



INJURY AND ILLNESS PREVENTION PROGRAM (IIPP)

**PERRIS ELEMENTARY SCHOOL DISTRICT
INJURY AND ILLNESS PREVENTION PROGRAM**

CONTENTS

RESPONSIBILITY.....2

COMPLIANCE.....2

COMMUNICATION2

HAZARD ASSESSMENT3

ACCIDENT/EXPOSURE INVESTIGATIONS3

HAZARD CORRECTION3

TRAINING AND INSTRUCITON4

RECORDKEEPING4

APPENDIX5

PERRIS ELEMENTARY SCHOOL DISTRICT

INJURY AND ILLNESS PREVENTION PROGRAM

RESPONSIBILITY

The Injury and Illness Prevention Program (IIPP) administrator, Crystal Bonker, Risk & Safety Manager, has the authority and the responsibility for implementing and maintaining the IIPP for the Perris Elementary School District. District Administrators, Principals and/or Department Supervisors are responsible for implementing and maintaining the IIPP in their work areas and for answering worker questions about the IIPP.

COMPLIANCE

All workers, including managers and supervisors, are responsible for complying with safe and healthful work practices. Our system of ensuring that all workers comply with these practices include the following practices:

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

COMMUNICATION

All managers and supervisors are responsible for communicating with all workers about occupational safety and health in a form readily understandable by all workers. Our communication system encourages all workers to inform their managers and supervisors about workplace hazards without fear of reprisal.

Our communication system includes the following items:

- Review of our IIPP.
- Training programs.
- Regularly scheduled safety meetings.
- Posted or distributed safety information.

PERRIS ELEMENTARY SCHOOL DISTRICT

INJURY AND ILLNESS PREVENTION PROGRAM

HAZARD ASSESSMENT

Periodic inspections to identify and evaluate workplace hazards shall be performed by a competent observer in the following areas of our workplace: All work sites owned and operated by the Perris Elementary School District.

Periodic inspections are performed according to the following schedule:

1. When we initially established our IIPP;
2. When new substances, processes, procedures or equipment which present potential new hazards are introduced into our workplace;
3. When new, previously unidentified hazards are recognized;
4. When occupational injuries and illnesses occur; and
5. Whenever workplace conditions warrant an inspection.

ACCIDENT/EXPOSURE INVESTIGATIONS

Procedures for investigating workplace accidents and hazardous substance exposures include:

1. Interviewing injured workers and witnesses;
2. Examining the workplace for factors associated with the accident/exposure;
3. Determining the cause of the accident/exposure;
4. Taking corrective action to prevent the accident/exposure from reoccurring; and
5. Recording the findings and actions taken.

HAZARD CORRECTION

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

Hazards shall be corrected according to the following procedures:

1. When observed or discovered; and
2. When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, we will remove all exposed workers from the area except those necessary to correct the existing condition. Workers who are required to correct the hazardous condition shall be provided with the necessary Protection.

PERRIS ELEMENTARY SCHOOL DISTRICT

INJURY AND ILLNESS PREVENTION PROGRAM

TRAINING AND INSTRUCTION

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

Training and instruction is provided:

1. When the IIPP is first established;
2. To all new workers;
3. To all workers given new job assignments for which training has not previously been provided;
4. Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard;
5. Whenever the employer is made aware of a new or previously unrecognized hazard;
6. To supervisors to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed; and
7. To all workers with respect to hazards specific to each employee's job assignment.

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

1. Implementation and maintenance of the IIPP.
2. Emergency action and fire prevention plan.
3. Provisions for medical services and first aid including emergency procedures.
4. Prevention of musculoskeletal disorders, including proper lifting techniques.
5. Proper housekeeping, such as keeping stairways and aisles clear, work areas neat and orderly, and promptly cleaning up spills.
6. Prohibiting horseplay, scuffling, or other acts that tends to adversely influence safety.
7. Proper storage to prevent stacking goods in an unstable manner and storing goods against doors, exits, fire extinguishing equipment and electrical panels.
8. Proper reporting of hazards and accidents to supervisors.
9. Hazard communication, including worker awareness of potential chemical hazards, and proper labeling of containers.
10. Proper storage and handling of toxic and hazardous substances including prohibiting eating or storing food and beverages in areas where they can become contaminated.

