



2017/18

INJURY & ILLNESS PREVENTION PROGRAM (IIPP)

FOR

LAKE TAHOE COMMUNITY COLLEGE DISTRICT

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INTRODUCTION

In order to maintain a safe and healthful work environment, the Lake Tahoe Community College District has developed this Injury & Illness Prevention Program for all employees to follow. This document describes the goals, statutory authority, and the responsibilities of all employees under the Program. It addresses Compliance, Hazard Identification, Accident Investigation, Hazard Mitigation, Training, Hazard Communication, and Program Documentation. By making employee safety a high priority for every employee, we can reduce injuries and illnesses, increase productivity, and promote a safer and healthier environment for all individuals at Lake Tahoe Community College District.

GOALS

Diligent implementation of this program will reap many benefits for Lake Tahoe Community College District. Most notably, it will:

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

STATUTORY AUTHORITY

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

RESPONSIBILITY

The ultimate responsibility for establishing and maintaining effective environmental health and safety policies specific to district facilities and operations rests with **Vice President of Administrative Services (VPAS)** (See Appendix C-1). General policies, which govern the activities and responsibilities of the Injury & Illness Prevention Program, are established under VPAS final authority. The responsibility for overseeing the development, implementation and maintenance of the Injury and Illness Prevention Plan rests with the Program Coordinator. The **Director of Facilities** (See Appendix C-1) has been appointed as the **IIPP Program Coordinator** and will continue until another person is assigned this responsibility.

It is the responsibility of administrators and directors to develop procedures, which ensure effective compliance with the Injury & Illness Prevention Program as well as other health and safety policies related to operations under their control. They are responsible for enforcement of this program among the employees under their direction by carrying out the various duties outlined herein, setting acceptable safety policies and procedures for each employee to follow and ensuring that employees receive the general safety training. All administrators and directors must also ensure that appropriate job specific safety training is received, and that safety responsibilities are clearly outlined in the job descriptions, which govern the employees under their direction. Supervising others also carries the responsibility for knowing how to safely accomplish the tasks assigned each employee, for purchasing appropriate personal protective equipment, and for evaluating employee compliance.

Immediate responsibility for workplace health and safety rests with each individual employee. Employees are responsible for following the established work procedures and safety guidelines in their area, as well as those identified in this program. Employees are also responsible for using the personal protective equipment issued to protect them from identified hazards, and for reporting any unsafe conditions to their directors.

The **Director of Human Resources** (see Appendix C-1) is responsible for supervising the processing of employee worker comp related injury and illness concerns, coordinating the District safety training program, and managing related documentation.

The **Director of Facilities** (see Appendix C-1) is responsible for managing the self-inspection program (identifying potential unsafe conditions of facilities and mitigation), providing technical advice to Administrators and Directors, and conducting annual inspections of all facilities.

The **Vice President of Administrative Services** (see Appendix C-1) will coordinate all Facilities Council meeting activities including but not limited to developing and distributing the meeting agenda, ensuring completion and distribution of meeting minutes, and managing the completion of the goals and objectives set by the Facilities Council.

The **Facilities Council** is responsible for providing overall guidance and direction to Emergency Preparedness, SEMS, and Safety efforts for LTCC. This includes reviewing trends, recommending mitigation, and advising management on safety issues, as well as development and annual review of the Illness and Injury Prevention Program (IIPP). This council is comprised of appointed representatives from all of the campus community constituent groups. This structure is defined in the LTCC Organization and Governance Handbook.

All **managers, directors and lead personnel** are responsible for implementing and maintaining the IIPP in their work areas and for answering worker questions about the program. A copy of the IIPP is available in the Human Resources office, Room A-111 in the main building.

PROGRAM COMPLIANCE

Management is responsible for ensuring that all safety and health policies and procedures are clearly communicated and understood by all employees. Directors and lead personnel are expected to enforce the rules fairly and uniformly.

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

1. Administrators and directors will set positive examples for working safely and require that all staff under their direction work safely.
2. Administrators and directors will use all disciplinary procedures available to them to ensure that employees follow established safety policies and procedures. Performance evaluations, verbal counseling, written warnings, and other forms of disciplinary action are available.
3. Administrators and directors will identify the resources necessary to provide a safe work environment for their employees and include them in budget requests.
4. Administrators and directors will establish appropriate means of recognition for employees who demonstrate safe work practices.

All employees are responsible for using safe and healthful work practices, for following all directives, policies and procedures, and for assisting in maintaining a safe work environment. The following is our system of ensuring that all workers comply with the rules and maintain a safe work environment:

- Inform workers of the provisions of the LTCC IIPP
- Evaluate the safety performance of all employees
- Recognize employees who perform safe and healthful work practices
- Provide training to employees whose safety performance is deficient

- Discipline employees, according to established disciplinary processes outlined in applicable contracts, policies and procedures, for failure to comply with safe and healthful work practices. Disciplinary procedures are attached
- Set positive examples for working safely, and require that all staff under their direction work safely

Lake Tahoe Community College District has developed this comprehensive Injury & Illness Prevention Program to enhance the health and safety of its employees.

HAZARD IDENTIFICATION

The Injury and Illness Prevention Standard requires that the employer implement a system of identifying and evaluating workplace hazards. The system of identification and analysis for LTCC includes facility inspections and employee feedback.

A workplace inspection program is essential in order to reduce unsafe conditions that may expose faculty, staff, students, and visitors to incidents that could result in personal injuries or property damage. It is the responsibility of each Department and Maintenance and Operations to ensure that systematic safety inspections are conducted as appropriate.

Safety Inspections

A periodic inspection program to identify and evaluate workplace hazards shall be administered by Administrative Services according to the following time or event-based requirements:

- The overall facility inspection will be performed annually
- When our Injury and Illness Prevention Program was first established
- When new substances, processes, procedures or equipment that present potential new hazards are introduced into our workplace
- When new, previously unidentified hazards are recognized
- When occupational injuries and illnesses occur
- When we hire and/or reassign permanent or intermittent workers to processes, operations, or tasks for which a hazard evaluation has not been previously conducted
- Whenever workplace conditions warrant an inspection

Periodic inspections consist of identification and evaluation of workplace hazards utilizing applicable sections of the appropriate Identification Checklists (see Appendix A), and any other effective methods to identify and evaluate workplace hazards. Unscheduled safety inspections may be conducted as deemed necessary.

ACCIDENT/EXPOSURE REPORTING AND INVESTIGATIONS

In the event of an employee accident, illness, or exposure an Incident, Hazard, & Exposure Report form (see Appendix B-1) must be completed by each party involved, completed forms will be submitted to Administrative Services. The Injury and Illness Prevention Standard requires that employers implement a method of investigating workplace injury, illness, or exposure. Following an accident or illness, the employer must gather information and make determination of causes, maintaining a file of this investigation.

Employees are responsible to report accidents immediately to their director and complete an Incident, Hazard, & Exposure Report form (see Appendix B-1) as time permits. For non-emergency medical issues, report the incident to the HR Department and then the District's Company Nurse Injury hotline may be contacted at (877) 518-6702 (see Appendix C2). If after hours and employee's director is not available, report to the District night supervisor at extension #777 or on duty custodian at (530) 721-7039 (custodian can be reached directly at extension #515 as well).

Directors will investigate accidents, injuries, occupational illnesses, and near-miss incidents to identify the causal factors or hazards immediately by using the Supervisor's Accident Investigation Report form (see Appendix B2), completed forms will be submitted to Administrative Services. A copy of the Accident Investigation form must be forwarded to Human Resources. In the event of a serious incident, the **Director of Facilities** (see Appendix C-1) will assist with the investigation, bringing in outside experts if needed. Appropriate repairs or procedural changes will be implemented promptly to mitigate the noted hazards.

Administrative Services will route all occupational injuries, illnesses, or exposures to hazardous substances to Human Resources. Administrative Services will report all serious injuries or illnesses, or death, of an employee, and all work-related inpatient hospitalizations (other than observations), within 8 hours, all amputations and all losses of an eye within 24 to the nearest CalOSHA office at 916-263-2800. An example Accident Investigation Checklist is attached (see Appendix B4).

Investigation of workplace accidents, hazardous substance exposures and near-miss accidents will be administered through Administrative Services, and will be conducted by the department administrator/director or the **Director of Facilities** (see Appendix C-1). These investigations will include:

- Visiting the scene as soon as possible
- Interviewing affected workers and witnesses
- Examining the workplace for factors associated with the accident/exposure/near-miss accident
- Determining the causes of the accident/exposure/near-miss accident
- Taking corrective action to prevent the accident/exposure/near-miss accident from reoccurring
- Recording the findings and corrective actions taken

HAZARD CORRECTION

The Injury and Illness Prevention Standard clearly requires that employers correct safety deficiencies in a timely manner according to the severity of the hazard. Furthermore, whenever a hazard poses immediate danger, employees must be protected from injury.

