

**Penn Valley
Union Elementary
School District**



Injury & Illness Prevention Program (IIPP)

Board Adopted: June 17, 2014

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

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INTRODUCTION

The Penn Valley Union Elementary School District is committed to providing a safe and healthful workplace for all employees and to providing a safe and healthful facility for employees and visitors. To achieve this goal, the Penn Valley Union Elementary School District has implemented this Injury and Illness Prevention Program (IIPP). 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:

- Responsibility
- Compliance
- Communication
- Hazard Assessment
- Accident/Exposure Investigation
- Hazard Correction
- Training and Instruction
- Recordkeeping

The intent of this program is to prevent and/or minimize the probability of injuries and illness to employees, workers, visitors, and to comply with all applicable state, federal and local health and safety codes. This plan has been adapted from the Cal/OSHA Workplace Injury & Illness Prevention Model Program for Non-high Hazard Employers, CS-1B, Revised August 1995, Cal/OSHA Consultation Service.

RESPONSIBILITY

The Injury and Illness Prevention Program (IIPP) administrator, District Superintendent, has the authority and the responsibility for implementing and maintaining this IIPP for the Penn Valley Union Elementary School District.

Principals 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 this IIPP is available from each manager and supervisor and is posted at the District Office, and each school office.

COMPLIANCE

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

- Informing workers of the provisions of our IIPP.
- Providing training to workers whose safety performance is deficient.

COMMUNICATION

All Principals 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 IIPP.
- Training programs.
- Regularly scheduled safety meetings.
- Posted or distributed safety information.
- A system for workers to anonymously inform management about workplace hazards.

HAZARD ASSESSMENT

Inspections to identify and evaluate workplace hazards shall be performed by a competent observer.

Inspections are performed annually and, in addition, when the following occur:

1. Establishment of our IIPP;
2. New substances, processes, procedures, or equipment which present potential new hazards are introduced into our workplace;
3. New, previously unidentified hazards are recognized;
4. Occupational injuries and illnesses; and
5. Workplace conditions warrant an inspection.

ACCIDENT / EXPOSURE INVESTIGATIONS

Procedures for investigating workplace accidents and hazardous substance exposures include:

1. Interviewing injured workers and witnesses;
2. Examining the workplace for factors associated with the accident/exposure;
3. Determining the cause of the accident/exposure;
4. Taking corrective action to prevent the accident/exposure from reoccurring; and
5. Recording the findings and actions taken.

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:

1. When observed or discovered; and
2. 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.

TRAINING AND INSTRUCTION

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

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

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

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

RECORDKEEPING

We are a local governmental entity (county, city, district, or any public or quasi-public corporation or public agency) and we are not required to keep written records of the steps taken to implement and maintain our IIPP. While written records are not required we will endeavor to maintain the following records:

1. Records of hazard assessment inspections; and
2. Documentation of safety and health training.

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14806 Pleasant Valley Road
Penn Valley, CA 95946-9722
(530) 432-7311
Fax (530) 432-7314

REPORT OF UNSAFE CONDITION OR HAZARD

Optional: *Employees may submit this form anonymously by forwarding to the District Office, 14806 Pleasant Valley Road, Penn Valley, CA 95946, to the attention of the Safety Officer.*

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: _____

Penn Valley Union ESD Office'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, alternative, information provided to employees as to why condition was not unsafe or hazardous): (attach additional sheets if necessary)

Signature of Person Investigating Report: _____

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HAZARD ASSESSMENT AND CORRECTION RECORD

To be used in correlation with the Office/Classroom Inspection Checklist.

<p>Date of Inspection: _____</p> <p>Unsafe Condition or Work Practice: _____</p> <p>Corrective Action Taken: _____</p>	<p>Person Conducting Inspection: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Date of Inspection: _____</p> <p>Unsafe Condition or Work Practice: _____</p> <p>Corrective Action Taken: _____</p>	<p>Person Conducting Inspection: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Date of Inspection: _____</p> <p>Unsafe Condition or Work Practice: _____</p> <p>Corrective Action Taken: _____</p>	<p>Person Conducting Inspection: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>



DISTRICT ACCIDENT/INCIDENT REPORT



DISTRICT NAME: _____

ACCIDENT INVESTIGATION REPORT

EMPLOYEE INCIDENT REPORT

Site Location: _____ Date & Time of Injury/Incident _____

Hours Worked (normal workday): _____ Start: _____ End: _____

Employee's Department _____ Date Reported _____

Employee's Name		Social Security Number	
		Date of Birth	
Home Address (PO Box or Street #, city, state/zip)		Home Phone Number	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
		Occupation:	
Any Witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give names below:			
Task being performed when accident/injury occurred:			
Describe the accident/incident and body parts affected:			
Have you injured this part of your body before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain below:			
Do you require medical attention now? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, your Supervisor will notify your district office to secure a referral slip to a SIG Medical Network Provider. If medical aid is not required at this time, your Supervisor will retain a copy of the incident report and forward a copy to the district office.</i> If medical attention is not needed for this incident now but is necessary at a later date, you understand that you MUST contact your site supervisor and the District Office Claims Coordinator PRIOR TO seeking or obtaining treatment. Failure to report occupational injuries in a timely manner and/or failure to comply with the District's policies for medical treatment of occupational injuries could result in disciplinary action. It may also result in a delay of any possible Workers' Compensation benefits while the District and the insurance carrier investigate your claim.			
Employee Signature:		Date	
Supervisor Signature		Date	
Supervisor: What preventative action should have been taken by the employee or others to avoid this type of accident? (Include recommendations from the employee.)			
What actions have been taken on these recommendations? (Include dates)			
Note: Any person who makes or causes to be made, any knowingly false or fraudulent material representation for the purpose of obtaining or denying Workers' Compensation benefits or payments is guilty of a felony.			

OFFICE/CLASSROOM INSPECTION CHECKLIST

WORKSITE: _____ DATE: _____
 BUILDING: _____ ROOM: _____
 NAME(S): _____

Instructions: Check each item below as "Satisfactory" "Unsatisfactory". Add any pertinent comments and the location of hazards in the space provided for each item checked "Unsatisfactory".

	Satisfactory	Unsatisfactory	N/A		Comment/Location
FLOORS					
No wet/slip, fall hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
No trip hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
No cords across walkway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
STAIRS - RAMPS (IF APPLICABLE)					
Lighting adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Non-slip surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Handrails - available and secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
GENERAL SAFETY					
No Aisles Obstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Area free of falling hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
First Aid material available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Emergency Lighting functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Lighting okay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ladders/Stools in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Housekeeping is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Emergency phone number posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
FIRE EQUIPMENT/EXITS					
Fire Extinguishers accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fire extinguishers tagged/serviced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Exits properly illuminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Exits clear and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
FIRE HAZARDS					
Flammable aerosols and liquids - Stored and handled properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Storage areas labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
No Defective electrical cords	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ELECTRICAL HAZARDS					
Cords are put away after use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
No improper use of extension cords	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
No extension cords plugged in that aren't being utilized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Outlets at sinks are GFI Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
All outlet and switch covers in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Electrical panels are unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
HAZARDOUS MATERIALS					
Safety Data Sheets available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Containers properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Containers properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

INSTRUCTIONS FOR COMPLETING THE OFFICE/CLASSROOM INSPECTION CHECKLIST

FLOORS:

Look for source of continual slip fall hazards such as leaking doorways, water draining from under sinks, refrigerators, or other equipment.

Look for trip hazards such as buckling or torn carpet or mats, or cords across walkways.

STAIRS AND RAMPS:

Look around work area and surrounding areas frequently used. Look to see if ramps are outlined to indicate change in elevation.

Check if stair edges are chipped or rounded off making it easy to slip off the edge of steps.

Check if hand rails are secure and not loose.

Look around work area and surrounding areas for adequate lighting at stairs and ramps.

GENERAL SAFETY:

Check if top of bookshelves or cabinets are overloaded with stored items. If so remove items.

Check if stacks of stored items are stable. If not, make stable.

Remove or make secure any stored items that may fall and hit students or employees in the event of an earthquake.

Check the location of the nearest First Aid Station. Check if the station is properly stocked.

Ask custodial or administration staff for the location of emergency lighting in the immediate work area or surrounding areas. Most emergency lighting will be in the interior halls or windowless rooms.

Ask custodial or administration staff how to test battery operated emergency lighting in the area.

Check light fixtures for any exposed wires, any flickering (may indicate an electrical short), any smoking or, odor.

Check stools and step ladders for stability. All rubber feet should be in place to prevent slipping. Damaged stools and ladders should be removed from use immediately. **NEVER USE THE TOP STEP!!!!!!**

All areas should be neat and orderly. Hallway should not be used for storage. Walkways should be clear of trip fall or slip fall hazards.

Emergency phone numbers for the local contact in addition to 911 should be posted in the classrooms.

Check with the local administration staff for emergency procedures.

FIRE EQUIPMENT/EXITS:

Know the location of the nearest fire extinguisher.

No items should be hung on or blocking fire extinguishers.

Fire extinguishers should be hung in an easily accessible location approximately 5 feet above the floor.

The location of the fire extinguisher should be marked with a sign.

Check the fire extinguisher tag to see if it has been serviced within the last year. If it has not, the extinguisher is in need of service.

Check the pressure gauge to see if the needle is in the green area of the gauge. If it is not, the extinguisher is in need of service.

Check if exits are marked with exit signs.

Check if the natural light during normal operating hours provides enough light to illuminate the exit sign in the event of a power failure. If not, the exit sign should be battery powered.

Remove any obstructions from the exits.

FIRE HAZARDS:

Remove any flammable aerosols and liquids from the classrooms.

Flammable aerosols and liquids should be stored in a flammable liquid storage cabinet in the custodian area only.

Check for any frayed, cut, or otherwise damaged electrical cord. If a light or appliance has a damaged cord, the light or appliance should be removed from the classroom.

ELECTRICAL HAZARDS:

Extension cord should not be used for permanent power to equipment; additional permanent electrical outlets should be provided.

Eliminate use of multiple extension cords and surge bars.

Never use multiple extension cords and surge bars end to end.

Check that extension cords are unplugged when there are no appliances or equipment attached.

Check if all electrical outlets at sinks are equipped with GFI, that is "Test" and "Reset" buttons. Push the "Test" and "Reset" buttons to see if they work. When the "Test" button is pushed there should be no electrical power to the outlet. After testing, push the "Reset" button to resume power to the outlet.

Check that all outlet and switch plate covers are in place and not broken thereby exposing live electrical wires.

Check that the electrical panel is not blocked by signs or art work and the panel is easily accessible to emergency response personnel.

HAZARDOUS MATERIALS:

There should be no hazardous materials (cleaning supplies, commercial paints, solvents, etc.) in the classrooms.

Hazardous materials should be stored in the custodial areas.

Safety Data Sheets (SDS) should be in predetermined location for all hazardous materials. (In the same room supplies are used and stored.)

All containers, especially secondary containers (containers used for smaller amounts of materials), should be clearly labeled with the content name. **EVEN WATER!!!!**