

**Administrative Council
Midwestern State University**

March 21, 2022

Meeting No. 22-03

The Administrative Council met Monday, March 21, 2022, at 2:30 p.m., in the Priddy Conference Room in the Dillard Building. Present were Dr. James Johnston, Ms. Debbie Barrow, Dr. Martin Camacho, Dr. Beth Reissenweber, Mr. Fred Dietz, Ms. Dawn Fisher, Ms. Angie Reay for Ms. Reagan Foster, Mr. Barry Macha, Dr. Karen Moriarty, Mr. Tim Beaman for Mr. Kyle Owen, Mr. Austin Strode, Mr. Tony Vidmar, Mr. Kyle Williams, and Ms. Betsy Tucker. Not present were Dr. Keith Lamb, Dr. Kristen Garrison, Ms. Julie Gaynor, and Mr. Matt Park.

I. MSU Policies and Procedures

The following policies were presented and discussed. Each policy was unanimously approved as attached.

MSU OP 02.38 - Emeritus Appointments

MSU OP 34.14 - Compressed Gas Handling, Storage, and Transportation

MSU OP 34.15 - Hazardous Materials Spills

MSU OP 34.16 - Handling of Sharps and Sharp Objects

MSU OP 34.17 - Bloodborne Pathogens Protection

II. Waiver of International Graduate Student Admissions Criteria

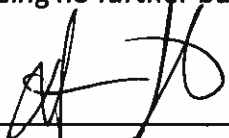
Through the work of the MSU Enrollment and Retention Task Force, the requirement for a NACES transcript evaluation was identified as a barrier to admission at MSU due to the cost and time required to receive the evaluation.

MSU's current applicable Graduate Student foreign credential requirements are shown below:

A bachelor's degree from a regionally accredited institution. The McAda Graduate School must receive an official transcript, including one on which a bachelor's degree is posted, directly from each institution the applicant has attended. International graduate student applicants must submit a course-by-course credential evaluation with GPA that includes verified transcripts. MSU strongly prefers the WES ICAP evaluation, but will accept a comparable evaluation from a NACES member.

The Task Force recommended a pilot test of a contracted "file reader" credential evaluation service that would evaluate unofficial transcripts and generate a report. MSU's application processing staff would receive the official transcripts and verify their authenticity. MSU's Graduate Council and Academic Council have approved the recommendation to pilot the file reader approach to foreign credential evaluation for a period not to exceed one year and Dr. Camacho presented it to Administrative Council for review and action. He added that once approved by the Administrative Council, Dr. Johnston would forward the recommended change to Chancellor Mitchell for review and approval. The Administrative Council unanimously approved the waiver which would become effective immediately upon approval by the Chancellor. (Note: The waiver was approved by Chancellor Mitchell on March 28, 2022)

There being no further business, the meeting was adjourned at 2:45 p.m.



James Johnston, Chair



Betsy Tucker, Secretary



MIDWESTERN STATE UNIVERSITY

Operating Policies & Procedures Manual

University Operating Policy/Procedure (OP)

OP 02.38: Emeritus Appointments

Approval Authority:	President
Policy Type:	University Operating Policy and Procedure
Policy Owner:	President
Responsible Office:	Provost and Vice President for Academic Affairs Vice President for Administration and Finance
Next Scheduled Review:	This OP will be reviewed in March of every fourth year by the Provost and Vice President for Academic Affairs and the Vice President for Administration and Finance with substantive revisions presented to the President by March 15.

I. Policy Statement

In accordance with *Regents' Rule* [04.01.2](#) (Emeritus Appointments) of the Texas Tech University System (“System”) Board of Regents, and as outlined in this OP, the title “Emeritus” may be conferred as a recognition at retirement for long and faithful service or for very distinguished service to Midwestern State University (“MSU” or “University”). Emeritus appointments are honorary and without stipend and subject to approval by the Board upon recommendation of the University President with concurrence by the Chancellor of the System.

II. Reason for Policy

The purpose of this Operating Policy/Procedure (OP) is to provide an orderly process for emeritus appointments, as authorized in the *Regents' Rules*.

III. Application of OP

This OP applies to University faculty with the rank of professor or associate professor and to University administrative officers in major positions at the time of retirement.

IV. Definitions

For purposes of this OP:

Very Distinguished Service – means service to the University marked by eminence, distinction, or excellence to a high degree.

Administrative Officers in Major Positions – consist of the University’s President, Provost, Vice Presidents, Associate Vice Presidents, Assistant Vice Presidents, Deans, Chairs and Directors, and such other officials of equivalent responsibility, as may be designated by the President.

