



INJURY AND ILLNESS PREVENTION PROGRAM

Department Name: _____

Responsible Department Manager/Administrator: _____

Departmental Safety Representative: _____

Date Department Adopted Program: _____

Injury and Illness Prevention Program

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INTRODUCTION

The Injury Illness Prevention Program (IIPP) is required by California Senate Bill 198 and implemented under the California Code of Regulations, Title 8, Chapter 4, Section 3203. Each site at SMC is required to have their own written Injury and IIPP. The Program covers District employees in all job classifications, including student employees, academic and administrative staff. The legislation also covers all other workers who the employer controls or directs and directly supervises on the job to the extent these workers are exposed to worksite and job assignment specific hazards. Volunteer workers and outside contractors are thus covered under the IIPP.

POLICY

The District shall maintain as safe and healthy an environment as is reasonably feasible for its students, faculty, staff and visitors by:

Conducting its operations and activities in a safe manner to minimize the risk of injury to people and minimize property damage at all locations where District operations and/or activities occur.

Complying with applicable regulations, safety and health consensus standards, and practices generally accepted by experts in the field.

DEFINITION OF RESPONSIBILITIES

The President and Vice Presidents are responsible for ensuring that units under their authority comply with the campus environmental health and safety policy.

Deans, Department Chairs, managers and supervisors are accountable for establishing and maintaining programs to ensure compliance within their areas and which will provide a safe and healthy environment.

Risk Management is responsible for developing safety education and monitoring programs to ensure compliance with campus environmental, health and safety policy. Risk Management is authorized to inspect all areas of the campus.

All employees are responsible for knowing the applicable safety regulations governing the activities they carry out and are accountable for complying with them.

AUTHORITY AND RESPONSIBILITY

REQUIREMENT

Standard

The Program shall... (1) Identify the person or persons with authority and responsibility for implementing the Program (8 CCR Section 3203 (a)(1).

IMPLEMENTATION

Written Program

The Department's IIPP must be a written document that addresses the minimum elements of the standard. Compliance with this requirement can be accomplished by using this document as your written program and personalizing it for your department by filling-out the **Departmental Information** form, which is to be posted in a conspicuous place your department. A copy of this form is also to be forwarded to Risk Management.

Designation of Person or Persons with Authority or Responsibility

The standard clearly requires that the IIPP identify a person or persons with the authority and responsibility for implementing the Program. The intent of the standard is to designate a person in management as the person responsible for the Program.

Department Chairs, and managerial staff are the identified persons for the Departments. They may elect to delegate authority for implementation of the Program to some one in their Department but they May Not delegate their responsibility for its implementation.



DEPARTMENTAL SAFETY INFORMATION
PLEASE POST ON BULLETIN BOARD

DEPARTMENT NAME: _____

BLDG NAME: _____

DEPARTMENT HEAD OR CHAIRPERSON:

_____ PHONE _____

BLDG & OFFICE LOCATION: _____

This person has the authority to implement the Injury and Illness Prevention Program. This person is also responsible for designating a career employee and an alternate to assist the department in mandated health and safety program implementation as the department safety representative.

MANAGER /ADMINISTRATOR:

_____ PHONE: _____

BLDG & OFFICE LOCATION: _____

DEPARTMENT SAFETY REPRESENTATIVE:

_____ PHONE: _____

BLDG & OFFICE LOCATION: _____

DEPARTMENT ALTERNATIVE SAFETY REPRESENTATIVE:

_____ PHONE: _____

BLDG & OFFICE LOCATION: _____

LOCATION OF ENVIRONMENTAL, HEALTH AND SAFETY BINDER:

LOCATION OF ACCIDENT REPORTING FORMS:

**EMERGENCY CHEMICAL INFORMATION -
MATERIAL SAFETY DATA SHEET (MSDS) INFORMATION:
CALL 3E COMPANY (800)451-8346 TO HAVE MSDS FAXED TO NEAREST FAX MACHINE**

Copy completed form and post. Forward copy to Risk Management

COMPLIANCE WITH SAFE WORK PRACTICES

REQUIREMENT

Standard

The Program shall ... (2) Include a system for ensuring that employees comply with safe and healthy work practices. Substantial compliance with this provision includes recognition of employees who follow safe and healthful work practices, training and retraining programs, disciplinary actions, or any other means that ensures compliance with safe and healthful work practices ... (8 CCR Section 3203 (a)(2).

IMPLEMENTATION

Policy

SMC requires ***all employees*** to be knowledgeable of, to comply, and to be accountable for complying with applicable safety regulations governing activities they carry out. Risk Management will provide guidance for compliance with regulations. In the event of a serious hazard, the Risk Manager or designee may order cessation of an activity on any SMC campus, and the activity may only be resumed with the approval of the Risk Manager in consultation with the appropriate Vice President, or unit head.

COMMUNICATING SAFETY ISSUES

REQUIREMENT

Standard

The Program shall... (3) Include a system for communicating with employees in a form readily understandable by all affected employees on matters relating to occupational safety and health, including provisions designed to encourage employees to inform the employer of hazards at the worksite without fear of reprisal. Substantial compliance with this provision includes meetings, training programs and postings. (8 CCR Section 3203 (a)(3)).

IMPLEMENTATION

Communication

The department must devise a system for communicating with its employees on safety and health issues that affords employees the opportunity for meaningful and reprisal free input to the program. The department's communication program must address the following objectives:

1. Explain the requirement to comply with safe work practices, including recognition for compliance and disciplinary actions for violations;
2. Communicate safety rules and other information on occupational hazards in an understandable manner (this requirement applies to both clarity and language if non-English speaking employees are in the workforce); and
3. Encourage employees to report workplace hazards to Maintenance and Operations by using the **Workplace Safety Action Reporting Form**.

Methods

The department may use the following methods for facilitating safety and health communication:

1. Designated safety and health bulletin boards, a department website (established and maintained by Department Safety Representatives – where all safety forms, such as Workplace Safety Action Request Forms, are located);
2. Staff Meetings
3. Training Programs
4. Written Communications (memos, newsletters, signage, pamphlets, etc.);
5. Departmental Safety Binder – to be issued and maintained by the Department Safety Representative containing all health and safety reference material, i.e., Hazard Communications Program, Fire/Emergency Evacuations Plan, etc. The Binder should be placed in a central location accessible to all employees.
6. Safety Committees

IDENTIFYING WORK PLACE HAZARDS

REQUIREMENT

Standard

The Program shall...(4)Include procedures for identifying and evaluating work place hazards including scheduled periodic inspections to identify unsafe conditions and work practices,. Inspections shall be made to identify and evaluate hazards.

1. When the Program is first established;
2. Whenever new substances, processes, procedures, or equipment are introduced to the workplace that represent a new occupational safety and health hazard; and
3. Whenever the employer is made aware of new or previously unrecognized hazard. (8 CCR Section 3203 (a)(4).

IMPLEMENTATION

Inspections

The Risk Management Office will conduct annual surveys of every building on campus and send results to the President, Vice Presidents, Department Chairs and managers. Your IIPP will be assessed at the time of the inspection. The record of the Risk Management Inspection will be sent to the Department Safety Representatives for follow-up and filing.

Documentation

Records of the inspection must be retained by the department in the Safety Binder for three years.

PROCEDURES FOR INVESTIGATING INJURIES AND ILLNESSES

REQUIREMENT

Standard

The Program shall...(5) Include a procedure to investigate occupational injury or occupational illnesses (8 CCR Section 3203 (a) (5)).

IMPLEMENTATION

Department's Responsibility

According to Worker's Compensation Claim Reporting Procedures, California law requires that each industrially-injured employee receive from their supervisor the **Employee Claim for Workers'**



DWCFORM_1.pdf

Compensation Benefits (Form DWC-1) form *within one working day of the time the injury is reported the employer.* Please obtain these forms from Risk Management or your department's Safety Representative. The supervisor and injured worker must also complete the **Supervisor's Accident Investigation** form within 24 hours of knowledge of the injury. These forms are obtained from Risk Management. Therefore, employees must be trained to report injuries to supervision, not matter how minor injuries may be. "Near Accidents" or "Near Misses" should also be reported and investigated by supervision.

Risk Management Responsibility

Each accident that is reported to a supervisor is to be reviewed by the supervisor and appropriate action taken to correct the situation in order to prevent future recurrences.

All injuries to employees are reported to the Insurance Coordinator in the Risk Management Department. A copy of **Supervisor's Accident Investigation Report** and the **Employee Claim for Workers' Compensation Benefits** are sent to Risk Management for review and follow-up. Accident trends are also evaluated from statistical data to identify training requirements.

PROCEDURES FOR CORRECTING UNSAFE OR UNHEALTHY CONDITIONS

REQUIREMENT

Standard

The Program shall... (6) Include methods and/or procedures for correcting unsafe or unhealthy conditions, work practices and work procedures in a timely manner based on the severity of the hazard:

- A. *When observed or discovered; and*

- B. *When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, remove all exposed personnel from the area except those necessary to correct the existing condition. Employees necessary to correct the hazard condition shall provide the necessary safeguards (8 CCR Section (a)(6)).*

IMPLEMENTATION

Inspections

Periodic inspections and procedures for correction and control provide a method of identifying existing or potential hazards in the workplace, and eliminating or controlling them. The frequency of Risk Management inspections will at least be annually, but depend on additional factors such as the operations involved, the magnitude of the hazards, the proficiency of employees, changes in equipment or work processes, and the history of workplace injuries and illness. Risk Management will include such measures as operational changes, physical changes, work orders, training sessions, minor state-funded capital improvements, et cetera. Risk Management can assist in discussing appropriate options.

Hazard Reporting

Safety and health hazards should be reported immediately to supervisors and to Maintenance & Operations. The **Work Place Safety Action Request Form** may also be utilized and sent Maintenance & Operation for corrective action. In addition, near misses, incidents that almost resulted in an accident, should be reported on this form also. In the case of imminent danger, contact Maintenance & Operations immediately by dialing extension 4378.

SAFETY ACTION FORM

**SANTA MONICA COMMUNITY COLLEGE DISTRICT
STAFF USE ONLY**

Description of unsafe condition:

Location: (Be specific: room#, bldg., n/s/e/w, etc.)

Date Reported: _____

Map Included: Yes ___ **No** _____

Weather: Wet _____ **Dry** _____

Date inspected: _____

Pictures Taken: Yes _____ **No** _____

Work Order Issued: Yes _____ **No** _____ **Work Order #:** _____

Scheduled Completion Date: _____

Work Completed: _____

Repaired by: _____

Signature

Date: _____

Forward Form to Maintenance for distribution.

White Copy: Risk Management Yellow Copy: Health Office

SAFETY AND HEALTH TRAINING

Standard

The Program shall...(7) Provide training and instructions;

- A. When the program is first established;*
- B. To all new employees;*
- C. To all employees given new job assignments for which training has not previously been received;*
- D. Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard;*
- E. Whenever the employer is made aware of a new or previously unrecognized hazard; and,*
- F. For supervisors to familiarize them with safety and health hazards to which employees under their immediate direction and control may be exposed. (8 CCR Section 3203 (a)(7)).*

IMPLEMENTATION

Each supervisor is responsible for training employees under their supervision, as well as new employees, in safe work procedures for their specific tasks. The supervisor is the key figure in the success of the IIPP Program. They are responsible for being familiar with safety and health hazards which their employees may be exposed, being able to recognize these hazards, potential effects they have on the employees, and the rules, procedures and work practices for controlling exposure to those hazards. They must convey this information to employees by setting good examples, instructing them, and making sure they fully understand and follow safe procedures.

DOCUMENTATION

Written documentation of safety training is required. You must include the name of the person trained or other identifier, training dates, type(s) of training and training providers. These records should be sent to the Department Safety Representative for inclusion in the IIPP Program. A copy shall also be sent to Risk Management. This documentation must be maintained for three (3) years.

In order to assist your department, three New Employee Training Forms have been included in this program. Use these forms or similar forms to document initial training of all employees. Copies of the training records for training sessions conducted or sponsored by Risk Management will be provided to your department for inclusion in the Safety Binder.

RECORD KEEPING AND DOCUMENTATION

REQUIREMENT

Standard

- A. Records of the steps taken to implement and maintain the Program shall include:
1. Records of scheduled and periodic inspections required by subsection (a)(4) to identify unsafe conditions and work practices, including persons(s) conducting the inspection, the unsafe conditions and work practices that have been identified and action taken to correct the identified unsafe conditions and work practices. These records shall be maintained for three (3) years; and
 2. Documentation of safety and health training required by subsection (a) (7) for each employee, including name or other identifier, training dates, type(s) of training and training providers. This documentation is to be maintained for three (3) years. (8CCR Section (b)).

IMPLEMENTATION

Record keeping as a means of demonstrating compliance is essential. All documents regarding training and inspections must be kept on file in the department's Safety Binder and copies in the Risk Management Department for three years.

The system utilized in this program is based on a concept that should dramatically simplify the documentation burden on departments, especially those with a small workforce or relatively uncomplicated or less hazardous workplaces.

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

(This report is intended to be confidential for transmission to attorneys for the District in the event that litigation arises out of this incident.)

NAME OF INJURED: _____

HOME ADDRESS: _____

SEX _____ DATE OF BIRTH _____ JOB TITLE: _____

DEPARTMENT: _____ AREA VP: _____

DATE OF INCIDENT: _____ HOUR: _____ am/pm PHOTOS Y/N

CLASSIFIED ___ CERTIFICATED ___ DATE/TIME ACCIDENT REPORTED: _____

ACCIDENT LOCATION: _____

WITNESSES: NAMES; ADDRESSES; PHONE NUMBERS

1. _____

2. _____

TIME SUPERVISOR ON ACCIDENT SCENE _____ TIME OFF SCENE _____

Did employee remain on the job? (Check one) Yes ___ No ___ Seek medical care? (Check one) Yes ___ No ___

If yes, name & address of Dr./facility: _____

FIELD INVESTIGATION

Exact Location of Incident (include bldg, campus, room #, east, west, north or south of exterior/interior location)

Describe injuries / illnesses which you observed or which were described to you and list body parts affected:

Completely describe location of incident: including lighting, walking surface, weather, measurements, and any other condition that could have contributed to or prevented the incident:

Describe demeanor of person involved and include statements made as "Excited Utterances":

Describe shoes, physical appearance, tools, equipment or any other apparatus/characteristic that would contribute to understanding how the accident occurred:

Describe how the incident occurred; state facts, contributing factors, cite witnesses and support evidence:

Steps taken to prevent similar incident: _____

Investigator Signature: _____ Title: _____

Print Investigator Name: _____ Date/Time form completed: _____

**FORWARD REPORT TO RISK MANAGEMENT WITHIN 24 HOURS OF ACCIDENT –
SUPERVISOR TO MAINTAIN YELLOW COPY**

