



University Enterprises, Inc.

SACRAMENTO STATE

**Injury and Illness Prevention Program
University Enterprises, Inc.**

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INJURY AND ILLNESS PREVENTION PROGRAM
UNIVERSITY ENTERPRISES, INC.

POLICY STATEMENT

University Enterprises, Inc. (UEI) at California State University, Sacramento promotes and maintains a safe and healthy environment for students, staff, and visitors. To prevent the risk of accidental injury and illness. No staff, student, or employee at UEI will be required to perform any task determined to be unsafe or unreasonably hazardous. UEI will provide resources that will ensure a safe and healthy work environment, while meeting all federal, state and local laws and regulations. UEI employees must identify and eliminate unsafe working conditions or practices to control health hazards, and comply fully with the safety and health standards for every job.

Directors and Human Resources are responsible for the leadership of the safety and health program and for its effectiveness. Immediate supervisor/s are responsible for sharing a positive attitude towards safety and health with their employees, and for ensuring all operations are performed with the highest regard for the safety and health of everyone. All employees are responsible for carrying out their daily tasks while observing safe practices and complying with all applicable safety and health rules and regulations.

PURPOSE

The Injury and Illness Prevention Program (IIPP) is to ensure a safe and healthy environment for UEI personnel and protect students, staff, and visitors at UEI from potential hazards or conditions which could affect their safety and health.

This document provides guidelines for injury and illness prevention, which conform to California Code of Regulations (CCR) title 8, Section 3203 standards, and addresses the following:

- Responsibility
- Compliance
- Communication
- Hazard Assessment
- Accident/Exposure Investigation
- Hazard Prevention and Control
- Training
- Record Keeping

RESPONSIBILITY

The Human Resources Department is responsible for implementing and managing the Injury and Illness Prevention Program.

The Director of Human Resources is responsible for compliance with the California Code of Regulations, Title 8, General Industrial Safety Orders, Section 3203, including:

- Communicating with employees on matters concerning safety and health
- Identifying and evaluating workplace hazards
- Implementing procedures for injury and illness investigation
- Mitigating Hazards
- Training employees
- Maintaining records

The purpose for implementing the Injury and Illness Prevention Program is to:

- Facilitate identification and evaluation of workplace hazards
- Enable the correction of unsafe conditions
- Provide a means of communication between management and employees on matters concerning employee health and safety
- Educate and train employees on health and safety matters
- Implement a regulation compliance strategy for documentation and archiving

RESPONSIBILITY continued

Supervisors at all levels are responsible for implementing and maintaining the Injury and Illness Prevention Program in their work areas and for answering staff questions about the program.

Supervisors at all levels should:

- Ensure all employees are knowledgeable about the materials and equipment they work with, and known hazards and how they are controlled
- Conduct preliminary investigations of all reported industrial injuries, near misses, and illnesses
- Maintain Material Safety Data Sheets (MSDS) for all chemicals used in their work area
- Conduct periodic safety inspections of the facility, equipment, and projects to identify unsafe conditions and practices
- Initiate corrective action for employees who fail or refuse to follow established safety procedures
- Ensure that required personal protective equipment is provided, used, and maintained in good condition
- Maintain records of all health and safety activities

COMPLIANCE

All employees, including directors, managers, and supervisors are responsible for practicing the safe and healthy work practices defined by the IIPP and established safety and health guidelines.

To ensure compliance with safe and healthy work practices all employees, including directors, managers, and supervisors will:

- Provide training and guidance to employees on job-specific safety procedures
- Inform workers about the Injury and Illness Prevention Program
- Recognize employees who perform safe and healthy work practices
- Direct employees to the UEI Human Resources website and email semiannual updates

SAFETY COMMUNICATION

Supervisors at all levels and Human Resources are responsible for clearly and concisely communicating with staff about occupational safety and health. UEI encourages all workers to inform their managers and supervisors about workplace hazards without fear of reprisal.

Our communication process for addressing health and safety topics and/or issues includes:

- New worker orientation including a discussion of UEI General Code of Safe Practices
- Review of our IIPP
- Training programs
- Quarterly scheduled safety meetings
- Posted or distributed safety information
- An anonymous submission process to inform management about workplace hazards
- Appointment of a UEI staff member from each department to serve on UEI safety committees

HAZARD ASSESSMENT

A hazard assessment helps identify and evaluate workplace hazards and allows for correction of unsafe conditions to reduce and eliminate safety hazards.

Area supervisors and safety committee members will conduct periodic safety assessments of UEI facilities, equipment, and projects to identify unsafe conditions and work practices. Records of these assessments and actions taken to correct identified unsafe conditions will be maintained. Personal Protective Equipment assessments will also be conducted to ensure the equipment is available to employees based on hazards associated with their tasks and classification. Hazards are categorized by classification standards and the hazards encountered.

UEI employees must follow these procedures when reporting unsafe conditions and practices:

- Safety committee members will perform quarterly inspections of their area to evaluate their compliance.
- Area supervisors and/or directors will receive written documentation of unsafe conditions or non-compliant areas. {Appendix A}
- Area supervisor will, in consultation with UEI Property Services and/or Human Resources, if necessary, address the unsafe condition or practice and implement a corrective action. {Appendix B}
- Area supervisors will have five (5) business days following the investigation report to respond with a corrective action plan.

HAZARD PREVENTION AND CONTROL {Appendix C}

A report of corrected safety deficiencies will be completed by the responsible area supervisor and submitted to Human Resources.

After receiving a hazard assessment report, the responsible area supervisor will take necessary corrective action. If the unsafe condition cannot be immediately corrected, the area supervisor will consult with Human Resources to develop a suitable timetable for correcting the unsafe condition. Documentation will be completed by the responsible area supervisor and returned to Human Resources after completion of corrective action. Any employee who is or potentially could be affected by the unsafe condition or practice will be notified of the hazard and the status of the investigation and correction of the hazard.

Hazard classifications will be determined by Human Resources and they will assist in hazard assessments by indicating the hazard classification for each unsafe condition noted on the Notice of Safety Deficiency. The major categories to identify hazard classification are:

- **A *serious hazard* exists if there is a substantial probability that death or serious physical harm could result from a deficiency**
- **A *general hazard* is a deficiency that is specifically determined not to be of a serious nature, but has a relationship to the occupational safety and health of employees or may cause property damage.**
- **A *minor hazard* is one where a procedural deficiency exists.**

When an imminent hazard situation is identified during any safety assessment or otherwise becomes known, the responsible area supervisor will take immediate corrective action and immediately notify the Senior Human Resources Coordinator. When an imminent hazard exists which cannot be immediately corrected without endangering employees and/or property, all employees will be evacuated from the area except those who may be required to correct the hazardous condition.

ACCIDENT/EXPOSURE INVESTIGATION (*Preliminary Investigation*) {Appendix D}

Preliminary accident and injury investigations are conducted by the employee's supervisor and forwarded to Human Resources within 24 hours of notification of injury or illness by the employee. A secondary investigation will be conducted by Human Resources soon after receipt of preliminary investigation information.

The preliminary investigation must cover the following information:

The employee must document the accident or injury by stating the following information.

What happened?

- The investigation should describe what took place that prompted the injury to the employee.

Why did the accident happen?

- The investigation must obtain all the facts surrounding the occurrence:
 - What caused the situation to occur?
 - Was the employee trained and qualified to perform the functions involved?
 - Were proper operating procedures established for the task involved?
 - Were procedures followed, and if not, why not?

What should be done?

- The person conducting the investigation must determine which aspects of the operation or process require additional attention. The intent is not to establish blame, but to determine what type of constructive action can eliminate the cause(s) of the accident.

What action has been taken?

- Actions already taken to reduce or eliminate the exposures being investigated should be noted, along with those remaining to be addressed. Any interim or temporary precautions should also be noted. Any pending corrective actions and reason for delaying its implementation should be identified.

ACCIDENT/EXPOSURE INVESTIGATION (*Serious Injury or Illness*) {Appendix D}

Accident Investigations for serious injuries or illness will be conducted by Human Resources when informed of the occurrence.

Definition:

- *Serious injury or illness means any injury or illness occurring at or in connection with UEI employment which requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any permanent disfigurement.*

The area supervisor will call Human Resources to report a serious injury, illness, or death of an employee occurring at or in connection with UEI as soon as practically possible but no longer than eight hours after knowledge of or if with diligent inquiry would have knowledge of a death or serious injury or illness (*California Code of Regulations, Title 8, Section 342(a)*).

This information shall include:

1. The time and date of accident
2. Employer's name, address and telephone number
3. Name and job title, or employee ID number of person reporting the accident
4. Address of the site of accident or event
5. Name of person to contact at site of accident
6. Name and address of the injured employee(s)
7. Nature of injury
8. Location where injured employee(s) were moved
9. List and identity of other law enforcement agencies present at the site of the accident
10. Description of accident and whether the accident scene or instrumentality has been altered

TRAINING

Area supervisors are the primary safety trainers. If the area supervisor is not trained or certified in the specific area of need, then the area supervisor will ensure that training is scheduled and all affected employees are scheduled to attend.

It is the supervisor's responsibility to ensure all employees under their direction have received required training. Area supervisors of employees who perform high hazard tasks are encouraged to perform periodic training on their own. This can be easily accomplished by presenting safety information available through various media such as handouts, videotapes, and the Internet.

Training and instruction, which ensures that each employee is knowledgeable about the materials and equipment they are or will be working with, what known hazards are present, and how they are controlled shall be provided:

- To all new employees
- To all reassigned employees who have not previously received training
- Whenever new substances, processes, procedures or equipment are introduced into the workplace and represent a new hazard
- Whenever the employer is made aware of a new or previously unrecognized hazard
- To supervisors to familiarize themselves with the safety and health hazards to which employees under their responsibility may be exposed
- To ensure the success of the UEI Injury and Illness Prevention Program
- When personal protective equipment is required or needed, how it's used, and how to maintain it
- What to do if emergencies occur in the workplace.

All employees must understand that:

- They will not undertake a job until they have received instructions on how to perform it properly and safely
- They will not undertake any job that appears to be unsafe
- They will use all engineering controls and personal protective equipment available to them

TRAINING Continued

- They will report in writing to supervisory personnel all unsafe conditions encountered during work
- Any work-related injury or illness suffered, however slight, must be reported to supervisor immediately

Training Schedule

A new hire orientation is offered for all new employees. The safety segment will cover general office safety and a food service code of safe practice (if applicable). Employees requiring specialized and additional training will receive training according to their job classifications when they report to their department.

All employees require annual refresher training. Failure to complete annual refresher courses shall result in disciplinary action by the area supervisor.

All UEI staff including directors and supervisors is encouraged to attend safety-training seminars provided by Human Resources. Attendance at these seminars satisfies refresher-training requirements stated above.

Human Resources is responsible for the following:

- Assisting area supervisors in ensuring their employees are receiving adequate safety training by providing advice, guidance, and information concerning regulatory requirements relative to training contents
- Providing job types and hazards that require employees to attend annual training
- Maintaining records of training for each employee. These records will include the employee's name, classification, training dates, types of training, and the training provider. This documentation will be maintained for three years and a copy of the records will be sent to Human Resources

RECORD KEEPING

UEI will maintain all records for one year. Cal/OSHA Log and Summary of Occupational Injuries and Illness are maintained for five years.

Human Resources maintain UEI Injury Illness Prevention Program records.

The following records will be maintained for at least one year:

- Report of Unsafe Condition or Hazard Form
- Report of Accident, Injury or Illness Form
- Hazard Correction Report Form
- Notice of Safety Deficiencies Form

Supplements: *(To be given by Human Resources)*

- Documentation of safety and health training conducted by Human Resources
- Scheduled and periodic inspections
- Safety Committee meeting records

Records of Health and Safety Assessments, using {Forms 1, 3 and 5} conducted by area supervisors shall include identification of persons conducting the assessment, the unsafe conditions and work practices that have been identified, and action taken to correct the identified unsafe condition or work practice. These records will be maintained for one year.

ERGONOMIC SUPPLEMENT

The purpose of this program is to effectively eliminate or control work related cumulative trauma disorders by providing UEI employees involvement in the identification and intervention of hazards posed by poor work practices and or poorly designed workstations.

Ergonomics is the science of fitting jobs and workstations to people. The knowledge of a person's physical abilities, personal attributes, and limitations are all factors which contribute to the human characteristics that are relevant to the job design. Good ergonomic design makes the most efficient use of a worker's capabilities while ensuring that job demands do not exceed those capabilities.

Responsibility:

Employee:

- ❑ Each employee has the individual responsibility to report any work related injury or illness to their immediate supervisor and to Human Resources.

Human Resources

- ❑ Any use those features to minimize and or eliminate the likelihood of cumulative trauma related disorders. Failure to do so will constitute a breach of the employee's commitment to implement a safe and healthful work environment.
- ❑ It is the responsibility of every employee to communicate to management any medical restrictions imposed by a doctor.

Management/Supervision:

- ❑ The management of a given department has the responsibility to ensure the working conditions within that area provide a safe and healthful environment.
- ❑ If an employee reports symptoms or an actual injury related to a cumulative trauma disorder, management is required to instruct the employee to report such an occurrence to Human Resources-
- ❑ Upon initial knowledge of a work related cumulative trauma related disorder, management shall initiate a workstation evaluation by contacting Human Resources who will contact UEI's Risk Control Consultant. Any recommendations from such an evaluation will be implemented unless the employee can be accommodated otherwise.
- ❑ If an employee returns to work with a doctor's notice of restrictions, then management must not allow that employee to work in a manner which exceeds those medical limitations. Approval by Human Resources is required.

Appendix A



University Enterprises, Inc.
SACRAMENTO STATE
6000 J Street
Hornet Bookstore Bldg., Suite 3900
Sacramento, CA 95819-6063

Human Resources
(916) 278-7003
FAX (916) 278-4787
www.enterprises.csus.edu

REPORT OF UNSAFE CONDITION OR HAZARD

(*) Optional fields. Cal-OSHA regulations require that employees be provided with a method to report hazards anonymously. Anonymous reporting. Although permitted, is not encouraged because we will not be able to ask questions to assist with an investigation. Additionally, we may not be able to provide a report of our findings.

Please submit this form to your supervisor or to Human Resources (Bookstore Building, Suite 3900/Campus Zip: 6063)

Name (*): _____ Date: _____
Job Title: _____ Department: _____

Location of Unsafe Condition or Hazard:

Date and Time Unsafe Condition or Hazard Observed:

Description of Unsafe Condition or Hazard:

What changes would you recommend to correct the condition or hazard?

FOR OFFICE USE ONLY

Name of person investigating report: _____
Results of investigation (What was found? Was condition unsafe or a hazard? Attach additional sheets, if necessary)

Proposed action to be taken to correct unsafe condition or hazard: (Complete and attach a Hazard Correction report)

Signature of Investigating Party

Date

*Please forward a copy to Human Resources (Bookstore Building, Suite 3900/Campus Zip: 6063)

Appendix B



University Enterprises, Inc.
SACRAMENTO STATE
 6000 J Street
 Hornet Bookstore Bldg., Suite 3900
 Sacramento, CA 95819-6063

Human Resources
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 FAX (916) 278-4787
 www.enterprises.csus.edu

HAZARD CORRECTION REPORT

Department: _____

This form should be used in conjunction with the “Report of Unsafe Condition or Hazard” (IIPP Appendix A), as appropriate, to track the correction of identified hazards.

All hazards should be corrected as soon as possible, based on the severity of the hazard. If a serious imminent hazard cannot be immediately corrected, evacuate personnel from the area and restrict access until the hazard can be addressed.

Supervisor/Safety Coordinator Name: _____ Telephone: _____

Supervisor/Safety Coordinator Signature: _____ Date: _____

Description and Location of Unsafe Condition	Date Discovered	Required Action and Responsible Party	Completion Date	
			Projected	Actual

**IIPP–Appendix B
 March 2013**

Completed copies of this form should be routed to Human resources and the department’s Safety Coordinator and kept in department files for at least three years.

Appendix C



University Enterprises, Inc.
SACRAMENTO STATE
6000 J Street
Hornet Bookstore Bldg., Suite 3900
Sacramento, CA 95819-6063

Human Resources
(916) 278-7003
FAX (916) 278-4787
www.enterprises.csus.edu

NOTICE OF SAFETY DEFICIENCIES

Location: _____ Building: _____ Room #: _____

Inspectors Name: _____ Inspection Date: _____

Contact Name: _____ Reply Due Date: _____

Deficiency Information

Standard: _____

Deficiency Cited: _____

Suggested Corrected Action: _____

Interim Action: _____

Deficiency Project Initiated (Complete this section if the corrective action will take over 30 days to correct.)

Project Description: _____

Work Order or Contract Number: _____ Date: _____

Estimated date that project will be completed: _____

Deficiency Action

Corrective Action Taken: _____

Date Corrected: _____ Certified By: (Official in Charge) _____

(Please note: This notice must be posted at or near the deficiency location until the deficiency is resolved.)

Appendix D



University Enterprises, Inc.
SACRAMENTO STATE
6000 J Street
Hornet Bookstore Bldg., Suite 3900
Sacramento, CA 95819-6063

Human Resources
(916) 278-7003
FAX (916) 278-4787
www.enterprises.csus.edu

ACCIDENT REPORT

Please complete and return form **within 24 hours of the next business day of injury/illness.**

To be completed by injured worker and supervisor

Employee Information

Name: _____ Male: Female:

Home Address: _____ Married: Single:

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____ Age: ____

Department in which regularly employed: _____ Job Classification: _____

Hire Date: _____ Hours work per day: _____ # of days/week: ____

Was another person responsible? Yes No

Witnesses: (Attach written Statements)

Name: _____ Position: _____ Phone: _____

Name: _____ Position: _____ Phone: _____

On date of injury: Time Began work: _____ Time work ended: _____

Injury / Illness Information

Date of Injury / Illness: _____ Time of Day: ____ AM/PM

Where did injury occur? (Specific Location): _____

What was the employee doing when injury/illness occurred? (Be specific. Tell what and how it happened):

Object or substance that directly injured the employee: _____

Part of body affected. (Be Specific: Right hand-Left hand?): _____

Supervisor Accident Investigation

I have verified the employee was at work at date and time of incident as stated above. Yes No

Do facts indicate the injury happened at work? Yes No

Did injury/illness cause absence from work ___ Yes ___ No

Has employee returned to work? ___ Yes ___ No

Date returned to work: _____

Safety Information

An unsafe condition existed (check all that apply):

- _____ Defective equipment/tools
- _____ Poor housekeeping
- _____ Poor working conditions (lights)
- _____ Slippery/uneven walking surface
- _____ Chemicals (include MSDS)

An unsafe act resulted from (check all that apply):

- _____ Lack of skill/training
- _____ Inattention
- _____ Unsafe act/horseplay
- _____ Not following safety rules
- _____ Inadequate planning
- _____ Improper work method
- _____ Not following safety rules
- _____ Inadequate planning
- _____ Other _____

Supervisor's corrective action to insure this type of accident does not reoccur: _____

Was employee retrained in the appropriate use of Personal Protective Equipment/Proper safety procedures? ___ Yes ___ No

Was employee cautioned for failure to use Personal Protective Equipment/Proper safety procedures? ___ Yes ___ No

Treatment and Filing Claim (check one):

- I choose to accept a medical evaluation for treatment and file a claim for the above noted condition and will go to the appropriate medical facility University Enterprises, Inc. has designated.
- I choose to decline the medical evaluation for treatment and filing a claim for the above noted condition. I understand that I do have one year from the date of injury to file a Workers' Compensation Claim and by signing this document, I also understand that should I decide to seek medical treatment for this injury, I must immediately notify my supervisor and go to the medical facility University Enterprises, Inc. has designated.

Employee Signature

Date

Supervisor Signature

Date