PERRIS ELEMENTARY SCHOOL DISTRICT

INJURY AND ILLNESS PREVENTION PROGRAM

RECORDKEEPING

We are a local governmental entity (county, city, district, or and any public or quasi- public corporation or public agency) and we are not required to keep written records of the steps taken to implement and maintain our IIPP.

APPENDIX

- HAZARD ASSESSMENT & CORRECTION FORM
- QUICK REFERENCE GUIDE FOR ACCIDENT INVESTIGATION
- EMPLOYEE STATEMET OF OCCUPATIONAL INJURY OR ILLNESS
- SUPERVISOR STATEMENT OF OCUUPATIONAL INJURY OR ILLNESS
- RETURN TO WORK AUTHORIZATION
- EMPLOYEE SAFETY RECCOMMENDATION FORM

**PERRIS ELEMENTARY SCHOOL DISTRICT
INJURY AND ILLNESS PREVENTION PROGRAM**

HAZARD ASSESSMENT AND CORRECTION

Date of Inspection:

Person Conducting Inspection:

Unsafe Condition or Work Practice:

Corrective Action Taken:

Date of Inspection:

Person Conducting Inspection:

Unsafe Condition or Work Practice:

Corrective Action Taken:

Date of Inspection:

Person Conducting Inspection:

Unsafe Condition or Work Practice:

Corrective Action Taken:

PERRIS ELEMENTARY SCHOOL DISTRICT

INJURY AND ILLNESS PREVENTION PROGRAM

QUICK REFERENCE GUIDE for ACCIDENT INVESTIGATION

This quick reference guide is information for supervisors, managers, and administrators to use while investigating work related injuries and illnesses. Remember, prior to investigating an accident, employees' should be trained to report injuries to their supervisor, no matter how minor they may be. "Near-accidents" should also be reported and investigated by the supervisor.

Please follow these 4 easy steps when investigating work related injuries:

Step 1:

- A. Act at once. Talk with the injured employee immediately if possible (one on one is best). Use fact-finding, not fault-finding questions to determine what occurred. Ask the injured person or a witness to show you how the accident happened. Use the Accident Investigation Checklist (attached) for a list of sample questions that you may need to ask during an investigation.
- B. Review physical causes, such as poor housekeeping, improper guards, improper apparel (such as a lack of properly soled shoes or safety shoes, eye, hand, or head protection), defective equipment, slippery floors, or other working conditions. Completely describe location of incident: including lighting, walking surface, weather, measurements, and any other condition that could have contributed to or prevented the incident.
- C. Review personal causes, such as dangerous practices, inability, inexperience, poor judgement, disobeying rules. Review employees' safety record for past accidents, if any.
- D. Trace down each item of information to find every contributory cause. Decide the necessary preventive measures to prevent accidents in the future. Report any defective equipment to the person responsible. Tell other exposed employees about the accident and how they could have avoided it.
- E. Non-injury accidents (an accident that nearly caused an injury of any severity) should also be investigated.

Step 2:

Complete a supervisor accident investigation reporting form within 24 hours. Describe how the incident occurred; state facts, contributing factors, cite witnesses and support evidence. Keep a copy for your records and send original to the Risk Management Office.

PERRIS ELEMENTARY SCHOOL DISTRICT

INJURY AND ILLNESS PREVENTION PROGRAM

- Step 3:** Provide injured employee with a “Report of Employee Injury or Illness” and forward to the Risk Management office. If the employee wants or requires medical attention refer the employee to the industrial medical clinic.
- Step 4:** Follow-up with employee after he or she receives treatment to find out if they are doing well. In addition, ensure contributing factors to the accident, if any, are fixed (work orders sent) and all exposed employees’ are aware of the contributing causes of the accident. **It is vital for supervisors to re-evaluate completed work orders to ensure problems have been resolved.**

PERRIS ELEMENTARY SCHOOL DISTRICT INJURY AND ILLNESS PREVENTION PROGRAM



PERRIS ELEMENTARY SCHOOL DISTRICT
143 E. 1ST STREET
PERRIS, CA 92570
(951) 657-3118

EMPLOYEE STATEMENT OF OCCUPATIONAL INJURY OR ILLNESS

EMPLOYEE PERSONAL INFORMATION

EMPLOYEE NAME: _____ EMPLOYMENT SITE: _____
HOME ADDRESS: _____ PHONE NUMBER: _____
JOB TITLE _____ DATE OF BIRTH: _____
SOCIAL SECURITY #: _____
HOURS PER DAY _____ WORK DAYS (CIRCLE) SUN M T W TH F SAT

PLEASE ANSWER ALL THE QUESTIONS BELOW AND SUBMIT TO YOUR SUPERVISOR.

