

***Occupational Safety and Environmental
Compliance (OSEC)***

(408)441 - 4283

County Intranet - <http://OSEC>

Today's Goals

- **Safety in the County**
- **OSEC – Occupational Safety & Environmental Compliance**
- **County's Injury and Illness Prevention Program**
- **Hazard Report**
- **Office Ergonomics**
- **Unsafe Acts**

County of Santa Clara Safety and Health Policy

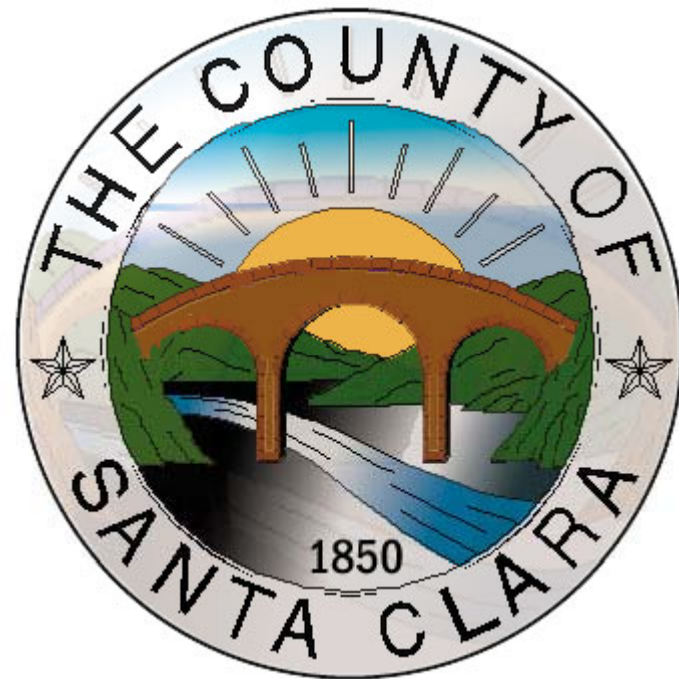
- Provide healthy, safe, and secure County facilities for employees and clients.
- Safety is everyone's responsibility.
- Response to safety concerns will be given the highest priority at every level of County Government.

History of OSEC

- **1991 – County Transportation Authority had environmental deficiencies.**
- **1992 - \$2mil fine with \$480k set aside for County Compliance Program.**
- **July 1992 – OSEC established, reports to CEO**
- **1998 – OSEC, WC, Insurance divisions of Risk Management, **Employee Services Agency**.**

OSEC's MISSION

- **Develop safety policies**
- **Provide oversight**
- **Assist** with training
- **Develop** programs
- **Investigate** safety/health issues
- **Evaluates** and **responds**
- **Monitor** activities



What does OSEC do?

*We help **YOU**
Prevent, Reduce
and Mitigate Accidents*

**PEP Rule:
People, Environment, and Property**

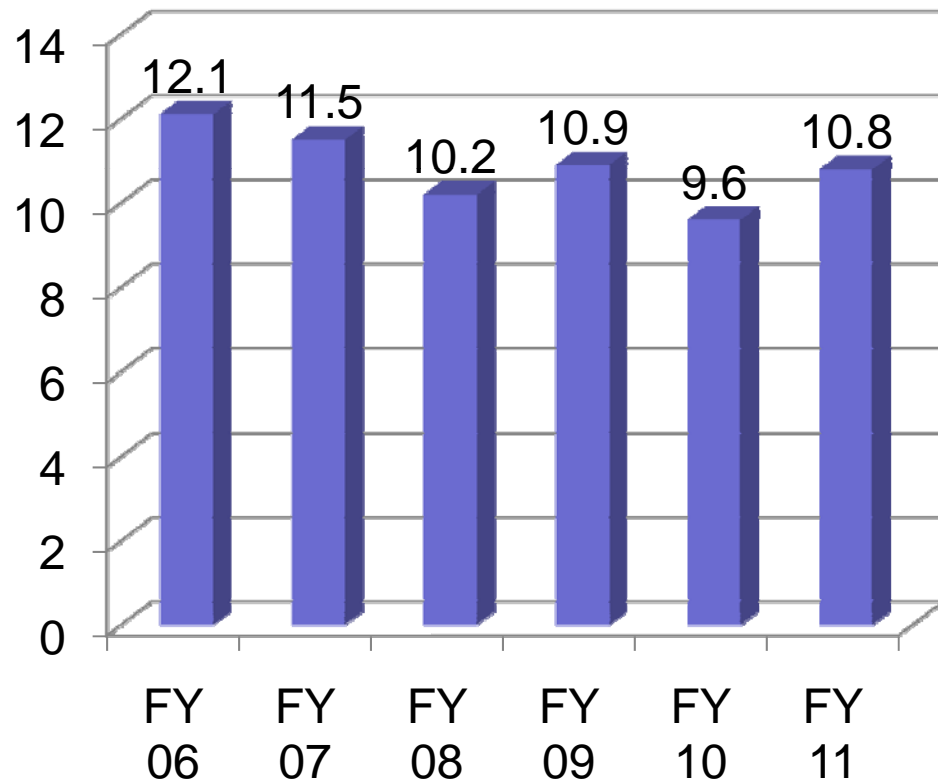
OSEC'S Prevention Partners

- 70 plus Departmental ***Safety Coordinators.***
- Departmental Training Coordinators
- 5 major agency/department Environmental Health & Safety Professionals. (***HHS, R&A, Parks***)
- **Countywide Safety Committee**

People/County Employees

- **Countywide Injury Rate**
- **Safety Savings \$mil over last 6 fiscal years in WC benefits alone.**

