

Corning Union High School District

**Injury & Illness
Prevention Program
(IIPP)**

Last Updated: 10/05/2020

INTRODUCTION

The Corning Union High 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 Corning Union High 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

RESPONSIBILITY

The Injury and Illness Prevention (IIP) Program administrator, Jared Caylor, District Superintendent, has the authority and the responsibility for implementing and maintaining this IIP Program for the Corning Union High 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 and is posted at the District Office, the Maintenance Shop, the Transportation Building, and Centennial High School.

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 practices:

- Informing workers of the provisions of our IIP Program.
- 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 IIP Program.
- 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 monthly and, in addition, when the following occur:

1. Establishment of our IIP Program;
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 and photographing 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 IIP Program 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 IIP Program.
2. Written 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. Written hazard communication, including worker awareness of potential chemical hazards, proper labeling of containers, and maintaining MSDS information binders.
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.
11. See department safety binder for additional information on job specific hazards.

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 IIP Program. 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

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: _____

Corning Union High School District 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: _____

Corning Union High School District

Jared Caylor, Superintendent

643 Blackburn Avenue, Corning, CA 96021 (530) 824-8000 FAX (530)824-8005

HAZARD ASSESSMENT AND CORRECTION RECORD

Date of Inspection:

Person Conducting Inspection:

Unsafe Condition or Work Practice:

Corrective Action Taken:

Date of Inspection:

Person Conducting Inspection:

Unsafe Condition or Work Practice:

Corrective Action Taken:

Date of Inspection:

Person Conducting Inspection:

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.)

<i>Employee Signature</i>	<i>Employee Signature</i>

Attach any and all topic and/or training materials and submit to Jared Caylor at the District Office.