

WHEATLAND SCHOOL DISTRICT

Injury & Illness

Prevention Program
(IIPP)



*Adapted from Cal/OSHA Workplace Injury & Illness
Prevention Model Program for Non-high Hazard Employers
CS-1B, 1995*

Revision 8/12/20

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I. Policy

It is the policy of the Wheatland School District (WSD), to provide a safe and healthy campus environment for faculty, staff, students, and the public. To help achieve this goal, the district will promote a comprehensive IIPP that integrates a cooperative effort of the entire campus community to identify and eliminate unsafe conditions or practices, to control health hazards and to fully comply with all applicable safety and health regulations. The WSD will provide employees safety training to prevent injury and illness – both on and off the job. No employee will engage in or be required to perform any work that will expose themselves or others to unreasonable danger or risk of injury or illness.

As delegated by the Superintendent, WSD employees are responsible for developing, implementing, enforcing and maintaining the District's IIPP. WSD directors and supervisors shall take a leadership role in ensuring the program's effectiveness through developing the proper safety culture for those they supervise and ensuring that all operations under their control are conducted in compliance with applicable regulations and district policy. Additionally, each employee is responsible for preventing workplace injuries/illness by continuously performing their job duties consistent with the district's safety program requirements.

Departments must periodically inspect for unsafe conditions and work practices and correct any deficiencies found. Additionally, the Injury and Illness Prevention (IIP) Program Administrator/Safety Coordinator or designee may assist in the inspection for unsafe workplace conditions and practices. The program is designed to comply with the requirements contained in Title 8 of the California Code of Regulations, § 3203 and consists of the following eight elements:

- Responsibilities
- Compliance
- Communication
- Hazard Assessment
- Accident / Exposure Investigations
- Hazard Correction
- Training and Instruction
- Record keeping

II. Responsibilities

District employees at every level have a special obligation to work safely and maintain a safe and healthful work environment. Safe job performance is an integral part of overall job performance. Each employee is fully responsible for implementing the provisions of this program as it pertains to operations under his/her jurisdiction.

The Injury and Illness Prevention (IIP) Program administrator;

Name: Craig Guensler
Title: Superintendent
Phone: 530-633-3130

has the authority and the responsibility for implementing and maintaining this IIP Program for Wheatland School District.

Managers and supervisors are responsible for implementing and maintaining the IIP Program in their work areas and for answering worker questions about the IIP Program. A copy of this IIP Program is available from each manager and supervisor.

III. Compliance

All workers, including managers and supervisors, are responsible for complying with safe and healthful work practices. Our system of ensuring that all workers comply with these practices include the following:

- Informing workers of the provisions of our IIP Program
- Providing training to workers whose safety performance is deficient

IV. Communication

All managers and supervisors are responsible for communicating with all workers about occupational safety and health in a form readily understandable by all workers. Our communication system encourages all workers to inform their managers and supervisors about workplace hazards without fear of reprisal.

Our communication system includes the following items:

- New worker orientation including a discussion of safety and health policies and procedures
- Review of our IIP Program
- Training programs
- Regularly scheduled safety meetings
- Posted or distributed safety information
- A system for workers to anonymously inform management about workplace hazards

V. Hazard Assessment

Periodic inspections to identify and evaluate workplace hazards shall be performed by a competent observer according to the following schedule:

- When our Injury and Illness Prevention Program was first established
- When new substances, processes, procedures or equipment which present
- potential new hazards are introduced into our workplace;
- When new, previously unidentified hazards are recognized;
- When occupational injuries and illnesses occur; and
- Whenever workplace conditions warrant an inspection

VI. Accident/Exposure Investigations

Procedures for investigating workplace accidents and hazardous substance exposures include:

- Interviewing injured workers 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;
- and
- Recording the findings and actions taken

VII. Hazard Correction

Unsafe or unhealthy work conditions, practices or procedures shall be corrected in a timely manner based on the severity of the hazards. Hazards shall be corrected according to the following procedures:

- When observed or discovered;
- and
- When an imminent hazard exists, which cannot be immediately abated without endangering employee(s) and/or property, all exposed workers will be removed from the area except those necessary to correct the existing conditions. Workers who are required to correct the hazardous condition shall be provided with the necessary protection.

VIII. Training and Instructions

All workers, including managers and supervisors, shall have training and instruction on general and job-specific safety and health practices. Training and instruction is provided:

- When the IIP Program is first established;

- To all new workers
- To all workers given new job assignments for which training has not been previously provided;
- Whenever new substances, processes, procedures, or equipment are introduced to the workplace and represent a new hazard;
- Whenever the employer is made aware of a new or previously unrecognized hazard;
- To supervisors to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed; and
- To all workers with respect to hazards specific to each employee's job assignment

General workplace safety & health practices include, but are not limited to, the following:

- Implementation and maintenance of the IIP Program
- Emergency action and fire prevention plan
- Provisions for medical services and first aid including emergency procedures
- Prevention of musculoskeletal disorders, including proper lifting techniques
- Proper housekeeping, such as keeping stairways and aisles clear, work areas neat and orderly, and promptly cleaning up spills
- Prohibiting horseplay, scuffling, or other acts that adversely influence safety
- Proper storage to prevent stacking goods in an unstable manner and storing goods against doors, exits, fire extinguishing equipment, and electrical panels
- Proper reporting of hazards and accidents to supervisors
- Hazard communication, including worker awareness of potential chemical hazards, and proper labeling of containers
- Proper storage and handling of toxic and hazardous substances including prohibiting eating or storing food and beverages in areas where they can become contaminated

Topics for Training include, but are not limited to:

- Explanation of our IIPP, emergency action plan and fire prevention plan, and measures for reporting any unsafe conditions, work practices, injuries and when additional instruction is needed
- Availability of toilet, hand-washing, and drinking water facilities

- Provisions for medical services and first aid, including emergency procedures
- Proper housekeeping, such as keeping stairways and isles clear, work areas neat and orderly, and promptly cleaning up spills
- Prohibiting horseplay, scuffling, or other acts that adversely influence safety
- Proper storage to prevent:
 - Stacking goods in an unstable manner
 - Storing materials and goods against doors, exits, fire extinguishing equipment and electrical panels.

Where applicable our training may also include:

- Proper lifting techniques
- Use of appropriate clothing, including gloves, footwear, and personal protective equipment
- Information about chemical hazards to which employees could be exposed and other hazard communication program information

IX. Record keeping

The injury and prevention program require detailed record keeping, which is mandatory for the following:

- Workplace inspections
- Employee training

Workplace inspection reports shall include:

- Date of inspection
- Areas inspected
- Names of person(s) conducting the inspection
- The unsafe conditions and work practices which have been identified
- Action taken to correct the identified unsafe conditions

Safety and health training records for each employee shall include:

- Employee's name
- Employee's District ID number

- Date of training
- Type of training provided
- Training provider(s)

The District will maintain all records required by this section for at least three (3) years following the end of the year to which they relate.

REPORT OF UNSAFE CONDITION OR HAZARD

Optional: Employees may submit this form anonymously

Employee's Name: _____

Job Title: _____

Location of condition believed to be unsafe or hazardous: _____

Date and time condition or hazard observed: _____

Description of unsafe condition or hazard: _____

What changes would you recommend to correct the condition or hazard? _____

Optional:

Signature of Employee: _____

Date: _____

Wheatland School District's Response:

Name of Person Investigating Report: _____

Results of investigation (what was found? was condition unsafe or a hazard?): (attach additional sheets if necessary)

Action taken to correct hazard or unsafe condition, if appropriate (or, alternatively, information provided to employees as to why condition was not unsafe or hazardous): (attach additional sheets if necessary)

Signature of Person Investigating Report: _____

HAZARD ASSESSMENT AND CORRECTION RECORD

Date of Inspection: _____

Person/Title Conducting Inspection: _____

Unsafe Condition or Work Practice: _____

Corrective Action Taken: _____

Date of follow up Inspection: _____

Person/Title Conducting Inspection: _____

SUPERVISOR'S ACCIDENT ANALYSIS For First

Aid or Minor Injury complete all Highlighted areas on this page only. For Injuries that require more than first aid: **All items must be completed by Supervisor, via Employee interview.**

FACILITY:	Contact Person:	Phone No.:
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Employee name: _____ Date of accident: _____ Time of accident: _____

Employee phone number(s):		Best time(s) to call Employee:
Occupation:	Employee's Department:	
Length of service with company:	Length of service in this department:	
Department in which accident occurred:	Location where accident occurred:	
Was property damaged at time of accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Property owned by:	
Were there witnesses to the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list name(s) of witness(es):	
If Yes, IMMEDIATELY interview each witness using the attached "Witness Statement" form	1. 2.	
Accident reported to Management (name):	Date reported:	Time reported:
Who was immediately in charge at the time of injury?		
Name of person(s) conducting this analysis:	Date of analysis:	
Employee's Supervisor (print name):	Supervisor's Phone No.:	

SUPERVISOR'S DESCRIPTION OF ACCIDENT
Supervisor: Interview Employee and then, in your own words, provide a detailed description of what happened.

