

UNIVERSITY
AUXILIARY AND RESEARCH SERVICES
CORPORATION
at California State University San Marcos

ILLNESS AND
INJURY PREVENTION
PROGRAM (IIPP)

Revised May 2015


Executive Director

5-1-15
Reviewed On

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I. STATEMENT FROM THE EXECUTIVE DIRECTOR

It is the Policy of the University Auxiliary and Research Services Corporation (“UARSC”) that safety is our highest priority in all phases of operations and administration. UARSC’s management team intends to provide safe and healthy working conditions and establish and insist upon safe practices by employees. UARSC is committed to developing these Policies and Procedures to comply with Labor Code §6401.7 (SB 198) and General Industry Safety Order §3203, “Injury & Illness Prevention Program” (IIPP).

Accident prevention is an objective affecting all levels of the organization and its activities. It is a basic requirement that each supervisor make employee safety an integral part of his or her regular management practices. It is equally the duty of each employee to accept and follow established safety regulations and procedures. We have developed this IIPP to help identify potential hazards in the workplace and establish procedures to reduce or eliminate those hazards.

We will provide safety training to employees. However, if an employee is ever in doubt as to how to do a job safely, it is his/her responsibility to ask a qualified person for assistance.

Employees are expected to assist management in accident prevention activities. Unsafe conditions must be reported. Any injury that occurs on the job, even a slight cut or strain, must be reported to management as soon as possible. Under no circumstances, except an emergency, should an employee leave a shift without reporting an injury that occurred.

As the Executive Director, I will ensure that UARSC’s managers and supervisors assume the responsibility for the safety and health of their assigned staff. Those responsibilities include, but are not limited to:

1. Conducting regular safety meetings and providing safety training
2. Encouraging employees to report all injuries and all hazards immediately
3. Taking immediate action to eliminate potential hazards and making corrective actions to eliminate new hazards

In addition, I will ensure that all managers, supervisors and employees are responsible for following UARSC’s Safety Policies and Procedures and are taking appropriate steps towards providing an injury-free workplace.

Bella Newberg, Executive Director

II. PURPOSE

Employees must know and understand the potential hazards of their work activities and environment; such knowledge is essential to reducing the incidence and cost of occupational injury and illness.

UARSC's IPPP will inform employees of safety precautions necessary to prevent or minimize hazards. This is accomplished through safety meetings, training and reporting programs, and audits. No employee will engage in or be required to perform any task that presents an unreasonable risk of injury or illness.

III. SCOPE

This program applies to all UARSC employees, including compensated student workers and other intermittent employees, while at work. Non-employees, visitors, clients, contractors, and others who come onto UARSC property are expected to follow UARSC safety standards.

This program applies to occupational hazards (physical, chemical, and biological) employees may be exposed to under normal working conditions or in foreseeable emergencies. Repair of electrical devices and repetitive motion tasks are examples of tasks which may present hazards to employees of UARSC.

IV. SAFETY COMMUNICATION

UARSC's policy is to maintain open communication between management and staff on matters pertaining to safety. Your thoughts regarding safety are considered important, and we encourage your active participation in our safety program.

Please express any of your safety concerns or suggestions during safety meetings, individually to your supervisor, or in writing on the "Safety Suggestion/Near Miss Form" (Appendix A). All safety suggestions will be given serious consideration.

Safety meetings are held regularly to keep employees informed of safety and health matters. A safety committee, comprised of both management and employees, has been established to assist in communicating safety and health concerns to all levels of employees. This committee meets quarterly to review safety concerns within UARSC (see Safety Committee Policy and Procedures Appendix G).

Safety and health information will be disseminated to employees through electronic mail, postings, memorandums, payroll inserts and departmental meetings. New employees will receive a copy of the "Code of Safe Practices" (Appendix B) pertaining to their area during the new employee orientation and must acknowledge receipt and acceptance of the Code.

UARSC will provide current safety news and reading materials for employees, which may also include signs, posters, and newsletters.

V. COMPLIANCE

All workers, including managers and supervisors, are responsible for complying with safe and healthful work practices. To ensure compliance with the Code of Safe Practices, UARSC has developed a set of policies, procedures and work rules. The manager of each operating location is obligated to identify methods of correcting unsafe work practices or conditions. Our system of ensuring that workers comply with these practices includes:

- Informing employees and supervision of the provisions of the IIPP
- Recognizing employees who perform safe and healthful work practices
 - Providing training to workers whose safety performance is deficient
 - Disciplining workers for failure to comply with safe work practices

The responsibility for ensuring a safe workplace is broken down into three areas. Those areas are:

1. Human Resources and Risk Management

- Develop, implement, communicate, and monitor the IIPP
- Champion the safety program and ensure its compliance with Federal and State occupational health regulations
- Assist project directors, managers, supervisors and employees in complying with the IIPP including conducting training, auditing programs, and recordkeeping
- Evaluate the effectiveness of the IIPP
- Hold employees and supervisors accountable for unsafe practices
- Maintain employee exposure and accident records
- Report injury and illness claims to insurance carriers
- Maintain a leadership role on the Safety Committee

2. Project Directors, Managers and Supervisors

- Develop procedures to ensure effective compliance with the requirements of the IIPP
- Provide employees with information on workplace hazards, particularly when a new hazard is identified
- Train employees in workplace safety and awareness
- Regularly inspect work areas to ensure safe working conditions
- Inform outside contractors, who work in areas under the Department's jurisdiction, of the hazards to which contractor employees may be exposed
- Encourage employees to inform supervisors of workplace hazards
- Ensure employee participation in safety programs
- Discipline employees for unsafe practices

3. Employees

- Follow the procedures and guidelines established by the IIPP and the safety rules included in Code of Safe Practices
- Immediately report any workplace injuries or illnesses
- Reporting any unsafe conditions to a supervisor
- **Disciplinary Action**: Employees are expected to use safe work practices as defined by the Code of Safe Practices. Any willful violation or consistent neglect of safety policies will subject the employee to disciplinary action up to and including dismissal.

VI. HAZARD ASSESSMENT

Periodic inspections, to identify and evaluate workplace hazards, shall be performed by managers, supervisors or employees as assigned. The inspections are to take place at least quarterly in the following “office” areas of our workplace:

- UARSC Central Office
- UARSC On-Campus and Off-Campus Leased Office Locations

Inspections are to take place at least monthly in the following “commercial” areas of our workplace:

- Food Service Kitchen and Retail Operations (Bookstore)

Note: Inspections of laboratories at CSUSM are conducted by the CSUSM Office of Risk Management and Safety (RM&S).

Periodic inspections are performed to reduce hazards. Below is a list of some of the potential hazards:

- Unclean, dusty and disorderly work areas
- Slippery walking surfaces
- Blocked aisle ways and exit doors
- Frayed electrical cords
- Unidentified chemical substances
- Not using personal protective equipment or using it incorrectly
- Work areas not properly illuminated
- Improper noise levels
- Restrooms and washrooms unclean and unsanitary
- Poorly designed workstations or unsafe work styles
- Equipment not properly maintained (guards not being used)
- Poorly maintained vehicles
- Poor ventilation and heating
- Not following campus laboratory protocols

Many workplace hazards can be reduced by taking precautionary measures. The use of personal protective equipment (PPE) is mandatory in some instances. Employees will be trained on PPE required in their particular work area.

Periodic inspections are performed according to the following schedule:

1. At the inception of the IIPP
2. When new substances, processes, procedures or equipment, which present potential new hazards, are introduced into the workplace
3. When new, previously unidentified, hazards are recognized

General inspections will be conducted periodically in each operating location. Such inspections will focus on housekeeping, adherence to the Code of Safe Practices, and use of protective gear. Safety Inspection Forms (checklists) will be used for these inspections. Two examples of acceptable UARSC safety inspection forms can be found in Appendix F.

Maintenance inspections will be conducted periodically on all UARSC-owned vehicles and documented on a maintenance log. Inspection of stationary equipment shall be conducted quarterly and documented as well.

Managers and supervisors are responsible for scheduling and conducting safety inspections in their departments. This responsibility may be delegated to qualified subordinates.

Results of all inspections shall be documented on the safety inspection forms or an alternate form developed at the department level.

VII. CORRECTION OF UNSAFE CONDITIONS

Results of all inspections shall be documented on the safety inspection forms or an alternate form developed at the department level.

SERIOUS HAZARDS

Serious hazards pose an immediate threat to employee safety or health. When a serious hazard is identified, the work will be immediately stopped and employees will inform a supervisor and the Director of Risk Management. If the condition is an imminent hazard, the hazard will be immediately corrected or the job stopped and employees removed from harm until corrective measures are taken. Those employees necessary to correct the hazard will be provided the proper tools and safety equipment to minimize their exposure to harm.

NON-SERIOUS HAZARDS

Non-serious hazards do not pose an immediate threat to employee safety or health, but could pose a risk through repeated employee exposure or equipment failure during an emergency. Examples might include a blocked electrical panel or a broken eye-wash station. When identified, potentially hazardous conditions will be corrected

immediately, if possible. Employees unable to correct potentially unsafe conditions themselves must report them immediately to a supervisor who will attempt to correct the hazard. Hazards that cannot be immediately corrected will be documented on a Hazard Correction Report Form by the supervisor. A copy will be forwarded to the Director of Risk Management for action. The Director of Risk Management will set a target correction date based on:

- the probability and severity of an injury or illness resulting from the hazard
- the availability of needed equipment, materials, and/or personnel
- time for delivery, installations, modification, or construction
- completion of employee training

The Director of Risk Management will then correct the hazard or delegate responsibility for its correction, and follow up to ensure the correction is made. All corrective actions, and the dates they are taken, will be noted on the Hazard Correction Report Form and copies will be kept in the UARSC HR Office.

ACTION PLANS

When corrective action for an unsafe condition or work practice cannot be completed immediately or will involve multiple steps, the project manager, or other designated individual, will develop an action plan for its abatement. The action plan will include the name of the individual responsible for correcting the hazard and an estimated completion date. A copy of the action plan will be forwarded to the Director of Risk Management.

RESEARCH INVOLVING HAZARDOUS MATERIALS

All research proposals involving hazardous materials must be reviewed and approved by RM&S prior to submission. Once a project is funded, any purchase requisitions for hazardous materials are stamped as such by the UARSC Office of Sponsored Projects, and faxed to RM&S. RM&S will approve or disapprove within twenty-four hours.

VIII. ACCIDENT/EXPOSURE INVESTIGATIONS

UARSC will investigate workplace accidents to determine the cause or causes. In some cases, outside experts will be brought in to assist with these investigations. Investigations will be conducted in a timely manner.

Procedures for investigating workplace accidents and hazardous substance exposures include:

- Interviewing injured worker(s) and witnesses
- Examining the workplace for factors associated with the accident/exposure
- Determining the cause of the accident/exposure
- Taking corrective action to prevent the accident/exposure from reoccurring
- Recording the findings and actions taken

The Supervisor's first responsibility when an accident occurs is to assure that the injured employee receives proper first aid or, if needed, immediate medical attention. Follow the "Injury and Illness Procedure" (Appendix C) and send the employee to our industrial injury clinic for medical attention if necessary. Referrals to other physicians/hospitals are permitted if the employee has a request on file for such a referral.

When an injury occurs, the following documents must be completed and forwarded to UARSC's HR Office immediately after the injured employee is given proper first aid and/or medical attention:

- Report of Employee Injury or Illness Form (Appendix D)
- Employee's Claim for Workers' Compensation Benefits Form DWC-1 (Appendix E); the employee receives a copy of this form

Include with these documents any preliminary results from the accident investigation. A more comprehensive investigation may be required at a later date but must be concluded no later than three (3) days after the incident occurred.

Additionally, all accidents exposing employees to potential injury (near misses) are to be investigated and documented on UARSC's "Near Miss Report Form" (see Appendix A).

In most circumstances, the immediate supervisor is the most appropriate person to conduct an investigation. In other circumstances, it may be necessary for the supervisor to contact the UARSC HR Office for assistance in conducting an accident investigation. Forward the results of all such investigations through the department senior manager and UARSC HR Office.

SUPERVISOR ACCIDENT INVESTIGATION GUIDELINES

The purpose of an investigation is to identify the cause of an accident and prevent future occurrences; not to blame anyone involved. An unbiased approach is necessary to obtain objective findings.

- Visit the scene, as soon as possible, while facts are fresh and before witnesses forget important details.
- If possible, interview the injured worker at the scene of the accident and walk the employee through a re-enactment.
- Conduct interviews as privately as possible. Do not discuss details of the injury or medical condition of the injured employee with others. Interview witnesses one at a time. Talk to anyone who has knowledge of the accident.
- Consider taking signed statements in cases where the facts are unclear or there is an element of controversy. If ever the injured employee's claims are doubted, please make this doubt known to the UARSC HR Office.
- Document details graphically. Use sketches, diagrams and photos as needed, and take measurements when appropriate.
- Focus on causes and hazards. Develop an analysis of what happened, how it happened, and how it could have been prevented. Determine what caused the accident itself, not just the injury.

- Every investigation should have an action plan. How will you prevent similar accidents in the future? Elicit suggestions from all employees involved.
- If a third party or defective product contributed to the accident, save any of this evidence. It could be critical to the recovery of claims.

Once the UARSC HR Office is made aware of an injury occurring in the workplace, the injury will be reported to the appropriate insurances, state agencies and recorded on the required OSHA documents.

IX. TRAINING AND INSTRUCTION

UARSC shall ensure that managers, supervisors and employees receive training to familiarize themselves with safety and health hazards in the workplace. Managers and supervisors are responsible for their employees' safety training including both general workplace safety and specific instructions with regard to hazards unique to any particular job assignment.

All new employees are required to complete general safety training at new employee orientation and prior to starting their assigned job. All employees will receive a copy of the "Code of Safe Practices" (Appendix B) at the new employee orientation.

Additional training for new employees may be conducted by the direct supervisor of the area. In other cases, a more senior employee (or independent contractor) qualified to conduct such training may be brought in to conduct the safety training. Attending Online Safety Training classes may also be assigned periodically to employees. Other topics such as Office Ergonomics and Hazardous Materials Communication may be covered, as appropriate, for the work involved.

If an employee is transferred to a new job assignment with different risks, the receiving supervisor will give a Safety Orientation regarding the risks associated with the new assignment. Whenever new processes, equipment, substances, or operating procedures are introduced into the workplace, the employee must be safety trained before starting the new job. Such training shall be documented and safety training records maintained in the UARSC HR Office. Examples of this training can include films, demonstrations by vendors, supervisory explanations of new operations, study and examinations, weekly/monthly safety sessions, online training, payroll inserts, and the use of outside consultants.

Employee Health and Personal Hygiene

Employees in our Food Services division will need to take extra precautions with regard to their personal hygiene. Employees in Food Services are to be trained at preventing food borne illnesses. Employees will receive training with regard to Employee Health and Personal Hygiene.

This training will cover topics such as:

- How job responsibilities can contribute to the potential risks of food borne illnesses
- How employee health is related to food borne illness

- The need to immediately report the symptoms of food borne illnesses
- How restriction from or exclusion from working with food prevents illness
- How proper hand hygiene and no bare hand contact with food prevents food borne illnesses

In addition, all employees in Food Services will be provided a copy of our Food Service Employee Health Policy (Appendix I) which provides direction to employees on how to report any potential communicable diseases to management.

X. RECORDKEEPING AND RECORDS ACCESS

Records listed below are required by Cal-OSHA and will be maintained for the following periods:

- | | |
|---|----------|
| • Employee exposure records | 30 years |
| • Cal-OSHA No. 300 Log | 5 years |
| • Summary of Occupational Injuries | 5 years |
| • Accident Investigations | 5 years |
| • Employee Injury Reports | 5 years |
| • Environmental monitoring records | 30 years |
| • Safety training, safety meetings, safety audits | 5 years |

The records listed above will be maintained by the UARSC HR Office. An employee's records will be made available upon request to the employee or the appropriate regulatory agency.

Records considered pertinent to an employee's exposure (to a toxic substance or harmful physical agent) record are:

- Workplace monitoring or measurement
- Biological monitoring results that assess the absorption of a substance by body systems
- Material Safety Data Sheets (MSDS), or if these are not available, any other information which reveals the identity of a toxic substance or harmful physical agent

The following information will NOT be kept on file in the UARSC HR Office but will be kept on record by a physician, nurse, or other health care professional:

- Medical questionnaire or histories
- Results of medical examinations and laboratory and other diagnostic tests
- Medical opinions, diagnoses, progress notes, and recommendations
- Descriptions of treatments, first aid, and prescriptions
- Employee medical complaints

UARSC will make additional copies of this Injury & Illness Prevention Program (IIPP) available to employees and appropriate regulatory agencies upon request.

XI. ERGONOMICS PROGRAM

PURPOSE

The purpose of the UARSC Ergonomics Program is to educate UARSC's employees on proper body mechanics to minimize and prevent the frequency and severity of cumulative trauma disorders and repetitive motion injuries. The Program focuses on providing the worker with the appropriate tools for their environment and is mutually beneficial to both the worker and UARSC.

The methods and procedures used to identify, evaluate, and correct these types of injuries include, but are not limited to:

- Employee training
- Workstation evaluations
- Administrative/engineering controls

FREQUENCY

Office Ergonomics training is provided as appropriate by UARSC but will be provided at a minimum to all new employees. Employees in positions and departments with high incidences of injuries related to poor workstation design or repetitive motion will be required to attend training periodically.

RESPONSIBILITIES

Project Directors, Project Managers and Supervisors

- Ensure employees receive training in proper ergonomic safety practices
- Ensure employees properly use equipment and accessories
- Report and correct work conditions that may contribute or cause Repetitive Motion Injuries (RMI)
- Arrange for ergonomic work station evaluations with Human Resources

Human Resources and Risk Management Departments

- Implement and coordinate the UARSC Ergonomics Program
- Provide resources to prevent injuries
- Coordinate with departments to evaluate workstation and job functions in the event of a reported RMI
- Identify RMI Workers' Compensation claims
- Investigate work areas where RMIs have been reported or upon request of the supervisor or employee
- Recommend corrective actions to reduce RMIs
- Conduct follow-up evaluations
- Recommend professional ergonomic consultation where problems persist

Employees

- Report suspected RMI discomfort or symptoms to a supervisor immediately
- Recognize the risk factors of RMIs and take appropriate action to minimize exposures
- Report working conditions that may lead to RMI to supervisor or Human Resources
- Follow ergonomic program guidelines

DOCUMENTATION

Training records related to ergonomic programs will be maintained by the UARSC HR Office. UARSC's Workers' Compensation Insurance Carrier will maintain employee medical records related to repetitive motion injuries.

FOLLOWUP

Accidents that involve repetitive motion injuries will be investigated to ensure that procedures described in the ergonomics program were being followed.

XII. OTHER PROGRAMS

EARLY RETURN-TO-WORK

UARSC is committed to returning its injured employees to modified/alternative work immediately following the injury. The following are guidelines to accomplish this commitment.

The UARSC Director of HR is responsible for managing the early return-to-work program and will implement the following steps when a UARSC employee has a work-related injury or illness:

- Provide first aid as soon as possible
- If the injury requires medical attention ensure the injured employee is accompanied, if possible, to our Preferred Provider Clinic
- Inform the healthcare provider that we have a Return-To-Work Program and intend to bring this employee back to work as soon as possible
- Return the employee to his/her work site immediately after initial treatment, if possible, to avoid unnecessary lost time
- If the employee is unable to return to work immediately, we will keep in contact with him/her at home, to let the employee know of our concern about his/her condition, and to assure the employee that the "team" needs him/her
- If an employee is approved for modified or transitional work, request the healthcare provider give us specific, written restrictions based on the employee's job duties
- Inform the employee that we will make reasonable efforts to accommodate his/her restrictions (temporary physical limitations) with transitional work

- Inform our insurance carrier of our efforts to return this employee to work as it discontinues temporary disability payments, or coordinating payment of wage-loss when appropriate

TRANSITIONAL WORK

All temporary modified/alternative positions are considered “Transitional Work” and are designed to help the injured employee return to his/her usual and customary duties as soon as possible.

