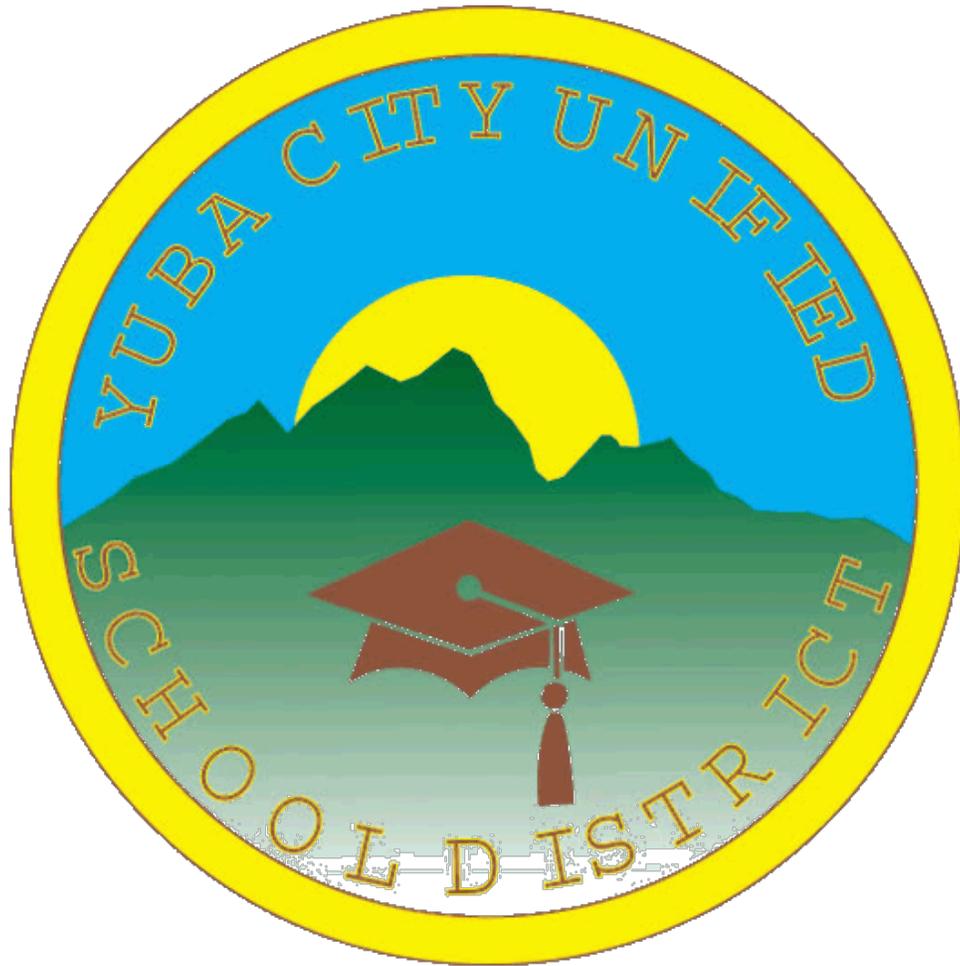


# YUBA CITY UNIFIED SCHOOL DISTRICTS

## **Injury & Illness**

Prevention Program  
(IIPP)



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

Rev. 05/20/21 rw

# Table of Contents

I	Policy.....	3
II	COVID-19 Supplement.....	3
III	Responsibilities.....	7
IV	Compliance.....	8
V	Communication.....	8
VI	Hazard Assessment.....	8
VII	Accident/Exposure Investigations.....	9
VIII	Hazard Correction.....	9
IX	Training & Instruction.....	9
X	Employee Access to the IIPP.....	11
XI	Record keeping.....	12
	Keenan Claim Form Required Information.....	13
	Sutter County COVID-19 Reporting Form.....	14
	Report of Unsafe Condition or Hazard Form.....	15
	Hazard Assessment & Correction Record.....	16
	Supervisor’s Accident Analysis.....	17
	Safety Training & Instruction Record.....	20
	Injury and Illness Prevention Program (IIPP) Checklist....	21
	Prevent Spread of COVID-19 Poster.....	26
	Stop Spread of Germs Poster.....	27
	Lead by Example – Handwashing Poster.....	28

## **I. Policy**

It is the policy of the Yuba City Unified School District (YCUSD), to provide a safe and healthy campus environment for faculty, staff, students, and the public. To help achieve this goal, the district will promote a comprehensive IIPP that integrates a cooperative effort of the entire campus community to identify and eliminate unsafe conditions or practices, to control health hazards and to fully comply with all applicable safety and health regulations. The YCUSD will provide employees safety training to prevent injury and illness – both on and off the job. No employee will engage in or be required to perform any work that will expose themselves or others to unreasonable danger or risk of injury or illness.

As delegated by the Superintendent, YCUSD employees are responsible for developing, implementing, enforcing and maintaining the District's IIPP. YCUSD directors and supervisors shall take a leadership role in ensuring the program's effectiveness through developing the proper safety culture for those they supervise and ensuring that all operations under their control are conducted in compliance with applicable regulations and district policy. Additionally, each employee is responsible for preventing workplace injuries/illness by continuously performing their job duties consistent with the district's safety program requirements.

## **II. COVID-19 Required Supplement**

Cal/OSHA's regulations require protection for workers exposed to airborne infectious diseases such as the 2019 novel coronavirus disease (COVID-19). This interim guidance provides employers and workers with information for preventing exposure to the coronavirus (SARS-CoV-2), the virus that causes COVID-19. Employers and employees should review their own health and safety procedures as well as the recommendations and standards detailed below to ensure workers are protected.

Cal/OSHA recommends employers not covered by the ATD standard follow recommendations from the Centers for Disease Control and Prevention (CDC). The CDC guidelines contain recommendations for creating an infectious disease outbreak response plan to be followed in the event of an outbreak.

It is the policy of the Yuba City Unified School District to ensure a safe and healthy environment for employees, staff, and students. Communicable and infectious diseases are minimized by providing prevention, education, identification through examination, surveillance, immunization, treatment and follow-up, isolation, and reporting.

### **Guidelines**

These guidelines include infection prevention measures, including:

- Actively encouraging sick employees to stay home.
- Sending employees with acute respiratory illness symptoms home immediately.

- Providing information and training to employees on:
  - Cough and sneeze etiquette.
  - Hand hygiene.
  - Avoiding close contact with sick persons.
  - Avoiding touching eyes, nose, and mouth with unwashed hands.
  - Avoiding sharing personal items with co-workers (i.e., dishes, cups, utensils, towels).
- Providing tissues, no-touch disposal trash cans, and hand sanitizer for use by employees.
- Providing information to allow physical distancing:
  - Allowing flexible worksites, telecommuting, and flexible work hours to increase physical distance among employees.
  - Using other methods of minimizing exposure between employees, and between employees and the public.
  - Postponing or canceling large work-related meetings or events.
- Performing routine environmental cleaning of shared workplace equipment and furniture (disinfection beyond routine cleaning is not recommended).
- Cleaning and Disinfecting
  - How to clean and disinfect
  - After someone is sick

### **Employee Training**

Provide regular training for employees on the following topics using interactive methods that are easy to understand including verbal, visual, web based-online, audiovisual and picture-centered handouts and other resources:

- What is COVID-19 and how is it spread
- Signs and symptoms of COVID-9
- When to seek medical attention if not feeling well
- Prevention of the spread of COVID-19 if you are sick
- Physical distancing guidelines
- Importance of washing hands with soap and water or use of hand sanitizer if soap and water are not readily available.

## **What is Covid-19?**

On February 11, 2020, the World Health Organization announced an official name for the disease that is causing the 2019 novel coronavirus outbreak, first identified in Wuhan China. The new name of this disease is Coronavirus disease 2019, abbreviated as COVID-19. In COVID-19, 'CO' stands for 'corona,' 'VI' for 'virus,' and 'D' for disease. Formerly, this disease was referred to as “2019 novel coronavirus” or “2019-nCoV”. There are many types of human coronaviruses including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease, caused by a new coronavirus that has not previously been seen in humans. They now have vaccines available to help with the severity of the virus.

## **What are the Symptoms of COVID-19?**

Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell
- Other symptoms not identified

## **Procedures to Help Prevent the Spread of COVID-19**

### **Protect Yourself**

Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing serious complications from COVID-19 illness.

### **How does it spread?**

- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- The best way to prevent illness is to avoid being exposed to this virus.
- The virus is thought to spread mainly from person-to-person.
- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs, sneezes or talks.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

Some recent studies have suggested that COVID-19 may be spread by people who are not showing

symptoms. To prevent the spread of respiratory infections from one person to the next, frequent hand washing is recommended.

- Germs can spread from other people or surfaces when:
  - Touching eyes, nose, and mouth with unwashed hands
  - Prepare or eat food and drinks with unwashed hands
  - Touch a contaminated surface or objects
  - Blowing nose, coughing, or sneezing into hands and then touching other people's hands or common objects.
  - Touching an item or surface in a public area that may be frequently touched by other people, such as door handles, tables, etc.