V. Procedures and Responsibilities

- A. The title “Emeritus” may be conferred as a recognition for long and faithful service, or for very distinguished service to the University. The President will present annually to the Board of Regents recommendations for emeritus appointments. Nominations of individuals who meet the prerequisites listed below, as outlined in Section [04.01.2](#), *Regents’ Rules*, Emeritus Appointments, should be sent to the President, through the appropriate channels described below for her or his consideration for subsequent recommendation to the Board of Regents.
- B. Emeritus appointments are strictly honorary and without stipend.
- C. Each such appointment shall be subject to approval by the Board of Regents upon recommendation of the President of the University, with the concurrence by the Chancellor of the System.
- D. Members of the faculty with the rank of professor or associate professor at retirement may be given emeritus appointments, provided they have completed at least ten (10) years of service at the University or have been recommended on the basis of “very distinguished service.” The following prescribed method for recommendation of emeritus status will be utilized; self-recommendations are inappropriate.
 1. Unless the Provost and Vice President for Academic Affairs or the President is under consideration, the Provost and Vice President for Academic Affairs will ask for nominations from the relevant chair or dean. These nominations should include a letter addressing the eligibility and a curriculum vita of the individual been considered. The Provost and Vice President for Academic Affairs will then forward the nomination material to the University Tenure and Promotion Committee for recommendations. The appraisals from the University Tenure and Promotion Committee and the Provost and Vice President for Academic Affairs will be sent to the President of the University. Nominations may be submitted for up to twelve (12) months after a faculty member has retired. If the Provost and Vice President for Academic Affairs is under consideration, the President will ask for independent recommendations from the University Tenure and Promotion Committee, the relevant Chair, and Dean.
 2. If the President wishes emeritus status to be granted to the nominated individual, she or he will so recommend to the Board of Regents with concurrence by the Chancellor of the System.
 3. In addition to benefits extended to all MSU retirees who have served the University for ten years, emeriti professors and associate professors shall be entitled to:

- a. use of Midwestern State University's name in their scholarly pursuits;
 - b. use of University laboratory and office space and other resources depending on availability and the President's approval (permission will be granted on a semester basis);
 - c. maintenance of an emeritus e-mail address;
 - d. marching in the appropriate position in the academic procession; and
 - e. actively participating in University events and offerings.
- E. Administrative officers in major positions at the time of retirement from administrative duties may be considered for emeritus appointments.
- 1. Recommendations may be initiated by any member within the recipient's administrative unit(s). Self-recommendations are inappropriate.
 - 2. If the President wishes emeritus status to be granted to the nominated individual, she or he will so recommend to the Board of Regents with concurrence by the Chancellor of the System. If the President is under consideration, the Chancellor will make the recommendation to the Board if the Chancellor wishes emeritus status to be granted to the President.
 - 3. In addition to benefits extended to all MSU retirees who have served the University for ten years, emeriti staff administrators shall be entitled to:
 - a. use of Midwestern State University's name in their scholarly and professional pursuits; and
 - b. maintenance of an emeritus e-mail address.
- F. In unusual and unforeseen circumstances, the Board of Regents reserves the right to rescind a previously approved emeritus appointment.
- G. If an emeritus appointee returns to service in the interest of the University after an intervening period, emeritus status is not affected.

VI. Related Statutes, Rules, Policies, Forms, and Websites

Related Rules:

Texas Tech University System *Regents' Rules*, [04.01.2](#) (Emeritus Appointments)

VII. Responsible Office(s)

Provost and Vice President for Academic Affairs
 Hardin Administration Building, 107
 3410 Taft Blvd.
 Wichita Falls, TX 76308
 Phone: (940) 397-4211
 E-mail: martin.camacho@msutexas.edu

Vice President for Administration and Finance
 Hardin Administration Building, 102
 3410 Taft Blvd.
 Wichita Falls, TX 76308
 Phone: (940) 397-4237
 E-mail: beth.reissenweber@msutexas.edu

VIII. Revision History

- 10 Nov. 1989 The MSU Policy Manual previously contained Policy 3.317 (Emeritus Status) concerning the awarding of emeritus status to faculty only. Although several administrators had attained emeritus status, a comprehensive policy statement did not exist. The policy revision includes provisions for awarding emeritus status to staff as well as faculty.
- 13 Feb. 2009: MSU Policy 3.317 (Emeritus Status) revised and renamed Academic Emeritus Status.
- 14 May 2010: MSU Policy 3.317 (Academic Emeritus Status) revised the benefits in Section D by eliminating dialup access to the campus computer network.
- MSU Policy 3.318 (Staff Emeritus Status) adopted and approved by the MSU Board of Regents.
- 10 May 2013: MSU Policy 3.317 (Academic Emeritus Status) revised the eligibility in Section B to ten consecutive years in a full-time position.
- 5 Aug. 2016: MSU Policy 3.317 (Academic Emeritus Status) revised the process format in Section C.
- 7 Nov. 2019: MSU Policy 3.317 (Academic Emeritus Status) and Policy 3.318 (Staff Emeritus Status) revised the benefits in Section D to include an emeritus e-mail address instead of an MSU e-mail address.
- _ April 2022: Former OP 02.38/3.317 (Academic Emeritus Status–Faculty and Administration) and 52.92/3.318 (Staff Emeritus Status) are revised and combined, OP 2.38 is renamed Emeritus Appointments, and OP 52.92 is deleted. Approved by MSU Interim President James Johnston.

James Johnston, Interim President
 Midwestern State University

Date Signed: _____

3.317 President's Office**ACADEMIC EMERITUS STATUS – FACULTY AND ADMINISTRATION****Date Adopted/Most Recent Revision: 11/7/2019****A. General**

University faculty at the ranks of assistant professor, associate professor and professor and academic administrators in the positions of dean, provost and vice president for academic affairs, or president may be granted emeritus status upon retirement.

B. Eligibility

Emeritus status may be granted to eligible faculty or administrators who have faithfully served the university for ten (10) or more consecutive years in a full-time position. Faculty will have a record of (1) either extraordinary contributions to teaching or scholarly/creative production or service (2) or have continuously been productive in teaching, scholarship/creative activities, and service. Administrators in the positions of dean or provost and vice president for academic affairs will have notably contributed to the progress of the university. A president who has served the university for ten (10) or more consecutive years will automatically be considered.

C. Process

Unless the provost and vice president for academic affairs or the president is under consideration, the provost and vice president for academic affairs will ask for nominations from the relevant chair or dean. These nominations should include a letter addressing the eligibility and a curriculum vita of the individual been considered. The provost and vice president for academic affairs will then forward the nomination material to the University Tenure and Promotion Committee for recommendations. The appraisals from the University Tenure and Promotion Committee and the provost and vice president for academic affairs will be sent to the President of the university. Nominations can be submitted for up to 12 months after a faculty member has retired. If the provost and vice president for academic affairs is under consideration, the president will ask for independent recommendations from the University Tenure and Promotion Committee, the relevant chair, and dean. If the president wishes emeritus status to be granted, he or she will so recommend to the Board of Regents of Midwestern State University. Self-recommendations are inappropriate.

D. Benefits

In addition to benefits extended to all MSU retirees who have served the university for ten years, emeriti professors and administrators shall be entitled to:

1. use of Midwestern State University's name in their scholarly pursuits;
2. use of university laboratory and office space and other resources depending on availability and the president's approval (permission will be granted on a semester basis);
3. maintenance of their MSU e-mail address;
4. marching in the appropriate position in the academic procession; and
5. actively participating in university events and offerings.

3.318 President's Office**STAFF EMERITUS STATUS****Date Adopted/Most Recent Revision: 11/7/2019****A. Purpose:**

University administrators at the ranks of vice president, associate vice president, dean, director, and department head may be granted emeritus status upon retirement.

B. Eligibility:

~~Staff Emeritus status may be granted to eligible staff members who have faithfully served Midwestern State University for a minimum of ten (10) years in an eligible position and who have notably contributed to the progress of the university.~~

C. Process:

~~Recommendations may be initiated by any member within the recipient's departmental organization. Self recommendations are inappropriate. If the president wishes emeritus status to be granted, he or she will so recommend to the Board of Regents of Midwestern State University.~~

D. Benefits

~~In addition to benefits extended to all MSU retirees who have served the university for ten years, emeriti staff administrators shall be entitled to:~~

- ~~1. use of Midwestern State University's name in their scholarly and professional pursuits and,~~
- ~~2. maintenance of an emeritus e-mail address.~~

DRAFT



MIDWESTERN STATE UNIVERSITY

Operating Policies & Procedures Manual

University Operating Policy/Procedure (OP) OP 34.14: Compressed Gas Handling, Storage, and Transportation

Approval Authority:	President
Policy Type:	University Policy and Procedure
Policy Owners:	Vice President for Administration and Finance
Responsible Offices:	Associate Vice President for Facilities Services Manager, Risk Management & Safety
Next Scheduled Review:	05/01/2025

I. Policy Statement

It is the policy of Midwestern State University (“MSU” or “University”) to comply with State and Federal requirements related to handling of compressed gas cylinders.

II. Reason for Policy

The purpose of this OP is to ensure the safe handling, storage, and transportation of compressed gas cylinders.

III. Application of Policy

This OP applies to all University employees and contractors.

IV. Procedures

A. Handling

Cylinders should always be moved with a hand truck, forklift, cylinder pallet system, or other means to keep cylinders from falling or striking each other or other objects. **Cylinders shall never be moved by rolling or dragging.** Never move cylinders using the valve or valve protection cap. Never use magnets as a lifting device. **Use a cylinder caddy/hand cart.**

1. Ropes, chains, or slings must never be used to lift or suspend cylinders unless, at the time of manufacturing, lugs were included to use as appropriate lifting

devices. If these are not furnished, suitable cradles or platforms must be used for lifting.

2. Cylinders must not be dropped or slid in such a way as to damage the cylinder. Leaking, damaged, or defective cylinders should not be used without authorization from the gas supplier.
3. Cylinder maintenance, including painting, removal of product markings, modifications, alterations, blockage, or replacement of valves or pressure relief valves, must be performed only by a trained person under the direction and consent of the cylinder owner or an authorized representative.
4. Ensure cylinders are not damaged by electric current, and ensure that cylinders are not used as a grounding device or as part of the grounding circuit.
5. Do not expose gas cylinders to direct heat, flame, or extreme temperature. Temperatures above 125 degrees Fahrenheit may result in cylinders being damaged or affecting the integrity of the cylinder. If cylinders are exposed to fire or struck by a welding arc, notify the gas supplier before shipping these cylinders.
6. Cylinders exposed to low temperatures may undergo significant decreased impact resistance. Obtain approval from the supplier before subjecting cylinders to very low temperatures.
7. Cylinders designed for valve cap protection shall have the cap secured in place until the cylinder is being used and the cylinder is secured to a solid object.
8. Where provided, valve outlet caps or plugs should be securely affixed to the valve outlet prior to transportation. These shall be used since they provide a secondary containment for the valve. These plugs shall be checked and tightened before returning the cylinder to the supplier.

B. Storage

Safe storage of compressed gas shall start with signs being posted identifying locations for gases and cryogenic liquids. Identification can be by name, hazard class, or both. Signs stating "No Smoking" shall be posted. Other storage considerations follow.

1. Storage areas shall be well drained, well ventilated, and built of fire resistant materials. Storage areas must not exceed 125 degrees Fahrenheit.
2. Adequate spacing shall be provided to allow cylinders to be grouped together by hazard class. Separate storage should be provided for full cylinders and empty cylinders.