BODY PART INVOLVED -- Check all that apply. Please circle Right (R) or Left (L)			
HEAD INJURY <input type="checkbox"/> Head <input type="checkbox"/> Face <input type="checkbox"/> Eye R - L <input type="checkbox"/> Nose <input type="checkbox"/> Ear R - L <input type="checkbox"/> Neck <input type="checkbox"/> Skin	TRUNK INJURY <input type="checkbox"/> Shoulder R - L <input type="checkbox"/> Upper Back <input type="checkbox"/> Middle Back <input type="checkbox"/> Lower Back <input type="checkbox"/> Chest <input type="checkbox"/> Ribs R - L <input type="checkbox"/> Abdomen	UPPER BODY <input type="checkbox"/> Upper Arm R - L <input type="checkbox"/> Forearm R - L <input type="checkbox"/> Elbow R - L <input type="checkbox"/> Wrist R - L <input type="checkbox"/> Hand R - L <input type="checkbox"/> Finger(s)-identify	LOWER BODY <input type="checkbox"/> Hip R - L <input type="checkbox"/> Leg R - L <input type="checkbox"/> Thigh R - L <input type="checkbox"/> Knee R - L <input type="checkbox"/> Calf R - L <input type="checkbox"/> Ankle R - L <input type="checkbox"/> Foot R - L <input type="checkbox"/> Toe(s)-identify

SUPERVISOR'S ACCIDENT ANALYSIS, P.2

NATURE OF INJURY -- Check all that apply.			
<input type="checkbox"/> Abrasion-Contusion <input type="checkbox"/> Bruise <input type="checkbox"/> Cut/Laceration <input type="checkbox"/> Puncture <input type="checkbox"/> Foreign Object	<input type="checkbox"/> Burn-Heat <input type="checkbox"/> Burn-Chemical <input type="checkbox"/> Exposure-Heat/Cold <input type="checkbox"/> Exposure-Chemical	<input type="checkbox"/> Inhalation <input type="checkbox"/> Poisoning <input type="checkbox"/> Allergic Reaction <input type="checkbox"/> Skin Problem	<input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Fracture <input type="checkbox"/> Repetitive Motion <input type="checkbox"/> Other (describe)

CONTRIBUTING FACTORS -- Check all that apply.	Describe conditions causing the accident, including events leading up to, and materials/substances involved in the accident:
<input type="checkbox"/> Lifting/Picking up materials or equipment <input type="checkbox"/> Loading/unloading materials or equipment <input type="checkbox"/> Pushing/Pulling materials or equipment	Describe:
<input type="checkbox"/> Slip, Trip or Fall <input type="checkbox"/> Wet surface <input type="checkbox"/> Object(s) left on floor <input type="checkbox"/> Uneven floor surface <input type="checkbox"/> Damaged/Frayed carpet <input type="checkbox"/> Damaged flooring (non-carpet) <input type="checkbox"/> Climbing/Descending stairs/ladder	Describe:
<input type="checkbox"/> Struck by or against something <input type="checkbox"/> Falling item <input type="checkbox"/> Another person <input type="checkbox"/> Employee hit/bumped into object or person	Describe:
<input type="checkbox"/> Cut/Puncture <input type="checkbox"/> Knife <input type="checkbox"/> Hand Tool or Machinery <input type="checkbox"/> Other Object:	Describe:
<input type="checkbox"/> OTHER:	Describe:

CAUSE -- Check all that apply.			
<input type="checkbox"/> Attention-Poor <input type="checkbox"/> Carelessness <input type="checkbox"/> Fatigue <input type="checkbox"/> Body Mechanics (posture) <input type="checkbox"/> Horseplay <input type="checkbox"/> Ventilation-Poor <input type="checkbox"/> Chemicals <input type="checkbox"/> Electrical Exposure	<input type="checkbox"/> Equipment-Broken <input type="checkbox"/> Equipment-Improper Use <input type="checkbox"/> Equipment-Not Available <input type="checkbox"/> Improper Dress/Protection <input type="checkbox"/> Falling Objects <input type="checkbox"/> Flame/Fire/Smoke <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Building/Structure	<input type="checkbox"/> Floor-wet or with food <input type="checkbox"/> Floor-ground uneven <input type="checkbox"/> Excessive Speed <input type="checkbox"/> Furniture/Fixtures <input type="checkbox"/> Hand Tools-Non-Power <input type="checkbox"/> Hand Tools-Power <input type="checkbox"/> Housekeeping-Poor <input type="checkbox"/> Automobile	<input type="checkbox"/> Stairs <input type="checkbox"/> Ladder <input type="checkbox"/> Railings <input type="checkbox"/> Struck By/Against <input type="checkbox"/> Unsafe Act <input type="checkbox"/> Unsafe Condition <input type="checkbox"/> Lack of Training <input type="checkbox"/> Other:

PREVENTION -- List the steps to be (or that have been) taken to prevent a similar occurrence	Responsible Person	Date to be Done	Date Completed

FOLLOW-UP -- Monitoring and Review by Department Manager and/or Safety Committee		Date Reviewed
RECORD KEEPING -- To be completed by Human Resources		
Is this OSHA "Recordable" (OSHA 300 Log)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this OSHA "Reportable"? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date that OSHA was notified:

Supervisor's Signature _____ Date _____

Department Manager's Signature _____ Date _____

HR Signature _____ Date _____

Copy Sent to Safety Committee Chair _____ Date _____

INJURY AND ILLNESS PREVENTION PROGRAM (IIPP) CHECKLIST

Are all 8 required elements included in your IIPP? Yes No

- | | |
|------------------------------------|--|
| 1. Authority and Responsibility | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Compliance | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Communication | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Hazard Assessment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Accident/Exposure Investigation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Hazard Correction | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Training/Instruction | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Record Keeping | <input type="checkbox"/> Yes <input type="checkbox"/> No |

AUTHORITY AND RESPONSIBILITY

Inform where copies of the IIPP can be accessed.

Include a statement for each:

1. Management
2. Safety Coordinator
3. Supervisors
4. Employees

Effectiveness Question: Are employees made aware of who has authority and responsibility for the IIPP and can they access the person if needed?

Yes No

Action required:

COMPLIANCE

Include:

1. Evaluate worker safety performance
2. Provide training for deficient performance
3. Employee recognition
4. Disciplinary measures

Effectiveness Questions:

Are employees recognized for performing safe and healthful work practices? [] Yes [] No

Action Required:

Are employees disciplined for performing unsafe or unhealthful work practices? [] Yes [] No

Action Required:

Are employees given training or re-training to ensure compliance with safe and healthful work? [] Yes [] No

Action Required:

Review Training Records, conducted regularly? Where are they located?

Action Required:

COMMUNICATION

Include:

1. Safety meetings are held (monthly, quarterly, etc.)
2. Means of communication
3. Anonymous reporting option must be available
4. Safety committee

Must be:

1. Understandable to all employees
2. Encourages hazard reporting
3. Eliminates fear of reprisal
4. Two-way communication

Effectiveness Question:

Do employees know and use our organizations methods of communication to inform management about health and safety matters?

Is a safety committee in use? Yes No Does it meet the T8CCR 3203(7)(c) (1) – (7) requirements? Yes No

Action Required:

HAZARD ASSESSMENT

Include:

1. Frequency of periodic inspections
2. Designate “competent observer” for area
3. Reference inspection forms and procedures
4. Identify job classes or operations
5. Identify common hazards
6. Identify specific job hazards

Effectiveness Question (Check documentation): Does our organization’s periodic inspection for hazard assessment result in a comprehensive evaluation of any hazards present at our workplace?
 Yes No

Description of procedure:

Action Required:

HAZARD CORRECTION

Include:

1. Written policy on report of hazards
2. Timely response and action
3. Tracking of hazard corrections
4. Protection from harassment

Effectiveness Question (Check documentation):

Do we use our organization's procedures to correct identified hazards in a timely manner based on the severity of the hazard? [] Yes [] No

Description of procedure:

Action Required:

TRAINING

1. Identify general requirements that apply to all employees
 - a. IIPP, Haz Com, EAP
2. Identify specific requirements that pertain to your operation
 - a. Noise, confined space
3. Identify supervisor training requirements

Effectiveness Questions (Check Documentation):

Does our organization provide effective training to instruct employees and supervisor's on general safe work practices and on the hazards specific to their job assignments and work tasks?
[] Yes [] No

Action Required:

Does our organization's effective training result in an increase in employees and supervisor's understanding of workplace hazards and improvements in their safe and healthful work practices? [] Yes [] No

Action Required:

Are the following documented? Worksite, observations, evaluations of training, reports of hazards, reduced accidents and exposures, other: [] Yes [] No

Action Required:

ACCIDENT INVESTIGATION

Include:

1. Name of person who is in charge of conducting accident investigations
2. When do investigations take place
3. Must:
 - a. Every accident/injury should have one of these as the corrective action:
 - b. Change in the management system – policies and procedures
 - c. Redesign of the work environment or equipment
 - d. Redesign of the process or procedure
 - e. Training and Education

Effectiveness Questions: (Check documentation)

Does the use of our organization's investigation procedures result in?

- a. The determination of the cause(s) of accidents, hazardous substance exposures, and near misses followed by;
- b. Effective corrective actions being taken in a timely manner?
 Yes No

Description of procedures: