A9.750 UNIVERSITY OF HAWAI‘I SAFETY AND HEALTH PROGRAM

1. Purpose

To establish a systemwide Health and Safety Program to ensure that individual campus' health and safety programs are developed and maintained in accordance with applicable Federal, State, and County rules and regulations, especially H.R.S. 396: Hawaii Occupational Safety and Health Law, Title 12: Department of Labor and Industrial Relations, Subtitle 8: Division of Occupational Safety and Health.

2. Policy

The University of Hawai‘i has a fundamental obligation to safeguard the health, safety, and welfare of its students, personnel, and the visiting public whenever they participate in an official University activity. It is the policy of the University to provide for and maintain, through the implementation for safety and health programs, conditions and practices that will provide safe and healthful campus environments. It is also the responsibility of each individual to comply with established health and safety regulations and procedures and to take every precaution necessary to prevent injury to themselves and to others.

3. Program Organization

a. The overall responsibility for the Health and Safety Program rests with the President of the University. The President has delegated the development and maintenance of campus programs to the Chief Executive Campus Officer or official designee for their respective jurisdictions. Each campus program is to cover all assigned personnel even though they may be working at dispersed locations.

b. Each official indicated in paragraph 3a is to appoint one or more Campus Safety Officer(s). Campus safety committees may be appointed to assist in developing and maintaining campus programs.
c. A UH Health and Safety Committee is constituted to provide guidance and direction to the campus programs. Each Campus Safety Officer appointed in accordance with paragraph 3b is automatically a member of this committee which is subject to the call of the University Safety Coordinator. A representative from the Office of Human Resources is also a member of this committee.

d. The President has designated the Director of the Manoa campus’ Environmental Heath and Safety Office to act as the UH Safety Coordinator.

4. Responsibilities, Procedures, and Reports

a. Unit Administrators

Within their respective jurisdictions, the responsibility for conformance with the provisions of each campus' health and safety programs rests with each unit administrator, not as an added duty, but as a basic responsibility of their positions as administrators. This is the key to any program, since the attitudes and actions of unit administrators strongly influences the activities and actions of faculty, staff, and students who either belong to or carry out activities within the unit.

b. Campus Safety Officers

1) Conduct campus evaluations to determine what types of health and safety programs are required. Conduct campus inspections to ensure compliance with applicable environmental and occupational safety and health rules and regulations.

2) Review all accidental injury and illness reports, WC-1 and UH-29. If necessary, conduct investigations of accidents and initiate corrective action to prevent possible recurrences of injury or illnesses.

c. Reporting injuries and illnesses

1) All work related injuries or illnesses to University employees including certain volunteers are to be processed in accordance with Administrative Procedure A9.720, Workers'
Compensation.

2) For injuries or illnesses to non-employes, e.g., students and visitors, while on University premises, UH Form 29 (S & H) 7/86, Accidental Injury and Illness Report (Attachment 1) is to be used. Prepare two copies, retain one for file and forward the original to the Campus Safety Officer. The report should be initiated by the person supervising or responsible for the area in which the accident occurred. In some instances, it may be completed at the Student Health Service, by the injured person, or by a witness. In preparing the report, avoid nonspecifics and generalities.

3) Supplies of this form may be obtained from the Campus Safety Officer or unit safety officer where assigned.
# ACCIDENTAL INJURY AND ILLNESS REPORT

**Please prepare in duplicate and**
**FORWARD ORIGINAL TO YOUR RESPECTIVE CAMPUS SAFETY OFFICER.**

<table>
<thead>
<tr>
<th>NAME (Last, First Middle Initial)</th>
<th>2. ADDRESS (Number, Street, Town, State)</th>
<th>3. FILE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOCIAL SECURITY NUMBER</td>
<td>PHONE NUMBER</td>
<td>AGE</td>
</tr>
<tr>
<td>□ Female</td>
<td>□ Male</td>
<td>□ Student</td>
</tr>
<tr>
<td>DATE AND TIME OF OCCURRENCE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Time</td>
<td>AM</td>
</tr>
<tr>
<td>INSTRUCTOR (If applicable)</td>
<td>DEPARTMENT</td>
<td>WITNESS (Name and Phone)</td>
</tr>
</tbody>
</table>

**ACCIDENT DESCRIPTION:** Describe fully, stating whether injured or exposed person struck, fell, etc., and all factors contributing to accident or illness; include activity at time of accident and object or substance which directly injured the person. Use additional sheets if necessary.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**NATURE OF INJURY OR ILLNESS:** Describe in detail the nature of the injury or occupational illness and the part of the body affected.

________________________________________________________________________
________________________________________________________________________

**EMERGENCY CARE AND PATIENT STATUS**

- [ ] First Aid Only, not at hospital or by doctor
- [ ] Referred to hospital or medical personnel; current status unknown
- [ ] Treatment at hospital or by medical personnel
- [ ] Other, specify ____________________________

**TREATED BY:** (Name and address of physician or hospital, if known)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**THIS REPORT PREPARED BY:**

Print Name: ____________________________ Phone No: ____________________________ Date: ____________________________

**FOR OFFICE USE ONLY**

Investigation Conducted: ( ) YES ( ) NO Date: ____________________________ Time: ____________________________

Comments: ________________________________________________________________

________________________________________________________________________
________________________________________________________________________

Person Conducting Investigation: ____________________________ Date: ____________________________