3. Storage in basements shall be avoided. Cylinders shall be adequately separated from combustibles and not stored near flammables such as gasoline.
4. The minimum separation between liquefied petroleum gas containers and flammable liquid tank shall be 20 feet.
5. Do not expose cylinders to corrosives or chemical vapors.
6. Cylinders must be stored away from moving objects that could strike them. Cylinders must be secured at all times by a chain or similar restraint in such a manner that will prevent them from being accidentally tipped or knocked over.
7. Cylinders used in public areas must be protected against tampering by unauthorized personnel.
8. Cylinders may be stored outdoors; however, they shall not be exposed to damp areas for prolonged periods.
9. It is preferable to store cylinders on concrete.
10. Liquid oxygen should never be stored on asphalt or hydrocarbon-based paving materials that could cause a violent reaction if spilled.

C. Transportation

Compressed gases and cryogenic liquids are defined as hazardous materials by Department of Transportation (DOT) regulations. The preferred way to transport cylinders is to use a vehicle that is designed and equipped to do so.

These vehicles shall be ventilated and have adequate means to secure the cylinders. Persons transporting cylinders in a vehicle must:

1. Be knowledgeable of the hazards and precautions while transporting.
2. Check cylinders for leaks or physical damage prior to transport.
3. Ensure that cylinders are secure.
4. Ensure that protective caps and valve outlet caps are in place.
5. No smoking or open flames near cylinders.
6. Know what to do in case of leak, incident, or emergency.
7. Follow all traffic laws.
8. Know product regulations and supplier instructions.

The Department of Transportation regulates compressed gases by highway, rail, water, and air. These regulations are contained in [Title 49 of the Code of Federal Regulations, parts 100-179](#).

D. Acetylene

1. Storage Procedures

Storage of acetylene shall comply with NFPA 51. Inside buildings, cylinders shall not be stored within 20 feet of oxygen.

- a. If the 20-foot separation is not possible, the acetylene and oxygen shall be separated by a noncombustible partition five feet high with a fire resistant rating of 30 minutes.
- b. Acetylene cylinders should not be stored in a horizontal position. This will cause loss of solvent that can cause lower flame quality and result in fuse plug failure.
- c. Acetylene cylinders must not be stored so that they could be struck or knocked over. The cylinders shall be secured while in storage or in use.
- d. Never attempt to inject acetylene gas into any type of vessel, tank, or enclosure.

2. Handling Procedures

Always call acetylene by its proper name; never just label it as a gas. Proper handling includes, but is not limited to, the following:

- a. Never attempt to repair cylinders.
- b. If acetylene is leaking, move the cylinder outdoors and keep people away. Call the supplier to have cylinder removed.
- c. Keep sparks and flames away from acetylene.
- d. Never let flames come into contact with the fusible plug. They melt at 212 degrees Fahrenheit and can cause a sudden burst of flame up to 15 feet.
- e. Should the outlet valve clog from ice, thaw with warm water, not with hot water or flames.
- f. Cylinders must be protected against dropping while loading or unloading.

- g. When moving cylinders with a crane or hoist, use a cage or cradle to protect cylinders from damage.
- h. Use hand trucks to transport cylinders, and always secure cylinders to hand trucks. Never roll cylinders.
- i. Never drag cylinders from place to place.
- j. Always close cylinders before moving them, and ensure that the protective cap is in place.

3. Use

Always use acetylene through a regulator attached to the cylinder outlet valve. Acetylene shall never be used at pressures exceeding 15 psi.

- a. Always open and close acetylene cylinder valves slowly to minimize pressure surges.
- b. Only use regulators designed for acetylene service.
- c. Flame arrestors and check valves should be installed at both torch base hose connections and at the regulator hose connections.
- d. Never use a hammer or mallet to open or close a valve.
- e. Never stand in front of a regulator and gauge faces while opening the cylinder valve.
- f. Always bleed pressure from the hoses and regulator before removing the gauge from the cylinder.
- g. Never apply a torch to the side of a cylinder to raise the pressure, serious injuries have occurred from this practice.

V. **Related Constitutional Provisions, Statutes, Rules, Policies, Forms, and Websites**

Related Statutes/Rules:

[Code of Federal Regulations, Title 49, parts 100-179.](#)
[NFPA 51.](#)

Related University Policies and Procedures: N/A.

VI. **Responsible Offices**

Contact: Associate Vice President for Facilities Services
Phone: 940-397-4648
E-mail: AVPFS@msutexas.edu

