rights:

In most cases, you have the right to look at or get a copy of health information about you that ERS uses to make decisions about you. If you request copies, we will charge you the normal copy fees that reflect the actual costs of producing the copies including such items as labor and materials. For all authorized or by law requests made by others, the requester will be charged for production of medical records per ERS' schedule of charges. You also have the right to receive a list of instances when we have disclosed health information about you for reasons other than treatment, payment, healthcare operations, related administrative purposes, and when you explicitly authorized it. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that ERS correct the existing information or add the missing information. You have the right to request that ERS restrict the use and disclosure of your health information above what is required by law. If ERS accepts your request for restricted use and disclosure than ERS must abide by the request and may only reverse its position after you have been appropriately notified. You have the right to request an alternative means of communications with ERS. You are not required to explain why you want the alternative means of communication.

Complaints:

If you are concerned that ERS has violated your privacy rights, or you disagree with a decision ERS has made about access to your records, you may contact the ERS Privacy Officer. You also may send a written complaint to the U.S. Department of Health and Human Services. The ERS Privacy Officer can provide you with the appropriate address upon request.

Our Legal duty:

ERS is required by law to protect the privacy of your information, provide this notice about our information practices, follow the information practices that are described in this notice, and obtain your acknowledgement of receipt of this notice.

Detailed Notice of Privacy Practices:

For further details about your rights and the federal Privacy Rule, refer to the detailed statement of this Notice. You can ask for a written copy of the detailed Notice by contacting the Office of the Privacy Officer or by visiting ERS' web site at www.ers.state.tx.us. If you have any questions or complaints, please contact the ERS Privacy Officer, by calling (512) 867-7711 or toll-free (877) 275-4377 or by writing to ERS Privacy Officer, The Employees Retirement System of Texas, P.O. Box 13207, Austin, TX 78711-3207.
NEW!
SELECTIVE SERVICE REGISTRATION
REQUIREMENT
FOR ELIGIBLE NEW HIRES
One more reason to register promptly

Effective September 1, 1999, the Health Science Center is required by State law to verify that new employees who are required to register have registered with Selective Service under the requirements established by the federal government and administered through the Selective Service System.

* REGISTRATION – IT’S THE LAW:  A man who fails to register may, if prosecuted and convicted, face a fine of up to $250,000 and/or a prison term of up to five years. Even if not tried, a man who fails to register with Selective Service before turning age 26 may find that some doors are permanently closed.

*WHO IS ELIGIBLE: Almost all male U.S. citizens, and male aliens living in the U.S. who are 18 through 25. Non-citizens NOT required to register include men on student or visitor visas. Legal permanent residents ARE required to register.

*BENEFITS AND PROGRAMS LINKED TO REGISTRATION:  If eligible, you must be registered to receive Federal student loans or grant programs: Pell Grants, Federal Work Study, Guaranteed Student/Plus Loans, and National Direct Student Loans. Registration for eligible individuals is a condition of U.S. citizenship, participation in Federal job training, and eligibility for Federal jobs.

*HOW TO REGISTER:  Eligible individuals may register on line at www.sss.gov, at any Post Office, by mail, or during the application process for Federal Financial Aid (FAFSA form.)

*HEALTH SCIENCE CENTER RESPONSIBILITY:  UNTHSC will notify all new employees of the Selective Service Registration requirement through information received in the New Employee Information Packet. The new employee’s signature on the Employee Biographic Data form will indicate the employee’s awareness of their responsibility to register for Selective Service, if eligible. Failure to register as required will be grounds for removal from University employment.
WORKERS’ COMPENSATIONS
COVERAGE AND RIGHTS

As an employee of the State of Texas you are automatically covered by workers’ compensation insurance. You may choose not to be covered by workers’ compensation insurance and, therefore, retain your right to legal action if injured at work. If you choose not to be covered by workers’ compensation insurance you cannot obtain workers’ compensation income and medical benefits.

If you wish to retain the right to legal action, you must notify the Department of Human Resource Services in writing within 5 days of employment.
TEXAS HAZARD COMMUNICATION ACT
(HB 1112, 69th Legislature) Article 518b, V.T.C.S.
as amended Chapter 502 Texas Health and Safety Code

The Texas Hazard Communication Act (THCA) requires public employers to provide employees with specific information and training on the hazards of chemicals to which employees may be exposed in the work place. As a public employer the UNTHSC-FW is required to do the following:

1. Provide notice to employees of the Act and its provisions.
2. Maintain a list of hazardous chemicals used or stored in the institution
3. Make information on these hazardous chemicals available to employees
4. Provide training regarding the hazards, safe handling and chemicals.
5. Provide appropriate personal protective equipment for use by employees that work with hazardous chemicals.

At the Health Science Center, hazard communication training is conducted at the department level. Training for specific chemicals is conducted by individual supervisors. Please ask your supervisor if your position requires possible exposure to hazardous chemicals and therefore requires training under the Act. Your supervisor can help you locate the THCA Notice to Employees, the departmental workplace chemical list and MSDSs for the chemicals in your workplace. They will also provide any necessary training and documentation for that training. Please contact Rodney Barton, Assistant Safety Officer, or James Sims, Ph.D., Safety Officer in the UNTHSC-FW Safety Office, 817-735-2697, if you have questions regarding the Texas Hazard Communication Act or hazardous chemicals in the workplace.
HIV Information

For more information about HIV, including testing and counseling sites in your area, contact your health care provider, local health department or call:

TEXAS

- Texas AIDSLINE
  - 1-800-299-AIDS

- TDD/TTY (for hearing impaired)
  - 1-800-252-8012

- Listen to tapes in English or Spanish
- Or talk with an operator.

NATIONAL

- National AIDS Hotline
  - 1-800-CDC-INFO
  - (1-800-232-4636)

- Informacion SIDA
  - 1-800-344-SIDA

- Hearing Impaired
  - 1-800-AIDS-TTY

- Drug Abuse Hotline
  - 1-800-662-HELP

- National Cleanning House for AIDS, HIV, STD, TB and Viral Hepatitis
  - 1-800-458-5231

The current UNT Health Science Center AIDS policy may be found in the policies, the student handbook and the infection control manual or you may call Human Resource Services or Student Affairs.

For more information about AIDS education, counseling and testing at UNT Health Science Center, contact:

Janet Jowitt, RN, MSN, DHA
Infection Control Officer
817-735-2233

For assistance with waste disposal, contact:

James Sims, PhD
Safety Office
817-735-2697

Martin Vela
Custodial Svcs
817-735-2181

To IDT biohazard bags, gloves or sharps containers contact:

Dan Hooper, RPH
Pharmacy
817-735-2249

For Needlesticks and other exposures (for both Employees and Students) report immediately to:

Harris Occupational Health Clinic
1651 W. Rosedale, Suite 105
Fort Worth, Texas 76104
817-250-4840
AIDS

Acquired Immunodeficiency Syndrome (AIDS) is the final stage of an infection caused by the human immunodeficiency virus (HIV). HIV cripples the body’s defenses, allowing cancers and other infections to develop. There is no cure for HIV infection or AIDS.

HIV Infection

Once infected with HIV, a person is infected for life. An HIV-infected person may feel and look healthy and have no symptoms for years. But during this time, the virus can be passed to others through direct blood contact with an infected person's blood, semen or vaginal fluids.

- By having unprotected sexual intercourse; that is, not using a latex condom (rubber) when having anal, vaginal or oral intercourse;
- By sharing needles, syringes or sharps;
- By sharing items used to “snort” drugs;
- From an HIV-infected mother to her baby during pregnancy or birth; OR
- By receiving HIV-infected blood or blood products.

Risks from transfusions are now very low because of blood-screening which started in 1985.

NOTE: HIV-infected individuals or persons at risk of HIV infection due to personal behavior should not donate blood, body tissue or organs.

HIV and the Workplace

HIV is NOT spread through the environment; it is transmitted through certain behaviors. Except for these behaviors, it is very hard to become infected by this fragile blood-borne virus.

