

# **Injury & Illness Prevention Program**

*Prepared for*




*“The Twin Rivers Unified School District’s Risk Management Department recognizes its vital role in supporting the District’s responsibility to provide safe working conditions for all of our employees. It is the Risk Management Department’s belief that safety awareness is the basis on which a safety program must be found.*

*Our commitment is to provide safety devices and mechanical safeguards; to use methods and processes to protect the life, health, safety, and welfare of our employees, and to maintain and enforce a program to fulfill this responsibility.*

*Therefore, it shall be considered each person’s responsibility not only to assure his/her own personal safety, but also to develop a concern for safety for all who work with him/her. Employees shall, at all times while on District property, conduct themselves and perform work in a safe manner consistent with the existing safety rules.”*

## Table of Contents

|   |    |
|---|----|
| Goals .....   | 4  |
| Statutory Authority .....   | 4  |
| - Responsibility .....  | 4  |
| - Compliance .....  | 5  |
| - Communication .....   | 5  |
| - Hazard Identification .....   | 6  |
| Scheduled Safety Inspections  |    |
| Unscheduled Safety Inspections  |    |
| - Accident Investigations .....   | 5  |
| - Hazard Correction .....   | 5  |
| - Training .....  | 7  |
| All Employees   |    |
| Site Administrators, Directors and Supervisors                                      |    |
| Safety Committee Members  |    |
| - Documentation .....   | 8  |
|  |    |
| Appendix A: <b>Accident Investigation Report</b> .....                              | 9  |
| Appendix B: <b>Report of Unsafe Conditions or Hazards</b> .....                     | 12 |
| Appendix C: <b>Office Safety Inspection</b> .....                                   | 14 |
| Appendix D: <b>Monthly Property Inspection</b> .....                                | 17 |
| Appendix E: <b>Nomination Guide and Form</b> .....                                  | 21 |
| Appendix F: <b>Areas of Training</b> .....  | 23 |

## Goals

Diligent implementation of this program will reap many benefits for Twin Rivers Unified School District. Most notably it will:

1. Protect the health and safety of employees, students, and visitors. Decrease the potential risk of disease, illness, injury, and harmful exposures to District Personnel.
2. Reduce Workers' Compensation claims and costs.
3. Improve efficiency by reducing the time spent replacing or reassigning injured employees, as well as reduce the need to find and train replacement workers.
4. Improve employee morale and efficiency as employees see that their safety is important to management.
5. Minimize the potential for penalties assessed by various enforcement agencies in maintaining compliance with Health and Safety Codes.

## Statutory Authority

On October 2, 1989, former Governor Deukmejian signed Senate Bill 198 into law. SB 198 mandates that all employers establish and maintain a written Injury and Illness Prevention Program and required the Cal/OSHA Standards Board to develop regulations.

- California Labor Code §6401.7.
- California Code of Regulations Title 8, §1509 and §3203.

## Responsibility

The ultimate authority for establishing and maintaining effective environmental health and safety policies specific to district facilities and operations rests with the **Governing Board of Trustees**.

It is the responsibility of the **Risk Management Department** to develop and implement procedures, which ensure effective compliance with the Injury and Illness Prevention Program (*IIPP*) and other health and safety policies related to operations under the Risk Management Department's control.

It is the responsibility of the **Site Administrator, Directors, and Supervisors** to ensure that their employees receive job specific safety training, and that they fulfill the other responsibilities assigned to them in this IIPP. Supervising others also carries the responsibility for knowing how to safely accomplish the tasks assigned each employee, for purchasing appropriate personal protective equipment, and for evaluating employee compliance.

Immediate responsibility for workplace health and safety rests with each individual employee. Employees are responsible for following the established work procedures and safety guidelines in their area, as well as those identified in this Program. Employees are also responsible for using the personal protective equipment issued to protect them from identified hazards, and for reporting any unsafe conditions to their supervisors utilizing the form presented in Appendix B: Report of Unsafe Conditions or Hazards.