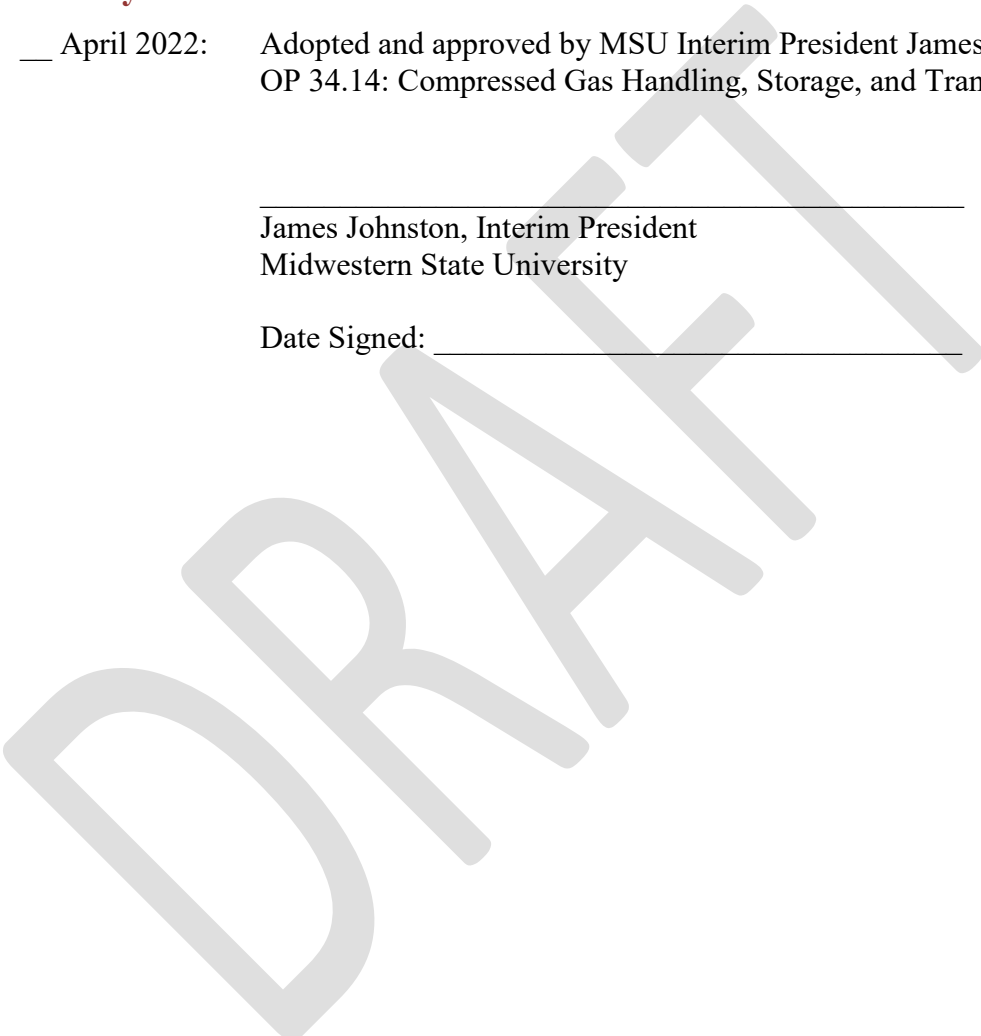
Contact: Manager, Risk Management & Safety
Phone: 940-397-4032
E-mail: Risk&SafetyMgrFS@msutexas.edu

VII. History

__ April 2022: Adopted and approved by MSU Interim President James Johnston as OP 34.14: Compressed Gas Handling, Storage, and Transportation.

James Johnston, Interim President
Midwestern State University

Date Signed: _____





MIDWESTERN STATE UNIVERSITY

Operating Policies & Procedures Manual

University Operating Policy/Procedure (OP) OP 34.15: Hazardous Material Spills

Approval Authority:	President
Policy Type:	University Policy and Procedure
Policy Owner:	Vice President for Administration and Finance
Responsible Offices:	Associate Vice President for Facilities Services Manager, Risk Management & Safety University Police Department Chemical Safety Manager
Next Scheduled Review:	05/01/2025

I. Policy Statement

It is the policy of Midwestern State University (“MSU” or “University”) to comply with State and Federal requirements for protecting people, property, and the environment from accidental contamination of hazardous materials (gases and liquids).

II. Reason for Policy

The purpose of this policy is to establish communication and reactionary processes during a hazardous liquid or gas spill incident, and to mitigate potential life-threatening conditions that may endanger lives and property.

III. Application of Policy

This policy applies to all University students, faculty, staff, and contractors.

IV. Procedures

- A. It is the responsibility of each supervisor to ensure proper identification of hazards, training, availability of safety equipment, and handling and disposal of all hazardous materials in his or her assigned areas. Full compliance with regulations governing information and right-to-know of employees concerning SDS is mandatory.
- B. Minor Spill – The unplanned release of a hazardous material that is easily cleaned and poses no threat.

1. Do not leave the spill unattended and use proper cleanup procedures per applicable departmental training and protocol.
 2. If necessary, consult with the Chemical Safety Manager (940-397-4596) or the campus Risk Management & Safety Manager (940-397-4032).
- C. Major Spill – The unplanned release of a hazardous material that poses potential harm.
1. Notify University Police Department (940-397-4239) immediately for major spills.
 2. Attempt to secure and contain the spill to prevent spreading, but only if it can be accomplished safely.
 - a. Prevent contaminants from entering drains, sewers, run-off ditches, or gutters by using dirt, rags, lumber, or other available resources.
 - b. Personnel should not place themselves in danger. Attempt containment only if practical and safe.
 3. Depending on type of hazard and scope of threat, immediate notification may be necessary:
 - a. University Police Department (940-397-4239) is the initial response team to assess the need for HAZMAT services from the local fire department; and if necessary, may activate campus emergency operations.
 - b. Depending on environmental impact, multiple agencies will work with campus Facilities Services on impact studies and remediation plans. Agencies may include the city/county, Texas Commission on Environmental Quality (TCEQ), and the US Environmental Protection Agency (EPA).

V. Related Constitutional Provisions, Statutes, Rules, Policies, Forms, and Websites

Related Codes:

[Texas Administrative Code: Environmental Quality](#)

[TCEQ/Response/Spills, Discharges, and Releases](#)

Related University Policies and Procedures: N/A.

