

INJURY AND ILLNESS PREVENTION

Keyshun Marshall, Director II Risk Management
Martine Kruger, Risk Management Specialist
Amber Pena, Disability Specialist

Teamsters Local 150
United Public Employees (UPE)
Sacramento City Teachers Association (SCTA)
Council of School Supervisors & Administrators (CSA)
Service Employees International Union (SEIU) Local 1021

Safe Schools
Nutrition Services
Human Resources
Science Curriculum &

Acknowledgements

The Sacramento City Unified School District wishes to express its appreciation to all of the Schools Insurance Authority Loss Control Committee representatives, SCUSD Employee Safety Committee members and other individuals who contributed to the development of both the original IIPP model in 1991 and the 2020 model upon which this document is based.

Introduction

SB 198 mandates that all employers establish and maintain a written Injury and Illness Prevention Program. SB 198 also required the Cal/OSHA Standards Board to develop regulations. These regulations may be found in Section 3203, Title 8, CCR (General Industry Safety Orders). See Appendix A for a copy of SB 198 and Appendix B for a copy of Section 3203, Title 8, CCR.

The Injury and Illness Prevention Program must:

- x Be in writing
- x Identify the person or persons with authority and responsibility for implementing the program.
- x Provide a means for identifying job safety and health hazards.
- x Establish routine documented inspections and corrective steps taken to eliminate any hazards discovered.
- x Document training of new and current employees (including supervisors) in general safe work practices and specific hazards related to their job assignment.
- x Provide a method for assuring compliance with safety requirements, including disciplinary action.
- x Describe a system for communicating with employees on safety and health matters that assures employee participation. A management/labor safety and health committee is suggested as a means of meeting this element of the standard.

x **Program Administrator**

The person(s) with overall responsibility and authority for implementing the Injury and Illness Prevention Program is (are) listed below:

NAME: Keyshun Marshall

TITLE: Director II Risk Management

PHONE NUMBER: 916-643-9421

DESCRIPTION OF AUTHORITY AND RESPONSIBILITY:

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x **Site IIPP Coordinator:** Site Administrator or designee

DESCRIPTION OF AUTHORITY AND RESPONSIBILITY:

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facilities and crews to ensure the safe operation and protection of District personnel and assets and to follow federal, state and local safety standards and regulations.

- f. Ensure that the District has an effective Hazard Communication Program in place.
- g. Ensure that all accidents are immediately investigated and reported promptly.
- h. Hold each principal/department head/supervisor fully accountable for an explanation of the preventable injuries, collisions, and liabilities incurred by his/her employees. An excessive number is an indication that some management policies and practices need re-evaluation.

[REDACTED] all be fully responsible and [REDACTED] Superintendent for compliance with the provisions of the program within his/her school site/department. He/she should ensure that:

- a. All personnel are briefed and fully understand work procedures and policies and enforce their use for each job class.
- b. All employees, full-time or part-time, permanent or temporary, are trained upon hire and retrained, when necessary, in the way each job must be accomplished.
- c. All employees are instructed

5. Whenever the District, Department Manager, Human Resources or Risk Management believes that additional training is necessary.

B. Training of Supervisors

The District will be responsible for providing and developing formal safety training in specific areas for supervisors.

C. Areas of Training may include:

1. Hazard Communication, Employee Right-

3. WHEN did the accident occur? What time of day, day of the week, shift, break period did the accident occur? Was an employee working overtime involved?
4. WHERE did the accident occur? Describe the location where the accident occurred and any special characteristics.

Based on these facts, determine:

5. WHY the accident occurred? Was an involved employee properly trained? Were proper operating procedures followed? Was faulty equipment involved?
6. HOW could this accident have been prevented? Determine whether the accident was PREVENTABLE OR NONPREVENTABLE. List the reasons why the accident was PREVENTABLE or NONPREVENTABLE.

Finally, describe:

7. WHAT action has been taken to prevent similar accidents from occurring in the future?

VI. DISTRICT SAFETY RULES

The Governing Board believes that safety is every employee's responsibility. The Board expects all employees to use safe work practices and to report and correct any unsafe conditions which may occur. Supervisors shall constantly promote

X. BLOOD BORNE PATHOGENS PROTOCOL

Notify Health Services 916-643-9412. Report any work related injuries to 916-643-9299 or exposure to Health Services. Only trained staff should be involved in cleanup using appropriate personal protective, equipment. Report the names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used. Fill out an accident report RSK F104A and provide information to the following persons: Risk Management 916-399-2071 and Health Services 916-399-2028

- x Time and date of incident
- x Description of incident

SB 198 requires every employer to develop and implement a written injury and illness prevention plan (IIPP). It applied to all businesses, regardless if they had only one employee or operated in a low-hazard industry. If an employer did not have an IIPP, Cal/OSHA could assess a \$7,000 fine.

In implementing SB 198, however, it became clear that

7KH WHUP 3GHVLJQDWHG UHSUHVHQWDWLYH' PHDQV DQ\ LQGLY
employee gives written authorization to exercise a right of access. A recognized or certified
collective bargaining agent shall be treated automatically as a designated representative for the
purpose of access to the Program.

7KH WHUP 3ZULWWHQ DXWKRULJDWLRQ' PHDQV D UHTXHVW SUR
following information:

- a. The name and signature of the employee authorizing a designated representative to access
the Program on the employee's behalf.
- b. The date of

§3203. Injury and Illness Prevention Program

SacramentoCity USD

Administrative Regulation

Employee

- f. Labor/management safety and health committees.
- 4. Procedures for identifying and evaluating workplace hazards, including scheduled periodic inspections to identify unsafe conditions and work practices. Inspections to identify and evaluate hazards shall be made:
 - a. When the program is first established.
 - b. ~~When a new substance, process, procedure or equipment is introduced into the workplace~~ When the workplace new substances, processes, procedures or equipment that represent a new occupational safety or health hazard.
- 5. Procedures for investigating occupational injury or illness, including near-miss incidents.
- 6. Procedures for the timely correction of unsafe or unhealthful conditions and work practices, based on the severity of the hazard when observed or discovered.

When a ~~serious~~ imminent hazard exists which cannot be immediately corrected, the employer shall remove the employees from the area until the hazard is corrected.

occupational health and safety committee established pursuant to Labor Code 6401.7. (Labor Code 6310)

Eye Safety Devices

Eye safety devices shall be worn by teachers, other employees, students and visitors whenever they are engaged in or observing an activity involving hazards or hazardous substances likely to cause injury to the eyes. (Education Code 32030)

Such occasions include, but are not limited to, the following:

1. Working with hot molten metal.
2. Milling, sawing, turning, shaping, cutting, grinding and stamping of any solid materials.
3. Heat treating, tempering, or kiln firing of any metal or other materials.
4. Gas or electric arc welding.
5. Repair or servicing of any vehicles, machinery or equipment.
6. Working with hot liquids or solids or with chemicals which are flammable, toxic, corrosive to living tissues, irritating, strongly sensitizing, radioactive, or which generate pressure through

SacramentoCity USD

Board Policy

SacramentoCity USD

Board Policy

EmployeeSafety

BP 4357 4157,4257

Personnel

The Governing Board believes that safety is every employee's responsibility. The Board expects all employees to use safe work practices and to report and correct any unsafe conditions which may occur. Supervisors shall constantly

Policy SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

adopted: November 16, 1998 Sacramento, California

reviewed: May 6, 2002

SIA

Report Tracking Number
Assigned by Risk Management Only.

HCR

Sacramento City Unified School District
Office of Risk Management
Return to Box: 840
(916) 643-9421

HAZARDOUS CONDITIONS REPORT

Site: _____ Date: _____

Building: _____ Room: _____

Other Location: _____

Name: _____ Phone: _____

Anonymous (Circle If Applicable)

Description of Hazardous Condition: _____

Work Order Submitted? Yes No Work Order #: _____ Work Order Date: _____

(ATTACH COPIES OF ALL WORK ORDERS PERTAINING TO THIS CONDITION)

Attached: Work Orders Digital Pictures Accident Reports Incident Reports

Office of Risk Management Use Only

Inspected By: _____ Date: _____

RECOMMENDATIONS:

Facility Maintenance or Office of Risk Management

FINAL ACTION / FOLLOW UP:

Fina

Many hazards on the job are obvious, like sharp

Noise

Noise is a widespread problem in the workplace. Long-term health effects of noise include permanent ringing in the ears, hearing loss, irritability, fatigue, and trouble concentrating and communicating.

Noise may be a problem at your worksite if:

- ⊕ You have to shout to be heard while working
- ⊕ You have trouble hearing

Our bodies normally recover from the

REPORT OF INCIDENT OR STUDENT ACCIDENT (RSK-F103A)

TYPE: <input type="checkbox"/> Student Accident or Incident <input type="checkbox"/> Incident (Visitor / Property) <input type="checkbox"/> Employee Accident/Injury		If Yes report injury to WVC 6439299 IMMEDIATELY!
School Name		School Phone:
Location of Incident		Police Report #
Date of Incident: mm/dd/yy		Time of Incident: hr/min/pm
NOTIFICATION Yes No Phone Box FAX		
Nurse or Health Services	<input type="checkbox"/>	<input type="checkbox"/> 6439412 764 3992028
Parent Emergency Contact	<input type="checkbox"/>	<input type="checkbox"/>
911	<input type="checkbox"/>	<input type="checkbox"/>
Communication Office	<input type="checkbox"/>	<input type="checkbox"/> 6439145 704 3992058
		First Aid Provided:
		First Aid Provider
		Instructor/Supervisor on duty
		Area of Body Involved
		How did person leave (sic, ambulance, etc.)

SEND Copies of this report to:

For Student Incidents: Risk Management, Health Services and Safe Schools at box/fax listed above

For Employee Incidents: Risk Management, Human Resources and Legal due to confidentiality