

INJURY & ILLNESS PREVENTION PROGRAM

Perris Union High School District 155 East 4th Street Perris, CA 92570

INJURY AND ILLNESS PREVENTION PROGRAM

RESPONSIBILITY

At the direction of the Perris Union High School District Governing Board (BP 4157) and under the authority of the District's Superintendent, the Injury and Illness Prevention (IIP) Program administrator, the District's Risk Manager (951-943-6369 x 80281), has the responsibility for implementing and maintaining this IIP Program.

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.

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 includes one or more of the following checked practices:

- ✓ Informing workers of the provisions of our IIP Program.
- ✓ Evaluating the safety performance of all workers.
- ✓ Recognizing employees who perform safe and healthful work practices.
- ✓ Providing training to workers whose safety performance is deficient.
- ✓ Disciplining workers in accordance with union policy, Board Policy, and Administrative Regulations for failure to comply with safe and healthful work practices.

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 one or more of the following checked 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

Periodic inspections to identify and evaluate workplace hazards shall be performed by a competent observer in the following areas of our workplace: All work sites operated by the Perris Union High School District.

Periodic inspections are performed according to the following schedule:

- 1. When we initially established our IIP Program;
- 2. When new substances, processes, procedures or equipment which present potential new hazards are introduced into our workplace;

- 3. When new, previously unidentified hazards are recognized;
- 4. When occupational injuries and illnesses occur; and
- 5. Whenever 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 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 reported to the appropriate supervisor; and
- 2. When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, we will remove all exposed workers from the area except those necessary to correct the existing condition. Workers who are required to correct the hazardous condition shall be provided with the necessary protection and training.

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 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. 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.

RECORDKEEPING

We are a local governmental entity (county, city, district, or and any public or quasi-public corporation or public agency) and we are partially exempt from keeping OSHA logs.

REPORT OF POSSIBLE HEALTH OR SAFETY HAZARD

CONDITION(S) NOTED AT:	
WORKPLACE	
SITE NAME	
SITE MANAGER	
WORKPLACE SUPERVISOR	
BRIEFLY DESCRIBE HAZARD OR CONDITIO	
Name (optional):	
` -	
Phone Number (optional):	
Date received by Risk Management	Date reviewed/corrected

▶ FORWARD THIS FORM TO THE PUHSD RISK MANAGEMENT OFFICE <

Keep a copy for your records. Your name and phone number are not required on this form. If you want to be informed of the "corrective action" taken, indicate your name and work location so you can be notified of action taken

SUGGESTION FOR HEALTH AND SAFETY IMPROVEMENT

PRINT NAME (SUGGESTER)	DATE
BRIEFLY DESCRIBE SUGGESTION:	
HOW WILL THIS PRACTICE/PROCEDURE IMCONDITIONS:	PROVE HEALTH AND/OR SAFETY
SUPERVISOR'S SIGNATURE	DATE RECEIVED
RISK MANAGER	DATE RECEIVED
SAFETY OFFICE RECOMMENDATION:	
DATE REVIEWED/EVALUATED	
1 copy: Reporter 1 copy: Risk Manager	

January 2015

1 copy: Supervisor or Site Administrator