KIRKWOOD ELEMENTARY SCHOOL DISTRICT

INJURY & ILLNESS PREVENTION PROGRAM (IIPP)

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Introduction

The Kirkwood School District is committed to providing a safe and healthy workplace for all employees. To achieve this goal, the Kirkwood 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 Regulation, 3203 and consists of the following eight elements:

- Responsibility
- Goals
- Compliance
- Communication
- Hazard Assessment
- Accident/Exposure Investigation
- Hazard Correction
- Training and instruction
- Record keeping

The intent of this program is to prevent and/or minimize the probability of injuries and illness to employees and visitors and to comply with all applicable state, federal and local health and safety codes.

Goals

Diligent implementation of this program will reap many benefits for Kirkwood School District. Most notably it will:

- Protect the health and safety of employees. Decrease the potential risk of disease, illness, injury and harmful exposures to district personnel
- Reduce workers' compensation claims and costs
- Improve efficiency by reducing the time spent replacing or reassigning injured employees, as well as reduce the need to find and train replacement employees
- Improve employee morale and efficiency as employees see that their safety is important to management
- Minimize the potential for penalties assessed by various enforcement agencies by maintaining compliance with Health and Safety Codes

Responsibility

The Injury and Illness Prevention Program Administrator, John Burch, Kirkwood School Superintendent, has the authority and the responsibility for implementing and maintaining the IIPP for the Kirkwood School District.

Immediate responsibility for workplace health and safety rests with each individual employee. 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 supervisor.

A copy of this IIPP is available on our website at www.kirkwoodschoolca.org

Compliance

All employees are responsible for complying with safe and healthful work practices. Our system of ensuring that all employees comply with these practices includes:

- Informing employees of the provisions of the IIPP
- Providing training to employees whose safety performance is deficient
- 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 findings and actions taken

Communication

The IIPP Administrator is responsible for communication with all employees about occupational safety and health in a form readily understandable by all employees. Our communication system encourages all employees to inform the IIPP Administrator about workplace hazards without fear of reprisal.

Our communication system includes the following:

- New employee orientation including a discussion of safety/health policies and procedures.
- Review of our IIPP
- Training program
- Regularly scheduled safety meetings
- Posted or distributed safety information
- System for employees to inform the IIPP Administrator about workplace hazards

Hazard Assessment

A health and safety inspection program is essential in order to reduce unsafe conditions, which may expose employees to incidents that could result in personal injuries or property damage. It is the responsibility of Kirkwood School district to ensure that appropriate, systematic safety inspections are conducted periodically. Inspections are conducted annually, and additionally, when the following occur:

- New substances, processes, procedures, or equipment which could present potential hazards are introduced into the workplace
- New, previously unidentified hazards are recognized
- Occupational injuries and illnesses
- Workplace conditions warrant an inspection

Signs will be posted stating "Authorized Personnel Only" on the maintenance/storage shed, custodian supply room, and the gymnasium light and sound system room.

Scheduled Safety Inspections

Upon initial implementation of this program, inspections of all work areas will be conducted. All inspections will be documented using the attached form (or equivalent) with appropriate abatement of any hazards detected.

Thereafter, safety inspections will be conducted at the frequency described below:

- Annual inspections of all office areas will be conducted to detect and eliminate any hazardous conditions that may exist
- Semi-annual inspections of all potentially hazardous areas (shops, gymnasiums, sheds, etc.) will be conducted to detect and eliminate any hazardous conditions that may exist
- Monthly playground and site inspections are performed and documented

Unscheduled Safety Inspections

- Additional safety inspections will be conducted whenever new equipment or changes in procedures are introduced into the workplace that presents new hazards
- Superintendent will conduct periodic unscheduled safety inspections of all potentially hazardous areas to assist in the maintenance of a safe and healthful workplace
- Safety reviews will be conducted when occupational accidents occur to identify and correct hazards that may have contributed to the accident

Accident/Exposure Investigations

All injuries and illnesses occurring on the job are to be reported by the employee to the IIPP Administrator as soon as possible. Appropriate documentation is sent to Keenan and Associates for proper processing.

Procedure for investigating workplace accidents and hazardous substance exposure include:

- Interviewing injured worker and witnesses

Hazard Correction

All hazards identified will be promptly investigated and alternate procedures implemented. The Kirkwood School District recognizes that hazards range from imminent dangers to hazards of relatively low risk. Corrective actions or plans, including suitable timetables for completion, are the responsibility of the IIPP Administrator.

Training and Instruction

Employee Safety Training shall be provided under the following guidelines:

- New employees shall be provided initial training upon hire
- Employees shall be provided training when assigned to a new task or job for which training has not been received
- Documentation of training shall be maintained in writing by individual and/or group training sessions
- Refresher training in designated areas is provided as needed.
- All employees are required to participate in Keenan Safe Schools online trainings as assigned by the program administrator

Documentation

Many standards and regulations of Cal/OSHA contain requirements for maintenance and retention of records for occupational injuries and illnesses, medical surveillance, exposure monitoring, inspections and other activities relevant to occupational health and safety. To comply with these regulations, as well as to demonstrate that the critical elements of this Injury & Illness Prevention Program are being implemented, the following records will be kept on file in the District Office for at least the length of time indicated below:

1. Copies of all IIPP Safety Inspection Forms. Retain 5 years
2. Copies of all Accident Investigation Forms. Retain 5 years
3. Copies of all Employee Training Checklists and related Training Documents. Retain for
4. duration of each individual's employment.
5. Copies of all Safety Meeting Agendas. Retain 5 years.

The District will ensure that these records are kept in their files, and present them to Cal/OSHA or other regulatory agency representatives if requested. A review of these records will be conducted by the Superintendent during routine inspections to measure compliance with the program.

A safe and healthy workplace must be the goal of everyone at Kirkwood Elementary School District, with responsibility shared by management and staff alike. If you have any questions regarding this Injury & Illness Prevention Program, please contact the District Office at 530- 824-7773.

APPENDIX A
MONTHLY SELF-INSPECTION REPORTS

NORTHERN CALIFORNIA SCHOOLS INSURANCE GROUP

ELEMENTARY / INTERMEDIATE SCHOOLS
MONTHLY SELF-INSPECTION REPORT

Retain this form in member safety file for review by JPA Risk Control Consultant.

Member: _____ Site: _____

Date of Inspection: _____ Inspector: _____

This self-inspection survey is designed only as a guide for your use. It is not intended, nor should it be construed as meeting any obligation that may be imposed upon you under any federal, state or local laws, rules or regulations.

HOUSEKEEPING	Yes	No	N/A
1. Indicate if the following locations are kept free of trash, waste paper, etc.			
Offices and desk areas			
Storage rooms			
Utility / electrical rooms / boiler rooms			
Shops			
Classrooms			
Overhead shelving			
Fire Escape Routes			
2. Special closets provided for cleaning / floor polishing supplies?			
3. Flammable cleaning supplies, gas, oils, or solvents kept in approved safety containers?			
4. Paints / lacquers safely stored?			
5. Self-closing metal cans provided for oily / painted / soaked rags?			
6. Stairwells / spaces beneath stairs kept free from accumulation / storage of any combustible materials?			
7. Sawdust / combustible waste removed daily?			

HEATING & COOLING	Yes	No	N/A
1. State operating permits obtained for LPG / air tanks and posted?			
2. Have filters been changed on all HVAC systems?			
4. Outside ground-level HVAC units fenced and locked?			

ELECTRICAL	Yes	No	N/A
1. Emergency lighting units installed, tested, and documented **monthly**?			
3. Are all panelboards, switch and fuse cabinets clean / marked properly?			
6. Combustible materials kept at least 36" away from electrical panel boxes & equipment?			
7. Are all outlet covers in outdoor wet areas in place, and in good repair?			

FIRE ALARMS / DRILLS	Yes	No	N/A
1. Monthly fire drills run with students, and results logged?			
3. Are fire alarm boxes free from obstructions and maintained properly?			

EXTINGUISHERS	Yes	No	N/A
1. Are all fire extinguishers being visually inspected monthly?			
4. Are extinguishers of the proper type for the area, and mounted at the proper height?			

AUTOMATIC FIRE SPRINKLERS	Yes	No	N/A
1. Is main sprinkler control valve accessible and free from obstructions?			
2. Are fire department hose conections on the exterior of the building free of debris, and the hose connection caps intact?			
3. Have protective cages, covers, etc. been placed around sprinkler heads that hang low from ceilings and stairways?			
4. Is 18 inches of clearance maintained around ALL sprinkler heads (including in closets and above shelving)?			

STAIRWELL AND FIRE DOORS	Yes	No	N/A
1. Are automatic fire doors kept in operating condition and free from obstructions?			
2. Are fusible links intact, and free of dust build up, paint, etc.?			

MULTI-PURPOSE ROOM / CAFETERIA / KITCHEN	Yes	No	N/A
1. Is cooking equipment maintained in good condition?			
3. Are lighting and ventilation adequate in all areas?			
4. Are hood filters cleaned at least monthly?			
5. Are aisles and exit doors clear and unobstructed?			
8. Are floors free of water, grease, cracks, holes, broken tiles, or other defects?			
9. Are anti-slip mats provided where students may encounter wet areas?			
11. Are baffle-type grease filters installed vertically in ventilation hoods?			
13. Are walk-in refrigerators and freezers provided with thermometers?			
14. Are all food items and product expiration dates checked daily?			
15. Are water heaters properly strapped/secured for seismic protection?			
16. Are maximum occupancy limits posted in public areas?			
17. Are 3A 40B:C type fire extinguishers installed within 30 feet of cooking areas and Class K (Wet Chemical) type fire extinguishers for grills and stoves?			

INDUSTRIAL ARTS	Yes	No	N/A
1. Are guards for wodworking machines intact, and dust collection system hoses properly connected?			
2. Is automotive and heavy duty equipment properly maintained?			
3. Are power-actuated hand tools properly grounded / guarded, and cords in good repair?			
4. Are flammable liquids such as paints, thinners, solvents, etc., stored in UL-listed cabinets or storage rooms?			
5. Are emergency eyewash stations tested and each test logged **monthly**?			
6. Are SDS / Right-To-Know information posted or in a binder, and updated as-needed?			
7. Is personal protective equipment (such as safety glasses, face shields, ear plugs, etc.) available for students?			
9. Are all extension cords in good condition/no exposed wiring?			
13. Are oily rags disposed of in non-combustible containers?			

SCIENCE / CHEMISTRY LABORATORIES	Yes	No	N/A
1. Are SDS/Right-To-Know information posted?			
3. Are hand, eye, face PPE provided and required?			
4. Are electrical outlets and appliances properly guarded and GFCI protected/labeled?			
5. Are gas nozzles and valves tight, properly labeled, and in good working condition?			
6. Are emergency eye wash stations and deluge showers tested and logged **monthly**?			
7. Are flammables / corrosives stored separately and in accordance with the California State Science Safety handbook?			

CLASSROOMS / OFFICES / SPECIAL ED ROOMS	Yes	No	N/A
1. Are filing cabinets secured to wall, floor, or bolted together?			
2. Are bookshelves and metal shelves secured to wall or each other?			
3. Are all combustible materials (paper, boxes, etc.) that may be stored overhead kept at least 24 inches from ceiling, lights, and electrical equipment?			
4. Are TVs, media players, etc. strapped or bolted to media cart or shelf?			
5. Is protective equipment used when handling corrosive or toxic substances?			
6. Are flammable liquids stored in **approved** containers?			
7. Are combustible materials (paper, string, etc.) attached to ceilings?			
8. Are portable fire extinguishers mounted on walls and locations clearly marked?			
9. Are signs/maps posted for emergency exits and evacuation routes?			
11. Are decorations made of non-flammable materials?			
14. Are fire exits and pathways clearly marked and free of obstructions?			
16. Are all chemical containers (spray bottles, beakers, etc.) properly labeled?			
18. Is lighting and ventilation adequate in all areas?			
19. Are electrical cords and cables kept out of aisles or under tread guards to prevent tripping hazards?			
20. Are stairway handrails and non-slip tread surfaces in good repair?			
21. Is 36 inches of clearance from combustibles maintained around all electrical panels?			
23. Are paper cutters equipped with latching devices, safety guards, and spring adjusted to hold blade in position?			
24. Are ungrounded "two wire" extension cords prohibited from use?			
25. Is any wiring exposed at electrical plugs due to failed insulation connections?			
26. Is temporary wiring (including power strips and extension cords) "daisy chained" (connected end-to-end)? If so, discontinue.			
27. Are combustible covers over windows or inside exit doors? If so, remove.			

GYMS AND STAGES	Yes	No	N/A
1. Emergency lights installed, tested and logged **monthly**?			
2. Basketball hoops and bleachers in good repair?			
3. Maximum occupancy limits determined and clearly posted?			
4. Side and back railings on open-sided bleachers (3rd row and above) inspected?			
5. Exits kept clear and fully illuminated?			

IF ANY DEFICIENCIES ARE FOUND, COMMENT BELOW OR ON BACK AS TO CORRECTIVE ACTIONS BEING TAKEN (Refer to item number).

APPENDIX B
REPORT OF UNSAFE CONDITION OR HAZARD

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: _____

KIRKWOOD ELEMENTARY SCHOOL DISTRICT:

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: _____

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APPENDIX C
EMPLOYEE SAFETY RECOMMENDATION FORM

KIRKWOOD ELEMENTARY SCHOOL DISTRICT

EMPLOYEE SAFETY RECOMMENDATION FORM

LOCATION:	DEPT:
SUPERVISOR:	DATE:

IDENTIFICATION OF SAFETY OR HEALTH HAZARD

SUGGESTION FOR ABATEMENT OF THE SAFETY OR HEALTH HAZARD

DO NOT WRITE BELOW THIS LINE

Date complaint was investigated:

Investigated by:

Action taken:

Date Action was reported to the employee:

Comments:

APPENDIX D
SAFETY TRAINING AND INSTRUCTION RECORD

SAFETY TRAINING AND INSTRUCTION RECORD

Training Date: _____

_____

Topic and/or Type of Training: _____

_____ **Trainer(s):** _____

_____

(Employee's need to sign-in.)

Employee Signature	*Employee Signature*

RETURN FORM AND ANY ATTACHMENTS TO CHERYL IN THE OFFICE.

Approved: _____By the Kirkwood School Board of Trustees

APPENDIX E
EMPLOYEE/SUPERVISOR/WITNESS
INJURY/ACCIDENT REPORTS

KIRKWOOD ELEMENTARY SCHOOL

Employee's Report of Injury

(To be completed by the employee only.)

Employee's name: _____ Male__ Female__
Last First Middle

Date of birth: ____/____/____ Home telephone # (_____) _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Present classification: _____ How long employed here: _____

Social Security No.: _____-_____-_____ Weekly salary: _____

Location of accident: _____
Address Area (loading dock, bathroom, etc.)

Date of accident: _____ Time of accident: _____

Describe fully how accident occurred: (including events that occurred immediately before the accident):

_____

_____

_____

_____

Describe bodily injury sustained (be specific about body part(s) affected): _____

_____

_____

Recommendation on how to prevent this accident from recurring: _____

_____

Name of supervisor: _____ Phone# _____
Last First

Name(s) of witness(es): _____ Phone# _____
(Attach witness(es) report(s))

When did you report the accident to your supervisor? _____

To whom did you report the injury? _____

Do you require medical attention? Yes:_____ No:_____ Maybe:_____

Name of your treating physician: _____ Phone# _____

Signature of employee: _____ Date: _____

KIRKWOOD ELEMENTARY SCHOOL

Supervisor's Accident Investigation

(To be completed by the employee's supervisor or other responsible administrative official)

Location where accident occurred		Employer's Premises: Yes ☐ No ☐ Job site: Yes ☐ No ☐	Date of accident or illness
Who was injured?		☐ Employee ☐ Non-Employee	Time of accident a.m. ☐ p.m. ☐
Length of time with firm	Job title or occupation	Name of dept. normally assigned to	How long has employee worked at job where injury or illness occurred?
What property/equipment was damaged?			Property/equipment owned by:
What was employee doing when injury/illness occurred? What machine or tool was being used? What type of operation?			
How did injury/illness occur? List all objects and substances involved.			
Part of body affected/injured?		Any prior physical conditions? If so, what? Yes ☐ No ☐	
Nature and extent of injury/illness and property damaged (be specific)			

PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY OR ILLNESS

____ Failure to lockout	____ Improper maintenance	____ Poor housekeeping
____ Failure to secure	____ Improper protective equipment	____ Poor ventilation
____ Horseplay	____ Inoperative safety device	____ Unsafe arrangement or process
____ Improper dress	____ Lack of training or skill	____ Unsafe equipment
____ Improper guarding	____ Operating without authority	____ Unsafe position
____ Improper instruction	____ Physical or mental impairment	____ Other _____

Supervisor's corrective action to ensure this type of accident does not recur: _____

_____

_____

_____

Was employee trained in the appropriate use of Personal Protective Equipment/Proper safety procedures? ... Yes ___ No ___

Was employee cautioned for failure to use Personal Protective Equipment/Proper safety procedures? ..... Yes ___ No ___

Did employee promptly report the injury/illness? ..... Yes ___ No ___

Is there modified duty available? ..... Yes ___ No ___

Supervisor's name	Supervisor's signature	Phone#	Date

KIRKWOOD ELEMENTARY SCHOOL

Accident Witness Statement

(To be completed by accident witness)

Injured employee's name: _____
Last First Middle

Name of witness: _____ Ph# _____
Last First Middle

Job title of witness: _____ How long employed here?_____

Home address of witness: _____

City: _____ State: _____ Zip Code: _____

Location of accident: _____
Address/Name of building Area (bathroom, etc.)

Date of accident: _____ Time of accident: _____

Describe fully how accident occurred: (including events that occurred immediately before the accident):

_____

_____

_____

_____

_____

Describe bodily injury sustained (be specific about body part(s) affected): _____

_____

_____

Recommendation on how to prevent this accident from recurring:_____

_____

Name of Witnesse's Supervisor: _____ Ph#_____
Last First

Signature of Witness: _____ Date: _____