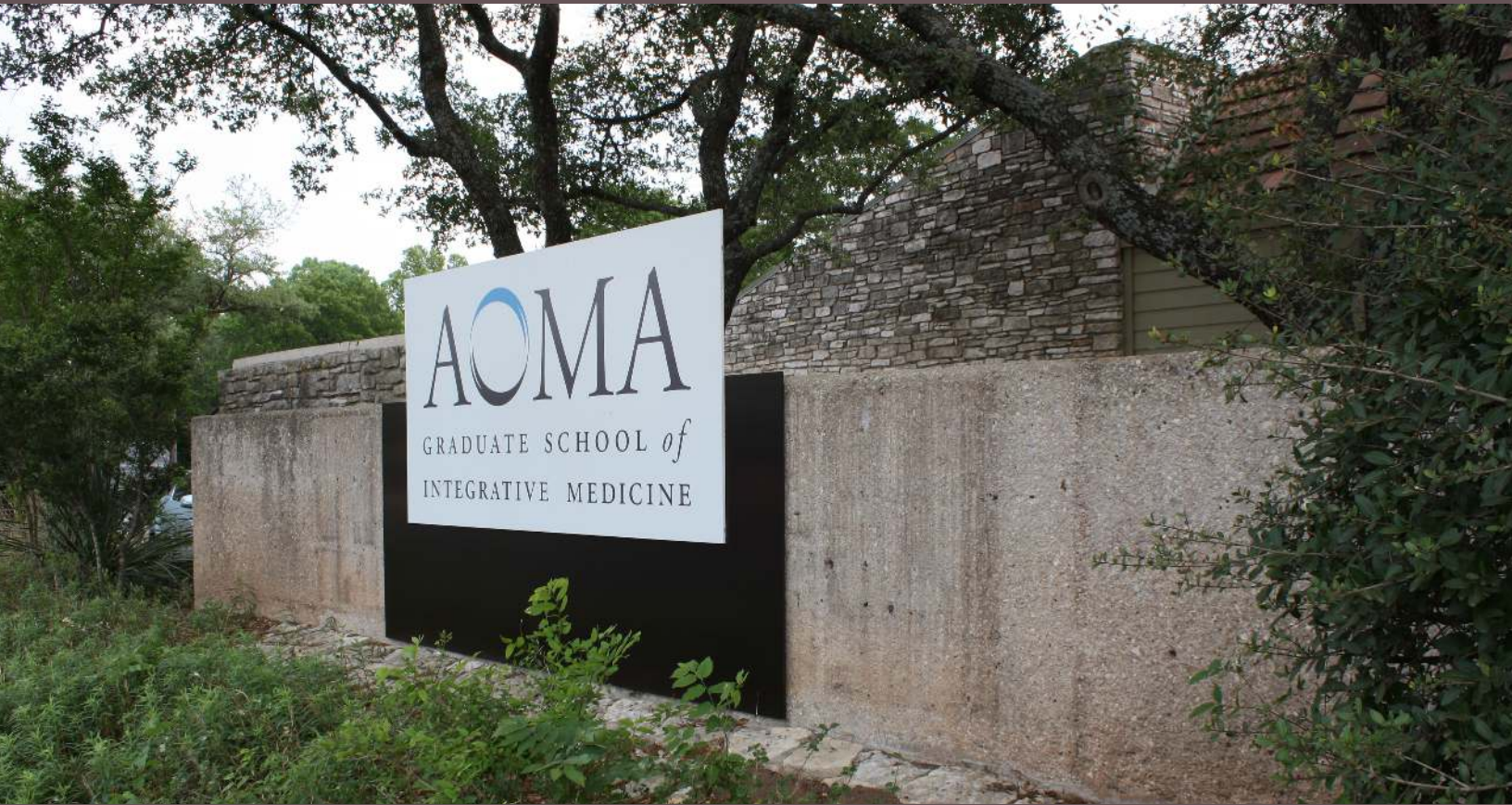


2022-23

Safety and Security Manual



Transforming Lives and Communities

Table of Contents

TABLE OF CONTENTS	1
GENERAL POLICIES	2
DRUG AND ALCOHOL USE	2
DRUG AND ALCOHOL ABUSE PREVENTION	2
SMOKING AND TOBACCO	4
AOMA TOBACCO-FREE/SMOKE-FREE POLICY	4
FOOD AND DRINK IN AOMA FACILITIES	5
DEPENDENT CHILDREN ON CAMPUS	6
PETS ON CAMPUS	6
SAFETY AND HEALTH	8
SAFETY	8
SAFETY AND HEALTH PROGRAM	9
BACTERIAL MENINGITIS VACCINATION REQUIREMENT	11
WORKERS' COMPENSATION INSURANCE	11
FIRE AND BUILDING SAFETY STANDARDS	12
WORKPLACE CONDITION CORRECTION	13
FACILITIES MAINTENANCE	13
EXPOSURE CONTROL PLAN	13
CLINIC INCIDENTS POLICY	15
OSHA IMPLEMENTATION SCHEDULE AND METHODOLOGY	16
HEPATITIS B INFORMATION	19
POST-EXPOSURE EVALUATION AND FOLLOW-UP	20
CLINIC INCIDENTS	22
CAMPUS SECURITY	24
DISSEMINATION OF SECURITY POLICIES	24
SECURITY AT AOMA	24
ACCESS TO CAMPUS FACILITIES	25
OFFICE SECURITY	25
REMOVAL OF AOMA PROPERTY	25
BUILDINGS AND PARKING	27
BICYCLES ON CAMPUS	27
WORKPLACE AND CAMPUS VIOLENCE	28
IDENTITY THEFT PREVENTION	29
ADDITIONAL SAFETY CONSIDERATIONS	30
AOMA CAMPUS CRIME AND SECURITY DATA REPORT	32
IMPORTANT PHONE NUMBERS AND WEBSITES	34
EMERGENCY PROTOCOL	35
HAZARD COMMUNICATION PROGRAM	35
NOTICE OF SCHOOL CLOSING	36
EMERGENCY ALERT	36

EMERGENCY RESPONSE AND EVACUATION PLAN	36
EMERGENCY RESPONSE TRAINING	39
REPORTING CRIMINAL OFFENSES	41
CRIME ALERTS: TIMELY WARNING	43

General Policies

Drug and alcohol use

Scope: Faculty, staff, and students

Alcohol abuse is the primary national public health issue on college campuses across the United States. AOMA has taken several measures to provide resources to the campus community. In accordance with the Drug-Free Schools and Communities Act and Drug-Free Schools and Campuses Regulations, AOMA has adopted a policy to prevent the unlawful possession, use, and distribution of illicit drugs and alcohol on AOMA campuses by employees and students. Please see the Drug-free environment policy in the General Policies Manual.

Revised: August 2007; updated May 2009

Drug and alcohol abuse prevention

Scope: Faculty, staff, students

AOMA contracts with counseling assistance for both employees and students. They are trained to assess and refer employees and students with alcohol and drug abuse problems to community-based treatment and rehabilitation programs.

Community resources

- AA, Alcoholics Anonymous – www.aa.org – (830) 798-1801; (512) 452-6784; (512) 442-9750
- NA, Narcotics Anonymous – www.na.org – (512) 480-0004
- La Hacienda’s Solutions – www.lahasolutions.com – (512) 955-5266

Health risks associated with the use of illicit drugs and abuse of alcohol

Some of the health risks associated with the use of illicit drugs and the abuse of alcohol are as follows:

- Profound acute impact on cognitive functioning (i.e., loss of inhibitions, disruption of memory functions);
- Profound chronic impact on cognitive functioning (e.g., permanent memory impairment, dementia);
- Impaired coordination;

- Increased risk of cancer, stroke, heart disease, heart conduction disturbances, stomach lesions, intestinal track injury, and liver damage;
- Sexual functioning disturbances;
- Increased risk of accidents, including drowning, fires, and falls;
- Increased risk of violence.

Amphetamines (speed, ups, pep pills, meth)

Elevated heart rate, blood pressure, and respiration rate. Decreased appetite. Pupillary dilation. Effects at high doses include cognitive confusion, physical disorganization, inability to relax and sleep, teeth-grinding, dry mouth, muscle twitching, convulsions, fever, chest pain, irregular heartbeat, and lethal overdose.

Barbiturates, sedatives, tranquilizers (yellow jackets, reds, red devils, ludes, PCP or angel dust)

Difficulty concentrating, maintaining coordination, and staying awake. Reduces cognitive and motor functioning. Increases accident risks. Effects at high doses include slurred speech, staggering, decreased the ability to reason and solve problems, difficulty in judging distance and time, double vision, amnesia, depressed breathing, coma, brain damage, and respiratory failure, especially when mixed with alcohol.

Cocaine (coke, crack, blow)

Increased heart rate, blood pressure, breathing rate, and body temperature. Constriction of blood vessels. Pupillary dilation. Effects at high doses include cognitive confusion and physical disorganization, perspiration, chills, elevated heart rate, nausea, vomiting, hallucinations, and possible death from convulsions and respiratory arrest.

Hallucinogens (LSD or acid, meal, DMT, DET)

Alterations of sensory, emotional, and cognitive functioning. Elevated heart rate, blood pressure, and body temperature. Pupillary dilation, nausea, muscle weakness, dizziness, tremors, and exaggeration of normal reflexes. Risk of accidents, disorientation, wide mood swings, flashbacks. Possible psychosis.

Heroin (H, horse, smack)

Reduces cognitive and physical prowess. Blocks hunger. Dulls aggression. Blocks menstrual cycle. Reduces sex drive. Constricts pupils. Induces drowsiness and sedation. Causes constipation, itchy skin. Increases accident risk. High risk of respiratory collapse with overdose.

Inhalants (poppers, snappers, rush, glue)

Initial excitement, sedation, and confusion. Prolonged or regular use could cause bone marrow depression, cerebral damage, liver and kidney disorders, irregular heartbeat and blood pressure, and respiratory disorders.

Marijuana

Risks of short-term memory problems, lung damage, a major slowdown in cognitive functioning, loss of alertness, and productiveness. Possible psychosis with chronic use.

Revised: April 2017; March 2022

Smoking and tobacco

Scope: Faculty, staff, students, and outside agents

AOMA maintains a smoke- and tobacco-free facility. No smoking or other use of tobacco or similar products (including, but not limited to, cigarettes, pipes, cigars, snuff, electronic cigarettes or chewing tobacco) are permitted at any point while on AOMA business, while in transit between campus locations or assignments, in AOMA owned vehicles, in any part of an AOMA building or anywhere on or in AOMA parking areas. There are no designated smoking areas inside an AOMA Building nor does AOMA allow smoking breaks during the workday.

The only designated smoking area on campus is on the East Side Parking Lot near the Dumpsters!

AOMA Tobacco-Free/Smoke-Free Policy

Scope: All faculty, staff, students, patients, vendors, visitors, and outside agents

Purpose:

AOMA is committed to providing a safe and healthy campus and promoting the health and well-being of its employees and students. Personal health hazards related to tobacco and “electronic smoking devices” are numerous and have been well documented. AOMA cares about the health of every employee, student, patient, and all visitors and our intent is to provide all with a work and learning environments conducive to good health.

Definitions:

- Property – the facilities and grounds owned, operated or leased by AOMA, including buildings, parking lots and AOMA owned and leased vehicles. AOMA’s north and south locations are in leased space with other tenants. Our policy applies to the boundaries of AOMA’s leased property at both locations, including associated parking spaces.
- Tobacco use – use of cigarettes, cigars, chewing tobacco, snuff, pipes, snus, electronic devices, and any non-FDA approved nicotine delivery device.
- Electronic smoking device- any electronic oral device, such as one composed of a heating element, battery, and/or electronic circuit, which provides a vapor of nicotine or any other substance, and the use or inhalation which simulates the smoking of a tobacco cigarette, pipe or cigars. “Electronic smoking device” includes any such device, whether manufactured, distributed, marketed, or sold as an Electronic smoking device, an electronic cigar, an electronic cigarillo, an electronic pipe, electronic hookah, or

under any other similar product name or descriptor, and any aerosol, liquid, or vapor used in such a device. The term electronic smoking device does not include any asthma inhaler or other device that may be specifically approved by United States Food and Drug Administration as a nicotine delivery device.

Policy:

Tobacco use and electronic cigarette use are not permitted at any time, on **AOMA** property, including personal vehicles parked in AOMA parking lots. Tobacco use and electronic cigarette use at **AOMA** is not permitted. The only designated tobacco use area on **AOMA** property is at the far east bench near the dumpsters.

Littering of tobacco-related products on the grounds or parking lots is also prohibited. AOMA strives to be a good neighbor in the community, and as such we discourage the use of tobacco products on the property of nearby businesses and residences. No tobacco-related sales, advertising, or sponsorship shall be permitted on AOMA property, at AOMA -sponsored events, or in publications produced by AOMA. For the purpose of this policy, “tobacco-related” applies to the use of a tobacco brand or corporate name, trademark, logo, symbol, or motto, selling message, recognizable pattern or colors, or any other indicia of product identical to or similar to, or identifiable with, those used for any brand of tobacco products or company which manufactures tobacco products.

Enforcement:

- Self-enforcement is expected.
- All employees are encouraged to communicate the tobacco-free worksite policy with courtesy and diplomacy to other employees, visitors, patients and students.
- Violations may be reported by employees to their supervisor/manager or the supervisor/manager of the employee breaching the policy.
- Compliance with the tobacco-free worksite policy is mandatory for all employees and students, with no exceptions. Violations will be enforced through established **AOMA** personnel policies and procedures.

Revised: August 2007; August 2013; February 2019; June 2020

Food and drink in AOMA facilities

Scope: Faculty, staff, students

Class days at AOMA are long and do encompass times when meals are normally eaten. There are acceptable places on the campus for eating and drinking, and places where it is inappropriate.

Food, including full meals and snacks and drinks in containers, may be consumed in the south student lounge, north clinic kitchen, or at outside tables at any time. While drinks may be brought into the classrooms during class, food, including full meals and snacks, may only be consumed in the classrooms while class is in session at the discretion of the instructor. Regardless, being considerate of other students is an important quality of professionalism. Foods tend to have odors, and consumption of foods tends to be noisy – both are distractions to avoid in the learning environment.

Food, including full meals and snacks and drinks, may only be consumed in locations like the Library, Clinic, or AOMA Herbal Medicine, under very specific circumstances and with the permission of leadership.

Students, faculty, and staff are expected to clean up the area where they eat, and to properly dispose of all trash, placing food trash in outside receptacles, not in classroom trashcans.

Revised: August 2007, March 2017; March 2022

Dependent children on campus

Scope: Faculty, staff, and students

In the interest of safety and optimal adult learning environment, children are not allowed in the classrooms while classes are in session. Children, other than patients or the children of patients, are not permitted in any part of the clinic, including the reception area, at any time. A child may be escorted to a clinic restroom and escorted back to an acceptable area. Under special circumstances, children may be permitted in the student lounge, administrative offices, and on the grounds outside the building, provided they are accompanied by a parent or guardian. AOMA and the management of both Westgate Property Management and the Village Center are not responsible for their safety.

Revised: August 2007, May 2019; March 2022

Pets on campus

Scope: Faculty, staff, students

Pets and animals, other than service animals, are not permitted inside any AOMA facility at any time or on our campus, unless special permission is given and provisions made for the animal's safety.

“Service animals” are defined as dogs that are individually trained to do work or perform tasks for people with disabilities. Examples of such work or tasks include guiding people who are blind, alerting people who are deaf, pulling a wheelchair, alerting and protecting a person who is having a seizure, reminding a person with mental illness to take prescribed medications, calming a person with post-traumatic stress disorder (PTSD) during an anxiety attack, or performing other duties. Service animals are working animals, not pets. The work or task a dog has been trained to provide must be directly related to the person's disability. Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals under the Americans with Disabilities Act.

Revised: August 2007; March 2022

Safety and Health

Safety

Scope: All

The Safety policy of AOMA is designed to comply with the standards of the Occupational Safety and Health Administration and to outline a plan for maintaining a safe and injury/illness-free workplace. A copy of the OSHA Safety and Health Standards 1926 and 1910 are available for all individuals' use and reference. These standards shall be posted and available in various locations around the AOMA campus.

It is the goal of AOMA to provide a safe and healthy environment for the faculty, staff, students, and visitors to our campus. In addition, we want to have efficient operations, and minimize waste and damage to property and equipment. To achieve this goal, this manual has been developed to provide AOMA with a comprehensive and effective safety program.

The participation of each individual in this program is essential for this goal to be achieved. Accidents can be reduced by increasing safety awareness. Improved safety can be attained and maintained by the constant, positive effort of each person to identify, report, and, when possible, correct situations that pose threats. The authorization and responsibility for enforcement have been given to the AOMA Safety and Security Coordinator.

This manual is not intended to cover every possible eventuality that might arise but should be considered a broad statement of safety policy, which establishes responsibilities throughout AOMA and briefly describes the various aspects of the program on this basis.

We have a responsibility to ensure that this institution is operated safely to minimize health hazards and reduce the risk of injury. All faculty, staff, and students are responsible for complying with the safety policies and procedures presented in this manual. In doing so, our contributions will greatly enhance the overall safety posture of AOMA and create the safe and healthful environment we all desire.

Revised: April 2017; March 2022

Safety and health program

Scope: Faculty, staff, students

Accountability of AOMA's safety and health program

We will ensure that all employees and students comply with these practices by maintaining the following standards:

- Inform all employees and students of the provisions of our safety and health program.
- Recognize and commend employees who perform safe and healthful work practices.
- Provide safety and health training to all employees and students.
- Hold all employees and students accountable for following safe work practices as outlined in this manual.
- Take corrective action for those who fail to comply with safe and healthful work practices.

Communicating workplace safety

We are all responsible for communicating in an open and supportive manner. Our communication system encourages everyone to inform us about workplace hazards. It is extremely important that all hazards be reported immediately so that they can be addressed and minimized efficiently. All work-related or clinic-related injuries and illnesses must be reported to your supervisor as soon as possible, and at a minimum, within 24 hours of the occurrence. An Incident Report should also be completed within 24 hours of any work-related or clinic-related injury, or any injury that occurs on AOMA property. Employees should also review the section on Workers' Compensation insurance.

Employee and student training

All new employees/students shall receive instruction on AOMA safety policies and procedures at orientation. Additional training shall be provided when there are any changes to the plan and/or facility or when an employee's responsibilities change.

To facilitate a flow of information, we are committed to the following standards:

- We will conduct regularly scheduled safety meetings/discussions.
- We will post safety information on our bulletin boards and display the latest required labor law posters.
- We will maintain a system for workers to inform the management about workplace hazards.
- Employees and students should email the Safety and Security Coordinator with any recommendations or concerns they have regarding hazards or potential hazards on the AOMA campus (email: AOMA-facilities@aoma.edu). They can also complete a Potential Fire & Workplace Hazard form, which is available on bulletin boards around campus.
- We will maintain a system for management to update employees and students on planned changes in response to their concerns or suggestions.

Assessment of potential hazards

AOMA's facilities department will conduct a monthly safety review of the campus to identify and evaluate potential hazards. This report will be provided to AOMA's Safety and Security Coordinator.

- Needle sticks and bloodborne pathogen control – Procedures posted in consultation rooms.
- A clean-up kit is located with each first aid kit.

Potential workplace hazards at AOMA

Potential workplace hazards at AOMA include sharps containers that store used needles in clinic rooms:

- Containers will be inspected daily.
- When full, they will be stored in a labeled biohazard box that is inspected as needed. When the biohazard box is full, it is picked up by the medical biohazard waste company.

Potential fire hazards at AOMA

AOMA conducts an annual fire inspection with a fire marshal from the Austin Fire Department. Any hazards identified are remediated.

Additional fire hazards

The following items pose a potential fire hazard if not handled properly. These potential fire hazards must be properly extinguished or turned off, so they do not create a fire. In addition, they must never be left unattended.

- Candles, incense, moxa, heat lamps, space heaters, alcohol and cotton used during fire cupping, lighters

Breaker box locations

Breaker box locations are marked on the AOMA evacuation route signs posted throughout the campus. Breaker box locations:

Building A:	A-6 Closet
Building B:	B-7 Electrical
Building C:	C-14 Finance Office
Building D:	D-15 Mechanical
Building E:	E-9 Mechanical
North Campus:	Kitchen Area

The areas around the breaker boxes are to be kept clear. Breaker boxes will be inspected during the monthly safety inspection performed by the facilities department.

Revised: April 2017; March 2022

Bacterial Meningitis Vaccination Requirement

AOMA complies with Texas Senate Bill 1107 and the subsequent Senate Bill 62, establishing the requirement for entering students to receive a vaccination for bacterial meningitis or to meet certain criteria for exemption. All entering students who are age 21 years old or younger, including those who have taken a term or more away from school, must submit proof of current vaccination for bacterial meningitis 10 days before the first day of classes.

Evidence that the student has received the initial vaccination or booster dose during the past 5-year period must be submitted to the AOMA Admissions Office in one of the following formats:

- A document bearing the signature or stamp of the physician or his/designee, or public health personnel (must include the month, day, and year the vaccination was administered); or
- An official immunization record generated from a state or local health authority (must include the month, day, and year the vaccination was administered); or
- An official vaccination record received from school officials, including a record from another state (must include the month, day, and year the vaccination was administered).

The vaccination must be administered by a health care practitioner authorized by law to administer an immunization.

A student may be exempt from this requirement if:

- The student is 22 years of age or older by the first day of classes; or
- The student submits an affidavit or certificate, signed by a physician who is duly registered and licensed to practice medicine in the U.S., stating that, in the physician's opinion, the required vaccination for bacterial meningitis would be injurious to the student's health and wellbeing; or
- The student submits a signed affidavit stating they decline the vaccination for bacterial meningitis for reasons of conscience, including a religious belief. Information about requesting an affidavit form from the Texas Department of State Health Services is available through the Admissions Office. The affidavit must be notarized by a public notary; or
- The student is enrolled only in a continuing education course or program that is less than 360 contact hours or a community class (does not include Introduction to Chinese Medicine Series or Herbs-Only Track for non-degree seeking students).

Workers' Compensation insurance

Scope: Employees

AOMA subscribes to the Texas Workers' Compensation program through The Hartford insurance company. If an AOMA employee sustains a work-related injury or illness, it must be reported immediately to human resources, and a Workers' Compensation Injury Report must

be completed and turned in to a human resources representative. If immediate medical attention is necessary, the employee should go to an in-network provider as listed with The Hartford, or the nearest emergency care center, or if necessary, call 911. The AOMA Incident/Accident Report must be completed in addition to the Workers' Compensation Injury Report. All new employees will receive a Workers' Compensation enrollment packet and sign an acknowledgment form.

Revised: April 2017; March 2022

Fire and building safety standards

AOMA uses the National Fire Protection Association Life Safety Code as the minimum standards to be attained for fire and building safety.

Hallways

Storage of any kind or use of office equipment in hallways is not permitted. Normally, only water foundations, fire protection equipment, and safety equipment will be installed in hallways. Transparent covers on bulletin boards and display cabinets must be safety glass or other non-splintering material.

Doors

Fire doors and smoke partition doors are equipped with self-closing mechanisms or automatic release hold-open devices and must be maintained in working order. It is extremely important that these doors are not blocked open by wooden wedges or other devices.

All exit doors must be maintained to permit egress at all times. When two or more doors exist at an exit, all of the doors shall be free to operate when the building is open to the public.

Railings, steps, walkways

The area immediately outside of building exits shall be maintained free of obstructions at all times.

Bicycles

Bicycles are not permitted in hallways, stairwells, lobbies, or on sidewalks immediately adjacent to exits. They must be parked at bicycle racks located around the campus.

Slips, trips, falls

Slips, trips, and falls are among the most common causes of injury. Nationwide, they are second only to motor vehicles as causes of accidental deaths. These types of accidents occur in many varied types of environments. Individuals walking across campus are presented with hazards ranging from uneven to cracked pavement, tree roots, holes, projecting objects, etc. These hazards can cause falls if the pedestrian is not being observant or if it is dark.

Workplace condition correction

Scope: Faculty, staff, students

Unsafe or unhealthy working conditions, practices, or procedures in our workplace will be corrected in an efficient manner.

- Corrections will be made immediately upon notification, if feasible. All AOMA staff and students are responsible for reporting unsafe or unhealthy working conditions, practices, or procedures to the Safety and Security Coordinator as soon as they are identified.
- When immediate corrections cannot be made, interim protections will be provided.
- If an imminent hazard is detected that cannot be immediately abated without endangering employees, students, or property, we will remove people from that area until corrected.

AOMA must maintain a record of all incidents to be compliant with OSHA regulations. An annual summary of incidents/accidents is posted on campus bulletin boards.

Current Incident Report forms are available on AOMALife.com

Revised: April 2017; March 2022

Facilities maintenance

AOMA is continually upgrading the facilities in response to ongoing assessment and evaluation in order to maintain the best working conditions possible. Please respect AOMA property. If you notice any area that requires attention, please contact the facilities team at AOMA-facilities@aoma.edu.

In the event of a facilities emergency, please phone the **Facilities Hotline on 512-492-3079** and leave a detailed message with callback number. A member of our facilities crew will return your call as soon as possible.

Revised: June 2019; March 2022

Exposure control plan

Scope: Faculty, staff, students

In compliance with the OSHA Blood-borne Pathogens Standard, 29 CFR 1910.1030, AOMA follows a comprehensive exposure control plan. The plan has been developed for the purpose of eliminating or minimizing employee occupational exposure to blood or other potentially infectious materials.

Exposure determination

OSHA requires employers to determine the risk of exposure to blood and other potentially infectious materials for employees. AOMA has established that student interns will follow the same policies and procedures as those for employees. *Please note that OSHA requirements are only for employees.* The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment). In this exposure determination, AOMA is required to list all clinical job classifications in which employees may be at risk of occupational exposure, regardless of frequency. The following table illustrates the job classifications, locations, and activities that are considered to be at risk of exposure to blood-borne pathogens or other infectious materials.

