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APPENDIX "A" - (Forms).....Shall be located on the intranet

1.0 INTRODUCTION

The purpose of the Injury and Illness Prevention Program (hereinafter referred to as IIPP) is to maintain a healthful and safe work place and to develop IIPP awareness on the part of all Western University employees, students and guests. General Industry Safety Order (GISO) Subchapter F, Section 3203 also referred to as Senate Bill 198, requires every employer to maintain an IIPP which includes, but is not limited to:

- Identification of a Person(s) responsible for implementing and maintain the IIPP.
- A system for identifying, evaluating and correcting unhealthy and unsafe conditions and work practices.
- Procedures for investigating communicating with employees, students and guests (and directed individuals) on occupational health and IPP matters.
- A system for ensuring that employees, students, and guests (and directed individuals) comply with IIPP work practices.
- Procedures for providing IPP, health orientation and training to employees and directed individuals when newly hired, reassigned or when new hazards are identified
- A recordkeeping and documentation procedures to support the written IIPP.

In addition, as the cost of employee injuries, illnesses and Workers' Compensation continues to escalate, the most appropriate method of controlling these costs is to prevent the incident from occurring. The foundation of this program lies in the development of a conscious safety attitude in our staff, students and guests towards and illness prevention.

2.0 POLICY

It is the policy of Western University of Health Sciences that no job or employee task is so important that it takes precedence over the health, safety and welfare of employees or the student body. The University expects its employees to conduct all business in a healthy and safe manner, adhering to established regulations and following University policies and procedures.

Western University has adopted this IIPP to provide direction for employees in furthering the University's health and safety objectives. All employees, regardless of their position or level of authority, are required to report unhealthy or unsafe acts and/or conditions to the Environmental Health and Safety (EH&S) Department. University employees will not conduct any operations

that are unhealthy or unsafe or those that needlessly put our employees or the student body at risk of harm, injury, or illness.

3.0 AUTHORITY AND RESPONSIBILITY

All employees working for the University have a responsibility for health and safety. All employees are required to work in a manner that will not endanger the life, health or well being of themselves or their co-workers. Employees are authorized to take responsible steps to ensure a safe and healthful work environment.

3.1 Director of EH&S

The Director of EH&S is responsible for implementing the program, selecting between options to meet the program's objectives, and ensuring that specified procedures meet the requirements of the program.

To carry out the assigned responsibilities, the Director of EH&S will ensure the following activities are carried out:

- Implement the IIPP to target losses, exposures to loss and compliance with application government standards.
- Monitor the effectiveness of the program through annual audits and make changes in the program as necessary.
- Ensure that all department personnel receive appropriate IIPP training.
- Make recommendations to eliminate, control, or engineer unsafe or unhealthy conditions out of the work environment.
- Monitor periodic IIPP inspections of the facilities.
- Monitor incident investigations.
- Ensure communication with college management, College/Department Safety Coordinators, and staff about IIPP issues through established department communications methods.
- Develop and implement additional programs to increase the effectiveness of the IIPP effort, as the need for these programs becomes evident.

The Director of EH&S for Western University of Health Sciences is: **Brett C. Boston**.

3.2 Director of Environmental Health and Safety (EH&S)

The Director of EH&S has primary responsibility for ensuring the implementation of this IIPP. The Director is responsible for the overall operation and administration of the EH&S Department and has the authority to implement changes as required. The EH&S Director also has the authority to delegate responsibility and authority to other individuals who can allocate resources and implement changes on the Director's behalf.

3.3 College Deans/Department Heads

Individual college deans and department heads have the responsibility and authority to be knowledgeable of all aspects of the IIPP. Through IIPP implementation, management enforces the requirements of the program to ensure full compliance. They must also monitor the effectiveness of this program within their respective areas of responsibility.

3.4 College/Department Safety Coordinators (Safety Coordinators)

The safety coordinator (formerly known as building coordinator) will have the primary responsibility for emergency evacuation of buildings and operations at Evacuation Assembly Areas. In the event of an evacuation, they will establish control at their assembly area and begin the process of faculty, staff and student accountability. The safety coordinator will have a good working knowledge of evacuation procedures, and the University Disaster Plan. This will be accomplished through quarterly training sessions not to exceed one hour in length, conducted by the Director of EH&S.

3.5 Employees

All employees are responsible for working in a healthy, safe, and responsible manner and to maintain a clean, healthy and safe work area. In addition, they are responsible for participating in all required IIPP training as deemed necessary.

If an employee witnesses an unhealthy or unsafe act by a co-worker, the incident must be brought to the attention of the safety coordinator/Director of EH&S in order to prevent injury or illness to themselves or others. All employees have a responsibility to identify unhealthy or unsafe work conditions. A worker is not to proceed to work on equipment or in an environment that is unhealthy or unsafe.

3.6 University Environmental Health and Safety Department

The EH&S Department, headed by the Director of EH&S, is responsible for providing risk control strategies to ensure employee health and safety, environmental protection and loss prevention. These programs serve as the foundation for all agencies and departments. One

primary responsibility is to ensure appropriate IIPP documents and other programs developed for sole or specific applications are consistent with University programs, and comply with all applicable standards and regulations. This includes oversight of IIPP development at the college level and within departments. The EH&S Department identifies IIPP needs, reviews program documents and provides or procures professional and technical resources as needed or requested.

A second major responsibility is to ensure programs are effectively implemented and maintained within colleges/departments. This involves planning, supporting and monitoring IIPP activities. The EH&S Department reviews employee health and safety issues, conducts evaluations and recommends engineering controls, administrative controls, personal protective equipment, and training. Colleges and departments are to consult with the EH&S Department on IIPP issues.

3.7 Risk Management

Risk Management provides management of the Workers' Compensation Program and appropriate General Liability and Fire insurance coverage. EH&S and Risk Management, with support and involvement of Human Resources, work closely to ensure the following:

- All injuries/losses are investigated to determine cause to prevent recurrence.
- All injuries/losses are reported immediately to the carrier.
- All claims are reviewed for costs and reserves.
- All injuries occurring on University property to employees, student body, and/or the general public, receive prompt and proper medical attention.

4.0 EMPLOYEE COMPLIANCE

In order to support the IIPP, the following system is to be used to ensure employee compliance with IPP policies and procedures. The system includes, but is not limited to:

- 1) Training
- 2) Recognition and commendation
- 3) Performance reviews
- 4) Job audits
- 5) Disciplinary action

All employees are required to abide by the rules and procedures established in this IIPP. The University will utilize all normal means of motivating employees and enforcing compliance as described/required by the University's EHS practices.

4.1 Training

All University employees will receive the appropriate training to ensure that they are informed on IIPP policies and procedures. The training may include but is not limited to:

- Individual responsibility for injury and illness prevention
- Corrective action for IIPP violations
- Procedures for hazard identification
- Procedures for hazard correction
- Procedures for reporting unhealthy or unsafe conditions and/or acts
- Incident reporting

All employees must receive IIPP training in accordance with the California Code of Regulations, General Industry Safety Orders. Where appropriate, training by outside sources, such as equipment and chemical vendors, will be provided. The training an employee receives is dictated by the job task(s) assigned, overall job description, and will be determined by the EH&S Department or supervisor/department head.

4.2 Recognition and Commendation

Employees who demonstrate outstanding performance in injury and illness prevention may be recognized. It may be initiated by any knowledgeable employee and route through the employee's immediate supervisor for processing through the EH&S Department. Upon approval, the commendation will be sent to the employee and Human Resources Department for inclusion in the employee's personnel file.

4.3 Performance Reviews

IIPP awareness is to be a factor in completing annual performance reviews (PR). The supervisor will review any incidents and consider the individual's IIPP activities when preparing for the PR. The level of awareness and activities should be equal to the level of hazard exposures.

4.4 Corrective Action

Disciplinary action will be taken if an employee fails to follow IIPP policies and procedures, in accordance with the University's progressive corrective action policy.

4.5 IIPP Audits

The Director of EH&S will audit the implementation of the program on an annual basis. Audits will be completed by reviewing a representative sample of documentation kept by the Director of EH&S and a review of employee safety training. Reviews will determine if:

- Safety communications are taking place as outline in the IIPP.
- Safety inspections are being completed as outline in the IIPP.
- Employee compliance with the IIPP is being properly monitored and administered.
- Workplace hazard evaluations are being completed properly and on time.
- Employee training needs are identified and progress is made to meet these needs.
- Adequate and proper documentation is being kept as outline in the IIPP.

The Director of EH&S will utilize the findings from the annual audits to help direct the Injury and Illness Prevention Program.

5.0 OCCUPATIONAL HEALTH AND SAFETY COMMUNICATION

Communication between University staff and employees is critical to the success of the IIPP. No single method can accomplish the desired level of interaction desired. Therefore, the EH&S Department has adopted all of the communication methods described below.

5.1 New Employee IIPP Orientation

The first opportunity for two-way communication is during the employee's orientation period. A new employee is typically overwhelmed with information during this time and it is important to establish an avenue for the employee to comfortably ask questions about the specific health and safety issues of their jobs.

The new employee orientation is completed by following the New Employee IIPP Orientation Checklist. The employee will be given a copy of this checklist and a packet with related information for referral should they have questions at a later date. See the training section of this document for specifics on the New Employee IIPP Orientation Checklist.

5.2 Training/Retraining Meetings

Job training may be in a classroom, though the "on-line" web site, one-on-one with a supervisor or key employee, or simply practiced on the job. For all training, proper documentation will be kept. See the Training section for details.

Additional job training will occur when an employee is new to a task, the task has changed, or a new procedure or process is introduced. Documentation will be maintained as described in the Training section of this program.

Retraining will be performed when significant injury and illness prevention aspects of a job require periodic reinforcement. A proper lifting technique is one example. The scheduling and documentation of this type of training is described in the Training section.

All training will be presented in a manner that encourages two-way communications and provides ample opportunity for the employee to have any questions answered.

5.3 “Safety Fun Facts Memo”

The periodic Safety Fun Facts Memo will be distributed to all employees. All department employees will be encouraged to contribute to this publication.

5.4 Postings and Posters

Postings are signs, forms, memos, and documents that are posted as required by regulatory agencies. These are to be placed in the areas most frequented by employees such as lounge bulletin boards and common office areas. The following list covers currently required postings:

- Cal/OSHA Form No. 300: “Log and Summary of Occupational Injuries and Illnesses” (Must be posted each February and includes a summary of injuries and illnesses from the previous calendar year). Done by Risk Management
- Cal/OSHA: “Safety and Health Protection on the Job” poster
- “Notice to Employees of Possible Exposure to Toxic Substances”
- “Access to Medical and Exposure Records
- “Workers’ Compensation Notice”
- “Emergency phone numbers”
- “Emergency evacuation routes”

Every department, work location or site of work for periods of one day or more will display these postings in appropriate places so that all University employees have ready access to the information.

Posters are voluntary signs placed about the workplace to encourage safe work practices, reinforce IIPP training or to remind workers of an IIPP procedure or practice. Each college will establish an appropriate number of these posters to be displayed in the permanent work areas. Assistance in obtaining posters can be obtained from the EH&S Department.

5.5 IIPP Memorandums

IIPP issues that frequently occur should not wait until the IIPP is revised. This type of information will be communicated to all University employees by memorandum. Memos will be prepared/approved on an as-needed basis through the Director of EH&S and will be distributed to all department employees and posted on appropriate bulletin boards.

5.6 Right to Know/MSDS Locations

A “Right to know/MSDS Station” will be established at the following sites:

- Outside of labs or clusters of labs that utilize any chemical process
- Outside of any designated chemical storage area
- In the Office of Environment Health and Safety

Each station will have the following documents:

- IIPP Plan
- IIPP Rules
- Employee Safety Suggestion form
- MSDS

5.7 Safety Suggestions

Safety suggestion forms will be made available to employees by placing the blank forms at the “Right to Know Station.” A sample form is included at the end of this document. Email is also an acceptable means of notification.

Suggestions can be made on any injury/illness prevention-related item such as workplace hazards, unhealthful or unsafe actions, new training topics, equipment purchases or modifications, new work procedures or rearranging the workplace. The individual making the suggestions may identify themselves or make the suggestions anonymously. Completed suggestion forms will be sent to the Director of EH&S for review, response and action.

6.0 WORKPLACE HAZARD EVALUATIONS

Inspections of University facilities are an integral part of ensuring that employees work in a healthful and safe environment. The evaluation and identification of hazards is an on-going process.

The EH&S Department has implemented a program to inspect facilities and operations to identify and correct potential injury and illness hazards before incidents, injuries or illnesses occur. In addition, employees are required to report any potential hazards they may observe.

6.1 Goals

The goals for the inspection and hazard-reporting program are:

- Eliminate or control unhealthy/unsafe acts or conditions before they result in an injury/illness or an exposure that may produce an injury/illness and/or damage.
- Encourage employee participation in hazard detection and control activities.
- Provide a system for employees to formally report hazards and make suggestions without the fear or reprisal.

6.2 Site Inspections

The Director of EH&S will conduct inspections to document unhealthy/unsafe conditions and/or work practices. Inspections will be completed:

- At the introduction of this program
- Whenever a new worksite is opened
- Whenever a worksite is modified
- Whenever a new process is introduced into the work site
- Whenever new chemicals are introduced into the worksite
- Whenever a previously unidentified hazard is recognized
- Quarterly for on-going worksites

Inspection reports will be reviewed by the department head in conjunction with the Director of EH&S and retained for three (3) years. Sample inspection report forms are provided at the end of this document.

6.3 Recognized Hazards

Any unhealthful or unsafe condition observed by an employee shall be reported to the Director of EH&S, preferably in writing.

If appropriate, the work in the area will be halted until the hazard can be corrected or controlled. If the work is such that it cannot be halted, work shall proceed under direct management supervision. In cases where limited authority or resources prevent prompt remedial action, the

hazard shall be made temporarily healthful or safe until a permanent correction of the problem can be implemented.

The Director of EH&S is responsible for initially investigating the problem, evaluating the situation and implementing prompt corrective action. In the event that the Director of EH&S determines that the corrective action requires the assistance of the department head, the Director of EH&S will call for such assistance in evaluating the condition and implementing corrective action.

When the Director of EH&S has immediately correct a situation, stabilized a situation or requested help to correct a situation, he/she will document the situation and the corrective actions in a written memo. The memo will be sent to the Director of EH&S files and department head for review, follow-up and filing. Documentation will be kept for a period of three (3) years.

6.4 Work Order Requests

The University Facilities Department has a work order system to report physical hazards that cannot be corrected immediately by the person discovering the problem.

All problems in University-owned or leased buildings involving environmental or building systems such as heating, ventilation and air conditioning systems, door jams, carpeting, etc., should be reported to the Director of EH&S who will forward a work order to Facilities.

Nonphysical or other health and safety loss prevention concerns should be reported to the Director of EH&S who will coordinate corrective action with the department head.

Minor Issues involving interior areas such as general housekeeping should be reported to the Safety Coordinator who will arrange for corrective action.

All report requests will be logged by each so that a record of the reported problem is maintained. Copies of the Hazard Correction Log, with corrective action noted, should be forwarded to the Director of EH&S and maintained by the Director of EH&S for three (3) years. A copy of the Hazard Correction Log is included at the end of this document.

6.5 Cal/OSHA Government Inspections

Without notice, a Cal/OSHA Compliance Officer may inspect facilities for compliance with Title 8 of the California Code of Regulations, General Industry Safety Orders or Construction Safety Orders. If that should occur, **immediately** notify the Director of EH&S. The University will not impede or interfere with a compliance officer's inspection once the Director of EH&S is available to participate in the inspection.

7.0 EMPLOYEE TRAINING

Employee training is one of the most important elements of this IIPP. Effective training can increase the productivity of employees and prepare them to work in a healthful and safe manner.

To ensure that all University employees recognize and understand the hazards and risks associated with their work, training programs have been developed to educate the employees on the hazards that they may encounter.

7.1 New Employee IIPP Orientation Training

Prior to commencing work, new employees will receive a New Hire Orientation Checklist and packet from the Human Resources Department. New hires will receive job-specific training from their supervisor when they first report to their assigned department. In addition, within one month from hire date, new employees will attend an IIPP training session. The New Hire IIPP Orientation Checklist (see Appendix B) will be used to ensure that all appropriate subjects and job hazards are covered.

Training topics include but are not limited to:

- An explanation of the Injury and Illness Prevention Program
- An explanation of the Hazard Communication Program
- An explanation of the Bloodborne Pathogens Program
- Disaster emergency procedures
- Incident, injury and hazard reporting procedures
- Rules and procedures for the job tasks
- Common hazards of the job
- Hazards specific to the job

Once completed, the New Hire IIPP Orientation Checklist is maintained in the employee's individual training record file.

7.2 Refresher Training

Retraining in some subjects will be presented annually. The Director of EH&S or other qualified sources will usually present training. See Section 7.7 for subjects requiring annual refresher training. Training will be conducted through the "on-line" Web Site.

