INJURY AND ILLNESS PREVENTION PROGRAM

UNIVERSITY OF CALIFORNIA, DAVIS

 **DEPARTMENT NAME**



**UC Davis**

**INJURY AND ILLNESS PREVENTION PROGRAM**

#### This Injury and Illness Prevention Program has been prepared by the University of California, Davis,

Department: Department Name

This written program is in accordance with UC Davis Policy [(Policy and Procedures Manual Section](https://ucdavispolicy.ellucid.com/documents/view/273) [290-15: Safety Management Program)](https://ucdavispolicy.ellucid.com/documents/view/273) and California Code of Regulations Title 8, Section 3203 [(8CCR§3203: Injury and Illness Prevention Program](https://www.dir.ca.gov/title8/3203.html)).



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#  PREFACE

**DEPARTMENT NAME: xxxxxx DEPARTMENT DIRECTOR: xxxxx DEPARTMENT ADDRESS: xxxxx**

**DEPARTMENT TELEPHONE NUMBER: xxxxx**

####  BUILDINGS OCCUPIED BY DEPARTMENT

1. Building: xxxxx

Unit(s): xxxxx

Contact: xxxxx

Phone: xxxxx

1. Building:

Unit(s):

Contact:

Phone:

1. Building:

Unit(s):

Contact:

Phone:

1. Building:

Unit(s):

Contact:

Phone:



I. AUTHORITIES AND RESPONSIBLE PARTIES

The authority and responsibility for the implementation and maintenance of the Injury and Illness Prevention Program (IIPP) is in accordance with University Policy [(UCD Policy & Procedure Manual](https://ucdavispolicy.ellucid.com/documents/view/273) [Section 290-15: Safety Management Program)](https://ucdavispolicy.ellucid.com/documents/view/273) and California Code of Regulations [(8CCR, Section 3203)](https://www.dir.ca.gov/title8/3203.html) and is held by the following individuals:

### Responsible Authority

Name: xxxxxx

Title: xxxxx

Authority: Authority and responsibility for **ensuring** implementation of this IIPP

Signature: Date:

### Department Designated Authority

Name: xxxxx

Title: xxxxx

Authority: Given by Responsible Authority for implementation of this IIPP Signature: Date:

All Principal Investigators/supervisors/managers are responsible for the implementation and enforcement of this IIPP in their areas of responsibility in accordance with University Policy [(UCD Policy](https://ucdavispolicy.ellucid.com/documents/view/273) [& Procedure Manual Section 290-15: Safety Management Program](https://ucdavispolicy.ellucid.com/documents/view/273)).



II. SYSTEM OF COMMUNICATION

1. Effective communications with employees have been established using the following methods. Check all boxes that apply, list additional department methods in space provided.

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| --- |
| Standard Operating Procedures Manual |
| Safety Data Sheets |
| Monthly departmental operations meetings |
| Internal media (department intranet) |
| EH&S Safety Nets |
| Training videos |
| Safety Newsletter |
| Handouts |
| Building Evacuation Plan |
| E-mail |
| Posters and warning labels |
| Job Safety Analysis |
| Departmental Website |
| Other (list): |

1. Employees are encouraged to report any potential health and safety hazard that may exist in the workplace. Hazard Alert/Correction Forms (Appendix A) are available to employees for this purpose. Forms are to be placed in the Safety Coordinator’s departmental mail box or emailed to them. Employees have the option to remain anonymous when making a report.



III.

SYSTEM FOR ASSURING EMPLOYEE COMPLIANCE WITH SAFE WORK PRACTICES

Employees have been advised of adherence to safe work practices and the proper use of required personal protective equipment (PPE). Conformance will be reinforced by discipline for non-compliance in accordance with University policy [(UC Davis Personnel Policies for Staff Members- Section 62,](https://ucdavispolicy.ellucid.com/documents/view/201/active/) [Corrective Action](https://ucdavispolicy.ellucid.com/documents/view/201/active/)).

The following methods are used to reinforce conformance with this program:

* 1. Distribution of Policies
	2. Training Programs
	3. Safety Performance Evaluations

Performance evaluations at all levels must include an assessment of the individual's commitment to and performance of the accident prevention requirements of his/her position. The following are examples of factors considered when evaluating an employee's safety performance.

* + - Adherence to defined safety practices.
		- Use of provided safety equipment.
		- Reporting unsafe acts, conditions, and equipment.
		- Offering suggestions for solutions to safety problems.
		- Planning work to include checking safety of equipment and procedures before starting.
		- Early reporting of illness or injury that may arise as a result of the job.
		- Providing support to safety programs.
	1. Statement of non-compliance will be placed in performance evaluations if employee neglects to follow proper safety procedures, and documented records are on file that clearly indicate training was provided for the specific topic, and that the employee understood the training and potential hazards.
	2. Corrective action for non-compliance will take place when documentation exists that proper training was provided, the employee understood the training, and the employee knowingly neglected to follow proper safety procedures. Corrective action includes, but is not limited to, the following: letter of warning, suspension, or dismissal.

Does your department use any additional methods for assuring employee compliance with safe work practices?

YES NO



IV. HAZARD IDENTIFICATION, EVALUATION AND INSPECTION

Job Hazard Analyses and worksite inspections have been established to identify and evaluate occupational safety and health hazards.

##### Job Safety Analysis:

Job Safety Analysis (JSA) identifies and evaluates employee work functions, potential health or injury hazards, and specifies appropriate safe practices, PPE, and tools/equipment. JSA’s can be completed for worksites, an individual employee’s job description, or a class of employees’ job description. Completed JSA’s are located in Appendix B.

The following resources are available for assistance in completing JSA’s:

* + Laboratory personnel, please refer to the [Laboratory Hazard Assessment Tool](https://safetyservices.ucdavis.edu/units/ehs/research/laboratory/lhat)
	+ Non-Laboratory personnel, please refer to the [JSA/PPE Certification Forms](https://safetyservices.ucdavis.edu/units/ehs/workplace-safety-industrial-hygiene/injury-prevention/iipp) (Example JSAs are located in Appendix B1 and Appendix B2 of this template)

##### Worksite Inspections

Worksite inspections are conducted to identify and evaluate potential hazards. Types of worksite inspections include both periodic scheduled worksite inspections as well as those required for accident investigations, injury and illness cases, and unusual occurrences. Inspections are conducted at the following worksites:

1. Location: xxxxxx

 Frequency: xxxxx

 Responsible Person: xxxxx

 Records Location: xxxxxx

1. Location:

 Frequency:

Responsible Person: Records Location:

1. Location:

 Frequency:

Responsible Person:

Records Location:



##### Worksite Inspections Continued

1. Location: Frequency:

Responsible Person:

Records Location:

Worksite Inspection Forms

* + C1 - General Office (Available in Appendix C)
	+ C2 – [Laboratory](https://ucdavis.app.box.com/file/623200162659?s=o8mv502gc2z0a5ap6qxa3wugf5o2jxkp)



V. ACCIDENT INVESTIGATION

University Policy requires that work-related injuries and illnesses be reported to Workers’ Compensation within 24 hours of occurrence and state regulation requires all accidents be investigated.

Employees will immediately notify their supervisor when occupationally-related injuries and illnesses occur, or when employees first become aware of such problems.

1. **Supervisors** will investigate all accidents, injuries, occupational illnesses, and near-miss incidents to identify the causal factors or attendant hazards. Appropriate repairs or procedural changes will be implemented promptly to mitigate the hazards implicated in these events. Injury reporting procedures can be found at the Safety Services Website: [Injury Reporting.](https://safetyservices.ucdavis.edu/units/risk-management-services/workers-compensation/injury-reporting)
2. The **Injury and Illness Investigation Form** (see Appendix D) shall be completed to record pertinent information and a copy retained to serve as documentation. It can be completed by either the supervisor or the Department Safety Coordinator.
3. Departments must notify EH&S immediately if there is any possibility an employee has been seriously injured. Please refer to [EH&S SafetyNet 121](https://safetyservices.ucdavis.edu/safetynet/reporting-work-related-fatalities-and-serious-injuries-or-illnesses) for further information.
	* **Immediately:** As soon as practically possible, but no longer than eight hours after the employer knows, or with diligent inquiry, would have known of the death of serious injury or illness
	* **Serious injury or illness:** Any injury or illness occurring in a place of employment, or in connection with employment, which required inpatient hospitalization for other than medical observation or diagnostic testing, or in which an employee suffers and amputation, the loss of an eye, or any serious degree of permanent disfigurement, but does not include any injury, illness, or death caused by an accident on a public street or highway, unless the accident occurred in a construction zone.