1. DATE OF INJURY/ILLNESS: _____ DATE REPORTED: _____
2. TIME YOU BEGAN WORK: _____ AM PM TIME OF INJURY: _____ AM PM
3. EXACT LOCATION WHERE INJURY/ILLNESS OCCURRED: _____

4. DEPARTMENT/SITE WHERE EVENT OCCURRED: _____

5. PLEASE STATE SPECIFIC PART OF BODY AFFECTED AND TYPE OF INJURY: _____

6. PLEASE STATE EQUIPMENT, MATERIALS AND/OR CHEMICALS BEING USED WHEN INJURY OCCURRED

7. EXPLAIN THE CIRCUMSTANCES AND/OR ACTIVITY RELATED SPECIFICALLY TO THE INJURY/ILLNESS. DESCRIBE THE SEQUENCE OF EVENTS THAT LED TO THE INCIDENT THAT DIRECTLY AFFECTED THE INJURY/ILLNESS (USE BACK OF FORM IF NECESSARY.) _____

8. WAS ANYONE ELSE INJURED? NO YES: (IDENTIFY) _____
9. WHO DID YOU NOTIFY REGARDING THIS ACCIDENT/ILLNESS: _____
10. PLEASE NAME ANY WITNESSES: _____
11. COMMENTS: _____

PERRIS ELEMENTARY SCHOOL DISTRICT INJURY AND ILLNESS PREVENTION PROGRAM



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SUPERVISOR STATEMENT OF OCCUPATIONAL INJURY OR ILLNESS

Name of injured employee: _____

Department/School Site: _____

Position: _____ Employee Hours: _____

Date of injury or illness: _____ Time: _____ AM _____ PM _____

Check Here if Incident Was a "Near Miss" that did not result in actual injury _____

Was medical treatment offered? Yes _____ No _____ Was treatment refused? Yes _____ No _____

Was employee given a DWC-1 claim form? Yes _____ No _____

What type of medical treatment was given on site? _____

Did the injured employee leave work due to this injury or illness? Yes _____ No _____ Time: _____

Has employee returned to work? Yes _____ Date returned: _____ No, still off work _____

Name of person to whom the injury or illness was reported: _____

Timeliness of reporting: If the accident was not reported immediately, why not?

Location where accident or exposure occurred:

Was the injury or exposure witnessed? Yes _____ No _____

WITNESS INFORMATION

Name: _____ Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Telephone: _____ Telephone: _____

PERRIS ELEMENTARY SCHOOL DISTRICT INJURY AND ILLNESS PREVENTION PROGRAM



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Body part injured (check all that apply and indicate left and/or right):

- | | | | |
|-------------------------------|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Upper back | <input type="checkbox"/> Finger (which?) | <input type="checkbox"/> Ankle |
| <input type="checkbox"/> Face | <input type="checkbox"/> Lower back | <input type="checkbox"/> Upper leg | <input type="checkbox"/> Foot |
| <input type="checkbox"/> Eye | <input type="checkbox"/> Arm | <input type="checkbox"/> Lower leg | <input type="checkbox"/> Toe (which?) |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Wrist | <input type="checkbox"/> Knee | <input type="checkbox"/> Other _____ |

Nature of injury or illness:

- | | | | |
|-----------------------------------|--|---|--|
| <input type="checkbox"/> Scrape | <input type="checkbox"/> Burn | <input type="checkbox"/> Fracture | <input type="checkbox"/> Cold-related problem |
| <input type="checkbox"/> Cut | <input type="checkbox"/> Sprain/strain | <input type="checkbox"/> Skin problem | <input type="checkbox"/> Loss of consciousness |
| <input type="checkbox"/> Puncture | <input type="checkbox"/> Foreign body | <input type="checkbox"/> Chemical-related problem | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Bruise | <input type="checkbox"/> Poisoning | <input type="checkbox"/> Heat-related problem | <input type="checkbox"/> Other _____ |

What was employee doing at the time of injury or exposure?