VI. Responsible Offices

Contact: University Police Department Dispatch

Phone: 940-397-4239
Contact: Associate Vice President for Facilities Services
Phone: 940-397-4648
E-mail: AVPFS@msutexas.edu

Contact: Manager, Risk Management & Safety
Phone: 940-397-4032
E-mail: Risk&SafetyMgrFS@msutexas.edu

Contact: Manager, Chemical Safety
Phone: 940-397-4596
E-mail: ChemSafeMgr@msutexas.edu

VII. History

__ April 2022: Adopted and approved by MSU Interim President James Johnston as OP 34.15: Hazardous Material Spills.

James Johnston, Interim President
Midwestern State University

Date Signed: _____



MIDWESTERN STATE UNIVERSITY

Operating Policies & Procedures Manual

University Operating Policy/Procedure (OP) OP 34.16: Handling of Sharps and Sharp Objects

Approval Authority:	President
Policy Type:	University Policy and Procedure
Policy Owner:	Vice President for Administration and Finance
Responsible Offices:	Associate Vice President for Facilities Services Manager, Risk Management & Safety
Next Scheduled Review:	05/01/2023

I. Policy Statement

It is the policy of Midwestern State University (“MSU” or “University”) to provide instruction on the safe handling and disposal of sharps and sharp objects.

II. Reason for Policy

The purpose of this policy is to mitigate the potential risk of injury, infection, and contamination through uniform procedures and guidance.

III. Application of Policy

This policy applies to all University students, employees, and contractors.

IV. Definitions

For purposes of this policy:

Contaminated – Exposure to biological (human, animal, or microbiological), chemical, or radioactive source and not previously sterilized or rendered inert.

Sharp Objects – Items capable of puncturing, cutting, or abrading the skin—can be broken glass, plastic, or metal, or thin-walled materials easily shattered. Categorically does not include hypodermic needles and other “sharps” (see below).

Sharps - Includes any materials that can puncture or pierce through skin and is contaminated with biological material that can risk transmission or release to the

environment. For example, needles, syringes, scalpels, microscopic slides, small broken glass or tubes.

V. Procedures and Responsibilities

A. Use and Disposal of Sharp Objects

1. Departments shall review its operations with the goal of reducing the use of sharps and sharp objects where feasible. When working with sharp objects, or if there is a potential to become sharp if broken (i.e. bottles, beakers, and test tubes), the following precautions must be followed:
 - a. Users of sharp objects must wear eye, hand, and other PPE protection as appropriate for the task.
 - b. Accidents do happen; however, do not pick up broken glass or sharp objects with your hands. Carefully sweep up shattered fragments into an appropriate container and discard into the building dumpster. DO NOT place sharp objects in a room or hall waste receptacle.
 - c. With the goal of eliminating any possible exposure to sharp objects in the waste handling process, all sharp objects must be disposed of in puncture-proof/leak-proof containers clearly labeled as “Sharps” biohazard waste and the container(s) must have the international symbol on the outside. Vendor-supplied options for non-contaminated sharp disposal such as blade disposal jugs are available; however, plastic, metal or cardboard containers are acceptable if they are puncture-proof, sealable, and labeled “SHARP OBJECTS.”
2. When dealing with sharp objects, if there is an injury or exposure to biohazard material, wash the exposed are immediately with soap or an antiseptic, such as rubbing alcohol. Report any associated hazards or injuries to the appropriate supervisory chain of command, or contact the Risk Management and Safety Manager at 940-397-4032 for guidance. Seek immediate medical attention from a local hospital.

B. Use and Disposal of Sharps

1. Sharps containers may be purchased through any medical/scientific supply vendor. Containers must be closable, puncture resistant, leak proof on sides and bottom, and appropriately labeled or color-coded.
2. Always consider opened or used sharps as a biohazard! Because of the high cost of regulated waste disposal, please reduce items going into the sharps container to just those fitting this category. Contact the Risk Management and Safety Manager at 940-397-4032 for guidance.

3. When handling sharps:
 - a. Be constantly aware of sharp's location.
 - b. Be aware of others in the area.
 - c. Never hold a cap in hand to recap a syringe needle. Safety devices on needles and other sharps should be activated immediately after use and disposed of properly. Needles must not be bent, sheared, broken, recapped, removed from disposable syringe or otherwise manipulated by hand before disposal.
 - d. Never fill a sharps container beyond 3/4 capacity.
4. Sharps containers should be placed inside the larger biohazardous waste containers and can be combined with "red bag" waste as long as all containers and bags are not torn or distorted. After properly sealing and containing, place a [Work Order](#) for pickup by providing details for type and quantity of waste.
5. If someone is injured by a contaminated sharp, wash the exposed area immediately with soap or an antiseptic, such as rubbing alcohol. In addition, report the incident to their supervisor and seek immediate medical attention from a local hospital.

VI. Related Constitutional Provisions, Statutes, Rules, Policies, Forms, and Websites

Related Statutes/Rules:

[Texas Commission on Environmental Quality: Disposing of Sharps, Syringes, and Other Related Waste](#)

Related University Policies and Procedures: N/A.

VII. Responsible Offices

Contact: Associate Vice President for Facilities Services
 Phone: 940-397-4648
 E-mail: AVPFS@msutexas.edu

Contact: Manager, Risk Management & Safety
 Phone: 940-397-4032
 E-mail: Risk&SafetyMgrFS@msutexas.edu

VIII. History

28 Feb. 2022: Adopted and approved by Interim President James Johnston as OP 34.16: Handling of Sharps and Sharp Objects.

