



**INJURY & ILLNESS PREVENTION PROGRAM**

**FOR**

**THE BUTTE COUNTY OFFICE OF EDUCATION**

**January 2019 Revision**

## **STATUTORY AUTHORITY**

- ◆ California Labor Code Section 6401.7.
- ◆ California Code of Regulations Title 8, 3203.

## **RESPONSIBILITY**

The Maintenance, Operations and Facilities Director, is responsible for implementing this Injury & Illness Prevention Program (IIPP) and has been given the appropriate authority to do so.

It is the responsibility of the **Site Administrators, Directors, and Managers** to ensure that their employees receive job specific safety training, and that they fulfill the other responsibilities assigned to them in this IIPP. Supervising others also carries the responsibility for knowing how to safely accomplish the tasks assigned to each employee, for purchasing appropriate personal protective equipment, and for evaluating employee compliance.

**Individual employees** are responsible for following the established work procedures and safety guidelines in their area, as well as those identified in this program. Employees are also responsible for using the personal protective equipment issued to protect them from identified hazards, and for reporting any unsafe conditions to their supervisors.

## **COMPLIANCE**

Compliance with this Injury & Illness Prevention Program will be achieved in the following manner:

1. Site Administrators, Directors, and Managers will distribute to their employees codes of safe practices that specifically address control of the hazards involved in their job duties.
2. Site Administrators, Directors, and Managers will set positive examples for working safely and require that all staff under their direction work safely.
3. Site Administrators, Directors, and Managers will use all disciplinary methods available to them to ensure that employees follow established safety policies and procedures. Performance evaluations, verbal counseling, written warnings, and other forms of disciplinary methods are available.
4. The County Office may establish an appropriate means of recognition for employees and/or groups of employees who demonstrate safe work practices.

## **COMMUNICATION**

The County Office will communicate with employees on safety issues in the following ways:

- Human Resources, Maintenance, Operations and Facilities and the Butte Self-Funded JPA, will periodically distribute to all sites information on safety issues. The information is to be posted in a location accessible to all employees at that site. Items distributed might include changes in protocols, safety bulletins, accident statistics, training announcements and other relevant information, as it becomes available.
- Site Administrators, Directors, and Managers will provide time at periodic staff meetings to discuss safety topics, listen to any employee safety concerns and discuss appropriate methods of controlling hazards identified during site inspections, accident investigations or employee reports of unsafe conditions. Documentation of such meetings will be shared with the employees and copies maintained by the Human Resources Office
- Employees are encouraged to notify their supervisor of hazards or safety concerns in their area by using the 'Employee Report of Unsafe Condition' form, attached in Addendum A. (To ensure that the employee concern is properly understood and appropriately addressed, it is important that employees utilize the form). Employees may submit this form anonymously.

## **HAZARD IDENTIFICATION**

The County Office's inspection program will consist of the following. Due to various site locations and details, all reasonable efforts will be made to perform inspections as outlined.

- Semi-annual inspections of non-clerical work areas by Site Administrators, Directors, Managers or their designees. Site-specific checklists will be developed and utilized. To ensure appropriate objectivity, a rotation system among the inspectors should be used.
- Annual inspections of all office areas by the Site Administrator, Director, Manager or their designee.
- Every two years, an outside safety expert will conduct a detailed inspection of work areas.

In addition:

- Additional safety inspections will be conducted whenever new equipment is introduced, or changes in procedures are introduced into the workplace that may present new hazards.
- As part of the accident investigation procedures, inspections may be completed of areas where accidents have occurred to recognize causal factors and implement measures to prevent recurrence.

## **ACCIDENT INVESTIGATIONS**

Site Administrators, Directors, and Managers will complete the Supervisors Report of Employee Injury (HR form 122) for all accidents occurring in their areas and submit to the HR department immediately. Those responsible for completing the form will attempt in all cases to identify the root cause of the accident. The HR department will forward a copy of this form to the Maintenance, Operations, and Facilities Manager.

The Maintenance, Operations, and Facilities Director will review all completed Supervisors Reports of Employee Injury forms and if he determines that additional investigation is required, he may perform a more involved supplemental accident investigation. (Addendum B). Input from the injured worker will be sought while completing this form.

## **HAZARD CORRECTION**

All hazards identified through the following: Employee Report of Unsafe Condition, Inspection Checklists, or Accident Investigation Forms will be forwarded to the Maintenance, Operations and Facilities Director. He will assess the potential for a reoccurrence of injury and consider the cost effectiveness of corrective measures.

His findings, with possible corrective action plan, will be shared with the affected Site Administrator, Director, and Manager. If an employee raised the issue, the findings will also be shared with that employee.

The Maintenance, Operations and Facilities Director will maintain a log of the identified hazards and the corrective measures taken.

## **TRAINING**

Effective dissemination of safety information lies at the very heart of a successful Injury & Illness Prevention Program. In order to ensure that those charged with responsibilities in this IIPP are properly trained in those responsibilities, the following training will be provided:

### ***To All Employees***

- All existing employees will be trained on the contents of this IIPP – and the responsibilities assigned to them – when it is first introduced and/or modified or revised.
- The IIPP will be included in new employee packets and those employees will be asked to sign a form that they have received it and understood that they need to assume a certain responsibility for their own safety.
- All employees will be trained on appropriate safety measures associated with their job duties using the job-specific codes of safe practices. This specific training will be provided by the employee's immediate supervisor or assignee.
- Retraining on a revised or new code of safe practices will be provided whenever:
  - The employee is given a new job assignment
  - A new substance, process, procedure or piece of equipment is introduced
  - The Site Administrator, Director, or Manager is made aware of a new or previously unrecognized hazard.

The training required of other safety programs is spelled out in those written programs.

***To all Site Administrators, Directors, and Managers:***

- All Site Administrators, Directors, and Managers will be trained on the contents of this IIPP – and the responsibilities assigned to them – when it is first introduced.
- All new Site Administrators, Directors, and Managers will be trained on the contents of this IIPP – and the responsibilities assigned to them – as part of their new job duty training.
- All Site Administrators, Directors, and Managers will be trained in the hazards associated with the duties performed by their employees and the codes of safe practices associated with those hazards.
- All Site Administrators, Directors, and Managers will be trained on accident investigation procedures and techniques.

**DOCUMENTATION**

1. Copies of all Safety Inspection Forms will be retained for one year.
2. Copies of all Employee Training Documents will be retained for the duration of each individual's employment.

## REPORT OF UNSAFE CONDITION OR HAZARD FORM

**NOTE TO EMPLOYEES:** This section is optional. Employees may submit this form anonymously.

Name	Job Title
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Signature	Date
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***Location Information for Condition(s) believed to be UNSAFE or HAZARDOUS***

Site/Location	Wing/Room
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Date/Time Observed	Other Location
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***Description of Unsafe Condition or Hazard***


***Recommendation Corrective Measures***


***COUNTY OFFICE REVIEW***  
 Results of review (What was found? Was condition unsafe or a hazard?)


***Corrective Actions/Explanation***


Reviewer's Name	Reviewer's Signature
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Reviewer's Title	Date of Review
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## Employee Incident Report

### EMPLOYEE INFORMATION

Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Department: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_ Time you began work on the day of the incident: \_\_\_\_\_  
What hours do you normally work? (please indicate a time frame (i.e.: 8:00-4:30)) \_\_\_\_\_

### INCIDENT INFORMATION

DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_

DATE REPORTED: \_\_\_\_\_ TIME REPORTED: \_\_\_\_\_

Incident initially reported to: \_\_\_\_\_ Phone #: \_\_\_\_\_

Were you performing your normal occupation at the time of the incident?  Yes  No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Location where incident occurred (please include physical address): \_\_\_\_\_  
\_\_\_\_\_

Were there any witnesses?  Yes  No

If yes, list names and contact numbers: \_\_\_\_\_  
\_\_\_\_\_

Were there any safety hazards?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

How did the incident happen? Describe specific activity you were performing at the time incident occurred, including, tools, equipment, or materials used:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the part of body affected & **how** affected (please be specific with how your injury is affecting you, i.e.: sprain, fracture, contusion, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Have you injured this part of your body previously?  Yes  No

If yes, please explain: \_\_\_\_\_

Did you leave work following the incident?  No  Yes

If yes, what date and time did you return? Date: \_\_\_\_\_ Time: \_\_\_\_\_

Have you previously filed an injury claim?  No  Yes Date/Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**IMPORTANT INFORMATION**

**Do you require medical attention now?**     Yes     No

If yes, please indicate the name of the approved facility you will be using: \_\_\_\_\_

Please sign and date below and give this form to your Supervisor or site office ***immediately***. Unless this is a true medical emergency, you may not seek treatment before consulting with the HR Department.

If medical attention is not needed now for this incident, but is necessary at a later date, you **MUST** contact Human Resources at (530) 532-5818 prior to seeking or obtaining treatment.

Failure to report occupational injuries in a timely manner and/or failure to comply with BCOE 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 BCOE and the insurance carrier investigate your claim.

**\*\*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.**

Employee signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Name of person completing this form if employee is unable to do so: \_\_\_\_\_

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

**\*If you are involved in a Motor Vehicle Accident you will also need to fill out an INS-8 form and return it with this form.**

Please indicate if you have filled out the INS-8 form:     Yes     N/A

**SUPERVISOR INFORMATION**

I have reviewed the information detailed above and have recommended/implemented the following actions to prevent similar incident in the future:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewer's signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

**FAX THIS COMPLETED REPORT IMMEDIATELY TO (530) 532-5787**

**DO NOT DELAY IN REPORTING INJURIES TO THE HUMAN RESOURCES DEPARTMENT**

**\*\*If Supervisor is initially unavailable to sign, fax form without obtaining his/her signature.**

**Put original in mail/courier to HR after securing all signatures.**

**SAFETY PROGRAM  
AND  
INJURY AND ILLNESS PREVENTION PROGRAM**

**RIGHT TO KNOW TRAINING PROGRAM**

I have received the Butte County Office of Education's Safety Program and the Injury and Illness Prevention Program (SB 198). I have received general training and understand I will receive specific training from my supervisor(s) in the near future. I further understand that the plan includes, but is not limited to, the following elements.

The plan is in writing, and includes:

1. An inspection program or system to identify and evaluate workplace or work site hazards on an ongoing basis.
  - Established methods and procedures for correcting unsafe or unhealthy conditions in a timely manner.
  - A system to communicate with employees about safety and health matters and encourage feedback from them.
  - An enforcement and disciplinary system that may be activated to ensure that employees comply with company safety and health work practices.
  - A system to review accidents and injuries.
2. The Butte County Office of Education's Safety Officer and my immediate supervisor(s) are the persons responsible for implementing the program.
3. General training to cover hazards basic to all places of employment, and specific training to cover hazards that are unique to each employee's job assignment are provided.

I understand that when working at a site not under the Butte County Office of Education's authority, I will become aware of the SB 198 compliance documentation for that site.

As part of the Safety Program, I have received my copy of The Employee Right To Know Training Program and understand that I am required to know and follow the contents and guidelines of this booklet.

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMPLOYEE'S NAME (TYPED OR PRINTED)