During the annual audit the Director of EH&S may identify areas where trends exist that indicate a need for retraining. Accident analysis may also identify trends that can be addressed through retraining and the Director of EH&S will instigate the retraining process.

7.3 Temporary Employee or Directed Individual Orientation

All extra help, intermittent, contract or directed individuals, regardless of status, should receive initial job-specific training before beginning work. At a minimum, temporary employees should be trained, by their supervisors, in the following areas:

- Personal protective equipment needed to complete the job tasks, including eye protection, gloves, safety clothing, etc.
- Specific hazards associated with the job assignments
- Injury and illness reporting
- Chemicals present in the workplace and Material Safety Data Sheet (MSDS)
- Evacuation and emergency procedures

7.4 New Assignments or Transfers

When a regular employee enters a new job classification or is transferred to another department or college, the employee must receive training relative to the hazards and exposures of the new position. The New Hire IIPP Orientation Checklist should be completed by the department Safety Coordinator to document the training and forward to the Director of EH&S to be retained in the employee's training file.

7.5 New Processes or Equipment

Prior to inception of a new process, procedure or equipment, all employees who may be exposed will be trained in the hazards of the new process or procedure plus the methods to operate the equipment in a safe manner. The training may consist of classroom training, on-site instruction, and hands-on training. Department heads, Safety Coordinators, equipment vendors, consultants or other qualified persons may conduct the training. The training should be documented and retained in the employee's training file.

7.6 Training Documentation

All injury, illness and safety related training must be documented. The subject matter must be outlined in writing and kept on file. Documentation must, minimally include the following:

- Date(s) of the training
- The trainer's name
- Topic covered
- Employee's name

Training records must be kept on file for three (3) years in the employee's training file. Training will be conducted "on-line."

7.7 Training Subjects

Department Safety Coordinators and the Director of EH&S are responsible for evaluating employee training needs and training capabilities. The potential hazards and exposures inherent in the employee's assigned position/task determine the training that an employee receives.

Regular university employees are required to have training in the following subjects:

- Injury and Illness Prevention Program (annually)
- Bloodborne Pathogens Program (annually)
- Communicable Disease Protection Program (annually)
- Hazard Communication Program and Material Safety Data Sheets (annually)
- Hazardous Materials Transportation
- Basic Ergonomics (annually)
- Office Safety Procedures (annually)
- Disaster Emergency Response Plan (annually)
- Fire Protection Prevention Plan (annually)
- Operation of Portable Fire Extinguishers (annually)

The following training is required when the work site or task presents the exposure:

- Asbestos Awareness (within 15 working days of receiving a positive monitoring result)
- Occupational Exposure to Chemicals Used in Clinic Environments
- Occupational Exposure to Chemicals Used in Laboratory Environments (annually)
- Laboratory Safety (annually)
- Respiratory Protection Equipment (annual fit test)
- Responding to Violence in the Workplace (annually)

7.8 Training Supervisory Personnel

- 1) Personnel in supervisory and SAFETY COORDINATOR positions will receive training on their responsibilities regarding implementing action of the IIPP Plan. Formal training presentations will be given to all supervisors at the implementation of this plan and at any time thereafter deemed necessary by the Director of EH&S.
- 2) Supervisors and the safety coordinators who are not already familiar with the safety and health hazards, to which employees under their immediate direction and control

may be exposed, will be provided training in the unfamiliar hazards. This training will be provided as soon as possible. If the training cannot be started within 30 days of assumption of supervisory duties then a training plan/schedule will be developed. This training will be accomplished through formal classes, seminars, self-study programs, and on-the-job training from knowledgeable department members.

8.0 RECORDS

To support the IIPP and to provide a method of tracking its implementation the Director of EH&S will maintain records on various activities defined in the program. These records fall into two basic areas, inspections and training.

8.1 Inspections

Records for physical inspections will be maintained for a period of three (3) years. Types of inspections to be documented include but are not limited to:

- Fire safety inspections
- Building safety inspections
- Workplace IIPP inspections
- Off-site workplace IIPP inspections
- Hazardous processes/chemicals inspections
- Employee injury or illness follow-up inspections

8.2 Employee Training Records

A safety and training file, other than the official personnel file, will be kept by the Director of EH&S for each college or department employee. The file will contain documentation of the training provided by Director of EH&S and the safety coordinators provided to the individual pertaining to their job assignment. Specific job training or education and any IIPP training will be included. These records are kept for as long as the person is employed by the University. If the employee leaves University employment, the records should be kept for an indefinite period, then destroyed.

8.3 Hazards Correction Records

- Documentation of identified hazards will be maintained in the office of the Department of EH&S for at least three (3) years after the hazard has been abated, other may require up to ___ years.

9.0 INJURY/ILLNESS REPORTING AND INVESTIGATION

The Department of EH&S has established the following goals regarding injury/illness reporting and investigation:

- To acquire all pertinent information contributing to an injury/illness so that controls can be developed to prevent recurrence.
- To provide information to satisfy local, state and federal agencies.
- To provide the workers' compensation claims administrator with needed information to effectively manage real and alleged claims.
- To inform management of incidents resulting in serious employee injury/illness and property damage.

9.1 On-the-job Injuries/Illness

Regardless of the degree of injury/illness, employees must report a work-related illness or injury to their supervisor as soon as possible but no later than 24 hours after the injury or illness occurs. This includes those injuries/illnesses requiring minor first aid. Any employee who fails to report an injury/illness is subject to corrective action.

The supervisor normally is the first person to be notified of an incident. The immediate responsibility is to:

- a. See that the injured/ill employee receives prompt medical attention.
- b. Secure the area, if necessary, to prevent further mishap.
- c. Report the incident in writing to the Director of EH&S/Human Resources/Risk Management.

Once an injury or illness is reported, the employees, supervisor must complete the following steps (forms are available from Human Resources):

1. Provide an "Employee's Claim for Workers' Compensation Benefits" form within 24 hours. This form explains the employee's rights under the workers' compensation laws of the state. If the employee is not present, this form must be mailed via certified letter or delivered in person within 24 hours. This form may not be returned immediately by the employee. Forward it as soon as it is received. A copy of this form is included at the end of this document.

2. All of the forms previously described must be completed immediately and forwarded to Human Resources. The supervisor should retain a photocopy. All forms will be sent to Human Resources within 24 hours of being notified of an occupational injury or illness.
3. Human Resources will complete the “Employer’s First Report of Occupational Injury or Illness” form. If the incident involves bloodborne pathogens or infectious agents the “Exposure to Communicable Disease” form will also be completed. Copies of these forms are included at the end of this document.
4. Human Resources will coordinate all medical treatment and return-to-work steps.
5. Human Resources will keep the Director of EH&S/supervisor informed regarding the injury status, related work restrictions, return-to-work date, etc.

9.2 Off-the-Job Injuries/Illnesses

Off-the-job incidents/illnesses are to be reported when an employee is absent from work or cannot perform the normal job duties. The employee must contact Human Resources and explain the nature of the incident and how long they will be absent from work. The employee should provide written confirmation of “limited work” status from their private physician or health practitioner to Human Resources.

9.3 Near-Miss Incidents

“Close calls” or “near-misses” must be reported to the Director of EH&S. This information can identify unhealthy or unsafe procedures or conditions. Once identified, the Director of EH&S should take corrective action to eliminate the hazard and avoid an actual loss (refer to Section 6.3 for reporting procedures).

9.4 Employee Return to Work after Injury/Illness

Any employee who is treated by a doctor and cannot return to full work status due to an injury or illness is required to obtain a written doctor’s release before returning to work. This also applies to employees released for modified duty work. The employee must provide a “Physician’s Notice of Return to Work or Medical Restrictions” form to Human Resources. The form must accompany the employee on each visit for medical treatment or a workers’ compensation injury or illness. Human Resources will monitor and advise the respective department of the pending return to work status.

9.5 Employee Incident Investigation

After any work-related injury or illness is reported, the Director of EH&S will investigate the incident. The purpose of the investigation is to provide information for determining the cause(s) of the incident and what can be done to prevent recurrence.

Incidents can be prevented if the cause(s) is established. To accomplish cause determination, the following procedure will establish a standard system for notification, investigation and reporting of incidents involving occupational injury/illness and property damage.

Incident Investigation Principles

The supervisor responsible for the injured/ill employee or damaged property should investigate the incident and contact the department head and Director of EH&S. Technical or staff assistance is available through the Department of EH&S.

The investigation should be timely. Serious incidents should be investigated as soon as the appropriate supervisor and Director of EH&S can assemble (same day). Cal/OSHA requires immediate notification for serious injury and illness incidents. Less serious incidents should be investigated within one working day. (Refer to Supervisor's Accident Investigation Report in Appendix A.)

Determine what happened. This process may include:

- (1) Recording evidence at scene, weights, shapes, distances, positions. Take photos and/or make sketches.
- (2) Interviewing witnesses separately, as soon as possible. The investigating Director of EH&S may attempt to recreate the entire incident. The supervisor needs to identify what was going on before and during the incident in order to prevent it from recurring.
 - (a) When interviewing witnesses after an incident, it is important to put each person at ease. Tell the person you are looking for the facts only and not trying to blame anyone.
 - (b) Interview employees separately. In this way, what one person says will not influence what someone else says. Multiple versions of the same incident create a more complete picture.
 - (c) Ask open-ended questions that do not elicit one-word answers, such as "What did you see?"

- (d) During the interviews, inform each witness of what is being done for the injured/ill person.
- (e) Avoid talk that will mislead or confuse the witnesses.

NOTE: Do not accept, deny or promise anything. The purpose of the investigation is to gather facts only.

Analyze for cause. Identify all the unsafe/unhealthful acts and conditions which contributed to the incident. The typical incident usually involves multiple causes.

In any investigation, the following information should be gathered:

- What was the injured/ill person doing at the time of the incident?
- What equipment or tools were involved, if any?
- Where and when did the incident occur (be specific, including location, area, or job site)?
- What was happening around the work area (external influences)?
- Was the injured/ill person aware of the hazard?
- Was the injured/ill person trained to do the job?
- What contributed to this incident, i.e., procedure another work group, defective tool, faulty equipment, time constraints?
- Was more than one person involved? If so, who and how?
- Were there any witnesses? If so, who are they and what did they see?
- Was the incident preventable in your opinion?
- Based on answers received in the investigation, make recommendations to prevent recurrence. Recommendations must be action-oriented.

Apply controls for all causes. The appropriate supervisor will assign responsibility and schedule a date for completion for each control. Immediate temporary control should not become the permanent control measure, normally.

A complete report for serious accidents should be written within one working day. A narrative report will be submitted to the department head and the Director of EH&S with a copy to Human Resources, within three (3) working days, advising of the investigation findings. The report can be labeled "preliminary" if further inquiry is necessary and should be complete with respect to describing what happened, why and what must be done to prevent a future occurrence. Narrative investigation reports are to be restricted in circulation until all investigative work is completed and management receives authorization to release the findings to interested parties.

Reporting Forms/Format

“Employee’s Claim for Workers’ Compensation Benefits” Form

This form explains the employee’s rights under the workers’ compensation laws of the state. It must be provided to the employee within 24 hours of being notified of the occupational injury or illness. If the employee is not present, this form must be mailed via certified letter or delivered in person within 24 hours. This form may not be returned immediately by the employee. Forward it as soon as it is received.

“Supervisors’ Accident Investigation Report” Form

The immediate supervisor is responsible for completing the Accident Investigation Report. This form is completed using accident information supplied by the supervisor’s investigation and physician’s medical report for all injuries/illnesses where external medical treatment/services are rendered. Based on the investigative report and medical input, Human Resources will make a determination if the reported incident meets the Cal/OSHA definition as a recordable occupational injury/illness (see Incident Recordkeeping Requirements).

“Employer’s Report of Occupational Injury of Illness” Form

This form satisfies legal reporting requirements and is used for establishing a case file where workers’ compensation activity may occur. A copy of this form must be kept for all incidents entered on the Cal/. The “Employer’s First Report of Occupational Injury or Illness” form is required by law to be kept on file for five (5) years.

“Application for Paid Leave” Form

If the employee has missed work and desires to be reimbursed for lost time, not compensated by workers’ compensation insurance. Human Resources will process the employee’s request. A Human Resources directive has been issued regarding this practice. The subject is also included in the Employee Handbook.

10.0 RECORDKEEPING REQUIREMENTS

The following is a standardized Cal/OSHA recordkeeping system. It is designed for the purpose of maintaining documentation on occupational injuries and illnesses for statistical analysis, for regulatory compliance and to help prevent future injuries and illnesses.

The following goals pertain to recordkeeping:

- To provide injury/illness information as it relates to IIPP activities.
- To acquire the necessary reporting information as required by law.
- To provide guidelines and procedures for classifying various types of injuries so that accurate reporting can be consistently accomplished.

10.1 Cal/OSHA Recordkeeping and Reporting

Injury/Illness Logs (Cal/)

Cal/OSHA requires that logs be maintained for all occupational injuries and illnesses as they are reported. The University must record information about every occupational death, every nonfatal occupational injury that involves one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment other than first aid.

First aid is any one-time treatment, and any follow-up visit, for the purpose of observation, minor scratches, cuts, burns splinter, and so forth, which do not ordinarily require medical care. Such one-time treatment, and follow-up visit, for the purpose of observation is considered first aid even though provided by a physician or registered professional personnel.

It is vital that accurate entries are made within two (2) days of receiving knowledge of an employee injury or illness. Risk Management maintains the Cal/ for the University. This log must be kept for five (5) years.

Annual Injury/Illness Summaries

Cal/OSHA regulations require that the Cal/OSHA No. 300 Log be summarized annually and posted in the workplace for the month of February. Information on the summarized Cal/OSHA No. 300 Log should be from the previous calendar year. A sample form and entry instructions are provided at the end of this document.

Cal/OSHA Recordkeeping Information

Cal/OSHA recordkeeping information can be obtained from the California Division of Labor Statistics and Research. Recordkeeping booklets and the Log and Summary of Occupational Injuries and Illnesses (Cal/OSHA No. 300 Log) can be obtained at the following address:

California Division of Labor Statistics and Research
P. O. Box 420603
San Francisco, CA 94142-0603
(415) 703-3020

Special Reporting Requirements

Cal/OSHA requires employers to immediately report by telephone to the nearest District Office of the Division of Occupational Safety and Health any serious injury or illness, or death, of an employee occurring in a place of employment or in connection with any employment.

Immediately means as soon as practically possible but not longer than eight (8) hours after the employer knows or with diligent inquiry, would have known of the death or serious injury or illness.

A serious injury or illness is defined in the Labor Code Section as “any injury or illness occurring in a place of employment or in connection with any employment which requires inpatient hospitalization for a period in excess of twenty-four (24) hours for other than medical observation or in which an employee suffers loss of any member of the body or any serious degree of permanent disfigurement.” Serious injury or illness does not include any injury, illness or death caused by commission of a Penal Code violation, except the violation of Penal Code Section 385 (which refers to the operation of heavy equipment adjacent to high-voltage wires), or an accident on a public street or highway. A death resulting from a vehicle collision need not be reported by telephone, even though work-related.

11.0 IIPP RULES

University and the Department of EH&S objectives are to promote health and safety, efficiency, productivity, and cooperation among employees and directed individuals. Therefore, the following general safety rules have been implemented.

All University employees are required to follow these general rules. They have been established to provide a healthful and safe working environment. Additionally, any University facility or department may have more specific rules, which also must be followed.

11.1 Asbestos Containing Materials (ACM)

1. Under no circumstances are University employees to disturb or attempt removal, repair or clean up known or suspected asbestos containing material (ACM) unless the project has been reviewed and approved by the Director of EH&S.

2. Request material evaluation of suspected ACM or report ACM problems to the Director of EH&S.
3. ACM notification information is available for review by all University personnel.

11.2 Earthquake Preparedness

This information is provided to help prepare for a major earthquake. In order to minimize the effects of a major earthquake, we must all evaluate ahead of time what actions should be taken. This information can be supplemented by study the University's Disaster Preparedness Plan, Revised August 2009.

1. During an Earthquake:
 - a. Remain calm. Don't panic or run. Stay where you are. Most injuries occur when people are entering or leaving buildings. **Do not rush outside.** Wait until the shocks stop, then carefully leave the building to designated assembly areas.
 - b. If you are indoors, stay there and take cover under a sturdy desk or table, if possible. Cover your head with your arms and try to hold onto the desk, table, etc., to keep it stationary.
 - c. Stay away from windows, mirror and glass door.
 - d. Watch for falling plaster, ceiling tiles, falling light fixtures, pictures, mirrors, free-standing file cabinets, or equipment. Stay out of lobbies.
 - e. If you are outside, stay there. Stay away from the buildings, poles, television aerials, roof ornaments, chimneys, high masonry walls, glass, and power lines. Do not get between cars.
 - f. If you are in an automobile, pull over and stop in an open area away from bridges, overpasses, power lines, buildings, and other hazards. Remain in the car until the tremors are over.
 - g. In an earthquake, the elevators should go to the next floor and stop and the doors should open. Get off and move to a safe place. **Do not stay in the elevator.**
2. After an Earthquake:
 - a. Check for injured or missing people. Obtain medical aid, if necessary.

- b. When it is safe to leave the building, move carefully to the designated assembly area. Do not re-enter damaged buildings until they have been declared safe by the safety coordinator.
- c. If a building is damaged, security will make sure the gas and electricity are turned off.
- d. If there is a fire, put it out only if you are not in personal danger. Use proper fire extinguishing equipment.
- e. Do not use the telephone and return all handsets to their cradle immediately. If they are working, they will be needed for emergency communications. Efforts will be made to keep you informed of what has happened and what you should do.
- f. If you are in a vehicle, watch for hazards created by the earthquake, such as fallen or falling objects, downed electrical wires or broken or undermined roadways. Do not attempt to cross bridges or overpasses.
- g. Be prepared for aftershocks.

3. Preparedness

- a. To better prepare for earthquakes, learn how to use fire extinguishers and how to administer first aid.
- b. Think about how you can protect yourself and make the area safer. Items such as plants or mobiles should not be suspended from ceilings. File cabinets and bookcases should be bolted securely to the wall. Keep doorways and exit routes clear of potential hazards.
- c. Do not keep heavy objects or unstable material on high shelves.
- d. Glass and other breakables should not be stored on high shelves or left where they can freely slide on shelves.
- e. Plan how and where to meet the rest of your family if you are not at home when an earthquake occurs.

11.3 Electrical Safety

Exposure to electrical hazards can result in electrical shock, electrocution and possibly death. The following procedures have been developed to minimize the potential for injury due to electrical hazards:

1. Do not use any electrical equipment with frayed or otherwise deteriorated insulation. Black electrical tape may not be used to cover these defects.
2. All extension cords should be limited in their use and replaced when conditions show signs of wear, mechanical damage and deterioration.
3. Cords shall not be wrapped or attached in any manner to walks, floors or machines. Extension cords shall not run through walls, doorways or through windows.
4. Do not run extension cords across roadways or other areas in which they may be run over by vehicles or other moving objects.
5. Excessive scraping, kinking and stretching will cause damage to power cables and cause premature failures and possible shock or burns. Inspect cords for broken insulation before usage.
6. Ground wires or prongs leading from electrical apparatus must not be disconnected or broken. Only extension cords with a ground should be used with electric apparatus/tools that have to be ground.
7. Avoid use of extension cords in areas where they create a tripping hazard. Do not drag cords over sharp edges or run cables across aisles.
8. All electrical wire must be considered live until proven otherwise. Test all circuits to make sure of this.
9. Work areas should be kept free of loose electric and telephone wires. Such wires should be placed along wall baseboards or in cord guards.
10. "Octopus" electrical connections should be avoided through use of fused outlet strips.
11. Pull the plug instead of yanking the cords. Never remove a cord if it is in use. Electricity can jump across exposed prongs in the plug.
12. Fire extinguishers that have been approved for electrical fires must be kept in appropriate areas.
13. In the case of overheating, sparking or smoking motors, wiring and other electrical equipment, turn off the power and report the condition to the safety coordinator. Damaged equipment should be secured with a lockout or tagout device until repaired.

14. Never put your hands inside an electrical panel while the main power is still on.
15. All machines should be grounded with a three-prong plug or be double insulated.
16. Ground leads provided on electrical apparatus must not be disconnected or broken.
17. Shock, no matter how slight, is a warning that something is wrong. Tag the equipment and have it checked before reusing. Do not use broken equipment.
18. Personal heaters are not authorized without prior, appropriate approval.
19. Notification tags, four-by-six inch sturdy paper or plastic signs, are placed on machinery being maintained or repaired. Captions state "Machine Under Repair" or words with similar intent. Each lock or tag is identified by the user's name and department. Contact this person if you have questions. NEVER try to operate machinery or bypass lockout/tagout devices that have been installed.

11.4 Emergency Procedures

In the event of an emergency such as earthquake, fire flood, etc., all University employees must follow the Emergency Action/Fire Prevention Plan.

11.5 Fire Extinguisher Use

A fire extinguisher is effective only if it is used properly. The following steps for operating a fire extinguisher are:

- Grasp the carrying handle firmly but do not depress the discharge lever.
- Remove the safety pin with a twisting motion.
- Point the extinguisher hose at the base of the fire and depress the discharge lever.
- Use a side-to-side sweeping motion at the base of the fire.

Fire extinguishers with carbon dioxide (CO₂) or dry chemical type will be provided in all areas in which dispensing, mixing or handling of flammable liquids are conducted.

In the event that circumstances require the use of CO₂ or halon fire extinguishers in enclosed spaces, extreme caution must be exercised to ensure that no one enters the enclosed space until the CO₂ or halon has been expelled by ventilation.

A CO₂ type fire extinguisher should be used on electrical fires. Foam, soda acid or water type fire extinguishers must not be used to fight electrical fires.

Selected employees will receive annual training in the use of fire extinguishers. In addition, all fire extinguishers must be inspected annually to ensure that they will work in the event of a fire. If an employee identifies a fire extinguisher that has exceeded the one-year inspection date, the employee shall immediately report to the safety coordinator that the extinguisher should be inspected. The safety coordinator will arrange for a replacement of the extinguisher through Facilities.

11.6 Fire Prevention

Fires can be prevented by orderly planning, sensible arrangement of potential fire-producing activities and good housekeeping.

The following procedures are established:

1. No open flames or smoking are permitted in areas where flammable gasses or liquids are stored or used nor in any University building or vehicle. (Exception: laboratory open flame (Bunsen burner) and gas burner for making media).
2. Never store flammable or combustible liquids in open containers.
3. Approved safety cans with proper labeling must be used to handle, store and dispense small quantities of flammable or combustible liquids.
4. When filling a container, allow sufficient vapor space above the liquid level so the liquid can safely expand when temperatures change.
5. The dispensing of flammable liquids must be done in a well-ventilated area, away from open flame and other ignition sources. Bonding and grounding must be provided between the dispensing equipment and the container.
6. If flammable liquids are spilled, cover the area with fresh dry sand or dirt, or oil absorbents. Never flush spills into public sewers or drainage systems.
7. Never store flammable or combustible liquids where they will limit the use of exists, stairways, other areas of egress, or be exposed to stoves, heated pipes, direct sunlight, or other sources of heat.
8. Maintain a 20-foot distance between stored oxygen and acetylene cylinders.
9. Never store more than 120 gallons of Class I, Class II and Class IIIA liquids (not more than 60 gallons may be Class I and Class II) in a single cabinet. Not more than three

such cabinets may be located in a single fire area, unless each group of not more than three such cabinets is separated by at least 100 feet.

10. Oil and paint soaked rags must be stored only in approved safety containers and labeled. Dispose of rags daily in safe receptacles placed outside the building or in approved safety containers.
11. Know the location of fire extinguishers and how to use them. After use of an extinguisher, report such use immediately to your supervisor so a replacement may be obtained or the extinguisher can be recharged. This incident must be reported and investigated by the supervisor.
12. Open flame heaters, as well as electric heaters, must be properly guarded and located. No clothing or combustible material must be stored in close proximity to any open flame or electric heater in such a manner as to permit ignition.
13. Exit signs and directional exit signs, when required, must be properly maintained. Exit doors must be unlocked when the building is occupied. Maintain exit routes unobstructed at all times. Know the exit routes from your building.
14. Passageways and work areas around firefighting equipment must be kept unobstructed at all times.
15. Report all fires, no matter how small, promptly to the fire department by calling posted emergency phone numbers. Do not risk your life in trying to extinguish a fire that is out of control.
16. Observe "No Smoking" regulations where posted.

11.7 Hazardous Material Handling (Nonbiological)

1. Warning labels, signs and other notification systems are used to identify and clearly mark hazardous materials in each facility. Employees are trained in accordance with the University's Hazard Communication Program.
2. Hazardous material information sheets known as Material Safety Data Sheets (MSDS) are available for review upon request. University personnel are required to observe all warnings and use appropriate personal protection equipment when handling these materials.
3. All University personnel are responsible to report hazardous or potentially hazardous materials/conditions that they believe or suspect are present at the work area. Reports

of such conditions are to be made directly to the respective safety coordinator. For hazardous material abatement and for environmental (asbestos, lead) call the office of the Director of EH&S.

4. If the contents of a container are unknown, employees should notify the safety coordinator so that the material can be classified and disposed of properly.

11.8 Biological Hazardous Material Handling

1. Unless knowledge is available to the contrary, any item contaminated with body fluids of any kind is to be treated as an infectious biological hazardous material. This includes needles, syringes, swabs, cloths, bandages, clothing, etc.
2. No University employee will handle any item suspected to be biologically contaminated (infectious) without proper personal protective equipment and training.

11.9 Hazardous Materials Disposal – (Nonbiological)

1. All hazardous waste should be placed in the appropriate container. The Director of EH&S will provide labels and transportation.
2. Under no circumstance shall an employee dispose of hazardous or potentially hazardous materials in a common trash receptacle.
3. Under no circumstance shall any employee flush an unknown substance into the sewer system.

11.10 Biological Hazardous Waste Disposal

1. All materials with verified or suspected biological contaminants will be placed in containers specially marked for biological hazardous waste. Appropriate containers are available through the Director of EH&S.
2. Contaminated “sharps” will be put into containers designed and labeled for disposal of these items. “Sharps” containers are available through the Director of EH&S. “Sharps” containers need to be disposed of when three-fourths (3/4) full.
3. Containers for biological waste and sharps will be secured in identified locked storage areas or cabinets until picked up by the contract firm designated for this purpose. If a special pick up is needed, call the Director of EH&S and arrangements will be made for pick up and disposal. (NOTE: See the “Laboratory Chemical Hygiene Plan” for special handling and disposal procedures for contaminated laboratory waste items.)

4. Materials that become contaminated while providing services at the University's Medical Center will be controlled following the separate plan developed by the Medical Center.

11.11 Housekeeping

Housekeeping is a continuous process of keeping the workplace free of debris and other hazards. Housekeeping practices will be part of scheduled inspections to identify workplace hazards. It is the responsibility of every employee to observe good housekeeping practices at all times. Some housekeeping tips are:

1. Keep work areas clean and orderly.
2. Store all equipment, supplies and tools in their proper place.
3. Wipe up all spills or notify your safety coordinator if additional help is needed.
4. Place trash in the proper containers.
5. Maintain stairways, exits, ladders, aisles, electrical equipment, fire extinguishers, and all other emergency equipment so that they are clear and unobstructed.
6. Report broken or damaged lights, stairs, railings, and flooring to the supervisor.
7. Do not store supplies on top of lockers, boxes or other moveable container at a height where they are not visible from the floor.
8. Do not place extension cords, phone cords, hoses, etc., across aisles or traffic paths unless properly guarded and approved for use.

11.12 Lead Containing Material

Employees may encounter lead during various work tasks. Materials that may contain lead include paint and soil. Procedures for handling lead-containing materials include:

1. Under no circumstance are personnel to disturb or attempt removal, repair or cleanup of known or suspected lead containing materials unless the project has been reviewed and approved by the Director of EH&S.
2. Request evaluation of suspected lead or report lead problems to the Director of EH&S.

3. All employees working with and around lead-containing materials must practice strict personal hygiene, which includes washing of the hands, arms, face, and any other exposed part of the body.
4. Eating, drinking and smoking are not allowed in lead work areas. Separate areas are provided for these activities away from the work area. All employees must wash hands, arms and face before eating, drinking or smoking.

11.13 Lifting and Carrying Procedures

Proper lifting and carrying techniques minimize back injuries. General rules pertaining to lifting and carrying include:

- Loads are to be kept close to the body.
- Bend the knees slightly and maintain the back's natural curves.
- If it is necessary to turn while carrying an object or individual, move the position of the feet and do not twist the trunk of the body.

1. Lifting

- a. Size up the load – Observe the load's position and surrounding hazards. Get help, if needed.
- b. Stand as close to the load as possible. Spread your feet, either parallel or one in front of the other. Move in the direction of the lift. This will control your center of gravity and give you better balance.
- c. Take a secure grip. Injuries have occurred when loads slip/fall due to inadequate grip.
- d. Face in the direction of the lift with knees and hips bent. Widen base as needed. Tighten abdominal muscles, breathe and lift.
- e. Keep weight close to the body. The elbows should be kept close to the body. Use leg and hip muscles and not the back.
- f. Bend hips and knees while lifting and maintain the back's natural curves.
- g. When reaching for an object overhead, grip it with palms up and lower the object slowly. On the way down, keep the object close to the body.
- h. Watch out for protruding objects, sharp edges, etc.

- i. Keep fingers away from pinch points.
 - j. Wear protective gloves are necessary.
 - k. Use available hand trucks, etc.
2. Carrying
- a. Maintain your back's natural curves whenever possible.
 - b. Keep weight load close to the body and centered over your pelvis.
 - c. Counterbalance your load by shifting part of your body in the opposite direction from the load so your load will be in balance.
 - d. Put your load down by bending the hips and knees with your back in "neutral" position, and the load close to the body.
 - e. If the load is too heavy, get help.
 - f. When the load is carried by more than one person, allow one individual to be the lead for good timing and coordination.

11.14 Medical Emergencies

Employees should be aware of the location of telephones, cellular telephones and two-way radios in the event that an emergency situation arises. Use on-campus emergency cards.

The following guidelines should be used in the event of a medical emergency:

1. Seek professional medical attention for personnel bleeding severely, experiencing intense pain, are unconscious. Or have stopped breathing by calling 911.
2. If chemicals or dust get in eyes, flush them with water for at least 15 minutes. Continue to flush eyes until medical attention arrives.
3. Do not remove objects that are stuck in the eye.
4. Always seek medical attention for eye injuries.

5. All burns (chemical or thermal) will be treated by running cool water over the affected area.
6. Report all injuries to the Environmental Health and Safety, Human Resources and Risk Management immediately.
7. CPR and first aid should only be administered by a trained and certified person.
8. Always wear latex/ xxxx gloves.

If an employee has reason to believe that the injured employee may have been exposed to a communicable disease, the employee must report the incident to their supervisor and seek appropriate exposure follow-up care. The University's Bloodborne Pathogens Program outlines the training requirements and reporting procedures for employees who may come in contact with potentially infectious materials.

11.15 Motor Vehicle Safety

The operation of a motor vehicle poses great risk of worker injury and exposure to public liability claims. University employees shall conform to the policy "Use of University and Private Vehicles for Business Purposes." This policy requires all employees have a valid driver's license, exercise the highest degree of care when operating a vehicle and requires strict conformance to all motor vehicle laws. Smoking is not permitted in any University vehicle.

Employees will not be allowed to operate a University-owned vehicle, or their own vehicle on University business, if their license is current under suspension or expired. Any employee who appears to be under the influence of an intoxicating substance will not be allowed to operate a University-owned vehicle.

California Vehicle Code, Section 227315, "The Private Passenger Motor Vehicle Safety Act," required all occupants of most motor vehicles to wear the seat belt provided. For the safety of University employees, and in compliance with the California Vehicle Code, the University requires all employees and directed individuals to wear seat belts while driving or while a passenger in a motor vehicle while on University business. The use of seat belts in their personal vehicles is encouraged as well.

Mechanical defects in University vehicles will be promptly reported to Facilities. No employee will drive a vehicle in an unsafe condition. All vehicles will be subject to:

- A preventive maintenance safety check during each service or repair
- Complete documentation of all inspections and mechanical work

Facilities is responsible for all maintenance and safety inspections on University vehicles and the DMV program.

11.16 Personal Protective Equipment

If hazards or exposures cannot be eliminated through engineering or administrative controls, personal protective equipment (PPE) must be utilized by employees to prevent potential injuries or illnesses.

The University provides a variety of PPE for the prevention of injury or illness to employees. Use of this equipment is mandatory where indicated by specific operations or procedures. Failure to use this PPE may result in disciplinary action up to and including termination. Employees are to take suitable care of all PPE issued to them.

1. The supervisor, with the help of the Director of EH&S and department head, will:
 - a. Evaluate all tasks to determine if there is a need for the employee to wear PPE. The evaluation process must be documented and should consider the following:
 - Employees working in locations where there is a risk of receiving eye injuries as a result of contact with flying particles, hazardous substances, projections, or injurious light rays which are inherent in the work or environment must be safeguarded by means of face or eye protection.
 - Hand protection is required for employees whose work involves unusual and excessive exposure to cuts, burns, harmful physical or chemical agents, or radioactive materials which are encountered and capable of causing injury or impairments or illnesses.
 - Where the eyes or any other part of the body may be exposed to corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body must be provided within the work area for immediately emergency use.
 - Persons assigned to tasks requiring the use of respirators must be physically able to perform the work while using respiratory protective equipment. The outside medical clinic, not University clinic, determines the physical ability of employees to perform work with the required respiratory protective equipment. All employees requiring the use of respirators in their job tasks must be trained in accordance with the Respiratory Protection Program by the Director of EH&S.
 - b. Select, with assistance from the supervisor and the Director of EH&S, the PPE that meets ANSI standards and Cal/OSHA guidelines for the nature of the work performed.
 - c. Maintain an updated list of activities requiring the use and the type of PPE needed.

- d. Provide the PPE that has been selected.
 - e. Train employees on the proper fit, use and care of PPE and enforce the use and maintenance of the PPE. Respiratory protection training and fit testing is conducted through the Director of EH&S.
 - f. Document training and maintain the records for no less than three (3) years.
 - g. Assure the adequacy of employee-owned equipment in accordance with ANSI standards and Cal/OSHA guidelines. (NOTE: Employee-owned equipment needs prior approval from the Director of EH&S).
 - h. Issue PPE to visitors if the visitor enters an area where such equipment must be worn. (only gloves, lab coats, safety goggles)
 - i. Ensures the employees and visitors meet physical, mental health, fit testing, and training requirements for the use of PPE, if applicable.
2. All University employees wearing PPE will:
 - a. Wear PPE as instructed.
 - b. Take suitable care of all PPE.
 - c. Conduct appropriate equipment checks.
 - d. Immediately report any defects or ineffective equipment to their supervisor.
3. Department heads and supervisors will:
 - a. Ensure University operations do not knowingly expose unprotected employees or students to unsafe conditions or environments.
 - b. Enforce use of PPE as required.
 - c. Advise employees about disciplinary action related to noncompliance with this directive.
4. Supervisors and the Director of EH&S will:
 - a. Keep department heads advised of federal and state regulations for use of PPE
-

- b. Identify appropriate resources for equipment and training materials and ensure availability for training purposes. Review training documents annually for accuracy and achieve 100% participation by employees required to use PPE.
 - c. Provide all signs and posters generic to operations that will increase employee awareness for use of PPE.
 - d. Keep department heads aware of any discrepancies in compliance with this directive.
 - e. Establish, through the Department of Environmental Health & Safety, employee health guidelines for the use of PPE as needed or required.
5. The Director of EH&S will advise and consult on PPE issues include the following:
- a. Establishing employee health guidelines for PPE use.
 - b. Conducting hazard evaluations.
 - c. Validating PPE requirements.
 - d. Providing training and fit testing.

11.17 Procedures to Prevent Repetitive Motion Injuries (RMIs)

- 1. How to Reduce Repetitive Motion Injury
 - a. Learn and use safe material handling techniques. Avoid awkward work positions, which strain the body.
 - b. Stretch shoulders, elbows, wrists, and fingers before, during and after work. Warmed up muscles and ligaments are less susceptible to injury when performing strenuous work.
 - c. Lift, move and carry objects with the entire hand using a firm and proper palm grip. Avoid using a pinch grip with just the fingers. Remember to vary your grip to avoid over-stressing the same muscle tissues.
 - d. Exercise. Regular activity of your muscles and joints readies them for work. Consult your physician before starting an exercise program.

- e. Use smooth, efficient motions in your work. Your muscles and joints don't like surprises any more than you do.
- f. When performing a task that requires the repetitive use of a hand, change hands whenever possible to spread the work.

2. Flexibility Exercises

- a. Finger stretch: Spread the fingers of both hands as far apart as possible and hold the position for five seconds. Repeat at least three times.
- b. Thumb stretch: Extend one hand in front of you and with the other gently pull the thumb down and back until you feel the stretch. Hold for five seconds and repeat three times. Then do the same with the other hand.
- c. Wrist circle: With both arms outstretched, draw a circle with your fingertips. Do five movements to the left and then five to the right.
- d. Wrist curl: Drop one hand downward from the wrist. Using the palm of the other hand, push gently against the dropped hand until you feel the pressure. Hold for five seconds and repeat up to three times. Then change hands and repeat the exercise. This stretches the muscles in the back of the forearm.
- e. Wrist extension: Hold one hand in front of you with the fingers pointing up. Press the palm against the other hand, holding the position for about five seconds. Relax and repeat twice more. This will stretch the muscles in the front of the forearm.

3. Stretch Exercises

- a. Hand grip: Squeeze something such as a dry sponge as many times as possible. This will develop hand and finger muscles. Try to do 20 to 30 continuous repetitions with each hand.
- b. Thumb squeeze: With a ball in the palm of your hand, press the ball toward the fingers with your thumb. Don't press the ball with your fingers. Just hold it in place with the fingers and do all the pressing with the thumb. The purpose is to develop thumb muscles.
- c. Wrist curl: Place your right arm on the right thigh with the hand hanging in front of the kneecap, palm up. Grasp the palm with your left hand. Then, while applying pressure with the left hand, attempt to curl the right hand upward without raising your

forearm off your thigh. Do the same thing on the left side. This exercise will develop the wrist flexor muscles.

- d. Wrist extension: Place your right arm on your right thigh with the palm of the hand facing down. Place your left hand over the back of your right hand. Again, while applying pressure with the left hand, raise the right hand upward. Repeat for the left side. This exercise develops the wrist extensor muscle.

11.18 Workplace Violence

Violence in the workplace has become a national problem and the Department of Environmental Health and Safety has developed an Internal Security Protocol to address this issue. Workers should be aware that workplace violence can come from fellow workers, former workers, students, and the general public.

1. University employees who come in contact with members of the general public, either in an office, medical facility or in a classroom will attend an employee security awareness training session.
2. Recognize potential problems early by reporting phone threats, bomb threats, stalking incidents, assaults or potential assaults, and employee injuries (see Internal Security Protocol).
3. If confronted with a potentially violent person:
 - Remain calm.
 - Ask someone else to get assistance. Do not leave the agitated person
 - Observe the person carefully.
 - Concentrate on the person and listen intently.
 - Speak at a normal pace and volume. Do not raise your voice.
 - Do not argue with the person.
 - Express empathy and understanding but do not make commitments beyond your scope of authority or capabilities.
 - Be aware of your body positions and facial expressions. Do not cross your arms across your chest, roll your eyes or grimace.
 - If possible, direct the person into a private area away from others.
4. Pay particular attention to your surroundings at all times. If a situation looks questionable, avoid it.
5. To support security efforts, employees and students are required to wear identification badges when on campus or in University buildings.

11.19 Office Safety (VDT)

Video Display Terminal (VDT)

1. Maintain good posture when working at your workstation. See to it that there is good support for your hands and forearms when you are typing. You should be able to rest them on a tabletop, a wrist rest or the arms of your chair.
2. Maintain the VDT directly in front of you when working.
3. Perform daily exercises for the wrist, neck, eyes, arms, shoulders, fingers and back when working with VDTs.
4. Take regular breaks, even for a minute or two to do daily exercises. Get up and move around. Avoid remaining in the same position for long periods of time.
5. Keep the top of the screen at 0 to 60 degrees below horizontal, at eye level.
6. Keep the space below and under the desk clear of obstructions.
7. Allow for sufficient work space at your workstation.
8. Use a chair with an adjustable seat, back and height, adjustable or removable arm rests and with chair-back cushions.
9. Keep the keyboard at elbow height and at a comfortable distance from your body. Do not extend with your arms to reach the keyboard or mouse.
10. Ensure the front edge of the keyboard or support surface is rounded and/or padded.
11. Use workstations that are adjustable with multiple keyboard heights as needed.
12. Use or request document holders, additional back support, foot rests, wrist rests, and telephone headsets as needed.
13. Use or request anti-glare screens/hoods for display terminals, noise reducing guards (for printers) and adequate lighting as needed.
14. Make sure your chair is adjusted so you can sit with your feet flat on the floor and your thighs parallel to the floor.

15. While keying, try to avoid bending your wrists for any lengthy period of time.
16. Don't hit the keys too hard. Develop a light touch and adjust the keyboard appropriately.

11.20 Hand and Power Tool Safety

1. Hand Tools

- a. Safety glasses/goggles or face shields must be worn when operating with or in the vicinity of hand tool operations.
- b. Keep tools in good condition and use the right tool for the job.
- c. Store tools with the cutting edge protected.
- d. Keep your "off hand" out of danger. Work-holding devices are to be used whenever possible.
- e. Do not cut toward your body or your other hand.
- f. Never use any tool in such a way that you will be injured if it slips. Think about your movements and position your body accordingly.

2. Power Tools

- a. Safety glasses/goggles or face shields must be worn when operating with or in the vicinity of power tool operations.
- b. Where there is a risk of injury from entanglement of hair in moving parts of machinery or contamination with combustibles or toxic contaminants, hair should be tied up.
- c. Do not wear loose sleeves, tails, ties, lapels, cuffs, or other loose clothing that can be entangled in moving machinery.
- d. Pay close attention to what you are doing. Do not become distracted.
- e. Keep your hand away from where the power tool is operating.
- f. Use grounded or double insulated power tools.
- g. keep motor vents clean. Dirty power tools often overheat.

- h. Keep moving parts properly lubricated.
- i. Make sure your work is supported on a flat, stable surface. Use clamps when necessary. Do not hold work in your hand.
- j. If the electrical cord is damaged or frayed, do not use the tool until the cord has been properly repaired.

11.21 Ladder Safety

Falls from ladders can cause serious physical injury to the employee. The following procedures should be followed when placing ladders:

1. Place a ladder so that the horizontal distance from the base to the vertical plane of the support is approximately one-fourth the ladder length between supports.
2. Do not use ladders in a horizontal position as runways or scaffolds.
3. Never place a ladder in front of a door that opens toward the ladder unless the door is blocked, locked or guarded.
4. Portable ladders shall be placed on secure footing. The top rest should be reasonably rigid and shall have ample strength to support the applied load.
5. Ladders shall not be placed on boxes or other unstable bases to gain additional height.
6. Securely lash or otherwise fasten the ladder to prevent its slipping. Secure both bottom and top to prevent displacement during usage.
7. Extend the ladder side rails to at least three (3) feet above the top landing.
8. Do not place a ladder close to electrical wiring or against any operational piping (acid, chemical, sprinkler system etc.) where damage may occur.

The following practices should be followed when ascending or descending ladders:

1. Hold on with both hands when going up or down. If material must be handled, raise or lower it with a rope either before going down or after reaching the desired level.
2. Always face the ladder when ascending or descending.

3. Never slide down a ladder.
4. Be sure shoes are free of grease and mud before climbing.
5. Do not climb higher than the third rung from the top on straight or extension ladders or the second tread from the top of stepladders.
6. Tools should be carried on a tool belt when ascending or descending.

Other General Provision

1. Makeshift ladders shall not be used.
2. Be sure that a stepladder is fully open and the metal spreader locked before starting to climb.
3. Before using a ladder, inspect it for defects.
4. A defective ladder should never be used. If a ladder is found to be defective, tag or mark it for repairs or disposal.
5. Short ladders shall not be spliced or lashed together. Ladders are designed for use in their original lengths and are not strong enough for use in greater lengths.
6. Never attempt to adjust an extension ladder while a user is standing on the ladder.
7. Only one person shall climb or descend a ladder at a time.
8. The maximum length of a straight portable ladder shall not exceed 30 feet and the maximum length of an extension ladder shall not exceed 60 feet.
9. For two-section extension ladders, the minimum overlap shall be as follows:

<u>Size of Ladder (feet)</u>	<u>Overlap (feet)</u>
Up to and including 36	3
Over 36 up to and including 48	4
Over 48 up to and including 60	5
10. All ladders should be inspected upon receipt to ensure conformity to purchase order specifications and compliance with applicable codes.
11. All ladders shall be periodically inspected, prior to use, to identify defects.

12. If a ladder is found to be weak, improperly repaired, damaged, having missing rungs, or appears unsafe, it shall be removed from the job for repair or disposal. Before disposing of a ladder, cut it to prevent it from being used.
13. Since metal ladders are electrical conductors, do not use around energized electrical circuits or equipment or in places where they may come in contact with electrical circuits. All portable metal ladders shall be marked with the following warning: **“CAUTION – Do Not Use Near Electrical Equipment”**

11.22 Lockout/Tagout Electrical Equipment

1. All energy sources (electrical, hydraulic, pneumatic) must be de-energized, then locked out and tagged for the safety of employees when repairing or servicing machinery.
2. Locking devices with tags will be used in the workplace to prevent the inadvertent start-up of machinery that can cause serious injuries. Common hardware used consists of multiple lockout devices, padlocks and notification tags. Key operated padlocks are issued to Facilities employees who use the lockout/tagout procedures.
3. Each Facilities employee places his or her padlock on machinery control switches and secures the lock. This equipment cannot be operated until the padlock(s) have been removed.
4. Notification tags, four-by-six inch sturdy paper or plastic signs, will be placed on the machinery being maintained or repaired. Captions state “Machine Under Repair” or words with similar intent. The tags are used in conjunction with lockout devices but can be used separately if machinery will not accept lockout devices.
5. Each lock or tag is identified by the user’s name and department. Contact this person if you have questions. NEVER try to operate machinery or bypass lockout/tagout devices that have been installed.
6. All lockout/tagout activities must follow the Lockout/Tagout Program.

11.23 Bloodborne Pathogens Section 2

All University employees who are exposed or potentially exposed to infectious body fluids or blood will receive initial and annual training in the Western University of Health Sciences’ Bloodborne Pathogens Program.

11.24 Hazard Communication Section 3

University employees will be notified of any hazardous materials that they may encounter in the course of their duties. Employees will be trained in the hazards associated with the material, including proper handling procedures and how to read a Material Safety Data Sheet (MSDS). This is in accordance with the Western University of Health Sciences' Hazard Communication Program.

11.25 Chemical Hygiene Section 4

University laboratory personnel will follow the Laboratory Chemical Hygiene Plan procedures. Laboratory employees will receive initial and annual update training from the Western University of Health Sciences' Chemical Hygiene Plan.

11.26 Respiratory Protection Section 5

All University employees who may wear a respirator during the course of their work duties must be trained and fit-tested in accordance with the University's Respiratory Protection Program. An employee will not be issued a respirator to use unless they have completed the required training and fit testing. An annual physical exam and questionnaire are also required.

11.27 Workplace Ergonomics Section 6

Tasks requiring repetitive motion and improper positioning can result in workplace injuries to the hands, arms, neck, and back. Procedures to minimize and prevent such injuries have been developed and presented in this IIPP.

11.28 Communicable Disease Protection Section 7

Universal precautions for employee protection are provided in a separate document. Training is provided through in-service training.

11.29 Hygiene Procedures – Patient Care Center Clients and Cadavers Section 8

In order to provide a high degree of protection to staff, students and patients against infections including human immunodeficiency virus (HIV), hepatitis, CMV, enteral and respiratory viruses and superficial bacterial infections, the following guidelines have been established. These guidelines should be followed for all patients.

1. Hand washing (scrubbing 10 seconds with hand sanitation under running water).
 - a. Immediately after each treatment session or lab.

- b. After removing gloves.
 - c. After exposure to body fluids (blood, feces, urine, nasal secretions, saliva, wound drainage, vomit).
2. Disinfecting of soiled surfaces
 - a. Mats and other equipment exposed to body fluids should be cleaned daily with a fresh solution of hospital disinfectant or a bleach solution (10 parts water to 1 part household bleach). Mops or other cleaning tools should be rinsed in this disinfectant solution when cleaning is complete.
 - b. Utensils, tools and instruments exposed to body fluids should be washed in soap and water followed by a bleach solution (10 parts water to 1 part household bleach). Fresh bleach solution should be prepared weekly.
 3. Care of soiled clothing or linen
 - a. Soiled clothing or linen should be placed in a sealed plastic bag.
 - b. Body bags and cleaning supplies should be carefully disposed of in a designated wastebasket with plastic liner.
 4. Gloves (disposable) – Need to be worn for handling cadavers, body fluids and cleaning soiled surfaces. This includes:
 - a. Changing diapers, garments
 - b. Intro-oral assessments and treatment
 - c. Cleaning soiled surfaces
 - d. Changing dressings on skin lesions

Gloves are properly disposed of immediately after each use.

5. Open sores or cuts
 - a. If a skin rash, open cut or sore is present on your hands, disposable gloves should be worn. Open sores elsewhere that may come into contact with a patient or cadaver should be covered.

11.30 On-Campus Construction Activity

The University/Facilities Construction Coordinator is responsible for insuring that contractors fulfill their responsibilities for maintain safe work sites for their employees. The Coordinator is also responsible for informing the Director of EH&S of all construction projects schedules.

All responding bidders for University construction projects will be required to include a copy of their own IIPP and stipulate in writing how they implement and enforce employee safety on-site. The job contract should also stipulate that the contractor(s) is solely responsible for the workplace safety of their employees and compliance with all applicable state and federal safety regulations.

If the contractor fails to maintain a safe work site, the University has the right to cease work performed by the involved contractor until a safe solution can be implemented. Any work stoppage for safety reasons will have no monetary penalty for the University and the contractor will still be required to meet all previously agreed to work schedules. If the contractor continues to fail to maintain a safe work site, the contractor can be removed without penalty to the University.

The Director of EH&S will periodically monitor construction jobs on campus and report his findings to the University Construction Coordinator. All negative findings will be provided in a written report to the Coordinator for his immediate follow up.