Unsafe or unhealthy work conditions, practices or procedures at our work facilities shall be corrected in a timely manner based on the severity of the hazards, and according to the following procedures:

- When observed or discovered
- When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, we will remove all exposed employees from the area except those necessary to correct the existing condition. Employees necessary to correct the hazardous condition shall be provided with the necessary protection
- All such actions taken and dates they are completed shall be documented on the attached Hazards Correction Form (see Appendix B-3)

The Hazard Correction Form (see Appendix B-3) is to be utilized to prioritize safety deficiencies according to severity, establish who will be responsible for the corrective action, and by what date the action must be implemented by. It also documents the actual date of implementation and follow-up evaluation. This form is also available on the District Safety Web site at <http://www.ltcc.edu/campusresources/health-and-safety/>.

The report of Possible Unsafe Conditions and Work Orders:

- Any employee may report any unsafe condition. Reporting can be anonymous. Employees may use an Incident, Hazard, & Exposure Reporting form (see Appendix B-1), or the online "Report a Safety Issue" form, both of which are available at <http://www.ltcc.edu/campusresources/health-and-safety/>. Unsafe conditions may also be reported using a maintenance work order at <https://www.myschoolbuilding.com/myschoolbuilding/mygateway.asp?acctnum=1038574080>.

TRAINING AND INSTRUCTION

Training is the key element to the LTCC's Injury and Illness Prevention Program. This is a requirement of the standard and a form of communicating safety related materials to the employees. It is the most effective tool at management's disposal to control workplace hazards. All employees, including management, directors, and lead personnel shall have training and instruction on general and job specific safety and health practices.

Training and instruction shall be provided as follows:

- When the IIPP is first established
- To all new employees before they begin work assignments
- To all employees given new job assignments for which training has not previously provided
- Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard
- Whenever we become aware of a new or previously unrecognized hazard
- To directors to familiarize them with the safety and health hazards to which employees under their immediate direction and control may be exposed
- Directors will assign and ensure completion of appropriate training for employees based on job duties
- To all employees with respect to hazards unique to each employee's job assignment

Document any training, regardless of length or importance. Records of individual online training will be documented in the Keenan Safe Colleges web site. Records of any training that is conducted 'offline' should be forwarded to Human Resources.

GENERAL SAFE WORK PRACTICES

At a minimum, all employees will be trained in the following, as applicable:

1. Hazard Communication - Globally Harmonizing System (GHS) and Safety Data Sheets (SDS). - Required for all employees at least once during employment and again if new hazards are introduced to the work environment and if job duties change.
2. Injury & Illness Prevention Program. – Required for all employees at least once during employment and again if the IIPP changes.
3. Blood Borne Pathogens. - Required for all employees with annual refresher requirement.
4. Sexual Harassment (AB 1825) Management (Administrators and Directors) will complete this training once every 2 years.
5. Mandatory Reporting: Any employee working with or around minors under the age of 18 will complete this training annually.
6. Fire Prevention, Fire Extinguisher, and Emergency Preparedness: Any employee working on campus will complete this training according to the requirements of their assigned duties.

Note: An individual's role or area of assignment may necessitate other additional training requirements not listed here.

SPECIFIC SAFE WORK PRACTICES

In addition to this general training, each employee will be instructed on how to protect themselves from the hazards specific to their individual job duties. At a minimum, this entails how to use workplace equipment, safe handling of hazardous materials and use of personal protective equipment. Training must be completed before beginning work on assigned equipment, and whenever new hazards or changes in procedures are implemented:

1. Every employee with respect to hazards specific to their job assignment.
2. Employee is given new job assignments for which training has not previously been provided.
3. Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard.
4. Whenever the employer is made aware of a new or previously unrecognized hazard.
5. Administrators are to familiarize themselves with the safety and health hazards to which workers under their immediate direction and control may be exposed.

Attendance at regularly scheduled General Safety Training programs provided through each employee's department or on-line at Keenan Safe Colleges (KSC) will meet this requirement. Other training forums are acceptable if approved by the employee's Administrator or Supervisor.

It is the responsibility of each administrator and supervisor to know the hazards related to his/her employee's job tasks and to ensure the employee receives appropriate training.

1. Administrators and directors will ensure that all employees receive general and job-specific training prior to initial or new job assignments.
2. Administrators and directors will ensure that employees are trained whenever new substances, processes, procedures or equipment are introduced to the workplace, which may create new hazards. Training must also be given when new or previously unrecognized hazards are brought to administrators and directors attention.
3. All training will be documented and records kept in Human Resources.

COMMUNICATION

The Injury and Illness Prevention Standard requires employers to explain the methods used to communicate safety matters. This communication occurs in several ways. The following is the LTCC's system of communication, designed to facilitate a continuous flow of two-way (management, supervisor and employee) safety and health information in a form that is readily understandable to and between all affected site personnel:

- New employee orientation, including a discussion of department specific safety and health policies and procedures
- Follow-through by supervisor to ensure effectiveness
- Workplace specific safety and health training
- Facilities Council meetings held at least every quarter and more frequently as deemed necessary by the creation/identification of hazards or occurrence of injuries and illnesses
- Effective written communication of safety and health concerns between employees and directors, including language translation where appropriate
- Post and/or distribute safety information (i.e.: newsletters, posters, bulletins)
- Access to the written IIPP
- A system for employees to anonymously inform management about workplace hazards without fear of reprisal. This is accommodated by use of the "Suggestions" box in the mailroom or via the "Report a Safety Issue" form on the District web site at <http://www.ltcc.edu/campusresources/health-and-safety/>

Under no circumstances shall the District allow reprisal for an employee that submits an Incident, Hazard, & Exposure Report form (see Appendix B-1). As part of the employee recognition policy, the District shall take into consideration an employee's willingness to identify hazards in the workplace.

Employees are encouraged to bring to the District's attention any potential health or safety hazard that may exist in the work area by contacting the **Director of Facilities** or their immediate supervisor. Communication methods can include e-mail, work order, online form submission, phone message or face to face contact. Administrators and directors will follow-up on suggestions and investigate the concerns brought up through these communication methods. Feedback to the employees is critical, and must be provided for effective two-way communication.

RECORDKEEPING

Documentation is critical for demonstrating the effort of LTCC towards safety and program implementation. Many standards and regulations of Cal/OSHA contain requirements for the maintenance and retention of records for occupational injuries and illnesses, medical surveillance, exposure monitoring, inspections and other activities relevant to occupational health and safety. To comply with these regulations, as well as to demonstrate that the critical elements of this Injury & Illness Prevention Program are

being implemented, the following records will be kept on file in the offices listed below, for at least the length of the time indicated below:

Our organization has taken the following steps to implement and maintain our IIPP:

1. Copies of Incident, Hazard, and Exposure Report forms (see appendix B-1) and any associated Hazard Correction Forms (see appendix B-3). Retain for 3 years by the Vice President of Administrative Services.
2. Copies of Accident Investigation Report (see appendix B-2) and any associated Hazard Correction Forms (see appendix B-3). Retain for 3 years by the Vice President of Administrative Services.
3. Copies of Employee Training Record and related training documents. Retain for duration of each individual's employment by Human Resources.
4. Copies of Safety Postings and Facilities Council Meeting Minutes and Agendas. Retain 1 year by Human Resources.
5. Copies of Employee Exposure Records, or other required Employee Health and Safety Records. Retain for 30 years or for the duration of each individual's employment, if greater than 30 years. These records will be maintained in Human Resources.
6. Records of past Safety Inspections (see Appendix A) are kept for a period of 3 years in the Maintenance and Operations department.

A safe and healthy workplace is the goal of everyone at LTCC, with responsibility shared by management and staff alike. For any questions regarding this Injury & Illness Prevention Program, please contact the **Director of Facilities** (See Appendix C-1).

APPENDIX A

SAFETY INSPECTION CHECKLISTS

Appendix A-1

Inspection Checklist for General Safety

<u>Area/Room:</u>	
<u>Inspector:</u>	
<u>Inspection Date:</u>	

	Yes	No	N/A	Inspection Checklist for General Safety
1-1				Are all exits fire doors, fire alarms, pullboxes, extinguishers, sprinklers, and fire notification devices clearly marked and unobstructed?
1-2				Are control switches, circuit breakers, electrical panels, and emergency power cabinets free of obstructions?
1-3				Are all aisles cleared for at least a 44" pathway, building exit corridors completely clear for safe egress, and all fire exits clearly marked and unobstructed?
1-4				Are work areas clean and uncluttered?
1-5				Is lighting adequate throughout the work area?
1-6				Are ergonomic issues being addressed appropriately? Are employee work stations arranged to be comfortable without unnecessary strain on backs, arms, necks, etc.?
1-7				Is a fully stocked first aid kit available? Do all employees know its location?
1-8				Are all cabinets, shelves, or furniture above 5 feet in height secured to prevent toppling during an earthquake?
1-9				Are all books and supplies stored so as to not fall during an earthquake? (Store heavy items on the floor, shelf lips on shelves above work areas)
1-10				Are fused power strips being used in lieu of receptacle adapters? (Note: receptacle adapters are NOT allowed). Are additional outlets needed in some areas?
1-11				Are extension cords being used appropriately? (not routed through walls, doors, ceilings; not present a trip hazard; not used as a permanent source of electrical supply--use fused outlet strips or have additional outlets installed; not be linked together; no 'Thin' zip cords allowed)
1-12				Are portable electric heaters being used? (If so, use fused power strips and locate away from combustible materials)

Comments:

Appendix A-2

Inspection Checklist for Fire Safety

<u>Area/Room:</u>	
<u>Inspector:</u>	
<u>Inspection Date:</u>	

	Yes	No	N/A	Inspection Checklist for Fire Safety
2-1				Is a clearly identified, charged, currently inspected and tagged, wall-mounted fire extinguisher available within 75 feet of all work areas? (No empty wall hooks, No charge needles in the red, No missing plastic pin tabs, and No extinguishers on the floor)
2-2				If greater than 10 gallons of flammables are stored, is an approved flammable storage cabinet used?
2-3				Are flammable liquids stored in less than 1-gallon quantity or kept in less than 2-gallon safety cans?
2-4				Are flammable liquids limited to 60 gallons per fire area?
2-5				Are all flammable solvents in excess of 10 1-gallon containers stored in approved flammable storage cabinets?
2-6				Are spray painting operations, which employ flammable materials, conducted inside spray booths?
2-7				Are flammable and combustible materials stored at least 25 feet away from heat or ignition sources?
2-8				Are flammable gas cylinders stored at least 25 feet away from oxygen cylinders or ignition sources?
2-9				Are fire separators in tact (no holes in firewalls, no doors to exit corridors propped open, etc.)?
2-10				Are refrigerators and freezers, which are used for storage of flammables, spark proof and properly labeled?
2-11				Are non-spark proof refrigerators labeled as "Unsafe for Flammable Storage"?

Comments:

Appendix A-3

Inspection Checklist for Chemical Safety

<u>Area/Room:</u>	
<u>Inspector:</u>	
<u>Inspection Date:</u>	

	Yes	No	N/A	Inspection Checklist for Chemical Safety
3-1				Are chemicals labeled to identify contents and hazards?
3-2				Are chemicals inventoried (chemical name, quantity on hand, amount used per year, corresponding SDS on hand), with copies of the inventory supplied to the Maintenance and Operations (M&O) department?
3-3				Are all gas cylinders restrained to prevent tipping or falling? Are valves of gas cylinders capped when not in use?
3-4				Are regulated carcinogens handled safely to reduce employee exposure?
3-5				Are chemicals separated by hazard class and stored to prevent spills (acids, bases, oxidizers, flammables, etc.)?
3-6				Are chemical wastes properly segregated and stored with Waste Pick-up Tags attached to the containers?
3-7				Are all hazardous wastes disposed of and not poured into the sewer system?
3-8				Are either and other peroxide formers dated?
3-9				Are sharps stored in puncture-proof containers and labeled appropriately (infectious waste or hazardous waste)?
	Yes	No	N/A	Inspection Checklist for Electrical Safety
4-1				Are all plugs, cords, electrical panels, and receptacles in good condition? (No exposed conductors, broken covers, or broken insulation)
4-2				Are all circuit breaker panes accessible with each circuit breaker appropriately labeled?
4-3				Is all equipment properly grounded?
4-4				Are circuit breakers labeled to indicate what equipment is served by each?
4-5				Have all outlet adapters been removed? (Install additional outlets or use fused pwer strips if current demand is within the strip's rating. NOTE: Outlet adapters are not allowed)
4-6				Is permanent building wiring installed away from public contact (in conduit, raceways, or walls)?
4-7				Are Ground Fault Circuit Interrupters (GFCI) available for use in wet areas?
4-8				Are lock out locks and tags available for employees who work on equipment served by hazardous energy sources?
4-9				Are Arc welders properly grounded with safe wiring?