The behaviors that pass the virus from one person to another rarely occur in the average workplace. HIV-infected workers do not pose a risk to co-workers or clients. HIV is not spread through:

- Handshakes, hugs or casual touching;
- Close working conditions;
- Tools, machinery;
- Telephones, office equipment, or furniture;
- Dishes, utensils or food;
- Sinks, toilets, showers;
- Sneezing or coughing;
- Water;
- Insects.*

Effective Precautions

To avoid exposure to HIV and other blood-borne diseases, use good personal hygiene and common sense at all times:

- Use standard precautions when performing duties that involve contact with blood or other body fluids;
- Wash hands thoroughly with soap and water;
- Cover broken skin with a clean, dry bandage;
- Avoid direct contact with blood or other body fluid spills;
- Wear either disposable or reusable gloves to clean spills that contain blood or other body fluids;
- Clean up blood spills with an appropriate disinfectant or 1:10 solution of freshly mixed household bleach and water.

The policies for prevention of occupational exposure and post exposure follow-up can be found in the Infection Control Manual.

HIV Risk Reduction

Not having sex and not sharing needles or syringes are the best ways to avoid exposure to HIV.

Other ways to reduce risks of exposure to HIV are to:

- Maintain a long-term relationship with one uninfected partner who does not engage in high-risk behaviors.
- Use safer sex techniques (a latex condom and a spermicide, preferably one containing nonoxynol-9);
- Avoid illegal intravenous and intranasal drugs;
- Avoid sexual intercourse with people who have sex in exchange for money or drugs;
- Avoid direct contact with blood and other body fluid spills.
1. **Purpose:** To prevent transmission of Hepatitis B Virus (HBV) to UNTHSC-FW faculty and staff (hereafter referred to as personnel) and to the public served by UNTHSC-FW (hereafter referred to as individuals).

2. **Policy:** The institution recognizes that some positions within the Health Science Center may be at increased risk of exposure to HBV. Further, the institution recognizes that a safe and effective vaccine to prevent infection by this virus is available, and that morbidity and mortality can be reduced by an aggressive vaccination program. To maintain a safe working environment, and the health of institutional personnel and the individuals it serves, UNTHSC-FW hereby establishes a voluntary HBV vaccination program for those positions deemed to have a potential occupational exposure to HBV.

2.01. **Positions eligible to participate in the HBV vaccination program:** All positions, full-time and part-time, that have potential occupational exposure to HBV are eligible to participate in the vaccination program. Department Chairs, in consultation with the Infection Control Committee, shall determine positions that are occupationally exposed under section 2.03 of this policy.

2.02. **Offer to vaccinate:** The institution will offer to vaccinate personnel in occupationally exposed positions at no charge to the employee. This offer will be made on the first day of employment by Human Resource Services. Employees are encouraged, but are not required, to accept the offer to become vaccinated against HBV. Regardless of the decision by the employee, the employee must sign the institutional form indicating that an offer to vaccinate was made. If the employee is declining because he/she has previously received the full series of the vaccine, then he/she should provide documentation with their declination form indicating when and where he/she was vaccinated. Employees in occupationally exposed positions who elect not to become vaccinated against HBV may change their minds and request vaccination later in their employment, provided that they are still in occupationally exposed positions. If an employee moves from a non-exposed position to an exposed position, the vaccine will be made available to them at that time. The HBV vaccination will be made available at no cost to the employee.

2.03. **Definition of occupationally exposed positions:** Occupationally exposed positions are defined as those that, on average, have an occupational exposure to blood or other potentially infectious materials (OPIM) one or more times per month. These exposures are ones that occur during the course of the employee’s normal work duties. Some positions that may qualify as occupationally exposed, depending on the scope of normal duties are: physicians, nurses, medical assistants, clinical laboratory personnel, basic science faculty and their employees who handle blood or OPIM, peace officers, tradespeople (for example, a plumber who works on potentially contaminated sewer lines), and custodians assigned to handle and transport infectious wastes.
2.03.01. **Definition of occupational exposure to HBV:** Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of the employee’s duties. This definition excludes incidental exposures that may take place on the job, and that are neither reasonably nor routinely expected and that the worker is not expected to incur in the normal course of employment.

2.03.02. **Definition of OPIM:** Other potentially infectious materials means: 1) the following body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, amniotic fluid, saliva in dental procedures, and any body fluid that is visibly contaminated with blood; 2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and 3) HIV, HCV or HBV containing cell or tissue cultures, organ cultures, and culture medium or other solutions; and blood, organs or other tissues from experimental animals (primates) infected with HIV, HCV or HBV.

2.04. **Education of occupationally exposed individuals:** The Infection Control Practitioner will discuss the benefits and risks of the HBV vaccine during new hire orientation. Employees may consult with the Occupational Health Nurse or physician in the Public Health and Preventive Medicine clinic if they have further questions or concerns. (Refer to Infection Control Manual 96.001.26 & 96.001.32.)

2.05. **Distribution of this policy:** This policy will be distributed in such a manner that will comply with federal and state laws. The institution may elect to include this policy in one or more of the following documents: the Personnel Policies and Procedures Manual, Infection Control Manual, or any other means.

3. **Procedures:**

3.01. **How to obtain HBV vaccination:** An employee in an occupationally exposed position may call the Public Health and Preventive Medicine (PHPM) clinic to make an appointment. At the time of employment, the employee will sign a consent or decline offer for the HBV vaccine. If the employee is declining because he/she has previously received the entire series of HBV vaccine, then the employee should provide documentation with a declination form indicating the date and institution where they were vaccinated. This documentation will be forwarded by Human Resource Services to PHPM. In the event an employee’s duties change and the person has an occupational exposure to HBV, a letter from the Department Chair indicating that the employee is currently in an occupationally-exposed position will be required to receive the vaccine. The employee will sign an informed consent form and fill out a brief medical questionnaire in PHPM prior to vaccination. All determinations as to the ability of the employee to receive the HBV vaccination will be made by a licensed professional. All injections will be administered under physician supervision.
3.02. **Follow-up to an occupational exposure:** Personnel who have a documented work-related parenteral mucous membrane exposure to human blood or OPIM should seek immediate medical advice. This advice should be obtained via an immediate consultation with the PHPM clinic. Though not recommended, if care is sought from a personal physician, copies of treatment must be forwarded to PHPM for inclusion in the employee health file in PHPM. (Refer to Infection Control Policy and Procedure #96.001.32)

4. **Methods to Prevent Occupational Exposure to HIV, HBV and HCV:** Please refer to the Infection Control Manual for methods to prevent occupational exposure.

5. **Informed Consent:** All testing of personnel and individuals by Health Science Center physicians shall comply with applicable federal and state laws and regulations and shall occur only after an informed consent to test has been obtained.
WHAT ARE RECORDS?

- Records are recorded information, regardless of the medium or characteristics, made or received by the health science center that are useful in the health science center's operation. They are, in effect, the memory of the organization.
- Records include contracts, work orders, purchase orders, photographs, drawings, medical charts, lab tests, x-rays, etc., or other documentary materials, regardless of physical form or characteristics, made or received for legal and operational purposes in connection with the transaction of business.
- A record may be in the form of paper, microfilm, computer tape, word processing disk, microfiche, videotape, optical disks, compact disk, or unique forms. Regardless of the form, the recorded information is the record and the medium only contains the information.

WHAT ARE VITAL RECORDS?

- Vital records are those that are essential:
  - to continue health science center operations,
  - to recreate the health science center's legal and financial position, and
  - to preserve the rights of the health science center, its employees, patients, students, and the state.
- They must be adequately protected from loss due to accident, fire, flood, sabotage, etc.
  Consider this, how would your department fair, if your area was destroyed by fire? Could it function somewhat normally? Could it recreate the memory that was destroyed?

WHAT ARE NOT CONSIDERED RECORDS?

The following items generally are NOT records:
- Stocks of publications and printed brochures.
- Library material acquired and preserved for reference including textbooks, periodicals, and other technical reference materials.
- Quasi-official notices, unsolicited announcements, invitations or other materials that are not filed as evidence of operations.
- Preliminary drafts, worksheets, memoranda, and informal notes that do not represent significant steps in the preparation of recorded documents.
- Routing slips that contain no pertinent information or approvals.
- Personal property such as employee's own copies of personnel file, certificates, training documentation, etc..
- Extra copies of records in addition to "official" records contained elsewhere. Duplicate copies of records maintained as reading, convenience, tickler, and identical copies maintained with the "official" record are non-records if they are maintained only for reference and convenience and do not contain additional information.
- Blank forms, file and office supplies, or other items that can be found in a store's warehouse.

**WHAT IS A RECORDS INVENTORY?**

- A records inventory can help one manage their active and inactive records. It is a listing and analysis of all the records maintained by a department.

**WHAT IS A RECORDS RETENTION SCHEDULE?**

- A records retention schedule is a comprehensive listing or group of records identified during the records inventory. It identifies the length of time each type of record is to be maintained in the department and/or Records Center, the media retained (paper, film, electronic, etc.), and when it is to be destroyed. All copies identified above must be destroyed before, or at the time the record is destroyed. You may not keep copies of destroyed records for any reason.
WHY DO WE NEED "GOOD" RECORDS?

Records Serve as a Corporate Memory

- The health science center depends on accurately recorded past accomplishments instead of elusive memory and conflicting recollections of individuals to provide a foundation for future development.
- Records are both an organization's resource and asset. As a resource, records provide information; as an asset, they provide documentation.

Good Decisions Require Good Information

- Decisions are only as good as the information on which they are based. To make appropriate decisions, we must have appropriate information.

Records Provide Documentation of Health Science Center Activity

- Clear documentation of the health science center's intent and subsequent actions is a safeguard from litigation consequences.

Unnecessary Records Represent an Unnecessary Cost

- To contain the volume and costs associated with managing records, we need to recognize the need for a systematic approach to managing the records from creation to disposal. Before making copies for one's personal file, make sure it is truly needed.

Unavailable Records and Lost Time are Costly

- Organizational efficiency can seriously be impaired if information is not able to be found or readily available.
- Records Management offers a systematic approach that allows information to be readily available, thus, enhancing the efficiency and effectiveness of the decision-making process.

Meet State and Federal Criteria

- Records document the health science center compliance of business practice requirements, or regulations—local, state, and federal.
- Records Management practices allow the health science center to provide documentation upon request.

Records Provide a Reference Base for Institution History

- Records document the past and provide information for future events. We must maintain this historical base as evidence of past accomplishments and an introduction to the future.
We Have Responsibilities

- We need to manage records in accordance with established policies and procedures. To achieve institution wide control of records will result in an orderly and efficient flow of information, thus, strengthening problem solving and decision making. (Refer to Records Management Policies and Procedures Manual.)

- Every department is responsible for following the records retention schedule that identifies what and how long records are in the department or Records Center.

- Each department must have standard procedures that explain how and where records are filed. Contact the Records Management team for guidance on establishing filing systems.

- Filing records properly is everyone's job. Filing is as important as anything else we do.

- Break the extra copy habit. Duplicate records cost money to make and keep.

- Always put records in the right place. Don't just leave them in your desk drawer, on a convenient bookshelf, or on an unlabeled diskette.

- If records are kept in a cabinet in one's own office, make sure they are filed according to the department file plan so they can be used by others more efficiently. Be careful to keep personal material separate from the department records.

- When one changes jobs, be sure to turnover the records to someone in the department (supervisor) who will take responsibility for them. Remember, they belong to the health science center, not the employee.

- Ensure destruction procedures are followed and document the destruction of records within the department and the Records Center. (Refer to Records Management Policy and Procedures Manual.)

Contacts for More Information

- Records Management Team, at (817)735-5011,
  Fax (817)735-5139 for…
  - Questions regarding Records Management and retention issues.
  - Available training
  - Off-site storage and retrievals
  - Current services offered
  - Duplication of media
  - Record Destruction