## Compliance

Compliance with this IIPP will be achieved in the following manner:

1. Site Administrators, Directors, and Supervisors will distribute to their employees Codes of Safe Practices that specifically address control of the hazards involved in their job duties.
2. Site Administrators, Directors, and Supervisors will set positive examples for working safely and require that all staff under their direction work safely.
3. Site Administrators, Directors, and Supervisors will use all disciplinary procedures available to them to ensure that employees follow established safety policies and procedures. Performance evaluations, verbal counseling, written warnings, and other forms of disciplinary action are available.
4. Site Administrators, Directors, and Supervisors will identify the resources necessary to provide a safe work environment for their employees and include them in budget requests.
5. The District has established an appropriate means of recognition for employees and/or groups of employees who demonstrate safe work practices. On a quarterly basis the District's Risk Management Committee will take nominations from the School and District sites on employees who have contributed to their own safety as well as their co-workers. The employee chosen for that quarter will receive a Safety Awareness Certificate.

## Communication

The District will communicate with employees on safety issues in the following ways:

- The Risk Management Department will periodically distribute to all sites information on safety issues. The information is to be posted in a location accessible to all employees at that site. Items distributed might include changes in protocols, safety bulletins, accident statistics, training announcements and other relevant information, as it becomes available.
- Site Administrators, Directors, and Supervisors will provide time at periodic staff meetings to discuss safety topics.
- Site Safety Committees will be established. They will:
  - Review safety inspections and accident investigation forms (*using the form presented in Appendix A*).
  - Address any safety concerns raised to committee members by employees at that site. (*To ensure that the employee's concern is properly understood and appropriately addressed, employees are asked to use the form in Appendix B.*)
  - Distribute to employees, or post in appropriate locations, safety materials provided by the Risk Management Department as described above.
  - Provide advance notification of the committee meetings to employees and make available to the employee minutes of the meetings, which will also be sent to the Risk Management Department.

- A District-Wide Risk Management Safety Committee will be established. It will:
  - Assist the Risk Management Department in the development of safety policies, regulations, inspection techniques, schedules, and methods of coping with high accident incidence and safety problem areas of implementation by Site Administrators, Directors, Supervisors, and Site Safety Committee.
  - Aid the Risk Management Department in the review and analysis of accident reports.
  - Make recommendations to the Risk Management Department with regard to the control of safety hazards or unsafe practices.
  - Assist in the development of In-Service Safety Training Programs.
  - Assist the Risk Management Department in the review and selection of literature and other material suitable for distribution throughout the District to assist in training or advertising the IIPP.

### **Hazard Identification**

A health and safety inspection program is essential in order to reduce unsafe conditions, which may expose employees to incidents that could result in personal injuries or property damage. The District's self-inspection program will consist of:

- Documented monthly property inspections of the facilities by the site custodians using the checklist presented in Appendix D.
- Annual inspections of all office areas, utilizing the checklist presented in Appendix C, by the Site Administrator, Director or Designee.

In addition:

- Additional safety inspections will be conducted whenever the Risk Management Department is made aware of new equipment, or changes in procedures are introduced into the workplace that may present new hazards.

### **Accident Investigations**

The Site Administrators, Directors, and Supervisors will investigate all accidents, injuries, occupational illnesses, and near-miss incidents to identify the root cause using the Accident Investigation form (Appendix A). These forms will be forwarded to the Risk Management Department for review as part of their Hazard Correction procedures outlined below.

### **Hazard Correction**

All hazards reported using the following forms: Employee Report of Unsafe Condition(s), Inspection Checklists, or Accident Investigation will be promptly investigated by the Risk Management Department. The Department will assess the potential for injury; establish if necessary, a corrective action plan, and report back to the appropriate Site Safety Committee on the planned corrective measures.

## Training

Effective dissemination of safety information lies at the very heart of a successful IIPP. In order to ensure that those charged with responsibilities in this IIPP are properly trained in those tasks, the following training will be provided:

### To All Employees

- All existing employees will be trained on the contents of the IIPP – and the responsibilities assigned to them – when it is first introduced.
- All new employees will be trained on the contents of the IIPP – and the responsibilities assigned to them – during the New Employee Orientation.
- All employees will be trained on appropriate safety measures associated with their job duties using the job-specific Codes of Safe Practices.
- Retraining on a revised or new Code of Safe Practices will be provided whenever:
  - The employee is given a new job assignment.
  - A new substance, process, procedure or piece of equipment is introduced.
  - The Site Administrator, Director, and Supervisor is made aware of a new or previously unrecognized hazard.

The training required of other safety programs is spelled out in those written programs. Areas of training are listed in Appendix F.

### To All Site Administrators, Directors, and Supervisors

- The Site Administrators, Directors, and Supervisors will be trained on the contents of this IIPP – and the responsibilities assigned to them – when it is first introduced.
- All new Site Administrators, Directors, and Supervisors will be trained on the contents of this IIPP – and the responsibilities assigned to them – as part of their new job duty training.
- All Site Administrators, Directors, and Supervisors will be trained in the hazards associated with the duties performed by their employees and the Codes of Safe Practices associated with those hazards.
- All Site Administrators, Directors, and Supervisors will be trained on accident investigation procedures and techniques.

### Safety Committee Members

- All members will be trained on the responsibilities assigned to them in this IIPP and the regulatory requirements of a Safety Committee.
- All members will be trained on accident investigation procedures and techniques.

## Documentation

Many standards and regulations of Cal/OSHA contain requirements for the maintenance and retention of records for occupational injuries and illnesses, medical surveillance, exposure monitoring, inspections and other activities relevant to occupational health and safety. To comply with these regulations, as well as to demonstrate that the critical elements of this IIPP are being implemented, the following records will be kept on file in the District Office or school site for at least the length of time listed below:

1. Copies of all IIPP Safety Inspection Forms – retain for one (1) year.
2. Copies of all Employee Training Forms and related training documentation – retain for the duration of the individual's employment.
3. Copies of all Safety Meeting Trainings and Agendas – retain for one (1) year.

The Risk Management Department will ensure that these records are kept on file, and will present them to Cal/OSHA or other regulatory agency representatives if requested.

A safe and healthy workplace must be the goal of everyone in the Twin Rivers Unified School District, with responsibility shared by management and staff alike. If you have any questions regarding this Injury and Illness Prevention Program, please contact the Risk Management Department at 5115 Dudley Boulevard, McClellan California 95652.



Appendix A

**Accident Investigation Report**



## ACCIDENT INVESTIGATION REPORT

### Injury and Illness Prevention Program

!!!! This form is NOT to be completed by the injured employee!!!

Injured Employee: \_\_\_\_\_

Date Reported: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

District Site: \_\_\_\_\_

Time of Injury: \_\_\_\_:\_\_\_\_ am / pm

Location (i.e. room #, cafeteria, etc.)

How did the injury occur?

What part(s) of the body was injured?

What corrective action was taken?

Witness Names:

Statements were collected from the following individuals (please check box as appropriate):

☐

\_\_\_\_\_

☐

\_\_\_\_\_

☐

\_\_\_\_\_

☐

\_\_\_\_\_

Investigation completed by:

Job Title

Date

Date Risk Management Department received: \_\_\_\_\_

Comments:

# QUICK REFERENCE GUIDE

## HOW TO INVESTIGATE AN ACCIDENT

This quick reference guide is designed for Administrators, Directors, and Supervisors to use while investigating work-related injuries and illnesses. Remember, prior to investigating an accident, employees should be trained to report injuries to their Supervisors, no matter how minor they may be. "Near-accidents" should also be reported and investigated by Supervisors and their findings to the Risk Management Department. Please follow these 4 steps when investigating work-related injuries or illnesses:

### Step 1:

- A. Act at once. When possible, talk with the injured employee immediately, one-on-one communication is best. When completing the **Accident Investigation** form use a fact-finding approach and avoid faultfinding questions in determining what occurred.
- B. Use the **Accident Investigation** checklist for sample questions during your investigation. If necessary and appropriate ask the injured person or witness to show you how the accident happened. Review the physical causes, such as poor housekeeping, improper guards, improper apparel, (i.e. such as lack of properly soled shoes or safety shoes, eye, hand or head protection), defective equipment, slippery floors, dangerous practices, inexperience, poor judgment, or disobeying rules.
- C. Describe the scene of incident; including the lighting, walking surface, weather, measurements, and any other condition(s) that could have contributed to accident. Determine what necessary preventative measures are needed to prevent similar accidents in the future. Report any defective equipment to Risk Management.
- D. Non-injury accidents (an accident that nearly causes an injury of any severity) should also be investigated and reported.

### Step2:

Complete the *Accident Investigation* within 24 hours of the accident, retain a copy for your records and send original to the Risk Management Department located at the District Office.

### Step 3:

All work-related injuries or illnesses must be reported to the Risk Management Department. If medical treatment is necessary, the injured employee will be directed to a medical facility by the Early Intervention Nurse (EIN).

### Step 4:

Ensure all exposed employees are made aware of the contributing factors of the accident, including any work orders for areas/equipment.

Appendix B

**Report of Unsafe Condition or Hazard**



## REPORT OF UNSAFE CONDITION OR HAZARD

### Injury and Illness Prevention Program

Completion of this section is optional and may be submitted anonymously:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ am / pm

Location of suspected *unsafe* or *hazardous* condition (i.e. site name, room #, cafeteria, etc.)

Description?

#### District Review:

What was discovered?

Was the condition unsafe or hazardous?

Recommendations for corrective measures:

Review completed by:

Job Title

Date

Date Risk Management Department received: \_\_\_\_\_

Action(s) taken and/or comments:

Appendix C

**Office Safety Inspection**



## Office Safety Inspection Form Injury and Illness Prevention Program

Please complete this form and return it to the Risk Management Department by the first week of May.

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection by: \_\_\_\_\_ Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

### Administration and Training

|   | Yes     | No | NA |
|---|---------|----|----|
| Does the department have a written Injury and Illness Prevention Plan (IIPP)?   |         |    |    |
| Are departmental safety records maintained in a centralized file for easy access?   |         |    |    |
| Are all departmental safety records current?  |         |    |    |
| Have all of the employees attended an IIPP training class?  |         |    |    |
| If not, what percentage has received training?  | _____ % |    |    |
| Does the department have a completed Emergency Action Plan?   |         |    |    |
| Percentage completed?   | _____ % |    |    |
| Is training being provided to employees on its contents?  |         |    |    |
| Are chemical products used in the office?   |         |    |    |
| Are Material Safety Data Sheets (MSDS) maintained?  |         |    |    |
| Are the Cal/OSHA Information Poster, Workers' Compensation Bulletin, Annual Accident Summaries <i>(must be posted during February, at a minimum)</i> and Emergency Response Guide flipchart posted? |         |    |    |
| Is the Safety Briefs newsletter being sent to the area?   |         |    |    |
| Are annual workplace inspections being performed?   |         |    |    |
| Are records being maintained?   |         |    |    |
| Have there been any employee accidents from this department? If so # _____  |         |    |    |
| Are there Accident Investigation Reports completed for each accident?   |         |    |    |

### General Safety

|  | Yes | No | NA |
|--|-----|----|----|
| Are all exits, fire alarms, pull boxes, extinguishers, sprinklers, and fire notification devices clearly marked and unobstructed?  |     |    |    |
| Are all isles and corridors unobstructed to allow unimpeded evacuations?   |     |    |    |
| Is a clearly identified, charged, currently inspected and tagged, wall-mounted fire extinguisher available within 75 feet of all work areas? <i>(No empty wall hooks, charge needles in the red, missing plastic pin tabs, or extinguishers on the floor.)</i> |     |    |    |
| Are ergonomic issues being addressed for administrative personnel using computers?   |     |    |    |
| Is a fully stocked first-aid kit available?  |     |    |    |

