



INDIANA UNIVERSITY

OFFICE OF THE EXECUTIVE VICE PRESIDENT
FOR UNIVERSITY ACADEMIC AFFAIRS

University Environmental Health and Safety

Beekeeping Safety Program

April 9, 2018

1. INTRODUCTION

1.1. Purpose

Indiana University Environmental Health and Safety (IUEHS) has developed this Program to provide guidance on Indiana University-related beekeeping activities, programs, and research.

1.2. Scope

This Program applies to all Indiana University faculty, staff, and students who participate in beekeeping activities or research.

2. AUTHORITY AND RESPONSIBILITY

2.1. University Environmental Health and Safety (IUEHS) is responsible for:

- 2.1.1. Maintaining this program; and
- 2.1.2. Investigating injuries and illnesses as necessary.

2.2. Office of the Vice President for Capital Planning and Facilities (OVPCPF) is responsible for:

- 2.2.1. Consulting with beekeepers and IUEHS and providing final approval for the location or revocation of beehives on any university property or structure; and
- 2.2.2. Notifying Facility Services and/or Physical Plant and Grounds Maintenance for the respective campus about hive locations.

2.3. Sponsoring Department or Organization Maintaining Bee Hives are responsible for:

- 2.3.1. Designating a Head Beekeeper for each hive;
- 2.3.2. Ensuring that each participant in beekeeping activities completes the liability waiver in Appendix A of this program;
- 2.3.3. Maintaining a copy of all waivers for a minimum of three years;
- 2.3.4. Consulting with Office of the Vice President for Capital Planning and Facilities regarding the placement of beehives;
- 2.3.5. Notifying the IU Police Department for the respective campus of the location of the beehives; and
- 2.3.6. Adhering to the minimum requirements of this program.

2.4. Head Beekeepers are responsible for:

- 2.4.1. Ensuring that all participants in beekeeping activities are aware of the minimum requirements of this program;
- 2.4.2. Adhering to the minimum requirements of this program;
- 2.4.3. Ensuring that they have a sponsoring department; and
- 2.4.4. Obtaining first aid training.

2.5. All other Beekeepers are responsible for:

- 2.5.1. Adhering to the minimum requirements of this program; and
- 2.5.2. Notifying the supervisor and/or Head Beekeeper of any stings or injuries.

3. PROGRAM ELEMENTS

3.1. Potential Hazards

The most common hazards associated with beekeeping include, but are not limited to the following:

- Allergic reaction to bee venom;
- Burns and fire hazards from use of the smoker; and
- Improper lifting techniques.

3.2. General Procedures

The following procedures shall be followed for all beekeeping activities:

3.2.1. Placement of Beehives

- 3.2.1.1. OVPCPF must approve the placement of beehives on all Indiana University property in advance. Groups that wish to place a hive should submit a [Request for Service](#) to OVPCPF.
- 3.2.1.2. OVPCPF will consider each request on a case-by-case basis and will utilize general guidelines of at least 100 feet from common travel areas and at least 1000 feet from day care facilities, playgrounds, and areas that experience dense human traffic (stadiums, auditoriums, etc.). OVPCPF may choose to ignore or alter these guidelines at its discretion based on individual situations.
- 3.2.1.3. Rooftop hives will not be permitted without the express consent of OVPCPF and Indiana University Environmental Health and Safety (IUEHS) for the respective campus.

3.2.2. Signage and Barriers

- 3.2.2.1. Signage shall be posted to indicate that a designated area is used for beekeeping activities: "CAUTION: ACTIVE BEE HIVE: DO NOT DISTURB".
- 3.2.2.2. Perimeter protection may or may not be needed and will be decided by OVPCPF and INLOCC.
- 3.2.2.3. All persons participating in beekeeping activities shall complete the INLOCC liability waiver.

3.2.3. General Guidance

- 3.2.3.1. Any person with suspected or known allergies to bee venom must see medical advice from their primary care physician prior to participating in beekeeping activities.
- 3.2.3.2. Any person with suspected or known allergies to bee venom must notify the Head Beekeeper.
- 3.2.3.3. Proper lifting techniques shall be used when lifting boxes. Medium boxes can weigh around 30-50 pounds when filled with honey.
- 3.2.3.4. A telephone must be on site any time participants are present.
- 3.2.3.5. Be aware that bees are sensitive to dark colors and odors such as perfume, dogs, and diesel. These things may affect their behavior.

- 3.2.3.6. Note that commercial sale or use of honey or other edible hive products may be subject to state and federal regulation. Contact IUEHS for your respective campus for further information if you intend to package or provide honey products to the public.
- 3.2.3.7. While transport of bees into Indiana is not regulated, transport to other states may be. State requirements are available by contacting the State Apiarist for the state into which you are transporting.

3.3. Equipment

- 3.3.1. Maintain a fire extinguisher within fifty feet of the area where the smoker will be used. Information about fire extinguisher training may be found at the [INLOCC](#) website.
- 3.3.2. Only dry fuel (e.g. newspaper, pine needles, bark) shall be used while lighting the smoker. Add a small amount of dry fuel, draw a gentle fire, and pack in more dry fuel.
- 3.3.3. When the smoker is not in use, place the smoker in a space free of combustible material (e.g. a metal bucket).
- 3.3.4. Keep the area around the hive free of combustible materials.
- 3.3.5. To avoid burns and irritation of eyes, the hot barrel of the smoker should point away from the operator.
- 3.3.6. The smoker should be extinguished after each use.

3.4. Personal Protective Equipment (PPE)

Personnel participating in beekeeping activities should, at a minimum, wear a beekeeping hat and veil, elbow length gloves that are leather or nitrile, and closed-toe/closed-heel shoes.

Before entering the beekeeping area, personnel shall wear clean protective clothing/personal protective equipment. The protective clothing should be without holes to prevent bees from entry.

3.4.1. Beekeeping Hat and Veil

- 3.4.1.1. The ventilated hat should keep its shape and be firm enough to support the veils that fit over them and provide space that keeps the veil away from the face.
- 3.4.1.2. Veils are required when working closely with the bees. A folding wire veil should be fitted to the hat to ensure good separation between the beekeeper's face and the bees outside the veil.
- 3.4.1.3. Dark felt hats and floppy hats should be avoided.

3.4.2. Beekeeping Gloves

- 3.4.2.1. Gloves need to be strong, but pliable;
- 3.4.2.2. Elbow length cloth sleeves attached to the gloves should be worn when gaining access to the inside of the hive; or
- 3.4.2.3. A band of elastic should be sewn into the cloth sleeve at the elbow end to make it bee-resistant.

3.4.3. Footwear

- 3.4.3.1. Closed-toe and closed-heel shoes should be worn.

3.5. Bee Sting First Aid

3.5.1. Reactions to Bee Stings

- 3.5.1.1. Normal reaction includes: some pain, redness, itching, and swelling at the site
- 3.5.1.2. Mild to Moderate reaction includes: persistent or spreading pain, itching or swelling, large or uncomfortable areas of pain, redness, itching or swelling, ongoing symptoms over several days.
- 3.5.1.3. Severe (Anaphylactic) reaction includes: Abdominal pain or vomiting, difficult or noisy breathing, swelling of the tongue, swelling or tightness of the throat, wheezing or persistent cough, difficulty talking or swallowing and/or hoarse voice, persistent dizziness or collapse.

3.5.2. What to do if you are stung

- 3.5.2.1. Remove yourself from the vicinity of the hive.
- 3.5.2.2. Remove the stinger by scraping the sting as soon as possible. Personnel shall not delay the removal of the sting, regardless of the method used to remove it, as it increases the amount of venom injected into the body.
- 3.5.2.3. Oral antihistamines may assist with persistent itching.
- 3.5.2.4. If you have an adrenaline auto-injector, such as an EpiPen, you should locate it in case your symptoms worsen or call 911.
- 3.5.2.5. Be aware that antihistamines will not prevent or treat anaphylaxis, the most severe form of allergy. The only pre-hospital treatment for anaphylaxis is adrenaline.

3.6. Reporting Injuries and Stings

- 3.6.1. Employees must notify their supervisor and/or the Head Beekeeper immediately if an injury or illness occurs.
- 3.6.2. If the person stung is an employee, within 24 hours, the supervisor (or designee) must fill out and submit an injury/illness form. More information regarding injury reporting can be found at [Indiana University Human Resources](#).
- 3.6.3. If the person stung is a student or other non-employee, they or the Head Beekeeper should fill out the form provided by [INLOCC](#) within 24 hours.
- 3.6.4. A first aid kit shall be on site and equipped with supplies to remove bee stings. Personnel should know and understand how to use the first aid kit in the event of a sting.
- 3.6.5. IU Police Department for the respective campus shall immediately be contacted if an individual starts to experience a mild to severe reaction bee sting.

4. TRAINING and RECORDKEEPING

4.1. Training

- 4.1.1. First aid training should be completed by Head Beekeepers.
- 4.1.2. Fire extinguisher training should be completed by anyone who may be expected to use a fire extinguisher. Training is required annually.

4.2. Recordkeeping

- 4.2.1. The Department or Organization sponsoring the beekeeping shall retain completed liability release forms for all participants for at least three years after the last beekeeping activity by each individual.
- 4.2.2. The department supplying the training shall maintain training documentation.

