



GOLETA UNION SCHOOL DISTRICT
INJURY AND ILLNESS PREVENTION PROGRAM

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GOLETA UNION SCHOOL DISTRICT

Injury and Illness Prevention Program

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GOLETA UNION SCHOOL DISTRICT

Injury and Illness Prevention Plan

INTRODUCTION

The Goleta Union School District [‘GUSD’] has developed this formal Injury and Illness Prevention Program to ensure safe and healthful working conditions for all District employees. The Injury and Illness Prevention Program [‘IIPP’] is intended to standardize various occupational safety plans and procedures into one effective, uniform program and to ensure compliance with State occupational health and safety regulations.

The IIPP identifies District responsibilities and also defines responsibilities of the District Program Coordinators, site managers, supervisors and all other employees.

All District employees are required to adhere to the policies and procedures set forth under this program.

The District has developed a comprehensive Safe Schools Plan, to provide a safe learning environment for employees, volunteers and students. The safety of the children and personnel is the paramount priority of Goleta Union School District. The Injury and Illness Prevention Program (IIPP) for employees and volunteers works conjunctively with said plans.

Safety and accident prevention are essential to the Goleta Union School District. We strive to prevent injuries to staff, students and volunteers. By making safety a high priority for every employee and volunteer, we attempt to reduce injuries and illnesses, increase productivity, and promote a safer and healthier environment for all individuals at the Goleta Union School District. We also want to protect our environment and community.

The Goleta Union School District will provide the tools and education necessary for every employee and volunteer to work efficiently and safely. We expect these individuals to willingly follow and utilize the procedures set forth. We also expect that employees and volunteers will provide feedback to us when better methods or new ideas come to their attention.

Periodic modifications of the IIPP may be made to improve it. All administrators, managers and employees are encouraged to provide constructive criticism in support of the program.

1.0 INJURY AND ILLNESS PREVENTION PROGRAM

The Goleta Union School District is committed to providing a safe and healthful workplace for all of its employees. To fulfill its obligation, the District will incorporate an Injury and Illness Prevention Program. The District's board members and management pledges to support this program to ensure that it remains a viable method of protecting all employees.

The District policy promotes an active and aggressive IIPP with the reduction and/or control of safety and health risks. Effective implementation of the IIPP is a priority in all District plans and budgets.

2.0 PROGRAM COORDINATOR(S)

The District hereby assigns responsibility for implementing and maintaining its Injury and Illness Prevention Program to:

<u>Coordinator</u>	<u>Clerical Support</u>
David Simmons Assistant Superintendent Human Resources	Executive Assistant
Dr. Cherylin Lew Assistant Superintendent Pupil Services	Executive Assistant
Mr. Shawn Dahlen Director of M.O.T.	Administrative Assistant

The Program Coordinators are responsible for ensuring that the District provides all employees with a safe and healthful workplace and that the District is in compliance with California Code of Regulations, Title 8, Section 3203, Injury and Illness Prevention Plan [See: <http://www.dir.ca.gov/title8/3203.html> and other applicable Federal, State, and local safety and health standards.

In order that the Program Coordinators may fulfill their responsibilities, the District grants appropriate authority to the Coordinators so that all District and program obligations are met.

The District offers its full support to the Program Coordinators and pledges to provide them with the time and resources necessary to fulfill their responsibility.

3.0 OCCUPATIONAL SAFETY & MEDICAL TREATMENT

PRACTICES - COMPLIANCE

The District is aware that occupational safety and health regulations and workplace practices are designed to reduce or eliminate employee occupational injuries and illnesses. However, the regulations and work practices are only effective if all employees faithfully abide by them. Therefore, the District, through the Program Coordinators will implement a system or systems to ensure that all employees comply with workplace safety and health practices.

In the case of a workplace injury or illness, employees should obtain medical treatment at:

Sansum Clinic Occupational Medicine Center
101 S. Patterson Ave.
Santa Barbara, CA
805-898-3311

Cottage Hospital
351 S. Patterson Ave
Goleta, CA 93111
805-967-3411

Santa Barbara Cottage Hospital
400 W. Pueblo
Santa Barbara, CA 93105
805-682-7111

The system or combinations of systems will include any one or a combination of the following:

- Training
- News articles
- Goleta Union School District website
- Board policies and procedures
- Disciplinary letters for non-compliant employees
- Handbooks

3.1 Training and Retraining Programs.

These are fully addressed on pages 11 and 12.

3.2 Disciplinary Action.

The District prefers positive rewards as a better way to support employee compliance with workplace practices. However, there may be instances where employees are found to blatantly disregard known safety rules, regulations or workplace practices.

Employees found violating workplace safety practices or jeopardizing the safety of themselves or any other employee, student or visitor will be subject to disciplinary action in accordance with existing District and union policies. Any action taken will not violate employee rights under CAL/OSHA regulations and will be enforced in a nondiscriminatory fashion.

Disciplinary action will follow normal Goleta Union School District Human Resources department action.

4.0 COMMUNICATION

Communication to employees and between employees and the District on matters relating to occupational safety and health is an important aspect of assuring the success of the District's Injury and Illness Prevention Program. Therefore, through the Program Coordinators, the District will implement a system or combination of systems intended to accomplish the following:

Provide a means for the District to readily communicate to employees, in an understandable form, on matters relating to occupational safety and health; and,

Provide encouragement for employees to inform the District of workplace hazards without fear of reprisal.

Communication will consist of any one or combination of the following:

- Newsletters
- Employee Handbook
- District Board Policies and Procedures
- Goleta Union School District website
- Annual and monthly trainings
- Postings

4.1 Training and Refresher Programs

Training programs are considered a key component of the communication system. These programs are fully addressed on pages 11 and 12.

4.2 Meetings

Meetings will be a part of the District's safety functions. The meetings are intended to be brief sessions to discuss one or more safety items and encourage open discussions between employees and management. The District monthly safety committee meetings cover a main topic each month. Materials are provided for management to use at site staff meetings. The safety committee is responsible for ensuring that the District provides all students and staff with a safe and healthful workplace. The safety committee is intended to standardize various safety programs and procedures into an effective, uniform program and to ensure compliance with State and Federal Safety regulations.

4.3 Documentation Will Be Kept Of Each District Safety Meeting

Documentation will include at minimum, the following:

meeting topic(s)

recommendations which may improve workplace safety

list of attendees

date of meeting

time and length of meeting

action items and completion dates

review of any work accidents/injuries that have occurred since the last meeting and recommendations for prevention of such injuries in the future

inspections and recommendations for correction of any hazards identified

4.4 Anonymous Notifications

To further encourage employees to report unsafe conditions, the District has a system which promotes anonymous reporting. Anonymous Reporting forms are on the District website.

4.5 New Employees

Materials are provided to new employees at New Employee Orientation informing them of the OSHA safety regulations, reporting procedures, and responsibilities.

4.6 Miscellaneous

When appropriate, the District may use written communications such as inter-district memos, newsletters, and workplace postings to supplement the previously described systems and further communicate to employees on matters relating to workplace safety and health. It is the responsibility of the employee to use the tools provided to stay informed of policies, procedures and changes.

5.0 IDENTIFICATION & EVALUATION OF WORKPLACE HAZARDS

A major component in the effectiveness of the Injury and Illness Prevention Program depends on the ability to properly identify and evaluate workplace hazards.

Employee communication with the District is the most important way to identify and evaluate workplace hazards and exposures. In addition, a formal system to identify and evaluate workplace hazards is planned. Periodic scheduled inspections will be completed. The purpose of these inspections will be to identify unsafe conditions and work practices.

Workplace inspections will be scheduled to meet the following minimum requirements:

An initial inspection was conducted when the program was established.

An inspection of affected areas whenever new substances, processes, procedures or equipment are introduced to the workplace or that represent a new occupational safety and/or health hazard; and

An inspection of affected areas whenever the District is made aware of a new or previously unrecognized hazard.

Inspections include, but not limited to the following:

- Asbestos Hazard Emergency Response Act (AHERA), Inspections (6 months/3 years).
- Food Service inspections
- Fire Department inspections (annual)
- Groundwater and Storm Drain inspections (annual)
- Hazardous Materials inspections by the Fire Department (annual)
- Playground inspections (monthly and new installations)
- Williams Act inspections (annual)

To meet the minimum workplace inspection requirements, periodic inspections will be scheduled as follows:

- When we initially established the IIPP.
- When new substances, processes, procedures or equipment which present potential new hazards are introduced into the workplace.
- When new, previously unidentified hazards are recognized.

-
- When occupational injuries and illnesses occur.
 - Whenever workplace conditions warrant an inspection.

Scheduled inspections are performed:

5.1 Monthly

Periodic workplace inspections are an important part of the overall inspection program. District personnel may have time and expertise limitations in regard to quarterly inspections; however, the District site personnel bring a unique perspective to their workplace hazards. Therefore, monthly inspections of the workplace will be conducted by District site personnel, if time permits.

5.2 Annually

The District will conduct annual walk-around inspections of the buildings and grounds.

5.3 Workplace Evaluation.

Job Safety Analysis or ergonomic studies may be used to supplement the scheduled periodic workplace inspections. The Director of MO&T shall be responsible for reviewing and analyzing accident reports and “loss runs” to identify trends, high frequency and high severity exposures. The analysis, with supporting data from safety/risk management experts, shall be used to determine when job safety analysis or studies would be appropriate to aid in identifying and evaluating workplace hazards.

Inspection forms are located in the MO&T Department.

