HEALTH AND SAFETY POLICIES AND PROCEDURES

POLICY NAME: Injury & Illness Prevention Program (IIPP)

STANDARD PROCEDURE: HS 2.1

FACILITY LOCATION: 880 RIDDER PARK DR., SJ, CA 95131

Effective July 1, 1991, Per California Title 8, Subchapter 7 - General Industry Safety Orders under Group 1 - General Physical Conditions and Structures Orders Introduction §3203 - Injury and Illness Prevention Program. Every employer is required to establish, implement and maintain an effective Injury and Illness Prevention Program (IIPP).

The Program includes:

- Identifying the person or persons with authority and responsibility for implementing the Program.
- A system for ensuring that employees comply with safe and healthy work practices.
- A system for communicating with employees in a form readily understandable by all affected employees on matters relating to occupational safety and health.
- Procedures for identifying and evaluating work place hazards including scheduled periodic inspections to identify unsafe conditions and work practices.
- Procedures for correcting unsafe or unhealthy conditions, work practices and work procedures in a timely manner based on the severity of the hazard:
- Training and instruction to all new employees; employees given new job assignments for which training has not previously been received; or whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard.
Records of the steps taken to implement and maintain the Program shall include:

Records of scheduled and periodic inspections required by subsection (a)(4) to identify unsafe conditions and work practices, including person(s) conducting the inspection, the unsafe conditions and work practices that have been identified and action taken to correct the identified unsafe conditions and work practices and documentation of health and safety training required by subsection (a)(7) for each employee, including employee name or other identifier, training dates, type(s) of training, and training providers.

Written documentation shall be maintained for at least one (1) year of the identity of the person or persons with authority and responsibility for:

- Implementing the program as required by subsection (a)(1).
- Scheduled periodic inspections to identify unsafe conditions and work practices as required by subsection (a)(4).
- Training and instruction as required by subsection (a)(7).
# TABLE OF CONTENT

<table>
<thead>
<tr>
<th>HEALTH &amp; SAFETY POLICY STATEMENT</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESPONSIBILITY</td>
<td>5</td>
</tr>
<tr>
<td>RESPONSIBILITY STATEMENT</td>
<td>6</td>
</tr>
<tr>
<td>COMPLIANCE</td>
<td>7</td>
</tr>
<tr>
<td>COMMUNICATION</td>
<td>10</td>
</tr>
<tr>
<td>EMPLOYEE REPORTING SAFETY INFOHMATION FORM</td>
<td>11</td>
</tr>
<tr>
<td>EMPLOYEE SAFETY INFOHMATION FORM</td>
<td>12</td>
</tr>
<tr>
<td>SUPERVISOR’S FIRST REPORT</td>
<td>13</td>
</tr>
<tr>
<td>HAZARD ASSESSMENT</td>
<td>14</td>
</tr>
<tr>
<td>ACCIDENT INVESTIGATIONS</td>
<td>15</td>
</tr>
<tr>
<td>HAZARD CORRECTION</td>
<td>16</td>
</tr>
<tr>
<td>TRAINING AND INSTRUCTION</td>
<td>17</td>
</tr>
<tr>
<td>RECORDKEEPING</td>
<td>19</td>
</tr>
<tr>
<td>HAZARD ASSESSMENT AND CORRECTION RECORD</td>
<td>20</td>
</tr>
<tr>
<td>ACCIDENT/ INCIDENT REPORT</td>
<td>21</td>
</tr>
<tr>
<td>WORKER TRAINING AND INSTRUCTION RECORD</td>
<td>22</td>
</tr>
<tr>
<td>EMPLOYEE PROGRESSIVE DISCIPLINE</td>
<td>23</td>
</tr>
</tbody>
</table>
HEALTH & SAFETY POLICY STATEMENT

It is the policy of the Department of Child Support Services (DCSS) that accident prevention shall be considered of primary importance in all phases of operation and administration.

It is the intention of this organization’s top management to provide safe and healthy working conditions and to establish and insist upon safe practices at all times by all employees.

The prevention of accidents is an objective affecting all levels of the organization and its activities. It is, therefore, a basic requirement that each supervisor make the safety of employees an integral part of his or her regular management function. It is equally the duty of each employee to accept and follow established safety regulations and procedures.