Countywide Injury Rate



The Environment

- **HMBPs**
- **26 BAAQMD permits**
- **Hazardous Waste**
- **Electronic Waste**
- **Battery Recycling**
- **Fluorescent Lamps**
- **Annual Underground Tank System Reg/Cert.**
- **Integrated Pest Mgmt Committee**

Property Owned and Leased

- **Indoor Air Quality Issues**
- **Water Damage Restoration**
- **Biohazard Sanitation**



Prevention Activities

- **Safety Programs**
- **Safety Training**
- **Facility Inspections**
- **Presentations**
- **Safety Coordinator Forum**



County Intranet - <http://OSEC>

Injury and Illness Prevention Program (IIPP)

Cal/OSHA requirement

Must be in **writing**

Has **8** minimum Requirements

IIPP Requirements

- **Responsibility**
- **Compliance (rewards and punishments)**
- **Communication**
- **Hazard Assessment (workplace inspections)**
- **Accident Investigation (prevent similar incidents)**
- **Hazard Correction**
- **Training and Instruction**
- **Recordkeeping**

IIPP Goals

- **Protect employee health and safety**
- **Reduce workers' compensation claims**
- **Maintain Cal/OSHA compliance**
- **Improve morale and efficiency**

County of Santa Clara IIPP

- **26 Chapters – 603 pages**
- **County Intranet: <http://www.osec>
click on **Safety Resources****
- **County Safety and Health Policy,
Ergonomics, Workplace Violence, BBP,
Emergencies in County Facilities, Hazard
Communication, etc.**
- **Departmental IIPP.**

How to report a Safety Hazard

- 1. Immediate Supervisor**
- 2. Department Safety Coordinator**
- 3. OSEC**



Hazard Report



Hazard Report



Concerned Employee: Complete This Section

If this hazard presents a *clear and immediate* danger to health and safety, DO NOT USE THIS FORM. Report the problem to your supervisor and, if necessary, Occupational Safety and Environmental Compliance.

It is usually best to discuss a safety hazard with your supervisor before using this form. Use this form if you wish to make a written notice of the hazard. Ask your supervisor for a blank form or photocopy any blank form to use as an original. You may also ask your Steward to submit an anonymous report for you.

Hazard location: Address: _____
Building: _____ Floor: _____ Department: _____

Describe the Hazard: _____

What action do you recommend? _____

Name: _____ Phone: _____ Signature: _____ Date: _____

☛ Give this form to your supervisor and keep a copy.

☛ If you do not hear from your supervisor within two business days, send copies to your Steward, the departmental Safety Coordinator, Occupational Safety and Environmental Compliance 441-4280 Fax 432-7553, and the local office of your union.

Supervisor: Complete This Section *Give to the employee within two business days. Keep a copy.*

Your analysis and action taken: _____

Person contacted: _____ Phone: _____ Date: _____

Person contacted: _____ Phone: _____ Date: _____

Work Order or Service Call number (if applicable): _____

Name: _____ Phone: _____ Signature: _____ Date: _____

Concerned Employee:

If you are satisfied with your supervisor's response, no further action is necessary.

If you are dissatisfied or would like to discuss this matter further, contact your Steward, the departmental Safety Coordinator, and Occupational Safety and Environmental Compliance 441-4280.

Pro Active Ergonomic Evaluation Program

- Go to County Intranet – <http://osec>
- Click on Ergonomics Channel on left
- Then click Pro Active Ergo Evaluation Process
- Click on and fill out request form
- Click “submit to OSEC” to email
- Must have supervisor approval, no open RMI claim, cannot qualify for RA, ADA.

Proactive Ergonomic Evaluation Program

Pro Active Workstation Evaluation Revised 2.pdf - Adobe Acrobat Pro

File Edit View Document Comments Forms Tools Advanced Window Help

Create Combine Secure Sign Forms Multimedia Comment

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Please fill out the following form. If you are a form author, choose Distribute Form in the Forms menu to send it to your recipients. Highlight Fields

PRO ACTIVE ERGONOMIC EVALUATION REQUEST FORM Submit to OSEC Print Form

Complete Sections Below

REQUESTOR

Request Date: _____ Employee ID: _____
First Name: _____ Last Name: _____
Department: _____ Phone Number: _____
Address/Physical Location: _____

SAFETY COORDINATOR

Safety Coordinator Name: _____ Safety Coordinator Phone: _____
Safety Coordinator Email Address: _____

REASON FOR REQUEST:

Do you have a current worker's compensation claim for a repetitive motion or cumulative trauma injury, or, an injury or condition that is not covered by workers compensation but could benefit from an adjustment to your work station?

Yes - This request will be forwarded to your Supervisor so that you can access options that may exist under the workers compensation system and/or the County's policy on reasonable accommodation.

No - Your department supports employee's requests for ergonomic evaluations and making adjustments to your workstation as may be needed.

SUPERVISOR

Supervisor's Name: _____ Supervisor's Phone: _____
Supervisor's Email Address: _____

Reset Form

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County Intranet - <http://OSEC>

Unsafe Acts

- You are ultimately responsible for your own safety. Take responsibility.
- Report hazards, unsafe conditions, and accidents/injuries.
- Don't take shortcuts.



Emergencies and Evacuation

(Weather, Earthquake, Fire, Bomb, etc.)

- Evacuate from nearest exit
- Listen to evacuation team members
- **Don't** return to your desk to retrieve personal items
- Meet in designated area
- Follow escape plans/maps



Occupational Safety Information

County Intranet

<http://www.osec>

<http://sccgovatwork>

- The Workplace
- Staying Safe at Work