**General Safety – continued**

|  | Yes | No | NA |
|--|-----|----|----|
| Do all employees in the area know its location?  |     |    |    |
| Are all cabinets, shelves, or furniture above 5 feet in height secured to prevent toppling during an earthquake?   |     |    |    |
| Are all books and supplies stored so as not to fall during an earthquake? ( <i>Store heavy items low to the floor, shelf lips on shelves above work areas.</i> ) |     |    |    |
| Is the office kept clean of trash and other recyclable materials?  |     |    |    |

**Electrical / Mechanical Safety**

|  | Yes | No | NA |
|--|-----|----|----|
| Are all plugs, cords, electrical panels, and receptacles in good condition ( <i>no exposed conductors or broken insulation</i> )?  |     |    |    |
| Are all circuit breaker panels accessible with each breaker appropriately labeled?   |     |    |    |
| Are fused power strips being used in lieu of receptacle adapters?  |     |    |    |
| Is lighting adequate throughout the work environment?  |     |    |    |
| Are extension cords being used correctly? ( <i>They must be placed through walls, doors, ceilings; not present a hazard running across aisle ways; not to be used as a permanent source of electrical supply – use fused outlet strips or have additional outlets installed; not to be linked together. No “thin” zip cords.</i> ) |     |    |    |
| Are portable electric heaters being used? ( <i>If so, use fused power strips and locate away from combustible materials.</i> )   |     |    |    |



Appendix D

**Monthly Property Inspection**



## Monthly Property Checklist

### Injury and Illness Prevention Program / Loss Control Program

Please complete this form and forward a copy to the Risk Management Department on the second Friday of **each** month. (Keep the original copy in your Injury Illness Prevention Plan file.) List each item requiring correction and identify the area, building, and room in each case, using the space provided. Indicate the specific action taken in remarks section.

School: \_\_\_\_\_

Date: \_\_\_\_\_

Inspection by: \_\_\_\_\_

Custodian's Signature

| Fire Alarms                    |  | Yes | No | N/A |
|--------------------------------|--|-----|----|-----|
| 1                              | Detectors are undamaged?   |     |    |     |
|                                | Bells / horns are functioning?   |     |    |     |
|                                | Zone map mounted in office?  |     |    |     |
|                                | Date of last fire drill:   | / / |    |     |
| Intrusion Alarms               |  | Yes | No | N/A |
| 2                              | Are operable?  |     |    |     |
|                                | Zone map mounted in office?  |     |    |     |
|                                | Date alarm tested?   | / / |    |     |
| Material Safety Data Sheets    |  | Yes | No | N/A |
| 3                              | Are accessible to employees?   |     |    |     |
|                                | Updated?   |     |    |     |
| Asbestos                       |  | Yes | No | N/A |
| 4                              | Asbestos-containing building materials are in good condition?  |     |    |     |
| Fences / Gates                 |  | Yes | No | N/A |
| 5                              | Good repair?   |     |    |     |
|                                | Gates secure?  |     |    |     |
|                                | Gates safely remain in opened and closed positions?  |     |    |     |
|                                |  |     |    |     |
| Premises (Interior & Exterior) |  | Yes | No | N/A |
| 6                              | Sidewalks, walking surface, parking lots, steps, stairways, hallways, ramps, etc. free from slip and trip hazards, limbs, or obstructions? |     |    |     |
|                                | Handrails are in place and secure?   |     |    |     |
|                                | Free of safety hazards caused by trees, limbs, or roots?   |     |    |     |
|                                | Sinks / Restrooms free of water leaks?   |     |    |     |
| Doors                          |  | Yes | No | N/A |
| 7                              | Good repair?   |     |    |     |
| Windows and Skylights          |  | Yes | No | N/A |
| 8                              | Latch in good repair?  |     |    |     |
|                                | Windows / skylights free of damage?  |     |    |     |
| Drinking Fountains             |  | Yes | No | N/A |
| 9                              | Are drinking fountains accessible?   |     |    |     |
|                                | Is water pressure adequate?  |     |    |     |
|                                | Is the fountain free of leaks or drips?  |     |    |     |
|                                | Is the fountain free of mold or moss?  |     |    |     |
|                                | Is the water clear and tasteless?  |     |    |     |