### **Hand Hygiene**

Hand hygiene procedures include the use of alcohol-based hand rubs and hand washing with soap and water. Washing hands with soap and water is the best way to get rid of germs in most situations, and it's one of the most effective ways to prevent the spread of germs. If soap and water are not readily available, use an alcohol-based hand sanitizer (containing 60-95% alcohol).

- Hand washing with Soap and Water:
  - Wet hands first with water (avoid using hot water).
  - Apply soap to hands.
  - Rub hands vigorously for at least 20 seconds, covering all surfaces of hands and fingers.
  - Rinse hands with water and dry thoroughly with paper towel.
  - Use paper towel to turn off water faucet.

Alcohol-based hand rub is an ideal method for decontaminating hands, except when hands are visibly soiled (e.g., dirt, blood, body fluids), and may not remove harmful chemicals from hands like pesticides and heavy metals, in which case soap and water should be used. Hand hygiene stations should be strategically placed to ensure easy access.

- Using Alcohol-based Hand Rub (follow manufacturer's directions):
  - Dispense the recommended volume of product;

- Apply product to the palm of one hand; and
- Rub hands together, covering all surfaces of hands and fingers until they are dry (no rinsing is required), this should take around 20 seconds.

Handwashing facilities will be maintained to provide adequate supply of hand washing soap and paper towels.

Departments must periodically inspect for unsafe conditions and work practices and correct any deficiencies found. Additionally, the Injury and Illness Prevention (IIP) Program Administrator/Safety Coordinator or designee may assist in the inspection for unsafe workplace conditions and practices. 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:

- Responsibilities
- Compliance
- Communication
- Hazard Assessment
- Accident / Exposure Investigations
- Hazard Correction
- Training and Instruction
- Record keeping

### **III. Responsibilities**

District employees at every level have a special obligation to work safely and maintain a safe and healthful work environment. Safe job performance is an integral part of overall job performance. Each employee is fully responsible for implementing the provisions of this program as it pertains to operations under his/her jurisdiction.

The Injury and Illness Prevention (IIP) Program administrator;

Name: Michael Reed

Title: Assistant Superintendent of Human Resources

Phone: 530-822-7630

has the authority and the responsibility for implementing and maintaining this IIP Program for Yuba City Unified School District.

Managers and supervisors are responsible for implementing and maintaining the IIP Program in their work areas and for answering worker questions about the IIP Program. A copy of this IIP Program is available from each manager and supervisor.

#### **IV. 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 include the following:

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

#### **V. 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 IIP Program.
- Training programs.
- Regularly scheduled safety meetings.
- Posted or distributed safety information.
- A system for workers to anonymously inform management about workplace hazards.

#### **VI. Hazard Assessment**

Periodic inspections to identify and evaluate workplace hazards shall be performed by a competent

observer according to the following schedule:

- When our Injury and Illness Prevention Program was first established
- When new substances, processes, procedures or equipment which present potential new hazards are introduced into our workplace;
- When new, previously unidentified hazards are recognized;
- When occupational injuries and illnesses occur; and
- Whenever workplace conditions warrant an inspection

## **VII. Accident/Exposure Investigations**

Procedures for investigating workplace accidents and hazardous substance exposures include:

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

## **VIII. 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:

- When observed or discovered; and
- 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.

## **IX. Training and Instructions**

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:

- When the IIP Program is first established;
- To all new workers;
- To all workers given new job assignments for which training has not been previously provided;

- Whenever new substances, processes, procedures, or equipment are introduced to the workplace and represent a new hazard;
- Whenever the employer is made aware of a new or previously unrecognized hazard;
- To supervisors to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed; and
- To all workers with respect to hazards specific to each employee's job assignment.

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

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

**Topics for Training include, but are not limited to:**

- Explanation of our IIPP, emergency action plan and fire prevention plan, and measures for reporting any unsafe conditions, work practices, injuries and when additional instruction is needed.
- Availability of toilet, hand-washing, and drinking water facilities.
- Provisions for medical services and first aid, including emergency procedures.
- Proper housekeeping, such as keeping stairways and isles clear, work areas neat and orderly, and promptly cleaning up spills.

- Prohibiting horseplay, scuffling, or other acts that adversely influence safety.
- Proper storage to prevent:
  - Stacking goods in an unstable manner
  - Storing materials and goods against doors, exits, fire extinguishing equipment and electrical panels.

Where applicable our training may also include:

- Proper lifting techniques
- COVID-19 and other airborne illnesses
- Use of appropriate clothing, including gloves, footwear, and personal protective equipment.
- Information about chemical hazards to which employees could be exposed and other hazard communication program information.

## **X. Employee Access to the IIPP**

Our employees – or their designated representatives - have the right to examine and receive a copy of our IIPP. This will be accomplished by providing employees with full unobstructed access through our company server or website, which allows an employee to review, print, and email the current version of the Program. Unobstructed access means that the employee, as part of their regular work duties, predictably and routinely uses the electronic means to communicate with management or coworkers.

All employees will have to complete the Keenan Safe School Training Module of the IIPP Plan annually to ensure all employees have been made aware of any new requirements on an annual basis.

Any copy provided to an employee or their designated representative need not include any of the records of the steps taken to implement and maintain the written IIP Program.

Where we have distinctly different and separate operations with distinctly separate and different IIPPs, we may limit access to the IIPP applicable to the employee requesting it.

An employee must provide written authorization in order to make someone their “designated representative.” A recognized or certified collective bargaining agent will be treated automatically as a designated representative for the purpose of access to the company IIPP. The written authorization must include the following information:

- The name and signature of the employee authorizing the designated representative.
- The date of the request.
- The name of the designated representative.
- The date upon which the written authorization will expire (if less than 1 year).

## **XI. Record keeping**

The injury and prevention program requires detailed record keeping, which is mandatory for the following:

- Workplace inspections
- Employee training

Workplace inspection reports shall include:

- Date of inspection
- Areas inspected
- Names of person(s) conducting the inspection
- The unsafe conditions and work practices which have been identified
- Action taken to correct the identified unsafe conditions

Safety and health training records for each employee shall include:

- Employee's name
- Employee's District ID number
- Date of training
- Type of training provided
- Training provider(s)

The District will maintain all records required by this section for at least three (3) years following the end of the year to which they relate.

## **KEENAN – INFORMATION NEEDED FOR REPORTING OF POSSIBLE COVID-19 WORKERS COMPENSATION CLAIM**

SB1159 Requires that, effective 09/17/20, employers report all COVID-19 positives tests (whether or not considered work related) to their claims administrator within (3) business days from when the employer knows or reasonably should have known of the positive test. This applies to all employees who worked at or at one or more locations 14 calendar days preceding the positive test.

- **Employer full formal name**
- **Employee # last 4 SSN**
- **Date of Positive COVID-19 test**
- **Employee last day worked**
- **Reported by**
- **Reporters email**
- **Location Name**
- **Location Address**

## Yuba-Sutter County COVID-19 Contact Tracing Worksheet for Employers

**Step 1:** Determine when the COVID-positive employee's infectious period began.

1A. Date employee developed symptoms (or date employee was tested if no symptoms): 1A \_\_\_\_\_

1B. Subtract 2 days from 1A. This is the start of the infectious period: 1B \_\_\_\_\_

1C. Add 10 days from 1A. This is the earliest possible end of the infectious period: 1C \_\_\_\_\_

1D. Is the date on 1C later than today's date?

- If yes, use today's date for the end of the infectious period for workplace tracing: 1D \_\_\_\_\_
- If no, the employee has likely recovered already. Use the date on 1C for the end of the infectious period for workplace tracing: 1D \_\_\_\_\_

1E. Enter the start and end dates of the employee's infectious period for workplace tracing here:

1E \_\_\_\_\_ - \_\_\_\_\_  
From 1B From 1D

**Step 2:** Determine if the COVID-positive employee worked during their infectious period.

A. Has the employee worked since the date identified on 1B?

- If yes, proceed to Step 3.
- If no, you are done; nobody in the workplace was exposed. Make sure the COVID-positive employee stays home until at least 10 days have passed since their symptoms started AND 3 days have passed since any fever went away without medication AND their symptoms are improving. This should not be any earlier than the date on 1C, and could be later depending on the employee's symptoms. A negative test is not needed for the employee to return to work.

**Step 3:** Determine who was a close contact of the COVID-positive employee during their infectious period.

A. Identify all employees who were within 6 feet of the positive employee for at least 15 minutes during the time interval on 1E. Write their names below. (For tracing purposes, it does not matter whether the positive employee or the exposed employee was wearing a cloth face covering during their interaction. However, if the positive employee was a health care provider or first responder, you should consider whether proper source control<sup>1</sup> was worn by the positive employee and proper PPE<sup>2</sup> was worn by the exposed employee.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<sup>1</sup> Proper source control is a medical-grade facemask or N95 respirator without a valve.

<sup>2</sup> Proper PPE is a medical-grade facemask or N95 respirator and eye protection (goggles or face shield).

**REPORT OF UNSAFE CONDITION OR HAZARD**

**Optional: Employees may submit this form anonymously**

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: \_\_\_\_\_

**Yuba City Unified School District'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, alternatively, 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

Date of Inspection: \_\_\_\_\_

Person/Title Conducting Inspection: \_\_\_\_\_

Unsafe Condition or Work Practice: \_\_\_\_\_

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Corrective Action Taken: \_\_\_\_\_

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Date of follow up Inspection: \_\_\_\_\_

Person/Title Conducting Inspection: \_\_\_\_\_

# SUPERVISOR'S ACCIDENT ANALYSIS For First

Aid or Minor Injury complete all Highlighted areas on this page only. For Injuries that require more than first aid: **All items must be completed by Supervisor, via Employee interview.**

FACILITY:	Contact Person:	Phone No.:
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Employee name: \_\_\_\_\_ Date of accident: \_\_\_\_\_ Time of accident: \_\_\_\_\_

Employee phone number(s):		Best time(s) to call Employee:
Occupation:		Employee's Department:
Length of service with company:		Length of service in this department:
Department in which accident occurred:		Location where accident occurred:
Was property damaged at time of accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Property owned by:	
Were there witnesses to the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list name(s) of witness(es):
If Yes, IMMEDIATELY interview each witness using the attached "Witness Statement" form		1. 2.
Accident reported to Management (name):	Date reported:	Time reported:
Who was immediately in charge at the time of injury?		
Name of person(s) conducting this analysis:		Date of analysis:
Employee's Supervisor (print name):		Supervisor's Phone No.:

<b>SUPERVISOR'S DESCRIPTION OF ACCIDENT</b>
Supervisor: Interview Employee and then, in your own words, provide a detailed description of what happened.

BODY PART INVOLVED -- Check all that apply. Please circle Right (R) or Left (L)			
<b>HEAD INJURY</b> <input type="checkbox"/> Head <input type="checkbox"/> Face <input type="checkbox"/> Eye R - L <input type="checkbox"/> Nose <input type="checkbox"/> Ear R - L <input type="checkbox"/> Neck <input type="checkbox"/> Skin	<b>TRUNK INJURY</b> <input type="checkbox"/> Shoulder R - L <input type="checkbox"/> Upper Back <input type="checkbox"/> Middle Back <input type="checkbox"/> Lower Back <input type="checkbox"/> Chest <input type="checkbox"/> Ribs R - L <input type="checkbox"/> Abdomen	<b>UPPER BODY</b> <input type="checkbox"/> Upper Arm R - L <input type="checkbox"/> Forearm R - L <input type="checkbox"/> Elbow R - L <input type="checkbox"/> Wrist R - L <input type="checkbox"/> Hand R - L <input type="checkbox"/> Finger(s)-identify	<b>LOWER BODY</b> <input type="checkbox"/> Hip R - L <input type="checkbox"/> Leg R - L <input type="checkbox"/> Thigh R - L <input type="checkbox"/> Knee R - L <input type="checkbox"/> Calf R - L <input type="checkbox"/> Ankle R - L <input type="checkbox"/> Foot R - L <input type="checkbox"/> Toe(s)-identify

## SUPERVISOR'S ACCIDENT ANALYSIS, P.2

<b>NATURE OF INJURY -- Check all that apply.</b>			
<input type="checkbox"/> Abrasion-Contusion <input type="checkbox"/> Bruise <input type="checkbox"/> Cut/Laceration <input type="checkbox"/> Puncture <input type="checkbox"/> Foreign Object	<input type="checkbox"/> Burn-Heat <input type="checkbox"/> Burn-Chemical <input type="checkbox"/> Exposure-Heat/Cold <input type="checkbox"/> Exposure-Chemical	<input type="checkbox"/> Inhalation <input type="checkbox"/> Poisoning <input type="checkbox"/> Allergic Reaction <input type="checkbox"/> Skin Problem	<input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Fracture <input type="checkbox"/> Repetitive Motion <input type="checkbox"/> Other (describe)
<b>CONTRIBUTING FACTORS --</b> Check all that apply.		Describe conditions causing the accident, <b>including events leading up to, and materials/substances involved in the accident:</b>	
<input type="checkbox"/> Lifting/Picking up materials or equipment <input type="checkbox"/> Loading/unloading materials or equipment <input type="checkbox"/> Pushing/Pulling materials or equipment		Describe:	
<input type="checkbox"/> Slip, Trip or Fall <input type="checkbox"/> Wet surface <input type="checkbox"/> Object(s) left on floor <input type="checkbox"/> Uneven floor surface <input type="checkbox"/> Damaged/Frayed carpet <input type="checkbox"/> Damaged flooring (non-carpet) <input type="checkbox"/> Climbing/Descending stairs/ladder		Describe:	
<input type="checkbox"/> Struck by or against something <input type="checkbox"/> Falling item <input type="checkbox"/> Another person <input type="checkbox"/> Employee hit/bumped into object or person		Describe:	
<input type="checkbox"/> Cut/Puncture <input type="checkbox"/> Knife <input type="checkbox"/> Hand Tool or Machinery <input type="checkbox"/> Other Object:		Describe:	
<input type="checkbox"/> OTHER:		Describe:	
<b>CAUSE -- Check all that apply.</b>			
<input type="checkbox"/> Attention-Poor <input type="checkbox"/> Carelessness <input type="checkbox"/> Fatigue <input type="checkbox"/> Body Mechanics (posture) <input type="checkbox"/> Horseplay <input type="checkbox"/> Ventilation-Poor <input type="checkbox"/> Chemicals <input type="checkbox"/> Electrical Exposure	<input type="checkbox"/> Equipment-Broken <input type="checkbox"/> Equipment-Improper Use <input type="checkbox"/> Equipment-Not Available <input type="checkbox"/> Improper Dress/Protection <input type="checkbox"/> Falling Objects <input type="checkbox"/> Flame/Fire/Smoke <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Building/Structure	<input type="checkbox"/> Floor-wet or with food <input type="checkbox"/> Floor-ground uneven <input type="checkbox"/> Excessive Speed <input type="checkbox"/> Furniture/Fixtures <input type="checkbox"/> Hand Tools-Non-Power <input type="checkbox"/> Hand Tools-Power <input type="checkbox"/> Housekeeping-Poor <input type="checkbox"/> Automobile	<input type="checkbox"/> Stairs <input type="checkbox"/> Ladder <input type="checkbox"/> Railings <input type="checkbox"/> Struck By/Against <input type="checkbox"/> Unsafe Act <input type="checkbox"/> Unsafe Condition <input type="checkbox"/> Lack of Training <input type="checkbox"/> Other:
<b>PREVENTION --</b>			
List the steps to be (or that have been) taken to prevent a similar occurrence	Responsible Person	Date to be Done	Date Completed

<b>FOLLOW-UP --</b> Monitoring and Review by Department Manager and/or Safety Committee	Date Reviewed

**RECORD KEEPING –**  
To be completed by Human Resources

Is this OSHA "Recordable" (OSHA 300 Log)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this OSHA "Reportable"? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date that OSHA was notified:
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Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

HR Signature \_\_\_\_\_ Date \_\_\_\_\_

Copy Sent to Safety Committee Chair \_\_\_\_\_ Date \_\_\_\_\_



## **INJURY AND ILLNESS PREVENTION PROGRAM (IIPP) CHECKLIST**

Are all 8 required elements included in your IIPP?  Yes  No

- |                                    |  |
|------------------------------------|--|
| 1. Authority and Responsibility    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Compliance                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Communication                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Hazard Assessment               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Accident/Exposure Investigation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Hazard Correction               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Training/Instruction            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Record Keeping                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### **AUTHORITY AND RESPONSIBILITY**

Inform where copies of the IIPP can be accessed.

Include a statement for each:

1. Management
2. Safety Coordinator
3. Supervisors
4. Employees

Effectiveness Question: Are employees made aware of who has authority and responsibility for the IIPP and can they access the person if needed?

Yes  No

Action required:

## **COMPLIANCE**

Include:

1. Evaluate worker safety performance
2. Provide training for deficient performance
3. Employee recognition
4. Disciplinary measures

Effectiveness Questions:

Are employees recognized for performing safe and healthful work practices? [ ] Yes [ ] No

Action Required:

Are employees disciplined for performing unsafe or unhealthful work practices? [ ] Yes [ ] No

Action Required:

Are employees given training or re-training to ensure compliance with safe and healthful work? [ ] Yes [ ] No

Action Required:

Review Training Records, conducted regularly? Where are they located?

Action Required:

## **COMMUNICATION**

Include:

1. Safety meetings are held (monthly, quarterly, etc.)
2. Means of communication
3. Anonymous reporting option must be available
4. Safety committee

Must be:

1. Understandable to all employees
2. Encourages hazard reporting
3. Eliminates fear of reprisal
4. Two-way communication

Effectiveness Question:

Do employees know and use our organizations methods of communication to inform management about health and safety matters?

Is a safety committee in use?  Yes  No Does it meet the T8CCR 3203(7)(c) (1) – (7) requirements?  Yes  No

Action Required:

## **HAZARD ASSESSMENT**

Include:

1. Frequency of periodic inspections
2. Designate “competent observer” for area
3. Reference inspection forms and procedures
4. Identify job classes or operations
5. Identify common hazards
6. Identify specific job hazards

Effectiveness Question (Check documentation): Does our organization’s periodic inspection for hazard assessment result in a comprehensive evaluation of any hazards present at our workplace?  
 Yes  No

Description of procedure:

Action Required:

## **HAZARD CORRECTION**

Include:

1. Written policy on report of hazards
2. Timely response and action
3. Tracking of hazard corrections
4. Protection from harassment

Effectiveness Question (Check documentation):

Do we use our organization's procedures to correct identified hazards in a timely manner based on the severity of the hazard? [ ] Yes [ ] No

Description of procedure:

Action Required:

## **TRAINING**

1. Identify general requirements that apply to all employees
  - a. IIPP, Haz Com, EAP
2. Identify specific requirements that pertain to your operation
  - a. Noise, confined space
3. Identify supervisor training requirements

Effectiveness Questions (Check Documentation):

Does our organization provide effective training to instruct employees and supervisor's on general safe work practices and on the hazards specific to their job assignments and work tasks?  
[ ] Yes [ ] No

Action Required:

Does our organization's effective training result in an increase in employees and supervisor's understanding of workplace hazards and improvements in their safe and healthful work practices? [ ] Yes [ ] No

Action Required:

Are the following documented? Worksite, observations, evaluations of training, reports of hazards, reduced accidents and exposures, other: [ ] Yes [ ] No

Action Required:

## ACCIDENT INVESTIGATION

Include:

1. Name of person who is in charge of conducting accident investigations
2. When do investigations take place
3. Must:
  - a. Every accident/injury should have one of these as the corrective action:
  - b. Change in the management system – policies and procedures
  - c. Redesign of the work environment or equipment
  - d. Redesign of the process or procedure
  - e. Training and Education

Effectiveness Questions: (Check documentation)

Does the use of our organization's investigation procedures result in?

- a. The determination of the cause(s) of accidents, hazardous substance exposures, and near misses followed by;
- b. Effective corrective actions being taken in a timely manner?  
 Yes  No

Description of procedures:

# Prevent the spread of COVID-19 if you are sick

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

If you are sick with COVID-19 or think you might have COVID-19, follow the steps below to care for yourself and to help protect other people in your home and community.

## Stay home except to get medical care.

- **Stay home.** Most people with COVID-19 have mild illness and are able to recover at home without medical care. Do not leave your home, except to get medical care. Do not visit public areas.
- **Take care of yourself.** Get rest and stay hydrated. Take over-the-counter medicines, such as acetaminophen, to help you feel better.
- **Stay in touch with your doctor.** Call before you get medical care. Be sure to get care if you have trouble breathing, or have any other emergency warning signs, or if you think it is an emergency.
- **Avoid public transportation, ride-sharing, or taxis.**



## Separate yourself from other people and pets in your home.

- **As much as possible, stay in a specific room and away from other people and pets in your home.** Also, you should use a separate bathroom, if available. If you need to be around other people or animals in or outside of the home, wear a cloth face covering.
- See **COVID-19 and Animals if you have questions about pets:** <https://www.cdc.gov/coronavirus/2019-ncov/faq.html#COVID19animals>
- Additional guidance is available for those living in **close quarters.** (<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/living-in-close-quarters.html>) and **shared housing** (<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/shared-housing/index.html>).



## Monitor your symptoms.

- **Symptoms of COVID-19 include fever, cough, and shortness of breath but other symptoms may be present as well.**
- **Follow care instructions from your healthcare provider and local health department.** Your local health authorities will give instructions on checking your symptoms and reporting information.



## When to Seek Emergency Medical Attention

Look for **emergency warning signs\*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately:**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Bluish lips or face
- Inability to wake or stay awake

\*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

## Call 911 or call ahead to your local emergency facility:

Notify the operator that you are seeking care for someone who has or may have COVID-19.

## Call ahead before visiting your doctor.

- **Call ahead.** Many medical visits for routine care are being postponed or done by phone or telemedicine.
- **If you have a medical appointment that cannot be postponed, call your doctor's office, and tell them you have or may have COVID-19.**



## If you are sick, wear a cloth covering over your nose and mouth.

- **You should wear a cloth face covering over your nose and mouth if you must be around other people or animals, including pets (even at home).**
- You don't need to wear the cloth face covering if you are alone. If you can't put on a cloth face covering (because of trouble breathing for example), cover your coughs and sneezes in some other way. Try to stay at least 6 feet away from other people. This will help protect the people around you.
- Cloth face coverings should not be placed on young children under age 2 years, anyone who has trouble breathing, or anyone who is not able to remove the covering without help.



**Note:** During the COVID-19 pandemic, medical grade facemasks are reserved for healthcare workers and some first responders. You may need to make a cloth face covering using a scarf or bandana.



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[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

# Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.



Stay at least 6 feet  
(about 2 arms' length)  
from other people.



Cover your cough or sneeze with a  
tissue, then throw the tissue in the  
trash and wash your hands.



When in public, wear a  
cloth face covering over  
your nose and mouth.



Do not touch your  
eyes, nose, and mouth.



Clean and disinfect  
frequently touched  
objects and surfaces.



Stay home when you are sick,  
except to get medical care.

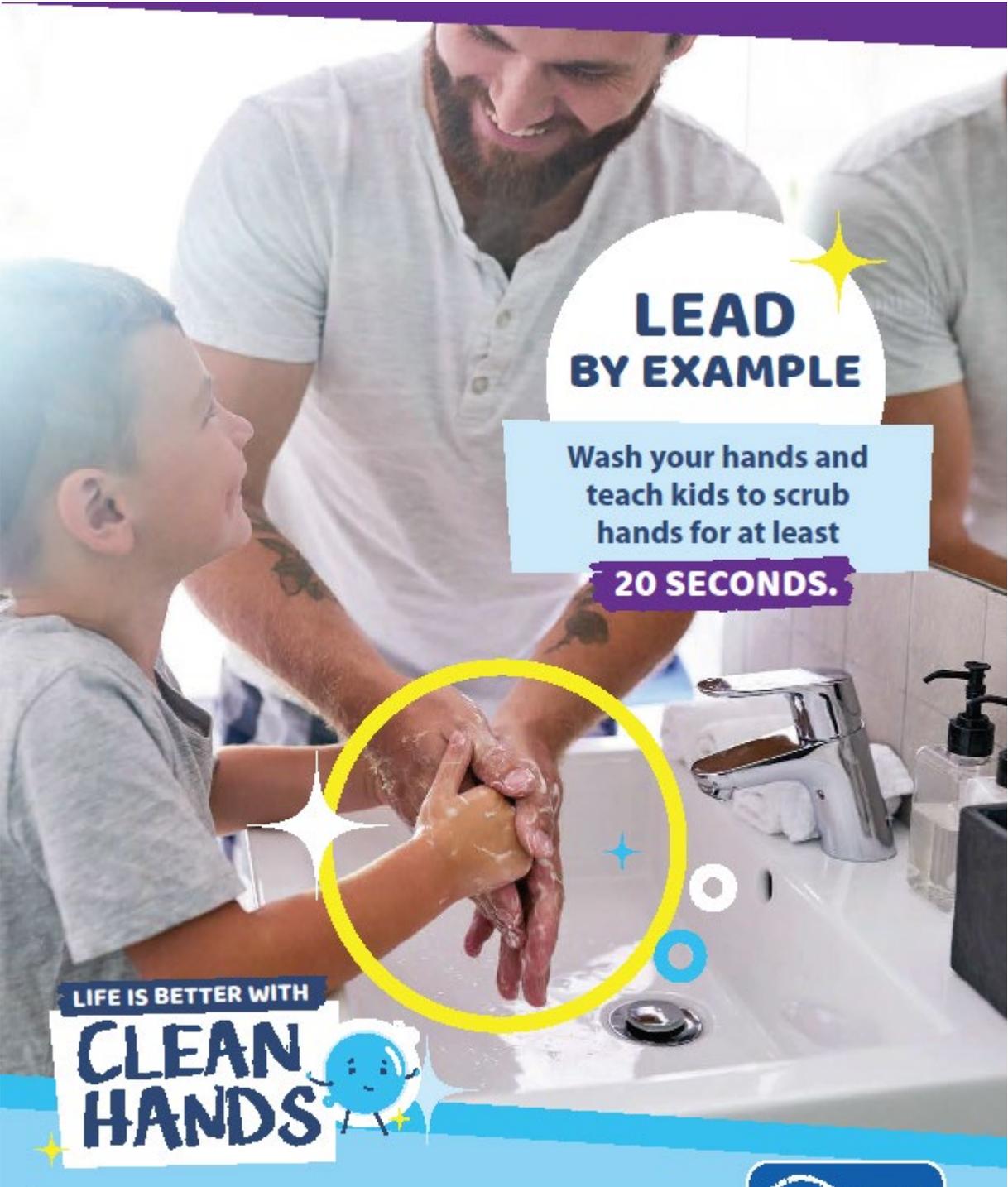


Wash your hands often with soap  
and water for at least 20 seconds.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

316917-4 May 13, 2020 11:00AM



**LEAD  
BY EXAMPLE**

Wash your hands and  
teach kids to scrub  
hands for at least  
**20 SECONDS.**

LIFE IS BETTER WITH

**CLEAN  
HANDS**



[www.cdc.gov/handwashing](http://www.cdc.gov/handwashing)



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