Return to Work

If at some point the medical care provider and the UARSC Director of HR agree it is appropriate to offer work to the injured employee, written confirmation of the injured employee’s ability to perform a transitional duty position will be obtained from the provider. The Director of HR will then make a Return-to-Work offer to the employee. The offer for the transitional work can be made by phone and the employee can start the very next shift. The employee, however, must sign the Return-to-Work offer letter prior to starting work. The offer letter will include a description of the temporary work duties and conditions; the wage rate terms; and outline the limitations, restrictions, or accommodations imposed by the medical care provider. (A sample Modified Duty Agreement is located in Appendix H).

The employee may discuss the terms and conditions of the offer with the Director of HR if he or she has concerns that the requirements cannot be met. The Director of HR will discuss such concerns with the medical provider and make a reasonable effort to resolve them. An injured worker may refuse to return to transitional duty work, but must be aware that such refusal may result in the termination of workers’ compensation benefits.

Program Monitoring

The employee’s supervisor will have the immediate responsibility of monitoring the employee’s work to ensure that he or she remains within the limitations or restrictions set by the medical care provider. The employee, however, also retains responsibilities for his or her progress and must follow the instructions of the medical provider and not work beyond set limits. The supervisor will have an informal discussion with the employee at least every two weeks to discuss progress in the employee’s medical condition. The Director of HR will conduct a formal discussion with the employee every 30 days to evaluate progress and discuss any concerns; these meetings will be documented as part of the case record.

As the employee’s condition improves the employee, the supervisor, the Director of HR, and the medical provider may broaden the task assignments or reduce restrictions. Any changes in the restrictions, limitations, or accommodations must be approved in writing by the care provider before they are put into action.

In some cases the employee's condition may not improve. The maximum time an employee may participate in a transitional duty program is limited to 90 days. The medical care provider may medically release the employee to return to regular duty any time during this period. This release must be provided in writing before the employee will be allowed to return to unrestricted work. If the employee has not been released to full duty, he or she will be re-evaluated by the medical provider shortly before the end of the 90 days. If the provider does not release the employee to regular duty, the Director of HR, after discussions with the medical provider, the insurance carrier, and other involved parties, will make the decision whether the employee should be placed on disability.

EMERGENCY RESPONSE AND HAZARD COMMUNICATION PLANS

All UARSC employees and businesses contracted with UARSC are required to follow the CSUSM Office of Risk Management and Safety's policies and procedures related to Emergency Response and the handling of Hazardous Materials. Those plans are available on the CSUSM website www.csusm.edu/rms.

**EMPLOYEE SAFETY SUGGESTION AND “NEAR
MISS” REPORT FORM**

Employees who wish to provide a safety suggestion or report an unsafe workplace condition or practice can use this form.

Description of unsafe condition or practice:

Cause (s) or other contributing factors:

Employee’s suggestion for improving safety:

Has this matter been reported to a Supervisor/Manager? Yes___No___

Employee’s Name (Optional)_____

Department_____Date_____

The UARSC safety committee will investigate any report as required by the Injury and Illness Prevention Program (8 CCR 3202).

**PLEASE SEND THIS FORM DIRECTLY TO THE UARSC HR OFFICE UNDER
THE COVER OF “ATTENTION RISK MANAGEMENT”**

CODE OF SAFE PRACTICES
OFFICE AND ADMINISTRATIVE AREAS

It is the policy of the University Auxiliary and Research Services Corporation (“UARSC”) to provide a safe environment for employees, customers and visitors. Safety is a cooperative undertaking, requiring participation by every employee. Failure by any employee to comply with safety rules will be grounds for corrective discipline and in some cases immediate dismissal.

Supervisors shall insist that employees observe applicable UARSC and governmental safety rules and practices and shall take necessary action to obtain compliance.

To carry out this policy, employees shall comply with the following rules:

- Report all unsafe conditions and equipment to their supervisor or safety coordinator.
- Report all accidents, injuries and illnesses to a supervisor or the safety coordinator immediately.
- All entrances, exits and aisle ways shall be kept unblocked, well lighted and unlocked during working hours.
- Keep floors, work areas, and hallways clear of trip hazards such as boxes, papers, electric cords, and telephone wires. Ensure electrical wiring and phone cords are protected from foot traffic and rolling chairs. Frayed wires and cords must be repaired immediately or taken out of service because they are a fire and electrical shock hazard.
- Materials and equipment must not be stored against doors or exits, fire ladders or fire extinguisher stations. There must be 18” minimum clearance from all ceilings.
- Keep desk and filing cabinet drawers closed when not in use to prevent tripping over them.
- Work areas should be maintained in a neat, orderly manner. Trash and refuse are to be thrown in proper waste containers.
- All spills shall be appropriately wiped up promptly. Report any and all hazardous material spills immediately to your supervisor or safety coordinator.
- Always use proper lifting techniques, utilizing hand trucks when appropriate. Never attempt to lift or push an object, which is too heavy. **If lifting over 40 lbs, you are required to lift as a team.**
- Files and supplies shall be stored in such a manner as to prevent or lessen the likelihood of damage to the supplies/files or injury to personnel when they are moved. Heaviest items shall be stored closest to floor and lightweight items stored above.
- Turn off electrical equipment (coffee makers, computers, heaters), at the end of the work day.
- Proper ergonomic posture will be adhered to while working at any computer workstation. This will include proper head, neck, back, forearm, hand and leg positioning, as well as, proper monitor and chair adjustments.