James Johnston, Interim President
Midwestern State University

Date Signed: _____

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MIDWESTERN STATE UNIVERSITY

Operating Policies & Procedures Manual

University Operating Policy/Procedure (OP) OP 34.17: Bloodborne Pathogens Protection

Approval Authority:	President
Policy Type:	University Operating Policy and Procedure
Policy Owners:	Vice President for Administration and Finance
Responsible Offices:	Associate Vice President for Facilities Services Manager, Risk Management & Safety
Next Scheduled Review:	05/01/2024

I. Policy Statement

It is the policy of Midwestern State University (“MSU” or “University”) to provide safe work practices for potential exposure to bloodborne pathogens to include hepatitis B (HBV), hepatitis C (HCV), and human immunodeficiency virus (HIV).

II. Reason for Policy

The purpose of this policy is to mitigate the potential risk of infection and contamination through uniform procedures and guidance.

III. Application of Policy

This policy applies to all University students, employees, and contractors who are “reasonably anticipated” to be exposed to bodily fluids on the job or in a classroom.

IV. Definitions

Most of the terms and definitions in this plan are based on 29 CFR1910.1030, "Occupational Exposure to Bloodborne Pathogens," 1996:

Blood – Human blood, human blood components, and products made from human blood.

Bloodborne pathogens – Pathogenic microorganisms that are present in human blood that can cause disease in humans. These pathogens include, but are not limited to, HBV, HCV and HIV.

Bloodborne Pathogens Exposure Control Plan (BPECP) - Written plan to prevent employee exposure to bloodborne pathogens in the workplace.

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

Decontamination – 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 – Modalities or processes (i.e., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazards in the workplace.

Exposure incident - Specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

Occupational exposure – Methods by which bloodborne pathogens are transmitted by: 1) needle stick or cut from a contaminated sharp object; 2) splash to eyes, nose or mouth; or 3) contact with broken skin.

Other potentially infectious materials (OPIM):

Human bodily fluids such as semen, vaginal secretions, cerebrospinal fluids (brain or spinal fluid), synovial fluid (joint fluid), pleural fluid (lung and chest fluids), pericardial fluid (fluid in the heart sac), peritoneal fluid (serous fluid around the abdominopelvic walls), amniotic fluid (membrane enveloping the fetus), saliva in dental procedures, any bodily fluid that is visibly contaminated with blood, and all bodily fluids in situations where it is difficult or impossible to differentiate between bodily fluids;

Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

HIV (containing cell or tissue cultures or organ cultures) and HIV, HBV, or HCV (containing culture medium or other solutions), and blood, organs, or other tissues from experimental animals infected with HIV, HBV, or HCV.

Parenteral – Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts or abrasions.

Personal protective equipment (PPE) – Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes are not intended to function as protection against a hazard and are not considered PPE.

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 OPIM.

Sharps - Any object that can penetrate the skin including, but not limited to, hypodermic needles, scalped blades, microtome blades, razor blades, lancets, dental scalers, broken glass, pipettes, capillary tubes, and exposed ends of dental wires.

Universal precautions – An approach to infection control treating all human blood and certain human bodily fluids as if infectious for HIV, HBV, HCV and other bloodborne pathogens.

Work practices – Procedures that reduce the likelihood of exposure by altering the manner in which a task is performed (i.e., prohibiting recapping of needles by two-handed technique).

V. Procedures and Responsibilities

A. The primary responsibilities of department heads are to:

1. Develop the departmental BPECP (review assistance from the Risk Management & Safety Manager can be requested by the BPECP);
2. Be familiar with this plan and its contents and objectives;
3. Support the plan and oversee its implementation; and
4. Implement proper administrative and engineering controls in the work area.

B. Responsibilities of department managers and supervisors are to:

1. Implement the BPECP;
2. Be familiar with this plan and its contents and objectives;
3. Know where blood or OPIM are used, produced, stored, or handled in any manner in the department;
4. Identify employees who may be at risk of exposure. Risk is determined by reviewing each task related to fulfilling an employee's job description that could result in an exposure;
5. Review and update the exposure information annually or more frequently if changes to an employee's task;
6. Provide initial and ongoing (annual) training to employees;
7. Identify and develop work practices to include procedures for spills, waste disposal, decontamination, and accident response;

8. Determine which employees who have occupational exposure are required to have the Hepatitis B vaccination series;
9. Provide the correct PPE at no cost to employees; and
10. Monitor the work area for changing tasks and make corrections as needed.

C. University employees will:

1. Be familiar with department plan and procedures;
2. Conduct each task in accordance with their training or department's standard operating procedure;
3. Complete required departmental training;
4. Use PPE and other protective devices as required (may be exceptions with UPD); and
5. Report to their manager or supervisor any deficiencies and exposures.

D. Safety Manager will:

1. Assist departments in developing their BPECP;
2. Provide guidance on how to package contaminated waste;
3. Advise departments on developing procedures for proper PPE and other protocols.

E. Employee Exposure Determination

1. Moderate to High Risk Exposure
 - a. Athletic Trainers;
 - b. Healthcare (includes Dental);
 - c. Police Officers
2. Low to Moderate Risk Exposure
 - a. Plumbers;
 - b. Custodians;
 - c. Nursing, and Kinesiology faculty;

- d. Employees responsible for laundry; and
 - e. Staff handling, cleaning up, or disposing of blood or OPIM.
3. No Risk to Low Risk Exposure
- a. Office staff; and
 - b. Employees whose job description defines no task related to exposure.