5.4 Correction of Unsafe or Unhealthful Conditions

The District’s Injury and Illness Prevention Program, through the use of systems of communication and workplace inspections, is designed to identify unsafe or unhealthful conditions, procedures and work practices. Each identified unsafe or unhealthful condition, procedure or work practice will be addressed in a timely manner.

The Program Coordinators along with experts including site managers, district office management, employee contractor and an outside safety expert shall determine the appropriate corrective action to abate, eliminate or correct the identified condition.

Priorities for correction will be based on the severity of the hazard when observed or discovered. Priorities will always be given to safeguarding employees from serious injury or illness. If a hazard is discovered which poses an imminent danger to employees or building occupants and the hazard cannot be immediately abated, mitigated or corrected without endangering personnel and/or property, then all exposed personnel will be evacuated from the area. Employees remaining to correct the identified hazardous conditions may do so only if they are properly trained and safeguarded and are fully aware of the condition and precautions necessary to protect themselves.

Management and employees must notify the Program Coordinators as soon as possible after the discovery of a concealed danger. If immediate corrective action cannot be implemented to abate, mitigate or correct the concealed danger, then notification about the hazard must be given to all employees having the potential for exposure to the concealed hazard.

All work orders generated to correct unsafe or unhealthful conditions shall be given the highest priority.

6.0 INVESTIGATION OF OCCUPATIONAL INJURY, ILLNESS OR EXPOSURE TO HAZARDOUS SUBSTANCES

Investigation of occupational injury, illness or exposure to hazardous substances may be necessary to:
provide an effective technique for the prevention of recurring or future accidents
meet requirements of the Workers' Compensation Program
meet legal obligations to the State or comply with California Occupational Safety and Health regulations

Procedures for investigations of occupational injury, illness or exposure to hazardous substances will cover the following:

- what should be reported
- who does the initial investigation
- who does the follow-up investigation
- who receives copies of the report(s)
- when legally required reports must be completed and where to send

The procedures will be applied as necessary depending on the nature of the accident situation.

6.1 What Should Be Reported?

Employees are required to report to their immediate supervisor any accident or incident as soon as possible. Reporting should be done regardless of the extent of injuries or even in the absence of injuries. "Near-accidents" should also be reported as they are an indication that something is wrong.

6.2 Initial Investigations

The immediate or department supervisor or department head will be responsible for conducting the initial accident or incident investigation. The initial investigation must include written documentation that includes, at a minimum, the following information:

Name of the injured or involved employee(s)
Employee occupation
Length of time at occupation
Date and time of incident or accident
Location of the incident or accident
Description of the accident
Acts or conditions contributing to the accident or incident
Nature and description of any personal injuries
Recommended corrective action
Additional remarks, sketches or photos as appropriate

6.3 Follow-Up Investigation

The Program Coordinator(s) shall review all initial investigation reports. The Program Coordinators will assign the responsibility of follow-up investigations when the review suggests that one is appropriate. At the very least, follow-up investigations will be required for accidents which require reporting to CAL/OSHA.

There are a number of accident situations which may require investigative action. Each situation may call for varying degrees of investigation procedures.

6.4 Copies of Investigative Reports

The supervisor completing the report shall keep a copy in his or her department files. The supervisor completing the report shall also provide copies of the report to the following:

Appropriate department manager or chairperson
Program coordinators

6.5 Legally Required Reports

A serious injury or illness is one that occurs in a place of employment or in connection with any employment which requires inpatient hospitalization for a period in excess of 24 hours, or in which an employee suffers a loss of any member of the body or suffers a serious degree of permanent disfigurement.

For any occupational injury or illness which results in lost work time of at least a full day or shift beyond the date of occurrence, or which requires medical treatment beyond first aid, the supervisor will complete "Employer's Report of Occupational Injury or Illness" Form 5020.

6.6 Incident Reporting

Although there are no injuries and no report is required to CAL/OSHA, if an accident with the potential for injuries has occurred an accident investigation report should be completed and submitted to the IIPP Coordinators.

6.7 Accident Reporting

The accident results in injuries which require medical attention beyond first aid or result in the employee(s) missing at least a full day of work beyond the date of occurrence. This is considered a recordable injury and the following action is required:

The incident is reported to the supervisor
Completion of "Employer's Report of Occupational Injury or Illness" form 5020, and
submission of the completed report to the Division of Labor Statistics and Research within 5
days of the occurrence.

The supervisor shall conduct an initial investigation and distribute reports according to
procedure.

The injured employee shall be provided with a copy of "Employee's Claim for Workers'
Compensation Benefits" within 24 hours of notification.

6.8 Where to seek medical attention

Employees should seek medical attention at the following clinic if you do not have a designated
physician on file:

Sansum Clinic Occupational Medicine Center
101 S. Patterson Ave.
Santa Barbara, CA
805-898-3311

Cottage Hospital
351 S. Patterson Ave

Goleta, CA 93111
805-967-3411

Santa Barbara Cottage Hospital
400 W. Pueblo
Santa Barbara, CA 93105
805-682-7111

6.9 Serious Injury or Death

The following action is required:

The incident is reported to the supervisor.

CAL/OSHA must be notified immediately or within 8 hours by telephone. Serious injuries or fatalities must be reported to the local Cal-OSHA area office.

<http://www.dir.ca.gov/title8/342.html>

Completion of “Employer’s Report of Occupational Injury or Illness” form 5020 within 24 hours.

The supervisor shall conduct an initial investigation as soon as possible and distribute reports according to procedure.

6.10 Employee Training

The District will implement and maintain an Occupational Safety and Health Training Program for all employees. The training program is intended to train and instruct employees in general safety and health work practices and to provide instruction with regards to hazards specific or unique to each employee’s job.

The Program Coordinators shall ensure that all supervisors are knowledgeable of the safety and health hazards to which employees under their immediate direction and control may be exposed.

To ensure that all employees receive effective safety training, the training program will include the following elements:

- ✓ All employees will receive training and instruction as required by local, state and federal laws.
- ✓ All employees given new job assignments will receive training applicable to new exposures for which training had not been previously provided.
- ✓ All employees exposed to new hazards due to the introduction of new substances, processes, procedures or equipment to the workplace will receive training and instruction applicable to the new hazards.
- ✓ Employees will receive refresher training whenever the District Program Coordinators, or a District manager or supervisor is made aware of new or previously unrecognized hazards and/or when the District feels it is appropriate.

Training and instruction will be provided in any format or media which is readily understandable to all employees. Training formats and/or media may include but are not limited to:

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- ✓ Seminars
 - ✓ Workshops
 - ✓ Manuals
 - ✓ Booklets
 - ✓ Video, film or other visual media
 - ✓ Meetings
 - ✓ Newsletters and inter-district memos

District management will ensure that all training and instruction provided under the Injury and Illness Program are documented. Employees attending or receiving training mandated by this program may be requested to sign an attendance sheet.

To ensure that employees receive complete training and instruction, general safety and health training will include but not necessarily be limited to the following:

- ✓ General safe work practices
- ✓ Emergency Action Plan
- ✓ Fire Prevention Plan
- ✓ Portable fire extinguishers
- ✓ Employee/Building Occupant alarm system
- ✓ Examples of information and training which may cover hazards unique or specific to individual jobs may include but not be limited to the following:
 - ✓ Standard operating procedures for specific equipment or jobs
 - ✓ Personal safety devices and safeguards
 - ✓ Hand and Power Tools
 - ✓ Noise-when noise levels are at or exceed 80dBA over an 8 hr. TWA
 - ✓ Airborne contaminants
 - ✓ Confined spaces
 - ✓ Occupational exposure to hazardous chemicals
 - ✓ Hazard Communication
 - ✓ Asbestos
 - ✓ Lead exposures
 - ✓ PCB
 - ✓ Asbestos
 - ✓ Lockout/Tagout procedures
 - ✓ Excavation and trenching
 - ✓ Emergency Planning - Hazardous Waste Operations & Emergency Response
 - ✓ Bloodborne Pathogens
 - ✓ Ergonomics
 - ✓ Heat Illness
 - ✓ Workplace Violence
 - ✓ First Aid and Emergency response

6.11 Record Keeping

Record keeping of essential data is important as it documents critical activity taking place as part of the Injury and Illness Prevention Program. Record keeping will be mandatory for the following:

- ✓ Workplace Inspections
- ✓ Employee Occupational Safety & Health Training
- ✓ Occupational Injuries and Illness

The Program Coordinator will be responsible for ensuring that all relevant records are completed and kept as required by this program and/or CAL/OSHA. The record keeping activities may require the involvement of other departments such as Human Resources.

Workplace inspection records shall be kept for all scheduled, periodic inspections. These records will include at minimum:

- ✓ Date of inspection
- ✓ Work areas inspected
- ✓ Name of person(s) conducting the inspection
- ✓ The unsafe conditions and work practices which have been identified
- ✓ Action taken to correct the identified unsafe condition

- ✓ Records of all recordable occupational injuries and illnesses for a site shall be maintained at the District Office. Recordable losses are losses that result in lost work time of at least a full day or shift beyond the date of occurrence, or which require medical treatment beyond first aid. The records or log will meet the following requirements:
 - ✓ Each recordable loss will be entered as soon as possible, but in no case later than six (6) working days later than discovery that a recordable loss has occurred.
 - ✓ Records will be kept on a calendar year basis
 - ✓ Supplementary records may be kept with any of the following at the discretion of the Program Coordinators:
 - ✓ California Division of Labor Statistics and Research form
 - ✓ An Employers Report of Occupational Injury or Illness form 5020

7.0 INJURY AND ILLNESS PREVENTION (SAFETY) PROGRAM

7.1 Coordinator Responsibilities

The District's Injury and Illness Prevention Program coordinator is responsible for implementing and maintaining all aspects of the District's Injury and Illness Prevention Program including:

- ✓ Coordinate all risk control activities
- ✓ Act as liaison between management and outside safety agencies
- ✓ Establish minimum safety standards, rules and regulations, and ensure that employees are aware of these regulations
- ✓ Ensure that safe practices and conditions are established
- ✓ Review all supervisors' reports of accidents, and see that recommendations are acted upon. Use the reports for analysis of accident trend. Follow up concerning recommendations that result from accident investigations critical.
- ✓ Work with District management to establish training programs for all employees and supervisors
- ✓ Ensure that all employees comply with all identified safety and health work practices
- ✓ Establish and preside over a safety committee comprised of department managers, and key employees. The Safety Committee also has a part in meeting the IIPP safety communication burden.
- ✓ Verify and post emergency phone numbers for police, fire and medical
- ✓ Maintain bulletin boards in clearly visible areas with required safety information such as accident reporting and how to get medical help

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- ✓ Determine when first-aid training is necessary and coordinate such training
 - ✓ Follow-up on the completion of safety recommendations of the safety committee, District personnel or other safety consultants
 - ✓ Follow all Cal-OSHA record keeping and accident reporting requirements

8.0 SITE MANAGERS

Site Managers include school principals and administrators or managers in charge of all other District facilities. Site managers are considered an integral part of the successful Injury and Illness Prevention Program. Each site manager assumes the responsibility for staff, student and visitor safety and welfare at his or her site.

The site manager safety and health responsibilities include:

- ✓ Coordinating all required Injury and Illness Prevention Policies and procedures with the District program coordinators
- ✓ Ensuring that appropriate records are maintained and posted at the site
- ✓ Ensuring that designated personnel complete assigned monthly inspections
- ✓ Ensuring that all employees attend District scheduled training sessions
- ✓ Ensuring that the appropriate supervisor completes the initial report following an accident at the site
- ✓ Ensuring that staff meetings address safety issues, concerns and training

9.0 DEPARTMENT MANAGERS / SUPERVISORS

Principals, Department Managers and Supervisors are considered the key links between the Program Coordinators and District employees. The duties and actions of these leaders are critical in assuring that the overall Injury and Illness Prevention Program works. Each Principal, Department Manager and Supervisor is responsible for employee health and safety in his or her department or section and thereby has the authority to enforce appropriate parts of the Injury and Illness Prevention Program.

The Principals', Department Managers' and Supervisors' duties and responsibilities include:

- ✓ Instruction of employees in general safe work practices and on hazards unique to specific job assignments
- ✓ Supervision of employees to ensure that safety policies, rules and regulations are followed and not violated
- ✓ Supervision to ensure that employees use appropriate personal protective and safety equipment when required and that such use is in accordance with operating instructions
- ✓ Ensure that unsafe acts or conditions are brought to the attention of the program coordinators, or the authorized person in charge of facilities
- ✓ Attend specialized training programs for supervisors and key employees when offered by the District
- ✓ Complete the "Supervisor's Report of Accident" when appropriate
- ✓ Follow-up accident investigations by providing department employees with a synopsis of the accident and what precautions are necessary to prevent a recurrence

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- ✓ Conduct periodic inspections of the workplace when directed by the program coordinator and complete the appropriate inspection check-off forms
 - ✓ Attend monthly safety meetings. Supervisor will conduct trainings with staff

10.0 EMPLOYEE RESPONSIBILITIES

The District is taking action to ensure a safe and healthful work place. To assure that the District's program works, each employee should act in a manner which protects his or her health and welfare as well as that of coworkers, other District employees, students, visitors and the general public (when job duties extend beyond a District site.)

Each District employee's safety responsibilities include:

- ✓ Attending or participating in District provided training and information programs.
- ✓ Following all District safety rules and regulations and applying safe work practices to all jobs.
- ✓ Reporting safety hazards to his or her supervisor.
- ✓ Providing recommendations on how to eliminate or reduce a discovered safety hazard.
- ✓ Each employee has personal responsibility for the cleanliness and safety of the employee's entire work area. All work shall be performed in a safe manner, including wearing appropriate safe attire. Should an employee identify a work condition which appears to be unsafe, he/she shall attempt to restore safety if it is within his/her capabilities. Then, the employee shall immediately notify his/her supervisor. The condition shall be investigated by qualified personnel and the condition corrected.
- ✓ Use all District forms of communication to stay informed of all local, state and federal laws and regulations.
- ✓ Follow the mandated reporter regulations.



WORKPLACE VIOLENCE IN CALIFORNIA

WORKPLACE VIOLENCE IN CALIFORNIA

The circumstances associated with workplace violence in California can be divided into three major types. TYPE I - fatal workplace assaults involving a person entering a small late-night retail establishment; TYPE II - workplace violence events involving an assault or threat by someone who is either the recipient of or the object of a service provided by the affected workplace or the victim; and TYPE III - workplace violence event consists of an assault by an individual who has some employment-related involvement with the workplace. It is important to keep in mind that a particular occupation or workplace may be subject to more than one type.

Type I - Fatal workplace assaults involving a person entering a small late-night retail business. In California, the majority of fatal workplace assaults involve a person entering a small late-night retail establishment, e.g., liquor store, gas station or a convenience food store, to commit a robbery. During the commission of the robbery, a worker, or more likely, the proprietor, is killed or injured.

Workers or proprietors who have face-to-face contact and exchange money with the public, who work late at night and into the early morning hours, and who often work alone or in very small numbers are at greatest risk of a Type I event. While the assailant may feign being a customer as a pretext to enter the establishment, he or she has no legitimate relationship to the workplace.

Type II - A Type II workplace violence event involves an assault or threat by someone who is either the recipient or the object of a service provided by the affected workplace or the victim.

Type II events involve fatal or nonfatal injuries to individuals who provide services to the public. These events chiefly involve assaults on public safety and correctional personnel, municipal bus or railway drivers, health care and social service providers, teachers, sales personnel, and other public or private service sector workers who provide professional, public safety, administrative or business services to the public.

Of increasing concern are Type II events involving assaults to the following types of service providers:

Medical care providers in acute care hospitals, long-term care facilities, outpatient clinics and home health agencies;

Mental health and psychiatric care providers in inpatient facilities, outpatient clinics, residential sites and home health agencies;

Alcohol and drug treatment providers;

Social welfare providers in unemployment offices, welfare eligibility offices, homeless shelters, probation offices and child welfare agencies;

Teaching, administrative and support staff in schools where students have a history of violent behavior; and

Other types of service providers, e.g., justice system personnel, customer service representatives and delivery personnel.

Unlike Type I events which often represent irregular occurrences in the life of any particular at-risk establishment, Type II events occur on a daily basis in many service establishments, and therefore represent a more pervasive risk for many service providers.

Type III - A Type III workplace violence event consists of an assault by an individual who has some employment-related involvement with the workplace. A Type III event usually involves a threat of violence, or a physical act of violence resulting in a fatal or nonfatal injury, by a current or former worker, supervisor or manager; a current or former spouse or lover; a relative or friend; or some other person who has a dispute involving a worker of the workplace.

Available data indicates that a Type III event is not associated with a specific type of workplace or occupation. Any workplace can be at risk of a Type III event. However, Type III events account for a

much smaller proportion of fatal workplace injuries than Types I and II. Nevertheless, Type III fatalities often attract significant media attention and are perceived as more common than they actually are.

INJURY AND ILLNESS PREVENTION PROGRAM FOR WORKPLACE SECURITY

Goleta Union School District's Injury and Illness Prevention (IIP) Program for Workplace Security addresses the hazards known to be associated with the three major types of workplace violence. Type I workplace violence involves a violent act by an assailant with no legitimate relationship to the workplace who enters the workplace to commit a robbery or other criminal act.

Responsibility

The IIP Program administrators for workplace security are Shawn Dahlen, Assistant Superintendent Pupil Services and/or David Simmons, Assistant Superintendent of Human Resources and have the authority and responsibility for implementing the provisions of this program for the Goleta Union School District.

All administrators are responsible for implementing and maintaining this IIP Program in their work areas and for answering worker questions about the IIP Program. A copy of this IIP Program is available in the Injury and Illness Prevention binder in the main office and is available on District website.

All initial reports regarding a workplace violence concern will be reported immediately to David Simmons, Human Resources x214, who will notify the Superintendent.

Compliance

We have established the following policy to ensure compliance with our rules on workplace security.

Management of our establishment is committed to ensuring that all safety and health policies and procedures involving workplace security are clearly communicated and understood by all workers.

All workers are responsible for using safe work practices, for following all directives, policies and procedures, and for assisting in maintaining a safe and secure work environment. Our system of ensuring that all workers, including supervisors and administrators, comply with work practices that are designed to make the workplace more secure, and do not engage in threats or physical actions which create a security hazard for others in the workplace, include:

Informing workers, supervisors and administrators of the provisions of our IIP Program for Workplace Security.

Evaluating the performance of all workers in complying with our establishment's workplace security measures.

Recognizing workers who perform work practices which promote security in the workplace.

Providing training and/or counseling to workers whose performance is deficient in complying with work practices designed to ensure workplace security.

Disciplining workers for failure to comply with workplace security practices.

Communication

At Goleta Union School District, we recognize that to maintain a safe, healthy and secure workplace we must have open, two-way communication between all workers, including administrators and supervisors, on all workplace safety, health and security issues. Our establishment has a communication system designed to encourage a continuous flow of safety, health and security information between

management and our workers without fear of reprisal and in a form that is readily understandable. Our communication system consists of the following items:

Training programs designed to address specific aspects of workplace security unique to our establishment.

Regularly scheduled safety meetings with all District personnel that include workplace security discussions.

A system to ensure that all workers, including managers and supervisors, understand the workplace security policies.

Posted or distributed workplace security information.

A system for workers to inform management about workplace security hazards or threats of violence.

Procedures for protecting workers who report threats from retaliation by the person making the threats.

Addressing security issues at our workplace security team meetings.

Hazard Assessment

District personnel will be performing workplace hazard assessment for workplace security in the form of periodic inspections. Periodic inspections to identify and evaluate workplace security hazards and threats of workplace violence are performed by either of the following observer(s) in the following areas of our workplace:

<hr/> David Simmons	Assistant Superintendent Human Resources
<hr/> Dr. Cheryl Lew	Assistant Superintendent Pupil Services
<hr/> Shawn Dahlen	Director of MOT

Periodic inspections are performed according to the following schedule:

- ✓ When the IIP Program for Workplace Security was initiated
- ✓ When new, previously unidentified security hazards are recognized
- ✓ When occupational injuries or threats of injury occur
- ✓ Whenever workplace security conditions warrant an inspection
- ✓ Monitor inspection daily

Periodic inspections for security hazards consist of identification and evaluation of workplace security hazards and changes in establishment performs inspections for each type of workplace violence by using the methods specified below to identify and evaluate workplace security hazards.

Inspections for Type I workplace security hazards include:

- ✓ Assessing the exterior and interior of the workplace for its attractiveness to robbers.
- ✓ Assessing the need for security surveillance measures, such as mirrors or cameras.
- ✓ Posting of signs notifying the public that limited cash is kept on the premises.
- ✓ Assessing procedures for worker response during a robbery or other criminal act.
- ✓ Assessing procedures for reporting suspicious persons or activities.
- ✓ Posting of emergency telephone numbers for law enforcement, fire and medical services where workers have access to a telephone with an outside line.
- ✓ Limiting the amount of cash on hand and using time access safes for large bills.

Inspections for Type II workplace security hazards include assessing:

- ✓ Access to, and freedom of movement within, the workplace.
- ✓ Adequacy of workplace security systems, such as door locks, security windows, security alarm system, physical barriers and restraint systems.
- ✓ Frequency and severity of threatening or hostile situations that may lead to violent acts by persons who are service recipients of our establishment.
- ✓ Workers' skill in safely handling threatening or hostile service recipients.
- ✓ Effectiveness of systems and procedures to warn others of a security danger or to summon assistance, e.g., alarms or panic buttons.
- ✓ The availability of worker escape routes.
- ✓ Inspections for Type III workplace security hazards include assessing:
- ✓ How well Goleta Union School District's anti-violence policy has been communicated to workers, supervisors or managers.
- ✓ How well Goleta Union School District's management and workers communicate with each other.
- ✓ Our workers', supervisors' and managers' knowledge of the warning signs of potential workplace violence.
- ✓ Access to, and freedom of movement within, the workplace by non-workers, including recently discharged workers or persons with whom one of our worker's is having a dispute.
- ✓ Frequency and severity of worker reports of threats of physical or verbal abuse by managers, supervisors or other workers.
- ✓ Any prior violent acts, threats of physical violence, verbal abuse, property damage or other signs of strain or pressure in the workplace.
- ✓ Worker disciplinary and discharge procedures.

INCIDENT INVESTIGATIONS

Goleta Union School District has established the following policy for investigating incidents of workplace violence. Our procedures for investigating incidents of workplace violence, which includes threats and physical injury, include:

- ✓ Reviewing all previous incidents.
- ✓ Reporting the incident to the Goleta City Police Department.
- ✓ Reporting the incident as a Major Incident Report.
- ✓ Visiting the scene of an incident as soon as possible.
- ✓ Interviewing threatened or injured workers and witnesses.
- ✓ Examining the workplace for security risk factors associated with the incident, including any previous reports of inappropriate behavior by the perpetrator.
- ✓ Determining the cause of the incident.
- ✓ Taking corrective action to prevent the incident from recurring.
- ✓ Recording the findings and corrective actions taken.

Hazard Correction

Hazards which threaten the security of workers shall be corrected in a timely manner based on severity when they are first observed or discovered.

Corrective measures for Type 11 workplace security hazards include:

- ✓ Controlling access to the workplace and freedom of movement within it, consistent with business necessity.
- ✓ Ensuring the adequacy of workplace security systems, such as door locks, security windows, physical barriers and restraint systems.
- ✓ Providing worker training in recognizing and handling threatening or hostile situations that may lead to violent acts by persons who are service recipients of our establishment.
- ✓ Ensuring adequate worker escape routes.

Corrective measures for Type 111 workplace security hazards include:

- ✓ Effectively communicating our District's anti-violence policy to all employees, supervisors or managers.
- ✓ Improving communication between our District's management and employees.
- ✓ Increasing employees', supervisors' and managers' awareness of the warning signs of potential workplace violence.
- ✓ Controlling access to, and freedom of movement within, the workplace by non-workers, including recently discharged workers or persons with whom one of our worker's is having a dispute.
- ✓ Ensure that all reports of violent acts, threats of physical violence, verbal abuse, property damage or other signs of strain or pressure in the workplace are handled effectively by management and that the person making the report is not subject to retaliation by the person making the threat.
- ✓ Ensure that worker disciplinary and discharge procedures address the potential for workplace violence.
- ✓ Ensure that worker's placed on administrative leave turn in their keys and other Goleta Union School District property at time of action taken.
- ✓ Ensure that workers' on extended leave turn in their keys and other Goleta Union School District property at time of leave.

Training and Instruction

Goleta Union School District has established the following policy on training all workers with respect to workplace security.

All workers, including administrators and supervisors, shall have training and instruction on general and job-specific workplace security practices. Training and instruction shall be provided when the IIP Program for Workplace Security is first established and periodically thereafter. Training shall also be provided to all new workers and to other workers for whom training has not previously been provided and to all workers, supervisors and administrators given new job assignments for which specific workplace security training for that job assignment has not previously been provided. Additional training and instruction will be provided to all personnel whenever the employer is made aware of new or previously unrecognized security hazards.

General workplace security training and instruction includes, but is not limited to, the following:

- ✓ Explanation of the IIP Program for Workplace Security including measures for reporting any violent acts or threats of violence.
- ✓ Recognition of workplace security hazards including the risk factors associated with the three types of workplace violence.

-
- ✓ Measures to prevent workplace violence, including procedures for reporting workplace security hazards or threats to managers and supervisors.
 - ✓ Measures to summon others for assistance.
 - ✓ Worker routes of escape.
 - ✓ Notification of law enforcement authorities when a criminal act may have occurred.
 - ✓ Emergency medical care in the event of any violent act upon a worker.

Goleta Union School District has chosen the following items for Type II training and instruction for managers, supervisors and employees:

- ✓ Dealing with angry, hostile or threatening individuals.
- ✓ Location, operation, care, and maintenance of alarm systems and other protective devices.
- ✓ Communication procedures.
- ✓ Awareness of indicators that lead to violent acts by service recipients.
- ✓ Goleta Union School District has chosen the following items for Type III training and instruction for administrators, supervisors and employees:
 - ✓ Pre-employment screening practices.
 - ✓ Awareness of situational indicators that lead to violent acts.
 - ✓ Managing with respect and consideration for employee well-being.
 - ✓ Review of anti-violence policy and procedures.

Cal / OSHA Consultation - Area Offices

OSHA Local Office

Los Angeles State Plan Office

320 West 4th Street, Ste. 670
Los Angeles, CA 90013

(213) 576-7451
(213) 576-7461

Business Hrs: 8:00a-5:00p PT



GOLETA UNION SCHOOL DISTRICT

Bloodborne Pathogens Exposure Control Plan

GOLETA UNION SCHOOL DISTRICT

Bloodborne Pathogens Exposure Control Plan

Regulation: CCR-Title n8, Section 5193

Scope: The Exposure Control Plan (ECP) applies to all employees with actual or potential exposure to bloodborne pathogens at all sites.

Policy Statement

It is the policy of the Goleta Union School District to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with federal and state regulations. All human blood and other potentially infectious materials will be treated as if known to be infectious for human immunodeficiency virus (HIV), Hepatitis B virus (HBV), and other bloodborne pathogens.

Plan Administration

Table 1 provides the roles and contact information for the administration of the bloodborne pathogens program.

Table 1
Program Contact Information

Task	Name/Department	Phone
Plan Administrator		805-681-1231 x2214
Supplies (PPE, cleaning materials, other)	Shawn Dahlen	805-681-1231 x2210
Medical recordkeeping	Stephanie Gardner	805-681-1231 x2218
Training	Shawn Dahlen	805-681-1231 x 2210
Exposure incident contact	Stephanie Gardner	805-681-1231 x 2218

The ECP administrator is responsible for implementation of the ECP, and will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures and to reflect new or revised employee positions with occupational exposure.

Pupil Services and MOT will provide and maintain all necessary PPE, engineering controls (e.g., sharps containers), and labels as required by the standard, and will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

Human Resources will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.

Human Resources, Pupil Services, site administrators and program managers will be responsible for training, documentation of training, and making the written ECP available to employees, the regulating authority, and representatives of the California Occupational Safety and Health Association (CalOSHA).

Human Resources, will act as the initial contact for reporting exposure incidents and ensure that the appropriate response is carried out.

Those employees determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

Annual Plan Review and Update

This ECP will be reviewed and updated annually, and whenever new hazards are introduced in the workplace or conditions change that would result in a change in occupational exposure by employees.

Access to the ECP

Employees covered by the bloodborne pathogens rules and policies will receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting the Administrative Assistant. A copy of the ECP is available on the GUSD website.

Definitions

Universal precaution—an approach to infection control whereas all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Bloodborne pathogen—microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV) which causes acquired immune deficiency syndrome (AIDS).

Exposure incident—a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (i.e., needle stick) contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Occupational exposure—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. "Good Samaritan" acts such as assisting a co-worker with a nose bleed are not considered occupational exposure.

Other potentially infectious materials (OPIM)—body fluids visibly contaminated with blood, including saliva in dental procedures, semen, vaginal secretions, amniotic fluid, and other such material where it is difficult to differentiate between body fluids.

Percutaneous injury— exposure by injection or absorption through the unbroken skin.

Personal protective equipment (PPE)—protective covering for the head, eyes, hands, feet, and body, such as nitrile or other liquid-resistant gloves, a face mask, or an apron.

Sharps—any object contaminated with blood or OPIM that can penetrate the skin, including needles, scalpels, wood or metal splinters, broken glass, broken capillary tubes, and exposed ends of dental wires.

Employee Exposure Determination

Determinations for employee exposure are made for at risk job classifications where occupational exposure to blood or OPIM occurs, is likely to occur, or is possible to occur.

Table 2 contains a list of all job classifications in which employees are at high risk of or likely to have occupational exposure to bloodborne pathogens.

Table 2

Likely Occupational Exposure—Job Classifications

Job Classification	Department/ Work Area	Exposure Task/Procedure
Bus Driver	Transportation	Student contact
Custodian	M&O	Cleaning up after students, assist in first aide
Health Assistant	Pupil Services	Administering first aide
Nurse	Pupil Services	Administering first aide and injections
Pre-school staff	Pupil Services	Student contact, toileting
Para-educator I and II	Special Education	Student contact, toileting
Special Education Teacher	Special Education	Student contact

Table 3 contains a list of job classifications in which employees may at some time have occupational exposure, including part-time, temporary, contract, or per diem employees. The list includes tasks and procedures, or groups of closely related tasks and procedures, for which occupational exposure may occur for these individuals.

Table 3

Possible Occupational Exposure—Job Classifications

Job Classification	Department/ Work Area	Exposure Task/Procedure
School Administrative Assistants	Site	Administering first aide
School Office Specialists and School Office Assistants	Site	Administering first aide

If an employee believes that he or she may be occupationally exposed to bloodborne pathogens and his or her job classification or tasks do not appear on the above lists, the employee should contact Stephanie Gardner, Human Resources.

Implementation and Control Measures

Universal Precautions

All employees will use universal precautions in order to prevent contact with blood or OPIM. All blood and OPIM will be considered infectious regardless of the perceived status of the source.

Engineering Controls and Work Practices

Engineering controls and work practices will be implemented to prevent or minimize exposure to bloodborne pathogens. Shawn Dahlen, Director of MOT, David Simmons, Assistant Superintendent Human Resources, and/or Dr. Cherylin Lew, Assistant Superintendent Pupil Services are responsible for ensuring that the engineering controls and work practices are implemented and updated as necessary.

The following engineering controls will or have been implemented:

- PPEs distributed
- New employee orientation training
- Annual review training
- Update Bloodborne Pathogen Exposure Control Plan annually
- Periodic information articles published
- Postings at all sites

The following work practices will be followed:

-
- Wash hands immediately after contact with blood or OPIM.
 - Exposed employees will wash their hands with running water and soap as soon as possible after using the antiseptic alternatives.
 - When skin or mucous membranes are exposed to blood or OPIM, those areas of the body will be washed or flushed with running water as soon as possible after contact.
 - After removal of PPE (e.g., gloves, face mask) used during exposure to blood or OPIM, the employee(s) will wash hands or other exposed skin areas with running water and soap as soon as possible.

Shawn Dahlen, Director of MOT, evaluates new exposure control procedures and new products regularly by reviewing the Safety Data Sheets (SDS).

Housekeeping—Cleaning and Decontamination

All equipment, work areas, and working surfaces will be cleaned and decontaminated immediately or as soon as possible after any spill of blood or OPIM materials, after completion of procedures, and at the end of the work shift if the surface may have become contaminated since the last cleaning.

Decontamination of surfaces, equipment, and work areas will be accomplished by using the safest disinfectant available. The disinfectant SDS can be located on the district's website in the Safety tab. The link to 3E online SDS program for Goleta will take the employee directly to the district's chemical list.

Blood- or OPIM-contaminated waste will be placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling sharps disposal containers is:

- All sites receive a fresh sharp container at the beginning of each year. All sharp containers shall be stored in a lock cabinet.
- The Nurses will contact the MOT Administrative Assistant to make arrangements for pick up and disposal.
- The Nurses will keep a copy of the Medical Waste Tracking Document.

The procedure for handling blood- or OPIM-contaminated waste is:

- Dispose of hazardous waste in a designated bag.
- Notify MOT for pick up
- MOT disposes in the hazardous waste container
- MOT calls for hazardous waste pick up from a designated company.

Contaminated sharps will be discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Clean sharps disposal containers are available at site Health office.

Bins, pails (e.g., wash or emesis basins), cans, and similar receptacles will be inspected and decontaminated on a regularly scheduled basis, and cleaned and decontaminated as soon as possible after visible contamination.

Broken glassware that may be contaminated will only be picked up using mechanical means, such as a brush and dustpan.

Sharps Injury Prevention

The following sharps safer devices and engineering controls will be implemented:

- Needleless IV system
- Self-sheathing

All employees will comply with the following work practice controls to reduce exposure to sharps:

- Contaminated needles and other contaminated sharps will not be bent, recapped, or removed.
- Shearing or breaking contaminated needles is prohibited.
- Contaminated reusable sharps must be placed in designated reusable sharps containers.
- Any bending, recapping, or needle removal must be accomplished by the school nurse.

Sharps disposal. Sharps disposal containers are inspected and maintained or replaced by the school nurse whenever necessary to prevent overfilling.

Review and update procedures. This facility identifies the need for changes in engineering controls and work practices for the management of sharps through:

Review of OSHA records

- Interviews with employees responsible for direct patient care
- Human Resources will evaluate new procedures and new products regularly by reviewing new state and federal requirements and student needs.

Both front-line workers and management officials are involved in the process for evaluating new procedures and products in the following manner:

- Union input
- State and Federal guidelines
- District needs

Pupil Services is responsible for ensuring that approved recommendations from the evaluations are implemented.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. PPE will be chosen based on the anticipated exposure to blood or OPIM. The PPE will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee’s clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which it will be used.

Table 4 describes in detail how PPE will be provided and the types of PPE that will be given to employees.

Table 4
Provision of PPE to Employees

How Provided	PPE Distributor	Procedures Requiring PPE	Type of PPE Required
MOT Department	Shawn Dahlen	Cleaning	Gloves, glasses, clothing
Health Services	District Admin	Cleaning and first aide	Gloves
Training	Site Administrator Program Managers	Cleaning and first aide	Gloves
Site Staff	Site Administrators	Cleaning and first aide	Gloves

All PPE will be cleaned, laundered, and disposed of by the employer. All repairs and replacements will be made by the employer.

All PPE will be removed prior to leaving the work area. If visibly contaminated, PPE will be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal. The designated areas are:

- Custodial Closet

Precautions when using PPE. All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as possible after removal of gloves or other PPE.
- Remove PPE after it becomes contaminated, and before leaving the work area.
- Used PPE may be disposed of in the hazardous waste container.
- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

Blood-contaminated PPE

If PPE or personal clothing is splashed or soaked with blood or OPIM, the person wearing the PPE or clothing will remove the contaminated clothing as soon as possible. This clothing will be laundered at the employer's expense. Such clothing will be identified as contaminated and any employee exposed to it will be notified and protected from exposure.

Gloves

Gloves will be worn where it is reasonably anticipated that employees will have hand contact with blood, OPIM, non-intact skin, and mucous membranes. Gloves will be available from custodian, health assistants, and site administrators.

Disposable gloves will not be washed or decontaminated for reuse and will be replaced when they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for reuse provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

PPE Training

All employees covered under the requirements of this Plan will be trained to properly use, put on, take off, decontaminate, maintain, and store PPE. Training in the use of the appropriate PPE is provided by MOT, Human Resources, Pupil Services and Site Administrators as appropriate.

Disposable PPE

Disposable gloves and paper face masks must not be used again once they are removed. Never wash or decontaminate disposable gloves for reuse. Replace them as soon as possible after they become contaminated or if they are torn, punctured, or their ability to function as a barrier is compromised.

Disposable PPE may be discarded in the regular trash if it has no visible contamination with blood or OPIM. Place PPE with visible contamination with blood or OPIM in a sharps or biohazard container.

Hepatitis B Vaccination

Human Resources and Health Services will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this ECP.

When an employee elects to be vaccinated, a licensed health care professional will conduct a medical evaluation.

Vaccination is encouraged unless:

- Documentation exists that the employee has previously received the series;
- Antibody testing reveals that the employee is immune; or
- Medical evaluation shows that vaccination is contraindicated.

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. The evaluation will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

Vaccination will be provided by the District appointed clinic for all other employees.

Declination of the vaccine. If an employee declines the vaccination, the employee must sign a declination form (attached to this ECP). Employees who decline may request and obtain the vaccination at a later date at no cost. Signed declination forms are kept in Human Resources.

EXPOSURE MANAGEMENT PLAN

Exposure Incident Report

Any incident that results in occupational exposure to blood or OPIM will be reported immediately to Human Resources. A separate report must be completed by each person exposed to blood or OPIM. The report will include the name of the person exposed, the time and date of the incident, and a determination of whether an exposure has occurred. If exposure has occurred, a post-exposure evaluation will be performed.

Post-Exposure Evaluation and Follow-up

After initial first aid or medical attention, the following activities will be performed.

Document the routes of exposure and how the exposure occurred.

- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's healthcare provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.

If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days. If the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

Administration of Post-Exposure Evaluation and Follow-up

Human Resources ensures that the healthcare professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of the bloodborne pathogens regulation. Human Resources will ensure that the healthcare professional evaluating an employee after an exposure incident receives:

A description of the employee's job duties relevant to the exposure incident

- A description of route(s) of exposure
- Circumstances of exposure
- If possible, results of the source individual's blood test
- Relevant employee medical records, including vaccination status

The District's appointed clinic will provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days after completion of the evaluation.

Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

- Human Resources will review the circumstances of all exposure incidents to determine the:
- Engineering controls in use at the time
- Work practices followed
- Description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of the incident
- Procedure or task being performed when the incident occurred
- Employee's training

Human Resources and/or Pupil Services will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

Employee Training

All employees who have occupational exposure to bloodborne pathogens will receive initial and annual training conducted by HR and/or site administrator/Program Manager.

All employees who have occupational exposure to bloodborne pathogens will receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the OSHA bloodborne pathogen standard
- An explanation of our ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis for PPE selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge

-
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
 - 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
 - Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
 - An explanation of the signs and labels and/or color coding required by the standard and used at this facility
 - An opportunity for interactive questions and answers with the person conducting the training session

Recordkeeping

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least 3 years in Human Resources.

The training records will include the:

- Dates of the training sessions
- Contents or a summary of the training sessions
- Names and persons conducting the training
- Names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to Human Resources.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with the employee exposure and medical records regulation. These confidential records are kept in Human Resources for at least the duration of employment plus 30 years.

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by Human Resources department.

Sharps Injury Log

In addition to the OSHA recordkeeping requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidents will include at least:

- The date of the injury
- The type and brand of the device involved (syringe, suture needle)
- The department or work area where the incident occurred
- An explanation of how the incident occurred

The Sharps Injury Log is reviewed as part of the annual program evaluation and maintained for at least 5 years following the end of the calendar year covered. If a copy is requested by anyone, it will have any personal identifiers removed from the report.



GOLETA UNION SCHOOL DISTRICT

**ERGONOMIC INJURY AND ILLNESS
PREVENTION PLAN**

ERGONOMIC INJURY AND ILLNESS PREVENTION PLAN

Introduction

Goleta Union School District has written and developed this program to comply with the provisions of Section 5110 of Title Eight of the California Code of Regulations and to address the problem of Repetitive Motion Injuries (RMI) that result from work-related activity.

The “Ergonomics Injury & Illness Prevention Program” outlines the policies and procedures that are both necessary and required to control RMI’s and comply with the various provisions of the ergonomics safety regulations. Although a copy of the current California standard is contained in this manual, significant changes should be anticipated over the coming months and possibly years. The Federal OSHA has issued a proposed ergonomics standard that could impact California in the near future.

Goleta Union School District will continue to stay informed of the changes in ergonomic rules and regulations, and we will make changes to our program as regulations evolve. In the meantime, the following procedures will define our approach to workplace ergonomics until those changes are approved and adopted.

Program Scope & Administration

Standard

Under certain specific circumstances, employers are required to develop a four-step prevention program to cope with repetitive motion injuries in the workplace.

Specific Criteria

1. This section (5110) applies to a job, process, operation, or other group work classification where a repetitive motion injury (RMI) has occurred to two or more employees.
2. The two RMI’s must have occurred within a single process, operation, or other similar work group classification to activate the requirements of this safety regulation.
3. The RMI must have been predominately caused by a work-related repetitive job activity. Predominately means over 50% caused by work activity.
4. The two or more employees incurring the RMI’s must have been performing the same job process or operation of identical work activity.
5. The RMI’s must have been musculoskeletal injuries that have been objectively identified and diagnosed by a licensed physician.
6. The RMI’s must have been reported to the employer by the involved employees within the last twelve months.

Work Site Evaluation & Hazard Assessment

Standard

All job classifications and/or categories that are covered by this section or safety standard must be evaluated and examined for exposure and hazards that may cause RMI’s.

Specific Criteria

1. As with other portions of this standard, the exposure evaluation is required after two or more RMI's occur to two or more employees.
2. The exposure factors that need to be identified within each separate job category involve repetition and force. High repetition with strong forces have the most serious exposure to RMI's.
3. Repetition refers to the number times an identical activity is repeated during a specific time period. A few repetitions per hour does not constitute a highly repetitive activity.
4. Force refers to the amount of energy or strength needed to perform an activity. The more force that is needed, the less the repetitions needed to potentially cause an RMI.

Control of Work-Related RMI Exposures

Standard

When a specific work group or category has demonstrated the potential for RMI's, an effort shall be made to control and/or mitigate the work exposures. The RMI exposures shall be addressed in a timely manner and to the extent feasible.

Specific Criteria

1. One method for mitigating exposures is the redesign of a job. Redesign means changing the way the job is performed so repetition and force exposures are reduced. In some cases redesign may involve transferring duties to other less stressful job categories.
2. Another method involves reducing force and repetition stress through teamwork. An example of basic teamwork includes requiring two people to lift a heavy object. Other ideas can be identified during the job evaluation phase.
3. Another technique involves the use of rest breaks and work pacing. Short, frequent breaks are usually preferable to longer less frequent breaks.
4. Job rotation is another concept that has a practical application in some work situations. Worker skill and aptitude are required for this concept to be practical and effective.
5. Engineering controls are another exposure reduction concept and involve reducing the size of containers, installing handles or grips for lifting or pushing, increasing the size of wheels to improve rolling, and other ideas identified during the exposure evaluation process.
6. Modifications to clerical or computer workstations or adjustable furniture, such as stools or chairs should be considered as remedies to RMI exposures.
7. Cost and practicality are concepts that must be applied to the phrase "to the extent feasible." Reducing RMI exposures should not put a business at financial risk or prohibit the actual performance of the job. Conversely, ideas known to the employer but not taken which may reduce RMI exposure to a greater extent without imposing significantly increased cost must be considered.

Employee Training

Standard

When this section is activated by the existence of two or more RMI's with a specific job classification, certain specific training requirements are activated.

Specific Criteria

1. Employees within one or more of the job categories covered by the standard should be made aware of the employer's ergonomics prevention program and its specific provisions.
2. Employees should be made aware of the various work injury exposures discovered during the RMI injury exposure evaluation process.
3. The various symptoms and the long-term consequences of the injuries caused by RMI's shall be communicated to employees within the affected work groups.
4. Employees within affected job groups must be made aware of the importance of reporting of symptoms so interventions can be more effective.
5. Training shall include an understanding of all exposure control methods, such as job redesign, workstation modification, exercise techniques, and other ideas discussed in the section on exposure control and reduction.

ERGONOMIC EXERCISES

RELEASING HAND, WRIST & SHOULDER TENSION

STRETCHING

- Place your hands out in front of you. Then spread your fingers as far apart as possible. Hold for five seconds and then relax. Repeat this process five times.

ROTATIONS

- Rotate your wrists, keeping your fingers relaxed and your elbows still. With your hands extended, first turn your palms up and then rotate your palms down. Repeat the exercise five times.

HANDSHAKING

- With your hands extended, relax your muscles and let your hands dangle at the wrists. Then shake your hands. First, shake them up and down and then shake them from side to side. Repeat the exercise until the tension is gone.

REACHING

- Place your arms over your head. With your fingers stretched, reach toward the ceiling. Hold the stretch for five seconds and then relax. Repeat five times.

ROLLING

- Using a wide circular motion, roll your shoulders backward. Repeat the exercise five times.

SHIFTING

- While sitting in your chair, move around to loosen up. Slouch, slump, look away from the screen, and dangle your arms. Repeat as often as necessary.

NECK GLIDES

- While seated, glide your neck forward and hold. Then glide the neck to the rear and hold. Keep the chin level. Repeat the exercise five times.

DEEP BREATHING

- Close your eyes, inhale and hold your breath while tightening your entire body. Slowly exhale and relax. Repeat five times.

EYE RELAXATION

- Using the index and middle finger gently massage the eye area just above and below the brow – first in a clockwise direction and then a counter-clockwise direction.

FINGER STRETCHES

- With hands at your sides and keeping the wrist straight, curl the fingers to the base of the fingers bending only the joints. Straighten the hands and relax. Repeat five times.

Exercises and Relaxation Techniques

Repetition and force are important factors in the study of ergonomics and in determining the cause of RSI's. Repetition and force coupled with an improper workstation setup can in some cases lead to discomfort, fatigue, and the symptoms of RSI's over a longer period of time.

Repetition refers to the number of times a worker has to complete hand, arm, and finger manipulations. Force refers to the amount of effort or strain that must be exerted with each repetition. A high number of repetitions with heavy force are the most undesirable situation. There are a number of ways the effects of force and repetition can be mitigated.

Exercises are an excellent way to relieve some of the stress and tightness in the neck, fingers, hands, and shoulders. There are several different exercises included in this section that can be performed at the desk. Additionally, there are software programs available that remind the workers when to take breaks and show them how to exercise properly.

Taking rest breaks from the keyboard to do copying, filing, and other tasks is another way to reduce the build-up of tension and fatigue. Even short breaks are beneficial because they allow for some recovery in the muscles and tendons. And in addition, short breaks allow for a mental rest, which can have a major effect on reducing stress build up.

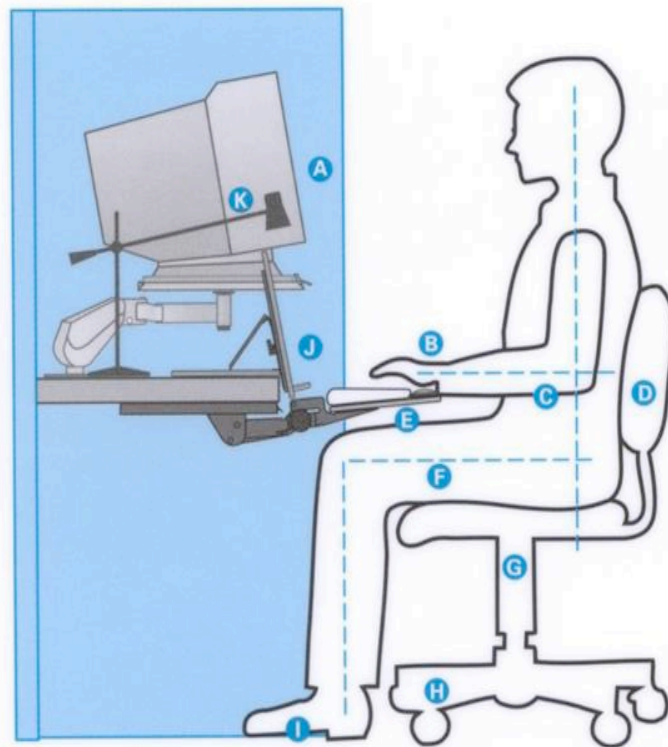
Scheduling is another method, which can be used to avoid prolonged periods at the keyboard. By breaking up a variety of duties such as filing, copying, keying, and other tasks, the employee can limit keying to four one-hour periods rather than one prolonged four-hour period. The short segments allow for recovery between segments.

Taking breaks, organizing the work so a variety of tasks can be mixed over a period of a few hours is preferred rather than spending prolonged periods at one repetitive motion task.

The Ergonomically Positioned Workstation

Slouching, slumping or bending forward at the waist in a chair can lead to discomfort, fatigue and backache. Follow these guidelines to help prevent problems from occurring when sitting at your workstation.

- A. Top one-third of the screen at eye level; distance from operator a minimum of 18 inches.
- B. Wrists should be a natural extension of the forearm, not angled up or down.
- C. Elbow relaxed; lower arm at approximately 90° to upper arm.
- D. Adjustable back rest to accommodate the normal curve of the lower spine.
- E. Keyboard flat at elbow level with palm rest to support hands during rest.
- F. Thighs approximately parallel to the floor.
- G. Easily adjustable seat height. Seat pan short enough (front to back) for knee clearance and with a waterfall front edge.
- H. Swivel chair with 5-point base and casters.
- I. Feet resting firmly on the floor; footrest needed if feet are not supported by the floor.
- J. Document holder at same angle as screen.
- K. Adjustable task lighting for hard copy documents, if necessary.





GOLETA UNION SCHOOL DISTRICT

HEAT STRESS PREVENTION PLAN

GOLETA UNION SCHOOL DISTRICT

HEAT STRESS PREVENTION PLAN

Scope: This Plan covers employees who are exposed to heat or hot conditions at or above the threshold levels for work areas and activities identified in the heat stress hazard assessment.

Policy: This organization is committed to protecting employees from the hazards of hot conditions and to preventing heat-related illnesses at the workplace. We will identify, evaluate, and control potential exposure of our employees to extreme temperature, humidity, and other heat-related factors.

PLAN ADMINISTRATION

Plan Administrator.

Plan administrators David Simmons, Assistant Superintendent Human Resources, Shawn Dahlen, Director of MOT, and/or Dr. Cherylin Lew, Assistant Superintendent Pupil Services, are responsible for implementing the Heat Stress Prevention Program, monitoring work area heat conditions and for ensuring that employees are trained to recognize the signs and symptoms of heat stress illnesses or injury and what to do if these occur.

The Plan Administrator may designate and authorize other personnel to implement specific components of the Plan.

Supervisors.

On-site and/or immediate Supervisors are responsible for encouraging employees to frequently consume water or other acceptable beverages to ensure hydration.

Employees.

Employees are responsible for monitoring their own personal factors for heat-related illness including consumption of water or other acceptable beverages to ensure hydration.

Plan Review and Update

This Plan will be periodically reviewed and updated when:

- New activities or equipment that creates heat stress are introduced into the workplace.
- Evaluations of heat stress hazards, injuries, and illnesses demonstrate that the current Plan is outdated or not effective.
- Regulatory or applicable national consensus standards change that require this Plan to be updated.

DEFINITIONS

Acclimatization or acclimate is the physiological (i.e., physical, mechanical, and biochemical) change that allows the human body to adapt or get used to the effects of a new physical environment or climate. After a period of acclimatization, the same physical activity will produce fewer cardiovascular demands. The worker will sweat more efficiently, causing better evaporative cooling, and thus will more easily be able to maintain normal body temperatures.

Calorie is the amount of heat required to raise 1 gram of water 1°Celsius (C) (based on a standard temperature of 16.5 to 17.5°C).

Conduction is the transfer of heat between materials that contact each other. Heat passes from the warmer material to the cooler material. For example, a worker's skin can transfer heat to a contacting surface if that surface is cooler, and vice versa.

Convection is the transfer of heat in a moving fluid. Air flowing past the body can cool the body if the air temperature is cool. On the other hand, air that exceeds 29.4°C (80° Fahrenheit (F)) can increase the heat load on the body.

Dry bulb (DB) temperature is the measurement of the heat content of freely exposed air measured by a thermal sensor that is shielded from direct radiant energy sources.

Evaporative cooling takes place when sweat evaporates from the skin. High humidity reduces the rate of evaporation and thus reduces the effectiveness of the body's primary cooling mechanism.

Globe temperature is the temperature inside a blackened, hollow, thin copper globe.
Heat is a measure of energy that is transferred by a difference in temperature.

Metabolic heat is a by-product of the body's activity.

Natural wet bulb (NWB) temperature is measured by exposing a wet sensor, such as a wet cotton wick fitted over the bulb of a thermometer, to the effects of evaporation and convection. The term "natural" refers to the movement of air around the sensor.

Radiation is the transfer of heat energy through space. A worker whose body temperature is greater than the temperature of the surrounding surfaces radiates heat to these surfaces. Hot surfaces and infrared light sources radiate heat that can increase the body's heat load.

Heat-Related Illnesses

Illness as defined by OSHA is generally not instantaneous and occurs some time (hours or days) after the initial exposure to an occupational hazard. For example, an instantaneous reaction such as a burn after touching a hot surface is considered an injury; whereas a delayed reaction to a hot environment such as heat exhaustion that occurs hours after the initial exposure is considered an illness.

Heat collapse is a condition where the brain does not receive enough oxygen because blood pools in the extremities, resulting in a loss of consciousness (fainting or syncope). This reaction is similar to that of heat exhaustion and does not affect the body's heat balance. However, the onset of heat collapse is rapid and unpredictable. Heat syncope is a fainting episode or dizziness that usually occurs with prolonged standing or sudden rising from a sitting or lying position. Factors that may contribute to heat syncope include dehydration and lack of acclimatization.

Heat cramps are usually caused by performing hard physical labor in a hot environment. These cramps have been attributed to an electrolyte imbalance caused by sweating. Cramps can be caused by both too much and too little salt. Cramps appear to be caused by the lack of water replenishment. Because sweat is a hypotonic solution ($\pm 0.3\%$ sodium chloride), excess salt can build up in the body if the water lost through sweating is not replaced. Thirst cannot be relied on as a guide to the need for water; instead, water must be taken every 15 to 20 minutes in hot environments. Under extreme conditions, such as working for 6 to 8 hours in heavy protective gear, a loss of sodium may occur. Recent studies have shown that drinking commercially available carbohydrate-electrolyte replacement liquids is effective in minimizing physiological disturbances during recovery.

Heat exhaustion is a condition with symptoms of headache, nausea, vertigo, weakness, thirst, and giddiness. Fainting associated with heat exhaustion can be dangerous because the victim may be operating machinery or controlling an operation that should not be left unattended; moreover, the victim may be injured when he or she faints. Also, the signs and symptoms seen in heat exhaustion are similar to those of heat stroke, a medical emergency.

Heat fatigue is a temporary state of discomfort and mental or psychological strain arising from prolonged heat exposure. It is generally caused by fluid loss. Workers unaccustomed to the heat are particularly susceptible and can suffer, to varying degrees, a decline in task performance, coordination, alertness, and vigilance. There is no treatment for heat fatigue except to remove the heat stress before a more serious heat-related condition develops. The severity of transient heat fatigue will be lessened by a period of gradual adjustment to the hot environment (heat acclimatization).

Heat rash is “prickly” heat manifested as red papules (i.e., small, inflammatory, irritated spots on skin) and usually appears in areas where the clothing is restrictive. It is the most common problem in hot work environments. As sweating increases, these papules give rise to a prickling sensation. Prickly heat occurs on skin that is persistently wetted by unevaporated sweat, and heat rash papules may become infected if they are not treated. In most cases, heat rashes will disappear when the affected individual returns to a cool environment.

Heat stroke is a condition when the body’s system of temperature regulation fails and body temperature rises to critical levels. This condition is caused by a combination of highly variable factors, and its occurrence is difficult to predict. Heat stroke is a medical emergency. The primary signs and symptoms of heat stroke are confusion, irrational behavior, loss of consciousness, convulsions, a lack of sweating (usually), hot and dry skin, and an abnormally high body temperature. If body temperature is too high, it causes death. The elevated metabolic temperatures caused by a combination of work load and environmental heat load, both of which contribute to heat stroke, are also highly variable and difficult to predict.

HAZARD ASSESSMENT

The Administrator or designee will conduct an initial inspection and hazard assessment of all work areas and environments where hot conditions are anticipated or may occur. He or she will periodically conduct follow-up inspections to ensure compliance with this Plan and to evaluate the effectiveness of heat stress control measures.

During the assessment the inspector will:

- Determine building and facility operating characteristics that may cause, contribute to, or alleviate hot conditions.
- Determine whether engineering and administrative controls are functioning properly.
- Verify information obtained from employee interviews.
- Perform temperature measurements and make other determinations to identify potential sources of heat stress.

Investigators will discuss any operations that have the potential to cause heat stress with engineers or other knowledgeable personnel. A walk-around inspection will cover all affected areas. Heat sources such as furnaces, ovens, and boilers, and relative heat load per employee will be noted.

Heat Stress Factors

The following workplace factors will be considered in the assessment for heat stress:

- Air temperature

-
- Radiant heat sources
 - Conductive heat sources
 - Humidity
 - Direct physical contact with hot objects
 - Workload activity and duration
 - Semipermeable or impermeable protective clothing

The following worker heat sensitivity factors will also be considered in evaluating the potential for heat stress:

- Age
- Weight
- Degree of physical fitness
- Degree of acclimatization
- Metabolism
- Use of alcohol or drugs
- Medical conditions such as hypertension
- Prior heat injury (predisposes an individual to additional injury)

HEAT STRESS PREVENTION PROGRAM

This Heat Stress Prevention Program describes controls and work practices to protect employees from heat stress while working in hot conditions.

Program Implementation Criteria

The Administrator or designee will implement the Heat Stress Prevention Program when the action levels for hot conditions in the WBGT are exceeded.

Heat Stress Engineering Controls

The following engineering controls will be implemented before and in combination with work practices.

General Ventilation

General ventilation will be used where feasible and practical to dilute hot air with cooler air. Portable or local exhaust systems will be provided for small areas where general ventilation is not feasible or practical. If the dry bulb temperature is higher than 80°F and the air is dry, evaporative cooling may be improved by air movement. When the dry bulb temperature exceeds 80 degrees and the relative humidity is 100%, air movement will make the worker hotter and forced ventilation will not be used to alleviate heat stress.

Fans

Fans will be provided where general ventilation is insufficient or impractical and when evaporative cooling will be improved by air movement.

Air Cooling or Conditioning

Air cooling or conditioning systems will be provided where feasible and practical.

Insulation

Heating pipes will be insulated or otherwise shielded to reduce radiant heat.

Cool Room

Cool rooms will be used as a recovery area near hot jobs.

Heat Stress Prevention Work Practices

Work practices will be implemented to reduce the risk of elevating an employee's core body temperature. Heat stress prevention practices that may be implemented individually or in combination include:

- Employee work and rest intervals.
- Continual personal monitoring of physiological signs of heat stress.
- Provide cool liquids.
- Establish and implement acclimatization schedules.
- Use warm-weather cooling garments.
- Reduce the physical demands of work, e.g., excessive lifting or digging with heavy objects.
- Provide recovery areas such as air-conditioned enclosures and rooms.
- Use shifts such as early morning, cool part of the day, or night work.
- Use intermittent rest periods with water breaks.
- Use relief workers.
- Use worker pacing.
- Assign extra workers and limit worker occupancy, or the number of workers present, especially in confined or enclosed spaces.
- Schedule work in hot conditions for the cooler part of the day.
- Schedule routine maintenance and repair work in hot areas for the cooler seasons of the year.

Employee Work/Rest Intervals

The Administrator or designee will determine the work/rest intervals and communicate them to employees by *meeting with them in the morning*. Work/rest intervals are adjusted throughout the work shift as needed and communicated to each employee at the conclusion of an applicable rest period, prior to reentry into a work area.

Fluid Replacement

Since dehydration is a primary cause of heat illness, employees on each site will be reminded on the importance of liquid consumption. One cup (8 oz) every 20 minutes is recommended. Ample supplies of liquids are available at each site.

Personal Protective Equipment

The Administrator or designee will determine the types of PPE that may be used to minimize heat stress after engineering controls and work practices have been implemented and workers are still exposed to heat stress hazards.

Reflective Clothing

Reflective clothing varies from aprons and jackets to suits that completely enclose the worker from neck to feet and can stop the skin from absorbing radiant heat. Because most reflective clothing does not allow air exchange through the garment, the reduction of radiant heat must more than offset the corresponding loss in evaporative cooling. For this reason, reflective clothing should be worn as loosely as possible. In situations where radiant heat is high, auxiliary cooling systems can be used under the reflective clothing.

Wetted Clothing

Wetted clothing is effective when reflective or other impermeable protective clothing is worn. The clothing may be wetted terry cloth coveralls or wetted two-piece, whole-body cotton suits. This approach is effective under conditions of high temperature and low humidity where evaporation from the wetted garment is not restricted.

EMERGENCY RESPONSE

The Administrator or designee will implement the following emergency response procedures for the type of heat stress indicated.

Heat Stroke

If a worker shows signs of possible heat stroke, professional medical treatment will be obtained immediately. The supervisor or co-workers will take the following steps to treat a worker with heat stroke:

1. Call 911 and notify the supervisor.
2. Move the sick worker to a cool, shaded area.
3. Cool the worker using methods such as soaking his or her clothes with water, spraying, sponging, or showering him or her with water, and fanning his or her body.

The worker should be placed in a shady area and the outer clothing should be removed. The worker's skin should be wetted and air movement around the worker should be increased to improve evaporative cooling until professional methods of cooling are initiated and the seriousness of the condition can be assessed. Fluids should be replaced as soon as possible. The medical outcome of an episode of heat stroke depends on the victim's physical fitness and the timing and effectiveness of first-aid treatment. Regardless of the worker's protests, no employee suspected of being ill from heat stroke should be sent home or left unattended unless a physician has specifically approved such an order.

Heat Exhaustion

Heat exhaustion responds readily to prompt treatment. A worker suffering from heat exhaustion should:

- Rest in a cool, shaded, or air-conditioned area.
- Drink plenty of water or other cool, nonalcoholic beverages.
- Take a cool shower, bath, or sponge bath.

Workers suffering from heat exhaustion will be removed from the hot environment and given fluid replacement. They will also be encouraged to get adequate rest.

Heat Syncope (Fainting)

Workers who exhibit signs of heat syncope will be instructed by a supervisor or co-workers to:

- Sit or lie down in a cool place when they begin to feel symptoms.
- Slowly drink water, clear juice, or a sports beverage.

Heat Cramps

Workers with heat cramps should:

- Stop all activity, and sit in a cool place.
- Drink clear juice or a sports beverage.
- Not return to strenuous work for a few hours after the cramps subside, because further exertion may lead to heat exhaustion or heat stroke.
- Seek medical attention if the worker has heart problems, the worker is on a low-sodium diet, or the cramps do not subside within one hour.

Heat Rash

Workers experiencing heat rash will be treated according to the following procedures:

- Directed to work in a cooler, less humid environment when possible.
- Keep the affected area dry.
- Use dusting powder to help increase comfort.

TRAINING

All employees who are exposed or potentially exposed to heat stress will receive training regarding heat stress-related injuries and illnesses and prevention measures at the time of assignment to work activities that involve hot conditions.

The following topics will be covered during safety training for heat stress:

- Knowledge of the hazards of heat stress, including environmental factors that might contribute to the risk of heat-related illness (temperature, humidity, radiant heat, air movement, conductive heat sources, workload activity and duration, and personal protective equipment).
- Recognition of predisposing factors, danger signs, and symptoms (e.g., age, degree acclimatization, medical conditions, consuming alcohol, caffeine use, nicotine use, and use of medications that affect the body's response to heat).
- The importance of frequent drinking of small quantities of water.
- Awareness of first-aid procedures for heat stroke and other heat stress-related illnesses.
- The procedure for reporting signs and symptoms of heat-related illness in themselves and co-workers.
- Employee responsibilities in avoiding heat stress.
- Use of protective clothing and equipment, including the importance of removing heat-retaining PPE, such as non-breathable chemical resistant clothing, during breaks.
- First aid and other emergency response procedures

Refresher Training

Personnel covered by this Plan will receive refresher heat stress training at least once per year, and whenever there is a change in work assignment or hot conditions, or when a new heat source is introduced to a work area.

RECORDKEEPING

Heat stress-related illnesses that are relieved by first aid and do not require additional medical treatment will not be recorded in injury and illness records.

Heat stress-related illnesses that require medical treatment beyond first aid will be recorded as an illness or injury and illness recordkeeping forms. For example, the administration of fluids by intravenous injections is recordable as medical treatment, and more serious cases of heat disorders involving such injections will be entered into the injury and illness records. In addition, any diagnosis by a physician or other licensed healthcare professional of heat syncope (fainting due to heat) will be recorded.