Person, object or substance that directly injured employee:

Check any of the following unsafe actions which you feel may apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Haste/unsafe speed | <input type="checkbox"/> Improper procedure | <input type="checkbox"/> Unsafe lifting |
| <input type="checkbox"/> Not authorized | <input type="checkbox"/> Unsafe equipment usage | <input type="checkbox"/> Unsafe position |
| <input type="checkbox"/> Disregard of instructions | <input type="checkbox"/> Defective equipment/tools | <input type="checkbox"/> Running/jumping |
| <input type="checkbox"/> Lack of knowledge/skill/training | <input type="checkbox"/> Inattention | <input type="checkbox"/> Poor Housekeeping |
| <input type="checkbox"/> Failure to use proper equipment | <input type="checkbox"/> Assault | <input type="checkbox"/> Act of other |
| <input type="checkbox"/> Inadequate protective gear | <input type="checkbox"/> Horseplay | <input type="checkbox"/> Physical handicap |
| <input type="checkbox"/> Carelessness | <input type="checkbox"/> Alcohol/drugs | <input type="checkbox"/> Other _____ |

I know the injury occurred on duty.

I have no specific knowledge that the injury occurred on duty

What steps have been taken or recommended to prevent a recurrence?

Comments:

Supervisor's signature: _____

Date: _____

**PERRIS ELEMENTARY SCHOOL DISTRICT
INJURY AND ILLNESS PREVENTION PROGRAM**

PERRIS ELEMENTARY SCHOOL DISTRICT

INJURY AND ILLNESS PREVENTION PROGRAM

Employee:
Regular Position:
Date of Injury:

143 East First Street
Perris, CA 92570
(951) 657-3118



Return to Work Authorization

Perris Elementary School District has developed a temporary modified/alternative duty assignment program to benefit employees and the district. As a valuable member of PESD, we are pleased that your treating physician has approved you for temporary modified duty. You may be assigned to a temporary position that is within the medical abilities and limitations outlined by your treating physician, or be instructed to modify your current position.

Regular attendance is important while in transitional duty. If you are sick or unable to report to work, please contact your supervisor immediately. Sick leave will be charged unless you provide our office with a doctor's off work notice indicating your illness was industrial related.

This is a temporary assignment that is subject to change. If at any time you feel you are unable to perform the temporary assignment, or if you feel the physical requirements of the position exceeds limitations placed by your physician, please notify your Supervisor/Risk Management immediately. Once released by the doctor to return to regular duties with no restrictions, report to Risk Management to be cleared to return to your regular position.

If you feel you need to go back to the doctor's office prior to any follow up appointments, contact Risk Management and let them know. Sending yourself home, without notice to the district, will result in personal time being charged for the time off of work. You will continue to receive your regular pay provided you work your assigned number of hours on this modified assignment. Failure to work the assignment will result in being in an unpaid status. No overtime work or extra duty is authorized while you are on a Modified/Alternative return-to-work assignment.

It is recommended to schedule medical appointments before or after your regular work hours. Any full or partial day missed from work due to this injury will be counted as one day of the Ed Code 44984 benefit. If you have been off work for more than 60 days, please note that your full pay benefit has been exhausted and any missed time for appointments, physical therapy etc., will be charged against your sick time.

The following restrictions per your primary treating physician are being accommodated in a temporary/alternative duty assignment (**Date**) at (**Location**). Duties assigned may include (**duties**) but will remain within the following restrictions:

(Restrictions)

Please also note that the above physical restrictions given by your treating physician also apply at home and after hours, to allow the most complete recovery possible. This assignment is effective until your next follow-up doctor's appointment. At that time, please bring your updated status report to Risk Management so your restrictions, if any, can be reviewed and discussed.

I have read and understand the above:

Employee Signature

Date

Risk Management Signature

Date

Modified Assignment Supervisor Signature

Date

**PERRIS ELEMENTARY SCHOOL DISTRICT
INJURY AND ILLNESS PREVENTION PROGRAM**

**PERRIS ELEMENTARY SCHOOL DISTRICT
EMPLOYEE SAFETY RECOMMENDATION FORM**

LOCATION:	DEPT:
SUPERVISOR:	DATE:

IDENTIFICATION OF SAFETY OR HEALTH HAZARD

SUGGESTION FOR ABATEMENT OF THE SAFETY OR HEALTH HAZARD

**PERRIS ELEMENTARY SCHOOL DISTRICT
INJURY AND ILLNESS PREVENTION PROGRAM**

DO NOT WRITE BELOW THIS LINE

Date complaint was investigated:

Investigated by:

Action taken:

Date Action was reported to the employee:

Comments: