



INJURY & ILLNESS PREVENTION PROGRAM

For

CORNING UNION ELEMENTARY SCHOOL
DISTRICT

STATUTORY AUTHORITY

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

RESPONSIBILITY

The District Office 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 Administrator, Supervisors, 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 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, Supervisors, and Managers will distribute to their employee codes of safe practices that specifically address control of the hazards involved in their job duties.
2. Site Administrators, Supervisors, and Managers will set positive examples for working safely and require that all staff under their direction work safely.
3. Site Administrators, Supervisors, 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 District will establish an appropriate means of recognition for employees and/or groups of employees who demonstrate safe work practices.

COMMUNICATION

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

- The District Office 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, Supervisors, 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 District 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 to the District Office.

HAZARD IDENTIFICATION

The District's inspection program will consist of:

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

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 Secretaries (or other administratively designated employee) will distribute DWC1 form, Supervisor's Report form, and other information detailing workers compensation information to an injured worker after an accident has occurred. Those responsible for distribution of these forms will be trained on the proper procedures and timelines for completion of these forms. The Director of Maintenance and Operations, or other designated employee, will be trained in basic accident investigation techniques and will attempt in all cases to identify the root cause of the accident.

The Personnel Office will review all DWC1 forms and if it is determined that additional investigation is required, will ask that the Director of Maintenance and Operations complete an additional accident investigation form, which is attached in 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. This form will be forwarded on to the Director of Maintenance and Operations or designee where an assessment of the potential for a reoccurrence of injury and a consideration of the cost effectiveness of corrective measures will be determined.

These findings, with possible corrective action plan, will be shared with the affected Site Administrator, Supervisor, and Manager as well as the District Office. If an employee raised the issue, the findings will also be shared with that employee.

The District Office will maintain a log of the identified hazards and the corrective measures taken and will make periodic reports to employees as part of the communication process outlined above.

TRAINING

Effective dissemination of safety information lies at the very heart of the successful Injury & Illness Prevention Program. In order to ensure that those charged with responsibility in the 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.
- 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.
- 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, Supervisor, 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, Supervisors, and Managers:

- All Site Administrators, Supervisors, 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, Supervisors, 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, Supervisors, 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.
- The Director of Maintenance and Operations 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.

**EMPLOYEE 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

DISTRICT REVIEW

Results of review (What was found? Was condition unsafe or a hazard?)

Corrective Action/Explanation

Reviewer's Name	Reviewer's Signature
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Reviewer's Title	Date of Review
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NOTE: TURN IN TO THE DISTRICT OFFICE

ACCIDENT INVESTIGATION FORM

This form IS NOT to be completed by the injured employee

Injured Employee: _____ Date Reported: ____/____/____

Date of Injury: ____/____/____ Location: _____

Time of Injury: ____ AM ____ PM Job Title: _____

DESCRIBE INJURY AND HOW ACCIDENT OCCURRED:

CAUSE OF ACCIDENT:

DESCRIBE CORRECTIVE ACTION:

Witnesses Names: 1. _____ 2. _____
3. _____ 4. _____

Check here if statements were obtained.

Investigation completed by: _____

Job Title: _____ Date: ____/____/____