5. REFERENCES

- [IU Injury and Illness Program](#)
- [IU Workers Compensation](#)
- [IU First Aid Program](#)

6. REVISIONS

New Document: April 9, 2018

APPENDIX A – LIABILITY FORM

Assumption of Risk and Release from Liability (“Agreement”)

[Unit name], on behalf of The Trustees of Indiana University (“IU”), is facilitating participation in activities being offered during the [name of event] event, to be held [location] at Indiana University on [date] (“Event”).

I, _____, wish to participate in the Event. In consideration of the services to be rendered in organizing the Event and in consideration of my participation in the Event, I hereby agree to the following:

1. I understand activities for the Event may include, but are not limited to, the following: physical activities (e.g., running, jumping, climbing) physical exertion such as lifting or moving heavy objects; spending extended periods of time outdoors being exposed to the elements (sun, wind, rain); consumption of food and/or beverage; and the following additional activities: Beekeeping.
2. I understand that certain risks are inherent in participation in the Event. These risks may include, but are not limited to, such things as incidents related to the above mentioned activities, including sprains, broken bones, cuts, bruises, entrapment, temporary or permanent disability, and/or death; adverse weather conditions; exposure to theft and other criminal activity; allergic reactions to food and drink items; other physical, mental, and emotional injury; other risks and dangers, whether known or unknown nor reasonably foreseeable; and the following additional risks stings and allergic reactions to stings, as well as burns.
3. I understand that any owners, employees, officers or agents of any attraction, enterprise or vendor of which I take part or participate during the Event, the other participants of the Event (whether associated with my group or not), and other third parties (collectively, “Third Parties”), are not the agents or employees of IU and that dangers may be caused by the negligent or intentional act(s) or omissions of such Third Parties. I understand that IU is not responsible for any injuries or property damage that may be caused by the acts or omissions of such Third Parties.
4. **I understand that my participation in this Event is entirely voluntary and at my own risk. I fully understand the scope of the activities and the potential risks involved in the Event. I agree to assume the risks of my participation in the Event, including the risk of catastrophic injury or death.**
5. I understand and agree that IU does not provide insurance to cover medical expenses for injuries that may be sustained by me or for damage to my personal property, and that IU strongly recommends that I carry my own health, medical, and property insurance for purposes of potential losses related to this Event.

6. I fully understand that all IU policies and regulations, including those embodied in the Code of Student Rights, Responsibilities and Conduct, are in effect and apply to my behavior for the entire duration of the Event. I understand that any violations of these policies and regulations may result in sanctions up to and including, in appropriate circumstances, referral to the Indiana University Police Department and/or the Office of Student Ethics for disciplinary action.

7. **I hereby release and fully discharge The Trustees of Indiana University, including its officers, agents, and employees, from any and all claims or causes of action that may be brought by me or by any other person (including, but not limited to, my estate, family, successors, heirs, representatives, administrators, and/or assigns), including all liability for damage to personal property, personal injury or loss arising out of or related to my participation in the Event to the fullest extent permitted by law.**

8. This Agreement shall be governed by and construed under the laws of Indiana. Notwithstanding any other agreement that I have signed related to this Event that purports to establish the venue for any litigation arising from this Event, I agree that I will file no action against IU or its officers, employees, and agents, whether based on this Agreement or in any way otherwise connected to this Event, in any court other than the Circuit Court of Monroe County, Indiana.

9. I authorize IU, acting through its agents, employees, or representatives, to take photograph, video, and/or audio recordings of me, including my name, image, likeness, performance, and/or voice (“Recordings”). I also grant IU an unlimited right to reproduce, use, exhibit, display, perform, broadcast, create derivative works from, and distribute the Recordings in any manner or media now existing or hereafter developed, in perpetuity, throughout the world. I agree that the Recordings may be used by IU, including its assigns and transferees, for any purpose, including but not limited to, marketing, advertising, publicity, or other promotional purposes. I agree that IU will have final editorial authority over the use of the Recordings, and I waive any right to inspect or approve of any future use of the Recordings. I acknowledge that I am not expecting to receive compensation for participating in the Recordings or for any future use of the Recordings. I release and fully discharge IU, and its employees, agents, and representatives, from any claim, damages, or liability arising from or related to my participation in the Recordings or IU’s future use of the Recordings.

10. **I have read this entire Agreement, I fully understand it, and I agree to be bound by it.** I represent and certify that my true age is at least 18 years old or, if I am under 18 years old on this date, my parent or legal guardian has also signed the Agreement.

Participant Name (Print):

Participant Signature: _____ Date: _____

If Participant is under 18 years old, his/her parent or guardian must sign below.

Parent/Guardian Name (Print):

Parent/Guardian Signature: _____ Date:
