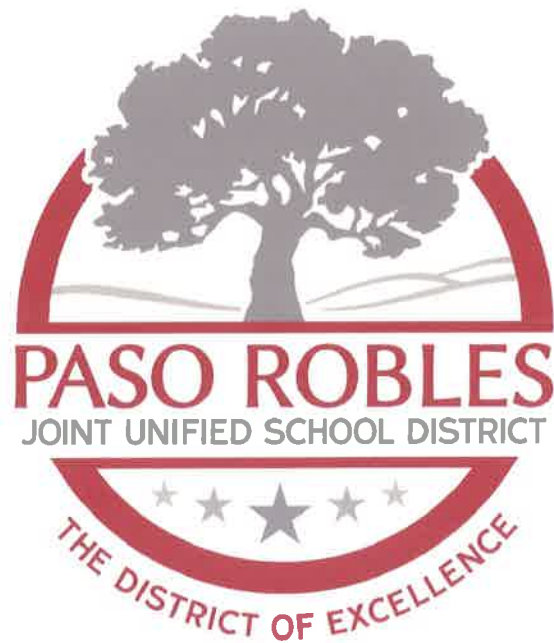


# **INJURY & ILLNESS PREVENTION PROGRAM (IIPP)**



**Date Approved: 08/29/2018**  
**Date Updated: 08/01/2018**

## **Paso Robles Joint Unified SCHOOL DISTRICT**

800 Niblick Road  
P.O. Box 7010  
Paso Robles, California  
(805) 769.1000  
(805) 237-3425 Fax  
www.pasoschools.org

### **INJURY & ILLNESS PREVENTION PROGRAM**

The Paso Robles Joint Unified School District, through its administration and management, is committed to the safety of all employees and recognizes the need to identify and prevent employee injuries, accidents, and promote employee safety.

#### **I. PROGRAM OBJECTIVES**

The primary objective of the Injury and Illness Prevention Program (IIPP), is to reduce job related employee injuries and accidents as follows:

- Establish and maintain an effective Injury and Illness Prevention Program.
- Provide a safe working environment.
- Establish safety policies, committees, training, and communications to improve accident and injury prevention.
- Make available written records of safety issues discussed at the safety committee meetings for employees, union representatives, and governmental agencies.

#### **II. RESPONSIBLE PERSONS**

The following individuals have the authority and responsibility for implementing and maintaining this program.

Overall Coordinator:	Chris Williams / Superintendent
Assistant Coordinator:	Brad Pawlowski / Chief Business Officer
Assistant Coordinator:	Kelly Jenal-Stainbrook / Risk Manager

Site administrators, managers, and supervisors are responsible for implementing and maintaining the IIPP in their work areas and for answering worker questions about the IIPP. A copy of the IIPP is available from each site administrator.

### III. COMMUNICATION

All managers and supervisors are responsible for communicating with all workers assigned to their area of responsibility 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 may include the following items:

1. New worker orientation including a discussion of safety and health policies and procedures.
2. Review of our IIPP Program.
3. Training programs.
4. Regularly scheduled site or department staff and safety meetings.
5. Posted or distributed safety information.
6. Newsletters and memorandums.
7. A system for workers to anonymously inform management about workplace hazards.

Ongoing communication is important in relaying information about the hazards of the workplace. The District's Safety Committee meets monthly and departments and/or sites are encouraged to discuss safety at regular staff meetings. These meetings shall be the primary means by which safety and health information is relayed to employees. The information shall be presented in a language or manner understandable to each employee. All meetings shall be documented. Documentation shall include, but not be limited to, signed attendance rosters, agenda for items discussed, and minutes of the meetings.

Any relevant safety information shall be posted as needed in all employee break rooms. This may include general safety information or specific information related to an area or operation in particular. Other written materials shall be given to employees as needed, in a language understandable to them.

Communication is encouraged and safety suggestions or information about hazards at the worksite may be submitted to any supervisor or administrator without fear of reprisal. The District has also made available a Safety Concern/Suggestion Form (see Appendix A), which employees may use to submit safety suggestions or information about hazards. Employees can, anonymously file a report by writing, calling, faxing, or emailing the IIPP coordinator at:

PASO ROBLES JOINT UNIFIED SCHOOL DISTRICT

Chris Williams, Superintendent

800 Niblick Road

Paso Robles, California 93446

(805) 769-1000

(805) 237-3425 Fax

[www.pasoschools.org](http://www.pasoschools.org)

All suggestions or hazard information shall be reviewed by the Program Coordinator and/or Assistant Coordinator and discussed at the next District Safety Committee meeting.

Ongoing supervision will be conducted by all supervisors to ensure all employees comply with safe and healthy work practices. All workers, including managers and supervisors, are responsible for complying

with the IIPP and safe and healthful work practices. Disregarding safety rules or the IIPP may result in disciplinary action, up to and including dismissal. Generally, the disciplinary action taken shall follow the progressive evaluation system established within the District.

The District has a system for recognizing employees who follow safe and healthful work practices. All supervisors and employees are encouraged to notify their supervisor, a member of the District Safety Committee, or one of the IIPP Coordinators if they observe another employee following district procedures and safe and healthful practices. The employee will be recognized at a District Safety Committee meeting.

#### **IV. HAZARD ASSESSMENT AND CONTROL**

Facility and work area inspections shall be conducted on a periodic basis. Unsafe conditions and work practices identified during the inspections shall be documented. In general, inspections will be conducted:

1. When the program is first established.
2. Whenever new substances, processes, procedures, or equipment that represent a new occupational safety and health hazard are introduced into the workplace.
3. Whenever a new or previously unrecognized hazard is evident.
4. Whenever there is a report of an occupational injury or illness or a near-miss incident.

Inspections will be documented using checklists and in-house forms (see Appendix B). The date and person conducting the inspections will be documented. Any deficiencies will be documented on an in-house work order. The work order shall specify the problem and shall also indicate if it is a priority item by writing the word "Safety" in red print on the top left-hand corner of the work order. Work orders shall be reviewed in order to take the appropriate actions to address each problem. Items will be addressed in a timely manner based on the severity of the hazard. Imminent hazards shall be immediately abated or the operation suspended until corrective measures can be taken. Any employee may generate a work order as an unsafe or hazardous condition arises or becomes evident. The work orders may be turned into any supervisor.

#### **V. INJURY INVESTIGATION**

Reports of occupational injury, illness, or near-misses shall be investigated. The primary goal of accident investigation is the prevention of similar accidents through the use of knowledge derived from the investigation. Administrative and supervisory personnel are responsible for accident investigation in their areas of responsibility. Supervisors shall complete a Supervisor's Report of Accident Form (see Appendix C) within 24-hours of notification of the incident.

Details of the incident shall be outlined in the report including what happened, why did it happen, what should be done to prevent it from happening again, and what action has been taken to reduce or eliminate future incidents.

Procedures for investigating workplace incidents include:

1. Interviewing the injured employee and any witnesses.
2. Examining the workplace for factors associated with the incident.
3. Determining the cause of the incident.
4. Taking corrective action to prevent the incident from reoccurring.
5. Recording the findings and action on the Supervisor's Report of Accident.

## **VI. TRAINING**

Proper employee training is crucial for maintaining safe operations. It is the intent of Paso Robles Joint Unified School District to fully train and inform our employees in all areas of their employment, including general safety and healthy work practices and hazards specific to their job assignment. Each department manager and/or site administrator is responsible for ensuring the training of his or her site employees. All training must be documented by using a Training Sign-in Form (see Appendix D and individual training records shall be placed in the employees' personnel file. All training records shall be kept on file for a minimum of three (3) years.

In general, training shall be provided when:

1. The program is first established.
2. An employee is first hired.
3. An employee is given a new job assignment for which training has not been previously given.
4. A new substance, process, procedure, or equipment is introduced to the workplace and represents a new hazard.
5. Supervisors need to be familiarized with the safety and health hazards to which their employees may be exposed.

## **VII. LABOR / MANAGEMENT SAFETY & HEALTH COMMITTEE**

A District Safety Committee has been formed to create and maintain an active interest in employee safety, reduction of accidents and near-misses, and to address and investigate safety issues. This committee shall be under the direction of the Program Coordinator. The committee shall operate with close contact and communication with the program coordinators, administration, and department managers. The District Safety Committee at a minimum shall:

1. Conduct committee meetings a minimum of once per month for 10 months.
2. Prepare written records of safety and health issues discussed, make copies of the records available to all affected employees, and maintain the records on file.
3. Review investigations of occupational accidents or near-misses and causes of incidents resulting in injury, illness, or exposure to hazardous substances and, where appropriate, submit suggestions to the Program Coordinator for aiding in the prevention of future incidents.
4. Review the results of any periodic scheduled facility or site inspections.
5. Review investigations of alleged hazardous conditions brought to the attention of any committee member. When determined necessary by the committee, the committee may conduct its own inspection and investigation to assist in remedial solutions.
6. When appropriate, submit recommendations to assist in the evaluation of employee safety suggestions.
7. Assist the Program Coordinator in promoting safety by communicating safety and health issues back to each site and department, coordinating training, developing incentive programs or other special safety programs.
8. To have a team of no less than 3 members from each site/department, including an Administrator.

## VIII. RECORDKEEPING

Actions taken to implement and maintain the program shall be documented and maintained in the District's Safety & Loss Control Manual. These records specifically include:

1. Documentation of scheduled and periodic inspections. The name of the person(s) conducting the inspection and the date shall also be included.
2. Any unsafe conditions and work practice identified during the inspections and the action taken to correct the problem.
3. Documentation of safety and health training for each employee, including employee name or other identifier, training dates, types of training, and training providers.

All of the above mentioned documentation shall be maintained for a minimum of three (3) years.

# INJURY & ILLNESS PREVENTION PROGRAM (IIPP)

## Appendices:

- A) Safety Concern/Suggestion Form
- B) Inspection Hazard Checklists
- C) Supervisor's Report of Accident Form
- D) Training Sign-In Form

**PASO ROBLES JOINT UNIFIED SCHOOL DISTRICT**  
800 NIBLICK ROAD  
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Appendix A

## SAFETY CONCERN/SUGGESTION



Please use this form to report unsafe or uncorrected conditions that could endanger employees or students, or to make a safety or health-related suggestion.

Do not use this form in lieu of a work order to the maintenance department. Emergency conditions should always be reported immediately to your supervisor.

Return this completed form to your supervisor or any member of the District Safety Committee. **You may also report conditions anonymously** by writing, calling, faxing, or emailing the Program Coordinator at:

Paso Robles Joint Unified School District  
800 Niblick Road, Paso Robles CA. 93446  
(805) 769.1000  
[www.pasoschools.org](http://www.pasoschools.org)

Site/School: \_\_\_\_\_

Today's date: \_\_\_\_\_ Date condition identified: \_\_\_\_\_

Your name (optional): \_\_\_\_\_

Work or office phone number (optional): \_\_\_\_\_

Has this condition been previously reported?    Yes    No    Unknown

To whom: \_\_\_\_\_

Nature of concern or suggestion: \_\_\_\_\_  
\_\_\_\_\_

If a safety concern, where exactly is the hazardous condition or concern? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional information: \_\_\_\_\_



## HAZARD ASSESSMENT CHECKLIST

The Safety Hazard Assessment Checklist highlights important inspection points that are used in identifying and evaluating safety hazards in the workplace. The checklist is intended for the general office or classroom environment.