By signing below you acknowledge that you have received general safety training from UARSC and will adhere to the Code of Safe Practices.

PRINT Employee Name

Employee Signature

Date



University Auxiliary and Research Services Corporation

INJURY & ILLNESS PROCEDURES

If Emergency, Dial 911

PLEASE Remember UPD 1st 760-750-4567

Supervisor makes assessment and responds accordingly:

First Aid:

Location of First-Aid Kit: Supervisor's Office

Urgent Care facility:

Palomar Pomerado Corporate Health Services 760-510-7374
120 Craven Road, suite 207
San Marcos, CA 92078

Life threatening:

Dial 911 it's the universal default, HOWEVER, please remember...

UPD 760-750-4567 logistically can be the quickest First Responder!

Report all incidents—even minor ones:

Phone: UARSC HR Office **(760) 750-4700**. If you are unable to reach anyone, leave a detailed voice message.

Supervisor or Project Director does the following:

Complete "Report of Employee Injury or Illness" form
(Copies attached or at www.csusm.edu/uarsc)

If possible, ask injured employee to complete the form in your presence

Give injured employee "Employee's Claim for Workers' Compensation Benefits" form to complete; make sure the employee receives a copy (also available at www.csusm.edu/uarsc)

UNIVERSITY AUXILIARY AND RESEARCH SERVICES CORPORATION

REPORT OF EMPLOYEE INJURY OR ILLNESS

ALL INJURIES, EVEN MINOR ONES, MUST BE REPORTED. Complete this report on day of injury or as soon as possible and send to UARSC HR Office. All questions are important. Complete in detail.

PART I

To be filled out, by the injured employee.

Department _____					
Name of injured (First) (MI) (Last)			Social Security No.		Marrried? Yes <input type="checkbox"/> No <input type="checkbox"/>
					Male <input type="checkbox"/> Female <input type="checkbox"/>
Address of injured (Street) (City) (Zip)			Job Title		Hire Date
Home phone number		Date of Birth	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Days S M T W Th F S Hours _____	
Nature of Injury, Illness or Exposure and part of body affected					
Date of Injury	Hour a.m. p.m.	Names of Witnesses			
Describe where the Injury, Illness or Exposure occurred. (Address, City and County)					
HOW did the injury, illness, or exposure occur?					
Employee's Signature					Date

PART II To be filled out by the injured employee's immediate supervisor or Project Director whose evaluation is vital to future accident prevention activities. Carefully evaluate any "act or condition" which caused the injury, illness, or exposure.

AN UNSAFE CONDITION EXISTED (Check all that apply)					
<input type="checkbox"/> Defective equipment (tools, materials)		<input type="checkbox"/> Slippery or uneven walking surfaces		<input type="checkbox"/> Other contributing factors (specify)	
<input type="checkbox"/> Safety Devices not provided		<input type="checkbox"/> Faulty layout of facilities			
<input type="checkbox"/> Poor working conditions (light, ventilation)		<input type="checkbox"/> Poor housekeeping			
AN UNSAFE ACT RESULTED FROM (Check all that apply)					
<input type="checkbox"/> Inadequate instruction		<input type="checkbox"/> Not using safety devices		<input type="checkbox"/> Improper work method	
<input type="checkbox"/> Disregarded rules		<input type="checkbox"/> Physical condition of injured does not meet task		<input type="checkbox"/> Improper body position	
<input type="checkbox"/> Haste: Carelessness		<input type="checkbox"/> Action of fellow worker		<input type="checkbox"/> Other contributing factors (specify)	
What have YOU done to prevent recurrence?					
Did injured go home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, time _____ <input type="checkbox"/> am <input type="checkbox"/> pm		Was Employee unable to work on any day after injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date last worked _____ Mo Day Year	
				Date or estimated date of return to work _____ Mo Day Year	
				<input type="checkbox"/> Regular work <input type="checkbox"/> Restricted work	
Did Injured Report to a Physician <input type="checkbox"/> Yes <input type="checkbox"/> No		Name and Address of Physician:			Phone Number
Did Injury Require Hospitalization <input type="checkbox"/> Yes <input type="checkbox"/> No		If hospitalized, name and address of hospital:			
Facts indicate this injury was caused by and happened during work <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know (Explain)					
Supervisor/Manager (PRINT)				Supervisor's Signature	
Date of Report		Phone No.		Health and Safety Officer	

Instructions: Complete and return this form to the UARSC HR Office within 48 hours of the time of incident.

State of California
 Department of Industrial Relations
 DIVISION OF WORKERS' COMPENSATION



Estado de California
 Departamento de Relaciones Industriales
 DIVISION DE COMPENSACIÓN AL TRABAJADOR

**EMPLOYEE'S CLAIM FOR
 WORKERS' COMPENSATION BENEFITS**

If you are injured or become ill because of your job, you may be entitled to workers' compensation benefits.

Complete the "Employee" section and give the form to your employer. Keep the copy marked "Employee's Temporary Receipt" until you receive the dated copy from your employer. You may call the Division of Workers' Compensation at 1-800-736-7401 if you need help in filling out this form or in obtaining your benefits. An explanation of workers' compensation benefits is included on the back of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

**PETICION DEL EMPLEADO PARA BENEFICIOS
 DE COMPENSACIÓN DEL TRABAJADOR**

Si Ud. se ha lesionado o se ha enfermado a causa de su trabajo, Ud. tiene derecho a recibir beneficios de compensación al trabajador.

Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia fechada de su empleador. Si Ud. necesita ayuda para completar esta forma o para obtener sus beneficios, Ud. puede hablar con la División de Compensación al Trabajador llamando al 1-800-736-7401. En la parte de atrás de esta forma se encuentra una explicación de los beneficios de compensación al trabajador.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee: Empleado:

1. Name. Nombre. _____ Today's Date. Fecha de hoy. _____
2. Home Address. Dirección Residencial. _____
3. City. Ciudad. _____ State. Estado. _____ Zip. Código Postal. _____
4. Date of Injury. Fecha de la lesión (accidente). _____ Time of Injury. Hora en que ocurrió. _____ a.m. _____ p.m.
5. Address and description of where injury happened. Dirección/lugar dónde ocurrió el accidente. _____
6. Describe injury and part of body affected. Describa la lesión y parte del cuerpo afectada. _____
7. Social Security Number. Número de Seguro Social del Empleado. _____
8. Signature of employee. Firma del empleado. _____

**Employer - complete this section and give the employee a copy immediately as a receipt.
 Empleador - complete esta sección y déle inmediatamente una copia al empleado como recibo.**

9. Name of employer. Nombre del empleador. _____
10. Address. Dirección. _____
11. Date employer first knew of injury. Fecha en que el empleador supo por primera vez de la lesión o accidente. _____
12. Date claim form was provided to employee. Fecha en que se le entregó al empleado la petición. _____
13. Date employer received claim form. Fecha en que el empleado devolvió la petición al empleador. _____
14. Name and address of insurance carrier or adjusting agency. Nombre y dirección de la compañía de seguros o agencia administradora de seguros. _____
15. Insurance Policy Number. El número de la póliza del Seguro. _____
16. Signature of employer representative. Firma del representante del empleador. _____
17. Title. Título. _____
18. Telephone. Teléfono. _____

Employer: You are required to date this form and provide copies to your insurer or claim administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

Empleador: Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

UARSC**OFFICE INSPECTION FORM**

All UARSC office areas are required to perform and document self-inspections at least monthly as part of UARSC's Injury and Illness Prevention Program (IIPP). This self-inspection form will help document the inspections and will assist employees and management in identifying and correcting many common unsafe practices and conditions. Answer each question by checking "satisfactory" or "needs attention." If corrective action is needed, set a target date for completion and correct each identified deficiency as soon as possible and document the date. Keep the original self-inspection form on file in the department. Please contact UARSC at 750-4700 immediately if you need assistance correcting conditions identified during the self-inspection, or if you have any questions or concerns about safety.

HAZARD	Satisfactory	Needs Attention	Target Date For Completion	Date Corrected
<i>General Work Area Checklists:</i>	<input type="checkbox"/>	<input type="checkbox"/>		
Fire extinguishers areas are kept clear at all times.	<input type="checkbox"/>	<input type="checkbox"/>		
Means of egress are kept unblocked, well lighted and unlocked during work hours.	<input type="checkbox"/>	<input type="checkbox"/>		
Excessive combustibles (paper) are not stored in work areas.	<input type="checkbox"/>	<input type="checkbox"/>		
Electrical machinery in good condition and properly grounded.	<input type="checkbox"/>	<input type="checkbox"/>		
Electric cords and phone cables secured to prevent tripping hazards.	<input type="checkbox"/>	<input type="checkbox"/>		
Aisles and hallways are kept clear at all times.	<input type="checkbox"/>	<input type="checkbox"/>		
Stairways equipped with non-slip tread and handrails.	<input type="checkbox"/>	<input type="checkbox"/>		
Safety threads provided on all step stools and stepladders.	<input type="checkbox"/>	<input type="checkbox"/>		
Designated employees are trained to respond to a fire or other emergency.	<input type="checkbox"/>	<input type="checkbox"/>		
Hot plates, coffee makers, portable heaters properly wired and turned off when not in use.	<input type="checkbox"/>	<input type="checkbox"/>		
<i>Clerical/Administrative Checklists:</i>	<input type="checkbox"/>	<input type="checkbox"/>		
For VDT workstations, background and screen lighting are compatible and adjustable.	<input type="checkbox"/>	<input type="checkbox"/>		
VDT screen positions, chairs, and keyboard are adjustable.	<input type="checkbox"/>	<input type="checkbox"/>		
Employee training on preventing problems associated with VDT use.	<input type="checkbox"/>	<input type="checkbox"/>		
Workplaces are kept free of debris, floor storage and electrical cords.	<input type="checkbox"/>	<input type="checkbox"/>		
Adequate aisle space is maintained.	<input type="checkbox"/>	<input type="checkbox"/>		
File cabinet drawers are anchored to prevent tripping and are opened one at a time and closed when work is finished.	<input type="checkbox"/>	<input type="checkbox"/>		
Heaviest material stored in bottom drawers of file cabinets.	<input type="checkbox"/>	<input type="checkbox"/>		
Proper lifting techniques are used by employees to avoid overexertion and strain when lifting and carrying loads.	<input type="checkbox"/>	<input type="checkbox"/>		
<i>Delivery/Messenger Checklists :</i>	<input type="checkbox"/>	<input type="checkbox"/>		
Defensive driving is practiced by employees and seat belts and shoulder harnesses are worn at all times.	<input type="checkbox"/>	<input type="checkbox"/>		

No alcohol or any intoxicating substance prior to or during work.	<input type="checkbox"/>	<input type="checkbox"/>		
Vehicles are locked when unattended to avoid criminal misconduct.	<input type="checkbox"/>	<input type="checkbox"/>		
Vehicles are parked in legal spaces and do not obstruct traffic.	<input type="checkbox"/>	<input type="checkbox"/>		
The speed limit safe for conditions is not exceeded.	<input type="checkbox"/>	<input type="checkbox"/>		
Employees park their vehicles in well-lighted areas and/or near entrances to avoid criminal misconduct.	<input type="checkbox"/>	<input type="checkbox"/>		

Name _____		Date _____	
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Supervisor Name _____		Date _____	
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**UNIVERSITY AUXILIARY AND RESEARCH SERVICES CORPORATION
SAFETY COMMITTEE
POLICY AND PROCEDURES**

Safety Policy

It is the policy of the University Auxiliary and Research Services Corporation (“UARSC”) to provide a safe and healthy place of employment and to comply with the laws, rules and regulations of federal, state and local government regarding safe practices. All levels of management and supervision have a primary responsibility for the safety of employees. The prevention of work-related injuries and illnesses is of such importance that it is to be given precedence over operating expediency.

Employees have a responsibility to work safely and to report all instances of unsafe or unhealthy conditions or practices to their supervisors. Adherence to the safety program regulations and operating practices to eliminate unsafe and unhealthful acts is an obligation of all employees. By promoting safe and healthful work practices among all employees and by maintaining property, equipment and work areas in safe conditions, we can eliminate accidents and work-related illnesses that cause needless human suffering and economic loss.

Employees of all levels are expected to support our injury and illness prevention program. Violators will be subject to disciplinary procedures to include immediate discharge for serious violations.

Safety Committee Mission Statement

It is the mission of UARSC’s Safety Committee to review and/or recommend changes to the policies and procedures of the safety program. The Safety Committee will also provide a safe and healthy working environment for all employees by creating and maintaining an active interest in safety and by planning UARSC -wide training programs relating to safety and staff development.

Safety Committee functions

Each committee member will assist in carrying out the following functions:

- Discuss safety policies and recommend their adoption by management.
- Provide and/or recommend safety education or training for employees.
- Identify and eliminate unsafe practices in the workplace.
- Periodically monitor respective areas for any unsafe conditions and practices.
- Ensure that managers and supervisors facilitate safety discussions *monthly* in their respective areas.
- Keep employees informed on safety matters.
- Make safety an integral part of UARSC operations.
- Review investigation reports of accidents and make recommendations relative to accident prevention.
- Report on and evaluate the affects of new UARSC operations on safety in the workplace.
- When necessary conduct investigations of unsafe conditions brought to the attention of the committee or any member.
- Attend scheduled quarterly meetings or appoint an alternate.

Membership

Committee membership will consist of UARSC employees, supervisors and managers representing as many business units as feasible.

Officers

1. The **Chairperson** shall be nominated and selected by the Committee and will:
 - Preside over meetings.
 - Report to UARSC upper management regarding all Committee activities and/or recommendations.
 - Schedule and prepare agendas for Committee meetings.

2. The **Secretary** shall be selected from the Committee and will:
 - Assist the Chairperson in Committee activities.
 - Document and communicate minutes and attendance records of the Committee. Completed safety committee minutes are to be sent to all members two weeks after each meeting.
 - Gather safety-related records for safe keeping at UARSC.

3. **Membership Duties** include but are not limited to:
 - Attendance at scheduled quarterly Committee meetings.
 - Active participation in your unit's safety meetings.
 - Coordinate inspections, training and record-keeping for your unit.
 - Actively participate in reference to above Committee functions.
 - Act in an advisory capacity to unit supervisors to aid them in their safety responsibilities.
 - If absent from a meeting, responsible for sending an alternate.

Meetings

The Committee will meet quarterly.

Minutes

Committee meeting minutes should give a synopsis of any important discussions and should indicate whatever action has been taken on the recommendations that have been discussed. The Secretary is responsible for completing the safety committee minutes within two weeks of each meeting.

Visitors

Any employee may attend the safety committee meetings. Visitors from the campus or outside vendors may attend safety committee meetings.

Unit

All unit safety discussion topics are to be documented and employee attendance should be recorded. The material discussed and attendance sheet for all safety meetings (unit specific) should be forwarded to Human Resources for record-keeping.

**Modified Duty Agreement
UARSC**

The employee agrees to the following conditions for modified duty:

1. To abide by the physical limitations (described by the treating physician in the attachment) while at work and also while off work and at home.
2. Attend all scheduled appointments with the treating physician and auxiliary care providers.
3. Undergo a progress evaluation by the treating physician as required but at least every 30 days.
4. The employee will not remain on modified duty more than 90 days. After 90 days their progress will be re-evaluated by the treating physician and a status determination made.

Employee

Date

Employer

Date