##  VI. HAZARD CORRECTION

Hazards discovered either as a result of a scheduled periodic inspection or during normal operations must be corrected by the supervisor in control of the work area, or by cooperation between the department in control of the work area and the supervisor of the employees working in that area. Supervisors of affected employees are expected to correct unsafe conditions as quickly as possible after discovery of a hazard, based on the severity of the hazard.

Specific procedures that can be used to correct hazards include, but are not limited to, the following:

* Tagging unsafe equipment “Do Not Use Until Repaired,” and providing a list of alternatives for employees to use until the equipment is repaired.
* Stopping unsafe work practices and providing retraining on proper procedures before work resumes.
* Reinforcing and explaining the need for proper PPE and ensuring its availability.
* Barricading areas that have chemical spills or other hazards and reporting the hazardous conditions to appropriate parties.

Supervisors should use the **Hazard Alert/Correction Report (Appendix A)** to document corrective actions, including projected and actual completion dates.

If an imminent hazard exists, work in the area must cease, and the appropriate supervisor must be contacted immediately. If the hazard cannot be immediately corrected without endangering employees or property, all personnel need to leave the area except those qualified and necessary to correct the condition. These qualified individuals will be equipped with necessary safeguards before addressing the situation.

Does your department have any additional Hazard Correction Procedures? YES NO



##  VII. HEALTH AND SAFETY TRAINING

Health and safety training, covering both general work practices and job-specific hazard training is the responsibility of:

xxxxx

and immediate Supervisor(s) as applicable to the following criteria:

1. Supervisors are provided with training to become familiar with the safety and health hazards to which employees under their immediate direction and control may be exposed.
2. All new employees receive training prior to engaging in responsibilities that pose potential hazard(s).
3. All employees given new job assignments receive training on the hazards of their new responsibilities prior to actually assuming those responsibilities.
4. Training is provided whenever new substances, processes, procedures or equipment (which represent a new hazard) are introduced to the workplace.
5. Whenever the employer is made aware of a new or previously unrecognized hazard, training is provided.

The **Safety Training Attendance Record** form is located in **Appendix E**.



##  VIII. RECORDKEEPING AND DOCUMENTATION

Documents related to the IIPP are maintained in/at/on:

xxxxx

The following documents will be maintained within the department’s IIPP Binder or accessible online folder for at least the length of time indicated below:

* 1. Hazard Alert/Correction Forms (Appendix A form). Retain for three years.
	2. Employee [Job Safety Analysis form](https://ucdavis.box.com/s/lzl1gre9628nx439ooxdsmf2magvum77) (Example JSA’s in Appendix B).
	3. Worksite Inspection Forms (Appendix C form). Retain for three years.
	4. Injury and Illness Investigation Forms (see Appendix D). Retain for three years.
	5. Employee Safety Training Attendance Records (Appendix E form). Retain for three years.



##  IX. RESOURCES

1. UC Office of the President: [Management of Health, Safety and the Environment,](http://policy.ucop.edu/doc/3500506/MgmtHealthSafetyandEnvironment) 10/28/05
2. UC Davis Policy and Procedure Manual, [Section 290-15,](https://ucdavispolicy.ellucid.com/documents/view/273) Safety Management Program
3. California Code of Regulations Title 8, Section 3203, [(8CCR §3203)](https://www.dir.ca.gov/title8/3203.html), Injury and Illness Prevention Program
4. Personnel Policies for Staff Members, Corrective Action, [UC PPSM 62](https://ucdavispolicy.ellucid.com/documents/view/201/active/)
5. UC Davis Environmental Health & Safety

[Safety Services Website](https://safetyservices.ucdavis.edu/) [EH&S SafetyNets](https://safetyservices.ucdavis.edu/safetynets)

[Safety Data Sheets](https://safetyservices.ucdavis.edu/units/ehs/research/safety-data-sheets)

[Campus COVID-19 Prevention Plan](https://campusready.ucdavis.edu/cpp)

1. Does your department have any additional resources? YES NO



X. COMPLETED TASKS

|  |
| --- |
| All tasks are required to be addressed in order to submit this E- IIPP for approval: |
| JSA Reviewed: | YES |  | NO |  |
| Annual Worksite Inspection completed: | YES |  | NO |  |
| IIPP Reviewed: | YES |  | NO |  |
| Annual IIPP Training completed: | YES |  | NO |  |