At risk of exposure

JOB CLASSIFICATIONS	LOCATIONS	ACTIVITIES
<ul style="list-style-type: none"> ● Licensed acupuncturists as clinic supervisors ● Licensed acupuncturists in the professional clinic ● Licensed acupuncturists teaching acupuncture technique classes ● Student interns treating patients in the student clinic (not OSHA required.) ● Student observers in the clinic (not OSHA required.) ● Students participating in acupuncture technique classes (not OSHA required.) 	<ul style="list-style-type: none"> ● Desks ● Treatment tables ● Biohazard units ● Floors ● Trash cans ● Treatment rooms ● Clinics ● Classrooms 	<ul style="list-style-type: none"> ● Treatments involving needling, cupping, bodywork, etc. ● Physical contact with patients ● Removing needles from patients ● Handling contaminated waste

OSHA requires a listing of job classifications, locations, and tasks in and at which staff may be at risk of exposure to blood-borne pathogens or other potentially infectious materials. Not all individuals who perform these tasks may be aware that they are at risk of exposure. The following table lists the support functions that present a risk of exposure to blood-borne pathogens and other infectious materials.

Possible risk of exposure

<i>JOB CLASSIFICATIONS</i>	<i>LOCATIONS</i>	<i>ACTIVITIES</i>
<ul style="list-style-type: none"> ● Clinic staff, receptionists ● Facilities staff ● Housekeeping staff ● Laundry staff 	<ul style="list-style-type: none"> ● Clinics ● Classrooms ● Desks ● Countertops ● Floors ● Trash cans ● Bodywork tables ● Restrooms 	<ul style="list-style-type: none"> ● Vacuuming the clinic floor ● Cleaning and arranging work surfaces, desks, counters, etc. ● Removing/replacing sharps containers ● Picking up and putting away laundry ● Cleaning restrooms ● Disposing of contaminated waste

By performing the tasks listed, it may reasonably be anticipated that an employee may be occupationally exposed to blood or other potentially infectious materials by one or more of the following routes: skin, blood, mucous membranes, and bodily fluids.

Revised: April 2017; March 2022

Clinic incidents policy

Scope: Students, faculty, staff

In the event of an incident including, but not limited to, needle stick, acupuncture shock, or any other incident, interns must immediately report the incident to the clinic preceptor.

Acupuncture shock usually manifests with symptoms such as fainting, vertigo, nausea, and/or trembling. Students who have reason to believe that a patient is in acupuncture shock should immediately remove all needles and bring the incident to the attention of their clinic supervisor. The supervisor and the student(s) must complete an "Incident Report," available on AOMALife.com, in order to record the details of the incident. An incident report form must be filed within 24 hours. Incident/Accident packets are available in all clinic locations and contain detailed instructions, information collection forms, and Consent or Refusal for Blood Testing forms. Sharps incident/blood-borne pathogen exposure

Following is a quick reference list of the post-exposure procedures following a sharps incident or blood-borne pathogen exposure:

- Thoroughly wash the exposed skin area with soap and water, or flush mucous membranes with water.
- Complete the Sharps Incident Report form or Incident/Accident Report form for a non-sharps incident.
- Complete Exposed Individual's Consent or Refusal for blood testing.

- Complete Source Individual's Consent or Refusal for blood testing, as necessary.
- Get Referral for Medical Evaluation form for any injury or blood-borne pathogen exposure requiring medical attention.
- After consent, exposed and source individuals must *immediately* go to Concentra Urgent Care for post-exposure blood tests. Testing *must be completed* within 24 hours.
- Immediately contact the Senior Director of Operations and Safety and Security Coordinator by email.
- Incident Report

An Incident Report must be completed for *all sharps/needle stick-related incident/accidents or blood-borne pathogen exposure*. The name of the affected person must be on the form, but will not appear in any reports. If an employee is exposed or injured, he or she must also complete a Workers' Compensation Injury Report.

An Incident Report must also be completed for any kind of incident/accident that occurs in the workplace or any educational or clinical site that does NOT involve a sharps/needle stick.

- Employees are to notify their supervisor of all work-related injuries and illnesses as soon as possible, but in no case should this be later than the day after the occurrence. An exception to the rule is provided when the injury or illness physically prevents the employee from timely notification.
- Students are to notify the instructor, or clinical supervisor of any school-related injuries and illnesses immediately, in accordance with the guidelines outlined in the Incident Report forms.
- Administrators, faculty, and clinical supervisors are responsible for completing and submitting an Incident Report and accompanying reports to the human resources office within 24 hours from the date of the occurrence. See the report forms for additional information.
- The president will be notified of all incident reports and sharps incident reports.

Incident investigation

AOMA will promptly investigate any injury or illness that is of a serious nature or could lead to a serious incident. AOMA's goal is to determine the root cause of the incident so that future occurrence is prevented.

Revised: August 2007, May 2012, January 2019; March 2022

OSHA implementation schedule and methodology

Scope: Faculty, staff, students

OSHA requires that the AOMA Infection Control Plan includes a schedule and method of implementation for the various OSHA requirements and standards. The following outlines AOMA's implementation schedule and methodology for adherence to OSHA requirements.

Universal precautions

Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. “Universal precautions” means that all patients shall be assumed to be infectious for HIV and other blood-borne pathogens (e.g., Hepatitis B).

Sanitary engineering and work practice control

Sanitary engineering and work practice control will be utilized to eliminate or minimize exposure to employees and interns at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall be utilized. At this facility, employees and interns must observe the following work practice controls:

- Hands must be washed before treatment, between patients, and before inserting needles. All clinical personnel shall wash their hands immediately or as soon as possible after the removal of gloves or other protective equipment and after hand contact with blood or other potentially infectious materials.
- All personal protective equipment shall be removed immediately upon leaving the clinic and taken home for washing. Contaminated and/or dirty lab coats must be cleaned and washed as soon as possible after the clinic shift.
- Needles are to be placed in the biohazard units immediately after use.
- Eating, drinking, smoking, applying cosmetics, hand cream, lipstick or lip balm, and handling contact lenses are activities prohibited in work areas where there is a potential for occupational exposure.
- Food and drink shall not be stored in areas of possible contamination. No food or drink is allowed in the treatment areas.
- All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, and use of aerosol or spraying of these substances.

Personal protective equipment

- When there is potential for occupational exposure, clinical personnel will be provided with and/or shall use appropriate personal protective equipment such as gloves, lab coats, face masks, face shields, and splash gowns. The appropriate personal protective equipment shall be discussed with all clinical personnel and shall be required based upon the tasks involved and the hazards of the job duty.
- Cleaning, laundering, or disposal of personal protective equipment such as lab coats will not be provided by AOMA, but by clinical personnel.
- When necessary, personal protective equipment such as gloves, face masks, face shields, and splash gowns will be provided by AOMA.
- Gloves shall be worn when there is potential for clinical personnel to have direct skin contact with blood, mucous membranes, or non-intact skin when handling items or surfaces soiled with blood or other potentially infectious materials, and when a patient has an active skin infection (e.g., staph, herpes, etc.).
 - Disposable, single-use gloves, such as surgical or examination gloves, shall be replaced as soon as possible when visibly soiled, torn, punctured, or when their ability to function as a barrier is compromised. They shall not be re-used.

- For personnel or students who clean the clinic, utility gloves may be re-used if the integrity of the glove is not compromised, however they must be discarded if they are cracked, peeling, discolored, torn, punctured, or exhibit other signs of deterioration.
- Masks and/or face shields shall be worn whenever splashes, spray, spatter, droplets or aerosols of blood or other potentially infectious materials may be generated, and there is potential for eye, nose, or mouth contamination.
- Lab coats, splash gowns, and/or other protective body clothing must be worn.
 - Clean, white lab coats or medical scrubs must be worn at all times in clinic by students and clinic supervisors or professional practitioners since there is a potential for soiling clothes with blood or other potentially infectious materials.
 - Closed-in shoes with socks or stockings must be worn at all times, during all seasons in the clinic. No sandals are allowed. Clean athletic shoes are allowed.

Clean and sanitary work site

The work site must be clean and sanitary at all times. The administration will determine and implement the appropriate written schedule for cleaning and disinfection based on the type of surface to be cleaned, and the tasks and procedures to be performed.

