

# City of Orange Cove



## INJURY AND ILLNESS PREVENTION PROGRAM

July 2016

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## **PROGRAM OVERVIEW**

The City of Orange Cove strives to maintain a safe and healthy work environment for all employees. We recognize the responsibilities for safety and health are shared. As your employer, the City is committed to providing leadership and support for the effective implementation of the City's safety and health programs. The City Manager, supervisors, and employees are required to comply with all applicable federal, state, and local safety laws and regulations. Each department is required to conduct its operations and activities in a safe manner to minimize the risk of injury to employees and the public. No employee will be required to conduct any task that is determined to be unsafe. The City Manager, supervisors, and employees are expected to report potential safety hazards without fear of retaliation and with confidence that safe and healthful conditions and practices will prevail in the workplace. It is the policy of each City department to identify and minimize potential risks inherent in the operation of various programs, services, facilities, and equipment.

The Injury and Illness Prevention Program (IIPP) establishes the City of Orange Cove's safety management program as required by Title 8, California Code of Regulations, Section 3203. The objective of the program is to prevent injuries and illnesses in the workplace and to engage City employees in maintaining a safe and healthy work environment. The IIPP includes information on the implementation of the following critical elements:

- Program responsibilities
- Compliance methods
- Communication system
- Hazard assessment and periodic inspections of work areas
- Hazard correction
- Accident investigation
- Health and safety training
- Record keeping

The IIPP applies to all City of Orange Cove departments under the direct control and authority of the City Council. The program includes all City employees providing services at all facilities, workplaces, and events.

## **RESPONSIBILITIES**

### **IIPP Program Administrator**

The City Manager is the IIPP Program Administrator and has the ultimate authority and responsibility for the implementation and maintenance of the City's IIPP. The City Manager may designate IIPP Administrative tasks to another city employee. Responsibilities include:

- Oversight of the safety program
- Enforcing safety rules and regulations
- Providing resources to support program implementation
- Providing director and supervisor health and safety training

### **Department Supervisors**

Department supervisors have the authority and responsibility for the implementation of the IIPP for employees, facilities and operations under their direct supervision and control.

Responsibilities include:

- Providing leadership to ensure the IIPP is effectively implemented
- Integrating safety communication in staff meetings, department meetings, and other forms of department communication
- Investigating all accidents and incidents within their area of responsibility to identify root causes and corrective actions
- Observing employee work practices and conducting periodic safety inspections of facilities
- Instructing employees on safe work practices for daily job assignments
- Recognizing employees who demonstrate safe work practices and behaviors
- Enforcing safe work practices and procedures for employees and operations under direct supervision and control
- Providing job-specific employee safety training
- Attending training to become knowledgeable about hazards and required controls in areas of responsibility

### **Employees**

City employees are responsible for their own safety and the safety of others in the workplace. Employee responsibilities include:

- Participating in safety trainings
- Complying with the City's IIPP including safe practices, procedures and programs
- Reporting unsafe conditions and correcting when feasible
- Obeying and enforcing safety rules and regulations
- Reporting any work related injury, illness or property damage

## **COMPLIANCE**

The City Manager and supervisors are responsible for ensuring all safety and health policies and procedures are clearly communicated and understood by all employees, will enforce the rules fairly and uniformly and set a good example for employees.

All employees are responsible for using safe work practices, following all directives, policies and procedures, and assisting in maintaining a safe work environment.

The City's system of ensuring that all employees comply with the rules and maintain a safe work environment includes:

- Informing all employees of the IIPP requirements during new employee safety orientation training and ongoing IIPP and safety training
- Providing comprehensive IIPP training to managers and supervisors concerning their responsibilities for program implementation
- Evaluating the safety performance of all employees
- Recognizing employees who effectively implement safe and healthful work practices which may include a written acknowledgment to be maintained in the employees' personnel file
- Providing supplemental training to employees whose safety performance is deficient.
- Disciplining employees who fail to follow safe work practices and/or procedures or who violate organizational rules or directives

## **COMMUNICATION**

The City's IIPP will be most effective in preventing injury and illness when there is clear and open communications amongst all employees. The following system of communication is designed to facilitate safety and health information in forms that are readily understandable by all employees.

### **Employee Hazard Reporting**

The employee hazard reporting system provides a means for employees to report safety hazards that may result in employee illness or injury, damage to City property, or injury to the public. The employee may report a hazard to his or her supervisor, the IIPP Administrator, any supervisor, the Senior Account Clerk or the City Clerk.. The City's Hazardous/ Unsafe Condition Report form can be used to document hazards and is included in Appendix A.

Employees may also report hazards anonymously and without fear of reprisal by completing the Hazardous/Unsafe Condition Report form without contact information and submitting the form in the Safety Suggestion Box located on the first floor in City Hall.

**Department Staff Meetings**

Department staff meetings will include a discussion of health and safety concerns and brief training sessions as appropriate. Each supervisor will document health and safety communication and training included in staff meetings. Training documentation should include the subject matter of the safety issues covered, the person presenting the information, the date of the training, and the name/signature of the employees in attendance.

**Department Health and Safety Training**

Each department has developed an occupational health and safety training matrix to ensure employees receive communication on general safety hazards and job-specific safety hazards. Department specific training matrices are located in Appendix C.

**Safety Bulletin Boards/Supplemental Communications**

Each department work location will maintain a safety bulletin board to meet Cal/OSHA posting requirements and to ensure ongoing communication on significant health and safety issues. Department email messages and employee handouts on relevant topics are additional means of safety communication.

**HAZARD ASSESSMENT**

Periodic assessments to identify and evaluate workplace hazards are performed by a designated competent employee. The assessments are performed according to the following schedule:

<b>Building/Location</b>	<b>Frequency</b>
City Hall	Annual
Police Station	Annual
Water Treatment Plant	Bi-annual
City Yard & Animal Shelter	Bi-annual
Waste Water Plant	Bi-annual
Senior Center	Bi-annual
Community Center	Bi-annual

In addition to the department periodic assessment schedule, assessments will be conducted in the following situations:

- When the IIPP is first established
- When new or previously unidentified substances, processes, procedures or equipment result in new hazards in department units/facilities
- When occupational accidents or incidents occur
- Whenever workplace conditions warrant an inspection

## **HAZARD CORRECTION**

Unsafe or unhealthy work conditions, practices, or procedures shall be corrected in a timely manner based on the severity of the hazards. The appropriate department supervisor will promptly assess the hazard severity and the period for hazard correction.

### **Severity Schedule:**

**Critical:** may cause death, serious injury, significant environmental impact, or substantial financial losses and/or is likely to occur soon.

**Serious:** may cause injury, occupational illness, or environmental or property damage and/or probably occur in time.

**Minor:** probably would not affect personnel or environmental safety or health, but is in violation of specific criteria.

Hazards shall be corrected:

- When observed, reported or discovered
- When an imminent hazard exists that cannot be immediately corrected without endangering employees and/or property, the City will remove all employees from the immediate area except those needed to correct the condition and to address security issues

All corrective actions taken will be documented and dated.

## **ACCIDENT AND INCIDENT INVESTIGATIONS**

### **Investigation Procedures**

The responsible on-duty supervisor of the employee will investigate all accidents and incidents promptly. The purpose of the investigation is to find the root cause of the accident or incident to prevent further occurrences, not to assign blame. The supervisor is required to complete the Supervisor's Report of Employee Injury form (Appendix B) and the California required forms. All forms are located with the City Clerk.

All documentation must be completed within 24 hours and forwarded to the City Clerk within three days of notification of the accident.

### **Accident Investigation Review Process**

The IIPP Administrator or their designee and the appropriate department supervisor will review the accident investigation documentation to determine if the supervisor has identified the root cause of the accident or incident, contributing factors and applied corrective actions to prevent future injuries

### **Cal/OSHA Reporting Requirement for Serious Accidents**

All serious accidents, as defined by Cal/OSHA, must be reported to the Cal/OSHA District Office within 8 hours of the employer's knowledge of the accident.

Serious accidents are defined by Cal/OSHA include:

- A work-related death of an employee.
- A serious injury or illness that requires in-patient hospitalization for a period in excess of 24 hours for other than observation.
- A serious injury that results in the loss of any portion of the body, or that results in any degree of permanent disfigurement.

The IIPP Administrator or their designee will contact the District Office. In the event the IIPP Administrator or their designee is not available the director or supervisor will call the Cal/OSHA Fresno District Office at (559)445-5302.

## **TRAINING**

### **IIPP Training Requirements**

All employees will participate in department occupational health and safety training on general and job-specific hazards and safe work practices. Supervisors will be trained on all health and safety hazards to which employees under his or her immediate direction and control are exposed.

Training will be provided as follows:

- When the IIPP is first established
- New employees are hired
- Employees are reassigned to a new area or task with no prior training
- New substances, operations or equipment are introduced

### **Department Health and Safety Training**

Department specific training requirements are identified in the Employee Safety Training Matrices located in Appendix C.



## **RECORD KEEPING**

All the following IIPP documentation is maintained for a minimum of three years:

- Safety training for each employee, including the employee's name, training dates, type of training, and training providers
- Inspections, including the person(s) conducting the inspection, the unsafe conditions and work practices identified, corrective action, and follow up
- Accidents, illnesses, and near-miss inspections that identify the root cause and corrective action taken
- Regular program review

## Appendix A – Hazardous/Unsafe Condition Report

### Reporting Hazardous/Unsafe Condition\*

Department: \_\_\_\_\_

Person Reporting: \_\_\_\_\_ Contact Information: \_\_\_\_\_  
(optional) (optional)

Location of Hazard: \_\_\_\_\_

Building: \_\_\_\_\_ Floor: \_\_\_\_\_ Room: \_\_\_\_\_

Date and time the condition or hazard was observed: \_\_\_\_\_

***Hazards posing an immediate danger to life and health should be reported as soon as possible to your supervisor.***

Description of unsafe condition or hazard: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What changes would you recommend to correct the condition or hazard? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(optional)

### MANAGEMENT INVESTIGATION

Name of person investigating unsafe condition or hazard: \_\_\_\_\_

Results of investigation. What was found? Was condition unsafe or a hazard? (Attach additional sheets if necessary.)

\_\_\_\_\_  
\_\_\_\_\_

Proposed action to be taken to correct hazard or unsafe condition:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Investigating Party: \_\_\_\_\_ Date: \_\_\_\_\_

Date reporting employee was notified of action taken (if not an anonymous report) \_\_\_\_\_

*\* Please note: Employees can report unsafe conditions anonymously without fear of reprisal. We encourage our employees to report hazards and commend them for their safety awareness.*

## Appendix B – Supervisor’s Report of Employee Injury

Employee name: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ Volunteer:  Yes  
 No

Hire date: \_\_\_\_\_ Injury date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm Date reported: \_\_\_\_\_

Location of accident (be specific): \_\_\_\_\_

Describe injury and ensuing treatment: \_\_\_\_\_

Describe the accident completely (what happened, i.e., actions, tools, area, conditions):

Contributing causes:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Corrective action implemented (engineering, administrative): \_\_\_\_\_

Corrective action follow up date(s): \_\_\_\_\_

Investigation completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Continue report on separate pages as needed. Attach statements made by injured employee and/or witnesses.**

**Appendix C – Employee Safety Training Matrices**

<b>CITY OF ORANGE COVE EMPLOYEE SAFETY TRAINING MATRIX</b>	<b>Training Frequency</b>	<b>Ca/OSHA Section Reference</b>	<b>Administrative</b>	<b>Building &amp; Engineering</b>	<b>Recreation</b>	<b>Public Works</b>	<b>Police</b>	<b>Animal Control</b>	<b>Senior Center Staff</b>
Injury & Illness Prevention Program	I/U	<a href="#">3203</a>	x	x	x	x	x	x	x
Emergency Response & Fire Safety	I/U	<a href="#">3220, 3221</a>	x	x	x	x	x	x	x
Workplace Violence Prevention	I	<a href="#">3203</a>	x	x	x	x	x	x	x
Aerial Devices	I/(3yr)	<a href="#">3646, 3648</a>		x		x			x
Aerosol Transmissible Diseases	I/A	<a href="#">5199</a>			x	x	x		
Aerosol Transmissible Diseases - Zoonotics		<a href="#">5199.1</a>							
Asbestos Awareness	I/A	<a href="#">1529, 5208</a>		x		x	x		x
Battery Handling & Maintenance	I	<a href="#">5185</a>				x			
Bloodborne Pathogens	I/A	<a href="#">5193</a>			x	x	x	x	
Compressed Gas Safety	I	<a href="#">3301, 3304</a>				x			
Confined Space Awareness	I/U	<a href="#">5157, 5158</a>		x	x	x	x	x	
Confined Space Entry	I/U	<a href="#">5157, 5158</a>				x			
Defensive Driving (designated staff)	I	<a href="#">3203</a>	x	x	x	x	x	x	x
Electrical Safety (General Awareness)	I/U	<a href="#">3203</a>	x	x	x	x	x	x	x
Electrical Safety (Industrial High/Low Voltage)	I	<a href="#">2299 - 2974</a>		x		x	x		
Emergency Eye Wash	I	<a href="#">5162</a>			x	x	x		
Equipment Operation Safety (dept. specific)	I/U	<a href="#">Title 8 Index</a>		x	x	x	x	x	
Ergonomics - Office	I	<a href="#">5110</a>	x	x	x	x	x	x	x
Ergonomics . Back Safety	I	<a href="#">5110</a>	x	x	x	x	x	x	x
Excavation/Trenching/Shoring	I	<a href="#">1540</a>		x		x			
Fall Protection	I	<a href="#">1670</a>		x		x			
First Aid/CPR (designated staff)	I/C (2yr)	<a href="#">3400</a>			x		x		x
Forklift	I/C (3yr)	<a href="#">Article 24</a>				x			
Hazard Communication (General)	I/U	<a href="#">5194</a>	x	x	x	x	x	x	x

Training Frequency: I . Initial Exposure/New Employee    A . Annual    U . Update/Change    C . Certification

<b>CITY OF ORANGE COVE EMPLOYEE SAFETY TRAINING MATRIX</b>	<b>Training Frequency</b>	<b>Cal/OSHA Section Reference</b>	<b>Administrative</b>	<b>Building &amp; Engineering</b>	<b>Recreation</b>	<b>Public Works</b>	<b>Police</b>	<b>Animal Control</b>	<b>Senior Center Staff</b>
Haz Waste/HAZWOPER (designated staff)	A	<a href="#">5192</a>							
Hearing Conservation	I/A	<a href="#">5095</a>		x		x	x	x	
Heat Illness Prevention	A-Spring	<a href="#">3395</a>		x	x	x	x	x	
Heavy Equipment Operations	I/U	<a href="#">1590 - 1596</a>				x			
Ladder Safety	I	<a href="#">3276</a>	x	x	x	x	x	x	x
Lead Awareness	I/A	<a href="#">5216</a>					x		
Lockout/Tag Out	I/U	<a href="#">3314</a>		x		x			
Machine Shop Safety	I	<a href="#">3940</a>				x			
New Employee Safety Orientation	I	<a href="#">3203</a>	x	x	x	x	x	x	x
Outdoor Hazards (plants, animals, insects)	A-Spring	<a href="#">3203</a>			x	x		x	
Personal Protective Equipment Requirements	I/U	<a href="#">3380, 3385</a>		x	x	x	x	x	
Pesticide Use Safety	I/U	<a href="#">5194</a>				x			
Respiratory Protection	I/A	<a href="#">5144</a>				x	x		
Rigging/Hoisting	I	<a href="#">5006</a>							
Scaffold Safety	I/U	<a href="#">1637</a>							
Standard Operating Procedures (dept. specific)	A	N/A		x	x	x	x	x	
Storm Water Pollution	I	N/A							
Supervisor Safety Training (designated staff)	I/U	<a href="#">3203</a>	x	x	x	x	x	x	x
Tools . Hand & Power (dept. specific)	I/U	<a href="#">Article 20</a>			x	x	x	x	
Traffic Control & Flagger Training	I	<a href="#">1599</a>		x		x	x		
Tree Work	I	<a href="#">3421</a>				x			
Welding & Cutting/Fire Watch/Hot Work	I	<a href="#">4799, 4848</a>				x			
Office Safety and General Housekeeping	I	<a href="#">3203</a>	x	x	x	x	x	x	x

Training  
Frequency:

I . Initial Exposure/New Employee

A . Annual

U . Update/Change

C . Certification