F. Employee Protection

- 1. If an employee is potentially subject to exposure, the department must follow their established BPECP.
- 2. Engineering controls will be used as a primary method to reduce work exposure (e.g., disposable bags, sharps containers, and self-sheathing needles).
- 3. Departments must provide, at no cost to the employee, PPE such as gloves, gowns, masks, and eye protection, as well as repair or replace those items when necessary.

G. Workplace Practices

- 1. Employees shall wash their hands immediately after removing gloves and after hand contact with blood or OPIM.
- 2. All PPE must be removed immediately upon leaving the work area.
- 3. Used needles and other sharps shall not be sheaved, bent, broken, recapped, or resheathed by hand.
- 4. Eating, drinking, smoking, applying cosmetics, and handling contact lenses are prohibited in work areas where the potential for exposure exists.
- 5. Food and drinks shall not be stored in the same refrigerators or cabinets where blood or OPIM are stored.
- 6. Employees must wear closed-toed shoes.
- 7. Protective clothing will be considered regulated contaminated waste and will be disposed of in accordance with this procedures.
- 8. Any person who has contact (i.e., involved in bagging, transport, or laundering) with contaminated laundry will wear gloves and other appropriate personal protective equipment and adhere to universal precautions.

H. Housekeeping

1. Work surfaces potentially contaminated with human blood, bodily fluids, or OPIM shall be decontaminated before beginning work and at the end of each day with approved disinfectant. An alternative may be freshly diluted household bleach at the ratio of 1:10 (1 part bleach to 10 parts water).
2. Equipment shall be checked routinely and decontaminated prior to servicing or shipping.
3. All containers intended for reuse shall be inspected, cleaned, and disinfected on a regular schedule.
4. Broken glassware shall not be picked up by hand. A broom and dustpan or forceps should be used.
5. Specimens of blood shall be placed in a closeable, leak-proof container and labeled with the biohazard emblem.

I. Sharps (Refer to OP 34.16: Handling of Sharps and Sharp Objects)

1. "Sharps" is a generic term dealing with any item that can puncture, cut, or scrape body parts.
2. Sharps must be disposed of in an approved container that is puncture resistant, leak resistant, and cannot be opened without great difficulty. The sharps container must always be kept close to the work area so transporting a sharp is not required.
3. Sharps containers must be red in color with biohazard labels.

J. Training

1. Departments will conduct initial and recurring annual training for all personnel assigned to a department where there is a chance for exposure. Initial and recurring annual training will include the following (Vinson Health Center conducts training for their Accreditation Association for Ambulatory Health Care, AAAHC, accreditation at least annually):
 - a. A general explanation of bloodborne pathogen diseases;
 - b. Modes of transmission;
 - c. Copy of the bloodborne pathogen exposure control plan (reference Vinson Health Center's AAAHC Chapter 7, Infection Prevention & Control at <Z:\Vinson Health Center> for typical plan example; access request through

Information Technologies);

- d. Identification of tasks that may involve exposure to blood and OPIM;
 - e. Practices that will prevent exposure, including engineering controls, work practices, and PPE;
 - f. Information on Hepatitis B vaccine;
 - g. Response to exposure incidents;
2. Documentation of training must be maintained for three years and include:
- a. Date and location of training;
 - b. Contents of the training;
 - c. Trainer's name; and
 - d. Names and job titles of trainees.

K. Labeling

1. Warning labels shall be affixed to containers of infectious waste, refrigerators, freezers containing blood, and all other containers used to transport potentially infectious materials. Labels should clearly state that food or drinks are not to be stored in these refrigerators and freezers.
2. These labels shall be orange or orange-red with letters and symbols in a contrasting color.
3. All infectious waste designated for disposal shall be sealed in the provided red plastic bag and placed into the hard plastic Contaminated Material Container (CMC) that is properly color-coded and labeled. Sharps containers ready for disposal are properly sealed and placed into the CMC. It is appropriate to combined bagged items with sharps containers in the same CMC.
4. Disposal of all infectious waste shall be in accordance with applicable federal, state, and local regulations.

L. Exposure Procedures

1. Employees involved in an exposure incident should notify a supervisor or management and be directed to obtain immediate treatment at the nearest emergency medical treatment facility. Contact the campus Worker's Compensation representative within 24 hours of the incident.

- 2. Students involved in an exposure incident should be directed to report to the nearest emergency medical treatment facility.
- 3. Visitors involved in an exposure incident should be directed to report to the nearest emergency medical treatment facility.

VI. Related Constitutional Provisions, Statutes, Rules, Policies, Forms, and Websites

Related Statutes/Rules:

[29 CFR1910.1030, "Occupational Exposure to Bloodborne Pathogens," 1996](#)

[National Institute of Health Guidelines](#)

Related University Operating Policies and Procedures:

OP 34.16: Handling of Sharps and Sharp Objects

VII. Responsible Offices

Contact: Associate Vice President for Facilities Services
 Phone: 940-397-4648
 E-mail: AVPFS@msutexas.edu

Contact: Manager, Risk Management & Safety
 Phone: 940-397-4032
 E-mail: Risk&SafetyMgrFS@msutexas.edu

VIII. History

___ April 2022: Adopted and approved by MSU Interim President James Johnston as OP 34.17: Bloodborne Pathogens Protection.

James Johnston, Interim President
 Midwestern State University

Date Signed: _____