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INJURY AND ILLNESS PREVENTION PLAN

SECTION A

INJURY AND ILLNESS PREVENTION PROGRAM

1.0 POLICY

The personal safety of each school district employee while in the performance of his or her work activity is of primary importance to the school district. The prevention of occupational induced injuries or illnesses will be accomplished through an Injury & Illness Prevention Program at each district element. This program will ensure, to the greatest extent possible, compliance with both legal requirements and the highest standards of safe work practice. The success of this program is to be achieved through the continuous mutual cooperation and support of management and employees.

2.0 GENERAL

2.1 Each Injury and Illness Prevention Program will include, as a minimum, the following elements; management support; identification, evaluation, and control of safety hazards; employee and management education; routine inspections; accident investigation and analysis; record keeping, and routine safety meetings.

2.2 Management support and participation in all elements of the Injury & Illness Prevention Program are of paramount importance. The supervisor is the key person to implement and enforce this program.

2.3 Identification, evaluation, and control of safety hazards. The employer has conducted a comprehensive safety and health audit to identify and evaluate job hazards. Action plans were developed to guide the audit. Included at the end of this document and made a part of it are copies of the action plans and worksheets on which the results of the audit are recorded. The following activities have been undertaken in connection with the audit:

2.3.1 **Review of safety orders and other regulations:** The implementation officers or their designees have reviewed safety orders, regulations, and industry standards applicable to the processes, equipment, materials, and procedures used at this worksite in order to evaluate whether hazards are present.

2.3.2 **Review of internal records and information:** The implementation officers or their designees have reviewed internal records of accidents, injuries, occupational illnesses, near-miss incidents, and safety violations to detect relationships between job hazards and recorded mishaps.

- 2.3.3 **Review of outside sources:** The implementation officers or their designees have reviewed state and federal accident and illness statistics, highlighting areas that may uncover hazards in this organization. The statistics that were reviewed are filed in the SIPE Safety Office.
- 2.3.4 **Job hazard analyses:** The implementation officers or their designees have made analyses of representative jobs to determine what hazards exist in connection with the procedures, processes, materials, and equipment used to perform them. The results of these analyses were recorded in writing, and the records are filed in the personnel office. Job hazard analysis and code of safety practices for job classifications associated with school districts are identified in Section S of this Injury and Illness Prevention Program.
- 2.3.5 **Inspection:** The employer has a program of regularly scheduled inspections. Inspections are conducted using checklists designed to uncover job hazards. Inspection records are retained for three years and are stored in the supervisor's office.
- 2.3.6 **Employee reporting:** Employees are instructed to report any and all safety hazards which they may observe or become aware of. The employer uses a specified hazard reporting form, SIPE Form 2-588. However, employees may report hazards by any available method. Oral reports are recorded in writing by supervisors. Reports may be submitted anonymously, at the employee's option. The employer advises all employees that it invites reports of hazards and pledges to take no disciplinary action against any employee as a result of the employee's submission of a hazard report. Employees may submit hazard reports to their supervisor or directly to the safety committee. Supervisors are directed to route all hazard reports to the safety committee. A sample of SIPE Form 2-588 is in Attachment 1.
- 2.3.7 **Accident Investigation:** Every accident is investigated by a supervisor or manager. Accident investigation and analysis including interviews with the injured employee and, as necessary, witnesses to an accident, will be conducted on all accidents using SIPE Form 6-588 to identify the causes and recommend corrective measures. Accident reports should be completed within 48 hours from the time the accident was first reported. Accident investigation reports are forwarded to the safety committee for recommendations as to corrective action. Recommendations for corrective action are entered in the minutes of the safety committee meeting, along with the name of the person assigned to make the corrections. A copy of the minutes is forwarded to the person so assigned. SIPE Form 6-588 can be found in Attachment 2.

- 2.4 Employee and management education will be conducted to instruct and certify workers in safe work practices and use of personal protective equipment; to advise on reporting of unsafe conditions; to inform employees of potential job hazards; and to communicate the enforcement actions which will follow violations of any safety rule or procedure.
- 2.5 Routine inspections will be performed both to assure that existing safety equipment, conditions, housekeeping and work practices are in compliance with applicable laws and to identify additional unsafe conditions and acts. Recommendations on correction of problems will be made by qualified personnel, and a final correction date will be established.
 - 2.5.1 The SIPE Safety officer will perform an annual safety inspection at all school sites.
 - 2.5.2 Safety evaluations performed by SIPE Safety will be submitted to the districts in a draft for review and approval before it is submitted in final. Districts have 30 days to reply with their action on open safety deficiencies.
- 2.6 Recordkeeping will include:
 - 2.6.1 Completion and posting of forms as required by applicable state and federal OSHA regulations.
 - 2.6.2 Completion of forms and records for insurance purposes.
 - 2.6.3 Documentation of all activities relating to the implementation of the Injury & Illness Prevention Program, such as safety meetings, employee training, job safety analyses, safe work procedures, issuance of personal protective equipment and accident investigations. SIPE Form 1-588 will be used to document employee safety training. Online safety training will be recorded using the online data base. Districts may transfer online training on SIPE Form 1-588. A sample of SIPE Form 1-588 can be found in Attachment 3.
 - 2.6.4 Maintenance of statistics on incidence/severity rates of OSHA recordable injuries and illnesses will be provided by Workers' Compensation Administrators or the SIPE Safety Office at least monthly. This report will be briefed to the SIPE Board and filed in the SIPE Safety office.
 - 2.6.5 OSHA Form 300, Log and Summary of Occupational Injuries and Illnesses, must be completed and posted in a conspicuous location from February 1 to March 1. Completed OSHA Form 300's must be kept on file for 5 years.

2.6.6 The supplementary record of Occupational Injuries and Illnesses, OSHA Form 301 is not the only form that can be used to satisfy OSHA requirements. To eliminate duplicate recording, SIPE Form 6-588, Employee's and Supervisors Review of Industrial Injury/Illness Report may be used as the supplementary record.

2.7 Correction of Job Hazards

2.7.1 Job hazards discovered in the course of Job Hazard Analyses are referred to the safety officer or appropriate supervisor for consideration. If a hazard can be corrected by a change in practices or procedures, appropriate modifications are instituted at the earliest possible time. If other controls are required, the Job Hazard Analysis is referred to the safety committee for discussion at its next meeting. Interim safety measures are instituted while the matter is pending before the safety committee. The safety committee is required to recommend corrective action to management within a reasonable time, and the management is pledged to report in a timely manner to the safety committee on its progress in making the corrections.

2.7.2 With regard to hazards that are uncovered by periodic inspections, reported by employees, or discovered as a result of an accident, the person receiving initial notice of the hazard, whether an inspector, manager, or safety committee member, is required to record the name of the person assigned responsibility for correction on the form on which the hazard is recorded and to forward copies of any such recommendations to all persons so named. All recommendations are followed up within a time limit established by the committee, supervisor or inspector. Any failure of the person assigned the responsibility for correction to take corrective action within the established time limit is reported immediately to the responsible person's supervisor.

2.7.3 Completed inspection checklist, employee hazard reports, and accident investigation report remain open before the safety committee and are not filed away until all corrective measures have been completed and documented.

2.7.4 In the case of imminent hazards that cannot be corrected safely without exposing employees to danger, supervisory personnel are instructed to evacuate all non-essential personnel from the area of the hazard until such corrective measures have been completed as to render the area safe.

3.0 RESPONSIBILITIES

3.1 The superintendent of each school district element shall:

- 3.1.1 Designate in writing an individual to be responsible for supervising the Injury & Illness Prevention Program and for notifying the SIPE Safety Officer regarding any state or federal inspection related to occupational health and safety and its outcome, and to notify workers compensation administration and CAL/OSHA of any occupational fatality or serious injury or illness immediately.
- 3.1.2 Designate representatives to serve on a school district safety committee, which shall meet bi-monthly or at least quarterly. This committee is to encourage employee participation in all aspects of safety, monitor the effectiveness of the Injury & Illness Prevention Program, and maintain minutes of its proceedings.
- 3.1.3 As a minimum, participants in the safety committee should be a representative from the following departments; purchasing, personnel, operations/maintenance, transportation, custodial, food service and a representative from each school site.
- 3.1.4 The safety committee functions are:
- Develop safety policies and recommend their adoption by top management.
 - Identify unsafe work practices and conditions and suggest appropriate recommendations.
 - Develop and implement an effective safety training program.
 - Encourage feedback from all levels of employees in all areas of the district with regard to problems, ideas and solutions related to safety.
 - Engage in accident investigations and develop recommendations.
 - Develop and recommend adoption of appropriate safety programs to supplement a general program (a specific housekeeping program, fire prevention program, protective clothing program, etc.)
 - Keep everyone in the district informed about new safety policies, training programs, accident causation and other safety related matters.
 - Identify specific safety related problems that seem to be reoccurring and develop appropriate preventative measures.

- 3.1.5 Minutes must be taken, disseminated to all affected employees, and maintained for one year.
- 3.1.6 School districts with 50 employees or less may substitute the safety committee meeting with scheduled safety awareness as an agenda item at their monthly staff meeting.
- 3.2 All levels of management shall be responsible for the success of the Injury & Illness Prevention Program. This includes assuring compliance with all applicable safety practices and procedures by all employees, students and by any non-employee visiting or working in a district facility.
- 3.3 Each employee, as a condition of employment, shall comply with all applicable safety practices and procedures in accordance with instruction and training received.
- 3.4 The school district safety coordinator, under the direction of the school district superintendent, shall provide all district elements with the technical assistance and information required in implementing the Injury & Illness Prevention Program and will audit district elements periodically and report to management on safety deficiencies and accomplishments.

4.0 DISCIPLINARY PROCEDURES

- 4.1 Verbal counseling (will be documented in the employee's personnel file).
- 4.2 Written warning (must outline nature of offense and necessary corrective action).
- 4.3 Suspension without pay (may be used in conjunction with 1 and/or 2 above, or as a separate and distinct disciplinary action resulting from a serious violation).
- 4.4 Termination (may be used in conjunction with 1 and/or 2 above, or as a separate and distinct disciplinary action resulting from a serious violation).

5.0 OSHA INSPECTORS PROTOCOL

- 5.1 When an OSHA inspector arrives on site, school districts will:
 - 5.1.1 Greet the inspector with courtesy.
 - 5.1.2 Determine the purpose of his visit.
 - 5.1.3 Contact the responsible supervisor, safety coordinator and district superintendent.

- 5.1.4 Provide the documentation requested and accompany the inspector on his walk through.
 - 5.1.5 Request the inspector to conduct a post conference with appropriate site staff.
- 5.2 Districts can contact the SIPE safety office for direction or questions at 922-8003.

SECTION B
SAFETY TRAINING

Our Injury & Illness Prevention Program includes the following safety training programs:

- 1.0 Training for workers in general, safe work practices, the kind of work procedures that most workers would use during the course of their work.
 - 1.1 Correct lifting procedures
 - 1.2 Use of personal protective equipment
 - 1.3 Knowledge of exits and emergency procedures
 - 1.4 Good housekeeping
 - 1.5 Fire protection procedures
 - 1.6 Evacuation
 - 1.7 Handling of flammables and toxic materials
 - 1.8 Hazardous communication.
- 2.0 Work tasks that require specific instruction are:
 - 2.1 Lockout and tagout procedures
 - 2.2 Proper use and adjustment of machine guards
 - 2.3 Ladders and fall protection
 - 2.4 Power and hand tool safety
 - 2.5 Welding/cutting safety
 - 2.6 Bloodborne pathogens
 - 2.7 Electrical safety
 - 2.8 Confined space

3.0 Other safety training/certification:

3.1 Respiratory Protection

Employees shall be instructed in the need, use, sanitary care and limitations of such respiratory equipment as any employee may have the occasion to use. Respirators shall be inspected before each use and shall not be worn when conditions prevent a good gas-tight face seal. Every respirator wearer shall be instructed in how to properly fit and test respiratory equipment and how to check the face piece fit and shall be provided the opportunity to wear respiratory equipment in normal air for an adequate familiarity period, and to wear it in a test atmosphere (such as generated by smoke tubes or odor of the banana oil). Districts will contact the SIPE Safety Officer for training and a fit test. All employees will be fit tested annually. Employees must show proof of a medical physical prior to the fit test. The Santa Barbara County Schools Respiratory Protection Program is located in Section R.

3.2 Confined Space

Districts shall implement the provisions of this section before any employee is permitted to enter a confined space.

3.2.1 Confined space training will be conducted annually.

3.2.2 Written, understandable operating and rescue procedures shall be developed and shall be provided to affected employees.

3.2.3 Operating procedures shall conform to the applicable requirements of this article and shall include provision for the surveillance of the surrounding area to avoid hazards such as drifting vapors from tanks, piping and sewers.

3.2.4 Employees, including standby persons working in a confined space shall be trained in the operating and rescue procedures, including instruction as to the hazards they may encounter.

3.2.5 At least one person trained in first aid and CPR shall be immediately available whenever the use of respiratory protective equipment in a confined space operation.

3.2.6 The SIPE Safety Officer will be contacted prior to all confined space entry.

3.3 Hazard Communication Employee Training (See Section I)

3.4 General Noise Control Training Program

3.4.1 The SIPE safety office shall institute a training program for all employees who are exposed to noise at or above an 8 hour time weighted average of 85DBA and shall ensure employee participation in such programs.

3.4.2 The training program shall be repeated annually for each employee included in the hearing conservation program. Information provided in the training program shall be updated to be consistent with changes in protective equipment and work processes.

3.4.3 The training program shall ensure that each employee is informed of the following:

The effects of noise on hearing;

The purpose of hearing protectors, the advantages, disadvantages, and attenuation of various types, and instruction on selection, fitting, use and care;

The purpose of audiometric testing, and explanation of the test procedures.

3.5 Fire (training and education)

3.5.1 Where the employer has provided portable fire extinguishers for employee use in the work place, the employer shall also provide an educational program to familiarize employees with the general principles of fire extinguisher use and the hazards involved with incipient stage firefighting.

3.5.2 Portable fire extinguishers will be inspected monthly and inspection cards signed.

3.5.3 The employer shall provide the fire prevention training upon initial employment and at least annually thereafter.

3.6 Emergency Action Plan

3.6.1 Before implementing the emergency action plan, the employer shall designate and train a sufficient number of persons to assist in the safe and orderly emergency evacuation of employees.

3.6.2 The employer shall advise each employee of his/her responsibility under the plan at the following times:

- Initially when the plan is developed,
- Whenever the employee's responsibilities or designated action under the plan change and,
- Whenever the plan is changed.

3.6.3 The employer shall review with each employee upon initial assignment those parts of the plan which the employee must know to protect the employee in the event of an emergency.

3.7 Fire Prevention Plan

3.7.1 Training

-The employer shall apprise employees of the fire hazards of the materials and processes to which they are exposed. They shall also review with each employee upon initial assignment, those parts of the fire prevention plan which the employee must know to protect the employer in the event of an emergency.

3.8 Agriculture Operations

3.8.1 Pesticide and Antimicrobial Training

- Each employer shall provide to each employee working with any pesticide adequate instruction and training so that the employee understands the safety procedures required for the pesticides that he will work with.
- Training will be conducted upon employees' initial assignment and annually thereafter.
- Pesticide Usage Log, SIPE Form 7-588 (Attachment 4), will be used to record all pesticide usage in a school district.

3.8.2 Operation of Agricultural Equipment

- At the time of initial assignment and at least annually thereafter, the employer shall instruct every employee in the safe operation and servicing of all equipment with which the employee is or will be involved.

3.9 Powered Industrial Trucks (Forklift) Training/Certification

3.9.1 Only drivers authorized by the employer and trained in the safe operations of industrial trucks or industrial tow tractors shall be permitted to operate such equipment.

3.9.2 Training and certification is conducted to meet CAL/OSHA requirements.

4.0 Forklift, backhoe and aerial lift equipment training requirements:

4.1 Districts will contact the SIPE Safety Office for forklift, backhoe and aerial lift training.

4.2 Forklift, back hoe and aerial lift training will consist of two hours of classroom instruction and a two-hour operational and proficiency training.

4.3 Upon completion, employee will be able to:

- Know the operator training definition for NIOSH and OSHA.
- Know the skills required for safe operation, including those involved in the pre-start safety inspection, general operating and material handling.
- Establish efficient preventive maintenance, recharging and refueling procedures.
- Evaluate safe pedestrian and lift truck patterns.
- Understand fire safety in terms of hazardous atmosphere conditions.

4.4 A completion certificate to operate will be issued to those employees who successfully complete the training course. The certificate will have a expiration of three years from the date of training.

4.5 Employees involved in a forklift, backhoe or aerial lift mishap, or when recommended by their supervisor, will be required to attend a recertification training program. Training will be conducted by the SIPE Safety Officer.

4.6 Training will be conducted using the Ives Training & Compliance Group training program.

5.0 Who should be trained?

- 5.1 You can't train everyone. That is where the concept of "need-to-know" comes into play. To make your training most efficient, train employees only in what they need to know to be safe. Who needs to know what?
- 5.2 All employees need to be trained in general safety principles.
- 5.3 Employees who face specific job hazards need to be trained in those hazards.
- 5.4 Supervisors need to be trained in all hazards faced by their employees for whom they are responsible, as well as in the techniques of training employees.

6.0 Training Records

- 6.1 SIPE Form 1-588 will be used to document employee safety training.
- 6.2 Online safety training may use web data base to record training.
- 6.3 SIPE Form 10-588 (Attachment 5) will be used to document supervisors' safety training.
- 6.4 Retention of employee health and safety training records will be maintained for three years.

7.0 Master Training Guide

In Attachment 6 you will find the master training guide. This at-a-glance chart will help you get an overall view of your training responsibilities.

- 8.0 Supervisors should contact the SIPE Safety Office for blank SIPE Safety forms or forms can be obtained online at www.sbsipe.org.

SECTION C

EMPLOYEE INJURY REPORTING PROCEDURE

- 1.0 If medical treatment is needed, refer injured employee to medical facility listed on "Medical Panel".
- 2.0 Complete Employee's Claim for Workers Compensation Benefits Form 1 and Employer's Report of Occupational Injury or Illness and send three copies to the business office. This report must be submitted within 24 hours after an injury. Do not wait for the report from the doctor. The business office will then forward two copies to Workers' Compensation Administrators.
- 3.0 Complete SIPE Form 6-588, Employees and Supervisors Report of Industrial Injury/Illness, and forward to the district office. The district should forward a copy to SIPE safety.
- 4.0 In case of a serious accident, telephone the district office. The district office should notify SIPE safety within 48 hours.
- 5.0 Each time an employee leaves work and returns to work as a result of a job injury, notify the business office. This may be done by telephone or memorandum.
- 6.0 Correspondence or bills relating to injuries should be sent to:

Workers' Compensation Administrators
265 East Donovan
Santa Maria, CA 93458
(805) 922-9157
- 7.0 Injured employees should contact Workers' Compensation Administrators if they need assistance or have questions.
- 8.0 Give no information concerning injuries to anyone. Refer all such inquiries to Workers' Compensation Administrators.

SECTION D

INJURY/ILLNESS RECORDKEEPING AND REPORTING SYSTEM

This section covers record keeping for occupational injuries and illnesses. If one or more of your employees suffers an occupational related injury or illness, you must complete certain forms as discussed in this section and keep specified records. If a death or serious injury or illness occurs, you are required to submit a report promptly to CAL/OSHA.

- 1.0 Record keeping requirements for injuries and illness. If an employee suffers an occupational injury or illness, the following forms must be completed.
 - 1.1 The Employee's Claim for Workers Compensation Benefits, DWC Form 1
 - 1.2 The Employers First Report of Occupational Injury or Illness, DLSR Form 5020, Rev. 5
 - 1.3 The Doctor's First Report of Occupational Injury or Illness, DLSR Form 5021
 - 1.4 Log and Summary of Occupational Injuries and Illnesses, OSHA Log 300
 - 1.5 SIPE Form 6-588, Employee's and Supervisor's Report of Industrial Injury/Exposure Report
- 2.0 Employee's Claim Form
 - 2.1 The employer must provide an Employee's Claim for Workers Compensation Benefits to an employee who has suffered an occupational injury or illness.
 - 2.2 The district must provide this report form to the employee within 24 hours of learning of the injury or illness. There is no time limit as to when the employee must return the form to the district.
 - 2.3 It is essential that the district keep track of the time and date of learning of the injury or the onset of illness. The district should also document when the Employee's Claim for Workers Compensation Benefits form was provided or why the form was not provided.
 - 2.4 You are required to date this form and provide copies to your insurer and the employee, dependent or representative who filed the claim within one working day after receiving the completed form from the employee.
 - 2.5 If the employee is available but will be unaware of presence of the form (for example, the employee is unconscious), you probably should leave the form with a representative of the employee. Keep a record of such events.
- 3.0 Employer's First Report

- 3.1 The employer must complete the Employer's First Report of Occupational Injury or Illness, the so called "Employer's First" when an employee suffers an occupational injury or illness if:
 - 3.1.1 The occupational injury or illness results in lost time, which is defined as absence from work for a full day or shift beyond the date of injury or illness; or
 - 3.1.2 The occupational injury or illness requires medical treatment beyond first aid. First aid is defined as any one time treatment of minor scratches, cuts, burns, splinters, and so forth, which do not require the services of a physician.
- 3.2 You do not need to file an Employer's First if:
 - 3.2.1 The occupational injury or illness results only in first aid treatment; or
 - 3.2.2 There is no lost time.
- 3.3 The report must be filed with your carrier within five days after the injury or illness has been reported to the employer. Although the regulation does not specify this, it is prudent to consider the filing period to consist of five calendar days, rather than five working days.
- 3.4 As indicated, you have five days in which to file the report with your workers compensation insurance carrier. The carrier is to immediately forward the original report to the Division of Labor Statistics and Research.
- 3.5 Be careful when completing the Employer's First. The primary intent of the document is to gather statistics for research by the state of California. Unfortunately, litigation often occurs as a result of a job site injury and/or illness and the Employer's First is not a privileged document; therefore, it is available to all parties in litigation.
- 3.6 To ensure the accuracy of the report and keeping in mind its availability in litigation, exercise care in accumulating and recording the information necessary to complete the form. Specifically, unless an accident investigation has been completed within five days of learning of the injury or onset of the illness, and the actions of the injured employee and the cause of the accident (or exposure) have been determined, it may be prudent to state in paragraphs 16 and 17 of the Employer's First that the information called for is unavailable and/or uncertain. Follow-up information may always be provided.
- 3.7 There does not appear to be any time limit as to how long copies of the Employer's First must be retained. It may be advisable to retain a copy of the Employer's First for the employee's duration of employment or five years, whichever is less.