Comments:

Appendix A-4

Inspection Checklist for Lab and Mechanical Safety

<u>Area/Room:</u> _____
<u>Inspector:</u> _____
<u>Inspection Date:</u> _____

	Yes	No	N/A	Inspection Checklist for Lab and Mechanical Safety (Page 1 of 2)
5-1				Are rooms and cabinets containing regulate carcinogens, biohazards, and radioactive materials labeled?
5-2				Are food and beverages kept away from work areas and out of laboratory refrigerators or cabinets?
5-3				Is storage in hoods kept to a minimum and is it placed so it does not impede dproper airflow?
5-4				Do fume hoods draw air (test with a tissue on hood edge) and is alarm installed and working?
5-5				Have chemical fume hoods been tested within the past year?
5-6				Is the lab ventilation negative with respect to corridors and offices?
5-7				Are rotating and moveable parts and belts guarded with screens having less than 1/4" opening?
5-8				Are all machine guards for belts, gears, and points of operation in place and adjusted properly?
5-9				Are machine and tool switches safe (easy access to disengage, stay off if de-energized and re-started)?
5-10				Are gas welding torches equipped with flashback arrestors?
5-11				Are air tanks greater than 1.5 cubic feet (11.22 gallon) capacity inspected as evidenced by a current posted Cal/OSHA permit?
5-12				Are cranes, slings, ropes, hoists, jacks, jackstands, etc. inspected prior to each use and used safely?

Comments:

Area/Room:	_____
Inspector:	_____
Inspection Date:	_____

	Yes	No	N/A	Inspection Checklist for Lab and Mechanical Safety (Pg 2 of 2)
5-13				Are cutting blades disposed of in rigid containers to prevent injury to custodial personnel?
5-14				Are guard rails installed around floor openings and lofts, along catwalks, etc., to prevent employee falls?
5-15				Are cross-connections between potable water and sewer inlets promptly abated (remove hoses which extend into sinks or down drains), and leaking backflow protection devices promptly repaired?
5-16				Are safety shoes available for those employees subject to falling objects and other foot impact hazards?
5-17				Are floors maintained clean, spills wiped up promptly, and anti-slip materials used where moisture is prevalent?
5-18				Are hard hats available for employees subject to falling objects, low overhead construction, etc.?
5-19				Is a plumbed emergency eyewash station available within 100 feet of all areas where chemicals may splash or mechanical hazards such as grinding?
5-20				Are gloves suitable for the hazard warranting protection (chemicals, heat, friction, etc.) available?
5-21				Is eye protection suitable for the hazard warranting protection (welding, chemicals, particulates, etc.) available?
5-22				Are aprons or other suitable clothing available for employees subject to chemicals, oil, grease, etc.?
5-23				Is trash, debris, and oily rags removed from the shop daily? Are metal cans available for oily rags?

Comments:

APPENDIX B

REPORTING, INVESTIGATION, AND CORRECTIVE ACTIONS

Appendix B-1

Incident, Hazard, & Exposure Report Form

LAKE TAHOE COMMUNITY COLLEGE DISTRICT

☐ INCIDENT / ☐ HAZARDOUS CONDITION / ☐ BLOODBORNE PATHOGENS
EXPOSURE - REPORT (CHECK ALL THAT APPLY)

REPORTED BY: _____ DATE REPORTED: _____
Name: ☐ Employee ☐ Student ☐ Visitor ☐ Other

PERSON(S) INVOLVED: _____
☐ Employee ☐ Student ☐ Visitor ☐ Other

EMAIL ADDRESS: _____ TELEPHONE: _____

TYPE OF INCIDENT: _____
(Examples: Bodily Injury, Vandalism, Theft, Break-in, Vehicle Collision, Fire, Etc.)

WAS THERE EXPOSURE TO BLOODBORNE PATHOGENS (BBP): ☐ *Yes/TYPE: _____ ☐ No
*IF YES, PERSON(S) EXPOSED TO BBPs MUST COMPLETE BBP FORM (reverse side)

INCIDENT OCCURRED: Date: _____ Time: _____ Location: _____

CLASS Name/Number/Instructor: _____
(IF APPLICABLE)

SLT POLICE DEPARTMENT NOTIFIED: ☐ No ☐ 911 ☐ Yes Date: _____ Case#: _____
(Yes, PLEASE PROVIDE A COPY OF POLICE REPORT)

ESTIMATED DOLLAR LOSS: \$ _____

If employee workplace injury or illness, was Company Nurse notified/contacted? ☐ YES ☐ NO

DESCRIPTION OF CIRCUMSTANCES: Use the space below to describe the incident, accident, injury or illness and cause (if known), property damage, any first-aid administered, and/or action taken as a result of this incident. OR
☐ HAZARDOUS CONDITION REPORT (describe hazardous condition, location & attach other relevant information).

WITNESSES (If applicable):
Name: _____

Telephone Number: _____

SIGNATURE (of reporter) _____

DATE _____

RETURN COMPLETED FORM TO ADMINISTRATIVE SERVICES IMMEDIATELY

Administrative Services/Human Resources Use Only

- | | |
|--|---|
| <input type="checkbox"/> Student Accident (Human Res.) _____ | <input type="checkbox"/> Incident File – VP/Administrative Services _____ |
| <input type="checkbox"/> Worker's Comp. (Human Res.) _____ | <input type="checkbox"/> Superintendent/President _____ |
| <input type="checkbox"/> Director of Human Resources _____ | <input type="checkbox"/> Dean: _____ |
| <input type="checkbox"/> Director of Facilities _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

MFS\Safety\Incident Hazard Exposure Report Form DEV 6-2016

REQUIRED ONLY IF EXPOSURE IS NOTED ON MAIN INCIDENT REPORT

BLOODBORNE PATHOGENS (BBP) EXPOSURE/FIRST AID INCIDENT REPORT

EXPOSURE TO BLOODBORNE PATHOGENS REPORT OF CIRCUMSTANCES

☐ Exposure Incident ☐ First Aid Incident
(CHECK ALL THAT APPLY)

1. Route of exposure: _____
2. Exposure Circumstances: _____
 - a) Employee's activity at time of exposure: _____

 - b) Cause of exposure: _____
 - c) Part of body contaminated: _____
 - d) Other employees exposed: _____
 - e) Blood or Other Potential Infectious Materials (i.e., bodily fluids, saliva, etc) present?
Describe: _____

Individuals rendering first aid:

1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____

****SEE HUMAN RESOURCES TO COMPLETE EMPLOYEE BBP EXPOSURE DECLARATION****

IMMEDIATELY TAKE COMPLETED EXPOSURE FORMS TO HUMAN RESOURCES

Appendix B-2

Accident Investigation Report

ACCIDENT INVESTIGATION REPORT	
NAME OF INJURED: _____	DATE OF BIRTH: _____
JOB TITLE: _____	SEX: _____
DATE/TIME OF INCIDENT: _____	PHOTOS: Yes _____ No _____ (Check One)
DATE/TIME REPORTED: _____	ACCIDENT LOCATION _____
INVESTIGATOR TIME NOTIFIED: _____ TIME ON SCENE: _____ TIME OFF SCENE: _____	
WITNESSES: (Name, Addresses, and Phone Numbers)	
1: _____	
2: _____	
3: _____	
FIELD INVESTIGATION	
Exact Location of Incident: _____ _____ _____	
Completely describe location of incident: including lighting, walking surface, weather, measurements, and any other condition that could have contributed to or prevented the incident: _____ _____ _____ _____	
Describe injuries / illnesses which you observed or which were described to you: _____ _____ _____ _____	
Describe demeanor of person involved and include statements made as "Excited Utterances": _____ _____ _____ _____	
Describe shoes, physical appearance or any other characteristic that would contribute to understanding how the accident occurred: _____ _____ _____ _____	
Describe how the incident occurred; state facts, contributing factors, cite witnesses and support evidence: _____ _____ _____ _____	
Steps taken to prevent similar incident: _____ _____ _____ _____	
Did employee seek medical care? Yes _____ No _____ Date/Time Seen: _____ If yes, name of medical facility/Doctor: _____	
Investigator's Signature: _____ Print Investigator's Name: _____ Date/Time form completed: _____	

Appendix B-3

Hazard Correction Form

Hazard Correction Form	
Date that Hazard ("Hazardous Condition") was reported:	
Location of Hazard:	
Description of Hazard:	
Severity of Hazard is: <input type="checkbox"/> Urgent (Poses imminent threat to health and safety) <input type="checkbox"/> Important (Could pose a threat to health and safety) <i>Note : "Urgent" or "Important" both require immediate response</i>	
Has this hazard also been reported on an "Incident/Hazardous Condition/Bloodborne Pathogen Exposure" Form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, on what date was this form submitted? _____	
Description of Corrective Action:	
Name of person taking Corrective Action: _____	
Date Corrective Action was implemented: _____	
Date of Follow-up Evaluation: _____	
Results of Follow-up Evaluation:	
Date that Corrective Action was communicated to original submitter/reporter of the Hazardous Condition: _____	

Appendix B-4

Accident Investigation Checklist

When you're involved in an accident investigation, the notes you take will be important to determine what happened and to give clues for avoiding future incidents. The information that you record should focus on the **who, what, when, where, how,** and **why** facts of the accident. This list of sample questions that you may need to ask during an investigation will help you document many aspects of the accident scene.

Who...

- ☐ Was involved in the accident?
- ☐ Was injured?
- ☐ Witnessed the accident?
- ☐ Reported the accident?
- ☐ Notified emergency medical services?