Every effort will be made to provide adequate training to employees. However, if employees are ever in doubt about how to do a job safely, it is their duty to ask their supervisor for assistance.

All employees are responsible for accident prevention activities. Unsafe conditions must be reported to management. Whenever possible employees should assist co-workers in need or call for assistance.

Any injury that occurs on the job, even a slight cut or strain, must be reported to management as soon as possible. In no circumstances, should an employee leave a shift without reporting an injury that occurred.

Please work safely. It’s for everyone’s benefit.
RESPONSIBILITY

The Injury and Illness Prevention (IIP) Program administrator, Ralph Miller, Director, has the authority and the responsibility for implementing and maintaining this IIP Program the Department of Child Support Services. The responsibilities of this assignment are documented in the “Responsibility” statement (See policy HS2.1.1).

Roles and responsibilities including required documentation procedures to follow in the event of an injury or hazardous incident are documented clearly in this plan.

Managers and supervisors are responsible for implementing and maintaining the IIP Program in their work areas and for answering worker questions about the IIP Program. A copy of this IIP Program will be provided for each manager and supervisor to review and follow.
RESPONSIBILITY STATEMENT

Policy HS2.1.1

In accordance with our policy to provide a safe and healthy working environment, I, Ralph Miller, will assume responsibility to develop, implement and maintain our Department’s Injury and Illness Prevention Program.

Specifically, this will include the following:

- Develop rules of safe practices for each function of the Department operations.
- Develop safe operating rules for operation of mechanical equipment based on manufacturer’s operating instructions.
- Develop a system to encourage employees to report unsafe conditions.
- Conduct a thorough investigation of each accidental incident, whether or not it resulted in an injury, to determine why it occurred and how to prevent future recurrence.
- Instruct facility and unit managers in this safety responsibility to educate, communicate and to ensure compliance through training, counseling, leading by example and encourage immediate reporting of any safety hazards, injury or non-injury incident issues.
- Instruct supervisors in their safety responsibilities.
- Develop a program of employee education into Department policy and work practices.
- Conduct scheduled periodic inspections of facilities, equipments and work areas to identify and correct unsafe conditions and work practices.
- Maintain records of training, periodic inspections, corrective actions, and accident investigations.
COMPLIANCE

All workers, including managers and supervisors, are responsible for ensuring that all health and safety policies and procedures are clearly communicated and understood by all employees. Managers and supervisors are expected to enforce the rules fairly and uniformly. All employees are responsible for using safe work practices, for following all directives, policies and procedures, and for assisting in maintaining a safe work environment. Our system of ensuring that all workers comply with these practices includes the following:

- Informing workers of the provisions of our IIP Program.
- Evaluating the safety performance of all workers.
- Recognizing employees who perform safe and healthful work practices.
- Providing training to workers whose safety performance is deficient.
- Disciplining workers for failure to comply with safe and healthful work practices.

SAFE PRACTICES: The following rules have been adopted to help ensure each employee is practicing safety as a regular part of their work.

- **WORK AREA / CONDITIONS** – Always close file draws to avoid bodily injury to a passerby. Use all work furniture appropriately. If you are feeling any physical discomfort while working, notify your immediate supervisor. Report any repairs needed immediately. Tag any protruding nails, torn or sharp corners on furniture. These conditions can cause serious cuts and injuries to a person. Remove or pad them if possible.

- **SMOKING, INCENSE, CANDLES & AEROSOL SPRAYS** are restricted as follows inside the building or within 20 feet outside of the building. These items pose a health hazard.
  - **Smoking** – Per Assembly Bill 846 all smoking is prohibited inside or within 20 feet of the outside of the building.
  - **Incense and Candles** – Use of these items are prohibited due to fire and health hazards in the building.
  - **Aerosol Sprays** – Use of aerosol sprays are restricted from use inside the building.

- **HEATING FOOD IN MICROWAVES, TOASTERS & OVENS:** All food must be monitored at all times when utilizing the cooking appliances in break room areas. Food left unattended run a high risk of burning creating possible health and safety hazards.
• **MACHINE GUARDS** – Don’t clean machinery while it is running. Lock all disconnect switches while making repairs or cleaning.

• **ELECTRICAL HAZARDS** – Keep extension cords in good condition. Do not make unauthorized connections (daisy chain power strips) or repairs. Do not overload outlets.

• **EXTINGUISHERS** – Refer to floor plans by the elevators or the “Emergency Preparedness Plan” to know where the extinguishers are located on each floor and how to use them (See “P.A.S.S.” procedures).

• **AUTOMATED EMERGENCY DEFRIBULATOR (AED)** – Units are located on each floor near the bathrooms. Always notify an ERT or the Safety Coordinator to assist when an AED unit is needed in the facility.

• **HEAT EXPOSURE** – Employees working outside must have access to water and shade. Call 9-1-1 and the nearest ERT immediately if an employee is experiencing symptoms of:
  
  o **Heat Exhaustion**: Heavy sweating, weakness, skin cold, pale and clammy. Weak pulse. Normal temperature possible. Fainting, vomiting. Get victim to lie down in a cool place. Loosen clothing. Apply cool, wet cloths. Fan or move victim to air-conditioned place. Give sips of water. If nausea occurs, discontinue.
  
  o **Heat Stroke (Sun Stroke) Symptoms**: High body temperature (106+). Hot, dry skin. Rapid, strong pulse. Possible unconsciousness. Victim will likely not sweat. DO NOT GIVE FLUIDS. This is a severe medical emergency. Move victim to a cooler environment. Use extreme caution. Apply cold rags or ice packs. Remove clothing. Use fans and/or air conditioners.
  
  o **DO NOT DELAY CALLING 911** as this can be fatal.
• PREVENT INFECTION – All punctures, scrapes, cuts and scratches are susceptible to bacterial infection. Always report the injury to your supervisor or ERT member to get immediate first aid and sanitize the wound.

• PREVENT AIRBORNE INFECTION – DCSS staff does not conduct medical treatments or screening and therefore are not required to wear N95 respiratory masks. In the event that an employee becomes ill and running a fever of 99.9 or higher they should not come into the workplace until they are fever free. Employees infected with a confirmed case of a contagious airborne disease cannot return to work without a doctor work release authorization. All serious exposures (e.g. TB, deadly strains of a virus, a person with a blood disease injured and there is a blood exposure) must be reported to a supervisor or the safety coordinator.

• IF INJURED – Report all injuries to the nearest safety committee member and your supervisor immediately, no matter how slight.

• DRUGS AND ALCOHOL – Use of drugs and/or alcohol prior to or during the course of working hours is prohibited per County policy and is subject to disciplinary actions and possibly grounds for immediate termination of employment.
COMMUNICATION

All managers and supervisors are responsible for communicating with all staff regarding occupational safety and health information in a form easily understandable to all workers. DCSS has also developed a communication system that encourages all workers to inform their managers and supervisors about workplace hazards without fear of reprisal.

Our communication systems include:

- New worker orientation including a discussion of health and safety policies and procedures.
- Training programs
- Individual counseling where needed
- Quarterly safety committee meetings
- Health and Safety Seminars
- Posters
- Newsletters (i.e. County Safety Alert Newsletter, written handouts,)
- Bulletin boards
- Safety Suggestion box where workers can anonymously inform management about workplace hazards
- Safety Center
- Inspections

A safety suggestion or concern should either be directed to an employee’s supervisor or place the form (see reporting forms on pages 11 and 12) into the safety suggestion box available in the Safety Center.

The use of these forms or other reports of unsafe conditions or practices are protected by law. It would be illegal for the Department to take any action against an employee in reprisal for exercising rights to participate in communications involving safety.

All forms and reports are investigated thoroughly by management and when noted will inform the employee of any status to their concerns either verbally or in writing and to the nature of what is being done to correct the safety violation or hazard.
EMPLOYEE REPORTING SAFETY INFORMATION FORM

This form is to be used by employees to report an unsafe workplace condition or practice or safety suggestion to his/her supervisor / manager.

Concerned Employee: Complete This Section

If this hazard presents a clear and immediate danger to health and safety, do not use this form. Report the problem to your supervisor and, if necessary, Occupational Safety and Environmental Compliance at 299-2810.

It is usually best to discuss a safety hazard with your supervisor before using this form. Use this form if you wish to make a written notice of the hazard. Ask your supervisor for a blank form or photocopy any blank form to use as an original. You may also ask your Steward to submit an anonymous report for you.

Hazard location: Address:
Building: Floor: Department:

Describe the Hazard:

What action do you recommend?

Name: Phone: Signature: Date:

⇒ Give this form to your supervisor and keep a copy.
⇒ If you do not hear from your supervisor within two business days, send copies to your Steward, the departmental Safety Coordinator, Occupational Safety and Environmental Compliance (70 W. Hedding), and the local office of your union.

Supervisor: Complete This Section Give to the employee within two business days. Keep a copy.

Your analysis and action taken:

Person contacted: Phone: Date:
Person contacted: Phone: Date:
Work Order or Service Call number (if applicable):
Name: Phone: Signature: Date:

Concerned Employee:
If you are satisfied with your supervisor’s response, no further action is necessary.
If you are dissatisfied or would like to discuss this matter further, contact your Steward, the departmental Safety Coordinator, and Occupational Safety and Environmental Compliance at 299-2810.

This form developed by the Countywide Joint Labor/Management Safety Committee.
EMPLOYEE SAFETY INFORMATION FORM

For employees who wish to anonymously provide a safety suggestion or report an unsafe workplace condition or practice to his/her supervisor. Use the following form:

Description of Unsafe Condition or Practice:

Cause or Other Contributing Factors:

Employee’s Suggestion For Improving Safety:

Has this matter been reported to the area supervisor? YES NO (Circle one)

Department _____________________________ Date ______________

Name (Optional) ___________________________
SUPERVISOR’S FIRST REPORT

To be completed for all Illness or Injuries reported:

State of California

Employer’s Report of Occupational Injury or Illness

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation in the course of obtaining or denying workers’ compensation benefits or payments is guilty of a felony.

California law requires employers to report within five days of knowledge every occupational injury or illness which results in lost time beyond the date of the incident. OR requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be reported immediately by telephone or telegram to the nearest office of the California Division of Occupational Safety and Health.

County of Santa Clara - Workers’ Compensation Division

SUPERVISOR’S FIRST REPORT

To be completed for all Illness or Injuries reported:

State of California

Employer’s Report of Occupational Injury or Illness

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation in the course of obtaining or denying workers’ compensation benefits or payments is guilty of a felony.

California law requires employers to report within five days of knowledge every occupational injury or illness which results in lost time beyond the date of the incident. OR requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be reported immediately by telephone or telegram to the nearest office of the California Division of Occupational Safety and Health.

County of Santa Clara - Workers’ Compensation Division

SUPERVISOR’S FIRST REPORT

To be completed for all Illness or Injuries reported:
HAZARD ASSESSMENT

In order to identify and evaluate workplace hazards, periodic and unscheduled “surprise” safety inspections will be performed. Inspections will be conducted on a quarterly basis on all existing and newly introduced substances, materials, processes or procedures, including all county vehicles and worksites by managers and supervisors or their designees. This will assist in the identification of safety hazards, unsafe conditions, and work practices as well as their priority for attention.

An inspection, investigation and adoption of appropriate safeguards will take place whenever a new or previously unrecognized hazard is noted. Results of the inspections will be reviewed by members of the safety committee and addressed according to priority.

*Minor safety hazards*, unsafe conditions and work practices identified by each inspection will be corrected as soon as possible.

*Serious safety hazards*, unsafe conditions and work practices and those presenting an “imminent danger” to employees will be addressed and corrected immediately.

All employees located in the area of an imminent danger will be removed from the hazard area until it is safe to return.

Records of these inspections shall be retained by each manager for a period of no less than three years after the date of inspection, and continually extended, if physical storage conditions permit.
ACCIDENT INVESTIGATIONS

All work related accidents will be investigated by the employee’s immediate supervisor in a timely manner.

Minor incidents and “near accidents” will be investigated as well as serious accidents. Investigating work related accidents will provide information regarding accident prevention as well as pointing out “trends” which indicate problems that need to be corrected. The investigation will determine what factors, conditions, and/or practices contributed to the accident, but is not intended as a vehicle for assigning “blame” for the accident.

Accidents will be investigated using the County of Santa Clara “Supervisor’s First Report of Industrial Injury/Illness” form according to the following principles:

- Visit the accident scene as soon as possible. While facts are fresh interview witnesses before important details are forgotten.
- If possible, interview the injured at the scene of the accident and and “walk” through a re-enactment.
- All witness interviews are to be conducted privately.
- Signed statements are to be taken in cases where facts are unclear or elements of controversy.
- Details are to be documented graphically using sketches, measurements, diagrams and photos as needed.
- Examine the workplace for factors associated with the accident.
- Investigate the cause of the accident and any hazards involved.
- Where a third party or defective product contributed to the accident, all evidence is to be secured and saved for investigation and forwarded to the County’s Workers’ Compensation Division for possible arbitration or prosecution.
- Take corrective action to prevent the accident from reoccurring.
- Record the findings and actions taken and retain for future reference. All records will be retained for a period of three year or continually extended, if physical storage conditions permit.
HAZARD CORRECTION

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

- When observed or discovered

- When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property
  - All employees will be removed from the area except those necessary to correct the existing condition. Workers who are required to correct the hazardous condition shall be provided with the necessary protection.
TRAINING AND INSTRUCTION

All workers, including managers and supervisors, shall have training and instruction on general and job-specific safety and health practices. Training and instruction is provided:

- When the IIP Program is first established
- To all new workers, except for construction workers who are provided training through a construction industry occupational safety and health training program approved by Cal/OSHA
- To all workers 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 the employer is made aware of a new or previously unrecognized hazard
- To supervisors to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed
- To all workers with respect to hazards specific to each employee’s job assignment

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

- Implementation and maintenance of the IIP Program
- Emergency action and fire prevention plan
- Provisions for medical services and first aid including emergency procedures
- Prevention of musculoskeletal disorders, including proper lifting techniques
• Proper housekeeping, such as keeping stairways and aisles clear, work areas neat and orderly, and promptly cleaning up spills

• Prohibiting horseplay, scuffling, or other acts that tend to adversely influence safety

• Proper storage to prevent stacking goods in an unstable manner and storing goods against doors, exits, fire extinguishing equipment and electrical panels

• Proper reporting of hazards and accidents to supervisors

• Hazard communication, including worker awareness of potential chemical hazards, and proper labeling of containers

• Proper storage and handling of toxic and hazardous substances including prohibiting eating or storing food and beverages in areas where they can become contaminated.
RECORDKEEPING

Although we are a local governmental entity (county agency) and are not required by Title 8 to keep written records of the steps taken to implement and maintain our IIP Program, we will keep record of all incidents and correctives actions taken for a period of three years as per our Health and Safety requirements.
HAZARD ASSESSMENT AND CORRECTION RECORD

Date of Inspection: ___________________________ Person Conducting Inspection: ___________________________

Unsafe Condition or Work Practice: ________________________________________________________________

Corrective Action Taken: __________________________________________________________

Date of Inspection: ___________________________ Person Conducting Inspection: ___________________________

Unsafe Condition or Work Practice: ________________________________________________________________

Corrective Action Taken: __________________________________________________________
ACCIDENT/ INCIDENT REPORT

Date: _________________________ Time of Accident: _________________________

Name of person injured if any: __________________________________________________

Contact Number:______________________________________________________________

Location: ____________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Accident Description: __________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Use back of page if more room needed.

Any DCSS Workers Involved/witnessed incident: ___________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Preventive Action Recommendations: _____________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Corrective Actions Taken: _______________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Employee                                Date:                       Supervisor                                 Date:
Responsible:                                                           Responsible:
_x_______________________________________x____________________________________

Print name here:                                                          Print name here:
### WORKER TRAINING AND INSTRUCTION RECORD
FOR USE BY EMPLOYER OR HR TO PLACE IN EMPLOYEE FILE

<table>
<thead>
<tr>
<th>Worker's Name</th>
<th>Training Dates</th>
<th>Type of Training</th>
<th>Trainers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
EMPLOYEE PROGRESSIVE DISCIPLINE

Because of the potential risks to the employee and their co-workers, and liability to the County when safety and compliance policies and procedures are not followed, managers will consider the following alternatives:

- Verbal counseling or providing additional training,
- Written counseling with statement of expectations on employee’s safety performance,
- Unfavorable to be placed in personnel file with recommended suspension,
- Termination.

The manager or supervisor is expected to counsel the employee in all situations. Managers are responsible to equally enforce all safety and compliance policies and should be evaluated as to their effectiveness in meeting this responsibility. Evaluations and personnel actions will consider the employee’s record of following existing safety and compliance policies and general safe working habits. Periodic performance reviews will define the level of performance expected of the employee relative to safety and compliance.