<b>Department:</b>		<b>Location:</b>	
<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>General Work Environment</b>
			1. Are all worksites clean and orderly?
			2. Are work surfaces kept dry and slip resistant? Are appropriate means taken to assure that surfaces are slip-resistant?
			3. Are all spilled materials and liquids cleaned up immediately?
			4. Are fire extinguishers present, charged, and dated?
			5. Is the AED (where supplied) present?
			6. Are first-aid kits routinely checked and stocked?
			7. Is the work environment free from flammable liquids and/or open flames (candles, incense, lanterns, etc.)?
			8. Is the work environment free of space heaters?
			9. Is the work environment free from trip hazards (i.e. cords, debris, rugs/runners)?
			10. Are work areas adequately illuminated and lights in working order?
			11. Are exit signs visible, unobstructed, and illuminated?
			12. Are smoke detectors intact and in working order?
<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Storage</b>
			13. Is combustible scrap, debris, and waste stored safely and removed from the worksite promptly?
			14. Are tops of shelves free of heavy objects that could cause head injury?
			15. Are items stored at least 18" below fire sprinkler heads and not obstructing sprinkler coverage?
			16. Is access to pull stations, fire system, or extinguishers clear of objects, boxes, or other debris?
<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Foot Traffic Areas and Egress</b>
			17. Are hallways, corridors, aisles, and stairways clear of objects, boxes, shelves, furniture, or other debris?
			18. Can exit doors be opened without the use of a key or special effort?
			19. Do fire doors open and shut with ease and without obstruction?
			20. Are egress routes and exit doors free from obstruction (36" clearance)?



# SUPERVISORS ACCIDENT INVESTIGATION REPORT

The injured employee's supervisor shall complete the Accident Investigation Report immediately following an illness or injury.

Provide as much detail as possible. PLEASE PRINT OR TYPE

Revised 01/2018

PLEASE FAX, EMAIL, OR MAIL A COPY OF THIS REPORT TO SIPE WITHIN 10 BUSINESS DAYS.

Save

PAGE 1 OF 2

## GENERAL DATA

DATE OF REPORT \_\_\_\_\_

SCHOOL DISTRICT <i>Choose a District</i>		SCHOOL SITE	SITE PHONE
EMPLOYEE NAME (PRINT)		YEAR OF BIRTH (YYYY)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
OCCUPATION (REGULAR JOB TITLE)		DATE EMPLOYER WAS NOTIFIED OF INCIDENT	DATE THE EMPLOYEE WAS PROVIDED WITH DWC-1 FORM
EMPLOYEE USUALLY WORKS ____ HRS/DAY ____ DAY/WEEK ____ TOTAL HRS/WEEK		EMPLOYMENT STATUS (CHECK APPLICABLE STATUS AT TIME OF INJURY) <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL	
DATE OF INCIDENT	TIME OF INCIDENT ____ : ____ AM ____ : ____ PM	TIME EMPLOYEE BEGAN WORK ____ : ____ AM ____ : ____ PM	IF EMPLOYEE DIED, DATE OF DEATH
UNABLE TO WORK AT LEAST ONE FULL DAY <u>AFTER</u> DATE OF INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO	LAST DAY WORKED	DATE RETURNED TO WORK	IF STILL OFF WORK, EXPECTED RETURN DATE
IF THE PHYSICIAN IS <b>NOT</b> FROM THE RECOMMENDED MEDICAL CLINICS FOR WORKERS' COMPENSATION INJURIES, DOES THE EMPLOYEE HAVE A FORM ON FILE TO SEE A PERSONAL PHYSICIAN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WHO TRANSPORTED THE EMPLOYEE TO THE DOCTOR?		DID THE INJURY OCCUR ON SCHOOL DISTRICT PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, LOCATION OF INCIDENT _____	
WAS THE INCIDENT SCENE VISITED AS PART OF THIS INVESTIGATION? IF YES, BY WHOM? <input type="checkbox"/> YES <input type="checkbox"/> NO _____		WERE PHOTOS TAKEN AT THE SITE OF THE INCIDENT? IF YES, INCLUDE WITH REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR _____			

## INJURY/ILLNESS DATA

PLEASE CHECK ALL THAT APPLY

<b>CLASS OF INJURY</b> <input type="checkbox"/> FATALITY <input type="checkbox"/> LOST WORKDAY <input type="checkbox"/> RESTRICTED WORK <input type="checkbox"/> MEDICAL ONLY <input type="checkbox"/> FIRST AID <input type="checkbox"/> FOR RECORD ONLY	
<b>NATURE OF INJURY</b> <input type="checkbox"/> ABRASIONS <input type="checkbox"/> BURNS <input type="checkbox"/> CRUSHING <input type="checkbox"/> FRACTURE <input type="checkbox"/> HERNIA <input type="checkbox"/> MENTAL DISORDER <input type="checkbox"/> RASH <input type="checkbox"/> STRAIN/SPRAIN <input type="checkbox"/> AMPUTATION <input type="checkbox"/> CONCUSSION <input type="checkbox"/> DISLOCATION <input type="checkbox"/> HEARING LOSS <input type="checkbox"/> INFECTIOUS DISEASE <input type="checkbox"/> POISONING <input type="checkbox"/> REPETITIVE MOTION <input type="checkbox"/> OTHER <input type="checkbox"/> BITES/STINGS <input type="checkbox"/> CONTUSION <input type="checkbox"/> FOREIGN BODY <input type="checkbox"/> HEAT EXHAUSTION/STROKE <input type="checkbox"/> LACERATION <input type="checkbox"/> PUNCTURE <input type="checkbox"/> RESPIRATORY	
<b>PART OF BODY AFFECTED</b> <input type="checkbox"/> ABDOMEN <input type="checkbox"/> ARM <input type="checkbox"/> CHEST <input type="checkbox"/> EYES <input type="checkbox"/> FOOT <input type="checkbox"/> HEAD <input type="checkbox"/> KNEE <input type="checkbox"/> NECK <input type="checkbox"/> TEETH <input type="checkbox"/> WRIST <input type="checkbox"/> RIGHT <input type="checkbox"/> ANKLE <input type="checkbox"/> BACK <input type="checkbox"/> ELBOW <input type="checkbox"/> FINGER <input type="checkbox"/> HAND <input type="checkbox"/> HIP <input type="checkbox"/> LEG <input type="checkbox"/> SHOULDER <input type="checkbox"/> TOE <input type="checkbox"/> FACE <input type="checkbox"/> LEFT	
<b>TYPE OF ACCIDENT</b> <input type="checkbox"/> ASSAULT OR VIOLENCE <input type="checkbox"/> CAUGHT IN, UNDER OR BETWEEN <input type="checkbox"/> FALL FROM ELEVATION <input type="checkbox"/> FIRE OR EXPLOSION <input type="checkbox"/> OVEREXERTION <input type="checkbox"/> STRUCK AGAINST <input type="checkbox"/> TRIP <input type="checkbox"/> BODILY REACTION <input type="checkbox"/> EXPOSURE <input type="checkbox"/> FALL TO FOOT LEVEL <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> SLIP <input type="checkbox"/> STRUCK BY <input type="checkbox"/> OTHER _____	
<b>SOURCE OF INJURY</b> <input type="checkbox"/> AIR PRESSURE <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> HAND TOOL <input type="checkbox"/> INSECT <input type="checkbox"/> MACHINERY <input type="checkbox"/> PARTICULATES <input type="checkbox"/> PUSHING OR PULLING <input type="checkbox"/> VEHICLE <input type="checkbox"/> ANIMAL <input type="checkbox"/> ENVIRONMENTAL <input type="checkbox"/> HUMAN <input type="checkbox"/> LADDER/SCAFFOLD <input type="checkbox"/> NEEDLESTICK <input type="checkbox"/> PARTS & MATERIALS <input type="checkbox"/> STAIRS <input type="checkbox"/> WORKING SURFACE <input type="checkbox"/> CHEMICAL <input type="checkbox"/> EXTREME TEMPERATURE <input type="checkbox"/> INFECTIOUS AGENT <input type="checkbox"/> LIFTING/CARRYING <input type="checkbox"/> NOISE <input type="checkbox"/> POWER TOOL <input type="checkbox"/> VEGETATION <input type="checkbox"/> OTHER _____	
<b>UNSAFE CONDITIONS</b> <input type="checkbox"/> DEFECTIVE TOOLS/EQUIPMENT <input type="checkbox"/> HAZARDOUS WORKSURFACE <input type="checkbox"/> IMPROPER WORKSPACE <input type="checkbox"/> INADEQUATE VENTILATION <input type="checkbox"/> POOR DESIGN <input type="checkbox"/> UNSUITABLE MATERIAL <input type="checkbox"/> ENVIRONMENTAL HAZARD <input type="checkbox"/> IMPROPER DESIGN <input type="checkbox"/> INADEQUATE GUARDING <input type="checkbox"/> LACK OF MAINTENANCE <input type="checkbox"/> POOR HOUSEKEEPING <input type="checkbox"/> OTHER <input type="checkbox"/> EXCESSIVE NOISE <input type="checkbox"/> IMPROPER USE OF TOOLS <input type="checkbox"/> INADEQUATE ILLUMINATION <input type="checkbox"/> LACK OF WARNING SIGNS <input type="checkbox"/> UNPREDICTABLE ACTIONS	
<b>UNSAFE ACT</b> <input type="checkbox"/> CREATING ADDITIONAL HAZARDS <input type="checkbox"/> FAILURE TO INSPECT EQUIPMENT <input type="checkbox"/> IGNORED KNOWN HAZARD <input type="checkbox"/> JUMP FROM ELEVATION <input type="checkbox"/> UNAUTHORIZED OPERATION <input type="checkbox"/> USING UNSAFE EQUIPMENT <input type="checkbox"/> FAILURE TO FOLLOW INSTRUCTIONS OR PROCEDURES <input type="checkbox"/> FAILURE TO USE PPE <input type="checkbox"/> IMPROPER LIFT/CARRY <input type="checkbox"/> MISUSE OF TOOLS/EQUIPMENT <input type="checkbox"/> UNSAFE BODILY POSITION <input type="checkbox"/> WEARING IMPROPER ATTIRE <input type="checkbox"/> FAILURE TO IDENTIFY A HAZARD <input type="checkbox"/> HORSEPLAY <input type="checkbox"/> INATTENTION TO FOOTING OR SURROUNDINGS <input type="checkbox"/> REMOVING SAFETY DEVICES <input type="checkbox"/> UNSAFE SPEED <input type="checkbox"/> NO UNSAFE ACT <input type="checkbox"/> OTHER _____	

Fax: (805) 460-0286 Email: SIPE@slosipe.org 7455 Morro Road, Atascadero, CA 93422  
PLEASE FAX, EMAIL, OR MAIL A COPY OF THIS REPORT TO SIPE WITHIN 10 BUSINESS DAYS.

**SUPERVISORY RESPONSIBILITY**

- FAILURE TO ENFORCE SAFETY RULES     LACK OF EQUIPMENT     LACK OF PROCEDURES     IMPROPER MAINTENANCE     NOT APPLICABLE
- FAILURE TO PROVIDE PROPER PPE     LACK OF OVERSIGHT/SUPERVISION     POOR COMMUNICATION     INADEQUATE INSPECTIONS     OTHER
- FAILURE TO PROVIDE PROPER TOOLS     LACK OF PLANNING     WRONG PERSONNEL ASSIGNED

**DESCRIPTION OF ACCIDENT**

TO BE COMPLETED WITH INJURED EMPLOYEE (ATTACH A SEPARATE SHEET IF NECESSARY)

Describe in detail what happened:

Provide exact location where accident occurred and be specific:

Describe how the injury occurred:

Describe the activity, sequence of events, and conditions that led to this accident:

could the accident have been prevented?  YES Please explain:  
 NO

Names and statements from witnesses:  
(ATTACH STATEMENT ON A SEPARATE SHEET)

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

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

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

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

**CORRECTIVE ACTION**

What corrective action will be taken to prevent recurrence?

Who is responsible for corrective action and what is the expected completion date?

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

**REQUIRED SIGNATURES**

INVESTIGATED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEWED BY DIRECTOR/SITE ADMINISTRATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEWED BY DISTRICT SAFETY COORDINATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT THE NAME OF THE PERSON FILLING OUT THIS REPORT: \_\_\_\_\_ DATE: \_\_\_\_\_

**APPENDIX D**

**Paso Robles Joint Unified School District**

TOPIC: \_\_\_\_\_ DATE(S): \_\_\_\_\_

LOCATION: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_

LENGTH OF CLASS \_\_\_\_\_ HRS.

**TRAINING CLASS SIGN-IN ROSTER**

	<b>NAME-PRINTED</b>	<b>SIGNATURE</b>	<b>DEPARTMENT/SITE</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			