What...

- ☐ Happened?
- ☐ Company property was damaged?
- ☐ Evidence was found?
- ☐ Was done to secure the scene?
- ☐ Was done to prevent the accident?
- ☐ Level of medical care determined?
- ☐ Was being done at the time?
- ☐ Tools were being used?
- ☐ Was the employee told to stop?
- ☐ Machine was involved?
- ☐ Operation was being performed?
- ☐ Instructions had been given?
- ☐ Precautions were necessary?
- ☐ Protective equipment supplied?
- ☐ Did others do to contribute?

- ☐ Did witnesses see?
- ☐ Safety rules were violated?
- ☐ Safety rules were lacking?
- ☐ New safety rules or procedures?

When...

- ☐ Did the accident happen?
- ☐ Was it discovered?
- ☐ Was the accident reported?
- ☐ Did the employee begin?
- ☐ Were the hazards pointed out?
- ☐ Did the supervisor last check progress?

Where...

- ☐ Did the accident happen?
- ☐ Was the employee's supervisor when the accident occurred?
- ☐ Were co-workers when the accident occurred?
- ☐ Were witnesses when the accident occurred?
- ☐ Does this condition exist elsewhere in the facility?
- ☐ Is the evidence of this investigation going to be kept?

How...

- ☐ Did the accident happen?
- ☐ Was the accident discovered?
- ☐ Were employees injured?
- ☐ Was the equipment damaged?
- ☐ Could the accident have been avoided?
- ☐ Could the supervisor have prevented the accident from happening?
- ☐ Could co-workers avoid similar accidents?

Why...

- ☐ Did the accident happen?
- ☐ Were employees injured?
- ☐ Did the employees behave that way?
- ☐ Wasn't protective equipment used?
- ☐ Weren't specific instructions given to the employee?
- ☐ Was the employee in that specific position or place?
- ☐ Was the employee using that machine or those tools?
- ☐ Didn't the employee check with the supervisor?
- ☐ Wasn't the supervisor there at the time?

APPENDIX C

IIPP CONTACT INFORMATION

Appendix C-1

List of Contact Information for IIPP Responsible Persons/Offices

(Interim) Vice President of Administrative Services

Name: Mark Zacovic, PhD
Office Location: Room A-110E
Phone: (530) 541-4660, Ext # 219
Mobile: (951)537-9384
Email: zacovic@ltcc.edu

Director of Human Resources

Name: Shelley Hansen
Office Location: Room A-111
Phone: (530) 541-4660, Ext # 269
Mobile: (530) 545-1499
Email: hansen@ltcc.edu

Director of Facilities (IIPP Program Coordinator)

Name: Randy Joslin, D.P.A.
Office Location: Room B-104
Phone: (530) 541-4660, Ext # 260
Mobile: (775) 315-4161
Email: joslin@ltcc.edu

Lake Tahoe Community College Maintenance and Operations Department (M&O)

Office Location: Room B-106
Phone: (530) 541-4660, Ext # 515
Mobile: (530) 721-7039
Email: maintenance@ltcc.edu

District Night Supervisor: (530) 541-4660, Ext # 777

CalOSHA Office: (916) 263-2800

Company Nurse Injury Hotline: (877) 518-6702

Appendix C-2

Company Nurse Injury Hotline

IN CASE OF WORKPLACE INJURY:
ACCION a seguir en caso de un accidente en el trabajo

IN CASE OF
LIFE or LIMB
THREATENING
INJURY
DIAL 911



1-877-518-6702

▶ **AVAILABLE 24 HOURS A DAY**

- 1▶** Injured worker notifies supervisor.
Empleado lesionado notifica a su supervisor.
- 2▶** Supervisor / Injured worker immediately calls injury hotline.
Supervisor / Empleado lesionado llama inmediatamente a la línea de enfermeros/as.
- 3▶** Company Nurse gathers information over the phone and helps injured worker access appropriate medical treatment.
Profesional Médico obtiene información por teléfono y asiste al empleado lesionado en localizar el tratamiento médico adecuado.

EMPLOYER NAME
(NOMBRE DE COMPAÑIA)

SEARCH CODE
(CODIGO DEL BÚSQUEDA)

Lake Tahoe
Community College

NSI10

Notice to Employer/Supervisor:

Please post copies of this poster in multiple locations within your worksite. If the injury is non-life threatening, please call Company Nurse prior to seeking treatment. Minor injuries should be reported prior to leaving the job site when possible.

Visit us online: www.CompanyNurse.com