

Santa Clarita Community College District



INJURY AND ILLNESS PREVENTION PROGRAM AP 6800

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INTRODUCTION

The Santa Clarita Community College District is committed to providing all employees with a safe and healthy work environment. To achieve this goal, the District has developed this Injury & Illness Prevention Program (IIPP) to provide the structure and procedures for preventing, identifying, mitigating, and correcting actual and potential hazards in the workplace. This document describes the goals, statutory authority, and the responsibilities of all employees under the Program. It addresses Compliance, Hazard Identification, Accident Investigation, Hazard Mitigation, Training, Hazard Communication, and Program Documentation. By making employee safety a high priority for every employee, we can reduce injuries and illnesses, increase productivity, and promote a safer and healthier environment for all employees, volunteers, students and visitors at College of the Canyons.

A safe and healthy workplace is a responsibility shared by the entire campus community. If you have any questions regarding this Injury & Illness Prevention Program, please contact the Program Administrator listed on page 3.

GOALS

Through implementation of the Injury and Illness Prevention Program, the District endeavors to:

1. Protect the health and safety of employees by decreasing the potential risk of disease, illness, injury, and harmful exposures to district personnel;
2. Reduce workers' compensation claims and costs;
3. Reduce time spent replacing or reassigning injured employees, as well as reduce the need to find and train replacement employees; and
4. Improve employee morale and efficiency.

STATUTORY AUTHORITY

- ◆ California Labor Code Section 6401.7.
- ◆ California Code of Regulations Title 8, Sections 1509 and 3203.

RESPONSIBILITY

All Employees

Maintaining a safe and healthy work environment is the responsibility of each employee. Knowledge and use of safe work practices as well as reporting and correcting unsafe conditions are the best way to prevent injuries on the job. All employees are responsible for:

- Practicing safe work habits, using all safeguards and personal protective equipment -- provided;
- Adhering to all District safety policies and procedures;
- Keeping work areas clean and orderly;
- Attending online and in-person safety training as required or requested by the District;
- Knowing how to report unsafe work conditions and immediately reporting potentially unsafe conditions to a supervisor;
- Correcting unsafe conditions within his/her authority and means; and
- Immediately reporting all injuries, accidents, and “near-misses” to a supervisor. All injuries must also be reported to the Human Resources Department.

Administrators, Supervisors, and Managers

Administrators, Supervisors, and Managers are responsible for implementing and maintaining the IIPP in their work areas. All supervisors are responsible for:

- Ensuring workplaces and equipment are in good and safe working order;
- Ensuring safeguards and personal protective equipment have been provided as appropriate and that employees are properly trained in use of such equipment;
- Ensuring employees receive general safety training and have been trained as to how to safely perform the duties specific to their position;
- Supporting the District’s safety training efforts by ensuring that appropriate safety training is attended by employees;
- Enforcing the District’s safety policies and procedures;
- Answering employee questions about the IIPP;
- Ensuring employees know any report of a workplace hazard will be received without fear of reprisal;
- Ensuring reported and evaluated workplace hazards or unsafe practices are rectified in a timely manner; and
- Immediately reporting any injury, accident, or “near-miss” to the Director, Human Resources or designee.

Program Administrator

The Injury and Illness Prevention (IIP) District's Program Administrator, Dr. Rian Medlin has the authority and responsibility for implementing and maintaining this IIP Program for College of the Canyons.

Name: Dr. Rian Medlin – Int. Assistant Superintendent/Vice
President, Human Resources

Location: Human Resources - University Center

Office Phone: (661) 362-3427

The Program Administrator is responsible for:

- Administering and providing oversight to this Injury & Illness Prevention Program;
- Ensuring the District's safety training program provides a breadth and depth of training to ensure employees have the information to perform their work safely;
- Promoting safety training offerings to all employees and notifying employees when safety training, certification, and/or recertification is required;
- Maintaining training records for each employee;
- Ensuring that all new hires receive information on how to access the IIPP;
- Serving on the District's Safety Committee;
- Monitoring District compliance with the IIPP; and
- Annually reviewing, updating and evaluating the overall effectiveness of the IIPP.
- Facilities' work order system to report issues and concerns.

COMPLIANCE

Compliance with this Injury & Illness Prevention Program will be achieved in the following manner:

1. District Administrators, Supervisors, and Managers will identify, mitigate potentially hazardous conditions, and provide training, resources and personal protective equipment necessary to safely perform their work duties;
2. District Administrators, Supervisors, and Managers will set positive examples for working safely and require that all staff under their direction work safely; and
3. When necessary, District Administrators, Supervisors, and Managers will use the progressive discipline process if an employee fails to follow established safety policies and procedures and attend required training.

COMMUNICATION

Effective two-way communication, which involves employee input on matters of workplace safety, is essential to maintaining an effective Injury & Illness Prevention Program. Department supervisors are responsible for communicating with employees about workplace safety in a form that is readily understandable.

Employees are encouraged to bring to the District's attention any potential health or safety hazard that may exist in the work area. Employees are encouraged to participate in the safety program and give suggestions without fear of reprisal.

The District will utilize any of the following communication tools to foster better communication on safety related topics:

- Employee safety training programs;
- Periodic safety updates and/or bulletins;
- Safety suggestion box;
- Periodic general emails to all employees requesting feedback on safety related topics/issues;
- Adopting a district safety policy statement;
- Communicating safety as a district priority to all levels of management; and
- Documenting all communication efforts.

The Employee Safety Recommendation form (or equivalent) found in **Appendix A** may be used for the purpose of reporting and/or providing input on matters of workplace safety to their department supervisors and/or placing them in a safety suggestion box. These forms are available on the District's Human Resources intranet site at www.canyons.edu/intranet and/or from the Human Resources Office.

Site Administrators, Supervisors, and/or Managers will follow up on all suggestions and investigate the concerns brought up through these communication methods. Feedback to the employees is critical, and must be provided for effective two-way communication.

HAZARD IDENTIFICATION

A health and safety hazard inspection program are essential in order to ensure a safe working environment and reduce unsafe conditions. The safety hazard inspection system will identify hazards that exist or may develop in the workplace. The District will ensure that appropriate, systematic safety inspections are conducted periodically.

Scheduled Safety Inspections

Upon initial implementation of this Program, inspections of all work areas will be conducted. All inspections will be documented using General Safety Inspection form (or equivalent) found in **Appendix B**. The District will mitigate or eliminate any safety hazards identified in a timely manner.

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

1. Annual inspections of all office areas will be conducted to detect and eliminate any hazardous conditions that may exist;
2. Semi-annual inspections of all potentially hazardous areas (shops, cafeterias, warehouses, gymnasiums, sheds, etc.) will be conducted to detect and eliminate any hazardous conditions that may exist.
3. Forms or checklists should be kept on file.

Unscheduled Safety Inspections

1. The District will conduct periodic unscheduled safety inspections of all potentially hazardous areas to assist in the maintenance of a safe and healthful workplace;
2. Human Resources will ensure safety reviews are conducted when reported occupational accidents occur to identify and correct hazards that may have contributed to the accident.

ACCIDENT INVESTIGATIONS

The District will investigate all reported accidents, injuries, occupational illnesses, and “near-miss” incidents to understand why the incident occurred and to prevent future similar accidents, injuries, and occupational illnesses. The District will mitigate or eliminate any safety hazards identified in a timely manner.

To ensure timely reporting of work-related injuries and illnesses, both employee and supervisor must complete their respective Report of Employee Injury/Exposure Form and District Accident Investigation Form available from the Human Resources Office. This form (or equivalent) may be found in **Appendix C**.

Procedures for investigating workplace accidents and hazardous substance exposures include:

1. Interviewing injured workers and witnesses;
2. Examining the workplace for factors associated with 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

All reported hazards will be promptly investigated and the District will take immediate steps to mitigate or eliminate any hazards verified. The Risk Management Department and facilities leadership will coordinate corrective action plans, including timetables for completion.

When an imminent hazard is verified and cannot be corrected immediately, all exposed employees will be immediately removed from the area.

TRAINING AND INSTRUCTION

Effective dissemination of safety information lies at the very heart of a successful Injury & Illness Prevention Program.

The Program Administrator will coordinate the process for providing Site Administrators, Supervisors, and Managers with the training necessary to familiarize themselves with the safety and health hazards their employees are exposed to.

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, except for construction workers who are provided training through a construction industry occupational safety and health training program approved by Cal/OSHA.
3. To all workers given new job assignments for which training has not previously been 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 hazard 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 Safe Work Practices

All employees and supervisors must be trained in general safe work practices.

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

1. Implementation and maintenance of the IIP Program.
2. 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 tend to 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. Hazard communication, including worker awareness of potential chemical hazards, and proper labeling of containers.
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.

Specific Safe Work Practices

In addition to general training, each employee will be instructed how to protect themselves from the hazards unique to their individual job duties. Training must be completed before beginning to work on assigned equipment and whenever new hazards or changes in procedures are implemented.

EMPLOYEE ACCESS TO IIPP

Our employees – or their designated representatives - have the right to examine and receive a copy of our IIPP. This will be accomplished by Provide access in a reasonable time, place, and manner, but in no event later than five (5) business days after the request for access is received from an employee or designated representative.

- a. Whenever an employee or designated representative requests a copy of the Program, we will provide the requester a printed copy of the Program, unless the employee or designated representative agrees to receive an electronic copy of the Program.
 - b. One printed copy of the Program will be provided free of charge. If the employee or designated representative requests additional copies of the Program within one (1) year of the previous request and the Program has not been updated with new information since the prior copy was provided, we may charge reasonable, non-discriminatory reproduction costs for the additional copies.
2. Provide unobstructed access through a 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.

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).

DOCUMENTATION

Many standards and regulations of Cal/OSHA contain requirements for the 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 Human Resources Office for at least five years:

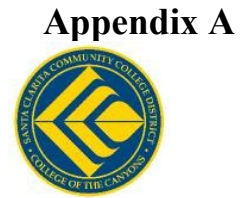
1. Copies of all IIPP Safety Inspection Forms.
2. Copies of external inspections will also be considered for compliance.
3. Records of accidents, exposures, occupational illnesses, incidents and near misses.
4. Copies of all Accident Investigation Forms.
5. Copies of all Employee Training Checklists and related Training Documents. Retain for duration of each individual's employment.
6. Copies of all Safety Meeting Agendas.

The District will ensure that these records are maintained and presented to Cal/OSHA or other regulatory agency representatives if requested. A review of these records will be conducted by the Chancellor (or designee) during routine inspections to measure compliance with the Program.

A copy of this Injury and illness Prevention Program is available in the Human Resources Office at the Valencia campus and at the campus switchboard at the Canyon Country Campus. The Program is available online on the District's Human Resources intranet site at www.canyons.edu/administration/humanresources/current/safety.php



The Santa Clarita Community College District
 Injury and Illness Prevention Program
EMPLOYEE SAFETY RECOMMENDATION FORM



Please use this form to report unsafe or uncorrected conditions that could endanger employees or students, or to make a safety or health-related suggestion to the District Safety Committee.

Do not use this form in lieu of a work order to the maintenance department. Emergency conditions should always be reported immediately to your supervisor.

Return this completed form to your supervisor or any member of the District Safety Committee. You may also report conditions anonymously by writing, calling, faxing, or emailing the Program Coordinator at:

District Safety Committee Program Coordinator:
 Director - Human Resources
 College of the Canyons • 26455 Rockwell Canyons Road • Santa Clarita, CA 91355
 Phone: 661-362-3427 • Fax: 661-362-5598
 Campus: _____

Today's date: _____ Date condition identified: _____

Your name (optional): _____

Work or office phone number (optional): _____

Has this condition been previously reported? Yes No Unknown

To whom: _____

Nature of concern or suggestion: _____

If a safety concern, where exactly is the hazardous condition or concern?

Benefits Expected from change: _____

ACTION TAKEN (FOR COMMITTEE USE):

General Safety Inspection Form

Building _____ Date _____

Inspector _____

Areas of Inspection

Comments

Equipment:

- Guards** on mechanical equipment _____
- Proper **PPE** worn (gloves, goggles, ear plugs, etc.) _____
- Ladders** in good condition _____
- Tools** in good condition _____

Electrical and Fire:

- Power cords** (3-prong, good condition, commercial grade only) _____
- Power strips** w/ circuit breaker, no household extension cords _____
- Electrical panels** unobstructed _____
- 18" clearance** from fire sprinkler heads _____
- Nothing hanging from **sprinkler** heads, pipes, or smoke detectors _____
- 24" clearance** from ceiling _____
- Alarm pull-stations and fire extinguishers** clearly identified and unobstructed _____
- Fire extinguishers** (tamper seals in place, tags show inspection <1 yr old, 3 ft clearance) _____

Environment:

- Work area adequately **illuminated** _____
- Temperature** within normal limits _____
- Noise levels** within normal limits _____
- Ventilation** (adequate, free from dust and fumes, vent grills clean) _____
- No signs of **water leaks** in ceiling tiles, floor, or other areas _____

INVESTIGATION / CORRECTIVE ACTION REPORT



Date and Time of Incident / Exposure		Location	
EMPLOYEES INVOLVED			
DETAILED INCIDENT / EXPOSURE DESCRIPTION			
ULTIMATE CAUSE OF INCIDENT/EXPOSURE (I.E. "WHO, WHAT, WHEN, WHERE, HOW" AND THE "5 WAYS" ... THE ROOT CAUSE)			
OPTIONS FOR ELIMINATION OR CONTROL OF THE ROOT CAUSE(S)			
CORRECTIVE ACTIONS TAKEN / DATE / NAME OF PERSON(S) MAKING CORRECTIONS			

Witnesses: _____

Investigated by: _____ Date: _____

IDENTIFIED HAZARDS AND CORRECTION RECORD

Date of Inspection: _____ Person Conducting Inspection: _____

UNSAFE CONDITION OR WORK PRACTICE	LOCATION	PRIORITY	PERSON ASSIGNED	CORRECTIVE ACTION TAKEN (DATE)

WORKER TRAINING AND INSTRUCTION RECORD



Date		Location	
Trainer(s)*			
Subject of Training*			
Method of Training (check all that apply)	<input type="checkbox"/> Verbal <input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Other _____		

Name (Printed) *	Signature	Employee ID Number

* Mandatory fields: employee name (or other identification), training date, type of training, and training providers

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