Principal's Designee Signature

| Electrical (Interior & Exterior) |  | Yes | No | N/A |
|----------------------------------|--|-----|----|-----|
| 10                               | Switch / junction boxes covered?                                       |     |    |     |
|                                  | Cords, plugs, wiring, receptacles in good condition?                   |     |    |     |
|                                  | Electrical panels unobstructed (36" clearance)                         |     |    |     |
|                                  | Electrical panel rooms locked?   |     |    |     |
| Lights (Interior & Exterior)     |  | Yes | No | N/A |
| 11                               | Light fixtures in working order?                                       |     |    |     |
|                                  | There is adequate lighting?  |     |    |     |
|                                  | Diffusers in Place?  |     |    |     |
| Housekeeping                     |  | Yes | No | N/A |
| 12                               | Trash and garbage pick up on regular schedule?                         |     |    |     |
|                                  | Flammable liquids stored in approved safety cans and/or metal cabinet? |     |    |     |
|                                  | Dumpsters away from building?  |     |    |     |
|                                  | Rooms free of heavy fire load?   |     |    |     |
|                                  | Rooms free of heavy high storage?                                      |     |    |     |
|                                  | Oily rags stored in proper receptacles and emptied daily?              |     |    |     |
| Indoor Air Quality               |  | Yes | No | N/A |
| 13                               | Are filters clean?   |     |    |     |
|                                  | Free from mold or mildew?  |     |    |     |
| Fire Extinguishers               |  | Yes | No | N/A |
| 14                               | Extinguishers hung properly? (3'-5')                                   |     |    |     |
|                                  | Fully charged?   |     |    |     |
|                                  | Pin secured?   |     |    |     |
|                                  | Accessible?  |     |    |     |
|                                  | Inspection current?  |     |    |     |
| Arson Prevention                 |  | Yes | No | N/A |
| 15                               | "We-Tip" posters are in place?   |     |    |     |
| Automatic Fire Sprinklers        |  | Yes | No | N/A |
| 16                               | Valve locked in open position?   |     |    |     |
|                                  | 18" clearance below all sprinkler heads?                               |     |    |     |
|                                  | Extra heads / wrench are available?                                    |     |    |     |
|                                  | Date of last inspection:   | / / |    |     |

[illegible]

Date: \_\_\_\_\_



Appendix E

**Nomination Guide and Form**



## **Risk Management Safety Committee Nomination Guide Injury and Illness Prevention Program**

*This brief guide is to be used in assisting with the nomination process of an individual that has demonstrated a clear knowledge of safety or safety process.*

It is the Risk Management Safety Committee's responsibility to communicate and distribute information to the Site Safety Committee. The Site Safety Committee is then to nominate an individual that has demonstrated a clear knowledge of safety or safety process. The Risk Management Safety Committee is then responsible for bringing all submitted nominations forward to the Committee Meeting for review.

---

### **Nomination Form**

Nominee: \_\_\_\_\_

Date: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Site: \_\_\_\_\_

Phone: \_\_\_\_\_

Reason for Nomination:

---

---

---

---

---

---

---

---

---

---

Name of Person(s) Submitting Nomination:

---

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Appendix F

**Areas of Training**



## **Areas of Training**

### **Injury and Illness Prevention Program**

1. Hazard Communication, Employee Right-To-Know
2. Personal Protective Equipment
3. Fire Safety
4. Hand Tools and Portable Power Tools
5. Machinery and Machine Guarding
6. Back Injury Prevention / Proper Lifting Techniques
7. Cardiac Pulmonary Resuscitation (CPR) and First Aid
8. Defensive Driving
9. Accident Investigation for Supervisors
10. Forklift Operators Safety Training
11. Ergonomics
12. Heat Illness Prevention
13. UV Protection
14. Scissor Lift Training
15. Slip, Trip and Fall
16. Ladder Safety
17. Asbestos Awareness
18. Golf Cart Driving
19. We Tip Program
20. Other programs as necessary