- All equipment and working surfaces shall be properly cleaned after contact with blood or other potentially infectious materials.
 - Work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures, when surfaces are overtly contaminated, immediately after any spill of blood or other potentially infectious materials, and at the beginning of every clinic session.
 - All bins, cans, and similar receptacles intended for reuse which has a potential for becoming contaminated shall be inspected, cleaned, and disinfected on a regularly scheduled basis and immediately upon visible contamination.
 - Reusable items (such as cups) that are contaminated with blood or other potentially infectious materials shall be disinfected.
- Infectious waste disposal
 - All infectious waste destined for disposal shall be in closable, leak-proof containers or bags that are clearly labeled. Disposal of all infectious waste shall be in accordance with all local, state, and federal regulations.
 - Immediately after use, disposable needles shall be disposed of in biohazard containers. Biohazard containers shall be easily accessible to personnel and located in the immediate area of use. They must be closed after each treatment session, replaced routinely, and not allowed to overfill.
- Laundry (sheets, gowns, pillowcases, blankets)
 - Laundry that is contaminated with blood or other potentially infectious materials shall be treated as if it were contaminated and handled as little as possible and with a minimum of agitation. Contaminated laundry shall be bagged and labeled as such at the location where it was used and shall not be sorted in patient care areas.

Communication of hazards

Warning labels shall be affixed to containers of infectious waste and shall include the following legend: BIOHAZARD. Labels shall either be an integral part of the container or shall be affixed as close as safely possible to the container by string, wire, an adhesive or another method that prevents their loss or unintentional removal.

Personnel training

All clinical personnel at risk of occupational exposure to blood-borne pathogens or other infectious materials must participate in a training session at the time of their initial entry into the clinic and at least annually thereafter. Student interns will receive this training as part of their Clean Needle Techniques class. Training will include:

- Information as to the location of the written infection control plan as well as any applicable standards;
- A basic explanation of the epidemiology and symptoms of blood-borne diseases, and the modes of transmission of pathogens;
- An explanation of this infection control plan;
- An explanation of the appropriate methods for recognizing tasks and activities that may involve exposure to blood and other potentially infectious materials;
- An explanation of the use and limitations of practices that will prevent or reduce exposure, including appropriate sanitation, work practice controls, or personal protective equipment;
- An explanation of the basis for selection of personal protective equipment;
- Information on the hepatitis B vaccine, including information on its efficacy and safety, and the benefits of being vaccinated;
- Information on the appropriate actions to take and persons to contact in the event of an emergency;
- An explanation of the procedures to follow if an exposure incident occurs, including the methods of reporting the incident and the medical follow-up that will be made available;
- An explanation of the labels, tags, and/or coding in use in the facility.

Revised: August 2007; August 2008; May 2009; March 2022

Hepatitis B information

Scope: Faculty, staff, students

AOMA shall make available information on the hepatitis B vaccine and vaccination series to all employees and students who are at risk of occupational exposure. Additionally, AOMA will make available post-exposure follow-up to employees and students who have had an exposure incident. The Safety & Security coordinator is in charge of the hepatitis B program for employees. Student hepatitis B vaccination acknowledgment forms will be the responsibility of the registrar's office.

Hepatitis B vaccination

Information about the hepatitis B vaccination shall be made available before an employee's or student's initial assignment, unless the employee or student has previously received the complete hepatitis B vaccination series, has an antibody test that reveals that the employee is immune, or if the vaccine is contraindicated for medical reasons.

AOMA will provide information on where an employee or student can obtain the vaccination. An employee, whose job classification puts him or her at high risk, may receive the hepatitis B vaccination at no cost to the employee.

Students who wish to receive the hepatitis vaccination can do so at their own cost. Additionally, AOMA will not be held liable for side-effects resulting from the vaccination.

Participation in a pre-screening program shall not be a prerequisite for receiving the hepatitis B vaccination.

All employees or students who decline the hepatitis B vaccination shall sign the required waiver indicating their refusal. AOMA will not be held liable for an individual refusing to obtain the vaccination.

If the employee or student initially declines the hepatitis B vaccination, he/she may at a later date decide to be vaccinated and complete a new Hepatitis B Vaccination Acknowledgment form.

If a routine booster dose of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, AOMA will notify the employee or student.

Revised: August 2007; August 2008; May 2009; April 2017

Post-exposure evaluation and follow-up

Following a report of an exposure incident, the Safety & Security coordinator will make available in a timely manner and at no cost to the employee, a confidential medical evaluation and follow-up performed by a licensed healthcare professional according to the recommendations of the U.S. Public Health Service.

Student Incident Payment Limit: If the exposed person is an AOMA student, AOMA will pay for, or reimburse the student, for a total of \$500 per incident for post-exposure medical evaluation and follow-up, contingent upon completion of AOMA's Incident Report form within the stated time period. This evaluation and follow-up will include at least the following elements:

- Documentation of the route(s) of exposure, HIV and HBV antibody status of the source patient(s) (if known), and the circumstances under which the exposure occurred.

- Collection and testing of the source patient's blood (if he/she can be found and permission is obtained) to determine the presence of HIV or HBV infection.
- Collection of blood from the exposed individual as soon as possible after the exposure incident for the determination of HIV and/or HBV status. Actual antibody or antigen testing of the blood or serum sample may be done at that time or at a later date if the individual so requests.
- Follow-up of the exposed individual, including antibody or antigen testing, counseling, illness reporting, and safe and effective post-exposure prophylaxis according to standard recommendations for medical practice.

The Safety & Security coordinator shall provide the following information to the evaluating healthcare professional:

- A copy of OSHA regulations and its appendices, if it is an employee incident.
- A description of the exposed individual's duties as they relate to the individual's exposure incident.
- Documentation of the route(s) of exposure and circumstances under which they occurred.

The Safety & Security coordinator shall obtain and provide the exposed individual with a copy of the evaluating healthcare professional's opinion within 15 working days of the completion of the evaluation. The written opinion should contain the following information:

- The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee/student, or if the employee/student has received such a vaccination.
- The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 - A statement that the individual has been informed of the results of the medical evaluation, and
 - That he/she has been informed of any medical conditions that may develop as a result of exposure to blood or other infectious materials, which require further evaluation or treatment.
- All other findings or diagnoses shall remain confidential and shall not be included in the written report.

Record keeping

Human resources shall establish and maintain accurate medical records for all clinical personnel in accordance with OSHA Standard 29 CFR 1910.20. Clinical personnel medical records should contain the following documents:

- Name and social security number;
- A copy of the individual's hepatitis B vaccination records and medical records relative to his/her ability to receive vaccination, or the circumstances of an exposure incident;
- A copy of all results of physical examinations, medical testing, and follow-up procedures as they relate to the individual's ability to receive vaccination or to post-exposure evaluation following an exposure incident;

- The Safety & Security coordinator's copy of the written opinion of the physician;
- A copy of the information provided to the physician.

Human resources shall ensure that all confidentiality guidelines and requirements are met with regard to maintaining clinical personnel files. Files shall be kept confidential, and no information contained therein shall be disclosed to any person within or outside the workplace. Human resources shall maintain clinical personnel records for at least the duration of employment or enrollment plus 30 years.

Human resources is responsible for maintaining training records. Personnel training records should contain the following documentation:

- The dates of all training sessions;
- An outline describing materials presented;
- The names and qualifications of the persons conducting the training;
- The names and job classifications of all persons attending the training sessions.

Employee training records shall be maintained in the human resources office for three years following the date of training.

All employee records shall be made available to the individual involved, in accordance with 29 CFR 1910.20. These records shall also be made available upon request to the assistant secretary of labor for OSHA and the director of the National Institute for Occupational Safety and Health (NIOSH).

If the facility closes or if there is no successive employer to receive and retain the records for the prescribed period, the director of NIOSH shall be contacted for final disposition.

The Safety & Security coordinator is responsible for annually reviewing this program and its effectiveness, and for updating this program as needed.

Revised: August 2007; August 2008; May 2009; March 2022

Clinic incidents

Scope: Clinic supervisors and students

In the event of an incident including, but not limited to, needle stick, acupuncture shock, or any other incident, interns must immediately report the incident to the clinic preceptor. Acupuncture shock usually manifests with symptoms such as fainting, vertigo, nausea, and/or trembling. A student who has reason to believe that a patient is in acupuncture shock should immediately remove all needles and bring the incident to the attention of his or her clinic supervisor. The supervisor and the student must complete an Incident Report form available on AOMALife.com in order to record the details of the incident. An incident report form must be

filed within 24 hours with the AOMA safety & security coordinator. The Incident Report must be filled out online as soon as the incident happens or within 24 hours of the incident. Refer to these forms for additional instructions.

Revised: August 2007, May 2012; March 2022

Campus Security

Dissemination of security policies

Scope: Faculty, staff, students

AOMA employees receive the Safety & Security Manual with their Employee Manual. In addition, a representative of the President's Cabinet will brief the campus periodically on campus security policies and procedures.

Formal sessions devoted to campus security policy and procedures are included as part of the orientation schedule for all incoming students. Each student will receive a copy of the Student & Clinic Manual and the Safety & Security Manual.

Dissemination of crime prevention information

Additional literature on crime prevention may be distributed to all students and employees as appropriate. A formal presentation on crime prevention is included in the campus security presentation given to students during orientation, as well as during the yearly security briefings given by the president's office to each campus department.

Revised:

Security at AOMA

AOMA strives to provide a crime-free and safe environment through strategic policing, integrity, respect, and strong community partnerships.

The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (20 USC § 1092(f)) is the landmark federal law, originally known as the Campus Security Act, which requires colleges and universities across the United States to disclose information about crime on and around their campuses. AOMA is in compliance with the Clery Act.

The law was amended in 1992 to add a requirement that schools afford the victims of campus sexual assault certain basic rights, and was amended again in 1998 to expand the reporting requirements. The 1998 amendments also formally named the law in memory of Jeanne Clery.

Subsequent amendments in 2000 and 2008 added provisions dealing with registered sex offender notification and campus emergency response, respectively. The 2008 amendments also added a provision to protect crime victims, "whistleblowers," and others from retaliation. The following information is intended to comply with this federal legislation. Please read it

carefully and keep it in an easily accessible location. These policies and guidelines will be amended and updated whenever necessary.

Any questions, concerns, or comments about AOMA's security policy should be directed to the office of the president or human resources..

Access to campus facilities

Scope: All

Outside of operating hours , no one is allowed in AOMA's buildings or on campus except staff who are authorized to work after hours or weekends; and maintenance, security, and cleaning staff performing their assigned duties. Contact your department head or the Safety & Security coordinator for facility access outside of operating hours. Please note: Operating hours vary by department and academic term. Break week and holiday operating hours may differ.

Revised: April 2020, March 2022

Campus law enforcement

AOMA's point of contact for security issues during the regularly scheduled workday is the Safety & Security coordinator, (512) 492-3073.

Revised: December 2006, May 2012, March 2022

Office security

Scope: Faculty and staff

When an employee is the last one to leave his or her office, he or she should lock the door, close files, lock their computers, and clear desks of materials that are confidential in nature.

In addition, employees must turn off lights and unplug any heating devices. Employees must ensure that outside doors to the building are locked.

Under no circumstances should employee work schedules, personal phone numbers, or information be given to the public without advance permission from that individual.

Revised: August 2007; Updated August 2013; March 2022

Removal of AOMA property

Scope: Faculty, staff, students

As a general rule, removal of AOMA equipment, furnishings, and similar property from campus is not permitted. Specific exceptions may be made when *all* of the following conditions are met:

- Relocation is temporary;
- Relocation purpose is for the conduct of AOMA business by an AOMA employee, faculty member, or authorized student representative (sponsored by an administrator);
- Property, while relocated, will be adequately protected from loss and damage;
- Absence of the property, while relocated, will not hinder normal, on-campus operations;
- Both the director of the department to which the property is assigned *and* the president must approve the relocation.

Revised: May 2009; March 2022

Buildings and parking

Scope: Faculty, staff, students

AOMA is continually upgrading facilities and maintaining the best working conditions possible. Employees who notice any area that requires attention are requested to contact the facility manager.

AOMA prohibits fighting; abuse or destruction of property; possession of narcotics or weapons on the premises; falsification of company records; illegal, indecent, or immoral conduct or language; removal of company property from the premises; and unauthorized personal use of company resources. Alcohol may only be present on campus at approved AOMA events with advance permission.

AOMA students and employees are expected to respect patients who might need easy access to the clinics. On campus, employees are encouraged to park in the lots behind buildings A, B, and D. Employees and students may not park in the spaces saved for patients or customers and are discouraged from using the parking lot in front of the Clinic and Store. At the Village Center, employees must park on either side of the building complex. Employee and student parking is prohibited in the row closest to the buildings.

Revised: August 2007; updated May 2009, updated May 2012; updated April 2020; updated March 2022

Bicycles on campus

Scope: Faculty, staff, students

AOMA recognizes that the use of a motor vehicle is a convenience for many and a necessity for some. AOMA has a commitment to promote alternative transportation through ridesharing, vanpooling, biking, or the Capital Metro Transit system.

Bicycles are welcome on campus, provided they are operated and parked appropriately. Bicycles must yield right of way to pedestrians and operate at a speed and in a manner consistent with public safety.

Bicycles must be secured on bicycle racks only. Bicycles chained to handrails, trees, or any location other than designated bicycle racks are subject to impoundment, and security devices will be removed by whatever means necessary to impound the bicycle. AOMA will not be held liable to the owner of the security device for the cost of repair or replacement of the bicycle or such security device. Bicycles may not be parked, stored, or left standing in any lobby, hallway, or room of any building.

Bicycles should not be left on Campus overnight for any reason!

Revised: April 2017

Workplace and campus violence

Scope: Faculty, staff, students, outside agents

AOMA is committed to maintaining a safe learning and working environment for all members of the AOMA community. AOMA will not tolerate acts of aggression, harassment, or violence on its campus, at off-campus locations administered by AOMA, or in its programs. This policy of “zero tolerance” includes but is not limited to verbal and/or physical aggression, attacks, threats, harassment, intimidation, bullying, domestic violence, or other disruptive behavior which causes or could cause a reasonable person to fear physical harm by an individual(s) or group(s) against any person(s) and/or property. Such behavior is prohibited by AOMA.

The use, possession, or display of firearms or other weapons by students, employees (other than by a law enforcement officer in the course of his or her duty) or visitors while on campus is not permitted. This includes those with legal permits. Non-uniformed law enforcement personnel must advise the president or Safety & Security coordinator of their presence on campus or anticipated presence as soon as possible.

This policy applies to students, faculty, staff, and visitors to the AOMA.

Definitions

“Violent behavior” includes any behavior, whether intentional or reckless, which results in bodily injury to oneself, another person and/or damage to property.

“Threatening behavior” includes any behavior, whether intentional or reckless, that by its nature would be interpreted by a reasonable person as intent to harm oneself, another person or damage property belonging to another. Threats may be oral or written, or communicated through conventional mail, electronic mail, fax, or telephonic means and may be direct or implied.

“Campus violence” encompasses threatening and violent behavior. Campus violence can include, but is not limited, to the following:

- Physically assaulting a person, including slapping, hitting, punching, pushing, poking, or kicking; or physical threats to inflict physical harm;
- Arson, sabotage, equipment vandalism, damaging or destroying property, throwing or hitting objects;
- Displaying a weapon or an object which appears to be a weapon in a threatening manner; carrying a firearm of any kind onto AOMA owned or controlled property; or using a weapon to harm someone;

- Using greater physical size/strength to intimidate another; intimidating or threatening gestures, bullying or hazing;
- Intimidating, threatening, hostile, or abusive language directed toward another person that communicates the intention to engage in violence against that person and leads a reasonable person to expect that violent behavior may occur;
- Stalking another person.

Revised: August 2007

Identity theft prevention

Scope: All

The risk to AOMA, its employees, and customers from data loss and identity theft is of significant concern. AOMA's complete Identity Theft and Information Security policy can be found in the [General Policies Manual](#).

Suggestions for protecting your own identity

- Buy a good shredder – use it to shred pre-approved credit applications, credit card receipts, bills, and other information you don't want before discarding them.
- Never leave receipts at bank machines, bank counters, or public trash receptacles.
- Never give out personal information over the phone, such as your social security number, date of birth, mother's maiden name, credit card number, or bank PIN code, unless you initiated the phone call or know exactly who you are dealing with.
- Never loan your credit card(s) to anyone else.
- Report all lost or stolen credit cards, or other personal information, immediately to credit card company or other agency.
- Be aware of thieves who use interactive service sites on the web, or mail or telephone solicitations disguised as surveys or promotions offering instant prizes or awards to obtain your personal information or your credit card numbers.

What to do if your wallet or purse is stolen or lost?

- Cancel credit cards immediately.
- Have the toll-free numbers for credit card companies handy, so you know whom to call. DO NOT keep this information in your wallet or purse.
- Contact the bank if your checkbook or ATM card was stolen.
- File a police report immediately.
- Notify Safety & Security coordinator and file an AOMA Incident Report.
- Call the following number immediately to place a fraud alert on your name and social security number. This alert requires that you are contacted by phone to authorize new credit:
 - Social Security Administration Fraud Hotline (800) 269-0271

Revised: April 2017; Updated March 2022

Additional safety considerations

Reduce the opportunity for theft by taking the following precautions:

- Do not leave your wallet/purse/valuables unattended in an unlocked desk or cabinet.
- Lock your door or your desk when you leave, even if you plan to be gone for a short time.
- Be alert for suspicious looking activity, and promptly report any to the facility manager.
- Maintain strict key/security code control.
- Keep an updated inventory of all office equipment.
- All AOMA equipment should have a security ID tag on it.
- If you see something, say something!

Vehicle safety tips

If leaving campus after hours or when dark, leave with another person.

- Have your vehicle keys in hand when you approach your vehicle.
- Before getting into your vehicle, check the inside and look underneath.
- Immediately lock all doors when you get into your vehicle or when exiting the vehicle.
- Maintain your vehicle in good working order with sufficient gas and safe tires.
- Do not leave valuables visible in your vehicle.
- Close all windows and lock all doors before leaving your vehicle.

Carjacking

Your life is more important than anything of material value. It is recommended that you give up your keys immediately and without protest if a carjacker approaches you. Avoid getting into the vehicle with the suspect(s) if possible. If you need to surrender your vehicle, try to remember details about the suspect, such as ethnicity, gender, approximate height, clothing, speech, the direction they left in, type of weapon(s). Immediately report this information to the police at 911. Also, contact AOMA's facility department at (512) 492-3079 and file an incident report.

Home/apartment safety tips

- Be alert to suspicious activities or people in the garage, hallway, or other common areas.
- Do not enter an elevator if you are uncertain of any occupant.
- Try to stand near the elevator control panel. If accosted, press all the buttons.
- Have keys ready to enter residence quickly.
- Keep door entrances well-lit and doors locked at all times.
- Install and use a wide-angle peephole in all exterior doors.
- Change locks or re-key immediately if door keys have been misplaced.
- Lock windows if they are easily accessible from the outside.
- Identify callers before opening doors, check IDs of all repair and salespeople prior to permitting entry into your home.

- If you suspect someone is inside your home, avoid confrontation, get out, and call 911.
- Keep your valuables, purse, or wallet out of plain view from the window.
- Keep your curtains and blinds closed at night.
- Place lights on a timer to make it appear occupied if you will be away.
- Do not allow newspaper or other mail to accumulate when away; have newspaper delivery stopped, and a friend/neighbor pick up mail for you if necessary.

Personal safety

- Travel with a friend or in a group; use well-lit, frequently traveled routes.
- Be alert and aware of surroundings.
- Be assertive.
- Do not carry excessive amounts of cash or more credit cards than you need.

Personal safety on public transportation

- Wait for a bus in a well-lighted area.
- Sit up front, close to the driver.
- When you disembark, be aware of who else is getting off and if they are following you. If you feel you are being followed, go to the nearest store or occupied building to request assistance.

Domestic violence

If you are in a relationship with someone who is threatening to harm you or is physically or is emotionally or verbally abusive, you may be experiencing domestic violence.

Whether you are concerned about yourself or someone else in the AOMA community, educational resources, and support services are available for anyone who is in an abusive relationship, has experienced relationship or intimate partner violence in the past, or wants to learn more about how domestic violence affects our community.

For additional assistance, contact SafePlace at (512) 267-SAFE.

AOMA Campus Crime and Security Data Report

Campus Crime and Security Data Reports can be obtained from the Safety & Security Coordinator. It is also posted on AOMALife.com and on Brightspace for student and faculty reference.

Security Training/Orientation

Formal sessions devoted to campus security policy and procedures are included as part of the orientation schedule for all incoming students. Each student will receive a copy of the Student & Clinic Manual, Safety & Security Manual, and General Policies Manual, which includes this policy and statistical statement.

How to Report a Crime

The victim, witness, or employee in charge determines if the school has the police or medical emergency. As appropriate, you should contact emergency personnel at 911. ALL crime reports should also be reported to AOMA's facilities department (512) 492-3079.

Reporting Non-Emergency Occurrences

For non-emergency assistance contact the AOMA facilities department at (512) 492-3079 or the Austin Police Department at 311, as appropriate. This includes missing items on campus, keys locked in the car, general inquiries, etc.

AOMA's Safety & Security Manual contains the school's security policies, including emergency response, evacuation procedures, and timely warning. This report is posted on the CAMS student portal, on the staff login page on the AOMA website, on bulletin boards around campus, and in the admissions office.

Emergency Protocol

Hazard communication program

Scope: Faculty, staff, students

We work with a variety of materials, some of which are considered potentially hazardous. It is important that we are aware of the hazardous materials in our workplace and understand the labeling and communication about these materials so that we can safely manage their use. AOMA provides information regarding hazardous materials at our school with the use of Material Safety Data Sheets (MSDS). The sheets are found in a bright yellow notebook in the facility manager's office.

In addition, our plan ensures our safety by complying with the OSHA Hazard Communication Standard, 29 CFR 1910.1200 and requires:

- All containers are labeled
- MSDS are actively used and all employees have access to the MSDS
- All employees receive effective hazard communication

What is a hazardous material?

OSHA defines hazardous materials as any chemical or chemical product that can pose a physical hazard such as flammability, toxicity, corrosiveness, or bio-hazardous. The standard exempts consumer products if that product is used as a consumer would at home. For example, if you use a desk cleaner in the proper way for the standard duration of time, just as you would at home, then the OSHA standard does not cover the product. However, if your job is to use the cleaner to clean desks all day long, then the product is included in the standard because it is no longer being used as a consumer would use it.

Container labeling

The facility manager will be responsible for all containers of hazardous chemicals entering the workplace and will ensure that the chemical containers are properly labeled with:

- Chemical name
- Hazard warnings
- Name and address of the manufacturer, importer, or responsible party

Material Safety Data Sheets

Material Safety Data Sheets (MSDS) will provide us with specific information on the materials we use at AOMA. The Facility Manager will maintain a binder with an MSDS on every substance on the list of hazardous materials, and maintain the binders around campus. New materials shall not be used until an MSDS has been obtained. Bright yellow and black plastic binders with the MSDS are available for review in the following locations:

- Bldg. A, clinic conference room
- Bldg. C, facilities office
- North clinic

Revised: April 2017; Updated March 2022

Notice of school closing

Scope: Faculty, staff, students

In the event of adverse weather conditions during regular business hours, an AOMA President's Cabinet member, in coordination with the Safety & Security coordinator, will make the decision regarding the cancellation of classes and school closing. Outside of regular business hours, the president will make the decision and communicate it to the President's Cabinet.

The Safety & Security coordinator will notify the students, faculty, and staff by verbal announcements in the school if possible, group email announcements, and by posting the information on entry doors on campus if possible,

School Closings, Weather Alerts, etc, will also be sent out via emergency notification app.

All announcements will be kept up-to-date by the President's Cabinet as changes occur.

Employees should refer to the Employee Manual for instructions on Recording absences due to inclement weather.

Revised: April 2017; March 2022

Emergency alert

In the event of a significant emergency or dangerous situation involving an immediate threat to the health or safety of the campus community, the AOMA administration employs an emergency notification app for immediate alerts and notifications to the campus community. By default, all students, faculty, and staff are enrolled in the email notification system.

Emergency Response and Evacuation Plan

Scope: Faculty, staff, students

The objective of AOMA's emergency procedures is to comply with the Occupational Safety and Health Administration's (OSHA) Emergency Action Plan Standard, 29 CFR 1910.38, and to prepare employees for dealing with emergency situations. This plan is designed to minimize injury and loss of human life and company resources by training employees, procuring and

maintaining necessary equipment, and assigning responsibilities. This plan applies to all emergencies that may reasonably be expected to occur at AOMA. The Emergency Response and Evacuation Plan will be tested annually.

Hierarchy of responsibility

In case of emergency (such as fire, explosion, chemical spill, accidental release of toxic gas, lightning strike, personal injury or the like), the hierarchy of responsibility during emergencies shall be as follows:

Building A – Dojo	Facilities Coordinator
Building A – Clinic	Clinic manager, faculty member, receptionist
Building B – Store	Store manager, herbalist
Building C – Offices	Safety & Security coordinator
Building D – Library	Librarian
Building D – Administration	President, Vice-president of Academics, Faculty member.
North Campus	Senior Director of Operations, faculty member, Receptionists

The employee in charge, if present at the time of the emergency and capable of taking command, shall be responsible for managing the emergency. The person in charge should alert all persons in their building. If the first person listed is not present, the next individual on the list who is present and capable will be in charge.

Emergency notification

In an emergency situation, the employee in charge should quickly notify everyone involved that an incident is occurring. If the phone system is available, the employee should page all phones (#(PAGE) and then 0).

Emergency notification system – Email and text messaging service

AOMA contracts with a third-party vendor that provides the technological ability to send email and text messages to members of the campus community. Only messages about emergencies and messages used periodically to test the system are sent. Any data provided to the vendor by AOMA is protected by contractual arrangements.

Fire, gas, bomb threat,

If in the judgment of the employee in charge an emergency requires evacuation of any of the buildings, all personnel, students, patients, and other visitors must evacuate the buildings immediately. Emergency exit routes are mapped out on the yellow school layout diagrams posted prominently in each building. Clinics need to ensure that no patients are left in the clinic rooms. No one other than personnel responding to the emergency situation is permitted to stay in the building for any purpose.

Evacuation locations

Building A: Mind/Body Center	Southwest parking lot
Building A: Clinic	Northwest parking lot
Building B: Student Lounge	Southwest parking lot
Building B: Herb Store and Herb Classroom	Northwest parking lot
Building C: Offices	Northeast parking lot
Building D: Library	Southeast parking lots
Building D: Faculty Lounge and Administration	Northeast parking lot
Building E: Classrooms	E1 and E3 – southwest parking lot E2 and E4 – southeast parking lot
North Clinic	Far side of Parking Lot outside the Clinic

Weather emergency or chemical/biological threat/school shooting

If the person in charge determines that the school is threatened by severe weather (e.g. tornado) or a chemical/biological threat, or a school shooting, then he or she will direct all personnel, students, patients, and other visitors to rooms away from doors and windows. The person in charge will direct all individuals to take shelter in the following areas:

Building A: Mind-Body Center	Restrooms
Building A: Clinic	A16
Building B: Student Lounge	Herb store herb room
Building B: Herb Store and Herb Classroom	Herb room
Building C: Offices	Server room
Building D: Library	Quiet study room
Building D: Faculty Lounge and Administration	Restroom
Building E: Classrooms	Storage Closet

North Clinic	Student Lounge inside the Student Conference Room
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Police or medical emergency

- If the employee in charge determines that the school has a police or medical emergency, he or she will first contact emergency personnel (911) or delegate this task.
- An employee will be stationed outside by the parking lot to direct emergency personnel to the emergency location.
- The employee in charge may personally perform only such rescue and medical duties as he or she is trained and permitted to do by law (e.g. CPR). Otherwise, he or she must wait until professional help arrives.
- Lockdown: If the employee in charge determines that the safest alternative is for all personnel to shelter in place, an announcement will be made via the campus telephone system asking each classroom/office/clinic space door to be locked and personnel to stay inside.
- The employee in charge shall contact AOMA's facilities department at (512) 492-3079.
- The employee in charge shall file an Incident report on AOMALife.com

Revised: August 2007; updated May 2009, May 2012, March 2017, February 2019, March 2022

Emergency response training

Scope: Faculty, staff, students

Emergency response training occurs annually. All aspects of the AOMA Emergency Response and Evacuation Plan will be reviewed during the training.

All of us need to be prepared to take charge in the event of an emergency. We must all familiarize ourselves with safety and security procedures and take the required training including drill participation. Knowing where key equipment is located can save lives. The following are locations of fire extinguishers, AEDs and First aid kits at our two locations.

Fire Extinguishers

Building A:

- Entry hallway of Clinic
- Student Clinic A12
- Pro-Clinic in front of A19
- Hallway entrance Dojo

Building B:

- Entryway AOMA Herbal Medicine
- Inside Herb Room
- hallway entrance by the men's restroom
- Hallway by student lounge

- The entrance of exterior Student Lounge door
- The entrance of exterior B1 Classroom

Building C:

- The entrance of Administration building
- Inside the Server Room
- By fridge in Common room

Building D:

- Library Bathroom door
- Faculty lounge bathroom door
- The courtyard entrance to Building D
- The parking lot entrance to Building D

Building E:

- Inside the Courtyard entrance to Classroom E1
- Inside the Courtyard entrance to Classroom E2
- Inside the Hallway entrance to Classroom E3
- Inside Hallway entrance to Classroom E4

North Clinic:

- Inside next to front by the receptionist desk
- Inside front door of herbal clinic
- Inside the employee breakroom by the back door
- By student clinic backdoor entrance
- Outside business office

First aid kits

Bldg. A	Clinic Reception Area
Bldg. B	Student Lounge
Bldg. C	Employee break area on east wall adjacent to the mail cubbies
Bldg. D	Faculty Lounge
North Campus	Student Conference Room

AED cabinet locations

Bldg. A	Clinic Reception against back south wall in charting area
Bldg. B	Student Lounge north wall next to the interior student lounge entry door
Bldg. D	Faculty Lounge on south wall between faculty lounge and faculty offices
North Campus	Student Conference Room on south wall above the shelf with forms

Revised: March 2017, March 2019, March 2022.

Reporting criminal offenses

Scope: Faculty, staff, students, outside agents

Responsibility to report

Anyone witnessing or receiving a report of prohibited behavior, or possession, display or use of any weapon shall immediately notify the appropriate authorities as listed below and file an Incident report. Any supervisor who fails to make such a report shall be subject to corrective and/or disciplinary action.

Emergency or life-threatening situation

In the case of an emergency or life-threatening situation, immediately call 911. As per the AOMA Emergency Response and Evacuation Plan, be prepared to provide as much information as possible, such as:

- What is happening
- The location of the incident
- Who is involved
- Type of weapon(s) involved, if any
- Your name and current location

Non-emergency situations

In the case of a non-emergency situation, all levels of management should be involved. Employees should initially notify their immediate supervisor. If the immediate supervisor is otherwise unavailable, or if the situation involves the immediate supervisor, notify human resources, the facilities department at (512) 492-3079, or the president. The police non-emergency number is 311.

Students are urged to report concerns about acts of aggression, harassment, or violence to the Senior Director of Student Services, the director of their respective academic program, or the Title IX Coordinator.

Enforcement

Individuals who engage or threaten to engage in prohibited behavior shall be held accountable under AOMA policy and under local, state, and federal law. Any employee or student who commits or threatens to commit prohibited behavior may be subject to disciplinary action, up to and including, dismissal or expulsion, as well as arrest and prosecution. Any visitor or affiliate who commits or threatens to commit prohibited behavior may be subject to exclusion from campus, arrest, prosecution, termination of his or her business relationship with AOMA, and/or any other appropriate action.

Reports of aggression, harassment, violence or threats of violence will be promptly investigated, and, if warranted, disciplinary action will be taken in accordance with applicable procedures. AOMA will notify law enforcement authorities of criminal conduct as appropriate. In addition, AOMA may refer individuals accused of violations of this policy for an assessment of the likelihood that they will carry out violent acts or are a danger to themselves or others.

AOMA will not permit retaliation against anyone who, in good faith, brings a complaint of acts of aggression, harassment, or violence, or serves as a witness in the investigation of a complaint of campus violence.

Vendors who conduct business on AOMA premises must conform to the requirements of this policy. AOMA reserves the right to remove from campus a vendor's employee who engage in acts prohibited by this policy.

Telephone threats (bombs, terrorism)

If you receive a telephone bomb threat, try to stay as calm as possible. The safety of AOMA and your fellow employees may well depend on how much information you are able to elicit from the caller. The following questions should be asked in the order listed:

1. When is the bomb going to explode?
2. Where is it right now?
3. What does it look like?
4. What kind of bomb is it?
5. What will cause it to explode?
6. Did you place the bomb? Why?
7. What is your address?
8. What is your name?
9. If possible, keep the caller talking and signal a co-worker to call the police. Immediately after hanging up with the caller, dial 911 and summon the Police Bomb Disposal Squad.
10. Next, telephone the administration office, which will notify all other departments.
11. Evacuate all personnel and go to the designated area.

Written threats

In case you receive a written bomb threat, immediately place the document inside a clear plastic report binder, or in some other protective covering to avoid fingerprint contamination. Dial 911 and report the threat. Any threatening mail other than bomb threats should be passed on to the Safety & Security coordinator, (512) 492-3079, as soon as possible.

Parcel/letter bombs

All staff who perform mail handling/sorting duties should know the warning signs for potential letter and parcel bombs. Briefly, the most important potential signs are:

- Oily stains or discoloration
- Excessive weight
- Rigid, lopsided or uneven envelope
- Protruding wires or tinfoil

- Excessive securing materials such as masking tape, string, etc.

If an employee receives a letter or parcel that looks suspicious, he or she should not attempt to open or handle it. Call the Safety & Security coordinator at (512) 492-3079.

Revised: August 2007, August 2016, March 2017, March 2022

Crime alerts: Timely warning

Scope: Faculty, employees, students, and outside agents

AOMA strives to provide a crime-free and safe environment through strategic policing, integrity, respect, and strong community partnerships.

The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (20 USC § 1092(f)) is the landmark federal law, originally known as the Campus Security Act, which requires colleges and universities across the United States to disclose information about crime on and around their campuses. AOMA is in compliance with the Clery Act.

If a situation arises, either on or off campus, that may be a potential threat, the president's office, or designee, will issue a campus-wide "timely warning." The immediate notification/warning will be issued through the AOMA email system, emergency notification app, AOMA website and/or through posted flyers. Anyone with information warranting a timely warning should report the circumstance in person to a member of the President's Cabinet or by phone to the Safety & Security coordinator at 512-492-3079.

Revised: May 2009; Updated March 2022