4.0 Doctors First Report

- 4.1 If an employee is sent to a physician, it is the responsibility of the attending physician to complete the Doctor's First Report of Occupational Injury or Illness, the "Doctor's First" or employee evaluation and treatment summary.
- 4.2 A treating physician must complete a Doctor's First on all occasions, regardless of whether medical treatment or first aid is rendered to the employee. The report must be completed within five days after initial examination.
- 4.3 The attending physician is responsible for providing the original of the Doctor's First to the district's workers' compensation insurance carrier, and the insurance carrier is responsible for forwarding a copy of the report to the Division of Labor Statistics and Research.
- 4.4 Unlike the Employer's First, which the insurance carrier must send to the Division of Labor Statistics and Research "immediately upon receipt", the Doctor's First must be sent to the Division of Labor Statistics within five days after the insurance carrier receives it.
- 4.5 The physician has the option of transmitting the information to the agency on an approved computer input media, as long as the data is acceptable and compatible with Division of Labor Statistics and Research computer equipment.
- 4.6 If the attending physician treats the employee for pesticide poisoning or a condition suspected to be pesticide poisoning, the physician must file a Doctor's First directly with Division of Labor Statistics and Research within five days of initial treatment. This report is in addition to the report the physician files with the district or with the employer's workers' compensation carrier.
- 4.7 Since the Doctor's First is characterized as an employee's medical record, you are strongly advised to maintain that record with the other medical records of the employee. It also is advisable to keep the employee medical records separate from their personnel records to ensure privacy of the medical records.
- 4.8 The Doctor's First form is logically characterized as a confidentiality of Medical Information Act includes provisions for both civil and criminal sanctions if the district does not maintain confidentiality of the type of information included on Doctor's First.
- 4.9 The physician often will determine whether treatment is to be characterized as medical treatment or first aid. The categorization of the treatment often will determine whether the injury or illness is recordable for the purposes of the CAL/OSHA log and whether it must be reported on the Employer's First. In light of the importance of this determination, it is advisable to refer the employee to a physician or clinic specializing in occupational injuries or illnesses.

5.0 Completing and Posting the OSHA Log 300

- 5.1 With limited exception, every employer in the state, (including state and local public agencies) must complete the Log and Summary of Occupational Injuries and Illnesses, also known as the OSHA Log 300. To obtain a log, contact SIPE Safety, 402-M Farnel Road, Santa Maria, CA 93458.
- 5.2 Schools/educational institutions are exempt from maintaining an OSHA Form 300 Log unless instructed to do so by CAL/OSHA.
- 5.3 A recordable occupational injury or illness is any occupational injury or illness that results in:
 - Fatality
 - Lost workdays
 - Injuries or illnesses resulting in a transfer to another job or in termination of employment.
 - Injuries or illnesses requiring medical treatment (other than first aid).
 - Injuries or illnesses that involve a loss of consciousness or restriction of work (or motion).
 - A diagnosed occupational illness reported to the employer.
- 5.4 First aid is any one-time treatment and any follow-up visits for the purpose of observation of minor scratches, cuts, burns, splinters, etc. The fact that a physician provides the treatment does not change first aid treatment to medical treatment.
- 5.5 Medical treatment consists of treatment administered by a physician (or registered professional personnel understanding orders of a physician) which is not first aid.
- 5.6 The log is completed on a calendar year basis: January 1 through December 31. The entries on the log must be made as early as practicable but no later than six days after learning that a recordable entry has occurred.
- 5.7 If a school district has more than one establishment (for example, separate offices, buildings or job sites), the actual record keeping function may be done at a single location. The district does not need to do the actual recording of the log entries at each establishment. What must be maintained (or kept) at each establishment is a copy of the log; the copies are to be complete and current to within 45 calendar days.
- 5.8 If a school district's policy is to maintain a single log that incorporates injury and illness reporting for all of the district locations on that single log, it is advisable to ensure that each entry clearly identifies the actual job site location of the injury and/or illness.

5.9 For employees who do not work at a single establishment and are generally not supervised in their daily work, such as special education teachers, you may maintain the records of any such employees at the location from which they are paid.

6.0 Annual Summary - OSHA Log 300

6.1 An annual summary of the log must be completed within one month after the end of the calendar year for which the log was maintained. That is, for the calendar year 2007, the annual summary of occupational injuries and illnesses for the establishment should have been completed by February 1, 2008.

6.2 The annual summary is not a separate document. It is the right portion of the OSHA Log 300, folded at the vertical line. The information for the summary is taken from the log or logs completed during the calendar year and must include:

- Calendar year covered.
- School district name.
- Establishment site name.
- Establishment site address.
- A certification signature, title and date.

Columns in the form should be totaled as follows:

- Add number of entries in columns 1 and 8.
- Add number of checks in columns 2, 3, 6, 7, 9, 10, and 13.
- Add number of days in columns 4, 5, 11 and 12.
- Yearly totals for each column 1-13 are required for posting. Running or page totals may be generated at the discretion of the employer.

6.3 A designated individual must certify the accuracy of the log and summary. False certification exposes that person to a possible fine and criminal prosecution.

6.4 Each year, from February 1 to March 1, the summary covering the previous calendar year must be posted.

6.5 It must be posted in a conspicuous place where notices to employees are customarily posted.

6.6 If no injuries or illnesses occurred during the year, the annual summary must still be completed and posted although all of the "total" lines at the bottom of the log would be zero.

6.7 For those employees who do not have access to the posted summary, you must present or mail a copy of the annual summary to them. Also, for those employees who do not primarily report for work at a single establishment or who do not report to a fixed establishment on a regular basis and who receive pay during the month of February of the next year, you must mail a copy of the summary to them.

- 6.8 The log and annual summary are to be retained in each establishment for five years following the end of the year to which they relate.
- 6.9 The log and annual summary must be available for inspection and copying by representatives of CAL/OSHA and other specifically designated agencies. The log and annual summary shall also be available to any employee, former employee, or their representatives.
- 6.10 If ownership of the establishment changes, the new owner has responsibility for maintaining existing records, if any, at the establishment for the designated periods.

7.0 Reporting a Death or Serious Injury

- 7.1 California regulations require a employer to submit a report to the nearest CAL/OSHA district office if any of the following occurs:
- An employee is seriously injured on the job or in connection with the job.
 - An employee suffers a serious job-related illness.
 - An employee dies on the job or in connection with it.
- 7.2 An injury or illness is defined as "serious" if:
- The employee is hospitalized for more than 24 hours for reasons other than medical observation; or
 - An employee loses any part of the body or suffers permanent disfigurement.
- 7.3 The employer must make the report as soon as practically possible, but not longer than 24 hours after the employer knows or, with diligent inquiry, could have known of the death, serious illness or injury.
- 7.4 The employer may make the report by telephone or telegraph. Presumably, although the regulation does not specifically say so, the report could also be faxed to:

CAL/OSHA
1000 Hill Road, Suite 110
Ventura, CA 93003
(805) 654-4581
Fax: (805) 654-4852

The report must include the following:

- Time and date of the accident.
- Employer's name, address and telephone number.
- Name and job title or badge number of the person reporting the accident.

- Address where the accident or event occurred.
- Name of person to contact at the accident site.
- Name and address of the injured employee(s).
- Name of injury(ies).
- Location where the injured employee(s) was/were moved.
- List and identify other law enforcement agencies present at the site of the accident.
- Description of the accident and whether the accident scene or any of the equipment or machinery has been altered.

7.5 You do not need to report an injury or illness caused by an accident on a public street or highway or an injury, illness or death resulting from a crime.

8.0 Employees and Supervisors Industrial Injury Exposure Report

8.1 The employer will ensure that the employee complete and sign the employee's report section.

8.2 The employee's supervisor will complete and sign the supervisor's review section.

8.3 Safety committee review section is a district option. The district safety coordinator should then sign and forward one copy to Workers' Compensation Administrators and one copy to the SIPE Safety Office.

8.4 Report all injuries within 24 hours no matter how trivial.

9.0 Workers' Compensation Administrators (WCA)

9.1 Districts and injured employees should contact WCA if they have any questions or need assistance.

9.2 Correspondence or bills relating to injuries should be sent to:

Workers' Compensation Administrators
265 East Donovan
Santa Maria, CA 93458
(805) 922-9157

9.3 Districts should not give information concerning injuries to anyone. Refer all such inquiries to Workers' Compensation Administrators.

SECTION E

RETURN TO WORK PROGRAM

The most significant cost to a school district for worker's compensation claims are associated with lost time injuries. A return to work program operates on the premise that cost, including litigation, will be reduced if any employee returns to the work place as soon as possible.

1.0 Objective: Implementation of cost control measures to maintain worker's compensation premiums at a reasonable level.

2.0 Early intervention: It makes sense to incorporate rehabilitation into our worker's compensation management program. It should begin as soon as the worker's injury is known. Early intervention takes a number of forms:

- Building the goal of return to work into medical diagnosis and treatment.
- Working with rehabilitation professionals on job analysis and prevention.
- Looking for light-duty or alternate duty jobs that employees can perform before he or she is back to full strength.
- Making supervisors aware of the importance of helping the employee return to productive work and developing a re-entry process that will make that possible.
- Communicating continually with the employee from the first day, to emphasizing the expectation that the employee will return to work and that the employer will work closely with the employee to realize that goal.

3.0 Operating Procedures

3.1 A copy of the Employee's and Supervisor's Report of Industrial Injury/Illness (SIPE Form 6-588) is completed and processed immediately after an employee is injured. The claim process is started.

3.2 The employee is sent for medical treatment at an approved provider facility. The medical facility will be informed by the district's workers' compensation administrator that the district has a return to work program. The employer will provide to the physician a copy of the injured employee's job description to enable the physician to make a proper evaluation regarding return to work restrictions.

3.3 After receiving medical treatment, the employee reports back to his work site with the physician's report and work restrictions. The employer is encouraged to contact the physician's office to clarify any uncertainties.

3.4 Every effort will be made by the employer to temporarily accommodate a return to work employee. First priority will be to assign the employee to his/her same work unit and same job.

3.5 If appropriate tasks cannot be found within the same work unit, the employee may be placed in another work unit within the district.

- 3.6 If the employee refuses the work in the modified work program, it may jeopardize their rights to temporary disability benefits or industrial accident leave benefits are payable, and sick leave or other forms of leave will be subject to approval by the personnel department.
- 3.7 The employer and district workers' compensation administrators will evaluate the employee's status on a continuous basis. Communication shall be maintained with the physician to ensure a return to full job status as soon as possible.
- 3.8 If the physician states that the employee should not return to work for a specified time, the district shall follow-up with the physician to confirm the determination. The district shall also remain in contact with the physician to follow-up on the possibility of modified duty at a later date.
- 4.0 The return to work program is intended to be a means of maintaining employees in the workplace. It is not to establish new jobs or to displace other employees. It is a means the district can utilize for tasks which there currently isn't time to do or which normally would not be done because of lack of time, manpower, funds, etc.
- 5.0 Districts are encouraged to be flexible in the assignment of modified duties. Any assignment that keeps the employee in the workplace rather than at home will benefit both the district and the employee. Modified duty should be considered a win-win situation for everyone.

SECTION F

PROCEDURES FOR LOCKOUT AND TAGOUT SYSTEM

A. TYPICAL MINIMAL LOCKOUT AND TAGOUT SYSTEM

1.0 Scope and Purpose

- 1.1 Lockout is the preferred method of isolating machines or equipment from energy sources. To assist employers in developing a procedure which meets the requirements of the standard, however, the following simple procedure is provided for use in both lockout or tagout programs.
- 1.2 This procedure establishes the minimum requirements for the lockout or tagout of energy-isolating devices. It shall be used to ensure that the machine or equipment is isolated from all potentially hazardous energy and locked out or tagged out before employees perform any servicing or maintenance activities where the unexpected energization, start-up, or release of stored energy could cause injury.

2.0 Responsibility

- 2.1 Specific person responsible for program implementation.
 - 2.1.1 School district superintendent.
 - 2.1.2 Maintenance, operation, custodial supervisors.
 - 2.1.3 District safety coordinator.
 - 2.1.4 SIPE safety officer.
- 2.2 Appropriate employees shall be instructed in the safety significance of the lockout or tagout procedure. Each new or transferred affected employee and other employees whose work operations are or may be in the area shall be instructed in the purpose and use of the lockout or tagout procedure.
- 2.3 School district maintenance staff will be trained in lockout/tagout annually.
- 2.4 Outside contractors must follow district procedures.

3.0 Preparation for Lockout or Tagout

- 3.1 Each machine or operation must have a checklist indicating the types of energy involved, such as electrical, pneumatic, hydraulic, thermal, stored energy, pressure and elevated parts.

- 3.2 Each machine or operation must be modified or provided with the means to effectively lock out energy sources to avoid the accidental start-up of the equipment.
- 3.3 Each worker must have his or her own lock that must be on the equipment during preventive maintenance or servicing.
- 3.4 Make a survey to locate and identify all isolating devices to be certain which switch(s), valve(s), or other energy-isolating devices apply to the equipment to be locked or tagged out. More than one energy source (electrical, mechanical, or others) may be involved.

4.0 Sequence of Lockout or Tagout System Procedure

- 4.1 (1) Notify all affected employees that a lockout or tagout system is going to be utilized and the reason therefor. The authorized employee shall know the type and magnitude of energy that the machine or equipment utilizes and shall understand the hazards thereof.
- 4.2 (2) If the machine or equipment is operating, shut it down by the normal stopping procedure (depress stop button, open toggle switch, etc.).
- 4.3 (3) Operate the switch, valve, or other energy-isolating device(s) so that the equipment is isolated from its energy source(s). Stored energy (such as that in springs, elevated machine members, rotating flywheels, hydraulic systems, and air, gas, steam, or water pressure, etc.) must be dissipated or restrained by methods such as repositioning, blocking, bleeding down, etc.
- 4.4 (4) Lockout or tagout the energy-isolating devices with assigned individual lock(s) or tag(s) selected; i.e., locks, tags, additional safety measures, etc. These devices will be available and the locks/tags will be identifiable for lockout procedures.
- 4.5 (5) After ensuring that no personnel are exposed, and as a check on having disconnected the energy sources, operate the push button or other normal operating controls to make certain the equipment will not operate.

CAUTION: Return operating control(s) to "neutral" or "off" position after the test.

- 4.6 (6) The equipment is now locked out or tagged out.

5.0 Restoring Machines or Equipment to Normal Production Operations

- 5.1 (1) After the servicing and/or maintenance is complete and equipment is ready for normal production operations, check the area around the machines or equipment to ensure that no one is exposed.

- 5.2 (1) After all tools have been removed from the machine or equipment, guards have been reinstalled, and employees are in the clear, remove all lockout or tagout devices. Operate the energy-isolating devices to restore energy to the machine or equipment.

6.0 Procedure Involving More Than One Person

- 6.1 In the preceding steps, if more than one individual is required to lockout or tagout equipment, each shall place his or her own personal lockout device or tagout device on the energy-isolating device(s). When an energy-isolating device cannot accept multiple locks or tags, a multiple lockout or tagout device (hasp) may be used. If lockout is used, a single lock may be used to lockout the machine or equipment with the key being placed in a lockout box or cabinet which allows the use of multiple locks to secure it. Each employee will then use his or her own lock to secure the box or cabinet. As each person no longer needs to maintain his or her lockout protection, that person will remove his or her lock from the box or cabinet.

7.0 Basic Rules for Using Lockout or Tagout System Procedure

- 7.1 All equipment shall be locked out or tagged out to protect against accidental or inadvertent operation when such operation could cause injury to personnel. Do not attempt to operate any switch, valve, or other energy-isolating device where it is locked or tagged out.

B. PROCEDURES FOR USE OF ACCIDENT PREVENTION TAGS

1.0 Scope and Purpose

- 1.1 The accident prevention tags are a temporary means of warning all concerned of a hazardous condition or defective equipment.
- 1.2 The tags are not to be considered as a complete warning method, but should be used until a positive means can be employed to eliminate the hazard; for example, a "DO NOT START" tag on power equipment shall be used for a few moments or a very short time until the switch in the system can be locked out; a "Defective Equipment" tag shall be placed on a damaged ladder and immediate arrangements made for the ladder to be taken out of service and sent to the repair shop.
- 1.3 When the safety officer identifies an immediate hazard, a danger tag will be posted conspicuously on the hazard.
- 1.4 A hazard notification report will be filled out and given to the site administrator before the safety officer leaves the site. If the site administrator is not on the site report, it will be given to the district business official.

2.0 Tag Placement

- 2.1 Red Tags (Danger): Danger tags should be used only where an immediate hazard exists. There should be no variation in the type of design of tags posted or hung to warn of specific dangers. All employees should be instructed that danger tags indicate an immediate hazard exists.
- 2.2 "DO NOT START" Tags: Shall be placed in a conspicuous location or shall be placed in such a manner that they effectively block the starting mechanism, which would cause hazardous conditions should the equipment be energized.
- 2.3 Caution Tags: Should be used only to warn against potential hazards or to caution against unsafe practices. All employees should be instructed that caution tags indicate a possible hazard and proper precautions should be taken.

3.0 Clearance of Red Tag

- 3.1 Red tag will be removed and returned to safety coordinator by the maintenance department upon clearance of the hazard or of the hazardous equipment.
- 3.2 Safety coordinator will make arrangements for the reinspection of red tagged equipment. If red tag condition is not cleared within 30 days, safety coordinator will verify corrective action taken with site supervisor and take appropriate actions to clear the hazard.

C. TRAINING REQUIREMENTS

1.0 Employees must:

- 1.1 New employees must be provided initial training in the lockout program within 30 days after hiring.
- 1.2 Maintenance and custodial employees shall receive annual training.

2.0 Training records:

- 2.1 SIPE Form 1-588 will be used to document employee safety training.
- 2.2 Online safety training may use web data base to record training.

References: California Administrative Code, Title 8, General Industry Safety Orders 6003.

SECTION G

EYE AND FACE PROTECTION

- 1.0 It is the responsibility of the school district or departmental directors, to ensure that eye and face protection are provided for students, employees and visitors when participating in activity or the use of hazardous substances likely to cause injury to the eyes or face.
- 2.0 Activity or hazardous substances likely to cause injury to the eyes/face, but not necessarily limited to the following:
 - Working with hot molten metal
 - Milling, sawing, turning, shaping, cutting, grinding, and stamping of any solid materials.
 - Heat treating, tempering or kiln firing of any metal or other materials.
 - Gas or electric arc welding.
 - Repairing or servicing of any vehicles, or other machinery or equipment.
 - Working with hot liquids or solids, or with chemicals which are flammable, toxic, corrosive to living tissues, irritating, strongly sensitizing, radioactive, or which generate pressure through heat decomposition or other means.
 - Where exposed to injurious light rays.
 - Where exposed to radiant energy.
- 3.0 Where eye protection is required, and the students and employees require vision correction, such eye protection shall be provided as follows:
 - 3.1 Safety spectacles with suitably corrected lenses;
 - 3.2 Safety goggles designed to fit over spectacles;
 - 3.3 Protective goggles with corrective lenses mounted behind the protective lenses.
- 4.0 Eye and face protective devices shall be kept clean and in good repair.
- 5.0 The wearing of contact lenses is prohibited in working environments having harmful exposure to materials or light flashes, except when special precautionary procedures, which are medically approved have been established for the protection of the exposed student and employee.
- 6.0 Suitable welding screens or shields isolating hazards arc welding flash exposure shall be used to safeguard nearby students and employees.
- 7.0 Injury prevention signs shall be posted to warn of specific dangers or possible hazard of eye and face hazards.

SECTION H

SANTA BARBARA COUNTY SCHOOLS EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS (Title 8, California Code of Regulations, Section 5193)

1.0 Purpose

The purpose of the bloodborne pathogens standard is to reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens that employees may encounter in their workplace.

- 1.1 "Districts" refers to school districts. If the work location is other than a school district, then districts refers to a department. A department can be an office, ROP, Court & Community Schools, etc.

School district employees will follow good general principles when working with bloodborne pathogens.

These include:

- 1.1.1 Minimization of occupational exposure to bloodborne pathogens.
- 1.1.2 Risk of exposure to bloodborne pathogens should never be underestimated.
- 1.1.3 Use of personal protective equipment when required and when otherwise necessary to protect against exposure to bloodborne pathogens.

2.0 Objective

- 2.1 To protect our employees from the health hazards associated with bloodborne pathogens.
- 2.2 To provide appropriate treatment and counseling should an employee be exposed to bloodborne pathogens.

3.0 Responsibilities

- 3.1 District superintendents or a designated person are responsible for exposure control in their respective districts.
- 3.2 Supervisors will be responsible for providing information and training to all employees who may be subject to occupational exposure. The SIPE Safety Officer will provide training assistance. "Supervisor" refers to the principal or if the worksite is other than a school, then "Supervisor" refers to the department head of that operation.

- 3.3 It is important that employees:
 - 3.3.1 Know what tasks they perform that may have occupational exposure.
 - 3.3.2 Attend training sessions to learn the appropriate procedures to avoid occupational exposure.
 - 3.3.3 Plan and conduct all operations in accordance with work practice controls.
 - 3.3.4 Develop good personal hygiene habits.
- 3.4 This exposure control plan will be accessible to all employees. Employees are advised of its availability during their education/training sessions.
- 4.0 This plan will be reviewed and updated under the following circumstances:
 - 4.1 Annually, on or before June 30th of each year.
 - 4.2 Whenever necessary to reflect new or modified tasks and procedures are implemented which affect occupational exposure.
 - 4.3 Whenever necessary to reflect new revised employee positions such that new instances of occupational exposure may occur.
 - 4.4 To review incidents of exposure which occurred since the previous update.
- 5.0 Exposure Determination
 - 5.1 One of the keys to implementing a successful exposure control plan is to determine "occupational exposure" situations. "Occupational exposure" means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. Job classifications in which employees may have exposure to bloodborne pathogens can be found in Table 1.
 - 5.2 **Primary Exposure - Category A**

Employees in the primary exposure category are reasonably anticipated to incur an occupational exposure to blood or Other Potentially Infectious Materials (OPIM) during the performance of their job duties. Employees in this category:

 - 1. will receive specialized training annually.
 - 2. will be offered the Hepatitis B vaccination series and
 - 3. will be provided with post-exposure evaluation and follow-up in the case of an exposure incident.

Primary exposure job classifications and associated tasks in which occupational exposure may occur can be found in Table 1.

5.3 Secondary Exposure - Category B

District employees, including designated first-aid responders or emergency response team members not covered by the primary exposure category are considered secondary exposure. Employees in the secondary exposure category are not reasonably expected to incur exposure to blood or OPIM or procedures that would cause exposure during the performance of their job duties. However, employees in this category:

1. will be provided with awareness training about methods of preventing occupational exposure to infectious disease with emphasis on Hepatitis B and HIV.
2. will be provided with post-exposure medical evaluation and follow-up in the case of an exposure incident.

5.4 This determination shall be made without regard to the use of personal protective equipment.

6.0 Methods of Compliance

6.1 Universal precautions. School districts will treat all human blood and body fluids as if they are known to be infectious for HBV, HIV and other bloodborne pathogens. Where it is difficult or impossible to differentiate between body fluid types, we assume all body fluids to be potentially infectious. All procedures involving blood or other body fluids shall be performed in such a manner as to minimize splashing, spraying, splattering and generation of droplets of these substances.

6.2 Engineering controls.

- 6.2.1 Handwashing facilities (or antiseptic hand cleansers and towels or antiseptic towelettes) will be made readily accessible.
- 6.2.2 Mechanical means (dustpan, brush, tongs or forceps, etc.) will be made readily accessible to all employees who have the potential for exposure.
- 6.2.3 First aid kits will be equipped with gloves, handwipes and CPR masks.

7.0 Work Practice Controls. In addition to engineering controls, our facility uses a number of work practice controls to help eliminate or minimize employee exposure. Many of these work practice controls have been in effect for some time.

7.1 Supervisors are responsible for overseeing the implementation of work practice controls.

7.2 Each school district will adopt the following work practice controls as part of our compliance program.

- 7.2.1 Employees wash their hands immediately, or as soon as possible after removal of potentially contaminated gloves or other personal protective equipment.
- 7.2.2 Following any contact of body areas with blood or any other infectious materials, employees wash their hands and any other exposed skin with soap and water as soon as possible. They also should flush exposed mucous membranes with water.
- 7.2.3 Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where this is a reasonable likelihood of occupational exposure.
- 7.2.4 Equipment which becomes contaminated is examined prior to servicing or shipping and decontaminated as necessary.
- 7.2.5 When a new employee is hired or an employee changes jobs within the district, that employee will be trained in the tasks/procedures pertaining to their new job classification and any work practice controls that the employee is not experienced with.
- 7.2.6 Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

8.0 Personal Protective Equipment (PPE). Where there is potential for occupational exposure, the districts shall provide at no cost the personal protective equipment needed to protect employees against such exposure.

- 8.1 PPE includes, but is not limited to gloves, safety glasses, goggles, face shields/masks and respirators.
- 8.2 Supervisors are responsible for ensuring that all departments and work areas have appropriate PPE available to employees unless the employee temporarily and briefly declines to use PPE when it was the employee's professional judgement in the specific instance the use of such equipment would have prevented the delivery of health care or public safety services or would have prevented the delivery of health care or public safety services or would have proposed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.
- 8.3 All PPE will be inspected periodically and repaired or replaced as needed to maintain its effectiveness.
- 8.4 Reusable PPE will be cleaned, laundered and decontaminated as needed at no cost to the employee.

- 8.5 PPE that cannot, for whatever reason be decontaminated will be disposed of in accordance with biohazard rules and regulations.
- 8.6 Any garments penetrated by blood or other infectious materials are to be removed immediately, or as soon as feasible.
- 8.7 All potentially contaminated PPE is removed prior to leaving a work area.
- 8.8 Gloves are worn in the following circumstances:
 - 8.8.1 Whenever employees anticipate hand contact with potentially infectious material.
 - 8.8.2 When handling or touching contaminated items or surfaces.
 - 8.8.3 Hypo-allergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
- 8.9 Sharp Precautions (for qualified staff only). Precautions shall be taken to prevent injuries caused by needles and other sharp instruments or devices used during nursing procedures, when cleaning used instruments, during disposal of used needles, and when handling sharp instruments after procedures.
 - 8.9.1 To prevent needle stick injuries, needles shall not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand.
 - 8.9.2 Shearing or breaking of contaminated needles is prohibited.
 - 8.9.3 After use, disposable syringes and other sharp items shall immediately be placed in puncture-resistant containers for disposal. The containers shall be located as closely as practical to the use area, kept upright throughout use, replaced at least every year or when full and should not be allowed to overfill. When a sharp container is full, the district will contact the SIPE Safety Office at 922-8003 to arrange for collection.
 - 8.9.4 Immediately, or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be puncture resistant, labeled, leak proof on the sides and bottom, and constructed to not allow employees to reach by hand into them.
 - 8.9.5 When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping, and place in a secondary container if leakage is possible.

- 8.9.6 The second container shall be closable, constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping, appropriately labeled, and closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
 - 8.9.7 Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.
 - 8.9.8 Reusable sharps that are contaminated with blood or other potentially infectious material shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
 - 8.10 CPR Precautions. To minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices shall be used. Such equipment shall be stored in all district health offices and first aid kits.
 - 8.11 Qualified Staff/First Aid Providers Precautions. Qualified staff/first aid providers who have exudative lesions or weeping dermatitis shall be examined as soon as possible. These employees shall refrain from all direct individual care and from handling individual care equipment until such examination occurs.
- 9.0 Housekeeping
- 9.1 All equipment and surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious materials.
 - 9.2 Protective coverings (such as plastic trash bags or wrap, aluminum foil or absorbent paper) used to cover equipment and environmental surfaces are removed and replaced as soon as it is feasible when they have become contaminated.
 - 9.3 All trash containers, pails, bins and other receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious material shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination. The best way to eliminate this problem is to line trash containers with plastic liners.
 - 9.4 Potentially contaminated broken glassware shall not be picked up directly by the hand but by using mechanical means (dustpan and brush, tongs, forceps, etc.)
 - 9.5 Body fluids such as urine, feces and vomit not contaminated with blood, can be disposed using conventional methods.

9.6 Laundry

- 9.6.1 Universal precautions as defined in Section 6.1 shall be observed with all laundry that is contaminated with body fluids, i.e., athletic clothing and diapers. Such laundry shall be stored in a leak-resistant container such as a plastic bag and labeled accordingly.
- 9.6.2 Laundry support shall be provided by outside vendors utilizing bloodborne pathogen exposure control guidelines as outlined by Cal/OSHA.

10.0 Disposal Procedures

10.1 Medical Regulated Waste:

- 10.1.1 This category includes all of the following: liquid or semi-liquid blood or other potentially infectious materials, contaminated items that would release blood or the aforementioned materials in a liquid or semi-liquid state if compressed, items that are caked with dried blood or other potentially infectious materials and are capable of releasing these during handling, contaminated sharps, and pathological or microbiological wastes containing blood or other potentially infectious materials.
- 10.1.2 Regulated waste shall be segregated into two waste streams, sharps and non-sharps.
- 10.1.3 Every effort should be made to avoid generation of non-sharp regulated wastes. This can be accomplished by employing such techniques as cleaning up spills or excess body fluids with tissue paper rather than rags or cloth materials and thoroughly disinfecting spills to render them non-hazardous, followed by absorption with enough absorbent material to prevent the release of excess liquid or semi-liquid waste material.
- 10.1.4 Place only solid objects in sharps containers, such as syringes, lancets, blades and the like. Glass slides and small vials containing blood samples shall be cleaned with running water into a sink connected to the sanitary sewer. Follow with bleach and water (1:10) rinse. Avoid using these containers for soft materials such as rags, tissue paper, product wrappers, and so forth. Disposal of sharps will be in accordance with paragraph 8.9.3.
- 10.1.5 All non-sharp regulated waste that cannot be sewer disposed or rendered non-hazardous, must be placed in plastic bags inside secondary containers that are closable, constructed to contain all contents and prevent leakage during handling and storage. The bag must be red in color and both the bag and secondary container must be labeled "Infectious Waste" and include the official biohazard symbol.

- 10.1.6 All sites shall provide proper storage, handling and transportation of biohazard/regulated waste with proper labels. School nurses or a designated person are responsible for contacting the SIPE Safety Office for sharp removal and non-sharp regulated waste.
- 10.1.7 Santa Maria Medical Waste Environmental Engineers, Inc. (MWEE) will be called when sharp containers are ready for disposal. MWEE will remove the full container and replace it with a new container. MWEE will provide SIPE Safety with appropriate hazardous material disposal manifest.
- 10.2 Non-Regulated Medical Waste: Waste such as disposables containing non-fluid blood, i.e., dressing, gauze, cotton roll, drapes with small amounts of dried blood or other body fluid, are not considered medical waste. Nevertheless, school districts will discard non-medical waste in double lined plastic trash bags before disposal into trash bin, California Health and Safety Code, Chapter 6.1, Section 25015.

11.0 Training

- 11.1 Training shall be provided at the time of initial assignment to tasks where occupational exposure make take place and at least annually thereafter. Where tasks or procedures are modified or newly created, training may be limited to addressing the new exposures created.
- 11.2 Training records shall be maintained for 3 years from the date on which the training occurred.
- 11.3 All employees that may be subject to occupational exposure shall attend a training class within the first 10 days of employment or attend the SIPE training classes held every third Wednesday. These classes are scheduled by your district personnel office.
- 11.4 Training shall include the following items:
 - 11.4.1 A general explanation of the epidemiology and symptoms of bloodborne diseases;
 - 11.4.2 An explanation of the modes of transmission of bloodborne pathogens.
 - 11.4.3 An explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan;
 - 11.4.4 An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure;
 - 11.4.5 An explanation of regulated and non-regulated waste, appropriate waste disposal methods, and required signs and labels;

- 11.4.6 An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and PPE;
 - 11.4.7 Information on the types, proper use, location, removal, handling, decontamination and disposal of PPE;
 - 11.4.8 An explanation of the basis for selection of PPE;
 - 11.4.9 Information on the hepatitis B vaccine, including information on its efficiency, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
 - 11.4.10 Information on the appropriate actions to take, and persons to contact, including the immediate supervisor in an emergency involving exposure;
 - 11.4.11 An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available; and
 - 11.4.12 Information on the post-exposure evaluation and follow-up.
- 11.5 The majority of training items listed in 11.4 may be covered on a videotape. Each training session shall allow an opportunity for interactive questions and answers. Attendance is mandatory and shall be recorded on employee health and safety training record.
- 11.6 For incidents occurring outside normal operating hours, employees shall immediately report the incident to their physician or go to the emergency ward of hospital or clinic.

12.0 Vaccination Against Bloodborne Pathogens.

- 12.1 Employees subject to bloodborne pathogens as listed in Table 1 shall be offered at no cost to themselves after the employee has received the training outlined in Section 10 and within 10 working days of their initial assignment.
- 12.2 Designated first aid providers who offer first aid only as a collateral duty and generally at the location where the incident occurred, are not required to have the pre-exposure Hepatitis B vaccine. The Hepatitis B vaccine shall be provided to all designated employees who are expected to perform CPR/first aid as an "essential" job duty.
- 12.3 The vaccination program consists of a series of three inoculations over a six-month period.

- 12.4 Vaccinations will be performed under the supervision of a licensed physician or other health care professional. If an employee initially declines the Hepatitis B vaccination, but at a later date decides to accept the vaccination while working in a position listed in Table 1, the district shall make the Hepatitis B vaccination available at that time.
 - 12.5 Employees accepting or declining the vaccine must complete the Hepatitis B Vaccination Form (Table 2).
 - 12.6 Table 1 is a guide to determine those personnel who may be involved in the HBV vaccination program.
 - 12.7 If vaccines against other bloodborne pathogens (e.g., Human Immunodeficiency Virus, etc.) become approved and recommended by the U.S. Public Health Service, immunization to all covered employees will be considered in accordance with those recommendations.
- 13.0 Post Exposure Employee and Supervisor's Report of Industrial Injury/Illness (SIPE Form 6-588) and Follow-up for Unvaccinated First Aid Responders.
 - 13.1 A SIPE Form 6-588 must be prepared if first aid was rendered by an unvaccinated employee(s) and there was a presence of blood or other potentially infectious material (regardless of whether an actual exposure incident occurred). This report must be submitted to the immediate supervisor before the end of the work shift in which the incident occurred.
 - 13.2 The SIPE Form 6-588 must include the names of all first aid providers who rendered assistance, whether PPE was used, a description of the first aid incident, the time and date of the incident, and whether an exposure incident occurred for each employee involved.
 - 13.3 The original of the SIPE Form 6-588 must be kept on file at the district office and a copy forwarded to the SIPE Safety Office. Employees who are sent for medical evaluation as a result of the incident must be placed on the district OSHA 300 Log. SIPE Form 6-588 shall be readily available to employees.
 - 13.4 If an unvaccinated employee has rendered assistance in any situation involving the presence of blood or other potentially infectious material, regardless of whether a specific exposure incident occurred, provisions for the full hepatitis B vaccination series must be made available as soon as possible, but in no event later than 24 hours after the incident. If the employee refuses, make sure he/she signs a waiver statement (Table 2).
- 14.0 Medical Evaluation
 - 14.1 If an employee reports an exposure incident to blood or other potentially infectious material a confidential medical evaluation shall be made immediately available to the exposed employee.

14.2 The medical evaluation shall include the following:

- 14.2.1 Documentation of the route(s) and circumstances of exposure.
- 14.2.2 Identification of the source individual, unless infeasible or prohibited by state law.
- 14.2.3 Prompt testing of the source individual's blood for HBV or HIV as soon as consent is obtained. If consent cannot be obtained, this shall be documented.
 - a) If the source individual's HBV or HIV status is known to be positive, repeat testing needs not be done.
 - b) Results of the source individual's testing shall be made available to the exposed employee, along with information about the applicable laws and regulations regarding disclosure of identity and infectious status of the source individual.
- 14.2.4 Prompt testing of the exposed employee's blood for HBV and HIV shall be done as soon as the Medical Evaluation Consent Form is signed and received.
 - a) If the employee does not consent to serological testing, consent to a baseline blood collection may be given. The sample shall be preserved untested for at least 90 days.
 - b) If within 90 days of the exposure incident, the employee chooses to have the sample tested, this shall be done promptly using the stored sample as baseline and a current sample to document seroconversion. Without a preserved sample, baseline seroconversion to a specific incident cannot be proven.
 - c) Additional collection and testing shall be made available as recommended by the U.S. Public Health Service.
- 14.2.5 The district shall provide to the health care professional responsible for the employee's hepatitis B vaccination:
 - a) A copy of Title 8 Regulation 5193: Bloodborne Pathogens.
 - b) A description of the exposed employee's duties as they relate to the exposure incident.
 - c) Documentation of the route(s) of exposure and circumstances under which exposure occurred.

- d) Results of the source individual's blood testing, if available.
 - e) All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.
- 14.3 Exposed employees shall be counseled by a knowledgeable health care professional regarding their exposure and any medical and/or legal implications.
- 14.4 If medically indicated and requested by the employee after appropriate counseling, any prophylactic procedures recommended by the U.S. Public Health Service shall be made available.
- 14.5 Employees contracting illness resulting from an occupational exposure shall be evaluated and followed with appropriate medical care. Appropriate reports of occupational illness shall be made.

15.0 Written Opinion

- 15.1 Within 15 days of an exposure evaluation, the employee shall be provided with a copy of the physician's written opinion which shall be limited to the following:
- 15.1.1 Whether HBV vaccination is indicated and if the employee has received it.
 - 15.1.2 Informing the employee of the results of the evaluation.
 - 15.1.3 Informing the employee about any medical condition resulting from exposure which requires further evaluation or treatment.
- 15.2 All other findings of diagnosis shall remain confidential and shall not be included in the written report.

16.0 Record keeping

- 16.1 The medical record for each employee covered under this plan will include the following items.
- 16.1.1 The employee's name and social security number.
 - 16.1.2 A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive the vaccine.
 - 16.1.3 A copy of all results of examination, medical testing, and follow-up procedures regarding this plan.
 - 16.1.4 Copies of any health care professional's written opinion.

16.1.5 A copy of the information provided to the health care professional.

16.1.6 A copy of the completed incident log.

17.0 What should be done if direct skin contact occurs?

In many instances, unanticipated skin contact with body fluids may occur in situations where gloves may be immediately unavailable (e.g., when wiping a runny nose, applying pressure to a bleeding injury outside the classroom, helping a child in the bathroom). Gloves need not be worn when feeding students or when wiping saliva from skin unless blood is present. First aid for a bleeding child must not be delayed to secure gloves. In these instances, hands and other affected skin areas of all exposed persons should be routinely washed with soap and water after direct contact has ceased. Reminder: Unbroken skin is an excellent barrier to infectious agents. Staff with sores or cuts on their hands (non-intact skin) having contact with blood or body fluids should always wear gloves. If contact with contaminated body fluids does occur, the staff member should contact the local health department or private physician for evaluation of the need for post-exposure prophylaxis.

18.0 How should spilled body fluids be removed from the environment?

Most schools have standard procedures already in place for removing body fluids (e.g., vomitus). These procedures should be reviewed to determine whether appropriate cleaning and disinfection steps have been included. Many schools stock sanitary absorbent agents specifically intended for cleaning body fluid spills. Disposable gloves should be worn when using these agents. The dry material is applied to the area, left for a few minutes to absorb the fluid, and then vacuumed or swept up. The vacuum bag or sweepings should be disposed of in a plastic bag. Broom and dustpan should be rinsed in a disinfectant. No special handling is required for vacuuming equipment.

19.0 Hand washing procedures

Proper hand washing requires the use of soap and water and vigorous washing under a stream of warm water for approximately 10 seconds.

Soap suspends easily removable soil and microorganisms allowing them to be washed off. Running water is necessary to carry away dirt and debris. Rinse under running water. Use paper towels to thoroughly dry hands.

Facilities must provide an adequate supply of running potable water, soap and single use towels or hot air-drying machines. When provision of hand washing facilities is not feasible, the employer shall provide an appropriate antiseptic towelette. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

20.0 Disinfectants

An intermediate level disinfectant should be used to clean surfaces contaminated with body fluids. Such disinfectants will kill vegetative bacteria, fungi, tubercle bacillus and viruses. The disinfectant should be registered by the U.S. Environmental Protection Agency (EPA) for use as a disinfectant in medical facilities and hospitals.

Various classes of disinfectants are listed below. Hypochlorite solution (bleach) is preferred for objects that may be put in the mouth.

1. Ethyl or isopropyl alcohol (70%)
2. Phenolic germicidal detergent in a 1% aqueous solution (e.g., Lysol).
3. Household bleach diluted 1 part bleach to 10 parts water.
4. Quaternary ammonium disinfectant cleaner (e.g., Bactisol, Forward disinfectant cleaner).
5. Iodophor germicidal detergent with 500 ppm available iodine, e.g., Wescodyne).

21.0 Disinfection of hard surfaces, athletic mats

All equipment and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures, immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials, and at the end of the work shift if the surface may have become contaminated since the last cleaning.

In order to provide a safe environment, hard surfaces should be cleaned/disinfected at the conclusion of each day. This includes sporting equipment such as wrestling and gymnastic mats, as well as desk and table tops used for eating. If an incident occurs where body fluid has contaminated a surface, cleaning and disinfecting should take place prior to allowing activity to continue. The surface should be cleaned of visible contamination and then disinfected. During athletic contests an ample supply of towels should be available. Disposable towels and tissues are recommended. **Towels must be used for one individual only and then disposed of in an appropriate receptacle.** Gloves must be worn when handling blood or objects contaminated with blood.

Soiled surfaces should be promptly cleaned with disinfectant, such as household bleach (diluted 1 part bleach to 10 parts water). Disposable towels or tissues should be used whenever possible, and mops should be rinsed in disinfectant. Those who are cleaning should wear latex gloves or other protective equipment and should avoid exposure of open skin lesions or mucous membranes to the blood or body fluids.

22.0 Disinfection of rugs

Apply sanitary absorbent agent, let dry and vacuum. If necessary, mechanically remove body fluid with the dust pan and broom, then apply rug shampoo (a germicidal detergent) with a brush and re-vacuum. Rinse dust pan and broom in disinfectant. If necessary, wash brush with soap and water. Dispose of non-reusable cleaning equipment as noted above.

23.0 Care of cleaning equipment

Mops should be soaked in the disinfectant after use and rinsed thoroughly or washed in a hot water cycle before rinse. Disposable cleaning equipment and water should be placed in a toilet or plastic bag as appropriate. Non-disposable cleaning equipment (buckets) should be thoroughly rinsed in the disinfectant. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood of becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately, or as soon as feasible, upon visible contamination. The disinfectant solution should be promptly disposed down a drain pipe. Remove gloves and discard in appropriate receptacles. Wash hands.

24.0 Laundry instructions for clothing soiled with body fluids

The most important factor in laundering clothing contaminated in the school setting is elimination of potentially infectious agents by soap and water. Addition of bleach will further reduce the number of potentially infectious agents. Clothing soaked with body fluids should be washed separately from other items. Presoaking may be required for heavily soiled clothing. Otherwise, wash and dry as usual. If the material is bleachable, add ½ cup of household bleach to the wash cycle. If the material is not colorfast, add ½ cup nonchlorox bleach (e.g., Clorox II, Borateem) to the wash cycle.

If presoaking is required to remove stains (e.g., blood, feces), use gloves to rinse or soak the item in cold water prior to bagging. Student clothing should be sent home for washing with appropriate directions to parents. Contaminated disposable items (e.g., tissues, paper towels, diapers) should be handled with disposable gloves.

25.0 Employers should request that their medical provider perform screening to ensure that employees have converted to the antibodies after the initial series of the HBV vaccination.

26.0 The following guidelines will be used as reasonable accommodation for the Hepatitis B vaccination:

26.1 The number of vaccine series that employers are responsible for administering when an employee has been exposed to bloodborne pathogens are:

26.1.1 An initial series of three doses during a six month period.

26.1.2 An additional series of three doses of vaccine should be administered to individuals who do not respond to the initial vaccination series.

26.1.3 Employees should consult their physician if additional doses beyond the second series may be warranted.

26.1.4 In all cases, workers compensation will provide funding for the vaccination when it involves an exposure while the employee was performing his/her duties.

Section H1
Aerosol Transmissible Disease
Prevention Program

Purpose

This section outlines the identification of safe work practices to minimize the incidence of occupationally acquired diseases that are transmissible through aerosols in the school setting. The ATD Standard was written by Cal/OSHA ([Title 8, Section 5199](#) Aerosol Transmissible Diseases (ATD) Standard) as a direct result of the experiences involving Severe Acute Respiratory Syndrome (SARS), Avian Influenza, and the Novel Influenza H1N1.

Scope

This policy applies to all County of Santa Barbara Schools faculty, staff, hosted visitors, students, participating guests, and volunteers working at locations where EH&S has management control of specific biohazards. The following job classifications may have occupational exposure to ATD at the county of Santa Barbara Schools:

- A. Teachers and teacher aides
- B. Nurses or other licensed health care professionals working at the Student Health Services Center involved in diagnosis, triage, direct patient care and treatment
- C. Clerical workers/classified employees
- D. Facilities management custodial employees

Definitions

Aerosol Transmissible Disease (ATD) or Aerosol Transmissible Pathogen (ATP): A disease or pathogen for which droplet or airborne precautions are required, as listed in Appendix A of the standard.

Airborne Infectious Disease (AirID): Either: (1) An aerosol transmissible disease transmitted through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the disease agent, or (2) The disease process caused by a novel or unknown pathogen for which there is no evidence to rule out with reasonable certainty the possibility that the pathogen is transmissible through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the novel or unknown pathogen.

Airborne Infectious Pathogen (AirIP): Either: (1) An aerosol transmissible pathogen transmitted through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the infectious agent, or (2) A novel or unknown pathogen for which there is no evidence to rule out with reasonable certainty the possibility that it is transmissible through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the novel or unknown pathogen.

Exposure Control Plan: A plan to protect employees from aerosol transmissible pathogens by reducing occupational exposure and providing appropriate treatment and counseling for employees potentially exposed to these pathogens.

Exposure incident: An event in which all of the following have occurred: (1) An employee has been exposed to an individual who is a case or suspected case of a reportable ATD, or to a work area or to equipment that is reasonably expected to contain ATPs associated with a reportable ATD; and (2) The exposure occurred without the benefit of applicable exposure controls required by this section, and (3) It reasonably appears from the circumstances of the exposure that transmission of disease is sufficiently likely to require medical evaluation.

M. tuberculosis: *Mycobacterium tuberculosis* complex, which includes *M. tuberculosis*, *M. bovis*, *M. africanum*, and *M. microti*. *M. tuberculosis* is the scientific name of the group of bacteria that cause tuberculosis.

Novel or unknown ATP: A pathogen capable of causing serious human disease meeting the following criteria:

There is credible evidence that the pathogen is transmissible to humans by aerosols; and

- (1) The disease agent is:
 - (a) A newly recognized pathogen, or
 - (b) A newly recognized variant of a known pathogen and there is reason to believe that the variant differs significantly from the known pathogen in virulence or transmissibility, or
 - (c) A recognized pathogen that has been recently introduced into the human population, or
 - (d) A not yet identified pathogen.

Note: Variants of the human influenza virus that typically occur from season to season are not considered novel or unknown ATPs if they do not differ significantly in virulence or transmissibility from existing seasonal variants. Pandemic influenza strains that have not been fully characterized are novel pathogens.

Respirator: A device which has met the requirements of 42 CFR Part 84, has been designed to protect the wearer from inhalation of harmful atmospheres, and has been approved by NIOSH for the purpose for which it is used.

Source control measures: The use of procedures, engineering controls, and other devices or materials to minimize the spread of airborne particles and droplets from an individual who has or exhibits signs or symptoms of having an ATD, such as persistent coughing.

Suspected case: Either of the following:

- (1) A person whom a health care provider believes, after weighing signs, symptoms, and/or laboratory evidence, to probably have a particular disease or condition listed in Appendix A of the standard.
- (2) A person who is considered a probable case, or an epidemiologically-linked case, or who has supportive laboratory findings under the most recent communicable disease surveillance case definition established by CDC.

Tuberculosis (TB): A disease caused by *M. tuberculosis*.

Policy

- A. This plan is administered by the Santa Barbara County Schools Self Insured program for Employees (SIPE) Safety Office.
- B. The plan is evaluated and updated to include methods for controlling/preventing respiratory pathogen transmission, i.e., new engineering and work practice controls, new cleaning and decontamination procedures, changes in isolation procedures, use of Personal Protective Equipment (PPE), and determining employee exposures.
- C. The following methods are used to prevent exposures to aerosol transmissible diseases/pathogens (ATDs/ATPs)
 1. Promptly identify suspect students.
 2. Transfer to an appropriate room within the institution for airborne infectious disease students.
 3. When not feasible to provide airborne isolation rooms for a novel disease, provide other effective control measures, i.e., PPE, hand hygiene, social distancing (keeping 6 feet from suspected or diagnosed ATD students).
- D. Apply appropriate isolation precautions.
- E. Maintain appropriate engineering controls. To prevent transmission, i.e., ventilation systems on fresh air exchanges in appropriated treatment rooms are used to manage the environment of students with ATD.
- F. Implement appropriate work practices to prevent transmission:
 1. Food is not allowed in appropriate treatment rooms or areas.
 2. Respiratory etiquette is practiced by employees.
 3. Using personal protective equipment to protect employees from other pathogens spread by airborne/droplet route of transmission, i.e. Influenza.
 4. Wash hands before and after student contact.
 5. Identify and review annually the work locations at higher risk for exposure to ATD/ATP, including school offices, classrooms, nurse's office, health office, or treatment room/area.
 6. Maintain routine cleaning.
- G. Respiratory protection
 1. Respirators used, such as filtering facepieces must be NIOSH approved and have a minimum rating of N95.
 2. Fit-testing and respiratory protection procedures will occur in accordance with the Santa Barbara County education's Respiratory Protection Program.
 3. N95 respirators will be reused when there is a lack of available inventory, i.e., pandemic or epidemic. The N95 respirator can be worn for one shift of work or more often depending on the need. The N95 respirator should be inspected prior to use,

and not used if it is damaged in any way. If there is a shortage of N95 Respirators, an elastomeric mask may be used.

H. Implementation

1. This program and supporting procedures are generally followed at all times; however, specific implementation requirements identified in SIPE's ATD plan are voluntary. If a confirmed episode or epidemic of ATD is declared by either the County Department of Public Health, the Centers for Disease Control, or the California Department of Education, this plan will be converted from voluntary to mandatory, and thus, all procedures will be strictly adhered to according to this ATD Plan.

Procedures

- A. Confirmed or suspected ATD students are placed in designated appropriate treatment rooms/areas.
- B. Students suspected or confirmed as infectious due to airborne pathogen may wear a surgical mask until an appropriate room is available.
- C. Visitors entering the rooms/areas housing ATD students will wear a surgical mask or equivalent during the visit. If able, the student may wear a surgical mask.
- D. Work Practice Controls: Principals and supervisors are responsible for enforcing employee work practice controls. The following work practice controls are implemented to prevent exposure to airborne pathogens. Employees taking care of students with suspected or confirmed airborne diseases must:
 1. Wear appropriate PPE, up to and including respirators, gloves, surgical masks, etc.
 2. Practice appropriate hand hygiene.
 3. Maintain social distancing (keep 6 feet from students suspected or confirmed with an ATD/ATP when possible).
 4. Students with communicable airborne diseases may wear a surgical mask during transport and other times when students are out of designated treatment rooms/areas.
 5. Employees must wash their hands after removal of gloves.
 6. Occupational exposures are to be reported to supervisors immediately.
 7. Visitors who must enter an appropriate treatment room/area where suspect or confirmed ATD students are waiting to go home are to wear surgical masks.
- E. Employee surveillance and post-exposure follow-up. School districts are responsible for new employee and annual employee surveillance as well as post exposure follow-up for airborne pathogens.
- F. Medical services for employees with occupational exposure to ATD:

1. Assess exposure: TB skin tests are provided every 4 years according to Ed. Code and more frequently in accordance with applicable public health guidelines or if the public health officer recommends more frequent testing.
 2. Employees with TB test conversions are referred to a health care provider knowledgeable about TB for evaluation
 3. Diagnostic tests and treatment options are provided to the employee.
 4. Investigate the circumstances of occupational exposures to any ATD and document the investigation/findings.
 5. Vaccinations shall be made available to all employees with occupational exposures unless the employee has already received the vaccine or it is determined the employee has immunity, or the vaccine is contraindicated for medical reasons.
 6. Individual providing vaccine or determining immunity provides information to the employer (name, date, dose, immunity, any restrictions on employee's exposure, if additional vaccine is required, and date/dose it should be provided).
 7. If vaccine is not available, employer documents unavailability of the vaccine and checks on availability every 60 days.
- G. Training
1. New employee orientation and annual education of employees.
 2. Written materials, including handout or brochure about ATD is provided to employees during the New Employee Orientation classes and annual education classes. The topics include transmission, symptoms, incidence, risk group categories, and exposure prevention strategies.
- H. Record-keeping
1. Employees skin test results are recorded by Human Resources department.
 2. New employee and annual education of employees is recorded by the district Human Resources department. These records are maintained for three years.
 3. Employee information is kept confidential. Records are maintained for 30 years past termination, resignation, or retirement.

Information and External References

- Cal/OSHA Aerosol Transmissible Diseases Regulation
<http://www.dir.ca.gov/title8/5199.html>
- Appendix D: Aerosol Transmissible Pathogens – Laboratory List
<http://www.dir.ca.gov/title8/5199d.html>
- Cal/OSHA Respiratory Protection Program Regulation
<http://www.dir.ca.gov/title8/5144.html>
- California's Local Health Officers
<http://www.cdph.ca.gov/programs/cclho/Documents/CCLHOHealthOfficerDirectory.pdf>
- CDC Biosafety in Microbiological and Biomedical Laboratories, 5th Edition
<http://www.cdc.gov/biosafety/publications/bmb15/>

- Centers for Disease Control's Respiratory Hygiene/Cough Etiquette Guidelines
<http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>
- Immunization Information from the California Department of Public Health
<http://www.cdph.ca.gov/programs/immunize/Pages/HealthProfessionals.aspx>

SECTION I

HAZARDOUS SUBSTANCE PROGRAM

- 1.0 School districts written hazardous substance communication program.
 - 1.1 District employees will receive Hazardous Communication training annually.
 - 1.1.1 Online hazardous communication training via SIPE online training program.
 - 1.1.2 Training included as districts annual training.
 - 1.2 School site chemical inventory will include:
 - 1.3 Container labeling to include substances on inventory and new purchases. A plan of action if unlabeled container is found.
 - 1.4 Material Safety Data Sheets (MSDS) will be available for all chemicals in the school district inventory.
 - 1.5 School districts will use the disciplinary procedures in Section A, Part 4.0 for employees who do not comply with rules regarding hazardous substances.
 - 1.6 School districts will provide training when information about a substance becomes available.
- 2.0 Inspections
 - 2.1 Survey existing facilities to identify kinds and quantities of chemicals, conditions of storage and unstable materials for disposal.
 - 2.2 Review laboratory experiments and maintenance process for use of toxic chemicals and determine which ones have the potential for significant staff or student exposure. Identify if engineering controls, if fume hoods or ventilation systems are required.
 - 2.3 Listing of all hazardous substances by building at each site.
 - 2.4 Identify unstable materials and quantify all materials in preparation for disposal.
 - 2.5 Survey chemical use facilities to determine if they meet minimum safety standards.

3.0 Employee Training Program

- 3.1 Obtain MSDSs for all substances on inventory through MSDS on Demand or the company when the item is purchased.
- 3.2 Post listing of hazardous substances at each workplace and advise of the location and availability of the MSDSs.
- 3.3 Provide employees a sample MSDS for each "group type" of hazardous substance and explain how to read, interpret and understand the information in the MSDS.
- 3.5 Group types: Flammables
 Corrosives
 Toxics
 Reactives
 Miscellaneous
- 3.6 Explain to employees how they can obtain a MSDS from the district files.
- 3.7 Employees within the Santa Barbara County Schools are enrolled in our 3E MSDS on Demand Program. The toll-free number for MSDS retrieval and maintenance is (800) 451-8346.

4.0 Purchasing Training

- 4.1 Control what materials are purchased and the quantity. District should establish a goal of only purchasing enough for each school year. Avoid storage, age and label problems.
- 4.2 Obtain MSDS for each order or do not accept the shipment.
- 4.3 Post revised hazardous substance list at each work place affected by the purchase.
- 4.4 Set strict guidelines for acceptance of "donations" to be sure of the age, quantity and nature of the substance. May be breaking the law by moving the substance from one location to another. Require MSDSs for all "donations."

5.0 Disposal

- 5.1 Disposal must be done by a person who has the proper knowledge of laws, local/federal, training and proper protective equipment.
- 5.2 Substances must be identified, segregated by classification, and quantified.
- 5.3 Contract licensed disposal firm. Disposal firm will not pick up the material, etc., until the volume number and sizes of containers is known, and the district has an Environmental Protection Agency and Environmental Health Services Waste permit in place.

5.4 Districts should contact SIPE safety for recommended disposal procedures and solicitation of authorized hazardous material disposal handlers.

5.5 Problem areas include:

Custodial
Food Service
Science, Industrial
Arts and Fine Arts
Grounds
Maintenance & Warehouse
Transportation
Swimming Pools

6.0 Toxic Art Supplies

6.1 Identify unstable art or craft materials which cannot be used in Kindergarten through eighth grades.

6.2 Identify materials which have been taken off the market but might still be used or stored in some schools.

6.3 Identify if art or craft materials have Certified Products or Approved Products Nontoxic seals.

6.4 Training sessions concerning toxic art supplies shall be conducted for industrial arts, fine art teachers and purchasing departments.

7.0 Labeling

7.1 School districts can use the NFPA or other means of labeling as long as it meets the requirement in paragraph 7.3 and 7.4.

7.2 All secondary containers will have a NFPA label identifying its contents if containers were not labeled/stenciled by the manufacturer.

7.3 Container labeling will identify the hazardous substance and appropriate warnings.

7.4 Labels shall be legible, in English. Other languages may be added.

8.0 Material Safety Data Sheets (MSDS)

8.1 Schools in the Santa Barbara County will use the MSDS on Demand program for MSDS questions, filing and printouts.

9.0 Universal Waste Management

- 9.1 SIPE has established an online universal waste management program. Please contact the SIPE Safety Office for set up procedures at 922-8003.

SECTION J

SAFETY AWARDS

- 1.0 A system should be set up to provide some kind of recognition program to employees and/or departments that have an injury free record for a stated period of time. This can be cost effective in that peers will police each other and their work place, thus reducing costly accidents.
- 2.0 SIPE Safety Awards
 - 2.1 Purpose of the awards: School districts that have made significant reductions in mishap rates may be considered for these awards. They are the Award of Honor, the Award of Merit, and the Award of Commendation.
- 3.0 Who is eligible: Every district that has a perfect record for the stated time and meets personnel strength requirements. A perfect record is one without cases that involve days away from work or death due to a reportable mishap. Districts that do not meet the specified rate reduction and personnel strength requirements.
 - 3.1 Award of Honor and Award of Merit: School districts that have an average authorized strength of 1,000 employees for the past three consecutive years.
 - 3.2 Award of Commendation: School districts that have an average authorized strength of 100 or more but less than 1,000 for the past three consecutive years.
- 4.0 Selection Criteria
 - 4.1 Selection is based on an evaluation of district's mishap rates.
 - 4.2 SIPE Safety will compile all rates and forward all eligible districts to the National Safety Council.
 - 4.3 The Award of Honor: This is the highest award given. To be considered for the award, an eligible district must have:
 - 4.3.1 A perfect record or a 20% or more reduction in the composite mishap rate when compared to the average of the previous fiscal years.
 - 4.4 The Award of Merit: This is the second highest award given. To be considered for this award, an eligible district must have:
 - 4.4.1 A perfect record or at least five percent reduction in the composite mishap rate when compared to the average of the previous two fiscal years.

4.5 The Award of Commendation. An eligible organization must have:

4.5.1 A perfect record or at least five percent or greater reduction in the composite mishap rate compared to the average of the previous two fiscal years.

5.0 Most Meaningful Hazard/Suggestion Identification Award: This award is given each calendar quarter to an employee submitting the most meaningful hazard/suggestion that improves the district safety program and would contribute to other school districts. The winner will receive a \$50.00 savings bond. Employees should submit their ideas on SIPE Form 2-588 which is available at your school site. Completed forms should be sent to:

SIPE Safety
402-M Farnel Road
Santa Maria, CA 93458
or
Santa Barbara County Education
North County Office

6.0 Job Performance Safety Award. A jacket with the logo “Santa Barbara County Schools SIPE Safety Award” will be presented to an employee whose job performance contributes to the districts’ safety program. The jacket is awarded on the spot by the safety officer during his site visit.

7.0 Safety Incentive Funds Program

The SIPE Board of Directors has decided to apportion a part of their budget for our Safety and Health Committee Incentive Program. Funding will be available through the following sequence. First, school district safety needs will be determined by the district's own safety committee and relayed to their safety coordinator. The safety coordinator then formally requests funding by submitting a completed Safety Incentive Program Funding Request, SIPE Form 11-588 (Attachment 7) available from this office or online at www.sbsipe.org. **The form must be submitted in person or faxed to (805) 928-5414 for consideration at the Safety & Health Committee meeting. A representative from the district must be present at the Safety & Health Committee meeting to have the request reviewed.** The Safety & Health Budget Committee will review the request. An approved/disapproved request form is then signed and returned to the district. The district will purchase the item and return the invoice along with an approved copy of Form 11-588 to the safety office. The invoice and form are then forwarded to the Santa Barbara County Education Internal Services office for payment. Distribution of funds will be monitored by the SIPE Safety Office and the Safety & Health Committee members. All funding requests will be made available for review by any member of the SIPE Board of Directors.

The following criteria will be used for the distribution of safety incentive funding:

1. Workers compensation injury, evaluation and prevention.
2. Injury prevention and safety compliance.
3. Enhancement of school districts safety program

8.0 District Safety Award Program

8.1 The Safety and Health Committee for Santa Barbara Schools and the Self Insured Program for Employees (SIPE) Board of Directors has approved a monetary safety award program for participating districts. The program must involve all district employees.

8.2 A funding allocation has been established. This list was developed using the school district's ADA. A minimum of \$500 to a maximum of \$2500.00.

8.2.1	\$500	Ballard, Blochman, Cold Spring, Los Alamos, Los Olivos, Montecito, Vista Del Mar
	\$1000	Buellton, College, Cuyama, Solvang
	\$2000	Guadalupe, Hope, Santa Ynez
	\$2500	Allan Hancock College, Lompoc, Orcutt, SBCEO, Santa Maria-Bonita, Santa Maria High School, Carpinteria, Goleta

8.3 To receive the safety award allocation:

8.3.1 Small school districts - Ballard, Blochman, Buellton, Casmalia, Cold Spring, Cuyama, Los Alamos, Los Olivos, Montecito and Vista Del Mar.

Small districts will receive their allocations when the district at the end of the fiscal year have reduced their loss time injury rate by 25% or better from the previous year and have actively participated in the Safety and Health Committee meetings.

Example:

		<u>1996</u>	<u>1997</u>		
Qualify	College	4	2	=	50% reduction
Does not qualify	Ballard	0	1	=	100% increase

The SIPE Safety Office will tabulate small district rates at the end of each fiscal year.

- 8.3.2 Large school districts - Carpinteria, College, Goleta, Guadalupe, Hope, Lompoc, Orcutt, Santa Maria-Bonita, Santa Maria High School, Santa Ynez, Solvang, Allan Hancock College.

Large school districts will develop a written district award program involving all employees by December 1999 or at the end of the calendar year have reduced their loss time injury rate by 25% or better from the previous year and have actively participated in the Safety and Health Committee meetings.

The written plan should indicate who and how employees will participate, what is their incentive, and how tabulations will be calculated.

- 8.4 The award program will be for the calendar year.
- 8.5 School districts must submit their program calculation and request for funding, i.e., invoice, by February 1st the following year for funding.
- 8.6 The SIPE safety officer will submit the district invoice or request of safety award funding to the Santa Barbara County Education Office's Fiscal Service Department for payment.
- 8.7 The SIPE safety officer will coordinate with the district safety coordinator or superintendent to ensure program effectiveness and proper distribution of the annual award.
- 8.8 The SIPE safety officer will submit an annual budget request for program funding.
- 8.9 School districts can use safety award funding for any purpose allowable under the Education Code. Example: Workshops, TV, VCR, etc.

SECTION K

USE OF A SAFETY SUPPORT BELT

Studies have shown that wearing a back belt in combination with the consistent practice of good body mechanics, accepted lifting techniques, and sound physical conditioning are the most effective methods of reducing the risk of back injury. Back belts are meant to be a reminder of good body mechanics.

- 1.0 Back belts provided by the SIPE Safety Officer are issued as safety items. Back belts must be worn whenever there is a requirement to push, pull, lift or carry while working as a district employee. Failure to wear appropriate back belts can result in disciplinary action as defined in Section A, paragraph 4.0 of the district's Injury and Illness Prevention Program.
- 2.0 The following job classifications have been identified as recipients of back belts:
 - Maintenance
 - Custodial
 - Warehouse
 - Food Service
 - Special Education - for disabled students
 - Bus Drivers - for disabled students
 - Mechanics
 - Groundkeepers
- 3.0 Supervisors requesting back belts must contact the SIPE Safety Officer. Upon approval of the request, employees will be directed to contact the vendor for sizing and training on the proper use of the belts.
- 4.0 Back belts are issued on a one-time basis only. Any replacements needed, i.e., worn out belts, stolen belts, etc. will be the responsibility of the district or employee.
- 5.0 How to wear back belts:
 - 5.1 Back belts should be worn low across the back to support the L3 and L5 vertebrae of the back (see figure 1).
 - 5.2 A corset-style back belt consists of two elastic sub-assemblies joined as one unit.

The first assembly, often referred to as the primary “belt”, has the purpose of positioning the boning stays properly on the body. The second assembly, often referred to as the cinch “strap”, is joined at the center back of the primary belt and closes over the boning stays sewn into the primary belt, exerting pressure which forms the stays to the shape of the lower back.

Shoulder straps are not suspenders. Just the opposite, a tight shoulder strap adjustment works against the principle of lumbar locking by potentially pulling the back support up the body and out of the desired low-on-the hips position.

The purpose of the shoulder straps is twofold: (1) Compliance - a supervisor looking over a group of employees can readily confirm (by looking for shoulder straps over clothing) that workers have their assigned belt with them, and (2) convenience - when not engaged, the back supports will hang loosely (like a vest) from the shoulders and remain available when work resumes.

SECTION L

ASBESTOS

- 1.0 School district asbestos programs should meet the criteria established in their asbestos management plan.

SECTION M

SAFE DRIVING PROCEDURES

1.0 Purpose

Laws and procedures are designed to make driving safer. However, many drivers become more relaxed as they drive. As driving becomes second nature, drivers often pay too little attention to the driving task. Defensive driving is minimizing the odds of an accident occurring. This protocol is designed to assist employees in using defensive driver tactics to be safe while driving.

2.0 Policy

- 2.1 Only drivers possessing a valid driver's license and authorized by the employer shall be permitted to operate a district vehicle.
- 2.2 Operators will comply with state and local laws governing the safe operation of a motor vehicle.
- 2.3 Santa Barbara County Education Office delivery drivers should complete a driver's training course as part of their job. This course is provided by SIPE either online or a hands-on driving training course.
- 2.4 When parking a district vehicle, a traffic cone should be used. The traffic cone should be placed at the rear bumper near the traffic lane. This procedure requires the driver to visually inspect the surrounding area around the parked vehicle before backing.
- 2.5 Follow defensive driver recommendations.
- 2.6 Maintain adequate insurance on the personal vehicle used for company business.

3.0 Procedure

As with many other things in life there is a science part and an art part to driving. Things like checking tire pressure or consulting a map in advance definitely go to the science part and can be taught and reproduced easily in no time. On the other hand anticipating other drivers' moves cannot be digitized, and depends heavily on your experience. Still, this is a skill that one can acquire. It just takes some time and dedication, and the time is in the order of years rather than weeks or months.

- 3.1 Anticipating other drivers' moves: Try to anticipate the worst in others.

- 3.2 Clearly communicating your existence and intentions to other drivers.
 - 3.2.1 Make signaling a habit
 - 3.2.2 Let other drivers know of your intentions early
 - 3.2.3 Warn others as you stop or slow down
- 3.3 Leave yourself room for error. An experienced driver maintains enough distance on all four sides of his car to allow him to safely react to the changes on the road.
- 3.4 Courtesy goes a long way in reducing the level of anxiety around you, thus reducing the odds of an accident.
- 3.5 Know where you want to go. The first rule of defensive driving is know where you want to go.
- 4.0 Leading causes of traffic accidents
 - 4.1 Speeding
 - 4.2 Driving while intoxicated
- 5.0 Road Rage
 - 5.1 Road rage happens when one driver reacts angrily to another driver. Angry drivers may lash out by deliberately braking suddenly, pulling close to another car, or taking more violent steps such as coercing a driver to pull over to “settle” the dispute. Many drivers make a habit of driving with road rage. Here are some suggestions to help you avoid provoking other drivers:
 - 5.1.1 Don’t cut off other drivers: When you merge, make sure you have enough room and always signal before you merge.
 - 5.1.2 Don’t drive slowly in the left (fast) lane: Avoid using the fast lane except for the brief time it takes to pass another driver. Driving slowly in the fast lane frustrates other drivers.
 - 5.1.3 Don’t tailgate: Many drivers get angry when they are followed too closely. Remember to keep the appropriate following distance between your car and the car ahead of you.
 - 5.1.4 Don’t signal gestures to other drivers: Keep your hands on the steering wheel. Making obscene gestures to other drivers may provoke them.

5.1.5 Use your horn for emergencies only: Even a polite tap on your horn may be enough to provoke another driver.

6.0 Motorcycle Operation

6.1 Possess a valid license.

6.2 Drive with headlights on.

6.3 Wear approved helmet and visible protective clothing.

6.4 Always allow other drivers to see you.

SECTION N

FOOD SERVICE

- 1.0 Food service operations present a variety of hazards requiring care and action on the part of both the worker and the supervisor to prevent injuries. Floors must be frequently mopped and cleaned to prevent injuries. This creates slippery floors which may cause slips and falls. Spills of used grease or other liquids can create dangerous slippery floors and loading docks. Lifting and moving of heavy boxes and cases can result in sprains and strains.
- 1.1 The equipment used in kitchens is designed to heat, cut, mix, or grind food. Fats and oils can scald when hot and most are combustible. Electrically operated dishwashers present both electrical hazards as well as burn hazards from water temperature and from certain detergents used in the washing and rinsing cycles. Accumulation of grease in hoods and vents present fire hazards. Broken glasses and dishes with sharp edges must be handled with extreme care to prevent cuts.
- 1.2 Supervisors will provide personnel training to all newly assigned employees. Training will be provided upon assignment and when there is a change in equipment, procedures, processes, safety, fire prevention and occupational health requirements. Supervisors will develop written outlines to use in employee training using SIPE Form 1-588. Special attention will be given to the following:
 - 1.2.1 All food service personnel shall receive training in proper lifting techniques.
 - 1.2.2 Personnel working in the kitchen and food preparation department shall receive training in the safe use of cutlery and food processing machinery, handling of hot foods and the danger of falls.
 - 1.2.3 Supervisors will inform employees of hazardous chemicals used and their material safety data sheet.
 - 1.2.4 Personnel shall receive fire prevention training initially and annually thereafter.
- 1.3 Protective Personal Equipment (PPE). Such equipment is not a substitute for administrative or engineering controls. While these controls are being implemented, or if it has been determined that control methods are not feasible, PPE shall be used as needed to protect personnel. This equipment includes respiratory and hearing protective devices, special clothing and protective devices for the eyes, face, head and extremities.

SECTION O
ERGONOMICS

Ergonomics is the study of the relationship between people and machines or between employees and their environment. This section has been included in response to the rapidly escalating incidents of Cumulative Trauma Disorder (CTDs) occurring from repetitive work place operations, including, but not limited to operation of computer terminals.

To evaluate overall ergonomics and help reduce injuries due to CTD, school districts should:

- 1.1 Complete an injury record review (such as CAL/OSHA 300 Logs, workers' compensation loss run, etc.) to identify the frequency of CTD injury and risks in the work place.
- 1.2 If injuries due to CTD exist, then work place evaluations should be performed. The evaluations should include:
 - Review of work activities
 - Interviews with employees
 - Identification of dangerous tasks
 - Documentation of findings

Districts should contact the SIPE Safety Officer to perform work place evaluations.

- 1.3 A system to encourage employees to report CTD symptoms or risks should be established. School districts must ensure that all reported CTD symptoms are reported to Workers' Compensation Administrators and the SIPE Safety Office. Districts can use the hazard/suggestion report (SIPE Form 2-588) or an Employee's and Supervisor's Report of Industrial Injury/Illness Report (SIPE Form 6-588) to fulfill the requirement. These forms can be obtained from the district personnel office.
- 1.4 Based on the severity of the identified risks, risk control measures may need to be implemented. Such measures should include:
 - a. Engineering Controls - This can be accomplished by designing or modifying the work station, work methods, and tools to eliminate excessive exertion and awkward postures, and to reduce repetitive motion.
 - b. Work Practice Controls - an effective program for hazard prevention and control includes procedures for safe and proper work practices that are understood and followed by managers, supervisors, and workers. Key elements of a good work practice program for ergonomics includes proper work technique, employee conditioning, regular monitoring, feedback, maintenance, adjustments, modifications and enforcement.

- c. Personal Protective Equipment (PPE) - PPE should be selected with prevention of ergonomics stressors in mind. Appropriate PPE should be provided in a variety of sizes, should accommodate the physical requirements of workers and the job, and should help prevent extreme postures and excessive forces.
- d. Administrative Controls - a sound overall ergonomics program includes administrative controls that reduce the duration, frequency and severity of exposure to ergonomic stressors. Examples of administrative methods include the following:
 - 1. Reducing the total number of work repetitions per employee by such means as decreasing production rate and limiting overtime work.
 - 2. Providing work pauses to relieve fatigued muscles and tendon groups. The length of rest time needed depends on the task's overall effort and total cycle time.
 - 3. Increasing the number of employees assigned to a task to alleviate potential injury conditions, such as lifting heavy objects.
 - 4. Using job rotation as an injury prevention measure, not as a response to symptoms.
 - 5. Effective housekeeping program to minimize slippery work surfaces and related hazards such as slips and falls.

1.5 Training: General awareness and job specific training are available through the SIPE Safety Office. Districts should contact the SIPE Safety Officer at 922-8003 to schedule such training. This training includes:

- Discussion of CTD risk factors, symptoms, consequences, safe workplace methods, medical management system and reporting procedures.
- Job specific training for all employees whose work activities engineering or administrative controls or require personal protective equipment.

SECTION P

WORKPLACE VIOLENCE PREVENTION

A. GUIDELINES FOR PREVENTING VIOLENCE IN THE WORKPLACE

NOTE: Before establishing a workplace violence prevention program be sure to consult with your Human Resource department and legal counsel, if necessary.

- 1.0 Not only are school districts interested in preventing violence in the workplace to protect themselves, employees and others from harm, the law imposes a legal duty on all California employers, public and private, to provide a safe workplace. As a result, employers are legally obligated, in certain circumstances, to take action to prevent violent incidents from occurring on the job. In addition to an employer's legal obligations, management also has certain rights it may choose to exercise in its pursuit of providing a safe workplace. These rights, however, are limited in certain circumstances by federal and state laws, including, but not limited to, the Americans with Disabilities Act and individuals constitutionally protected right to privacy.
- 2.0 The following is a summary of management's rights and legal obligations relating to the prevention of violence in the workplace and the provision of a safe work environment.
 - 2.1 CAL/OSHA requires employers to implement and maintain a workplace security plan focused on preventing workplace violence.
 - 2.2 Employers must not ignore threats of violence made by or towards its employees.
 - 2.3 An employer may adopt a "Zero Tolerance Policy" prohibiting threats and weapons in the workplace.
 - 2.4 An employer may establish a drug testing policy for employees.
 - 2.5 An employer may seek to obtain a temporary restraining order against an employee for unlawful violence or credible threats of violence.

B. DUTY TO PROVIDE A SAFE WORK ENVIRONMENT - CAL/OSHA REQUIREMENTS

- 1.0 The California Occupational Safety and Health Act (CAL/OSHA) generally requires employers to provide its employees with safe and healthful working conditions. In 1994, the Department of Industrial Relations, Division of Occupational Safety and Health (DOSH), adopted guidelines for workplace security specifically addressing the problem of violence in the workplace. These guidelines provide information and guidance about workplace security issues. The guidelines also require employers to implement and maintain, as part of their Injury and Illness Prevention Program, a workplace security plan focused on preventing workplace violence. Therefore, school districts, as employers, are bound by the CAL/OSHA requirements and have an additional duty to provide a safe working environment for its employees.
- 2.0 While the Guidelines are not enforceable per se, CAL/OSHA is currently enforcing them by way of 3203 of the California Code of Regulations, Title 8. Pursuant to the Guidelines, violence is now a recognized hazard in the workplace that must be addressed in every employers' existing Injury and Illness Prevention Plan (IIPP). Whether or not a violation of 3203 will be found, however, depends on the circumstances of a particular workplace. CAL/OSHA analyzes each situation on a case-by-case basis, considering the particular hazards present in the workplace and what, if any, measures have been taken in response thereto. Therefore, in order to reduce the risk of being cited for violating 3203, an employer should adopt a workplace security element in their current IIPP addressing the hazard of workplace violence.

A. "TYPES" OF WORKPLACE VIOLENCE

- 1.0 There are 3 classifications of workplace violent events:
 - 1.1 **Type I Events** are the most common type of fatal workplace event and include an act of violence committed by persons having no legitimate relationship to the workplace. Such a person usually enters the workplace to commit a robbery or some other criminal act.
 - 1.2 **Type II Events** include acts of violence committed by a client, customer or other recipient of a service provided by the affected workplace or the victim. This type mainly applies to service providers, such as health care providers, but also includes assaults on public safety personnel and other public service sector employees.

- 1.3 **Type III Events** account for a small portion of all fatal workplace injuries but attract the most significant media attention. This type of violence usually involves an assault on an employee, supervisor or manager by a current or former employee, supervisor or manager, or by a person known to a current employee, supervisor or manager, such as a spouse, lover, relative, or friend. These acts of violence may involve an individual seeking revenge for what he or she perceives as unfair treatment by a co-employee, supervisor or manager, or a domestic or romantic dispute in which an employee is threatened in his/her workplace by an individual with whom he/she has a relationship outside of work.

D. SANTA BARBARA COUNTY SCHOOLS WORKPLACE SECURITY PLAN

- 1.0 Our guidelines for Workplace Security require school districts to implement and maintain, as part of the school districts IIPP, a workplace security plan focused on preventing workplace violence.
- 2.0 Preventive Measures for a Workplace Security Plan
 - 2.1 Demonstrate a strong management commitment to prevent workplace violence.
 - 2.2 Establish a clear anti-violence management policy. See sample “Workplace Violence Policy” attached as Appendix A.
 - 2.3 Develop a system for communicating information about workplace security hazards, including means by which employees can inform employer of hazards without fear of reprisal. SIPE Form 2-588 can be used for this purpose.
 - 2.4 Implement a procedure for investigating injuries arising from a workplace assault or threat of assault. The school district’s workers compensation injury investigation process will be used to investigate all workplace assaults or threats.
 - 2.5 Train and educate all employees, supervisors and managers regarding risk factors, crime awareness, assault and rape prevention, how to diffuse hostile situations, and what steps to take during an emergency situation. Workplace violence inservices are available to employees and should be coordinated through the SIPE safety office. Other crime awareness information should be coordinated with your districts law enforcement or campus police.
 - 2.6 Implement appropriate work practice and physical security measures, such as:
 - 2.6.1 Control of physical access to the workplace;

- 2.6.2 Implementation of a “buddy” system to prevent placing employees alone in a high-risk area;
- 2.6.3 Installation of alarm systems and/or “panic” buttons;
- 2.6.4 Provide two-way communication system so employees can make contact with other staff members, especially the evening shift employees.
- 2.6.5 Employment of security personnel.
- 2.7 Provide for on-site inspections and security hazard inspections.
- 2.8 Utilize post-event procedures such as providing emergency medical care, debriefing employees about the incident, and providing post-event trauma counseling.

E. RECORD AND REPORTING WORKPLACE VIOLENCE

- 1.0 School districts are required to record all work-related fatalities and other recordable injuries on CAL/OSHA Form 300. Information relating to a fatality or injury must be entered on Form 300, no later than six (6) working days after receiving information that a recordable incident has occurred. These records shall be retained for five (5) years following the end of the year to which they relate.
- 2.0 School districts are also required to report injuries arising out of or in the course of employment to Workers’ Compensation Administrators. The report must be made on the Division of Labor Statistics Form 5020, “Employer’s Report of Occupational Injury or Illness,” and must be filed within five (5) days after the employer obtains knowledge of the injury. Districts can contact our workers compensation claim administrator at (805) 922-9157 or the safety office at (805) 922-8003 for questions concerning employee’s injury reporting.
- 3.0 In addition, employers are required to report immediately, by telephone, all “serious illness or injury, or death” to CAL/OSHA. However, “serious illness or injury” excludes injuries, illnesses or death caused by the commission of a Penal Code violation. Thus, even though a workplace assault which results in an employee’s death, injury or illness, is recordable on the CAL/OSHA 300 Log, it may not be reportable to Cal/OSHA if “it is caused by the commission of a Penal Code violation.” Our local area CAL/OSHA office is located in Ventura California at (805) 654-4581. Use CAL/OSHA Form 4-A when making a telephone call. See Attachment 11.

- 4.0 However, many employers report deaths and injuries that are not determined to have been caused by the commission of a Penal Code violation until after such report is made. CAL/OSHA “actively encourages employers to report all deaths, serious injuries or illnesses which result from a workplace assault or other type of violent act.” To avoid a potential violation of these reporting requirements, if there is any doubt as to whether the cause of an injury, death or illness constitutes a Penal Code violation, school management staff should report the event to CAL/OSHA, or the SIPE safety officer.

F. WORKPLACE SECURITY EVALUATION

- 1.0 CAL/OSHA will investigate any and all complaints alleging a workplace security hazard in the same manner as any other complaint. When evaluating a complaint alleging a workplace security hazard, CAL/OSHA compliance personnel shall determine, at a minimum, the following:
- Does the workplace have an IIPP which addresses workplace security hazards?
 - How effective is the employer’s IIPP in identifying and correcting workplace security hazards and in investigating workplace assaults?
 - Is effective workplace violence prevention training provided to employees?
 - What are the physical characteristics and the work practices of the establishment that impact the security of the employees who work in the establishment?
 - Have assaults occurred in the establishment in the past? If so, how often and what was their severity? What measures were taken to investigate the causes(s) of the assault(s) and what corrective measures were taken by the employer to prevent other assaults?
 - Is the inspected establishment one which is considered to be at high risk of a Type I workplace violence event?

G. EMERGENCY PHONE NUMBERS:

District Superintendent: (805) 686-2767
District Safety Coordinator: (805) 686-2767
SIPE Safety Office: (805) 922-8003
Police or Fire – 911

- H.** School districts who have an established workplace violence and security plan can use this section as a guide or addendum to their plan.

APPENDIX A

WORKPLACE VIOLENCE POLICY (Sample)

The Santa Barbara County Schools Self Insured Program for Employee's (SIPE) is committed to providing a safe work environment that is free of violence and the threat of violence. The top priority in this process is effectively handling critical workplace incidents, especially those dealing with actual or potential violence.

- A. Violence, or the threat of violence, against or by any school employee or any other person is unacceptable.
 - 1) Should a non-employee, on school property, demonstrate or threaten violent behavior he/she may be subject to criminal prosecution, or
 - 2) Should an employee, during working hours, demonstrate or threaten violent behavior he/she may be subject to disciplinary action.

- B. The following actions are considered violent acts:
 - 1) Striking, punching, slapping or assaulting another person.
 - 2) Fighting or challenging another person to fight.
 - 3) Grabbing, pinching or touching another person in an unwanted way whether sexually or otherwise.
 - 4) Engaging in dangerous, threatening or unwanted horseplay.
 - 5) Possession, use, or threat of use, of a gun, knife or other *weapon* of any kind on school property, including parking lots, other exterior premises, district vehicles, or while engaged in activities for the district in other locations, unless such possession or use is a requirement of the job.
 - 6) Threatening harm or harming another person, or any other action or conduct that implies the threat of bodily harm.

- C. Any employee who is the victim of any violent threatening or harassing conduct, any witness to such conduct, or anyone receiving a report of such conduct, whether the perpetrator is a school employee or a non-employee, shall immediately report the incident to their supervisor or other appropriate person in the school district's chain of command.

- D. No one, acting in good faith, who initiates a complaint or reports an incident under this policy will be subject to retaliation or harassment.
- E. Any employee, reported to be a perpetrator, will be provided both due process and representation before school districts disciplinary action is taken.
- F. In the event the school district fears for the safety of the perpetrator or the safety of others at the scene of the violent act, law enforcement (911) will be called.

APPENDIX B

Selection and Use of Respirators

Identification of Contaminants Exposure Levels

The district has assessed the work environment to identify materials or processes that may pose an inhalation hazard.

The following contaminants have been identified that may require respiratory protection:

<u>Contaminant</u>	<u>Anticipated Exposure Level</u>
1. Asbestos (particulate)	below PEL of .1 f/cc
2. Lead (particulate)	below PEL of 50 mg/m ³
3. Organic Vapors	below PEL of

Selection of Respirators for Protection Against Particulates

The district shall supply air-purifying respirators equipped with a high efficiency particulate air (HEPA) (P100) filter certified for such use by NIOSH. Cartridges shall be changed when the user notices a resistance in breathing.

For protection against gases and/or vapors the district shall: supply an air-purifying respirator that is equipped with an end-of-service-life indicator certified by NIOSH, or implement the cartridge change schedule recommended by the manufacturer.

Employees will be provided powered air purifying respirators (PAPRs) when exposures warrant such protection or when employees are unable to wear a negative pressure respirator for physical or medical reasons.

APPENDIX D

Employee Respirator Assignment Record

1. Employee Name: _____
2. Job Title: _____
3. Type of Respirator Assigned: _____
4. Conditions of Respirator Use: Respiratory Protection is required under the conditions specified in the Injury and Illness Prevention Program, Respiratory Protection Program, and as directed by the Program Administrator.
5. Estimated frequency of cartridge or filtering face piece replacement:
 - a. Filtering face pieces or dust masks shall be discarded at the end of the work shift or when contaminated beyond use, whichever is sooner.
 - b. Cartridges shall be replaced when the maximum use time is reached, at the end of each shift, or when breakthrough is detected, whichever is sooner.
 - c. If the cartridge or filter integrity is in question, then replace the cartridges and/or filters prior to use.
6. This employee is physically able to wear a negative or positive pressure respirator as determined by a physician or licensed health care professional. Information regarding employee medical fitness to use a respirator are kept with the employees medical records.
7. Employee informed of hazards: _____
8. Employee trained in emergency procedures: _____
9. Employee trained in respirator selection, limitation, and use: _____
10. Employee fitted – qualitative test date: _____
11. Respirator Manufacturer and Model Number: _____
12. Respirator Manufacturer and Model Number: _____
13. Respirator Manufacturer and Model Number: _____
14. Employee's Signature: _____ Date: _____
15. Program Administrator's Signature: _____ Date: _____

SECTION Q

RESPONSIBILITIES OF THE SIPE SAFETY OFFICER

- 1.0 The Self Insurance Program for Employees (SIPE) is a Joint Powers Agency whose membership is comprised of school districts in Santa Barbara County, The Santa Barbara County Education Office, and Allan Hancock Joint Community College. The safety officer is employed by SIPE to provide safety training and compliance inspections to member districts.
- 2.0 Coordination with each district will be in accordance with the flow chart in paragraph 6.0.
- 3.0 The safety officer will take the following steps when he visits a district during a scheduled safety inspection:
 - 3.1 Coordinate his visit 30 days in advance.
 - 3.2 Contact the district superintendent or his representative on his arrival.
 - 3.3 Review all written safety records.
 - 3.4 Perform a detailed, physical inspection of your work place. During this inspection, he may use test equipment, a camera and may also interview employees.
 - 3.5 Conduct safety training with employees when requested.
 - 3.6 Conduct a closing interview to advise you of observed hazards at the conclusion of his inspection.
- 4.0 The safety officer can and must warn employees of an imminent danger situation. When this occurs, the department head, business manager or district superintendent will be notified.
- 5.0 Written communications involving hazardous or emergency conditions with the district will be submitted in draft to the district superintendent or his representative prior to a final submission.

SECTION R

RESPIRATORY PROTECTION PROGRAM

1.0 Scope

- 1.1 The purpose of this program is to establish the necessary requirements and responsibilities to protect employees from possible exposure to hazards through inhalation.
- 1.2 The California Code of Regulations, Title 8, Section 5144 mandates that a written standard operating procedure governing the selection and use of respirators be established by every employer whose employees are required to use respirators in the course of their work.
- 1.3 This program will be modified as required due to changes in operations, procedures, chemical usage, or as applicable laws mandate.
- 1.4 This program shall be implemented and enforced when it is clearly impractical to control harmful dusts, fumes, gases, mists, or vapors at their source by engineering or administrative means or when emergency protection is needed. Voluntary use of respiratory protective equipment is also subject to this program (see Appendix A).
- 1.5 This program does not cover the use of respiratory protection for atmospheres immediately dangerous to life or health as defined by Section 5144(b).
- 1.6 This program does not apply to those employees whose only use of respirators involves the voluntary use of filtering face pieces (dust masks).

2.0 Responsibility

- 2.1 School districts will designate an employee as their respiratory program administrator.
- 2.2 Administrative responsibilities include:
 - Identify areas requiring the use of respiratory protective equipment.
 - Assure all personnel receives adequate training and are fit tested to their respirators.
 - Assure that all equipment within the work group is properly used, serviced, and maintained.
 - Assure all employees who are required (or may be required) to wear respiratory protective equipment have been medically evaluated and found to be physically capable to use required equipment.

 - Provide proper respiratory protection at no cost to the employee.
 - Implement all feasible administrative and engineering controls to reduce the exposure level as much as possible.
- 2.3 Employee responsibilities include:
 - Using the respiratory equipment in accordance with established procedures.
 - Maintaining the respirator clean, in good condition, and properly stored.

- Reporting any equipment malfunction.
- Assuring adequate respiratory fit is achieved each time the respirator is worn.
- Reporting any changes in physical well-being.

3.0 Hazard Assessment

- 3.1 Assessments in each work area are necessary to identify materials that may be an inhalation hazard.
- 3.2 Monitoring may be done to document and calculate the exposure of these operations. Results of the monitoring are usually expressed numerically in terms of an eight-hour time weighted average and/or a ceiling or peak concentration.
- 3.3 The program administrator shall also consult employees who use respirators to assess their views on the effectiveness of the program and to identify problems.

4.0 Hazard Control

- 4.1 Regulations require prevention of worker exposure to harmful levels of airborne contaminants by implementing the following controls:
 - 4.1.1 Engineering Controls - This type of control includes: substitution of a less toxic substance, isolation, encapsulation or enclosure of the process and/or ventilation.
 - 4.1.2 Administrative Controls - This type of control may involve limiting the time an employee is exposed by limiting the time performing the task.
- 4.2 Engineering and administrative controls shall be implemented to reduce exposure whenever feasible.
- 4.3 Respiratory protection will be used to control an employee's exposure only when engineering controls are being installed or implemented or when engineering or administrative controls fail to adequately control the employee's exposure.

5.0 Operating Procedures

- 5.1 Each employee who uses respiratory protection will follow these operating procedures. The procedures include provisions for selection, instruction and training, cleaning, inspection and maintenance.

5.1.1 Selection and Issuance

All respiratory protection equipment shall be approved by MSHA and NIOSH. The correct respirator shall be assigned for each specific job to ensure adequate protection. Supervisors shall ensure that personnel use the correct respirator on each job. Volunteer use of respiratory equipment is also subject to this program. Respiratory protection is based on the specific airborne contaminants for which the employee may be exposed, and the exposure levels. Specific contaminants, respirator selections, and cartridge change schedules are listed in Appendix B.

Respirators that are individually assigned should be marked to indicate to whom it is assigned. The mark must not affect the respirator performance in any way. The date of issuance will also be recorded.

5.1.2 Training and Education

Employees who are required to wear respiratory protective equipment will receive training. Training will be structured and documented under the direction of the program administrator with the assistance of the SIPE Safety Officer.

The training shall be repeated annually to ensure employees have the proper understanding regarding respiratory protection and to ensure they can demonstrate knowledge and skills specific to the hazards and uses of respirators.

The training shall include:

- An explanation of respiratory hazard and exposure.
- Discussion of why respiratory protection is needed.
- Discussion of the function, capabilities, and limitation for the equipment.
- Discussion of the proper care and maintenance of equipment
- Explanation of the effects of personal factors such as eye wear, facial hair, and physical capabilities.
- Explanation of medical limitations.
- Explanation and documentation of required fit testing.
- Discussion of emergency use situations.
- Any other applicable information.

5.1.3 Fit Checks/Testing

Fit checks/testing are essential to ensure that a respirator forms a good seal with the wearer's face. This prevents contaminants from leaking into the mask.

When the employee is issued a respirator, he/she will be able to try on a variety of sizes to find one with a comfortable fit. Several tests are then performed to determine proper fit.

Employees shall be provided the opportunity to wear the respirator in normal air for an adequate familiarity period. The following fit checks shall be conducted each time a tight-fitting respirator is used.

Negative pressure check: The wearer closes off the respirator inlet (cartridges) and inhales. A vacuum and partial inward collapse of the mask should result. If a vacuum cannot be maintained for at least 10 seconds, readjust the mask and try again.

Positive pressure check: The wearer closes off the exhalation valve and breathes out gently. Air will escape through any gaps in the seal. The wearer should be careful not to exhale too strongly so as not to force leakage.

Fit testing with a test atmosphere will also be conducted by introducing a test substance (isoamyl acetate and/or irritant smoke) around the seal of the mask. If the wearer detects a smell or irritation, he/she should readjust the mask and try again. It may be necessary to try several different sizes or makes of respirators in order to find one that fits properly. Employees will wear the equipment in a test atmosphere such as generated by smoke to ensure adequate fit. This type of fit test will be conducted annually.

Quantitative fit tests provide a numerical measurement of respirator performance and require the use of technical equipment and trained personnel.

There are several factors that may interfere with the fit of a mask. They include:

- Corrective eye wear (glasses) may cause leakage where the mask seal passes over the temple bar.
- Employees who are assigned respiratory protective equipment and require prescription glasses may require special equipment to accommodate the glasses (i.e., glass inserts).
- Facial features - normal variations in size and shape may affect the ability of the mask to seal properly.
- Facial hair - facial hair in the respirator seal area will reduce the ability of the mask to obtain a proper seal. No facial hair will be allowed along the seal areas of the mask.

Fit testing will be administered and documented as part of the respiratory protection training (see Attachment 8).

5.1.4 Inspection and Maintenance

All respirators shall be inspected routinely. This includes inspection before and after each use. If any problem is detected during the inspection, which would violate protection, the respirator will not be worn until the problem is corrected. Needed repairs and problems will be reported immediately to the supervisor.

- The tightness of connections and the condition of face pieces, head bands, valves, connecting tubes, and canisters shall be inspected before use.
- Masks shall be cleaned and disinfected after each use.
- Respirator filters shall be replaced when the user notices an increased resistance inhaling or as the odor or taste of the contaminant is noticed by the user. If in doubt, the filters shall be changed.
 - All equipment will be MSHA/NIOSH approved and certified. Equipment without this approval will not be used.
 - All replacement parts must also have the approval. Respirators are approved as a system. Cartridges, canisters, filters, valves, etc., cannot be interchanged between different manufacturers or between different respirator models unless specifically approved.
 - Respirators and cartridges must be approved for the hazardous atmosphere for which the worker will be exposed.
 - Repair shall be conducted by a qualified person.

All required inspections and maintenance procedures for respiratory equipment will be the responsibility of each employee for whom the equipment is assigned. The program administrator will be responsible for ordering parts and ensuring that mandatory inspections and maintenance is documented.

5.1.5 Sanitation and Storage

After removing filters and straps, the respirator shall be washed in mild soap solution or immersed in a sanitary solution recommended by the manufacturer for at least two minutes. The respirator should be air dried. Prepackage respirator wipes may be used for maintaining freshness between cleanings.

Respiratory equipment shall not be passed on from one person to another until it has been cleaned and sanitized.

Respirators will be stored to protect against dust, sunlight, extreme temperatures, excessive moisture, or damaging chemicals when not in use.

6.0 Medical Surveillance

6.1 Employees who are required to wear respiratory protection shall have a medical evaluation from a physician and shall complete the Respirator Medical Evaluation Questionnaire (Appendix C). This requirement shall also apply to the voluntary use of respirators. The physician shall provide a written statement that indicates the employee's physical ability to safely wear respiratory protective equipment. Medical evaluations conducted by a licensed physician shall be required initially and pursuant to the following:

6.1.1 An employee reports medical signs or symptoms that are related to ability to use a respirator.

6.1.2 A Physician or other Licensed Health Care Professional (PLHCP), supervisor, or the respirator program administrator informs the employer that an employee needs to be reevaluated.

6.1.3 Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation; or

6.1.4 A change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on an employee.

6.2 If changes in an employee's medical status have occurred, the physician may recommend further evaluation or restrict respirator use.

6.3 There are several medical conditions that could possibly interfere with respirator usage. The PLHCP shall determine what health and physical conditions are pertinent.

7.0 Program Surveillance and Evaluation

- 7.1 Appropriate and ongoing surveillance of all work areas is critical in assessing the adequacy of the program and employee protection.
- 7.2 Items to consider when evaluating the program include: increases in exposure concentration, the introduction of other toxic substances, or other conditions that increase the degree of employee exposure.
- 7.3 The program effectiveness shall be evaluated by regular inspection of the work areas and through review by management at least annually. This written program shall be updated as any new information arises or as soon as conditions warrant such revision.

8.0 Record-keeping

- 8.1 The following records are to be maintained by the program administrator:
 - The qualitative fit test.
 - Date of employee training and type of respirator.
 - Respirator Assignment Record (Appendix D)
 - Documentation of injuries involving the use of respirators.

APPENDIX A

Information for Voluntary Use of Respirators

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limit set by OSHA standards. If your employer provides respirators for your voluntary use or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read a heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety & Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

Note: Authority cited: Section 142.3, Labor Code. Reference: Section 142.3, Labor Code. Appendix D to Section 5144 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard.

Employee Signature

Date

APPENDIX B

Selection and Use of Respirators

Identification of Contaminants Exposure Levels

The district has assessed the work environment to identify materials or processes that may pose an inhalation hazard.

The following contaminants have been identified that may require respiratory protection:

<u>Contaminant</u>	<u>Anticipated Exposure Level</u>
1. Asbestos (particulate)	below PEL of .1 f/cc
2. Lead (particulate)	below PEL of 50 mg/m ³
3. Organic Vapors	below PEL of

Selection of Respirators for Protection Against Particulates

The district shall supply air-purifying respirators equipped with a high efficiency particulate air (HEPA) (P100) filter certified for such use by NIOSH. Cartridges shall be changed when the user notices a resistance in breathing.

For protection against gases and/or vapors the district shall: supply an air-purifying respirator that is equipped with an end-of-service-life indicator certified by NIOSH, or implement the cartridge change schedule recommended by the manufacturer.

Employees will be provided powered air purifying respirators (PAPRs) when exposures warrant such protection or when employees are unable to wear a negative pressure respirator for physical or medical reasons.

APPENDIX D

Employee Respirator Assignment Record

1. Employee Name: _____
2. Job Title: _____
3. Type of Respirator Assigned: _____
4. Conditions of Respirator Use: Respiratory Protection is required under the conditions specified in the Injury and Illness Prevention Program, Respiratory Protection Program, and as directed by the Program Administrator.
5. Estimated frequency of cartridge or filtering face piece replacement:
 - a. Filtering face pieces or dust masks shall be discarded at the end of the work shift or when contaminated beyond use, whichever is sooner.
 - b. Cartridges shall be replaced when the maximum use time is reached, at the end of each shift, or when breakthrough is detected, whichever is sooner.
 - c. If the cartridge or filter integrity is in question, then replace the cartridges and/or filters prior to use.
6. This employee is physically able to wear a negative or positive pressure respirator as determined by a physician or licensed health care professional. Information regarding employee medical fitness to use a respirator are kept with the employee's medical records.
7. Employee informed of hazards: _____
8. Employee trained in emergency procedures: _____
9. Employee trained in respirator selection, limitation, and use: _____
10. Employee fitted - qualitative test date: _____
11. Respirator Manufacturer and Model Number: _____
12. Respirator Manufacturer and Model Number: _____
13. Respirator Manufacturer and Model Number: _____
14. Employee's Signature: _____ Date: _____
15. Program Administrator's Signature: _____ Date: _____

SECTION S

PROCUREMENT AND DISTRIBUTION OF SAFETY MERCHANDISE & SERVICES

- 1.0 The SIPE Safety Office will use the following procedures to procure and distribute safety merchandise and services purchased by SIPE funds.
- 2.0 Procurement of safety items will be in accordance with the Santa Barbara County Education Office purchase order procedures.
- 3.0 The following criteria will be used to determine the distribution of safety merchandise and services:

Priority 1 - Workers compensation injury/evaluation:
 - Request by WCA and evaluated by the SIPE safety officer.
 - Request by SIPE board member.
Priority 2 - Prevention of employee injuries and to meet safety compliance. Safety officer's decision on full or shared cost.
 - SIPE safety officers inspection/visit.
 - SIPE board members request
 - Requested by school districts
Priority 3 - Enhancement of school districts safety program (this is a share cost request).
 - A request by school district's safety committee or safety coordinator and evaluated by the SIPE safety office.
- 4.0 The SIPE safety office will determine whether district requests for safety merchandise should be submitted through the safety incentive program or purchased through the SIPE safety budget.
- 5.0 Priority coding will be typed on purchase orders for record keeping information.
- 6.0 The SIPE safety officer will ensure funding is available prior to the purchase of safety merchandise and services.

SECTION T

HEAT ILLNESS PREVENTION

1.0 Purpose

A Heat Illness Prevention Standard has been established to identify and control exposure to heat, which may be hazardous to district employees in their work environments, and to ensure appropriate precautions are taken to prevent heat illness.

2.0 Authorities

California Employers with any outdoor places of employment must comply with the Heat Illness Prevention Standard, California Code of Regulations - Title 8, Subchapter 7. General Industry Safety Orders Group 2. Safe Practices and Personal Protection Article 10. Personal Safety Devices and Safeguards 3395. Heat Illness Prevention. These procedures have been created to assist the employer in crafting their heat illness prevention procedures, and to reduce the risk of work related heat illness among their employees.

3.0 Definitions

- 3.1 **Acclimatization** means temporary adaptation of the body to work in the heat that occurs gradually when a person is exposed to it. Acclimatization peaks in most people within four to fourteen days of regular work for at least two hours per day in the heat.
- 3.2 **Heat Illness** means a serious medical condition resulting from the body's inability to cope with a particular heat load, and includes heat cramps, heat exhaustion, heat syncope and heat stroke.
- 3.3 **Environmental risk factors for heat illness** means working conditions that create the possibility that heat illness could occur, including air temperature, relative humidity, radiant heat from the sun and other sources, conductive heat sources such as the ground, air movement, workload severity and duration, protective clothing and personal protective equipment worn by employees.
- 3.4 **Personal risk factors for heat illness** means factors such as an individual's age, degree of acclimatization, health, water consumption, alcohol consumption, caffeine consumption, and use of prescription medications that affect the body's water retention or other physiological responses to heat.
- 3.5 **Preventative recovery period** means a period of time to recover from the heat in order to prevent heat illness.
- 3.6 **Shade** means blockage of direct sunlight. Canopies, umbrellas and other temporary structures or devices may be used to provide shade. One indicator that blockage is sufficient is when objects do not cast a shadow in the area of blocked sunlight. Shade is not adequate when heat in the area of shade defeats the purpose of shade, which is to allow the body to cool. For example, a car sitting in the sun does not provide acceptable shade to a person inside it, unless the car is running with air conditioning.

4.0 Covered Employees

4.1 Santa Barbara SIPE Safety Office has identified the following categories of employees as having exposure to heat due to outdoor work. They are as follows:

- 4.1.1 Coaches
- 4.1.2 Grounds Workers
- 4.1.3 Maintenance Workers
- 4.1.4 Campus monitors/yard duty workers
- 4.1.5 Custodians
- 4.1.6 Viticulture

5.0 Responsibility

5.1 Risk management has the following responsibilities:

- 5.1.1 Maintaining a written program in compliance with current Federal and State regulations, including annual updates.
- 5.1.2 Coordinate, implement, conduct and monitor any training required by the regulations, including:
 - a. The environmental and personal risk factors for heat illness;
 - b. The employer's procedures for complying with the requirements of this standard;
 - c. The importance of frequent consumption of small quantities of water, up to four cups per hour, when the work environment is hot and employees are likely to be sweating more than usual in the performance of their duties;
 - d. The importance of acclimatization;
 - e. The different types of heat illness and the common signs and symptoms of heat illness;
 - f. The importance to employees of immediately reporting to the employer, directly or through the employee's supervisor, symptoms or signs of heat illness in themselves, or in co-workers;
 - g. The employer's procedures for responding to symptoms of possible heat illness, including how emergency medical services will be provided should they become necessary;

- h. The employer’s procedures for contacting emergency medical services, and if necessary, for transporting employees to a point where they can be reached by an emergency medical service provider;
 - i. The employer’s procedures for ensuring that, in the event of an emergency, clear and precise directions to the work site can and will be provided as needed to emergency responders.
- 5.1.3 Providing all employees in the departments listed in section 4.0 with information about the program.
- 5.1.4 Assisting employees and supervisors in implementing the requirements of Santa Barbara SIPE Heat Illness Prevention Program.
- 5.1.5 Assisting sites and departments in identifying and implementing feasible engineering controls.
- 5.1.6 Maintaining records as required under the regulations.
- 5.1.7 Conduct facility audits to assess exposure in the workplace and use of engineering and administrative controls in order to ensure their effectiveness.
- 5.2 Department Managers and Supervisors will be responsible for:
 - 5.2.1 Informing their staff of the location and availability of this written program, training materials, and information supplied to the district by the U.S. Department of Labor or Cal/OSHA.
 - 5.2.2 Informing their staff of the equipment, operations or areas where there may be a concern.
 - 5.2.3 Providing and ensuring their staff use engineering controls and/or wear appropriate clothing to prevent problems.
 - 5.2.4 Provide materials and equipment to ensure fulfillment of their operational goals and objectives in a safe work environment.
 - 5.2.5 Ensuring Risk Management is notified of a need to evaluate work conditions under this standard.
 - 5.2.6 Maintaining records as required under the regulations.
- 5.3 The immediate supervisor (administrator or classified manager) is responsible for:
 - 5.3.1 Ensuring compliance with this standard by meeting with the employee involved and applying counseling and progressive discipline in accordance with established district policy and procedures.

5.3.2 Ensure employees listed in Section 4.0 complete the Heat Illness Prevention online training module annually.

5.4 Employees are responsible for:

5.4.1 Notifying their supervisor and or Risk Management of the need to evaluate work conditions that may cause issue.

5.4.2 Using engineering controls or wearing appropriate clothing to prevent issue in compliance with Safety Operating Procedures (SOPs), postings, instruction or training received.

5.4.3 Maintain physical fitness in order to meet the physical demands of his/her job.

6.0 Components of Standard

6.1 The elements reflected within this Heat Illness Prevention guide are those contained in Title 8 of the California Code of Regulations, Section 3395 (T8 CCR 3395) and consist of the following:

6.1.1 Provision of water - Water is a key preventive measure to minimize the risk of heat related illness. Water will be available for all outdoor activities.

6.1.2 Access to shade - Access to rest and shade or other cooling measures are important preventive steps to minimize the risk of heat related illnesses.

6.1.2.1 When outdoor temperature exceeds 80 degrees Fahrenheit, shade must be available or provide employees with ventilation or cooling.

6.1.2.2 Employees shall be allowed and encouraged to take a cool down rest no less than five minutes, no more than 15 minutes when they feel the need to do so to protect themselves from overheating.

6.1.3 Written procedures - Written procedures help reduce the risk of heat related illnesses and ensure that emergency assistance is provided without delay.

7.0 Training

7.1 Training is critical to help reduce the risk of heat related illnesses and to assist with obtaining emergency assistance without delay.

7.2 All employees will receive heat illness prevention training prior to working outdoors.

7.3 Heat illness prevention training is available on-line via sipeonlinetraining.com.

8.0 Record-keeping

8.1 All medical information obtained under this policy will be treated in accordance with the Confidentiality of Medical Information Act (Civil Code Sections 56-56.37), and the General Industry Safety Orders, Section 3204. Medical information will be kept in separate files from personnel records and shall be available for inspection by an employee upon request.

9.0 Reporting

- 9.1 “WHISTLEBLOWER” PROTECTION: California Labor Code Section 6310 prohibits employers from firing or discriminating against any worker because the worker has informed their employer, or filed a complaint with Cal/OSHA, about unsafe or unhealthy working conditions. Employees have a right to inform their employer or file a complaint with Cal/OSHA when unsafe conditions exist at their workplace, and this right is assured to them under the California Occupational Safety and Health Act of 1973.

10.0 Contractors

- 10.1 Contractors shall maintain and enforce an Injury and Illness Prevention Program as required by State law, and in signing any contractual agreement with the district, makes the following certification:

“Contractor is aware of the provisions of California Labor Code, Division 5, and of the California Code of Regulations, Title 8, and shall maintain an active comprehensive Injury and Illness Prevention Plan (IIPP) - including applicable standards (e.g., ergonomic, haz-com) in accordance with such provisions before commencing the performance of the contractual agreement. The IIPP shall be available upon request.

SECTION U

CODE OF SAFE PRACTICES

The Code of Safe Practices in this section is general in nature and should be used by supervisors to review safe work procedures with employees.

SIPE 01	Classroom/General Work Area
SIPE 02	Clerical/Administrative Employees
SIPE 03	Drivers
SIPE 04	Warehouse
SIPE 05	Maintenance
SIPE 06	Carpenters
SIPE 07	Ladder Users
SIPE 08	Material Handlers
SIPE 09	Ground Maintenance
SIPE 10	Equipment Operators
SIPE 11	Custodial
SIPE 12	General - Science Classroom
SIPE 13	Machine Operators
SIPE 14	Liftgate Safety Procedures
SIPE 15	Golf Cart Safety

CODE OF SAFE PRACTICES

General Area or Specific Job Safety Class: Classroom/General Work Area

Date Prepared _____ Preparer _____

Safe Work Place Conditions

1. Report all unsafe conditions to your supervisor or the safety coordinator.
2. Report all accidents, injuries and illnesses to your supervisor or the safety coordinator.
3. Employees shall not store excessive combustibles (paper) in work areas.
4. Aisles and hallways shall be kept clear at all times.
5. Fire extinguishers shall be kept clear at all times.
6. In the event of a fire, activate the fire alarm.
7. Upon hearing alarm, stop work and proceed to the nearest clear exit. Gather at the appointed location.
8. Only trained and designated workers may attempt to respond to a fire or other emergency.
9. Means of egress shall be kept unblocked, well-lighted and unlocked during work hours.
10. Emergency procedures follow guidelines established by the district.
11. Universal precautions will be used whenever an employee handles any blood or other potential infectious materials.
12. Employee should familiarize themselves with site emergency procedures, i.e., exits, assembly area, duck, cover & hold, etc.

CODE OF SAFE PRACTICES

General Area or Specific Job Safety Class: Clerical/Administrative Employees

Date prepared _____ Preparer _____

Safe Work Place Conditions

1. For Video Display Terminal (VDT) work stations, background and screen lighting shall be compatible and adjustable. "No glare" screens shall be available.
2. VDT screen positions should be adjustable.
3. Chairs should be adjustable.
4. Keyboard should be adjustable.
5. Work places should be kept free of debris, floor storage and electrical cords.
6. Adequate aisle space shall be maintained.

Safe Work Practices

7. Employees must exercise caution in moving about the office.
8. File cabinet drawers shall be opened one at a time and closed when work is finished.
9. Care should be exercised in closing file drawers to avoid pinching the employee's or other employee's fingers.
10. When carrying loads, care should be exercised to avoid overexertion and strain.
11. Employees shall seek eye and vision care and use rest periods provided to relax eyes and body.
12. Employees shall follow training on preventing problems associated with VDT use.
13. Supervisor will assure that employees who work on a computer station for an extensive period be given periodic breaks.

CODE OF SAFE PRACTICES

General Area or Specific Job Safety Class: Drivers

Date Prepared _____ Preparer _____

Safe Work Practices

1. Employees shall use proper lifting techniques and avoid overexertion when lifting packages.
2. A hand cart shall be used for heavy loads.
3. Seat belts and shoulder harnesses shall be worn at all times.
4. Employees shall not exceed the speed limit.
5. Employees shall practice defensive driving.
6. Employees shall park in legal spaces and not obstruct traffic.
7. Delivery employees shall not consume alcoholic beverages or use any intoxicating substance prior to or during work.
8. Vehicle should be locked when unattended to avoid criminal misconduct.
9. Drivers should park in well-lighted areas and/or near entrances to avoid criminal misconduct.
10. Forklift operators will be trained and certified prior to operating a forklift.

Safe Work Place Conditions

11. Floors will be kept clean at all times.
12. Back belts will be worn when pushing, pulling and lifting is required.
13. Backup sounding device should be installed on district warehouse vehicles.
14. All employees driving a vehicle shall possess the appropriate valid license.

CODE OF SAFE PRACTICES

General Area or Specific Job Safety Class: Warehouse

Date Prepared _____ Preparer _____

Safe Work Place Conditions

1. Hand carts and other mechanical stock handling equipment shall be available for heavy loads.
2. Appropriate first aid supplies should be available.
3. Cutting devices in good condition shall be provided to employees.

Safe Work Practices

4. Employees shall apply techniques of proper lifting on which they have been trained.
5. Employees shall exercise care and avoid overexertion.
6. Spills shall be cleaned up immediately; floors shall be maintained in a dry condition.
7. Employees must follow procedures established for spill cleanup involving chemical substances.
8. Employees shall consult MSDSs if they do not know the hazards associated with chemical spills.
9. Employees shall exercise care in use of cutting devices.

Personal Protective Equipment

10. Employees shall wear proper protective equipment when performing cleanups of chemical spills.
11. Proper shoes and clothing shall be worn by warehouse employees.
12. Back belts will be worn when pushing, pulling, and lifting is required.

CODE OF SAFE PRACTICES

General Area or Specific Job Safety Class: Maintenance

Date Prepared _____ Preparer _____

Safe Work Place Conditions

1. Welding area ventilation hood must be working properly during welding operations.
2. Grinding wheels shall be equipped with properly adjusted safety shields and tool rest.

Safe Work Practices

3. Machines must be turned off and locked out during maintenance, unless specifically approved and as directed by the maintenance supervisor.
4. Only qualified employees designated by the maintenance supervisor are permitted to work on energized circuits.
5. Welding must be done under the ventilation hood.
6. Parts being welded must be clean and dry.
7. Employees must not climb to heights where falls are possible without use of approved ladders and safety belts.
8. Employees shall exercise care in lifting, torquing and similar strenuous work consistent with training (back injury prevention training is required for maintenance employees).

Personal Protective Equipment

9. Employees must wear chemical protective gloves when degreasing parts.
10. Welders must wear proper shoes, clothing, eye protection and welding hoods/shields during welding operations.

CODE OF SAFE PRACTICES

General Area or Specific Job Safety Class: Carpenters

Date Prepared _____ Preparer _____

Safe Work Place Conditions

1. Portable power saw blade upper half must be permanently guarded; bottom half must have a hinged guard.
2. Radial arm and table saws must have anti-kickback devices installed.
3. Exposed saw teeth must be covered by hoods or guards.
4. The blade of the radial arm saw must not pass beyond the front edge of the cutting table and when the blade is released it must retract to the back stop.
5. Safety devices must be installed on all pneumatic nailers and staplers operating at over 100 psi.

Safe Work Practices

6. Employees must be trained in proper saw use and safety before working unsupervised.
7. Employees shall not block off or remove any guard or safety device.
8. Employees must disconnect pneumatic tools from air supplies when not in use.
9. Employees must not operate a pneumatic tool within 10 feet of another worker.
10. Only trained employees shall operate power activated tools.

Personal Protective Equipment

11. Safety glasses with side shields must be worn at all times.
12. Proper shoes and clothing shall be worn by carpenters.

CODE OF SAFE PRACTICES

General Area or Specific Job Class: Ladder Users

Date Prepared _____ Preparer _____

Safe Work Practices

1. Use only OSHA approved ladders for all jobs.
2. Use only non-conductive ladders for electrical work.
3. Report unsafe ladders to your supervisor.
4. Face rungs when climbing a ladder and use both hands.
5. Do not use a ladder without safety feet.
6. No more than one person is allowed on a ladder at one time.
7. Do not splice short ladders together.
8. Do not use ladders with broken or missing steps or rungs.
9. Do not place ladders on boxes or other unstable bases to gain height.
10. Do not place a ladder in front of a door unless the door is guarded, locked or blocked open.
11. Do not place a ladder against a window.
12. Always extend ladders 3 feet above roof when climbing to the roof of a building.
13. Ladders shall be placed so that the side rails have secure footing.
14. Tops of the ordinary types of step ladders shall not be used as steps.
15. Do not climb higher than the third rung from the top on step ladders.

Safe Work Place Conditions

16. Ladders will not be stored where they might cause a tripping hazard.

CODE OF SAFE PRACTICES

General Area or Specific Job Safety Class: Material Handlers

Date Prepared _____ Preparer _____

Safe Work Practices

1. Employees must keep floors clean, dry and free of oil.
2. Multiple loads must be placed on pallets and moved with a pallet lift (truck) or by a forklift.
3. Forklifts shall be used to lower pallets to floor level to pick single cases.
4. Employees operating mechanical material handling equipment must be qualified by training and authorized by the area supervisor to do so.
5. Employees shall not ride forklift forks to pick orders.

Personal Protective Equipment

8. Proper shoes and clothing shall be worn.
9. Back belts will be used when pushing, pulling or lifting.

CODE OF SAFE PRACTICES

General Area or Specific Job Safety Class: Ground Maintenance

Date Prepared _____ Preparer _____

Safe Work Place Conditions

1. Hand-held tools must be kept in good condition.
2. Short-handled hoes are not permitted for cultivation.
3. Appropriate first aid supplies must be available.

Safe Work Practices

4. No employee may use pesticides unless trained and approved by the supervisor.
5. Pesticides shall be mixed per label instructions and training.
6. Symptoms of pesticide poisoning shall be reported to the supervisor immediately.
7. Employees shall not enter pesticide-treated fields until the pesticide is dry or settled, or according to posted re-entry intervals.
8. Employees shall avoid stooping or squatting to the extent possible.
9. Employees shall be trained about biting and stinging pests that are prevalent in the area.
10. Employees must notify the supervisor of any snake or animal bites or severe insect stings.

Personal Protective Equipment

11. Pesticide applicators must wear required safety equipment (gloves, respirators, clothing, as appropriate).
12. Employees using mowers, weed eaters, power edgers, or power blowers must wear ear, eye, and face protection.
13. Back belts will be used when pushing, pulling and lifting.
14. Proper shoes and clothing shall be worn.

CODE OF SAFE PRACTICES

General Area of Specific Job Safety Class: Equipment Operators

Date Prepared _____ Preparer _____

Safe Work Place Conditions

1. Tractors shall have roll over bars installed.
2. Seat belts must be installed on tractors.
3. Tractors shall have positively locking brakes.
4. All moving parts on tractors, power take-offs and other equipment must be guarded.

Safe Work Practices

5. Employees must wear seat belts when operating tractors.
6. Parking brakes must be set when leaving equipment.
7. Employees must not remove or tamper with guards.
8. No one may ride with equipment operator unless the rider is being trained or assisting and the rider is in a safe location.
9. Operator must make sure the equipment is clear before starting up.
10. Engines and power sources must be deactivated before performing maintenance service.
11. Equipment must stay more than 20 feet from power lines.
12. Vehicles must be turned off when refueled.
13. Smoking in not permitted during refueling.
14. Fuel vapor inhalation shall be avoided.

Personal Protective Equipment

15. Hearing and eye protection devices shall be worn as required when operating noisy equipment.
16. Proper shoes and clothing shall be worn.

General Area or Specific Job Safety Class: Custodial

Date prepared _____ Preparer _____

Safe Work Place Conditions

1. Work stations shall be kept free of debris and storage, especially floor surfaces.

Safe Work Practice

2. Employees must follow procedures established for spill clean-up involving hazardous material.
3. Employees shall consult MSDS sheets if they do not know the hazards associated with a cleaning chemical.
4. Electrical power equipment will be inspected daily and grounded prior to use.
5. Universal precautions shall be considered when a bloodborne pathogen situation occurs.
6. Employees shall apply techniques on proper lifting and wear/use a back belt for which they have been trained whenever they are pushing, pulling and lifting.
7. Employees shall use proper lifting techniques and avoid overexertion when lifting.
8. Employees shall consult MSDS sheets if they do not know the hazards associated with a cleaning product/chemical.
9. Employees must not climb to heights where falls are possible without use of an approved ladder.
10. Employees will practice secondary labeling procedures when transferring cleaning chemicals to secondary containers.

Personal Protective Equipment

11. Employees should wear gloves, a long sleeve shirt, and eye protection whenever they are mixing and using hazardous chemicals.
12. Proper shoes and clothing shall be worn.
13. Back belts will be worn when pushing, pulling or lifting.

CODE OF SAFE PRACTICES

General Area or Specific Job Safety Class: General - Science Classroom

Date prepared _____ Preparer _____

Safe Work Place Conditions

1. All secondary containers will be labeled as to the contents.
2. Hazardous chemicals will be properly stored by compatibility and in an approved storage cabinets.

Safe Work Practice

3. Work involving hazardous substances must not proceed unless the fume hood is properly operating (flow indicator gauge indicates 100 linear feet per minute (lfpm) or hood is turned on and sash is at proper location.
4. Employees must verify that the ventilation system is properly operating and stop work immediately if the system malfunctions or is not adequately venting fumes/vapors.
5. Employees must be trained in hazardous chemical identification, spills, and disposal.
6. Employees shall consult MSDS if they do not know the hazards associated with the chemical.
7. Employees must follow procedures established for spill clean-up involving chemical substances.

Personal Protective Equipment

8. Employees shall wear proper protective equipment when handling hazardous chemicals/substance.
9. Splash proof goggles will be worn by employees and students when handling hazardous chemicals.

CODE OF SAFE PRACTICES

General Area or Specific Job Safety Class: Machine Operators

Date prepared _____ Preparer _____

Safe Work Place Conditions

1. Machines must be turned off and locked out prior to cleaning or worn tool replacement.
2. Safety guards and shields must be in place when machines are operating.
3. Operators must verify at the beginning and end of the shift that the ventilation system is working properly (gauge at 100).
4. Keep floor surfaces in work area clean and dry.
5. No food or drinks are allowed in the vicinity of the machines.

Safe Work Practices

6. Operators must notify maintenance immediately when:
 - The ventilation system is not working properly.
 - The cutting oil is not properly draining from machines.
7. Do not operate machines with damaged or worn cutting tools.

Personal Protective Equipment

8. Safety glasses must be worn in the shop.
9. Safety (steel-toed) shoes must be worn in the shop.
10. Ear plugs must be worn during machine cutting operation.
11. Proper shoes and clothing shall be worn.

CODE OF SAFE PRACTICES

General Area or Specific Job Safety Class: Lift Gate Safety Procedures

Date prepared _____ Preparer _____

Safe Work Place Conditions

1. Read operators manual before operating equipment.
2. Do not make any modifications to equipment or its safety features.
3. Do not exceed the maximum capacity of the lift gate.
4. Keep floor surfaces in work area clean and dry.

Safe Work Practices

1. All lift gate users will read the operating instruction and will be trained in its use before operating lift.
2. Operators will never allow anyone to ride on the platform. The lift is not designed as a wheelchair or personnel lift.
3. Stand clear of all moving parts when opening, raising or lowering platform.
4. Do not step off or jump from a raised or moving platform.
5. Operators will always ask for assistance when loading or unloading bulky or heavy loads.
6. Load will be centered on the platform.
7. The vehicle operator is responsible for the safe handling of lift gate operations.
8. Lift will be locked in the closed position when not in use or unattended.
9. The lift gate operator will frequently check cables, chains, and other components for wear or damage. Report damaged equipment to an authorized district maintenance personnel.

Personal Protective Equipment

1. Gloves are recommended.

General Area or Specific Job Safety Class: Golf Cart Safety Checklist

Date prepared _____ Preparer _____

Safe Work Place Conditions

1. Read operators manual before operating equipment.
2. Do not make any modifications to equipment or its safety features.
3. Cart operator must possess a current drivers license.
4. Never leave the keys in the golf cart when unattended.
5. Perform regularly scheduled cart maintenance to check brakes, steering, and tires.
6. Regularly maintain condition of cart paths.
7. Post highly visible signs to direct cart operations.
8. Barricade hazardous driving areas.

Safe Work Practices

1. Only two persons per cart.
2. Only authorized and trained employees should be allowed to drive carts.
3. Occupants should remain seated while the cart is in motion.
4. Sharp turns, steep inclines and drop-offs should be marked or guarded.
5. Do not operate carts on public roads.
6. Always lock and secure the golf cart when not being used, such as when storing overnight.
7. Never operate the golf cart with more passengers aboard than the golf cart is designed to accommodate.
8. Keep hands, legs, feet and arms inside the confines of the golf cart when it is in motion.
9. Never exceed the safe speed limit.
10. Drive only in designated cart areas.
11. Set the brake before leaving the cart.
12. To avoid tipping over, drive carts straight up and straight down slopes.
13. Do not move cart until both occupants are seated.

14. Never back up without looking to see what is behind the cart.
15. Always obey all traffic rules and regulations.
16. Reduce speed to compensate for inclines, pedestrians, and weather conditions.
17. Approach sharp or blind corners with caution.
18. Operator and passengers should wear seat belts.
19. Maintain adequate distance between vehicles.

Personal Protective Equipment

1. Safety glasses are recommended.

Section V

SANTA BARBARA SIPE SCHOOL DISTRICT Automated External Defibrillation Program

1. Scope

Santa Barbara Self Insured Program for Employees (SIPE) is dedicated to establishing, maintaining, and overseeing a successful Automated External Defibrillation (AED) Program for SIPE Schools in Santa Barbara County. SIPE Safety Office will work with employees who volunteer to serve as trained responders in the event of a medical emergency requiring cardiopulmonary resuscitation (CPR) and the use of an AED. This document describes the guidelines.

2. Purpose

The purpose of this document is to establish effective, comprehensive, and consistent guidelines. These guidelines will apply to the site assessment, application, maintenance, training and other components that may be required by Santa Barbara School Districts so that SIPE can ensure that an effective AED program is in place.

3. Definitions

Automated External Defibrillator (AED)

A small, portable, electronic medical device with a computer that will automatically analyze the heart rhythm. If the AED detects a life-threatening abnormal rhythm, the AED will provide voice prompts and a visual message for the responder. The AED instructs the responder to move away from the victim and to push the shock button to deliver a life saving shock.

Volunteer Responder

An employee of a Santa Barbara School District who volunteers to respond to an emergency at work. The volunteer responder is trained in CPR and the use of the AED and has received certification with a nationally recognized training institution. This would also include any security personnel who have been contracted by the company or organization and who are also required to respond to medical emergencies. Certification must be current.

Cardiopulmonary Resuscitation (CPR)

External chest compressions and artificial ventilation applied to a victim of Sudden Cardiac Arrest.

Emergency Medical Services (EMS)

A national system of professional responders who have been trained to provide pre-hospital, immediate care for victims of sudden illness or injury.

Risk

The chance of injury or illness as determined by the presence of hazards and/or the probability of an adverse event occurring.

Sudden Cardiac Arrest (SCA)

Sudden cardiac arrest is an electrical problem whereby the heart function ceases abruptly and without warning. The heart no longer pumps blood throughout the body and death occurs. The usual cause is an arrhythmia known as Ventricular Tachycardia (VT) or Ventricular Fibrillation (VF) or both.

Heart Attack

A heart attack is a pumping problem whereby one or more vessels of the heart are blocked, preventing proper blood flow that results in heart muscle death.

4. The Concepts of an Early Defibrillation Program

Early defibrillation addresses the problem of sudden cardiac arrest. Early defibrillation is most successful when implemented as part of the chain of survival. The links of the chain of survival include early recognition of cardiopulmonary arrest and activation of 911 by trained responders, early CPR, and early defibrillation when indicated, and early advance life support. Establishment of early defibrillation within a strong chain of survival will ensure the highest possible survival rate.

5. The Response Team

Goal: The goal of the response team is to increase the rate of survival of people who have sudden cardiac arrest at work. Effective programs deliver a shock to a victim within 3 to 5 minutes of collapse.

Roles and Responsibilities: Listing all those trained in current CPR and AEDs as potential responders. These responders are protected by California's Good Samaritan Laws as defined in SB 658.

A. Program Administrator

It is the responsibility of the SIPE Safety Office to:

- A. Oversee the implementation of the program
- B. Designate the AED site coordinators(s)
- C. Communicate with key decision makers
- D. Review the program annually to evaluate effectiveness
- E. Accurately maintain and update the AED monthly inspections

B. Site Coordinator

It is the responsibility of the Site Coordinator to:

- A. Communicate with SIPE with respect to:
 - i. Medical director and medical oversight
 - ii. Program administration, management and EMS notification
 - iii. Volunteer responders
 - iv. Compliance with SIPE policies and procedures
- B. Maintain a current list of trained volunteer responders
- C. Facilitate event review, data collection and quality initiatives
- D. Adhere to the SIPE guidelines for maintenance and upkeep involving the AED(s) they are responsible for
- E. Accurately maintain and update their AED monthly inspections via the Internet or maintenance work order.

C. Volunteer Responders

Volunteer responders are responsible to:

- A. Successfully complete all mandatory training and skills evaluation as detailed by the AHA and the medical director
- B. Maintain current certification and participate in re-certification

D. SIPE Safety Manager

It is the responsibility of the SIPE Safety Manager to:

- A. Identify and review local and state regulations
- B. Notify the local EMS or regulatory agency of the location of AED's where applicable by law or regulation
- C. Identify local EMS policy and procedures and communicate them to the Program Administrator
- D. Share AED use data per local and state regulations
- E. Provide CPR and AED training for any district with AED's
- F. Provide an "online oversight" AED maintenance program to assist districts in keeping compliant with regulations that require regular inspections and tracking of AEDs.

6. The Response Equipment

A. Description

The AED and other emergency response equipment support the chain of survival in the event of an SCA. Each device should be maintained according to policy and following the manufacturer's guidelines. The AED and equipment will only be used at the facility and is not for personal use.

The AED shall be applied to:

- A. Unresponsive and not breathing victims
- B. Victims that are infant to pre-pubescent
 - i. Pediatric electrodes, if available; If not, Adult pads used like pediatric pads (affixing upper right chest pad to the center chest, and the lower left rib cage pads moved to the center of the back between shoulder blades)

B. Location

The AED's will be placed in the location recommended by SIPE and the program administrator to ensure availability of the AED is within the 3-5 minute recommended response time. AED's are placed for the most efficient response time to ensure that the goal of the AED program is reached. AEDs should be stored with the appropriate accessories.

C. Accessories

All accessory equipment must remain with the AED and include the following:

Item Description	Quantity
Electrode pads	1 or more
AED battery	1 or more
Rescue essentials	1 or more

All equipment and accessories must be inspected routinely for readiness of use and integrity of device.

7. AED Maintenance

See Appendix 1 for the *Periodic Maintenance Checklist*

A. Report of Damage

Follow SIPE guidelines for all scheduled AED maintenance checks. Report immediately, any defects, missing, damaged or expired accessories to SIPE.

B. Required Maintenance Schedule

The site coordinator is required to complete the periodic maintenance verification checklist on each AED to ensure the quality of the AED program. Monthly checks are required to be recorded by the 28th of every month, but no sooner than the 18th of each month.

The site coordinator will receive an email reminder five (5) days prior to the required verification date. If the verification is not performed, the site coordinator will be notified again the day the check is due.

If the AED has not been checked within three (3) days following the required maintenance deadline, the program administrator and the site coordinator will be notified that the site has reached an out-of-compliance status.

8. The AED Response Plan Overview

See Appendix II for the *Response Plan*

A. Call 911

Notifying emergency medical services is the first link in the chain of survival and is a very crucial step. Any employee who recognized an emergency must call 911 immediately. Information that needs to be provided to 911 may include:

- A. The type of emergency
- B. The location of the emergency
- C. A brief description of the victim including approximate age, gender, status of victim and CPR
- D. Special access instructions to the site of the emergency

Any employee should then summon the volunteer responders.

B. Volunteer's Respond

Volunteer responders will provide care based on:

- A. Scene safety
- B. Victims condition and initial assessment
- C. The emergency response plan
- D. SIPE protocols

C. Transfer of Care

Upon arrival of EMS, the volunteer responders will transfer care to EMS, the volunteer responders may assist with care, if requested by EMS. Volunteer responders will provide the following information to EMS:

- A. Victim's condition upon the arrival of responder
- B. Time of incident
- C. All care provided to the victim

D. Post Incident Procedures

The volunteer responders will follow these procedures after the incident:

- A. Notify SIPE immediately by calling (805) 922-8003 (Monday-Friday, 8:00 a.m. - 5:00 p.m.)
- B. Complete the Post Incident Report Form
- C. Complete post incident equipment maintenance
- D. Participate in critical incident debriefing session
- E. Notifying SIPE will activate the loaner system so that a loaner AED may be sent to the site. The site address will be verified so that SIPE may send a loaner AED and a return shipment label to the site via UPS. The site coordinator must return their AED back to SIPE in the loaner box utilizing the label provided. SIPE will retrieve the event data from the AED and submit the information to the overseeing physician for review.

F. Critical Incident Debriefing

A critical incident debriefing session will be held as soon as possible following an event. This will be done on an informal basis. The purpose of debriefing is to:

- A. Determine the need for emotional support for the volunteer responders
- B. Evaluate the effectiveness and quality of the Emergency Response Plan
- C. Determine the need for additional training
- D. Recommend corrective actions

No changes to the Emergency Response Plan will be made without conferring with the program administrator, and the expressed authorization from SIPE based on consultation with and approval by the medical director.

9. Protocol Authorization

SIPE and the program administrator will review and approve all emergency response procedures including AED protocol and any addendums or changes.

A. Protocol Approval

The procedures and protocols are developed with guidance from SIPE for the specific use by Santa Barbara County SIPE School Districts.

B. Protocol Review

An annual review will be conducted to ensure quality and consistency with the program. No changes to the Emergency Response Plan will be made without conferring with the program administrator and the expressed authorization from SIPE based on consultation with the approval by the medical director.

C. Operational Guidelines

The protocol detailed in the Emergency Response Plan is intended for the volunteer responders.

D. Protocol Qualifications

The qualifications of the volunteer responders are:

- A. Successful completion of AHA and/or any nationally recognized and approved training program, such as Red Cross or Medic first Aid.
- B. The minimum training to be completed is CPR and AED
- C. Volunteer responders perform only to the level of training completed and indicated on the certification card.
- D. The site coordinator must identify and accept the volunteer responder as part of the emergency response team
- E. Current certification must be maintained

10. Emergency Response Protocol

A. Initial Assessment

The first volunteer responder conducts an initial assessment to determine the level of response required from the team and local EMS. The initial assessment includes, but is not limited to:

- A. Determine scene safety for self and other responders
- B. Assess the victim; determine if the victim is responsive or unresponsive
- C. Consider universal precautions prior to patient contact

B. Call 911

The first volunteer responder should call for additional help. A second responder should be sent to call 911.

If alone and no other person responds, the first volunteer responder should not delay and call 911 immediately.

The following information is to be provided to 911:

- A. Type of emergency
- B. Exact location of emergency
- C. Any special access instructions
- D. Victim assessment, responsive/unresponsive, breathing/not breathing, if known

Note: 911 may be able to assist with directions for care.

C. Retrieve the AED

If available, a second person or another responder should be sent to get the AED immediately. If alone, call 911 from a portable phone if possible so you can

retrieve the AED while you call 911. If you are alone and no portable phone is available, retrieve the AED immediately after calling 911.

D. Begin CPR

Volunteer responder will provide CPR as follows:

- A. Check for breathing
 - i. Assess face for signs of shock
- B. Check for normal breathing
 - i. Look for chest to rise, if none
- C. Immediately begin chest compressions
 - i. Push hard on lower center of chest at a depth of 2"-2-1/2" depth at a rate of 100 compressions/minute
 - ii. Do 30 Compressions then give 2 rescue breaths
 - iii. If you do not have a CPR Barrier, then do compression only CPR with continuous chest compressions. If you have help, switch off with another CPR provider every 2 minutes or as needed.
- D. If you plan on giving rescue breaths, use head tilt, chin lift method, open mouth and quickly inspect for obstructions (remove if necessary), apply CPR Barrier and give two (2) one second breaths each Ensure that each breath make the chest rise and fall.
- E. Continue cycles of 30 compressions and 2 rescue breaths until and AED arrives, or EMS takes over or the victim becomes responsive

E. AED Arrives

It is extremely important that the AED be used immediately.

As soon as the AED arrives:

- A. Power on the AED
 - i. Push the on/off button
 - ii. Remove the cover/lid
 - iii. Follow the voice prompts
- B. Follow the pictures on the AED electrode pads for proper placement
- C. Perform any special procedures as needed
 - i. Wearing protective gloves, remove any medication patches on the surface of the chest and then wipe the chest
 - ii. Using supplied prep razor, shave excessive chest hair
 - iii. Do not place AED electrode pad directly over implanted devices, however, move the pads slightly if possible.
 - iv. Dry the chest if wet so the AED pads adhere properly

F. Allow the AED to Analyze

When the AED pads are in place the AED will automatically analyze the victim's Heart rhythm and indicate a "shock" or "no shock" status.

A. If SHOCK ADVISED

- i. **Clear** the victim - do not touch the victim
- ii. **Press** the flashing button to deliver the shock when prompted
- iii. **Resume CPR** immediately after the shock, the AED will prompt to resume CPR
- iv. **Begin with compressions**, continue with 30 compressions and 2 breaths
- v. The AED will re-analyze in two (2) minutes, follow the voice prompts

B. If NO SHOCK ADVISED

- i. **Resume CPR immediately**
- ii. Continue with 30 compressions and 2 breaths until the victim moves or breathes normally, or until EMS arrives
- iii. The AED will **re-analyze** every 2 minutes of analysis.
- iv. Follow the voice prompts

G. AED Application Guidelines

Once the AED electrode pads are applied, do not remove them. If victim shows signs of responsiveness, stop CPR and put victim in a recover position if no injuries are suspected. If injuries are suspected, do not move patient, but maintain the airway with head-tilt, chin-lift procedure. Do not power off the AED. The AED will continue to monitor the patient's heart rhythm.

H. Patient Monitoring

If the victim becomes unresponsive again after regaining consciousness following a shock, the AED will alert the volunteer responder to:

- i. **Clear** the victim
- ii. **Press** the shock button if an additional shock is needed
- iii. Follow the voice prompts of the AED
- iv. **Resume CPR**

I. Transfer of Care to EMS

Upon arrival of EMS, transfer patient care to the EMS team. Provide as much information as possible to EMS as requested.

J. AED Application Guidelines

Once the AED electrode pads are applied, do not remove them. If victim shows signs of responsiveness, stop CPR and put victim in a recover position if no injuries are suspected. If injuries are suspected, do not move patient, but maintain the airway with head-tilt, chin-lift procedure. Do not power off the AED. The AED will continue to monitor the patient's heart rhythm.

K. Patient Monitoring

If the victim becomes unresponsive again after regaining consciousness following a shock, the AED will alert the volunteer responder to:

- 1) **Clear** the victim
- 2) **Press** the shock button if an additional shock is needed
- 3) **Follow** the voice prompts of the AED
- 4) **Resume** CPR

L. Transfer of Care to EMS

Upon arrival of EMS, transfer patient care to the EMS team. Provide as much information as possible to EMS as requested.

M. Post Incident Report

Contact SIPE within 24 hours of the event. The Post Incident Report, along with any other forms required by local law, will be sent to the Site Coordinator in charge of the site which used the AED. The volunteer responders who provided care will document the care given and the use of the AED. The Post Incident Report Form will be used.

- i. This form is to be given to the Site Coordinator and/or the Program Administrator.
- ii. This report will then be forwarded to SIPE within 24 hours of the event.

11. Confidentiality

The Post Incident Report is part of the patient care record and is confidential information. This report is not to be copied or altered. Compliance with HIPAA is mandatory.

Volunteer responders must refrain from any discussion with co-workers about any aspects of the emergency, including outcome.

A critical incident debriefing session will be held with the volunteer responders involved with the care of the patient. This is the only time that confidential information can be shared with the medical director and the AED site coordinator. This debriefing will be held via phone conference with SIPE.

12. Post Event Support and Data Retrieval

SIPE will begin the post event services at no additional charge.

A. Data Retrieval

Notifying SIPE of your AED use will activate the loaner system so that a loaner AED may be sent to the site. The site address will be verified so that SIPE may send a loaner AED and return their AED to SIPE in the loaner box utilizing the label provided. SIPE will retrieve the event data from the AED and submit it to the overseeing physician for review and filing according to local requirements.

Site coordinators may also retrieve their event data and email it to their SIPE Account Manager.

Data cards may also be submitted in lieu of AEDs for data retrieval.

B. AED Return to Service

Once the AED has been returned to the specified location, inspect the AED for any damage and/or missing parts. Replace all supplies used during the event such as batteries and electrode pads.

13. Report Misuse or Defect

Any defects in the AED operation or deviation from the protocols established herein are to be reported to the program administrator and to SIPE.

Tampering with medical equipment, including the AED, will not be tolerated. Any suspected tampering and/or misuse must be reported immediately so the AED can be inspected for proper operation.

APPENDIX I

Periodic Maintenance Checklist

SIPE recommends that your AED inspection be conducted and a record of this inspection be recorded into the database at www.safetymatters.onlineoversight.com. You will enter a record of inspection for each device for which you are the AED site coordinator.

To check your device:

1. Go to the location in your facility where the device is located. Verify that the AED still indicates a “ready status.” Refer to the manufacturer’s guidelines for further information on verifying “ready status.”
2. Check the expiration date on the electrode pads and the batteries. Note: The AED’s self-diagnostic may detect the expiration status of your AED battery.

To enter the record of your inspection:

1. Go to www.safetymatters.onlineoversight.com and login using your AED site coordinator username and password.
2. For each site you are overseeing, you will need to enter the maintenance record.
3. Click on the dashboard tab to take you to your AED inventory and locations.
4. Click the status tab to see the AED inspection checklist. Verify you inspected by clicking “check now.” When done, click the save button.

What if something is wrong with my device?

If your device is not in ready status when you click on the “no” bubble, the system will open another box that will explain and allow you to correct the problem. If you still experience difficulties, please contact Safety Matters at (805) 705-9222.

APPENDIX II

Response Plan

The following AED protocol is for use by the volunteer responders of your company. Safety Matters medical director/local medical director approves it for use by approved members only. The protocol will be reviewed on an annual basis and replaced by a revised protocol as necessary. See the following AED protocol flow chart.

1. Conduct an initial assessment:
 - a. Assess for scene safety; use universal precautions.
 - b. Assess patient for lack of consciousness, lack of breathing by quickly checking the face for signs of shock and the chest for rising and falling breathing.
2. Ensure that 911 have been notified and that the local EMS response agency is en-route. When an emergency call is received, the following information must be obtained:
 - a. Type of emergency
 - b. Location of the emergency
 - c. Breathing/consciousness of patient and whether CPR is in progress
 - d. Any special access instructions
3. Assess for breathing of patient. If patient is not breathing, perform CPR until the AED arrives.
4. As soon as the AED is available, power on the AED and follow the prompts. Make sure that the AED pads are placed in their proper location and that they are making effective contact with the patient's chest. Do not place the AED pads over the nipple, medication patches, or implantable devices. It is vital that the electrode pads are placed on patient as soon as possible.
5. If shock is advised by AED, make sure no one is touching the patient. Say "CLEAR" and deliver a shock to the patient if AED is a manual type. Automatic AED's will deliver a shock after a 3-second countdown. Make sure during the countdown and shock that no one is touching the patient. After shock or no shock prompt, listen for AED prompts that advise it is safe to touch the patient and to continue to do CPR. Per AHA guidelines, do 2 minutes of uninterrupted CPR. The AED will prompt you to "stop CPR" and will do an analysis of the patient's heart rhythm.
6. If no shock is advised, check for breathing, and continue doing CPR.
7. If the patient exhibits no breathing, continue to perform continuous CPR until otherwise prompted by the AED, EMS medics, and/or the medical director.
8. Transfer patient care to EMS. No more than 24 hours following the event, document the SCA event and complete the AED Incident Report (complete all fields). Provide all documentation to the AED site coordinator/program administrator within 24 hours of the occurrence of the event.

9. Contact Safety Matters Customer Support at (805) 705-9222 as soon as possible and follow post-event procedures found in Section 8, D & E. Post-event procedures shall commence including:
 - a. AED Incident Report
 - b. Notification of supervisor/AED site coordinator/program administrator
 - c. Replacement of all equipment used.

APPENDIX III
AED Incident Report

SIPE FACILITY AED REPORT FORM FOR CARDIAC ARRESTS

1. Facility Name: _____
2. Incident Location: _____
3. Street Address: _____

City State Zip County/Parish
4. Date of Incident: ____/____/____(MM/DD/YYYY)
5. Estimated time of incident: ____:____(HH/MM) circle AM or PM
6. Patient Gender: Male [] Female []
7. Estimated age of patient: _____yrs.
8. Did the patient collapse (become unresponsive)? Yes [] No []
 - a. If Yes, what were the events immediately prior to the collapse (check all that apply)
Difficulty breathing [] Chest pain [] No signs or symptoms []
Drowning [] Electrical shock [] Injury []
Unknown []
 - b. Was someone present to see the person collapse? Yes [] No []
If Yes, was that person a trained AED employee? Yes [] No []
 - c. After the collapse, at the time of patient assessment and just prior to the facility AED pads being applied:
Was the person breathing? Yes [] No []
Did the person have signs of circulation? Yes [] No []
9. Was CPR given prior to 911 EMS arrival? Yes [] Go to 9a No [] Go to 10
 - a. Estimated time CPR started: ____:____(HH/MM) circle AM or PM
 - b. Was CPR started prior to the arrival of a trained AED employee? Yes [] No []

**APPENDIX III
AED Incident Report**

SIPE FACILITY AED REPORT FORM FOR CARDIAC ARRESTS

10. Facility Name: _____
11. Incident Location: _____
12. Street Address: _____
- _____
- | | | | |
|------|-------|-----|---------------|
| City | State | Zip | County/Parish |
|------|-------|-----|---------------|
13. Date of Incident: ____/____/____(MM/DD/YYYY)
14. Estimated time of incident: ____:____(HH/MM) circle AM or PM
15. Patient Gender: Male [] Female []
16. Estimated age of patient: _____yrs.
17. Did the patient collapse (become unresponsive)? Yes [] No []
- a. If Yes, what were the events immediately prior to the collapse (check all that apply)
- | | | |
|--------------------------|----------------------|--------------------------|
| Difficulty breathing [] | Chest pain [] | No signs or symptoms [] |
| Drowning [] | Electrical shock [] | Injury [] |
| Unknown [] | | |
- b. Was someone present to see the person collapse? Yes [] No []
- If Yes, was that person a trained AED employee? Yes [] No []
- c. After the collapse, at the time of patient assessment and just prior to the facility AED pads being applied:
- | | | |
|---|---------|--------|
| Was the person breathing? | Yes [] | No [] |
| Did the person have signs of circulation? | Yes [] | No [] |
18. Was CPR given prior to 911 EMS arrival? Yes [] Go to 9a No [] Go to 10
- a. Estimated time CPR started: ____:____(HH/MM) circle AM or PM
- b. Was CPR started prior to the arrival of a trained AED employee? Yes [] No []

- c. Who started CPR? Bystander [] Trained AED employee []
19. Was a facility AED brought to the patient's side prior to 911 EMS arrival? Yes [] No []
- a. If No, briefly describe why and skip to #18 _____

- b. If Yes, estimated time (based on your watch) facility AED at patient's side:
____:____(HR:MM) AM or PM
20. Were the facility AED pads placed on the patient? Yes [] No []
- a. If Yes, was the person who put the AED pads on the patient a:
Trained AED facility employee [] Untrained AED facility employee []
Bystander []
21. Was the facility AED turned on? Yes [] No []
- a. If Yes, estimated time (based on your watch) facility AED was turned on:
____:____(HR:MM) AM or PM
22. Did the facility AED ever shock the patient? Yes [] No []
If Yes,
- a. Estimated time (based on your watch) of 1st shock by facility AED:
____:____(HR:MM) AM or PM
- b. If shocks were given, how many shocks were delivered prior to the EMS ambulance arrival? # _____
23. Name of person operating the facility AED: _____
First Middle Last
- a. Is this person a trained AED employee? Yes [] No []
- b. Highest level of medical training of person administering the facility AED:
Public AED trained [] First responder AED trained []
EMT-B [] CRT/EMT-P [] Nurse/Physician []
Other health care provider [] No known training []

**APPENDIX III
AED Incident Report**

SIPE FACILITY AED REPORT FORM FOR CARDIAC ARRESTS

24. Facility Name: _____
25. Incident Location: _____
26. Street Address: _____
- _____
- | | | | |
|------|-------|-----|---------------|
| City | State | Zip | County/Parish |
|------|-------|-----|---------------|
27. Date of Incident: ____/____/____(MM/DD/YYYY)
28. Estimated time of incident: ____:____(HH/MM) circle AM or PM
29. Patient Gender: Male [] Female []
30. Estimated age of patient: _____yrs.
31. Did the patient collapse (become unresponsive)? Yes [] No []
- a. If Yes, what were the events immediately prior to the collapse (check all that apply)
- | | | |
|--------------------------|----------------------|--------------------------|
| Difficulty breathing [] | Chest pain [] | No signs or symptoms [] |
| Drowning [] | Electrical shock [] | Injury [] |
| Unknown [] | | |
- b. Was someone present to see the person collapse? Yes [] No []
- If Yes, was that person a trained AED employee? Yes [] No []
- c. After the collapse, at the time of patient assessment and just prior to the facility AED pads being applied:
- | | | |
|---|---------|--------|
| Was the person breathing? | Yes [] | No [] |
| Did the person have signs of circulation? | Yes [] | No [] |
32. Was CPR given prior to 911 EMS arrival? Yes [] Go to 9a No [] Go to 10
- a. Estimated time CPR started: ____:____(HH/MM) circle AM or PM
- b. Was CPR started prior to the arrival of a trained AED employee? Yes [] No []

- c. Who started CPR? Bystander [] Trained AED employee []
33. Was a facility AED brought to the patient's side prior to 911 EMS arrival? Yes [] No []
- a. If No, briefly describe why and skip to #18 _____

- b. If Yes, estimated time (based on your watch) facility AED at patient's side:
____:____(HR:MM) AM or PM
34. Were the facility AED pads placed on the patient? Yes [] No []
- a. If Yes, was the person who put the AED pads on the patient a:
Trained AED facility employee [] Untrained AED facility employee []
Bystander []
35. Was the facility AED turned on? Yes [] No []
- a. If Yes, estimated time (based on your watch) facility AED was turned on:
____:____(HR:MM) AM or PM
36. Did the facility AED ever shock the patient? Yes [] No []
If Yes,
- a. Estimated time (based on your watch) of 1st shock by facility AED:
____:____(HR:MM) AM or PM
- b. If shocks were given, how many shocks were delivered prior to the EMS ambulance arrival? # _____
37. Name of person operating the facility AED: _____
First Middle Last
- a. Is this person a trained AED employee? Yes [] No []
- b. Highest level of medical training of person administering the facility AED:
Public AED trained [] First responder AED trained []
EMT-B [] CRT/EMT-P [] Nurse/Physician []
Other health care provider [] No known training []

38. Were there any mechanical difficulties or failures associated with the use of the facility AED?

Yes [] No []

If Yes, briefly explain and attach a copy of the completed FDA reporting form (required by Federal law):

39. Did any of the below personal concerns regarding the patient apply?

Vomiting [] Excessive chest hair [] Sweaty [] Water/Wet Surface []

Other concerns not listed above:

40. Were there any unexpected events or injuries that occurred during the use of the facility AED? Yes [] No []

If yes, briefly explain: _____

41. Indicate the patient's status at the time of the 911 EMS arrival:

Signs of circulation restored: Yes [] No [] Unsure []

Breathing restored: Yes [] No [] Unsure []

If yes, time breathing restored: ____:____(HH:MM) AM or PM

Responsiveness restored: Yes [] No [] Unsure []

If yes, time responsiveness restored: ____:____(HH:MM) AM or PM

42. Was the patient transported to the hospital? Yes [] No []

a. If yes, how was the patient transported?

EMS Ambulance [] Private vehicle [] Other _____

b. If yes, please provide name of transporting ambulance service and the facility the

patient was transported to:

43. Other comments/concerns not referenced on this form that may be useful for the medical director?

Report completed by:

Please print name Date

Signature Date

Title Office Phone

Make/model of the facility AED used? _____
Manufacturer Model

**PLEASE RETURN TO SIPE WITHIN 24 HOURS FOLLOWING
INCIDENT: FAX (805) 928-5414
PLEASE FORWARD QUESTIONS TO YOUR SITE
COORDINATOR OR
SIPE AT (805) 922-8003**

Facility Name _____