Yuba County Office of Education

Injury & Illness
Prevention Program
(IIPP)

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

July 1, 2020
INTRODUCTION

The Yuba County Office of Education 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 Yuba County Office of Education 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, Francisco Reveles, Ed.D., County Superintendent, has the authority and the responsibility for implementing and maintaining this IIPP for the Yuba County Office of Education.

Managers and supervisors are responsible for implementing and maintaining the IIPP in their work areas and for answering workers questions about the IIPP. A copy of this IIPP is available from each manager and supervisor and is posted at the County Office and the One Stop/Regional Career Center.

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 includes the following practices:

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

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 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 managers 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/and 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.
REPORT OF UNSAFE CONDITION OR HAZARD

EMPLOYEE REPORT: Employees may submit this form anonymously. No employee will be disciplined or discharged for reporting any workplace hazard or unsafe condition.

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?
____________________________________________________________________________________
____________________________________________________________________________________

Person to whom this report is being sent: _____________________________________________

If employee desires a response from the supervisor, the report must be signed.

Signature of Employee _____________________________ Date _____________________________

RESPONSE:

Name of Person Investigating Report: ______________________________________________

Results of Investigation (what was found/was condition unsafe or hazardous?). Attach additional pages if necessary: ________________________________________________________
____________________________________________________________________________________

Action taken to correct hazard or unsafe condition, if appropriate, or information provided as to why condition was not unsafe or hazardous. Attach additional pages if necessary:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Signature of Person Investigating _____________________________ Date _____________________________

Distribution: (3 copies)  
Original – Risk Manager  
Copy – Supervisor/Site Administrator  
Copy – Employee Originating Report
# HAZARD ASSESSMENT AND CORRECTION RECORD

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<th>Person Conducting Inspection:</th>
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- **Unsafe Condition or Work Practice:**

- **Corrective Action Taken:**

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INJURY ASSESSMENT AND CORRECTION RECORD

(First section to be filled out by Safety Administrator and then sent to injured employee’s supervisor)

Employee Name: _____________________________________ Position: ________________________

Type of Injury: ________________________________________ Date of Injury: ____________________

Location of Injury: ___________________________________________________________________________

Explain How Injury Happened:__________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Date of Inspection:     Person Conducting Inspection: _________________________________

Unsafe Condition or Work Practice:

Corrective Action Taken:

Signature: _______________________________ Date: ________________________________
SAFETY TRAINING AND INSTRUCTION RECORD

Training Date: ____________________________________________________________

Topic and/or Type of Training: ____________________________________________

Trainer(s): ______________________________________________________________

(Employee’s need to sign-in)

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Attach any and all topic and/or training materials and submit to Human Resources at the County Office.