

SECTION A

INJURY AND ILLNESS PREVENTION PROGRAM *Revised 8/3/22*

1.0 **POLICY**

The personal safety of each school district employee while in the performance of his or her work activity is of primary importance to the school district. The prevention of occupational induced injuries or illnesses will be accomplished through an Injury & Illness Prevention Program at each district element. This program will ensure, to the greatest extent possible, compliance with both legal requirements and the highest standards of safe work practice. The success of this program is to be achieved through the continuous mutual cooperation and support of management and employees.

2.0 **GENERAL**

- 2.1 Each Injury and Illness Prevention Program will include, as a minimum, the following elements: communication; compliance; management support; identification, evaluation, and control of safety hazards; employee and management education; routine inspections; accident investigation and analysis; record keeping; routine safety meetings.
- 2.2 Management support and participation in all elements of the Injury & Illness Prevention Program are of paramount importance. The supervisor is the key person to implement and enforce this program.
- 2.3 Identification, evaluation, and control of safety hazards. The employer has conducted a comprehensive safety and health audit to identify and evaluate job hazards. Action plans were developed to guide the audit. Included at the end of this document and made a part of it are copies of the action plans and worksheets on which the results of the audit are recorded. The following activities have been undertaken in connection with the audit:
 - 2.3.1 **Review of safety orders and other regulations:** The implementation officers or their designees have reviewed safety orders, regulations, and industry standards applicable to the processes, equipment, materials, and procedures used at this worksite in order to evaluate whether hazards are present.
 - 2.3.2 **Review of internal records and information:** The implementation officers or their designees have reviewed internal records of accidents, injuries, occupational illnesses, near-miss incidents, and safety violations to detect relationships between job hazards and recorded mishaps.

- 2.3.3 **Review of outside sources:** The implementation officers or their designees have reviewed state and federal accident and illness statistics, highlighting areas that may uncover hazards in this organization.
- 2.3.4 **Job hazard analyses:** The implementation officers or their designees have made analyses of representative jobs to determine what hazards exist in connection with the procedures, processes, materials, and equipment used to perform them. The results of these analyses were recorded in writing, and the records are filed in the personnel office. Job hazard analysis and code of safety practices for job classifications associated with school districts are identified in Section S of this Injury and Illness Prevention Program.
- 2.3.5 **Inspection:** The employer has a program of regularly scheduled inspections. Inspections are conducted using checklists designed to uncover job hazards. Inspection records are retained for three years and are stored in the supervisor's office.
- 2.3.6 **Employee reporting:** Employees are instructed to report any and all safety hazards which they may observe or become aware of. The employer should use a specified hazard reporting form. However, employees may report hazards by any available method. Oral reports are recorded in writing by supervisors. Reports may be submitted anonymously, at the employee's option. The employer advises all employees that it invites reports of hazards and pledges to take no disciplinary action against any employee as a result of the employee's submission of a hazard report. Employees may submit hazard reports to their supervisor or directly to the safety committee. Supervisors are directed to route all hazard reports to the safety committee.
- 2.3.7 **Accident Investigation:** Every accident is investigated by a supervisor or manager. Accident investigation and analysis including interviews with the injured employee and, as necessary, witnesses to an accident, will be conducted on all accidents using SIPE Form 6-588 to identify the causes and recommend corrective measures. Accident reports should be completed within 48 hours from the time the accident was first reported. Accident investigation reports are forwarded to the safety committee for recommendations as to corrective action. Recommendations for corrective action are entered in the minutes of the safety committee meeting, along with the name of the person assigned to make the corrections. A copy of the minutes is forwarded to the person so assigned. SIPE Form 6-588 can be found in the attachments of this section, or online (sbsipe.org) in the IIPP/Safety Forms titled Employee and Supervisor Incident Report – SIPE Form 6-588.

2.4 Employee and management training will be conducted to instruct and certify workers in safe work practices and use of personal protective equipment; to advise on reporting of unsafe conditions; to inform employees of potential job hazards; and to communicate the enforcement actions which will follow violations of any safety rule or procedure.

2.4.1 Provide training and instruction:

(A) When the program is first established;

(B) To all new employees;

(C) To all employees given new job assignments for which training has not previously been received;

(D) Whenever new substances, processes, procedures, or equipment are introduced to the workplace and represent a new hazard;

(E) Whenever the employer is made aware of a new or previously unrecognized hazard; and,

(F) For supervisors to familiarize themselves with the safety and health hazards to which employees under their immediate direction and control may be exposed.

2.5 Routine inspections will be performed both to assure that existing safety equipment, conditions, housekeeping and work practices are in compliance with applicable laws and to identify additional unsafe conditions and acts. Recommendations on correction of problems will be made by qualified personnel, and a final correction date will be established.

2.5.1 The SIPE Safety officer will perform an annual safety inspection at any school sites if requested by member districts.

2.5.2 Safety evaluations performed by SIPE Safety will be submitted to the districts in a draft for review and approval before it is submitted in final. Districts have 30 days to reply with their action on open safety deficiencies.

2.6 Recordkeeping will include:

2.6.1 Completion and posting of forms as required by applicable state and federal OSHA regulations.

2.6.2 Completion of forms and records for insurance purposes.

2.6.3 Documentation of all activities relating to the implementation of the Injury & Illness Prevention Program, such as safety meetings, employee training, job safety analyses, safe work procedures, issuance of personal protective equipment and accident investigations. We offer online

training though getsafetytrained.com which also documents training of any module that an employee completes and offers safety training specific to jobs related to all school districts.

- 2.6.4 Maintenance of statistics on incidence/severity rates of OSHA recordable injuries and illnesses will be provided by Workers' Compensation Administrators or the SIPE Safety Office at least monthly. This report will be briefed to the SIPE Board and filed in the SIPE Safety office.
- 2.6.5 OSHA Form 300, Log and Summary of Occupational Injuries and Illnesses must be completed and posted in a conspicuous location from February 1 to March 1. Completed OSHA Form 300's must be kept on file for 5 years. This is now optional for educational institutions but must be followed completely if utilized.
- 2.6.6 The supplementary record of Occupational Injuries and Illnesses, OSHA Form 301 is not the only form that can be used to satisfy OSHA requirements. To eliminate duplicate recording, SIPE Form 6-588, Employee's and Supervisors Review of Industrial Injury/Illness Report may be used as the supplementary record.
- 2.7 Correction of Job Hazards
 - 2.7.1 Job hazards discovered in the course of Job Hazard Analyses are referred to the safety officer or appropriate supervisor for consideration. If a hazard can be corrected by a change in practices or procedures, appropriate modifications are instituted at the earliest possible time. If other controls are required, the Job Hazard Analysis is referred to the safety committee for discussion at its next meeting. Interim safety measures are instituted while the matter is pending before the safety committee. The safety committee is required to recommend corrective action to management within a reasonable time, and the management is pledged to report in a timely manner to the safety committee on its progress in making the corrections.
 - 2.7.2 With regard to hazards that are uncovered by periodic inspections, reported by employees, or discovered as a result of an accident, the person receiving initial notice of the hazard, whether an inspector, manager, or safety committee member, is required to record the name of the person assigned responsibility for correction on the form on which the hazard is recorded and to forward copies of any such recommendations to all persons so named. All recommendations are followed up within a time limit established by the committee, supervisor or inspector. Any failure of the person assigned the responsibility for correction to take corrective action within the established time limit is reported immediately to the responsible person's supervisor.

- 2.7.3 Completed inspection checklist, employee hazard reports, and accident investigation report remain open before the safety committee and are not filed away until all corrective measures have been completed and documented.
- 2.7.4 In the case of imminent hazards that cannot be corrected safely without exposing employees to danger, supervisory personnel are instructed to evacuate all non-essential personnel from the area of the hazard until such corrective measures have been completed as to render the area safe.

3.0 RESPONSIBILITIES

3.1 The superintendent of each school district element shall:

- 3.1.1 Designate in writing an individual to be responsible for supervising the Injury & Illness Prevention Program and for notifying the SIPE Safety Officer regarding any state or federal inspection related to occupational health and safety and its outcome, and to notify workers compensation administration and CAL/OSHA of any occupational fatality or serious injury or illness immediately.
- 3.1.2 Designate representatives to serve on a school district safety committee, which shall meet bi-monthly or at least quarterly. This committee is to encourage employee participation in all aspects of safety, monitor the effectiveness of the Injury & Illness Prevention Program, and maintain minutes of its proceedings.
- 3.1.3 As a minimum, participants in the safety committee should be a representative from the following departments: purchasing, personnel, operations/maintenance, transportation, custodial, food service and a representative from each school site.
- 3.1.4 The safety committee functions are:
- Develop safety policies and recommend their adoption by top management.
 - Identify unsafe work practices and conditions and suggest appropriate recommendations.
 - Develop and implement an effective safety training program.
 - Encourage feedback from all levels of employees in all areas of the district with regard to problems, ideas and solutions related to

safety.

- Engage in accident investigations and develop recommendations.
- Develop and recommend adoption of appropriate safety programs to supplement a general program (a specific housekeeping program, fire prevention program, protective clothing program, etc.)
- Keep everyone in the district informed about new safety policies, training programs, accident causation and other safety related matters.
- Identify specific safety related problems that seem to be reoccurring and develop appropriate preventative measures.

3.1.5 Minutes must be taken, disseminated to all affected employees, and maintained for one year.

3.1.6 School districts with 50 employees or less may substitute the safety committee meeting with scheduled safety topics that relate to your district as an agenda item at their monthly staff meeting.

3.2 All levels of management shall be responsible for the success of the Injury & Illness Prevention Program. This includes assuring compliance with all applicable safety practices and procedures by all employees, students and by any non-employee visiting or working in a district facility.

3.3 Each employee, as a condition of employment, shall comply with all applicable safety practices and procedures in accordance with instruction and training received.

3.4 The school district safety coordinator, under the direction of the school district superintendent, shall provide all district elements with the technical assistance and information required in implementing the Injury & Illness Prevention Program and will audit district elements periodically and report to management on safety deficiencies and accomplishments.

4.0 EMPLOYEE ACCESS

4.1 Per Cal OSHA 3203(a) (8) (B) (1) (2) requirements, IIPP programs must be communicated to all affected employees.

4.2 Provide access in a reasonable time, place, and manner, but in no event later than five (5) business days after the request for access is received from an employee or designated representative.

- 4.3 Whenever an employee or designated representative requests a copy of the Program, the district shall provide the requester a printed copy of the Program, unless the employee or designated representative agrees to receive an electronic copy of the Program.
- 4.4 Provide unobstructed access through a company server or website, which allows an employee to review, print, and email the current version of the Program. Unobstructed access means that the employee, as part of his or her regular work duties, predictably and routinely uses the electronic means to communicate with management or coworkers.

5.0 DISCIPLINARY PROCEDURES

- 5.1 Verbal counseling (will be documented in the employee's personnel file).
- 5.2 Written warning (must outline nature of offense and necessary corrective action).
- 5.3 Suspension without pay (may be used in conjunction with 1 and/or 2 above, or as a separate and distinct disciplinary action resulting from a serious violation).
- 5.4 Termination (may be used in conjunction with 1 and/or 2 above, or as a separate and distinct disciplinary action resulting from a serious violation).

6.0 OSHA INSPECTORS PROTOCOL

- 6.1 When an OSHA inspector arrives on site, school districts will:
 - 6.1.1 Greet the inspector with courtesy.
 - 6.1.2 Determine the purpose of his visit.
 - 6.1.3 Contact the responsible supervisor, safety coordinator and district superintendent.
 - 6.1.4 Provide the documentation requested and accompany the inspector on his walk through.
 - 6.1.5 Request the inspector to conduct a post conference with appropriate site staff.

Attachments

Santa Barbara County Schools - Self-Insured Program for Employees (SIPE)
Employee's and Supervisor's Industrial Incident Report

SIPE Form 6-588 1 1 /00 Revised 2/19

(Please print clearly)

Employee Name _____ District _____

Date of injury/illness _____ Job Title _____

Brief description of injury or exposure (sprain, fracture, skin rash, etc.)

Supervisor's Review

(Please investigate causal factors to prevent re-occurrence.)

What was the employee doing when injured or exposed?

Object or substance that directly injured or exposed employee _____

_____ Was employee able to work
after injury or exposure? ☐ Yes ☐ No Time and date last worked _____

_____ Has employee returned to
work? ☐ Yes ☐ No Date returned _____

Have you obtained information regarding the injury or exposure from
witnesses? ☐ Yes ☐ No

hazard involved in this incident? ☐ Yes ☐ No

Has the safety hazard or unsafe condition been corrected? ☐ Yes ☐ No

If yes, explain action taken.

How could injury or exposure have been prevented?

What action have you taken to prevent reoccurrence?

Supervisor's Name (Print) _____ Phone _____

Supervisor's Signature _____ Date _____

Safety Committee Review

Factors causing or contributing to this injury or exposure? _____

This injury or exposure was ☐ preventable ☐ non-preventable

Rationale/Comments: _____

Safety Director _____ Date _____

District Safety Committee Review _____ Date _____

SECTION B
SAFETY TRAINING

Our Injury & Illness Prevention Program includes the following safety training programs:

- 1.0 Training for workers in general, safe work practices, the kind of work procedures that most workers would use during the course of their work.
 - 1.1 Correct lifting procedures
 - 1.2 Use of personal protective equipment
 - 1.3 Knowledge of exits and emergency procedures
 - 1.4 Good housekeeping
 - 1.5 Fire protection procedures
 - 1.6 Evacuation
 - 1.7 Handling of flammables and toxic materials
 - 1.8 Hazardous communication.
- 2.0 Work tasks that require specific instruction are:
 - 2.1 Lockout and tagout procedures
 - 2.2 Proper use and adjustment of machine guards
 - 2.3 Ladders and fall protection
 - 2.4 Power and hand tool safety
 - 2.5 Welding/cutting safety
 - 2.6 Bloodborne pathogens
 - 2.7 Electrical safety
 - 2.8 Confined space

3.0 Other safety training/certification:

3.1 Respiratory Protection

Employees shall be instructed in the need, use, sanitary care and limitations of such respiratory equipment as any employee may have the occasion to use. Respirators shall be inspected before each use and shall not be worn when conditions prevent a good gas-tight face seal. Every respirator wearer shall be instructed in how to properly fit and test respiratory equipment and how to check the face piece fit and shall be provided the opportunity to wear respiratory equipment in normal air for an adequate familiarity period, and to wear it in a test atmosphere (such as generated by smoke tubes or odor of the banana oil). Districts will contact the SIPE Safety Officer for training and a fit test. All employees will be fit tested annually. Employees must show proof of a medical physical prior to the fit test. The Santa Barbara County Schools Respiratory Protection Program is located in Section R.

3.2 Confined Space

Districts shall implement the provisions of this section before any employee is permitted to enter a confined space.

3.2.1 Confined space training will be conducted annually.

3.2.2 Written, understandable operating and rescue procedures shall be developed and shall be provided to affected employees.

3.2.3 Operating procedures shall conform to the applicable requirements of this article and shall include provision for the surveillance of the surrounding area to avoid hazards such as drifting vapors from tanks, piping and sewers.

3.2.4 Employees, including standby persons working in a confined space shall be trained in the operating and rescue procedures, including instruction as to the hazards they may encounter, and provided with appropriate PPE.

3.2.5 At least one person trained in current first aid and CPR shall be immediately available in a Permit-Required confined space operation per Cal-OSHA 5157.

3.2.6 The SIPE Safety Officer will be contacted prior to all confined space entry.

3.3 Hazard Communication Employee Training (See Section I)

3.4 General Noise Control Training Program

3.4.1 The SIPE safety office shall institute a training program for all employees who are exposed to noise at or above an 8-hour time weighted average of 85DBA and shall ensure employee participation in such programs.

3.4.2 The training program shall be repeated annually for each employee included in the hearing conservation program. Information provided in the training program shall be updated to be consistent with changes in protective equipment and work processes.

3.4.3 The training program shall ensure that each employee is informed of the following:

The effects of noise on hearing;

The purpose of hearing protectors, the advantages, disadvantages, and attenuation of various types, and instruction on selection, fitting, use and care;

The purpose of audiometric testing, and explanation of the test procedures.

3.5 Fire (training and education)

3.5.1 Where the employer has provided portable fire extinguishers for employee use in the work place, the employer shall also provide an educational program to familiarize employees with the general principles of fire extinguisher use and the hazards involved with incipient stage firefighting.

3.5.2 Portable fire extinguishers will be inspected monthly and inspection cards signed.

3.5.3 The employer shall provide the fire prevention training upon initial employment and at least annually thereafter.

3.6 Emergency Action Plan

3.6.1 SBCEO is implementing the Standard Response Protocol.

A. The protocol includes five main actions:

- 1.Hold:** For situations within a room (like a medical emergency) where students and staff should stay put and maintain safety.
- 2.Secure:** To protect the building from outside threats, locking doors and turning off lights.
- 3.Lockdown:** For imminent threats inside the building, where everyone should find a safe place to hide.
- 4.Evacuate:** To leave the building if it's safe to do so, following specific routes.
- 5.Shelter:** For hazardous materials or severe weather situations, seeking a safe location.

B. The SRP is designed to be easily understood and practiced, ensuring that everyone knows how to respond effectively in an emergency.

3.6.2 The employer shall advise each employee of his/her responsibility under the plan at the following times:

- Initially when the plan is developed,
- Whenever the employee's responsibilities or designated action under the plan change and,
- Whenever the plan is changed.

3.6.3 The employer shall review with each employee upon initial assignment those parts of the plan which the employee must know to protect the employee in the event of an emergency.

3.7 Fire Prevention Plan

3.7.1 Training

-The employer shall notify employees of the fire hazards of the materials and processes to which they are exposed. They shall also review with each employee upon initial assignment, those parts of the fire prevention plan which the employee must know to protect the employer in the event of an emergency.

3.8 Agriculture Operations

3.8.1 Pesticide and Antimicrobial Training

- Each employer shall provide to each employee working with any pesticide adequate instruction and training so that the employee understands the safety procedures required for the pesticides that

he will work with.

- Training will be conducted upon employees' initial assignment and annually thereafter.
- A Pesticide Usage Log will be used to record all pesticide usage.

3.8.2 Operation of Agricultural Equipment

- At the time of initial assignment and at least annually thereafter, the employer shall instruct every employee in the safe operation and servicing of all equipment with which the employee is or will be involved.

3.9 Powered Industrial Trucks (Forklift) Training/Certification

3.9.1 Only drivers authorized by the employer and trained in the safe operations of industrial trucks or industrial tow tractors shall be permitted to operate such equipment.

3.9.2 Training and certification is conducted to meet CAL/OSHA requirements.

4.0 Forklift and Mobile Elevating Work Platforms (MEWPS) equipment training requirements:

4.1 Districts will contact the SIPE Safety Office for forklift and MEWPS training.

4.2 Forklift and MEWPS training will consist of two hours of classroom instruction and a two-hour operational and proficiency training.

4.3 Upon completion, employee will be able to:

- Know the operator training definition for NIOSH and OSHA.
- Know the skills required for safe operation, including those involved in the pre-start safety inspection, general operating and material handling.
- Establish efficient preventive maintenance, recharging and refueling procedures.
- Evaluate safe pedestrian and lift truck patterns.
- Understand fire safety in terms of hazardous atmosphere conditions.

4.4 A completion certificate to operate will be issued to those employees who

successfully complete the training course. The certificate will have an expiration of **three years** from the date of training.

- 4.5 Employees involved in a forklift or MEWPS mishap, or when recommended by their supervisor, will be required to attend a recertification training program. Training will be conducted by the SIPE Safety Officer.
- 4.6 Training will be conducted using either the Ives Training & Compliance Group training program, or a program that meets all Federal and State requirements.

5.0 Who should be trained?

- 5.1 We utilize the concept of "need-to-know" training. To make training most efficient, train employees only in what they need to know to be safe.
- 5.2 **All** employees need to be trained in general safety principles.
- 5.3 Employees who face specific job hazards need to be trained in those hazards.
- 5.4 Supervisors need to be trained in all hazards faced by their employees for whom they are responsible, as well as in the techniques of training employees.

6.0 Training Records

- 6.1 [SIPE Form 1-588](#) or similar should be used to document employee safety training.
- 6.2 Online safety training may use web data base to record training.
- 6.3 Forms must be used to document supervisors' safety training.
- 6.4 Retention of employee health and safety training records will be maintained for three years.

- 7.0 Supervisors should contact the SIPE Safety Office for blank SIPE Safety forms or forms can be obtained online at www.sbsipe.org.

SECTION C

EMPLOYEE INJURY REPORTING PROCEDURE

- 1.0 If medical treatment is needed, refer injured employee to medical facility listed on "Medical Panel".
- 2.0 Complete Employee's Claim for Workers Compensation Benefits [Form 1](#) and Employer's Report of Occupational Injury or Illness and send three copies to the business office. This report must be submitted within 24 hours after an injury. Do not wait for the report from the doctor. The business office will then forward two copies to Workers' Compensation Administrators.
- 3.0 Complete [SIPE Form 6-588](#), Employees and Supervisors Report of Industrial Injury/Illness, and forward to the district office. The district should forward a copy to SIPE safety via email (sipe@sbceo.org). Form can be found in Safety forms on our website (sbsipe.org)
 - (a) In case of a serious accident (in patient hospitalization, amputation, etc.) telephone the district office. Per CCR Title 8 § 342 Every employer shall report immediately by telephone or telegraph (email) to the nearest District Office of the Division of Occupational Safety and Health any serious injury or illness, or death, of an employee occurring in a place of employment or in connection with any employment.
 - Report an accident to Cal OSHA Van Nuys District Office
6150 Van Nuys Blvd Suite 405
Van Nuys, Ca. 91401
818-901-5413
Email: caloshaaccidentreport@tel-us.com
 - (b) Immediately means as soon as practically possible but not longer than **8 hours** after the employer knows or with diligent inquiry would have known of the death or serious injury or illness. If the employer can demonstrate that exigent circumstances exist, the time frame for the report may be made no longer than 24 hours after the incident.
 - (c) *Cal OSHA defines serious injury* (§330): Serious injury or illness means any injury or illness occurring in a place of employment or in connection with any employment that requires **inpatient hospitalization** for other than medical observation or diagnostic testing, or in which an employee suffers an amputation, the loss of an eye, or any serious degree of permanent disfigurement, but does not include any injury or illness or death caused by an accident on a public street or highway, unless the accident occurred in a construction zone.
- 3.1 The district office should notify SIPE safety within 48 hours.

4.0 When reporting an accident to CAL/OSHA call (818) 901-5403 or email caloshaaccidentreport@tel-us.com, have the following information ready:

1. Time and date of accident/event.
2. Employer's name, address, and telephone number.
3. Name and job title of the person reporting the accident.
4. Address of accident/event site.
5. Name of person to contact at accident/event site.
6. Name and address of injured employee(s).
7. Nature of injuries.
8. Location where injured employee(s) was/were taken for medical treatment.
9. List and identity of other law enforcement agencies present at the accident/event site.
10. Description of accident/event and whether the accident scene or instrumentality has been altered.

4.1 Document calls with the name of the Cal-OSHA contact, the date and time of the call, and provide information to district office.

5.0 When an employee leaves work and returns to work as a result of a job injury, the business office must be notified each time. This may be done by telephone or memorandum.

6.0 Correspondence or bills relating to injuries should be sent to:

Workers' Compensation Administrators
265 East Donovan
Santa Maria, CA 93458
(805) 922-9157

7.0 Injured employees should contact Workers' Compensation Administrators if they need assistance or have questions. Do not give injury information to anyone other than Worker's Compensation Administrators or Cal OSHA.

SECTION D

INJURY/ILLNESS RECORDKEEPING AND REPORTING SYSTEM

This section covers record keeping for occupational injuries and illnesses. If one or more of your employees suffers an occupational related injury or illness, you must complete certain forms as discussed in this section and keep specified records. If a death or serious injury or illness occurs, you are required to submit a report promptly to CAL/OSHA.

- 1.0 Record keeping requirements for injuries and illness. If an employee suffers an occupational injury or illness, the following forms must be completed.
 - 1.1 The Employee's Claim for Workers Compensation Benefits, [DWC Form 1](#)
 - 1.2 The Employers First Report of Occupational Injury or Illness, DLSR [Form 5020](#), Rev. 5
 - 1.3 The Doctor's First Report of Occupational Injury or Illness, DLSR [Form 5021](#)
 - 1.4 Log and Summary of Occupational Injuries and Illnesses, [OSHA Log 300](#), if utilizing OSHA 300
 - 1.5 SIPE [Form 6-588](#), Employee and Supervisor's Incident Report.
- 2.0 Employee's Claim Form
 - 2.1 The employer must provide an Employee's Claim for Workers Compensation Benefits to an employee who has suffered an occupational injury or illness.
 - 2.2 The district must provide this report form to the employee within 24 hours of learning of the injury or illness. There is no time limit as to when the employee must return the form to the district.
 - 2.3 It is essential that the district keep track of the time and date of learning of the injury or the onset of illness. The district should also document when the Employee's Claim for Workers Compensation Benefits form was provided or why the form was not provided.
 - 2.4 You are required to date this form and provide copies to your insurer and the employee, dependent or representative who filed the claim within one working day after receiving the completed form from the employee.
 - 2.5 If the employee is available but will be unaware of presence of the form (for example, the employee is unconscious), you should leave the form with a representative of the employee as soon as possible. Keep a record of such events.

3.0 Employer's First Report ([DOSH Form 5020](#))

- 3.1 The employer must complete the Employer's First Report of Occupational Injury or Illness, the so called "Employer's First" when an employee suffers an occupational injury or illness if:
 - 3.1.1 The occupational injury or illness results in lost time, which is defined as absence from work for a full day or shift beyond the date of injury or illness; or
 - 3.1.2 The occupational injury or illness requires medical treatment beyond first aid. First aid is defined as any one-time treatment of minor scratches, cuts, burns, splinters, and so forth, which do not require the services of a physician.
- 3.2 You do not need to file an Employer's First if:
 - 3.2.1 The occupational injury or illness results only in first aid treatment; or
 - 3.2.2 There is no lost time.
- 3.3 The report must be filed with your carrier within five days after the injury or illness has been reported to the employer. Although the regulation does not specify this, it is prudent to consider the filing period to consist of five calendar days, rather than five working days.
- 3.4 Once the report is filed with your workers compensation insurance carrier, the carrier is to immediately forward the original report to the Division of Labor Statistics and Research.
- 3.5 Be careful when completing the Employer's First. The primary intent of the document is to gather statistics for research by the state of California. There is a high probability that litigation will occur as a result of a job site injury and/or illness, and the "Employer's First" is not a privileged document; therefore, it is available to all parties in litigation. It is important that the form is filled out succinctly and objectively.
- 3.6 To ensure the accuracy of the report and keeping in mind its availability in litigation, exercise care in accumulating and recording the information necessary to complete the form. Specifically, unless an accident investigation has been completed within five days of learning of the injury or onset of the illness, and the actions of the injured employee and the cause of the accident (or exposure) have been determined, it may be prudent to state in paragraphs 16 and 17 of the Employer's First that the information called for is unavailable and/or uncertain. Follow-up information may always be provided.

- 3.7 There does not appear to be any time limit as to how long copies of the Employer's First must be retained. It may be advisable to retain a copy of the Employer's First for the employee's duration of employment or five years.

4.0 Doctors First Report

- 4.1 If an employee is sent to a physician, it is the responsibility of the attending physician to complete the Doctor's First Report of Occupational Injury or Illness, the "Doctor's First" or employee evaluation and treatment summary.
- 4.2 A treating physician must complete a Doctor's First on all occasions, regardless of whether medical treatment or first aid is rendered to the employee. The report must be completed within five days after initial examination.
- 4.3 The attending physician is responsible for providing the original of the Doctor's First to the district's workers' compensation insurance carrier, and the insurance carrier is responsible for forwarding a copy of the report to the Division of Labor Statistics and Research.
- 4.4 Unlike the Employer's First, which the insurance carrier must send to the Division of Labor Statistics and Research "immediately upon receipt", the Doctor's First must be sent to the Division of Labor Statistics within five days after the insurance carrier receives it.
- 4.5 The physician has the option of transmitting the information to the agency on an approved computer input media, as long as the data is acceptable and compatible with Division of Labor Statistics and Research computer equipment.
- 4.6 If the attending physician treats the employee for pesticide poisoning or a condition suspected to be pesticide poisoning, the physician must file a Doctor's First directly with Division of Labor Statistics and Research within five days of initial treatment. This report is in addition to the report the physician files with the district or with the employer's workers' compensation carrier.
- 4.7 Since the Doctor's First is characterized as an employee's medical record, you are strongly advised to maintain that record with the other medical records of the employee. It also is advisable to keep the employee medical records separate from their personnel records to ensure privacy of the medical records.
- 4.8 The Doctor's First form is logically characterized as a confidentiality of Medical Information Act includes provisions for both civil and criminal sanctions if the district does not maintain confidentiality of the type of information included on Doctor's First.
- 4.9 The physician often will determine whether treatment is to be characterized as

medical treatment or first aid. The categorization of the treatment often will determine whether the injury or illness is recordable for the purposes of the CAL/OSHA log and whether it must be reported on the Employer's First. In light of the importance of this determination, it is advisable to refer the employee to a physician or clinic specializing in occupational injuries or illnesses.

5.0 Completing and Posting the OSHA Log 300

- 5.1 With limited exception, every employer in the state, (including state and local public agencies) must complete the Log and Summary of Occupational Injuries and Illnesses, also known as the OSHA Log 300. To obtain a log, contact SIPE Safety, 402-M Farnel Road, Santa Maria, CA 93458.
- 5.2 Schools/educational institutions are **exempt** from maintaining an OSHA Form 300 Log unless instructed to do so by CAL/OSHA.
- 5.3 A recordable occupational injury or illness is any occupational injury or illness that results in:
 - Fatality
 - Lost workdays
 - Injuries or illnesses resulting in a transfer to another job or in termination of employment.
 - Injuries or illnesses requiring medical treatment (other than first aid).
 - Injuries or illnesses that involve a loss of consciousness or restriction of work (or motion).
 - A diagnosed occupational illness reported to the employer.
- 5.4 First aid is any one-time treatment and any follow-up visits for the purpose of observation of minor scratches, cuts, burns, splinters, etc. The fact that a physician provides the treatment does not change first aid treatment to medical treatment.
- 5.5 Medical treatment consists of treatment administered by a physician (or registered professional personnel understanding orders of a physician) which is not first aid.
- 5.6 The log is completed on a calendar year basis: January 1 through December 31. The entries on the log must be made as early as practicable but no later than six days after learning that a recordable entry has occurred.
- 5.7 If a school district has more than one establishment (for example, separate offices, buildings or job sites), the actual record keeping function may be done at a single location. The district does not need to do the actual recording of the log entries at each establishment. What must be maintained (or kept) at each establishment is a copy of the log; the copies are to be complete and current to within 45 calendar days.

5.8 If a school district's policy is to maintain a single log that incorporates injury and illness reporting for all of the district locations on that single log, it is advisable to ensure that each entry clearly identifies the actual job site location of the injury and/or illness.

5.9 For employees who do not work at a single establishment and are generally not supervised in their daily work, such as special education teachers, you may maintain the records of any such employees at the location from which they are paid.

6.0 Annual Summary - OSHA Log 300

6.1 An annual summary of the log must be completed within one month after the end of the calendar year for which the log was maintained. That is, for the calendar year 2007, the annual summary of occupational injuries and illnesses for the establishment should have been completed by February 1, 2008.

6.2 The annual summary is not a separate document. It is the right portion of the OSHA Log 300, folded at the vertical line. The information for the summary is taken from the log or logs completed during the calendar year and must include:

- Calendar year covered.
- School district name.
- Establishment site name.
- Establishment site address.
- A certification signature, title and date.

Columns in the form should be totaled as follows:

- Add number of entries in columns 1 and 8.
- Add number of checks in columns 2, 3, 6, 7, 9, 10, and 13.
- Add number of days in columns 4, 5, 11 and 12.
- Yearly totals for each column 1-13 are required for posting. Running or page totals may be generated at the discretion of the employer.

6.3 A designated individual must certify the accuracy of the log and summary. False certification exposes that person to a possible fine and criminal prosecution.

6.4 Each year, from February 1 to March 1, the summary covering the previous calendar year must be posted.

6.5 It must be posted in a conspicuous place where notices to employees are customarily posted.

- 6.6 If no injuries or illnesses occurred during the year, the annual summary must still be completed and posted although all of the "total" lines at the bottom of the log would be zero.
- 6.7 For those employees who do not have access to the posted summary, you must present or mail a copy of the annual summary to them. Also, for those employees who do not primarily report for work at a single establishment or who do not report to a fixed establishment on a regular basis and who receive pay during the month of February of the next year, you must mail a copy of the summary to them.
- 6.8 The log and annual summary are to be retained in each establishment for five years following the end of the year to which they relate.
- 6.9 The log and annual summary must be available for inspection and copying by representatives of CAL/OSHA and other specifically designated agencies. The log and annual summary shall also be available to any employee, former employee, or their representatives.
- 6.10 If ownership of the establishment changes, the new owner has responsibility for maintaining existing records, if any, at the establishment for the designated periods.

7.0 Reporting a Death or Serious Injury

- 7.1 California regulations require an employer to submit a report to the nearest CAL/OSHA district office if any of the following occurs:
 - An employee is seriously injured on the job or in connection with the job.
 - An employee suffers a serious job-related illness.
 - An employee dies on the job or in connection with it.
- 7.2 An injury or illness is defined as "serious" if:
 - The employee is hospitalized for more than 24 hours for reasons other than medical observation; or
 - An employee loses any part of the body or suffers permanent disfigurement.
- 7.3 The employer must make the report as soon as practically possible, but not longer than 24 hours after the employer knows or, with diligent inquiry, could have known of the death, serious illness or injury.
- 7.4 The employer may make the report by telephone. Presumably, although the regulation does not specifically say so, the report could also be faxed to:

CAL/OSHA
1000 Hill Road, Suite 110
Ventura, CA 93003
(805) 654-4581
Fax: (805) 654-4852

The report must include the following:

- Time and date of the accident.
- Employer's name, address and telephone number.
- Name and job title or badge number of the person reporting the accident.
- Address where the accident or event occurred.
- Name of person to contact at the accident site.
- Name and address of the injured employee(s).
- Type of injury(ies).
- Location where the injured employee(s) was/were moved.
- List and identify other law enforcement agencies present at the site of the accident.
- Description of the accident and whether the accident scene or any of the equipment or machinery has been altered.

7.5 You do not need to report an injury or illness caused by an accident on a public street or highway or an injury, illness or death resulting from a crime.

8.0 Employees and Supervisors Injury Exposure Report

8.1 The employer will ensure that the employee complete and sign the employee's report section.

8.2 The employee's supervisor will complete and sign the supervisor's review section.

8.3 Safety committee review section is a district option. The district safety coordinator should then sign and forward one copy to Workers' Compensation Administrators and one copy to the SIPE Safety Office.

8.4 Report all injuries within 24 hours.

9.0 Workers' Compensation Administrators (WCA)

9.1 Districts and injured employees should contact WCA if they have any questions or need assistance.

9.2 Correspondence or bills relating to injuries should be sent to:

Workers' Compensation Administrators
265 East Donovan
Santa Maria, CA 93458
(805) 922-9157

- 9.3 Districts should not give information concerning injuries to anyone. Refer all such inquiries to Workers' Compensation Administrators.

SECTION E

RETURN TO WORK PROGRAM

Revised 9/24

The most significant cost to a school district for worker's compensation claims are associated with lost time injuries. A return to work program operates on the premise that cost, including litigation, will be reduced if any employee returns to the work place as soon as possible.

- 1.0 Objective: Implementation of cost control measures to maintain worker's compensation premiums at a reasonable level.
- 2.0 Early intervention: SBCEO will incorporate rehabilitation into our worker's compensation management program. It should begin as soon as the worker's injury is known. Early intervention takes a number of forms:
 - Building the goal of return to work into medical diagnosis and treatment.
 - Working with rehabilitation professionals on job analysis and prevention.
 - Looking for light-duty or alternate duty jobs that employees can perform before he or she is back to full strength.
 - Making supervisors aware of the importance of helping the employee return to productive work and developing a re-entry process that will make that possible.
 - Communicating continually with the employee from the first day, to emphasizing the expectation that the employee will return to work and that the employer will work closely with the employee to realize that goal.
- 3.0 Operating Procedures
 - 3.1 A copy of the Employee's and Supervisor's Report of Injury/Illness ([SIPE Form 6-588](#)) is completed and processed immediately after an employee is injured. The claim process is started.
 - 3.2 The employee is sent for medical treatment at an approved provider facility. The medical facility will be informed by the district's workers' compensation administrator that the district has a return to work program. The employer will provide to the physician a copy of the injured employee's job description to enable the physician to make a proper evaluation regarding return to work restrictions.
 - 3.3 After receiving medical treatment, the employee reports back to his work site with the physician's report and work restrictions. The employer is encouraged to contact the physician's office to clarify any uncertainties.
 - 3.4 Every effort will be made by the employer to temporarily accommodate a return to work employee. First priority will be to assign the employee to his/her same work unit and same job.

- 3.5 If appropriate tasks cannot be found within the same work unit, the employee may be placed in another work unit within the district.
- 3.6 If the employee refuses the work in the modified work program, it may jeopardize their rights to temporary disability benefits or industrial accident leave benefits are payable, and sick leave or other forms of leave will be subject to approval by the personnel department.
- 3.7 The employer and district workers' compensation administrators will evaluate the employee's status on a continuous basis. Communication shall be maintained with the physician to ensure a return to full job status as soon as possible.
- 3.8 If the physician states that the employee should not return to work for a specified time, the district shall follow-up with the physician to confirm the determination. The district shall also remain in contact with the physician to follow-up on the possibility of modified duty at a later date.
- 4.0 The return to work program is intended to be a means of maintaining employees in the workplace. It is not to establish new jobs or to displace other employees. It is a means the district can utilize for tasks which there currently isn't time to do or which normally would not be done because of lack of time, manpower, funds, etc.
- 5.0 Districts are encouraged to be flexible in the assignment of modified duties. Any assignment that keeps the employee in the workplace rather than at home will benefit both the district and the employee. Modified duty should be considered a win-win situation for everyone.

SECTION F

Lockout and Tagout Program

A. Typical Minimal Lockout and Tagout System

1.0 Scope and Purpose

- 1.1 Lockout is the preferred method of isolating machines or equipment from energy sources. To assist employers in developing a procedure which meets the requirements of the standard, however, the following simple procedure is provided for use in both lockout or tagout programs.
- 1.2 This procedure establishes the minimum requirements for the lockout or tagout of energy-isolating devices. It shall be used to ensure that the machine or equipment is isolated from all potentially hazardous energy and locked out or tagged out before employees perform any servicing or maintenance activities where the unexpected energization, start-up, or release of stored energy could cause injury.

2.0 Responsibility

- 2.1 Specific person responsible for program implementation.
 - 2.1.1 School district superintendent.
 - 2.1.2 Maintenance, operation, custodial supervisors.
 - 2.1.3 District safety coordinator.
 - 2.1.4 SIPE safety officer.
- 2.2 Appropriate employees shall be instructed in the safety significance of the lockout or tagout procedure. Each new or transferred affected employee and other employees whose work operations are or may be in the area shall be instructed in the purpose and use of the lockout or tagout procedure.
- 2.3 School district maintenance staff will be trained in lockout/tagout annually.
- 2.4 Outside contractors must follow district procedures.

3.0 Preparation for Lockout or Tagout

- 3.1 Each machine or operation must have a checklist indicating the types of energy involved, such as electrical, pneumatic, hydraulic, thermal, stored energy, pressure and elevated parts. [Checklist Example](#)

- 3.2 Each machine or operation must be modified or provided with the means to effectively lock out energy sources to avoid the accidental start-up of the equipment.
- 3.3 Each worker must have his or her own lock that must be on the equipment during preventive maintenance or servicing.
- 3.4 Make a survey to locate and identify all isolating devices to be certain which switch(s), valve(s), or other energy-isolating devices apply to the equipment to be locked or tagged out. More than one energy source (electrical, mechanical, or others) may be involved.

4.0 Sequence of Lockout or Tagout System Procedure

- 4.1 (1) Notify all affected employees that a lockout or tagout system is going to be utilized and the reason therefor. The authorized employee shall know the type and magnitude of energy that the machine or equipment utilizes and shall understand the hazards thereof.
- 4.2 (2) If the machine or equipment is operating, shut it down by the normal stopping procedure (depress stop button, open toggle switch, etc.).
- 4.3 (3) Operate the switch, valve, or other energy-isolating device(s) so that the equipment is isolated from its energy source(s). Stored energy (such as that in springs, elevated machine members, rotating flywheels, hydraulic systems, and air, gas, steam, or water pressure, etc.) must be dissipated or restrained by methods such as repositioning, blocking, bleeding down, etc.
- 4.4 (4) Lockout or tagout the energy-isolating devices with assigned individual lock(s) or tag(s) selected; i.e., locks, tags, additional safety measures, etc. These devices will be available, and the locks/tags will be identifiable for lockout procedures.
- 4.5 (5) After ensuring that no personnel are exposed, and as a check on having disconnected the energy sources, operate the push button or other normal operating controls to make certain the equipment will not operate.

CAUTION: Return operating control(s) to "neutral" or "off" position after the test.

- 4.6 (6) The equipment is now locked out or tagged out.

5.0 Restoring Machines or Equipment to Normal Production Operations

- 5.1 (1) After the servicing and/or maintenance is complete and equipment is ready for normal production operations, check the area around the machines or equipment to ensure that no one is exposed.
- 5.2 (1) After all tools have been removed from the machine or equipment, guards have been reinstalled, and employees are in the clear, remove all lockout or tagout devices. Operate the energy-isolating devices to restore energy to the machine or equipment.

6.0 Procedure Involving More Than One Person

- 6.1 In the preceding steps, if more than one individual is required to lockout or tagout equipment, each shall place his or her own personal lockout device or tagout device on the energy-isolating device(s). When an energy-isolating device cannot accept multiple locks or tags, a multiple lockout or tagout device (hasp) may be used. If lockout is used, a single lock may be used to lockout the machine or equipment with the key being placed in a lockout box or cabinet which allows the use of multiple locks to secure it. Each employee will then use his or her own lock to secure the box or cabinet. As each person no longer needs to maintain his or her lockout protection, that person will remove his or her lock from the box or cabinet.

7.0 Basic Rules for Using Lockout or Tagout System Procedure

- 7.1 All equipment shall be locked out or tagged out to protect against accidental or inadvertent operation when such operation could cause injury to personnel. Do not attempt to operate any switch, valve, or other energy-isolating device where it is locked or tagged out.

B. PROCEDURES FOR USE OF ACCIDENT PREVENTION TAGS

1.0 Scope and Purpose

- 1.1 The accident prevention tags are a temporary means of warning all concerned of a hazardous condition or defective equipment.
- 1.2 The tags are not to be considered as a complete warning method, but should be used until a positive means can be employed to eliminate the hazard; for example, a "DO NOT START" tag on power equipment shall be used for a few moments or a very short time until the switch in the system can be locked out; a "Defective Equipment" tag shall be placed on damaged equipment and immediate arrangements made for the equipment to be taken out of service and sent to the repair shop.
- 1.3 When the safety officer identifies an immediate hazard, a danger tag will be posted conspicuously on the hazard.

- 1.4 A hazard notification report will be filled out and given to the site administrator before the safety officer leaves the site. If the site administrator is not on the site report, it will be given to the district business official.

2.0 Tag Placement

- 2.1 Red Tags (Danger): Danger tags should be used only where an immediate hazard exists. There should be no variation in the type of design of tags posted or hung to warn of specific dangers. All employees should be instructed that danger tags indicate an immediate hazard exists.
- 2.2 "DO NOT START" Tags: Shall be placed in a conspicuous location or shall be placed in such a manner that they effectively block the starting mechanism, which would cause hazardous conditions should the equipment be energized.
- 2.3 Caution Tags: Should be used only to warn against potential hazards or to caution against unsafe practices. All employees should be instructed that caution tags indicate a possible hazard and proper precautions should be taken.

3.0 Clearance of Red Tag

- 3.1 Red tag will be removed and returned to safety coordinator by the maintenance department upon clearance of the hazard or of the hazardous equipment.
- 3.2 Safety coordinator will arrange for the reinspection of red tagged equipment. If red tag condition is not cleared within 30 days, safety coordinator will verify corrective action taken with site supervisor and take appropriate actions to clear the hazard.

C. TRAINING REQUIREMENTS

1.0 Employees must:

- 1.1 New employees must be provided initial training in the lockout program within 30 days after hiring.
- 1.2 Maintenance and custodial employees shall receive annual training.

2.0 Training records:

- 2.1 [SIPE Form 1-588](#) will be used to document employee safety training.
- 2.2 [Online safety training](#) may use web data base to record training.

References: California Administrative Code, Title 8, General Industry Safety Orders 6003.

Revision History

Revision 1 – 8/20/2018

Purpose and Scope

Santa Barbara County Education Office is committed to providing a safe and healthy work environment and to protecting employees from injury or death caused by uncontrolled electrical hazards in the workplace. The purpose of Santa Barbara County Education Office Electrical Safety Program is to establish work policies, practices and procedures to train employees in basic electrical hazard recognition and safe work practices. This program applies to qualified and non-qualified employees who are exposed to electricity as part of their job.

Program Responsibilities

Management. Along with providing financial and leadership support, the management of Santa Barbara County Education Office will assist the Program Administrator, supervisors and employees with complying with this policy.

Program Administrator. The Program Administrator is responsible for:

- Identifying work tasks that need to be performed by a qualified employee
- Conducting electrical safety inspections
- Correcting electrical safety hazards as soon as possible
- Ensuring all new electrical equipment and components comply with this program
- Reviewing this program annually and revising if necessary
- Maintaining a list of all qualified employees (**Appendix C**)
- Conducting training for employees

Supervisors. Supervisors are responsible for:

- Conducting periodic work inspections using the form in **Appendix B**
- Ensuring employees are provided with and use the appropriate PPE
- Ensuring employees comply with all aspects of the Electrical Safety Program
- Testing electrical hand tools every three months with an ohmmeter

Employees. An employee will only work on electrical equipment if he/she is a qualified worker, meaning he/she has been trained and authorized to perform work on deenergized electrical equipment and components. Employees are responsible for:

- Wearing the appropriate PPE when working with or around electrical equipment
- Reporting electrical safety hazards to their supervisor or the Program Administrator

- Following the safe work practices outlined in this program
- Visually inspecting electrical equipment, tools and cords before each use
- Completing all required training

Employee Training

Qualified Workers. At a minimum, qualified workers must be trained on the following:

- The hazards associated with electrical equipment
- Electrical safety practices and procedures (lockout/tagout) for doing deenergized work
- Safe work practices that must be followed when working around or with electrical tools or equipment
- How to distinguish exposed live parts from other parts of electrical equipment
- How to properly inspect and use the appropriate PPE
- The location of the electrical breaker panels and fuse boxes

Unqualified Workers. Unqualified workers will receive general electrical safety awareness training on how to recognize, evaluate and avoid electrical hazards and training on all Santa Barbara County Education Office electrical safety practices.

Training will occur before an employee begins work in a new area and when an employee does not comply with safe work practices. Retraining will occur every 3 years. Training will be documented in **Appendix A**.

Work Practices

All electrical equipment will have the manufacturer's name, trademark or other descriptive marking which identifies the organization responsible for the product. The equipment will also have its operating voltage, current, wattage or other rating clearly marked on it.

Qualified employees will use lockout/tagout procedures on all electrical equipment while completing maintenance work. Lockout/tagout procedures are found in Santa Barbara County Education Office IIPP Lockout/Tagout section F. If the equipment cannot be deenergized because it would introduce an additional or increased hazard, or it is infeasible due to the design or its operational limitations (i.e. emergency alarm systems), Santa Barbara County Education Office will hire a qualified electrical contractor to perform the work. No work will be performed on energized equipment by Santa Barbara County Education Office employees.

ESTABLISHING AND VERIFYING AN ELECTRICALLY SAFE WORK CONDITION

- The 2018 version of 70E has reorganized the requirements of the lockout/tagout program and its principles, equipment and procedures in article 120.1 thru 120.4.
- Article 120.5 then explains the process for establishing and verifying an electrically safe work condition. An electrically safe work condition is defined as “a state in which an electrical conductor or circuit part has been disconnected from energized parts, locked and tagged in accordance to established standards, tested to ensure the absence of voltage and temporarily grounded for personnel protection if determined necessary.”
- To create an electrically safe working condition, first determine all possible sources of electrical supply to the equipment.
- Next, disconnect any active loads.
- Then open the disconnecting device for each source of electrical supply.
- Visually verify if possible, that all blades of disconnecting devices are fully open, and that draw-out type circuit breakers are withdrawn to the fully disconnected position.
- Next, release any stored electrical energy such as that found in capacitors and release or block any stored mechanical energy such as springs under tension or items that could be impacted by gravity.
- Then apply company approved locks and tags to the open disconnecting devices in accordance with your facility’s lockout tagout procedures.
- Finally, no electrical lockout is complete without testing for the absence of voltage and applying grounds when necessary.
- It’s critical that testing for an absence of voltage be done using an adequately rated test instrument.
- For voltages over 1,000 volts, a non-contact test instrument is permitted.
- The test instrument must be verified to be working properly by measuring a known voltage source immediately prior to voltage testing.
- When testing to confirm an absence of voltage, test each phase conductor or circuit part both phase to ground and to phase, for all phases.
- Once voltage testing is complete, immediately verify the test instrument again on a known voltage source.
- Until you have verified the existence of an electrically safe work condition and all other provisions of Article 120 have been met, the electrical conductors and circuit parts are not considered to be in an electrically safe condition and all safe work practices applicable to the circuit voltage and energy level must be used.

- Once the electrical conductors and circuit parts are verified to be in an electrically safe work condition, then no electrical hazards exist.
- This means that shock and arc-flash protection are no longer necessary and may be removed. This also means that other workers who are not qualified electrical workers may enter the area as needed.

Extension Cords and Power Strips

Employees must be aware of the hazards associated with the misuse of extension cords and power strips. All power strips must be UL listed and used according to the manufacture's guidelines.

Choosing an Appropriate Extension Cord. Santa Barbara County Education Office has a variety of extension cords available for employee use. Employees will select an extension cord that can handle the electricity requirement for any connected tools or equipment. All employees will adhere to the following guidelines when choosing an appropriate extension cord.

- **Lights and fans (1-13 amperage rating).** Employees may use a 25'-100' long extension cord with 16-gauge wire, or a 150' cord with 14-gauge wire.
- **Small electrical hand-held tools, such as drills and sanders (14-15 amperage rating).** May use a 25'-100' long extension cord with 14-gauge wire, or a 150' cord with 12-10-gauge wire.
- **Large electrical tools such as shop vacuums, circular saws, table saw and space heaters (16-20 amperage rating).** May use a 25'-100' long extension cord with 12-10-gauge wire. Do not use an extension cord longer than 100 feet with large electrical tools.

* All extension cords used for construction or outdoor maintenance work will be equipped with, or connected to, a ground fault circuit interrupter (GFCI).

If an employee is unsure which size of extension cord he/she should use, contact a supervisor or the Program Administrator.

Safe Work Practices for Extension Cords and Power Strips. The following safe work practices will always be followed by all employees when using an extension cord or power strip.

- No employee will plug in or unplug a power strip or extension cord with wet hands.
- Power strips will only be used in office settings.
- Grounding prongs will never be removed from the end of any extension cord or power strip. No strip or cord with a missing grounding prong shall be plugged into outlets.
- All extension cords and power strips will be inspected before use. If any defects are found, the cord or strip will be removed from service.

- All power strips and extension cords will be tested using an ohm meter every 3 months.
- When extension cords or power strips are used, they will not be:
 - Run through holes in walls, ceilings or floors
 - Run through doorways or windows without appropriate protection
 - Used in areas where vehicles, forklifts or other equipment could drive over the cord
 - Fastened with staples or hung in a way that could damage the insulation
 - Used for more than 30 days

If it is necessary to run an extension cord through a doorway (for example, work completed outdoors with no outlet), the cord will be protected using high contrast tape or coverings and will not be left out overnight. Employees must get approval from the Program Administrator before an extension cord can be used in this manner.

Ground Fault Circuit Interrupters

Ground fault circuit interrupters (GFCIs) protect Santa Barbara County Education Office employees who use electrically-powered tools and equipment from electrical shocks, especially when working in wet environments. GFCIs are required for electrically-powered equipment and tools in the following conditions:

- When used at locations where employees are likely to contact water or conductive liquids, such as outdoors, bathrooms, kitchens or any other area with potential exposure to water
- When used at construction or renovation sites
- When used for portable lighting in wet or other conductive locations (such as inside boilers or tanks)

(NFPA 70E Article 110.6)

Additional Safety Precautions

The following additional safety precautions shall be adhered to at all times.

- If a circuit breaker trips or blows a fuse more than once, it shall be investigated and corrected by a qualified employee or contractor before being cleared for continued use.
- All areas with electrical equipment shall be properly illuminated.
- Housekeeping duties will not be performed in an area if there is a possibility of contact with an electrical hazard unless there are protective shields, barriers or if insulated materials are used to protect the employee.

- Safety signs that warn employees about any electrical hazards shall be displayed prominently when a hazard is present.

Personal Protective Equipment (PPE)

Employees working in areas where electrical hazards are present will be provided with and shall use PPE that is designed for the specific part of the body to be protected and for the work being performed. Employees are required to adhere to the following procedures for PPE use:

- All PPE must be inspected prior to each day's use and immediately following any incident.
- Non-conductive head protection will be worn if there is danger of electrical burns or shock from contact with electricity.
- When working on electrical equipment or wiring, employees will:
 - **Not** wear conductive articles of clothing or jewelry
 - Wear non-melting clothing such as cotton
 - Wear electrical-rated boots
 - Wear non-conductive gloves

Appendix A—Electrical Safety Program Training Record

[illegible]

Print Instructor's Name	
Instructor's Signature	
Instructor's Title	
Date of Training	

Appendix B – Electrical Hazards Inspection

Supervisors at Santa Barbara County Education Office will use this form to periodically inspect their employees' work practices. Any issues found during these inspections shall be addressed immediately.

Is lockout/tagout used before performing any maintenance on electrical equipment?	Yes	No	N/A
Have all employees received training and has it been documented?	Yes	No	N/A
Do all cords have the grounding prong?	Yes	No	N/A
Are tools being stored in a clean, dry place?	Yes	No	N/A
Are employees using and carrying tools properly?	Yes	No	N/A
Are insulated tools used?	Yes	No	N/A
Do all electrical tools have a grounding prong?	Yes	No	N/A
Are tools and power cords inspected prior to use?	Yes	No	N/A
Is the correct extension cord used?	Yes	No	N/A
Do extension cords remain in use for less than 30 days?	Yes	No	N/A
Are all extension cords and equipment cords run or protected so as to prevent damage to the cord's insulation?	Yes	No	N/A
Is the area around electrical panels and boxes kept clear?	Yes	No	N/A
Are all electrical receptacles and cover plates kept in good condition?	Yes	No	N/A
Are areas with electrical equipment properly illuminated?	Yes	No	N/A
Are all electrical control devices properly labeled?	Yes	No	N/A
Are there safety signs warning employees about electrical hazards?	Yes	No	N/A
Are employees wearing proper clothing? (Non-conductive, no	Yes	No	N/A

jewelry, etc.)			
Are GFCIs used in wet locations?	Yes	No	N/A
Are all electrical distribution panels, breakers, disconnects, switches and junction boxes completely enclosed?	Yes	No	N/A
Are all live parts of electrical equipment operating at 50 volts or more guarded to prevent contact?	Yes	No	N/A
Are fiberglass ladders used when working near electrical hazards?	Yes	No	N/A
Are safe work distances maintained when working around power lines?	Yes	No	N/A
Is the One Call Center called at least 48 hours before any digging?	Yes	No	N/A
Is an 18 inch clearance maintained on either side of paint or flags indicating underground power lines?	Yes	No	N/A
What was done to address issues?			

Supervisor Name:	
Supervisor Signature:	
Date:	

Appendix C – List of Qualified Employees

Name of Qualified Employee	Date of Qualification

SECTION G

EYE AND FACE PROTECTION

- 1.0 It is the responsibility of the school district or departmental directors, to ensure that eye and face protection are provided for students, employees and visitors when participating in activity or the use of hazardous substances likely to cause injury to the eyes or face.
- 2.0 Activity or hazardous substances likely to cause injury to the eyes/face, but not necessarily limited to the following:
 - Working with hot molten metal
 - Milling, sawing, turning, shaping, cutting, grinding, and stamping of any solid materials.
 - Heat treating, tempering or kiln firing of any metal or other materials.
 - Gas or electric arc welding.
 - Repairing or servicing of any vehicles, or other machinery or equipment.
 - Working with hot liquids or solids, or with chemicals which are flammable, toxic, corrosive to living tissues, irritating, strongly sensitizing, radioactive, or which generate pressure through heat decomposition or other means.
 - Where exposed to injurious light rays.
 - Where exposed to radiant energy.
- 3.0 Where eye protection is required, and the students and employees require vision correction, such eye protection shall be provided as follows:
 - 3.1 Safety spectacles with suitably corrected lenses;
 - 3.2 Safety goggles designed to fit over spectacles;
 - 3.3 Protective goggles with corrective lenses mounted behind the protective lenses.
- 4.0 Eye and face protective devices shall be kept clean and in good repair.
 - 4.1 All Safety eyewear must conform to ANSI Z87 Standard
- 5.0 The wearing of contact lenses is prohibited in working environments having harmful exposure to materials or light flashes, except when special precautionary procedures, which are medically approved have been established for the protection of the exposed student and employee.
- 6.0 Suitable welding screens or shields isolating hazards arc welding flash exposure shall be used to safeguard nearby students and employees.
- 7.0 Injury prevention signs shall be posted to warn of specific dangers or possible hazard of eye and face hazards.

SECTION H

SANTA BARBARA COUNTY SCHOOLS EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS (Title 8, California Code of Regulations, Section 5193)

1.0 Purpose

The purpose of the bloodborne pathogens standard is to reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens that employees may encounter in their workplace.

- 1.1 "Districts" refers to school districts. If the work location is other than a school district, then districts refers to a department. A department can be an office, ROP, Court & Community Schools, etc.

School district employees will follow good general principles when working with bloodborne pathogens.

These include:

- 1.1.1 Minimization of occupational exposure to bloodborne pathogens.
- 1.1.2 Risk of exposure to bloodborne pathogens should never be underestimated.
- 1.1.3 Use of personal protective equipment when required and when otherwise necessary to protect against exposure to bloodborne pathogens.

2.0 Objective

- 2.1 To protect our employees from the health hazards associated with bloodborne pathogens.
- 2.2 To provide appropriate treatment and counseling should an employee be exposed to bloodborne pathogens.

3.0 Responsibilities

- 3.1 District superintendents or a designated person are responsible for exposure control in their respective districts.
- 3.2 Supervisors will be responsible for providing information and training to all employees who may be subject to occupational exposure. The SIPE Safety Officer will provide training assistance. "Supervisor" refers to the principal or if the worksite is other than a school, then "Supervisor" refers to the department head of

that operation.

3.3 It is important that employees:

3.3.1 Know what tasks they perform that may have occupational exposure.

3.3.2 Attend training sessions to learn the appropriate procedures to avoid occupational exposure.

3.3.3 Plan and conduct all operations in accordance with work practice controls.

3.3.4 Develop good personal hygiene habits.

3.4 This exposure control plan will be accessible to all employees. Employees are advised of its availability during their education/training sessions.

4.0 This plan will be reviewed and updated under the following circumstances:

4.1 Annually, on or before June 30th of each year.

4.2 Whenever necessary to reflect new or modified tasks and procedures are implemented which affect occupational exposure.

4.3 Whenever necessary to reflect new revised employee positions such that new instances of occupational exposure may occur.

4.4 To review incidents of exposure which occurred since the previous update.

5.0 Exposure Determination

5.1 One of the keys to implementing a successful exposure control plan is to determine "occupational exposure" situations. "Occupational exposure" means 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. Job classifications in which employees may have exposure to bloodborne pathogens can be found in Table 1.

5.2 **Primary Exposure - Category A**

Employees in the primary exposure category are *reasonably anticipated* to incur an occupational exposure to blood or Other Potentially Infectious Materials (OPIM) during the performance of their job duties. Employees in this category:

1. will receive specialized training annually.
2. will be offered the Hepatitis B vaccination series and
3. will be provided with post-exposure evaluation and follow-up in the case of

an exposure incident.

Primary exposure job classifications and associated tasks in which occupational exposure may occur can be found in Table 1.

5.3 Secondary Exposure - Category B

District employees, including designated first-aid responders or emergency response team members not covered by the primary exposure category are considered secondary exposure. Employees in the secondary exposure category are *not reasonably expected* to incur exposure to blood or OPIM or procedures that would cause exposure during the performance of their job duties. However, employees in this category:

1. will be provided with awareness training about methods of preventing occupational exposure to infectious disease with emphasis on Hepatitis B and HIV.
2. will be provided with post-exposure medical evaluation and follow-up in the case of an exposure incident.

5.4 This determination shall be made without regard to the use of personal protective equipment.

6.0 Methods of Compliance

6.1 Universal precautions. School districts will treat all human blood and body fluids as if they are infectious for HBV, HIV and other bloodborne pathogens. Where it is difficult or impossible to differentiate between body fluid types, we assume all body fluids to be potentially infectious. All procedures involving blood or other body fluids shall be performed in such a manner as to minimize splashing, spraying, splattering and generation of droplets of these substances.

6.2 Engineering controls.

- 6.2.1 Handwashing facilities (or antiseptic hand cleansers and towels or antiseptic towelettes) will be made readily accessible.
- 6.2.2 Mechanical means (dustpan, brush, tongs or forceps, etc.) will be made readily accessible to all employees who have the potential for exposure.
- 6.2.3 First aid kits will be equipped with gloves, handwipes and CPR masks.

7.0 Work Practice Controls. In addition to engineering controls, our facility uses a number of work practice controls to help eliminate or minimize employee exposure. Many of these work practice controls have been in effect for some time.

- 7.1 Supervisors are responsible for overseeing the implementation of work practice controls.
- 7.2 Each school district will adopt the following work practice controls as part of our compliance program.
 - 7.2.1 Employees wash their hands immediately, or as soon as possible after removal of potentially contaminated gloves or other personal protective equipment.
 - 7.2.2 Following any contact of body areas with blood or any other infectious materials, employees wash their hands and any other exposed skin with soap and water as soon as possible. They also should flush exposed mucous membranes with water.
 - 7.2.3 Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where this is a reasonable likelihood of occupational exposure.
 - 7.2.4 Equipment which becomes contaminated is examined prior to servicing or shipping and decontaminated as necessary.
 - 7.2.5 When a new employee is hired or an employee changes jobs within the district, that employee will be trained in the tasks/procedures pertaining to their new job classification and any work practice controls that the employee is not experienced with.
 - 7.2.6 Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- 8.0 Personal Protective Equipment (PPE). Where there is potential for occupational exposure, the districts shall provide at no cost the personal protective equipment needed to protect employees against such exposure.
 - 8.1 PPE includes, but is not limited to gloves, safety glasses, goggles, face shields/masks and respirators.
 - 8.2 Supervisors are responsible for ensuring that all departments and work areas have appropriate PPE available to employees unless the employee temporarily and briefly declines to use PPE when it was the employee's professional judgement in the specific instance the use of such equipment would have prevented the delivery of health care or public safety services or would have prevented the delivery of health care or public safety services or would have proposed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine

whether changes can be instituted to prevent such occurrences in the future.

- 8.3 All PPE will be inspected periodically and repaired or replaced as needed to maintain its effectiveness.
- 8.4 Reusable PPE will be cleaned, laundered and decontaminated as needed at no cost to the employee.
- 8.5 PPE that cannot, for whatever reason be decontaminated will be disposed of in accordance with biohazard rules and regulations.
- 8.6 Any garments penetrated by blood or other infectious materials are to be removed immediately, or as soon as feasible.
- 8.7 All potentially contaminated PPE is removed prior to leaving a work area.
- 8.8 Gloves are worn in the following circumstances:
 - 8.8.1 Whenever employees anticipate hand contact with potentially infectious material.
 - 8.8.2 When handling or touching contaminated items or surfaces.
 - 8.8.3 Hypo-allergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
- 8.9 Sharp Precautions (for qualified staff only). Precautions shall be taken to prevent injuries caused by needles and other sharp instruments or devices used during nursing procedures, when cleaning used instruments, during disposal of used needles, and when handling sharp instruments after procedures.
 - 8.9.1 To prevent needle stick injuries, needles shall not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand.
 - 8.9.2 Shearing or breaking of contaminated needles is prohibited.
 - 8.9.3 After use, disposable syringes and other sharp items shall immediately be placed in puncture-resistant sharps containers for disposal. The containers shall be located as closely as practical to the use area, kept upright throughout use, replaced at least every year or when full and should not be allowed to overfill. When a sharp container is full, the district will contact [Medical Waste Environmental Engineers](#)-805-925-6633 for disposal.

- 8.9.4 Immediately, or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be puncture resistant, labeled, leak proof on the sides and bottom, and constructed to not allow employees to reach by hand into them.
- 8.9.5 When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping, and place in a secondary container if leakage is possible.
- 8.9.6 The second container shall be closable, constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping, appropriately labeled, and closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- 8.9.7 Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.
- 8.9.8 Reusable sharps that are contaminated with blood or other potentially infectious material shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
- 8.10 CPR Precautions. To minimize the need for emergency Rescue Breath resuscitation, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices shall be used. Such equipment shall be stored in all district health offices and first aid kits. If these devices are unavailable, a first aid responder can practice “chest compression only” CPR to avoid Bloodborne Pathogens with rescue breaths
- 8.11 Qualified Staff/First Aid Providers Precautions. Qualified staff/first aid providers who have exudative lesions or weeping dermatitis shall be examined as soon as possible. These employees shall refrain from all direct individual care and from handling individual care equipment until such examination occurs.

9.0 Housekeeping

- 9.1 All equipment and surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious materials.
- 9.2 Protective coverings (such as plastic trash bags or wrap, aluminum foil or absorbent paper) used to cover equipment and environmental surfaces are removed and replaced as soon as it is feasible when they have become contaminated.

- 9.3 All trash containers, pails, bins and other receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious material shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination. The best way to eliminate this problem is to line trash containers with plastic liners.
- 9.4 Potentially contaminated broken glassware shall not be picked up directly by the hand but by using mechanical means (dustpan and brush, tongs, forceps, etc.)
- 9.5 Body fluids such as urine, feces and vomit not contaminated with blood, can be disposed using conventional methods.
- 9.6 Laundry
 - 9.6.1 Universal precautions as defined in Section 6.1 shall be observed with all laundry that is contaminated with body fluids, i.e., athletic clothing and diapers. Such laundry shall be stored in a leak-resistant container such as a plastic bag and labeled accordingly.
 - 9.6.2 Laundry support shall be provided by outside vendors utilizing bloodborne pathogen exposure control guidelines as outlined by Cal/OSHA.

10.0 Disposal Procedures

10.1 Medical Regulated Waste:

- 10.1.1 This category includes all of the following: liquid or semi-liquid blood or other potentially infectious materials, contaminated items that would release blood or the aforementioned materials in a liquid or semi-liquid state if compressed, items that are caked with dried blood or other potentially infectious materials and are capable of releasing these during handling, contaminated sharps, and pathological or microbiological wastes containing blood or other potentially infectious materials.
- 10.1.2 Regulated waste shall be segregated into two waste streams, sharps and non-sharps.
- 10.1.3 Every effort should be made to avoid generation of non-sharp regulated wastes. This can be accomplished by employing such techniques as cleaning up spills or excess body fluids with tissue paper rather than rags or cloth materials and thoroughly disinfecting spills to render them non-hazardous, followed by absorption with enough absorbent material to prevent the release of excess liquid or semi-liquid waste material.

- 10.1.4 Place only solid objects in sharps containers, such as syringes, lancets, blades and the like. Glass slides and small vials containing blood samples shall be cleaned with running water into a sink connected to the sanitary sewer. Follow with bleach and water (1:10) rinse. Avoid using these containers for soft materials such as rags, tissue paper, product wrappers, and so forth. Disposal of sharps will be in accordance with paragraph 8.9.3.
 - 10.1.5 All non-sharp regulated waste that cannot be sewer disposed or rendered non-hazardous, must be placed in plastic bags inside secondary containers that are closable, constructed to contain all contents and prevent leakage during handling and storage. The bag must be red in color and both the bag and secondary container must be labeled "Infectious Waste" and include the official biohazard symbol.
 - 10.1.6 All sites shall provide proper storage, handling and transportation of biohazard/regulated waste with proper labels. School nurses or a designated person are responsible for contacting the SIPE Safety Office for sharp removal and non-sharp regulated waste.
 - 10.1.7 [Santa Maria Medical Waste Environmental Engineers, Inc.](#) (MWEE) will be called when sharp containers are ready for disposal. MWEE will remove the full container and replace it with a new container. MWEE will provide SIPE Safety with appropriate hazardous material disposal manifest.
- 10.2 Non-Regulated Medical Waste: Waste such as disposables containing non-fluid blood, i.e., dressing, gauze, cotton roll, drapes with small amounts of dried blood or other body fluid, are not considered medical waste. Nevertheless, school districts will discard non-medical waste in double lined plastic trash bags before disposal into trash bin, California Health and Safety Code, Chapter 6.1, Section 25015.

11.0 Training

- 11.1 Training shall be provided at the time of initial assignment to tasks where occupational exposure make take place and at least annually thereafter. Where tasks or procedures are modified or newly created, training may be limited to addressing the new exposures created.
- 11.2 Training records shall be maintained for 3 years from the date on which the training occurred.
- 11.3 All employees that may be subject to occupational exposure shall attend a training class within the first 10 days of employment or District Personnel can contact SIPE to arrange for Bloodborne Pathogens training.

- 11.4 Training shall include the following items:
- 11.4.1 A general explanation of the epidemiology and symptoms of bloodborne diseases;
 - 11.4.2 An explanation of the modes of transmission of bloodborne pathogens.
 - 11.4.3 An explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan;
 - 11.4.4 An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure;
 - 11.4.5 An explanation of regulated and non-regulated waste, appropriate waste disposal methods, and required signs and labels;
 - 11.4.6 An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and PPE;
 - 11.4.7 Information on the types, proper use, location, removal, handling, decontamination and disposal of PPE;
 - 11.4.8 An explanation of the basis for selection of PPE;
 - 11.4.9 Information on the hepatitis B vaccine, including information on its efficiency, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
 - 11.4.10 Information on the appropriate actions to take, and persons to contact, including the immediate supervisor in an emergency involving exposure;
 - 11.4.11 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; and
 - 11.4.12 Information on the post-exposure evaluation and follow-up.
- 11.5 The majority of training items listed in 11.4 may be covered on a videotape. Each training session shall allow an opportunity for interactive questions and answers. Attendance is mandatory and shall be recorded on employee health and safety training record.
- 11.6 For incidents occurring outside normal operating hours, employees shall

immediately report the incident to their physician or go to the emergency ward of hospital or clinic.

12.0 Vaccination Against Bloodborne Pathogens.

- 12.1 Employees subject to bloodborne pathogens as listed in Table 1A shall be offered at no cost to themselves after the employee has received the training outlined in Section 10 and within 10 working days of their initial assignment.
- 12.2 Designated first aid providers who offer first aid only as a collateral duty and generally at the location where the incident occurred, are not required to have the pre-exposure Hepatitis B vaccine. The Hepatitis B vaccine shall be provided to all designated employees who are expected to perform CPR/first aid as an "essential" job duty.
- 12.3 The vaccination program consists of a series of three inoculations over a six-month period.
- 12.4 Vaccinations will be performed under the supervision of a licensed physician or other health care professional. If an employee initially declines the Hepatitis B vaccination, but at a later date decides to accept the vaccination while working in a position listed in Table 1, the district shall make the Hepatitis B vaccination available at that time.
- 12.5 Employees accepting or declining the vaccine must complete the Hepatitis B Vaccination Form (Table 2).
- 12.6 Table 1 is a guide to determine those personnel who may be involved in the HBV vaccination program.
- 12.7 If vaccines against other bloodborne pathogens (e.g., Human Immunodeficiency Virus, etc.) become approved and recommended by the U.S. Public Health Service, immunization to all covered employees will be considered in accordance with those recommendations.

13.0 Post Exposure Employee and Supervisor's Report of Industrial Injury/Illness (SIPE Form 6-588) and Follow-up for Unvaccinated First Aid Responders.

- 13.1 A [SIPE Form 6-588](#) must be prepared if first aid was rendered by an unvaccinated employee(s) and there was a presence of blood or other potentially infectious material (regardless of whether an actual exposure incident occurred). This report must be submitted to the immediate supervisor before the end of the work shift in which the incident occurred.
- 13.2 The SIPE Form 6-588 must include the names of all first aid providers who

rendered assistance, whether PPE was used, a description of the first aid incident, the time and date of the incident, and whether an exposure incident occurred for each employee involved.

- 13.3 The original of the SIPE Form 6-588 must be kept on file at the district office and a copy forwarded to the SIPE Safety Office. Employees who are sent for medical evaluation as a result of the incident must be placed on the district OSHA 300 Log. SIPE Form 6-588 shall be readily available to employees.
- 13.4 If an unvaccinated employee has rendered assistance in any situation involving the presence of blood or other potentially infectious material, regardless of whether a specific exposure incident occurred, provisions for the full hepatitis B vaccination series must be made available as soon as possible, but in no event later than 24 hours after the incident. If the employee refuses, make sure he/she signs a waiver statement (Table 2).

14.0 Medical Evaluation

- 14.1 If an employee reports an exposure incident to blood or other potentially infectious material a confidential medical evaluation shall be made immediately available to the exposed employee.
- 14.2 The medical evaluation shall include the following:
 - 14.2.1 Documentation of the route(s) and circumstances of exposure.
 - 14.2.2 Identification of the source individual, unless infeasible or prohibited by state law.
 - 14.2.3 Prompt testing of the source individual's blood for HBV or HIV as soon as consent is obtained. If consent cannot be obtained, this shall be documented.
 - a) If the source individual's HBV or HIV status is known to be positive, repeat testing needs not be done.
 - b) Results of the source individual's testing shall be made available to the exposed employee, along with information about the applicable laws and regulations regarding disclosure of identity and infectious status of the source individual.
 - 14.2.4 Prompt testing of the exposed employee's blood for HBV and HIV shall be done as soon as the Medical Evaluation Consent Form is signed and received.
 - a) If the employee does not consent to serological testing, consent to a

baseline blood collection may be given. The sample shall be preserved untested for at least 90 days.

b) If within 90 days of the exposure incident, the employee chooses to have the sample tested, this shall be done promptly using the stored sample as baseline and a current sample to document seroconversion. Without a preserved sample, baseline seroconversion to a specific incident cannot be proven.

c) Additional collection and testing shall be made available as recommended by the U.S. Public Health Service.

14.2.5 The district shall provide to the health care professional responsible for the employee's hepatitis B vaccination:

a) A copy of Title 8 Regulation 5193: Bloodborne Pathogens.

b) A description of the exposed employee's duties as they relate to the exposure incident.

c) Documentation of the route(s) of exposure and circumstances under which exposure occurred.

d) Results of the source individual's blood testing, if available.

e) All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

14.3 Exposed employees shall be counseled by a knowledgeable health care professional regarding their exposure and any medical and/or legal implications.

14.4 If medically indicated and requested by the employee after appropriate counseling, any prophylactic procedures recommended by the U.S. Public Health Service shall be made available.

14.5 Employees contracting illness resulting from an occupational exposure shall be evaluated and followed with appropriate medical care. Appropriate reports of occupational illness shall be made.

15.0 Written Opinion

15.1 Within 15 days of an exposure evaluation, the employee shall be provided with a copy of the physician's written opinion which shall be limited to the following:

15.1.1 Whether HBV vaccination is indicated and if the employee has received

it.

15.1.2 Informing the employee of the results of the evaluation.

15.1.3 Informing the employee about any medical condition resulting from exposure which requires further evaluation or treatment.

15.2 All other findings of diagnosis shall remain confidential and shall not be included in the written report.

16.0 Record keeping

16.1 The medical record for each employee covered under this plan will include the following items.

16.1.1 The employee's name and social security number.

16.1.2 A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive the vaccine.

16.1.3 A copy of all results of examination, medical testing, and follow-up procedures regarding this plan.

16.1.4 Copies of any health care professional's written opinion.

16.1.5 A copy of the information provided to the health care professional.

16.1.6 A copy of the completed incident log.

17.0 What should be done if direct skin contact occurs?

In many instances, unanticipated skin contact with body fluids may occur in situations where gloves may be immediately unavailable (e.g., when wiping a runny nose, applying pressure to a bleeding injury outside the classroom, helping a child in the bathroom).

Gloves need not be worn when feeding students or when wiping saliva from skin unless blood is present. First aid for a bleeding child must not be delayed to secure gloves. In these instances, hands and other affected skin areas of all exposed persons should be routinely washed with soap and water after direct contact has ceased. *Reminder:*

Unbroken skin is an excellent barrier to infectious agents. Staff with sores or cuts on their hands (non-intact skin) having contact with blood or body fluids should always wear gloves. If contact with contaminated body fluids does occur, the staff member should contact the local health department or private physician for evaluation of the need for post-exposure prophylaxis.

18.0 How should spilled body fluids be removed from the environment?

Most schools have standard procedures already in place for removing body fluids (e.g., vomitus). These procedures should be reviewed to determine whether appropriate cleaning and disinfection steps have been included. Many schools stock sanitary absorbent agents specifically intended for cleaning body fluid spills. Disposable gloves should be worn when using these agents. The dry material is applied to the area, left for a few minutes to absorb the fluid, and then vacuumed or swept up. The vacuum bag or sweepings should be disposed of in a plastic bag. Broom and dustpan should be rinsed in a disinfectant. No special handling is required for vacuuming equipment.

19.0 Hand washing procedures

Proper hand washing requires the use of soap and water and vigorous washing under a stream of warm water for approximately 10 seconds.

Soap suspends easily removable soil and microorganisms allowing them to be washed off. Running water is necessary to carry away dirt and debris. Rinse under running water. Use paper towels to thoroughly dry hands.

Facilities must provide an adequate supply of running potable water, soap and single use towels or hot air-drying machines. When provision of hand washing facilities is not feasible, the employer shall provide an appropriate antiseptic towelette. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

20.0 Disinfectants

An intermediate level disinfectant should be used to clean surfaces contaminated with body fluids. Such disinfectants will kill vegetative bacteria, fungi, tubercle bacillus and viruses. The disinfectant should be registered by the U.S. Environmental Protection Agency (EPA) for use as a disinfectant in medical facilities and hospitals.

Various classes of disinfectants are listed below. Hypochlorite solution (bleach) is preferred for objects that may be put in the mouth.

1. Ethyl or isopropyl alcohol (70%)
2. Phenolic germicidal detergent in a 1% aqueous solution (e.g., Lysol).
3. Household bleach diluted 1-part bleach to 10 parts water.
4. Quaternary ammonium disinfectant cleaner (e.g., Bactisol, Forward disinfectant cleaner).
5. Iodophor germicidal detergent with 500 ppm available iodine, e.g., Wescodyne).

21.0 Disinfection of hard surfaces, athletic mats

All equipment and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures, immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials, and at the end of the work shift if the surface may have become contaminated since the last cleaning.

In order to provide a safe environment, hard surfaces should be cleaned/disinfected at the conclusion of each day. This includes sporting equipment such as wrestling and gymnastic mats, as well as desk and table tops used for eating. If an incident occurs where body fluid has contaminated a surface, cleaning and disinfecting should take place prior to allowing activity to continue. The surface should be cleaned of visible contamination and then disinfected. During athletic contests an ample supply of towels should be available. Disposable towels and tissues are recommended. **Towels must be used for one individual only and then disposed of in an appropriate receptacle.** Gloves must be worn when handling blood or objects contaminated with blood.

Soiled surfaces should be promptly cleaned with disinfectant, such as household bleach (diluted 1-part bleach to 10 parts water). Disposable towels or tissues should be used whenever possible, and mops should be rinsed in disinfectant. Those who are cleaning should wear latex gloves or other protective equipment and should avoid exposure of open skin lesions or mucous membranes to the blood or body fluids.

22.0 Disinfection of rugs

Apply sanitary absorbent agent, let dry and vacuum. If necessary, mechanically remove body fluid with the dust pan and broom, then apply rug shampoo (a germicidal detergent) with a brush and re-vacuum. Rinse dust pan and broom in disinfectant. If necessary, wash brush with soap and water. Dispose of non-reusable cleaning equipment as noted above.

23.0 Care of cleaning equipment

Mops should be soaked in the disinfectant after use and rinsed thoroughly or washed in a hot water cycle before rinse. Disposable cleaning equipment and water should be placed in a toilet or plastic bag as appropriate. Non-disposable cleaning equipment (buckets) should be thoroughly rinsed in the disinfectant. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood of becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated

immediately, or as soon as feasible, upon visible contamination. The disinfectant solution should be promptly disposed down a drain pipe. Remove gloves and discard in appropriate receptacles. Wash hands.

24.0 Laundry instructions for clothing soiled with body fluids

The most important factor in laundering clothing contaminated in the school setting is elimination of potentially infectious agents by soap and water. Addition of bleach will further reduce the number of potentially infectious agents. Clothing soaked with body fluids should be washed separately from other items. Presoaking may be required for heavily soiled clothing. Otherwise, wash and dry as usual. If the material is bleachable, add ½ cup of household bleach to the wash cycle. If the material is not colorfast, add ½ cup nonchlorox bleach (e.g., Clorox II, Borateem) to the wash cycle.

If presoaking is required to remove stains (e.g., blood, feces), use gloves to rinse or soak the item in cold water prior to bagging. Student clothing should be sent home for washing with appropriate directions to parents. Contaminated disposable items (e.g., tissues, paper towels, diapers) should be handled with disposable gloves.

25.0 Employers should request that their medical provider perform screening to ensure that employees have converted to the antibodies after the initial series of the HBV vaccination.

26.0 The following guidelines will be used as reasonable accommodation for the Hepatitis B vaccination:

26.1 The number of vaccine series that employers are responsible for administering when an employee has been exposed to bloodborne pathogens are:

26.1.1 An initial series of three doses during a six-month period.

26.1.2 An additional series of three doses of vaccine should be administered to individuals who do not respond to the initial vaccination series.

26.1.3 Employees should consult their physician if additional doses beyond the second series may be warranted.

26.1.4 In all cases, workers compensation will provide funding for the vaccination when it involves an exposure while the employee was performing his/her duties.

TABLE 1
PRIMARY EXPOSURE - CATEGORY A

<u>Job Classification</u>	<u>Tasks with Potential Exposure</u>
Bus driver/attendant (who transport severely activities as disabled students)	Routine health care/first aid required
School secretary with first aid care responsibilities	First aid treatment as required
Lifeguard	First aid treatment and rescues
School Nurse	Medical emergencies/examination
Campus Security	First aid/handling of potentially infected suspects
Secondary/College Athletic Coach & Assistant	First aid treatment as required
Secondary/College Teacher, Physical Education	First aid treatment as required
Nursing care instructor	Routine health care/first aid activities in the classroom as required
Teachers/aids (severely disabled)	Routine health care/first aid treatment clean-up activities as require, medical protocols, custodial clean-up and decontamination procedures
Juvenile Court/Community Teaching Staff	First aid treatment as required
Plumber	Handling of potentially infected materials/waste
Infant Care Teaching Staff	Handling of potentially infected materials/waste

Updated 3/10/20

Section H1 **Aerosol Transmissible Disease**

Prevention Program

Purpose

This section outlines the identification of safe work practices to minimize the incidence of occupationally acquired diseases that are transmissible through aerosols in the school setting. The ATD Standard was written by Cal/OSHA (Title 8, Section 5199 Aerosol Transmissible Diseases (ATD) Standard) as a direct result of the experiences involving Severe Acute Respiratory Syndrome (SARS), Avian Influenza, and the Novel Influenza H1N1.

Scope

This policy applies to all County of Santa Barbara Schools faculty, staff, hosted visitors, students, participating guests, and volunteers working at locations where EH&S has management control of specific biohazards. The following job classifications may have occupational exposure to ATD at the county of Santa Barbara Schools:

- A. Teachers and teacher aides
- B. Nurses or other licensed health care professionals working at the Student Health Services Center involved in diagnosis, triage, direct patient care and treatment
- C. Clerical workers/classified employees
- D. Facilities management custodial employees

Definitions

Aerosol Transmissible Disease (ATD) or Aerosol Transmissible Pathogen (ATP): A disease or pathogen for which droplet or airborne precautions are required, as listed in Appendix A of the standard.

Airborne Infectious Disease (AirID): Either: (1) An aerosol transmissible disease transmitted through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the disease agent, or (2) The disease process caused by a novel or unknown pathogen for which there is no evidence to rule out with reasonable certainty the possibility that the pathogen is transmissible through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the novel or unknown pathogen.

Airborne Infectious Pathogen (AirIP): Either: (1) An aerosol transmissible pathogen transmitted through dissemination of airborne droplet nuclei, small particle aerosols, or

dust particles containing the infectious agent, or (2) A novel or unknown pathogen for which there is no evidence to rule out with reasonable certainty the possibility that it is transmissible through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the novel or unknown pathogen.

Exposure Control Plan: A plan to protect employees from aerosol transmissible pathogens by reducing occupational exposure and providing appropriate treatment and counseling for employees potentially exposed to these pathogens.

Exposure incident: An event in which all of the following have occurred: (1) An employee has been exposed to an individual who is a case or suspected case of a reportable ATD, or to a work area or to equipment that is reasonably expected to contain ATPs associated with a reportable ATD; and (2) The exposure occurred without the benefit of applicable exposure controls required by this section, and (3) It reasonably appears from the circumstances of the exposure that transmission of disease is sufficiently likely to require medical evaluation.

M. tuberculosis: *Mycobacterium tuberculosis* complex, which includes *M. tuberculosis*, *M. bovis*, *M. africanum*, and *M. microti*. *M. tuberculosis* is the scientific name of the group of bacteria that cause tuberculosis.

Novel or unknown ATP: A pathogen capable of causing serious human disease meeting the following criteria:

There is credible evidence that the pathogen is transmissible to humans by aerosols; and

(1) The disease agent is:

- (a) A newly recognized pathogen, or
- (b) A newly recognized variant of a known pathogen and there is reason to believe that the variant differs significantly from the known pathogen in virulence or transmissibility, or
- (c) A recognized pathogen that has been recently introduced into the human population, or
- (d) A not yet identified pathogen.

Note: Variants of the human influenza virus that typically occur from season to season are not considered novel or unknown ATPs if they do not differ significantly in virulence or transmissibility from existing seasonal variants. Pandemic influenza strains that have not been fully characterized are novel pathogens.

Respirator: A device which has met the requirements of 42 CFR Part 84, has been designed to protect the wearer from inhalation of harmful atmospheres, and has been approved by NIOSH for the purpose for which it is used.

Source control measures: The use of procedures, engineering controls, and other devices or materials to minimize the spread of airborne particles and droplets from an individual who has or exhibits signs or symptoms of having an ATD, such as persistent coughing.

Suspected case: Either of the following:

- (1) A person whom a health care provider believes, after weighing signs, symptoms, and/or laboratory evidence, to probably have a particular disease or condition listed in Appendix A of the standard.
- (2) A person who is considered a probable case, or an epidemiologically-linked case, or who has supportive laboratory findings under the most recent communicable disease surveillance case definition established by CDC.

Tuberculosis (TB): A disease caused by *M. tuberculosis*.

Policy

- A. This plan is administered by the Santa Barbara County Schools Self Insured program for Employees (SIPE) Safety Office.
- B. The plan is evaluated and updated to include methods for controlling/preventing respiratory pathogen transmission, i.e., new engineering and work practice controls, new cleaning and decontamination procedures, changes in isolation procedures, use of Personal Protective Equipment (PPE), and determining employee exposures.
- C. The following methods are used to prevent exposures to aerosol transmissible diseases/pathogens (ATDs/ATPs)
 1. Promptly identify suspect students.
 2. Transfer to an appropriate room within the institution for airborne infectious disease students.
 3. When not feasible to provide airborne isolation rooms for a novel disease, provide other effective control measures, i.e., PPE, hand hygiene, social distancing (keeping 6 feet from suspected or diagnosed ATD students).
- D. Apply appropriate isolation precautions.
- E. Maintain appropriate engineering controls. To prevent transmission, i.e., ventilation systems on fresh air exchanges in appropriated treatment rooms are used to manage the environment of students with ATD.
- F. Implement appropriate work practices to prevent transmission:
 1. Food is not allowed in appropriate treatment rooms or areas.

2. Respiratory etiquette is practiced by employees.
3. Using personal protective equipment to protect employees from other pathogens spread by airborne/droplet route of transmission, i.e. Influenza.
4. Wash hands before and after student contact.
5. Identify and review annually the work locations at higher risk for exposure to ATD/ATP, including school offices, classrooms, nurse's office, health office, or treatment room/area.
6. Maintain routine cleaning.

G. Respiratory protection

1. Respirators used, such as filtering facepieces must be NIOSH approved and have a minimum rating of N95.
2. Fit-testing and respiratory protection procedures will occur in accordance with the Santa Barbara County education's Respiratory Protection Program.
3. N95 respirators will be reused when there is a lack of available inventory, i.e., pandemic or epidemic. The N95 respirator can be worn for one shift of work or more often depending on the need. The N95 respirator should be inspected prior to use, and not used if it is damaged in any way. If there is a shortage of N95 Respirators, and elastomeric mask may be used.

H. Implementation

1. This program and supporting procedures are generally followed at all times; however, specific implementation requirements identified in SIPE's ATD plan are voluntary. If a confirmed episode or epidemic of ATD is declared by either the County Department of Public Health, the Centers for Disease Control, or the California Department of Education, this plan will be converted from voluntary to mandatory, and thus, all procedures will be strictly adhered to according to this ATD Plan.

Procedures

- A. Confirmed or suspected ATD students are placed in designated appropriate treatment rooms/areas.
- B. Students suspected or confirmed as infectious due to airborne pathogen may wear a surgical mask until an appropriate room is available.
- C. Visitors entering the rooms/areas housing ATD students will wear a surgical mask or equivalent during the visit. If able, the student may wear a surgical mask.
- D. Work Practice Controls: Principals and supervisors are responsible for enforcing employee work practice controls. The following work practice controls are implemented to prevent exposure to airborne pathogens.

Employees taking care of students with suspected or confirmed airborne diseases must:

1. Wear appropriate PPE, up to and including respirators, gloves, surgical masks, etc.
 2. Practice appropriate hand hygiene.
 3. Maintain social distancing (keep 6 feet from students suspected or confirmed with an ATD/ATP when possible).
 4. Students with communicable airborne diseases may wear a surgical mask during transport and other times when students are out of designated treatment rooms/areas.
 5. Employees must wash their hands after removal of gloves.
 6. Occupational exposures are to be reported to supervisors immediately.
 7. Visitors who must enter an appropriate treatment room/area where suspect or confirmed ATD students are waiting to go home are to wear surgical masks.
- E. Employee surveillance and post-exposure follow-up. School districts are responsible for new employee and annual employee surveillance as well as post exposure follow-up for airborne pathogens.
- F. Medical services for employees with occupational exposure to ATD:
1. Assess exposure: TB skin tests are provided every 4 years according to Ed. Code and more frequently in accordance with applicable public health guidelines or if the public health officer recommends more frequent testing.
 2. Employees with TB test conversions are referred to a health care provider knowledgeable about TB for evaluation
 3. Diagnostic tests and treatment options are provided to the employee.
 4. Investigate the circumstances of occupational exposures to any ATD and document the investigation/findings.
 5. Vaccinations shall be made available to all employees with occupational exposures unless the employee has already received the vaccine or it is determined the employee has immunity, or the vaccine is contraindicated for medical reasons.
 6. Individual providing vaccine or determining immunity provides information to the employer (name, date, dose, immunity, any restrictions on employee's exposure, if additional vaccine is required, and date/dose it should be provided).
 7. If vaccine is not available, employer documents unavailability of the vaccine and checks on availability every 60 days.
- G. Training
1. New employee orientation and annual education of employees.
 2. Written materials, including handout or brochure about ATD is provided to employees during the New Employee Orientation classes and annual

education classes. The topics include transmission, symptoms, incidence, risk group categories, and exposure prevention strategies.

H. Recordkeeping

1. Employees skin test results are recorded by Human Resources department.
2. New employee and annual education of employees is recorded by the district Human Resources department. These records are maintained for three years.
3. Employee information is kept confidential. Records are maintained for 30 years past termination, resignation, or retirement.

Information and External References

- Cal/OSHA Aerosol Transmissible Diseases Regulation
<http://www.dir.ca.gov/title8/5199.html>
- Appendix D: Aerosol Transmissible Pathogens – Laboratory List
<http://www.dir.ca.gov/title8/5199d.html>
- Cal/OSHA Respiratory Protection Program Regulation
<http://www.dir.ca.gov/title8/5144.html>
- California's Local Health Officers
<http://www.cdph.ca.gov/programs/cclho/Documents/CCLHOHealthOfficerDirectory.pdf>
- CDC Biosafety in Microbiological and Biomedical Laboratories, 5th Edition
<http://www.cdc.gov/biosafety/publications/bmbl5/>
- Centers for Disease Control's Respiratory Hygiene/Cough Etiquette Guidelines
<http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>
- Immunization Information from the California Department of Public Health
<http://www.cdph.ca.gov/programs/immunize/Pages/HealthProfessionals.aspx>

Appendix A – Aerosol Transmissible Diseases/Pathogens (Mandatory)

This appendix contains a list of diseases and pathogens which are to be considered aerosol transmissible pathogens or diseases for the purpose of Section 5199. Employers are required to provide the protections required by Section 5199 according to whether the disease or pathogen requires airborne infection isolation or droplet precautions as indicated by the two lists below.

Diseases/Pathogens Requiring Airborne Infection Isolation

Aerosolizable spore-containing powder or other substance that is capable of causing serious human disease, e.g. Anthrax/*Bacillus anthracis*
Avian influenza/Avian influenza A viruses (strains capable of causing serious disease in humans)
Varicella disease (chickenpox, shingles)/Varicella zoster and Herpes zoster viruses, disseminated disease in any patient. Localized disease in immunocompromised patient until disseminated infection ruled out
Measles (rubeola)/Measles virus
Monkeypox/Monkeypox virus
Novel or unknown pathogens
Severe acute respiratory syndrome (SARS)
Smallpox (variola)/Variola virus
Tuberculosis (TB)/*Mycobacterium tuberculosis* -- Extrapulmonary, draining lesion; Pulmonary or laryngeal disease, confirmed; Pulmonary or laryngeal disease, suspected
Any other disease for which public health guidelines recommend airborne infection isolation

Diseases/Pathogens Requiring Droplet Precautions

Diphtheria pharyngeal
Epiglottitis, due to *Haemophilus influenzae* type b
Haemophilus influenzae Serotype b (Hib) disease/*Haemophilus influenzae* serotype b -- Infants and children
Influenza, human (typical seasonal variations)/influenza viruses
Meningitis
 Haemophilus influenzae, type b known or suspected
 Neisseria meningitidis (meningococcal) known or suspected
Meningococcal disease sepsis, pneumonia (see also meningitis)
Mumps (infectious parotitis)/Mumps virus
Mycoplasmal pneumonia
Parvovirus B19 infection (erythema infectiosum)
Pertussis (whooping cough)
Pharyngitis in infants and young children/Adenovirus, Orthomyxoviridae, Epstein-Barr virus, Herpes simplex virus,
Pneumonia
 Adenovirus
 Haemophilus influenzae Serotype b, infants and children
 Meningococcal
 Mycoplasma, primary atypical
 Streptococcus Group A
Pneumonic plague/*Yersinia pestis*
Rubella virus infection (German measles)/Rubella virus
Severe acute respiratory syndrome (SARS)
Streptococcal disease (group A streptococcus)
 Skin, wound or burn, Major
 Pharyngitis in infants and young children
 Pneumonia
 Scarlet fever in infants and young children
 Serious invasive disease

Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses (airborne infection isolation and respirator use may be required for aerosol-generating procedures)
Any other disease for which public health guidelines recommend droplet precautions



INJURY AND ILLNESS PREVENTION PROGRAM ADDENDUM COVID-19 PREVENTION PLAN

Updated January 26, 2021 2:00 p.m.

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[Appendix D: Staff Notification of Exposure Letter](#)

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1.1. Authority and Responsibility

- 1.1.1. Cabinet members of the Santa Barbara County Education Office (SBCEO) have overall authority and responsibility for implementing the provisions of this COVID-19 Prevention Plan (CPP) in our workplace.
- 1.1.2. All managers and supervisors are responsible for implementing and maintaining the CPP in their assigned work areas and for ensuring employees receive answers to questions about the program in a language they understand.
- 1.1.3. All employees are responsible for using safe work practices, following all directives, policies and procedures, and assisting in maintaining a safe work environment.

1.2. Identification and Evaluation of COVID-19 Hazards

- 1.2.1. SBCEO regularly reviews applicable orders and general and industry-specific guidance from the State of California, Cal/OSHA, and the local health department related to COVID-19 hazards and prevention. Orders and guidance are reviewed collaboratively in a variety of countywide group meetings including Superintendents' meetings, Human Resources Network meetings, Risk and Safety Management meetings, Countywide School Nurse meetings, staff meetings, and other Job-Alike meetings. The Santa Barbara County Public Health Department has designated a Public Health Liaison and a Physician as a source of support, guidance, and collaborative communication during the pandemic.
- 1.2.2. Managers shall periodically conduct workplace-specific evaluations using **Appendix A: Identification of COVID-19 Hazards** form.
- 1.2.3. Managers shall conduct periodic inspections using the **Appendix B: COVID-19 Inspections** form, as needed, to identify unhealthy conditions, work practices, and work procedures related to COVID-19 and to ensure compliance with our COVID-19 policies and procedures.
- 1.2.4. Managers who engage independent contractors or other individuals in work on SBCEO worksites shall evaluate potential workplace exposures to all persons who may enter the workplace.
- 1.2.5. At regularly scheduled meetings, Cabinet members shall regularly evaluate existing COVID-19 prevention controls in the workplace and the need for different or additional controls.
- 1.2.6. Employees and authorized employees' representatives are encouraged to participate in the identification and evaluation of potential COVID-19 hazards by maintaining ongoing reciprocal verbal and written communication with administration. Union meetings are also regularly scheduled with Human Resources Management.
- 1.2.7. Employees shall be educated and empowered by management to respectfully remind others to follow all policies, procedures, and practices adopted related to COVID-19.
- 1.2.8. SBCEO has identified a group of managers as Workplace Infection Control Coordinators, provided them with exposure and response training to respond effectively and immediately to COVID-19 in the workplace in order to prevent or reduce the risk of

transmission.

- 1.2.9. SBCEO developed a document to assist Workplace Infection Control Coordinators in the process of contact tracing found in **Appendix C: Workplace Infection Control Coordinator COVID-19 Contact Tracing Guide**. Managers work directly with Assistant Superintendents and Human Resources management in response to a confirmed positive case of COVID-19. In order to maintain confidentiality, the contact tracing document shall be maintained in a secure shared drive only accessible by individuals on a need-to-know basis.

1.3. Correction of COVID-19 Hazards

- 1.3.1. Unsafe or unhealthy work conditions, practices or procedures will be documented on the **Appendix B: COVID-19 Inspections** form and corrected in a timely manner based on the severity of the hazards.
 - 1.3.1.1. The severity of the unhealthy work conditions, practices or procedures will be assessed through investigation and will be based on compliance with scientific practices known to reduce or prevent the transmission of COVID-19 as determined by state and local health guidance, regulations, and orders.
 - 1.3.1.2. Interviews with individuals who may be familiar with the condition, practice or procedure being inspected may be conducted.
 - 1.3.1.3. Walk-through visits may be conducted, as appropriate.
 - 1.3.1.4. Meetings with individual(s) who may have valuable contributions toward the assessment of the conditions, practices or procedures may be conducted.
- 1.3.2. As a part of the inspection, specific individuals will be identified as responsible for timely correction or improvement of conditions, practices, or procedures, and will be provided instructions for completion.
- 1.3.3. Follow up measures such as check-ins or walk-through visits will be taken to ensure timely implementation of necessary changes.

1.4. Employee Training

- 1.4.1. SBCEO shall educate employees on policies and procedures to protect employees from COVID-19 hazards, including but not limited to the items in this section.
- 1.4.2. Training and instruction shall be provided using methods that are easy to understand including verbal, visual, audiovisual and picture-centered handouts and other resources.
- 1.4.3. All training shall be consistent with the Center for Disease Control (CDC) and/or state and local Public Health guidance and regulation, whichever is most strict and shall include the following topics:
 - 1.4.3.1. [What COVID-19 is and how it is spread](#)
 - 1.4.3.1.1. COVID-19 is an infectious disease that can be spread through air transmission.
 - 1.4.3.1.2. Particles containing COVID-19 can travel more than six feet, especially indoors, so physical distancing must be combined with other controls,

including face coverings and hand hygiene, to be effective.

- 1.4.3.1.3. Individuals with COVID-19 may be asymptomatic.
- 1.4.3.2. [Signs and symptoms of COVID-19](#)
- 1.4.3.3. [When to seek medical attention if not feeling well.](#)
- 1.4.3.4. [Prevention of the spread of COVID-19 if you are sick](#) including the importance of obtaining a COVID-19 test and not coming to work if the employee has COVID-19 symptoms.
- 1.4.3.5. [Use of face coverings to help slow the spread](#) and that face coverings are not respiratory equipment but rather, are intended to primarily protect other individuals from the wearer of the face covering.
- 1.4.3.6. How to properly wear a face covering over the nose and mouth.
- 1.4.3.7. [Physical distancing guidelines.](#)
- 1.4.3.8. Importance of [washing hands](#) with soap and water for at least 20 seconds or use of hand sanitizer if soap and water are not readily available.
- 1.4.3.9. [Coughing and sneezing etiquette.](#)
- 1.4.3.10. [Guidance for cleaning and disinfecting.](#)
 - 1.4.3.10.1. Reading labels, wearing proper Personal Protective Equipment (PPE), hazard review and steps to minimize harm to employees using cleaning products.
 - 1.4.3.10.2. HAZCOM online training module shall be required for all employees and substitutes.
 - 1.4.3.10.3. Healthy Schools Act online training module shall be required for all employees and substitutes.
- 1.4.3.11. [How to properly put on and take off PPE.](#)
- 1.4.3.12. Information regarding COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws.
- 1.4.3.13. Employees required to actively screen students or staff for symptoms of COVID-19 shall be provided with sufficient information and training consistent with state and local public health guidance.

1.5. Employee Supports

- 1.5.1. Employees who are at high-risk from COVID-19 are entitled to engage in an interactive process meeting with their supervisor, division lead, and/or human resources in order to identify and determine appropriate accommodations, if any.
- 1.5.2. SBCEO shall educate employees on leave options available for COVID-19 related absences including but not limited to those consistent with the Families First Coronavirus Response Act, when applicable.

1.6. Handwashing

- 1.6.1. Handwashing facilities shall be evaluated to determine any need for additional facilities.

- 1.6.2. Employees shall be provided with effective hand sanitizer and shall be prohibited from using hand sanitizer containing methanol (e.g. methyl alcohol).
- 1.6.3. Employees shall be provided with information on and encouraged to engage in proper handwashing including washing their hands for at least 20 seconds each time.
- 1.6.4. Employees shall be allowed time for regular handwashing.

1.7. Personal Protective Equipment (PPE)

- 1.7.1. An evaluation of the appropriate need for PPE as required by Title 8, section 3380, such as gloves, goggles, and face shields, shall be conducted and such PPE shall be provided accordingly.
- 1.7.2. Use of respiratory protection shall be evaluated in accordance with CCR Title 8 section 5144 for those employees that are not vaccinated.
- 1.7.3. Eye protection and respiratory protection shall be provided and used in accordance with section 5144 when employees are exposed to procedures that may aerosolize potentially infectious material such as saliva or respiratory tract fluids.
- 1.7.4. PPE, such as but not limited to gloves, goggles, face coverings, and face shields shall **not** be shared.

1.8. Face Coverings

- 1.8.1 Childcare and school sites with students on campus everyone over the age of 2 must continue to wear an acceptable face covering, except those explicitly exempt. In addition, physical distancing requirements (e.g., 6 feet between student and staff desks) are still in effect. The most recent [CDPH guidance](#) from June 4, 2021, is [here](#).
- 1.8.2 For outdoors at childcare and school sites with students on campus neither face coverings nor physical distancing is required for adults and students.
- 1.8.3 At all other work locations fully vaccinated employees must attest to their status via [informed-12](#), they are no longer required to wear face coverings indoors.
- 1.8.4 Unvaccinated employees must wear either medical, surgical, two-layer fabric masks or N95 respirators.
- 1.8.5 Supervisors must make acceptable face coverings available for all employees who choose to wear them.
- 1.8.6 Regardless of vaccination status, face coverings are not required outdoors, however it is still recommended for unvaccinated when six feet of physical distancing cannot be maintained.

1.9 Physical Distancing

- 1.9.2 Physical distancing (6 feet) is required for childcare and school sites with students on campus.
- 1.9.3 Regardless of vaccination status, physical distancing at all other work locations is no longer required indoors or outdoors.

1.10 Limit Non-Essential Visitors and Travel

- 1.10.2 All meetings shall be virtual to the extent feasible.
- 1.10.3 In-person meetings shall be limited to room capacity that allows for 6 feet of distance between each participant and face coverings are required at all times.
 - 1.10.3.1 All meeting rooms shall be measured for room capacity to allow for 6 feet of distance and maximum room capacity signs shall be posted.
- 1.10.4 To the extent feasible, visitors must be approved before arrival.
- 1.10.5 Visitors shall be instructed to wear proper face coverings over the nose and mouth at all times.
- 1.10.6 Visitors shall be instructed to maintain physical distancing to the extent possible.
- 1.10.7 To the extent feasible, visitors must be by appointment only and shall be informed of all SBCEO health and safety procedures prior to arrival.
- 1.10.8 To the extent feasible, visitor appointments shall be limited in time to minimize potential exposure.
- 1.10.9 All shared equipment such as tables and chairs utilized by a visitor shall be sanitized promptly once the visitor has departed.
- 1.10.10 SBCEO shall limit any unnecessary travel with multiple passengers including that in personal employee vehicles and LEA-provided vehicles.
- 1.10.11 SBCEO shall make virtual all non-essential and eliminate any non-essential events such as entertainment activities and celebratory events.

1.11 Wellness Screening

- 1.11.2 All SBCEO employees, substitute employees, and visitors determined to be on worksites for extended periods are required to affirm by signature that they will engage in daily passive wellness screening to help stop the spread.

- 1.11.3 All SBCEO employees shall engage in a passive screening daily prior to coming to work that includes a self-assessment wellness check that they are free from symptoms consistent with COVID-19 per CDC guidance.
- 1.11.4 Certain employees will be required to engage in on-site active screening procedures consistent with the host school site adopted procedures including but not limited to temperature checks, documentation that they are symptom-free, and/or COVID-19 testing.

1.12 Air Flow

- 1.12.2 SBCEO shall maximize, to the extent feasible, the quantity of outside air for buildings with mechanical or natural ventilation systems.
 - 1.12.2.1 Employees shall be informed to keep doors and windows open to the extent feasible.
 - 1.12.2.2 Employees shall be informed about circumstances where the amount of outside air needs to be minimized due to other hazards such as air pollution including wildfire smoke, and excessive heat or cold.
 - 1.12.2.2.1 Air pollution is defined as when the United States Environmental Protection Agency (EPA) Air Quality Index is greater than 100 for any pollutant.
 - 1.12.2.3 Ventilation systems will receive regular maintenance to ensure cleanliness and functionality.
 - 1.12.2.4 Assessments will be conducted to determine the possibility to increase filtration efficiency to the highest level compatible with existing ventilation systems.
 - 1.12.2.5 Filters for ventilation systems will be checked and replaced regularly to ensure cleanliness.
 - 1.12.2.6 Any mechanical ventilation systems compatible with HEPA will receive regular maintenance to ensure cleanliness and functionality. High level HEPA will be considered.
 - 1.12.2.6.1 In the event of a COVID-19 outbreak, MERV 13 level HEPA filters will be installed, as practicable, and if compatible with the ventilation system.
- 1.12.3 SBCEO shall regularly review information on [CDC](#) and state and local public health guidance on matters of air and shall implement recommendations. Topics reviewed shall include but are not limited to those listed below.
 - 1.12.3.1 Air filtration.
 - 1.12.3.2 Natural and forced air circulation.
 - 1.12.3.3 Natural air and environmental conditions.

1.13 Sanitizing and Disinfecting

- 1.13.2 SBCEO has established routine schedules to clean and disinfect common surfaces and objects in the workplace.

- 1.13.2.1 Common surfaces and objects include but are not limited to tools, machinery, containers, counters, tables, chairs, benches, door handles, knobs, drinking fountains, refrigerators, vending machines, portable restroom and bathroom surfaces, company automobiles, and trash cans.
- 1.13.3 Certain staff, such as custodians and maintenance and operations staff, shall receive specialized training and be required to disinfect common surfaces and objects in the workplace at least twice daily.
 - 1.13.3.1 All staff expected to disinfect areas compromised by exposure to individuals diagnosed with COVID-19 shall receive specialized training and shall wait 24 hours before disinfecting the areas affected.
 - 1.13.3.2 The process of disinfecting includes providing disinfecting products, any PPE required for their safe use, and review and compliance with manufacturer instructions for proper use.
- 1.13.4 Items that employees come in regular physical contact with, such as phones, headsets, desks, keyboards, writing materials, instruments and tools shall not be shared, to the extent feasible. Where there must be sharing, the items will be disinfected between uses by employees properly trained in disinfecting procedures.
 - 1.13.4.1 Disinfecting training and supplies shall be made available to certain staff including but not limited to custodial and maintenance staff.
- 1.13.5 All staff shall be trained and required to sanitize shared spaces or items after each use including but not limited to copiers, refrigerators, microwaves, water coolers, vending machines, breakrooms, etc.
 - 1.13.5.1 Sanitizing supplies shall be made available in all communal areas and near all shared spaces or items.
 - 1.13.5.2 All staff required to sanitize shall be properly trained and provided with the appropriate PPE including gloves.
- 1.13.6 Sharing of vehicles shall be minimized to the extent feasible, and high-touch points such as the steering wheel, door handles, seatbelt buckles, armrests, and shifter, shall be disinfected between users.

1.14 Good Sanitation Practices

- 1.14.2 Restroom facilities shall be checked regularly to ensure they are cleaned, sanitized, and clutter-free.
- 1.14.3 Certain staff, such as custodians and maintenance and operations staff, shall be assigned to check restrooms, open doors and windows, re-stock toilet paper, and clean and sanitize as necessary.
- 1.14.4 Certain staff, such as custodians and maintenance and operations staff, shall be assigned to make sure handwashing areas have plenty of soap, paper towels and that the area is cleaned and sanitized at least twice daily.
- 1.14.5 Certain staff, such as custodians and maintenance and operations staff, shall be assigned

to make sure handwashing supplies are re-stocked regularly.

1.14.6 Certain staff shall be assigned to stock and provide appropriate PPE including but not limited to gloves and disposable masks.

1.14.7 All staff shall be trained and assigned to sanitize frequently.

1.15 COVID-19 Cases

1.15.1.1 If required for purposes of verification, COVID-19 individual test results and information containing specific individual names and medical information shall be maintained in a secure place and shall not be shared through insecure means such as non-encrypted email.

1.15.1.2 All employees shall affirm by signature that they will immediately report to their supervisor if they have symptoms of COVID-19, have been diagnosed with COVID-19, have recently had close contact with someone with a confirmed diagnosis of COVID-19.

1.15.1.3 If an employee is not feeling well and is exhibiting symptoms that may be attributed to COVID-19 and are not due to a known or chronic condition, the employee shall immediately return home, go to a healthcare facility if needed, or self-isolate until they can be safely transported away from the worksite to the appropriate place, ensuring they are wearing a face covering and physically distanced from others.

1.15.1.4 Supervisors shall inform employees they must go home or to a healthcare facility as needed if they are visibly exhibiting symptoms consistent with COVID-19 and not due to a known or chronic condition.

1.15.1.5 SBCEO shall provide employees with appropriate resources on COVID-19 including how to seek medical care and what to do in the event they have symptoms, such as that provided on [CDC about what to do if you are sick](#).

1.15.1.6 Employees with a confirmed positive case of COVID-19 shall be excluded from the workplace until return-to-work requirements consistent with state and local public health guidelines have been met.

1.15.1.7 A negative COVID-19 test shall not be required for an employee to return to work from isolation.

1.15.1.8 Return to work criteria for employees with a confirmed positive case of COVID-19 on isolation and who are **symptomatic** shall include:

1.15.1.8.1. At least 10 days have passed since the date of the onset of symptoms;

1.15.1.8.2. At least 24 hours have passed since a fever of 100.4 or higher has resolved without the use of fever-reducing medication;

1.15.1.8.3. COVID-19 symptoms have improved.

1.15.1.9 Return to work criteria for employees with a confirmed positive case of COVID-19 on isolation and who are **asymptomatic** shall include:

- 1.15.1.9.1. A minimum of 10 days has passed since the date of the specimen collection of their first positive COVID-19 test.
- 1.15.1.10. If an order to isolate or quarantine an employee is issued by the local or state health official, the employee so ordered shall not return to work until the period of isolation or quarantine is completed or the order is lifted. If no period was specified, then the relevant return-to-work criteria shall be met.
- 1.15.1.11. Employees excluded from the workplace due to a positive confirmed case of COVID-19 or a close contact exposure to COVID-19 that has been determined as work-related shall maintain earnings, seniority, and all other employee rights and benefits for the duration of the isolation or quarantine where permitted by law and when not covered by workers' compensation.
- 1.15.1.12. Employees excluded from the workplace shall be provided with a staff notification letter within 24 hours from knowledge of the need for exclusion that includes information on where and how free COVID-19 tests can be obtained, available leaves and benefits, and the disinfection and safety plan that SBCEO will implement or complete. See sample template **Appendix D: Staff Notification of Exposure Letter**.
- 1.15.1.13. Employees who have had potential exposure to COVID-19 in the workplace, as determined through contact tracing, shall be offered COVID-19 testing at no cost during their established work schedule.
- 1.15.1.14. Employees who have had potential exposure to COVID-19 in the workplace shall be provided with information on COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws.
- 1.15.1.15. Employees who have had potential exposure to COVID-19 in the workplace shall be provided with information at the time of exclusion from the work environment, on available benefits.
- 1.15.1.16. SBCEO shall work closely with the Santa Barbara County Public Health Department so that they may engage in proper contact tracing and timely notification to any individuals who may be affected by a COVID-19 case.
- 1.15.1.16.1. Employee information shared with Public Health may include the employee's work location, work hours, general and specific work duties, if the employee has traveled to multiple worksites recently with timing, and the last day the employee was at work. The employee's name and date of birth will not be disclosed unless asked by the health officials.
- 1.15.1.16.2. Additional information provided to Public Health may include which others have been in close contact with the individual with COVID-19.
- 1.15.1.17. Any physical space that has been identified as exposed to an individual with COVID-19 shall be closed for 24 hours and then disinfected by staff trained and wearing proper Personal Protective Equipment (PPE).

1.16 Outbreaks

- 1.16.2 In the event three or more cases of COVID-19 are identified in a workplace environment within a 14-day period, additional precautions shall be taken.
- 1.16.3 SBCEO shall provide COVID-19 testing to all employees in the exposed workplace except for employees who were not present during the period of an outbreak as identified by the local health department or within the relevant 14-day period from the last known date of exposure to a confirmed positive COVID-19 case.
- 1.16.4 Employees shall be provided with information about where they can obtain a COVID-19 test at no cost to them during employees' working hours.
- 1.16.5 All employees identified as having been in the exposed workplace during the infectious period shall be immediately tested and then tested again one week later.
 - 1.16.5.1 Negative COVID-19 test results of employees with COVID-19 exposure shall not impact the duration of any quarantine period required by, or orders issued by, the local health department.
- 1.16.6 After the first two COVID-19 tests, SBCEO shall continue to provide COVID-19 testing of employees who remain at the workplace at least once per week, or more frequently if recommended by the local health department, until there are no new COVID-19 cases detected in the workplace for a 14-day period.
- 1.16.7 SBCEO shall provide additional testing as deemed necessary by Cal/OSHA.
- 1.16.8 SBCEO shall exclude all employees identified through contact tracing as having potential exposure in the workplace and those employees shall not return to work until the relevant return-to-work criteria has been met.
- 1.16.9 SBCEO shall immediately investigate at minimum the items in this section and shall determine possible workplace-related factors that contributed to the COVID-19 outbreak.
 - 1.16.9.1 Leave policies and practices and whether or not employees are discouraged from remaining home when sick.
 - 1.16.9.2 COVID-19 testing procedures.
 - 1.16.9.3 Insufficient outdoor air (lack of ventilation).
 - 1.16.9.4 Insufficient air filtration.
 - 1.16.9.5 Lack of physical distancing.
- 1.16.10 SBCEO shall immediately perform a review of potentially relevant COVID-19 policies, procedures, and controls and implement changes as needed to prevent further spread of COVID-19.
 - 1.16.10.1 The review shall be updated every thirty days that the outbreak continues.
 - 1.16.10.2 The review shall be updated in response to new information received or to new or previously unrecognized COVID-19 hazards.

1.16.10.3 The review shall be updated when otherwise necessary.

1.16.11 The investigation and review shall result in the implementation of changes to reduce the transmission of COVID-19 and shall consider at minimum, the items listed in this section.

1.16.11.1 Moving indoor tasks outdoors or having them performed remotely.

1.16.11.2 Increasing outdoor air supply when work is done indoors.

1.16.11.3 Improving air filtration.

1.16.11.4 Increasing physical distancing as much as possible.

1.16.11.5 Respiratory protection.

1.16.11.6 Other identified applicable controls.

1.16.12 Immediately, but no longer than 48 hours after knowledge of 3 or more cases of COVID-19 in the workplace, SBCEO shall contact the local health department for guidance on preventing the further spread of COVID-19 in the workplace.

1.16.13 SBCEO shall provide to the local health department the total number of COVID-19 cases and for each COVID-19 case, the name, contact information, occupation (if an employee), workplace location, any hospitalization and/or fatality status, and any other information requested by the local health department.

1.16.14 SBCEO shall continue to give notice to the local health department of any subsequent COVID-19 cases at our workplace.

1.17 Major Outbreaks

1.17.2 In the event twenty or more cases of COVID-19 are identified in a workplace environment within a 30-day period, additional precautions shall be taken as outlined in this section.

1.17.3 SBCEO shall provide twice weekly COVID-19 testing to all employees in the exposed workplace except for employees who were not present during the period of a major outbreak as identified by the local health department or within the relevant 30-day period from the last known date of exposure to a confirmed positive COVID-19 case.

1.17.4 Employees shall be provided with information about where they can obtain a COVID-19 test at no cost to them during employees' working hours.

1.17.5 SBCEO shall exclude all employees identified through contact tracing as having potential exposure in the workplace and those employees shall not return to work until the relevant return-to-work criteria has been met.

1.17.6 The investigation and review, consistent with the procedures outlined in the case of an outbreak, shall result in the implementation of changes to reduce the transmission of COVID-19.

1.17.7 In addition to the requirements of the SBCEO COVID-19 Prevention Plan Correction of COVID-19 Hazards, SBCEO will take the following action:

- 1.17.7.1 In buildings or structures with mechanical ventilation, filter recirculated air with Minimum Efficiency Reporting Value (MERV) 13 or higher efficiency filters if compatible with the ventilation system.
 - 1.17.7.1.1 If MERV-13 or higher filters are not compatible with the ventilation system, use filters with the highest compatible filtering efficiency.
 - 1.17.7.1.2 Evaluate whether portable or mounted High Efficiency Particulate Air (HEPA) filtration units, or other air cleaning systems would reduce the risk of transmission and implement their use to the degree feasible.
- 1.17.7.2 Determine the need for a respiratory protection program or changes to an existing respiratory protection program under CCR Title 8 section 5144 to address COVID-19 hazards.
- 1.17.7.3 Evaluate whether to halt some or all operations at the workplace until COVID-19 hazards are corrected.
- 1.17.7.4 Implement any other control measures deemed necessary by Cal/OSHA.
- 1.17.8 SBCEO shall comply with the requirements for notification to the Santa Barbara County Public Health Department.

1.18 Systems for Communicating

- 1.18.2 SBCEO's goal is to ensure that we have effective two-way communication with our employees, in a form they can readily understand that includes at minimum the items listed below.
 - 1.18.2.1 Employees should report COVID-19 symptoms and possible hazards to the employee's supervisor, division lead, or human resources.
 - 1.18.2.2 Employees can report symptoms and hazards without fear of reprisal.
 - 1.18.2.3 Employees with medical or other conditions that put them at increased risk of severe COVID-19 illness shall have an interactive process meeting with the employee's supervisor, division lead, human resources management, or a combination thereof.
 - 1.18.2.4 Resources about where to obtain a voluntary COVID-19 test (non-surveillance) as needed.
 - 1.18.2.5 In the event SBCEO is required to provide testing because of a workplace exposure or outbreak, management shall communicate the plan for providing testing and inform employees of the reason for the testing and the possible consequence of a positive test.
 - 1.18.2.6 Information about COVID-19 hazards that employees (including other employers and individuals in contact with the workplace) may be exposed to and what is being done to control those hazards, including COVID-19 policies and procedures.

1.19 Reporting, Recordkeeping, and Access

- 1.19.2 SBCEO shall document and maintain a variety of information required by state and local

public health and in order to ensure compliance with health and safety measures.

- 1.19.3 SBCEO shall report information about COVID-19 cases at the workplace to the local public health department when required by law, and provide any related information requested by the local public health department.
- 1.19.4 SBCEO shall report immediately to Cal/OSHA, any COVID-19 related serious illnesses or death, as defined under CCR Title 8 section 330(h), of any employee occurring in the workplace or in connection with any employment.
- 1.19.5 SBCEO shall maintain records of the steps taken to implement the written COVID-19 Prevention Program (CPP) in accordance with CCR Title 8 section 3202(b).
- 1.19.6 SBCEO shall make the written CPP available at the workplace to employees, authorized employee representatives, and to representatives of Cal/OSHA immediately upon request.
- 1.19.7 SBCEO shall use the **Appendix E: Investigating COVID-19 Cases** form to keep record of and track all COVID-19 cases. The information will be made available to employees, authorized employee representatives, or as otherwise required by law, with personal identifying information removed.

1.20 Self-Reporting of Vaccination Status

1.20.1 Employees who wish to stop wearing a face covering indoors (if permitted at their worksite), SBCEO is providing a Vaccination Status Attestation form through [Informedk-12](#). While employees are not required to disclose their vaccination status, we are mandated by Cal/OSHA to treat any employee who declines to state their vaccination status or does not complete the attestation as if they are unvaccinated, meaning they must continue to wear an acceptable face covering indoors.



Appendix A: Identification of COVID-19 Hazards

All persons, regardless of symptoms or negative COVID-19 test results, will be considered potentially infectious. Particular attention will be paid to areas where people may congregate or come in contact with one another, regardless of whether employees are performing an assigned work task or not. For example: meetings, entrances, bathrooms, hallways, aisles, walkways, elevators, break or eating areas, cool-down areas, and waiting areas.

Evaluation of potential workplace exposure will be to all persons at the workplace or who may enter the workplace, including coworkers, employees of other entities, members of the public, customers or clients, and independent contractors. The Santa Barbara County Education Office will consider how employees and other persons enter, leave, and travel through the workplace, in addition to addressing fixed work locations.

Date of investigation: _____

Name and title of person conducting the evaluation: _____

Name(s) of employee and authorized employee representative that participated, if any: _____

Interaction, area, activity, work task, process, equipment and material that potentially exposes employees to COVID-19 hazards	Places and times	Potential for COVID-19 exposures and employees affected, including members of the public and employees of other employers	Existing and/or additional COVID-19 prevention controls, including barriers, partitions and ventilation



Appendix B: COVID-19 Inspections

Date of Inspection: _____

Name(s) and title(s) of person(s) conducting the evaluation:

Name and address of work location evaluated:

Exposure Controls	Status	Person Assigned to Correct	Date Corrected
Engineering			
Barriers/partitions/plexiglass			
Ventilation (fresh air and filtration maximized)			
Additional room air filtration			
[add any additional controls in workplace]			
Administrative			
Physical distancing			
Surface cleaning and disinfection (frequently enough and adequate supplies)			
Hand washing facilities (adequate numbers and supplies)			
Disinfectant and hand sanitizer being used according to manufacturer instructions			
[add any additional controls in workplace]			
[add any additional controls in workplace]			
PPE (not shared, available and being worn)			
Disposable face masks			
Gloves			
Face shields with cloth drape/goggles			
Respiratory protection			
N95 masks for specialized healthcare procedures			
Disposable or re-useable coveralls or aprons			
[add any additional controls in workplace]			



Appendix C: Workplace Infection Control Coordinator COVID-19 Contact Tracing Guide

**This document contains sensitive medical information and should not be emailed*

Report

Workplace Infection Control Coordinator: _____

Date of Report: _____ Time: _____

Case Information

Name of person: _____

Phone contact: _____

Have you had close contact with an individual who tested positive? Y N (choose one)

CDPH: close contact is w/in 6 ft, 15 cumulative min or more, within 24 hrs, regardless of face coverings.

Date of last close contact with the individual: _____

Do you live with the individual? Y N (choose one)

If yes, most recent date of symptoms of household member: _____

Are you experiencing or have you experienced any symptoms? Y N (choose one)

If yes, first date of symptoms? _____

Last date of symptoms, if applicable: _____

CDPH: symptoms may include fever, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, nausea or vomiting, or diarrhea.

Testing

Have you had or will you seek healthcare provider support? Y N (choose one)

Have you scheduled a COVID-19 test? Y N (choose one)

If yes, test date: _____

Have you had a positive COVID-19 test? Y N (choose one)

If yes, test date: _____

Please note that testing negative does not negate the need to quarantine for 14 days from the date of close contact exposure to someone who has tested positive. On average, people start showing symptoms on day 5 from date of exposure but may not show symptoms at all and can still be infectious.

Worksite Exposure

At which SBCEO locations have you been working, starting two days prior to the onset of your symptoms (if any) to now?

Since the date of exposure, with which colleagues have you had close contact (within 6 feet for at least 15 minutes cumulative over a 24-hour period) regardless of face coverings? List all.

Positive COVID Test Result for Employee

If the employee has tested positive, list the name and address(es) of employee's place(s) of employment during the 14-day period preceding the date of the positive test (date specimen collected). Be as specific as possible about place of employment, listing the building, portable, or classroom number, as applicable. Do NOT include employee's home/residence.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Indicate the highest number of employees who reported to work at each of the employee's specific place(s) of employment listed above in the 45-day period preceding the last day the employee worked at each specific place of employment. Do not include non-SBCEO employees if the specific place of employment is housed on a non-SBCEO campus.

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |

Isolation Follow Up

When an employee tests positive, stay in contact with them regularly throughout the isolation. If SBCPHD has not contacted them, encourage them to seek healthcare provider support. They may return-to-work if released by SBCPHD or a healthcare provider AND at least 10 days have passed, symptoms are improving, and they have not had a fever for 24 hrs or more without the use of fever-reducing medication. If they have not had support from SBCPHD or a healthcare provider to determine if symptoms are improving, please contact Human Resources management to discuss next steps.

Quarantines and Isolation [CDPH Guidance](#)

Please work with Human Resources to finalize quarantines and inform HR whether or not the employee will be working remotely during quarantine, as approved by the division lead.

Quarantines should be 14 days from the last date of close contact with someone who tested positive and the employee should be encouraged to seek healthcare support and COVID-19 testing as available.

Individuals who test positive and are symptomatic must remain home (isolate) for at least 10 days from the first date of symptoms and will isolate as long as infectious—at least 10 days after becoming ill and symptoms improving and no fever without use of medicine for at least 24 hours.

Individuals who test positive and are asymptomatic must remain home (isolate) for at least 10 days from the date of the positive test.

Individuals who test negative and are asymptomatic and had close contact with someone who tested positive must remain home for the 14-day quarantine from last date of close contact.



Individuals who live with a household member who tests positive must quarantine for the duration of the household member's illness **and** 14 days after the last date of the household member's symptoms unless the individual becomes ill, in which case, the individual will isolate as long as infectious—at least 10 days after becoming ill **and** symptoms improving **and** no fever without use of medicine for at least 24 hours.

Documentation

Please document conversations with the employee including dates/times of each interaction.

Additional Support

Was Public Health contacted by HR? Yes No (choose one)

Name of Public Health Department representative: _____

Public Health guidance/recommendation:

For Child Development Only:

Was Licensing contacted? (805) 883-8244 Yes No (choose one)

Licensing guidance/recommendation:

Appendix D: Staff Notification of Exposure Letter

[Insert Date]

Dear [Insert Name],

The health and safety of our students and staff is our top priority. This letter is to inform you that a student or employee with whom you have had close contact has tested positive for COVID-19. The last known date of exposure was DATE, 2021. The Centers for Disease Control and Prevention (CDC) defines [close contact](#) as someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic cases, 2 days prior to test specimen collection), until the time the infected person is isolated.

In accordance with the Santa Barbara County Public Health Department (SBCPHD) guidance, we advise that you quarantine to the greatest extent possible, even if you are asymptomatic. For more detailed information about how to quarantine correctly, please refer to this [guidance](#) from the California Department of Public Health. The following restrictions are all recommended as part of an at-home quarantine:

- Stay at home except to seek medical care.
- Do not go to work, school or public areas.
- Do not use public transportation.
- Separate yourself from others in your home.
- Do not allow visitors.
- Do not prepare or serve food to others.
- Limit contact with pets.

If you cannot meet the requirements for quarantine, you may call the COVID-19 support team at 211 for assistance with housing, food or other needs.

During the quarantine period, you will be excluded from SBCEO's surveillance testing of staff. Please continue to monitor yourself for symptoms and stay home if you are experiencing influenza-like illness. [COVID-19 symptoms](#) as identified by the U.S. Centers for Disease Control include, but are not limited to the following:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

The prescribed quarantine will end at the close of business on DATE, 2021 unless you become symptomatic, in which case, please contact your supervisor. In addition, you may inform your healthcare provider and follow their advice. Be sure to let the provider know that you have been identified as having a direct exposure to someone who tested positive for COVID-19.



Appendix D: Staff Notification of Exposure Letter

The sites listed below are options available for free COVID-19 testing. **You may schedule a test as soon as one is available at one of these locations.**

STATE-OPERATED COMMUNITY TESTING SITES

Pre-register for an appointment at <https://www.lhi.care/covidtesting>. When you register, identify yourself as an essential school employee. Medical insurance, provider information, and demographic information may be requested. If you do not have insurance, the State of California will pay for your test. Bring identification.

Santa Maria Fairgrounds	937 South Thornburg Street, Santa Maria
Buellton	240 East Highway 246, Buellton
Goleta Valley Community Center	5679 Hollister Avenue, Goleta

SANTA BARBARA COUNTY PUBLIC HEALTH DEPARTMENT SITES

Pre-register for an appointment by calling a week in advance (805) 705-7279. Inform them you are an essential school employee. Medical insurance, provider information, and demographic information may be requested. If you do not have insurance, the State of California will pay for your test. Bring identification.

Lompoc	301 North R Street (behind clinic building)
Santa Barbara	267 Camino del Remedio (Calle Real Campus)
Santa Maria	2115 Centerpointe Parkway (Betteravia Government Center)

As an employee of the Santa Barbara County Education Office (SBCEO) you may be eligible for one or more of the COVID-19-related benefits listed below depending on your specific circumstances. Please contact Human Resources to discuss your available benefits.

Benefits
Up to 12 workweeks of leave pursuant to the Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA)
Up to 60 workdays of Worker's Compensation / Industrial Accident Leave <i>If COVID-19 was caused by work, then you are entitled to workers' compensation benefits which may include: full hospital, surgical and medical treatment; temporary disability; permanent disability; Supplemental Job Displacement Benefits; and death benefits.</i>
Personal Sick Leave
Extended Illness Leave (Differential or Other Entitlement)
Isolation Leave (in the event of a positive COVID-19 test) <i>Per Cal/OSHA regulations, an employee with a positive confirmed case of COVID-19 or excluded from the workplace while on a close-contact quarantine that has been determined through contact tracing as work-related shall maintain earnings, seniority, and all other employee rights and benefits for the duration of the isolation or quarantine, where permitted by law, and when not covered by workers' compensation. Isolation Leave is available through June 30, 2021 for all individuals who have tested positive for COVID-19 for the duration of their isolation period, regardless of whether or not there was workplace exposure.</i>
Exclusion Leave <i>Consistent with Cal/OSHA regulations, exclusion leave may be provided after exhaustion of personal sick leave to offset other entitlement or differential leave for individuals in quarantine due to workplace exposure.</i>

If you feel you can work remotely during the quarantine period, please consult with your supervisor. All remote work arrangements must be approved by the division lead.

The disinfection and safety plan that SBCEO plans to implement and complete per the California Department of Public Health (CDPH) and CDC guidelines related to this specific incident is:

Appendix D: Staff Notification of Exposure Letter

- ☐ Attached [Check as applicable]
☐ Specified below
- ☒ Frequently touched surfaces and objects like tables, desks, and other surfaces, chairs, doorknobs and handles, light switches, phones, keyboards, toilets, faucets, rails, and touch screens will be cleaned and then disinfected using an EPA-approved disinfectant.
- ☒ Other indoor surfaces and objects will be cleaned.
Games, art supplies, and other instructional materials will be cleaned and disinfected.
- ☐ The premises will be closed for at least 14 days from the date of exposure.
- ☒ Soft and porous materials like carpet or fabric will be thoroughly cleaned or laundered.
Buses will be cleaned and disinfected.
- ☐ Playground equipment will be cleaned and disinfected.
- ☐ HVAC filters will be changed.
- ☒ Devices that are used by students and/or employees will be sanitized.
Adopted health screening for students and/or staff will continue to be completed daily.
In the case of an outbreak, weekly staff surveillance testing will be conducted until the outbreak ends (14 days without a new case).
- ☒ Other (specify): Debrief with staff on health and safety mitigating measures

We realize that being informed of possible exposure to COVID-19 may spark many concerns and emotions on your part. We encourage you to make use of our Employee Assistance Program through the Holman Group:

Please contact your healthcare provider if you have any additional medical questions or concerns. For work-related questions please contact your supervisor, division lead, or Human Resources.

Sincerely,



Mari Minjarez Baptista
Assistant Superintendent, Human Resources
(805) 964-4711 ext. 5279
baptista@sbceo.org

Retaliation or discrimination against any worker for disclosing a positive COVID-19 test or diagnosis or order to quarantine or isolate is prohibited pursuant to Labor Code section 6409.6(f). HIPAA and the confidentiality of medical information prohibit SBCEO from the disclosure of any individual/s who have tested positive with COVID-19.

Appendix D: Staff Notification of Exposure Letter

INSTRUCTIONS

- Issue within ONE (1) business day after receiving notice from a public health officer, licensed medical provider, or employee's emergency contact that a person with a laboratory-confirmed case of COVID-19 was at the worksite during the person's infectious period.
- Provide this to employees who were on site during the infectious period.
- Translate this notice into the language understood by the majority of employees.
- Send to employees by email, text, personal service, or other method if receipt can reasonably be anticipated within one business day.
- Maintain a copy of this record for at least three years.

REFERENCES

AB 685/ Labor Code Section 6409.6

Appendix E: Investigating COVID-19 Cases

All personal identifying information of COVID-19 cases or symptoms shall be kept confidential. All COVID-19 testing or related medical services provided by us will be provided in a manner that ensures the confidentiality of employees, with the exception of unredacted information on COVID-19 cases that will be provided immediately upon request to the local health department, CDPH, Cal/OSHA, the National Institute for Occupational Safety and Health (NIOSH), or as otherwise required by law.

All employees' medical records shall be kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside of the workplace, with the following exceptions: (1) Unredacted medical records provided to the local health department, CDPH, Cal/OSHA, NIOSH, or as otherwise required by law immediately upon request; and (2) Records that do not contain individually identifiable medical information or from which individually identifiable medical information has been removed.

Date of investigation: _____

Name(s) and title(s) of person(s) conducting the investigation:

Individual type: _____ (indicate if employee, parent, student, or visitor)

Individual name:		Occupation or reason for visit if non-employee:	
Location(s) where individual was present in the workplace:		Date and time the COVID-19 case was last present in the workplace(s):	
Was COVID-19 test offered?		If tested, date of specimen collection of test:	
COVID-19 test results:		Will or did the individual seek healthcare provider support?	
Date the case first had one or more COVID-19 symptoms:		Earliest return-to-work date if all criteria are met:	
Results of the evaluation of the COVID-19 case and all locations at the workplace that may have been visited by the COVID-19 case during the infectious period, and who may have been exposed:			
Notice provided to individual(s) within one business day, in a way that does not reveal any personal identifying information of the COVID-19 case, of the potential COVID-19 exposure			
All employees who may have had COVID-19 exposure and their authorized representatives.	Date:		
	Names of employees provided notification:		

Appendix E: Investigating COVID-19 Cases

Independent contractors and other visitors present at the workplace during the infectious period.	Date:		
	Names of individuals provided notification:		
What were the workplace conditions that could have contributed to the risk of COVID-19 exposure?		What could be done to reduce exposure to COVID-19?	
Was local health department notified?		Date:	

SECTION I

HAZARDOUS SUBSTANCE PROGRAM

Revised 9/19

- 1.0 School districts written hazardous substance communication program.
 - 1.1 District employees will receive Hazardous Communication training annually.
 - 1.1.1 [Online hazardous communication training](#)
 - 1.1.2 Training included as districts annual training.
 - 1.2 School site chemical inventory will include:
 - 1.3 Container labeling to include substances on inventory and new purchases. A plan of action if unlabeled container is found.
 - 1.4 Safety Data Sheets (SDS) will be available for all chemicals in the school district inventory.
 - 1.5 School districts will use the disciplinary procedures in Section A, Part 4.0 for employees who do not comply with rules regarding hazardous substances.
 - 1.6 School districts will provide training when information about a substance becomes available.
- 2.0 Inspections
 - 2.1 Survey existing facilities to identify kinds and quantities of chemicals, conditions of storage and unstable materials for disposal.
 - 2.2 Review laboratory experiments and maintenance process for use of toxic chemicals and determine which ones have the potential for significant staff or student exposure. Identify if engineering controls, if fume hoods or ventilation systems are required.
 - 2.3 Listing of all hazardous substances by building at each site.
 - 2.4 Identify unstable materials and quantify all materials in preparation for disposal.
 - 2.5 Survey chemical use facilities to determine if they meet minimum safety standards.
- 3.0 Employee Training Program
 - 3.1 Obtain SDSs for all substances on inventory through the company where the item is purchased, or utilize the on demand services provided by [3E Company](#) phone number 800-451-8346.
 - 3.2 Post listing of hazardous substances at each workplace and advise of the location and availability of the SDSs.
 - 3.3 Provide employees a sample SDS for each "group type" of hazardous substance and explain how

to read, interpret and understand the information in the SDS.

- 3.5 Group types: Flammable
Corrosive
Toxic
Reactive
Miscellaneous

3.6 Explain to employees how they can obtain an SDS from the district files.

3.7 Employees within the Santa Barbara County Schools are enrolled in our [3E MSDS/SDS on Demand Program](#). The toll-free number for SDS retrieval and maintenance is (800) 451-8346.

4.0 Purchasing Training

4.1 Control what materials are purchased and the quantity. District should establish a goal of only purchasing enough for each school year. Avoid storage, age and label problems.

4.2 Obtain SDS for each order or do not accept the shipment.

4.3 Post revised hazardous substance list at each work place affected by the purchase.

4.4 Set strict guidelines for acceptance of "donations" to be sure of the age, quantity and nature of the substance. It may be illegal moving the substance from one location to another. Require SDSs for all "donations."

5.0 Disposal

5.1 Disposal must be done by a person who has the proper knowledge of laws, local/federal, training and proper protective equipment.

5.2 Substances must be identified, segregated by classification, and quantified.

5.3 Contract licensed disposal firm. Disposal firm will not pick up the material, etc., until the volume number and sizes of containers is known, and the district has an Environmental Protection Agency and Environmental Health Services Waste permit in place.

5.4 Districts should contact SIPE safety for recommended disposal procedures and solicitation of authorized hazardous material disposal handlers.

5.5 Problem areas include:

Custodial, Food Service, Science, Industrial Arts & Fine Arts, Grounds, Maintenance & Warehouse, Transportation, Swimming Pools

6.0 Toxic Art Supplies

6.1 Identify unstable art or craft materials which cannot be used in Kindergarten through eighth grades.

- 6.2 Identify materials which have been taken off the market but might still be used or stored in some schools.
- 6.3 Identify if art or craft materials have Certified Products or Approved Products Nontoxic seals.
- 6.4 Training sessions concerning toxic art supplies shall be conducted for industrial arts, fine art teachers and purchasing departments.

7.0 Labeling

- 7.1 School districts can use the NFPA or other means of labeling as long as it meets the requirement in paragraph 7.3 and 7.4.
- 7.2 All secondary containers will have a NFPA label identifying its contents if containers were not labeled/stenciled by the manufacturer.
- 7.3 Container labeling will identify the hazardous substance and appropriate warnings.
- 7.4 Labels shall be legible, in English. Other languages may be added.

8.0 Safety Data Sheets (SDS)

- 8.1 Schools in the Santa Barbara County will use the MSDS/SDS [on Demand program](#) for SDS questions, filing and printouts.

9.0 Chemical Hygiene Plan for School Science laboratories

9.1 All schools with a Science laboratory must have a Chemical Hygiene written plan, and a designated chemical hygiene officer

9.2 Chemical Hygiene written plan sample

LABORATORY CHEMICAL HYGIENE PLAN

A. GENERAL PRINCIPALS FOR WORKING WITH LABORATORY CHEMICALS

This Laboratory Chemical Hygiene Plan is mandatory. The procedures, personal protective equipment and other elements of this Chemical Hygiene Plan are designed to minimize exposures. All teachers and students must comply with the precautions and rules outlined below at all times.

The following general principals apply to the use of chemicals in _____ science laboratories.

- 1.** It is prudent to **minimize all chemical exposures**. Inhalation, ingestion and skin contact with chemicals or biological materials should be avoided.
- 2. Avoid underestimation of risk:** Exposures should be minimized even for substances of no known significant hazard. Special precautions should be

used for work with substances that present special hazards. It should be assumed that any mixture will be more toxic than its most toxic component and that all substances of unknown toxicity be considered toxic.

3. **Provide adequate ventilation:** Fume hoods and other exhaust ventilation devices should be used properly to prevent exposure to airborne substances.
4. **PELs, TLVs:** OSHA has provided a list of permissible exposure limits (PELs) for a number of chemicals. The American Conference of Governmental Industrial Hygienists (ACGIH) has provided Threshold Limit Values (TLVs) for many chemicals.

B. CHEMICAL HYGIENE RESPONSIBILITIES

Responsibility for this laboratory chemical hygiene plan is assigned to the following individuals:

1. _____, of _____ is responsible for chemical hygiene in the Science Department.
2. _____, as laboratory chemical hygiene officer, is responsible for the following:
 - (a) Implement and revise this chemical hygiene plan, policies and practices.

Maintain an awareness of current requirements concerning regulated substances.

- (b) Monitor purchasing, use, and disposal of chemicals and biological materials used in these laboratories.
- (c) Assure appropriate records are maintained (training, audit reports, injury reports etc.).
- (d) Insure that faculty, staff and students know and follow the chemical hygiene rules.
- (e) Provide regular formal laboratory hygiene and housekeeping inspections including routine inspections of any emergency equipment required by this plan for this laboratory.
- (f) Determine the required or appropriate levels of protective apparel and equipment. Make sure protective equipment is available, in working order, used properly, and that adequate training is provided for its use.
- (g) Ensure that facilities and training for use of any new materials being ordered are adequate.
- (h) Seek ways to improve the hygiene plan.

3. Students and laboratory staff are responsible for:

- (a) Planning and conducting each experiment in accordance with the general practices developed by the California Department of Education and the procedures in this laboratory chemical hygiene plan.
- (b) Developing and practicing good personal chemical and biological hygiene habits.

C. THE LABORATORY FACILITY

- 1. Design:** All laboratories are designed in accordance with accepted laboratory standards. No room shall be converted into a laboratory for the use of chemical or biological materials until reviewed by the chemical hygiene officer and other appropriate safety personnel.

D. COMPONENTS OF THE LABORATORY CHEMICAL HYGIENE PLAN

- 1. Basic rules and procedures.** The following general principals should be used for essentially all laboratory work with chemicals:

- (a) **Accidents and Spills**

- **Eye Contact:** Promptly flush eyes with water for a minimum period (15 minutes) and seek medical attention.
 - **Ingestion:** Encourage the victim to drink large amounts of water and seek medical attention.
 - **Skin Contact:** Promptly flush the affected area with water (15 minutes) and remove any contaminated clothing. Seek medical attention.
 - **Spills:** Contact the District Maintenance and Operations Manager at 805-686-3572 during working hours or 911 after hours for emergency spill response.
- (b) **Avoidance of "routine" exposure:** Develop and practice safe habits that avoid unnecessary exposure to chemicals by any route:
- Do not smell or taste chemicals.
 - Vent apparatus that may discharge toxic chemicals (vacuum pumps, distillation columns, etc.) into local exhaust devices.
 - Inspect gloves before use.
 - Do not allow toxic substances to be released in cold rooms and warm rooms, since these have contained, recirculated atmospheres.
- (c) **Choice of chemicals:** Use only those chemicals for which the quality of the available ventilation system is appropriate.
- (d) **Eating, drinking, smoking:**
- Eating, drinking, smoking, handling contact lenses and applying cosmetics is strictly prohibited in areas where hazardous laboratory chemical or biological materials are used or are intended for use.
 - Storage of food and beverage in containers or in areas that are intended or are used for storage of hazardous laboratory materials is prohibited.
- (e) **Equipment and glassware:** Handle and store laboratory glassware with care to avoid damage.
- Inspect glassware before each use and do not use damaged glassware.
 - Use extra care with dewar flasks and other evacuated glass apparatus. Shield or wrap them to contain chemicals and fragments should implosion occur.

- Use equipment only for its designed purpose.
- (f) **Exiting:** Wash areas of exposed skin well before leaving the laboratory.
- (g) **Horseplay:** Avoid practical jokes or other behavior that might confuse, startle or distract another worker.
- (h) **Mouth suction:** Do not use mouth suction for pipeting or starting a siphon.
- (i) **Personal apparel:** Confine long hair and loose clothing. Wear shoes at all times in the laboratory but do not wear clogs, sandals, perforated or cloth shoes.
- (j) **Personal housekeeping:** Keep the work area clean and uncluttered, with chemicals and equipment properly labeled and stored. Clean up the work area on completion of an operation or at the end of each day.
- (k) **Personal protection:** Assure that all persons, including visitors, wear appropriate eye protection where chemicals and biological agents are stored or handled.
- Wear appropriate gloves when the potential for contact with toxic materials exists. Inspect the gloves before each use and replace them periodically or when damaged.
 - Use of low protein, non-powdered latex gloves is recommended to help reduce the risk of latex allergies. Contact Environmental Health and Safety if any lab personnel have an allergic reaction to latex gloves.
 - Use appropriate respiratory equipment when air contaminant concentrations are not sufficiently restricted by engineering controls. The Environmental Health and Safety Office will determine if respiratory protection is required.
 - Use any other protective and emergency apparel and equipment as appropriate.
 - Avoid use of contact lenses in the laboratory unless necessary. If they are used, inform the supervisor so special precautions can be taken. At a minimum, chemical splash goggles must be worn with contact lenses.
 - Remove laboratory coats immediately upon significant contamination.
- (l) **Planning:** Seek information and advice about hazards before starting an experiment. Plan appropriate protective procedures, and positioning of equipment before beginning any new operation.

- (m) **Unattended operations:** Leave lights on, place an appropriate sign on the door, and provide for containment of toxic substances in the event of failure of a utility service (such as cooling water) to an unattended operation.
- (n) **Use of fume hood:** Use the fume hood for operations that might result in release of toxic chemical vapors or dust.
 - As a rule of thumb, use a fume hood or other local ventilation device when working with any appreciably volatile substance with a TLV of less than 50 ppm.
 - Confirm adequate fume hood performance before use. Keep the fume hood sash closed at all times except when adjustments within the fume hood are being made.
 - Hazardous materials should be used 6 inches within the sash of the fume hood.
 - Never use a fume hood to store chemicals. If it becomes absolutely necessary to store chemicals in a fume hood, leave the fume hood "on".
- (o) **Vigilance:** Be alert to unsafe conditions and see that they are corrected when detected.
- (p) **Waste disposal:** Ensure that the plan for each laboratory experiment includes a plan for waste disposal in accordance with applicable regulations.
 - Deposit chemical waste in appropriately labeled receptacles and follow all other waste disposal procedures per District policy.
 - Do not discharge to the sewer concentrated acids or bases; highly toxic, malodorous, or lachrymatory substances; or any substances which might interfere with the biological activity of waste water treatment plants, create fire or explosion hazards, cause structural damage or obstruct flow.
- (q) **Working alone:** Do not work alone in a laboratory.

2. **Working with Allergens and Embryotoxins**

- (a) **Allergens** (examples: diazomethane, isocyanates, bichromates and methyl methacrylate): Wear suitable gloves to prevent hand contact with allergens or substances of unknown allergenic activity.

- (b) **Embryotoxins** (examples: organomercurials, lead compounds, formamide): If you are a woman of childbearing age, handle these substances only in a fume hood whose satisfactory performance has been confirmed, using appropriate protective apparel (especially gloves) to prevent skin contact.

- Review each use of these materials with the Chemical hygiene officer and review continuing uses annually or whenever a procedural change is made.
- Store these substances, properly labeled, in an adequately ventilated area in an unbreakable secondary container.
- Notify supervisors of all incidents of exposure or spills. Consult a qualified physician when appropriate.

3. **Working with Chemicals of Moderate Chronic or High Acute Toxicity**

Examples: diisopropylfluorophosphate, hydrofluoric acid, and hydrogen cyanide.

Supplemental rules to be followed in addition to those mentioned above:

- (a) **Aim:** To minimize exposure to these toxic substances by any route using all reasonable precautions.
- (b) **Applicability:** These precautions are appropriate for substances with moderate chronic or high acute toxicity used in significant quantities.
- (c) **Location:** Use and store these substances only in areas of restricted access with special warning signs.
- Always use a fume hood, previously evaluated to confirm adequate performance with a face velocity of at least 100 (80-120 is acceptable) linear feet per minute, or other containment device for procedures which may result in the generation of aerosols or vapors containing the substance. Trap released vapors to prevent their discharge with the hood exhaust.
- (d) **Personal protection:** Always avoid skin contact by use of gloves and long sleeves (and other protective apparel as appropriate). Always wash hands and arms immediately after working with these materials.
- (e) **Records:** Maintain an inventory of these materials on hand, amounts used, and the name of the responsible person of storage areas.
- (f) **Prevention of spills and accidents:** Be prepared for accidents and spills.
- Store breakable containers of these substances in chemically resistant trays. Also work and mount apparatus above such trays or cover work and storage surfaces with removable, absorbent, plastic backed paper.

- If a major spill occurs outside the hood, evacuate the area. Ensure that cleanup personnel wear suitable protective apparel and equipment.
- (g) **Waste:** Thoroughly decontaminate or dispose of contaminated clothing or shoes. Store contaminated waste in closed, suitably labeled, impervious containers (for liquids, in glass or plastic secondary containment bottles half-filled with vermiculite).

4. **Working with Chemicals of High Chronic Toxicity**

(Examples: dimethylmercury and nickel carbonyl, benzo-a-pyrene, N-nitrosodiethylamine, other human carcinogens or substances with high carcinogenic potency in animals.)

- (a) **Access:** Conduct all transfers and work with these substances in a "controlled area" such as a restricted access hood, glove box, or portion of a lab designated for use of highly toxic substances for which all people with access are aware of the substances being used and all necessary precautions.
- (b) **Approvals:** Prepare a plan for use and disposal of these materials and obtain the approval of the laboratory supervisor and chemical hygiene officer.
- (c) **Non-contamination/Decontamination:** Protect vacuum pumps against contamination with scrubbers or HEPA filters and vent them into the hood. Decontaminate vacuum pumps or other contaminated equipment, including glassware, in the controlled area before removing them from the controlled area. Decontaminate the controlled area before normal work is resumed there.
- (d) **Exiting:** On leaving a controlled area, remove any protective apparel (placing it in an appropriate, labeled container) and thoroughly wash hands, forearms, face, and neck.
- (e) **Housekeeping:** Use a wet mop or a vacuum cleaner equipped with a HEPA filter instead of dry sweeping if the toxic substance was a dry powder.
- (f) **Medical surveillance:** If using toxicologically significant quantities of such a substance on a regular basis (e.g., 3 times per week), consult chemical hygiene officer, the Environmental Health and Safety Office and a qualified physician concerning advisability of regular medical surveillance.
- (g) **Records:** Keep accurate records of the amounts of these substances stored and used along with the dates and names of users.

- (h) **Signs and labels:** Ensure that the controlled area is conspicuously marked with warning and restricted access signs and that all containers of these substances are appropriately labeled with identity and warning labels.
- (i) **Spills:** Ensure that contingency plans, equipment, and materials to minimize exposures of people and property in case of accident, are available.
- (j) **Storage:** Store containers of these chemicals only in a ventilated, limited access area in appropriately labeled, unbreakable, chemically resistant, secondary containers.
- (k) **Glove boxes:** For a negative pressure glove box, ventilation rate must be at least 2 volume changes/hour and pressure at least 0.5 inches of water. For a positive pressure glove box, thoroughly check for leaks before each use. In either case, trap the exit gases or filter them through a HEPA filter and then release them into the hood.
- (l) **Waste:** Use chemical decontamination whenever possible. Ensure that containers of contaminated waste (including washing from contaminated flasks) are transferred from the controlled area in a secondary container under the supervision of authorized personnel.

5. **Chemical Purchasing, Distribution and Storage**

- (a) **Purchasing:** Each person ordering a substance that has a PEL, TLV, or is a carcinogen (see Hazardous Chemical List, Select Carcinogen List) shall contact the chemical hygiene officer (laboratory chemical hygiene officer) before the order is placed to obtain information regarding the safe use and storage of the hazardous material. The laboratory chemical hygiene officer may recommend a less hazardous material.
- (b) **Stockroom/Storerooms:** Toxic substances should be segregated in a well-identified area with local exhaust ventilation. Flammable materials shall be stored in a flammable storage cabinet. Corrosive materials shall be stored in a dedicated corrosives cabinet. Acids and bases shall be separated by space separation. Seismic strips shall be installed on all shelves where chemical bottles are stored. Stored chemicals in stockrooms shall be examined at least annually for replacement, deterioration and container integrity. Stockroom/storerooms shall not be used as preparation or repackaging areas and shall be under the control of the Chemical Hygiene Officer.
- (c) **Distribution:** When chemicals are hand carried, secondary containment shall be practiced (the chemical shall be placed in an outside container).
- (d) **Laboratory storage:** Quantities of corrosive, flammable and toxic chemicals in the laboratories shall not exceed a one-day supply unless the materials are stored in flammable, corrosive and separated toxics cabinets

with adequate ventilation.

6. Environmental Monitoring

If a highly toxic substance (PEL or TLV less than 50 ppm) is stored or used regularly (e.g., 3 times/week) the chemical hygiene officer shall request the chemical hygiene officer to assess the need for environmental monitoring.

7. Housekeeping, Maintenance and Inspections:

- (a) Floors shall be cleaned regularly.
- (b) The District Office or assigned professional, shall conduct annual laboratory inspections. More frequent, regular inspections shall be conducted by the chemical hygiene officer. The form in appendix 4 shall be utilized to document inspections.
- (c) The chemical hygiene officer shall assign to laboratory staff the responsibility to inspect eyewash fountains. The form in the laboratory chemical hygiene plan, (Appendix 1) shall be used to record the inspections.
- (d) Equipment taken out of service shall be disconnected from the power source and a lock and tag placed through the hole in the plug, or the disconnect placed in the off position and padlock in place. Alternatively, the circuit breaker may be removed to prevent accidental restarting of the equipment.
- (f) Passageways: Stairways and hallways shall not be used as storage areas. Access to exits, emergency equipment and utility controls shall never be blocked.

8. Medical Program

- (a) Regular Medical Surveillance shall be established to the extent required by regulations.
- (b) Those individuals whose work involves regular and frequent handling of toxicologically significant quantities of a chemical should consult with the institutional chemical hygiene officer to determine whether a schedule of regular medical surveillance is desirable.
- (c) The Employee Health physician shall oversee needlestick injuries or other exposure to blood, blood products, or body fluids.

9. Protective Apparel and Equipment

The following items have been determined by the chemical hygiene officer to be necessary personal protective equipment when working with the chemicals commonly used in this laboratory:

- (a) **Eye protection:** Safety glasses shall be worn when working with chemicals, biological agents, and pressure or vacuum systems. Splash goggles should be worn if there is a splash hazard in any operation involving hazardous chemicals. Impact protection goggles should be worn if there is a hazard of flying particles.
- (b) **Appropriate gloves** suitable for the hazardous material in use shall be worn when working with hazardous chemical or biological materials.
- (d) **Fume hoods** shall be used with any appreciably volatile substance with a TLV of less than 50 ppm.
- (e) **Lab coats** shall be worn at all times in the laboratory.

10. Signs and Labels

- (a) Each telephone shall have posted the emergency telephone number for the front office, district office and Safety office.
- (b) Chemical waste containers shall be labeled using the yellow Hazardous Waste labels provided by the District Office.
- (c) Chemicals that are mixed as reagents for later experiments shall be labeled with the chemical name, concentration, hazard warning and target organ information.
- (d) Laboratories using hazardous chemicals shall have a sign at the entrance designating the area "Authorized Personnel Only" and "Chemical Storage Area".
- (e) The original manufacturers label shall be retained without alteration on the container or replaced with an appropriate label if the contents are changed.
- (f) Good laboratory practice ensures the dating of all chemical containers on arrival and upon opening. Therefore, all containers shall be dated.

11. Spills and Accidents

- (a) All employees in this laboratory shall follow the District's reporting format.
- (b) All injuries or illnesses shall be reported to Environmental Health and Safety for analysis and recommendations for future prevention of the incident.

12. Information and Training Program

- (a) All laboratory faculty and staff are required to have annual documented

training covering OSHA and EPA topics. The District Office conducts laboratory safety training for all employees.

- (b) An outline of the laboratory specific training written shall be utilized for instruction. Literature references, laboratory SOPs or notebooks may be referenced as methods. Ensure the procedure contains safety information and is available in the lab for use by the staff.
- (c) A certified statement from the employee stating that the laboratory chemical hygiene plan, the training outline, and standard operating procedures for working with chemical carcinogens/toxins have been explained satisfactorily will be included in the laboratory chemical hygiene plan Appendix 2.
- (d) The chemical hygiene officer shall regularly and continuously review the techniques of laboratory staff. The chemical hygiene officer shall also assist them in developing better techniques, with an emphasis on safety.

13. Waste Disposal Program

- (a) Hazardous waste chemicals shall be disposed of through the District Office.
- (b) Sharps and broken glass shall be placed in an approved sharps container and disposed of through the District Office.
- (c) Non-hazardous trash shall be removed by custodial staff and delivered to the appropriate location for disposal.
- (d) White paper, letterhead, photocopy paper, computer paper, etc. shall be placed in recycling containers.

14. List of Hazardous Chemicals, Appendix 3, currently used in _____.

15. List of Prop 65 Chemicals, Appendix 3, currently used in _____.

**16. Fire Evacuation Route: Proceed out of building and meet at designated _____
Meeting point per school emergency evacuation plan.**

17. Nearest Hospital: _____

18. Emergency Services:

Santa Barbara Sheriff's Department
9-1-1 or (805) 681-4100

County Fire Department 9-1-1

Appendix 1

Eye Wash and Shower Monthly Inspection Record

[illegible]

Appendix 2

Employee Training Record

This certifies that Chemical Hygiene Plan and Annual Laboratory Safety training has been completed

Indicate the date you received the training

Printed Name	Signature	CHP Training	Annual Lab Safety Training

Appendix 3

Hazardous Chemical List

PROPOSITION 65 LIST

Appendix 4

Environmental Health & Safety Annual Laboratory Inspection

Building & Room Number: _____ **Date/Re-Inspection Date:** _____

Department: _____ **Surveyor:** _____

PI: _____ **Contact:** _____ **Phone #:** _____

Note: This form is intended to be used as a sample in order to anticipate areas covered in the periodic safety inspections conducted by authorized personnel.

Signs & Labels					
Are the following labeled correctly?	YES	NO	N/A	Re-Insp YES	Re-Insp NO
Entrance?					
Refrigerator/Freezer/Microwave?					
Electrical hazards?					
Chemical Storage Areas?					
Carcinogen Areas?					
Chemicals not in primary container?					
Chemical Hygiene Plan (CHP) / Training/Awareness					
Are the following areas updated in the SOP?	YES	NO	N/A	Re-Insp YES	Re-Insp NO
CHP					
Appendix 1 – Eye Wash					
Appendix 4 – Lab Specific Training Outline					
Appendix 5 – Lab Specific Training Record					
Appendix 3 – Hazardous Chemical and Select Carcinogen Inventory?					
Have all lab personnel attended EH&S Annual Regulatory Review Session?					
Engineering Controls					
	YES	NO	N/A	Re-Insp YES	Re-Insp NO
Is the safety shower accessible?					
Is the eyewash unobstructed?					
Can the electrical panel doors open fully (90°)?					
Is there adequate seismic protection on chemical storage shelves?					
Are doors leading to the corridors closed or on automatic closures?					
Are fire extinguishers accessible, wall-mounted, annually certified & inspected monthly?					
Are gas cylinders secured properly?					
Are vacuum system flasks labeled and protected (taped, plastic, etc.)?					
Are the vacuum flasks for the biosafety cabinet properly contained when stored on the floor?					
Is the fume hood annually inspected (EH&S)?					
Is the amount of material in the fume hood minimal?					

Are the airflow slots in the back of the fume hood clear?					
Are containers in the fume hood capped?					
Is the biosafety cabinet annually certified?					
Personal Protective Equipment					
Are the following worn when working with hazardous chemicals?	YES	NO	N/A	Re-Insp YES	Re-Insp NO
Lab Coat?					
Gloves?					
Approved eye protection?					
Adequate shoes (no sandals)?					
Are approved respirators/dust masks worn in the laboratory?					
Hazardous Materials Storage					
Are the following chemicals stored properly?	YES	NO	N/A	Re-Insp YES	Re-Insp NO
Flammables?					
Acids?					
Bases?					
Oxidizers?					
Toxics?					
Are peroxide-forming chemicals dated when opened (ethers)?					
Is secondary containment used when necessary?					
Are hazardous chemicals stored below eye level?					
Preparedness/Prevention					
	YES	NO	N/A	Re-Insp YES	Re-Insp NO
Are glass chemical bottles stored properly and not on the floor?					
Are chemical spills cleaned up properly?					
Is general housekeeping used?					
Are all flames attended?					
Are food/beverages kept in clean areas and "food only" refrigerators/freezers?					
Is the chemical spill kit location known?					
Waste Management					
	YES	NO	N/A	Re-Insp YES	Re-Insp NO
Are all hazardous waste chemicals labeled properly (yellow labels)?					
Are needles and razor blades disposed of in an approved sharps container?					
Are broken glass, pipettes and pipette tips disposed of in a lined box?					
Emergency Procedures					
	YES	NO	N/A	Re-Insp YES	Re-Insp NO
Is there an emergency telephone list posted by the telephone?					
Do lab personnel know where to evacuate in case of fire?					
Do lab personnel know how to use a fire extinguisher?					
Do lab personnel know the proper procedures if an injury/incident (chemical/biological spill) occurs?					
Do lab personnel know how to contact security?					

Comments:

Environmental Health & Safety Laboratory Inspection Comment Sheet

Signs & Labels

Entrance—Entrance to laboratories must display the warning sign: “CAUTION Toxic/Hazardous Chemicals Are Used In This Workplace” This sign is provided by EH & S.

Refrigerator/Freezer/Microwave—If a refrigerator/freezer or microwave is for laboratory use it must be labeled with the sticker “NOTICE No Food Or Drink Allowed”, and if the refrigerator/freezer is not designed by the manufacturer to allow for flammable materials the sticker “Not Suitable For Flammable Materials” should also be added. For those refrigerator/freezers and microwaves that are used for food/ beverages the label “Not Suitable for Hazardous Biological or Hazardous Chemical Materials.

Electrical Hazards-- Electrically powered equipment found in the laboratory includes fluid and vacuum pumps, lasers, power supplies, electrophoresis and electrochemical apparatus, x-ray equipment, stirrers, hot plates, heating mantles, microwave ovens and ultrasonicators. Make sure this equipment is labeled properly (high voltage label), cords are not damaged and location of electrical panel is known by all laboratory personnel in order to shut off power in case of emergency.

Chemical Storage Areas—All chemical storage cabinets shall be labeled with the chemical hazard (Flammable, Corrosive, Oxidizers, etc.).

Chemicals not in primary container—All hazardous chemicals that are taken out of their original container and placed in a secondary container must be labeled with the following:

1. Full chemical name (Ethanol, not EtOH).
2. Concentration
3. Hazard Class (Flammable, Corrosive, Carcinogen)
The hazard class may be written on the bottle, a color code system may be used, or the NFPA diamond stickers may be used.
4. Target Organ Information
Instead of placing target organs on every bottle, labs may post “See original label or MSDS for and target organ information.”

Chemical Hygiene Plan (CHP)/ Training

Chemical Hygiene Plan (CHP)-- According to OSHA all laboratories must have a CHP. The following Appendices must be completed:

1. Appendix 1—Eye Wash Fountain Monthly Inspection Record
Lab personnel must check the eye wash monthly. The eyewash must be turned on and run for approximately 30 seconds. The inspection record must then be signed.
2. Appendix 2—Employee Training Record
Annually, lab personnel are required to read the CHP, attend Annual Laboratory Safety training, and receive Toxins training for all toxins used in the laboratory.

3. Appendix 3 – Hazardous Chemical & Select Carcinogen List

Every lab must have an inventory of all hazardous chemicals and carcinogens used/stored in the laboratory.

EH&S Annual Regulatory Review Session—Faculty and staff are required to have annual documented training covering various OSHA and EPA topics. One way to meet this training requirement is to have employees attend Environmental Health & Safety’s annual review session. Other options include having EH&S provide on-site training for groups of 50 or more, or having departmental safety officers receive “train-the- trainer” training from EH&S before providing training to their department themselves.

Engineering Controls

Safety Shower—The safety shower area must be completely accessible.

Eyewash— The area surrounding the eyewash must stay unobstructed at all times. The area should be clear enough that the faucet may be turned on completely and the actual hose may be pulled out to full length.

Electrical Panels—All electrical panel doors must be able to open to at least a 90° angle.

Seismic Protection—Open chemical shelves should have seismic strips attached. Storing chemicals in cabinets with closed doors is an alternative to seismic strips.

Door Closures—All doors that lead to a corridor must stay closed at all times even during work hours. The alternative to keeping the doors closed is to have automatic closures that are tied into the fire alarm placed on the open door.

Fire Extinguishers—All extinguishers must be easily accessible and mounted on the wall. It is required that the fire extinguisher be certified annually by an outside company. Also, the extinguisher needs to be inspected monthly. Lab personnel need to make sure the extinguisher is not damaged and the pressure gauge is at normal pressure. There is a card attached to the extinguisher for initialing.

Gas Cylinders—Cylinders of compressed gases should be securely strapped or chained to a wall or bench top. They should also be capped when not in use and a cart must be used to move the cylinder.

Vacuum System Flasks—The flasks for the vacuum systems need to be plastic or plastic coated glass. If these are not feasible options plastic or wire mesh may be used OR the flask may be taped.

Fume Hood—The chemical fume hoods must be inspected annually. EH&S will conduct these inspections. The amount of materials in the fume hood should be kept at a minimum in order to ensure proper airflow. The airflow slots in the back of the fume hood should also remain unobstructed. Any chemical that is stored in the fume hood must be capped during non-use. This includes waste. Funnels are not to be left in the waste bottles. It is illegal to intentionally allow the waste to evaporate in the hood.

Eye Protection - Appropriate eye protection is required while working in the laboratory or clinic. At a minimum, eye protection shall consist of plastic safety glasses with full size side shields or prescription safety glasses.

Suitable splash goggles shall be worn for operations or areas in which significant splash hazards exist. These include working with:

- Large quantities of hazardous liquids.
- Liquids under pressure or vacuum.

- Highly corrosive or reactive chemicals.

For assistance in selecting the proper eye/face protection, contact Environmental Health and Safety.

Selection and Use of Gloves – Always use the proper hand protection by selecting the correct glove. It is important to reference a glove selection guide to ensure maximum protection.

Note: If chemical to be used is not in the reference guide, contact Environmental Health and Safety for further assistance.

Clothing Protection - Lab coats are required to be worn while working in a laboratory or clinic. Also, it is not recommended to wear skirts or shorts while working in a laboratory.

Foot Protection - Sandals or open - toed shoes shall not be worn in the laboratories.

Hazardous Materials Storage

Flammables—All flammable liquids should be stored in an approved flammable storage cabinet. Acetic Acid is combustible so it is recommended that it is stored in the flammable cabinet in an approved non-combustible secondary container.

Acids—Acids should be stored in a designated corrosive cabinet. See oxidizers below.

Bases—Bases shall be stored in a designated corrosive cabinet. The bases may be stored in the same cabinet as the acids as long as approved secondary containment is used.

Oxidizers—Oxidizing agents should be segregated from organic acids, flammable, and combustible materials. . Nitric acid, sulfuric acid and perchloric acid are oxidizing acids. Nitric acid should be stored in its own containment, while the sulfuric acid and perchloric acid may be stored together in secondary containment.

Peroxide-forming chemicals—Peroxide-forming chemicals should be dated when opened and disposed of after one year.

Secondary Containment—Proper secondary containment must be used when incompatible chemicals are stored in the same area.

Hazardous Chemicals—All hazardous chemicals liquid or powder form need to be stored below eye level

Housekeeping

Chemicals on Floor—At no time are glass chemical containers to be stored on the floor.

Spills Event—All spills should be cleaned immediately to prevent slipping hazards and further damage to the area affected.

Housekeeping—General good housekeeping practices should be used in the laboratories.

Unattended Flames—Open flames must be attended at all times.

Food/Beverage—Food/Beverage may only be stored in designated clean areas & “food only” refrigerators/freezers.

Chemical Spill Kit—All lab personnel should know the location of a chemical spill kit.

Waste Management

Labels—All hazardous waste must have the proper labeling. The label must be completely filled out. Waste needs to be dated & not kept for greater than one year.

Sharps—All needles and razor blades must be disposed of in an approved sharps container.

Broken Glass, Pipettes & Pipette Tips—All broken glass, pipette tips and plastic pipettes that are not contaminated with radioactive, infectious or hazardous chemical materials need to be disposed of in the broken glass box or a sturdy cardboard box lined with a plastic bag.

Emergency Procedures

Emergency Telephone List—An emergency telephone list should be posted on or near the telephone. Phone numbers that need to be included on this are Security, EH&S, District office, Employee Health & Workers' Comp.

Fire Evacuation Route—All employees must know where to evacuate in case of fire. In most cases employees will evacuate laterally, not to the outside. If route is not known, contact EH&S.

Use of Fire Extinguishers—All employees should know how to use a fire extinguisher.

Injury/Spill Procedures—All employees should know proper procedures for an injury or a chemical/biological spill

Contacting Security—All employees should be informed on how to contact security or the main office

Revised 3/19

SECTION J

SAFETY AWARDS

- 1.0 A system to provide a recognition program to employees and/or departments that have an injury free record for a stated period of time. The objective is to be an effective way to help gain incentives so peers will keep safety awareness at all times, thus reducing costly accidents.
- 2.0 SIPE Safety Awards
 - 2.1 Purpose of the awards: School districts that have made significant reductions in mishap rates may be considered for these awards.
- 3.0 Eligibility: Every SIPE member district that has a perfect record for the year or improves their record from the previous year. A perfect record is one without cases that involve days away from work or death due to a reportable mishap. Districts that do not meet the specified rate reduction *can still qualify* if they can show they have an *active safety committee*.
 - 3.1 Districts with an active safety committee must submit at least one record of minutes to the SIPE Safety Office by the end of the fiscal year to receive Safety Award money.
- 4.0 Selection Criteria
 - 4.1 Selection is based on an evaluation of district's mishap rates, or submission of a safety committee meeting.
 - 4.2 SIPE Safety will compile all rates and forward all eligible districts to the Safety & Health Committee.
 - 4.3 A perfect record or a reduction in the composite mishap rate from the previous year
- 5.0 Safety Incentive Funds Program

The SIPE Board of Directors has decided to apportion a part of their budget for our Safety and Health Committee Incentive Program. Funding will be available through the following sequence. First, school district safety needs will be determined by the district's own safety committee and relayed to their safety coordinator. The safety coordinator then formally requests funding by submitting a completed Safety Incentive Program Funding Request, SIPE Form 93-1000 available from this office or online at www.sbsipe.org. **The form must be submitted in person or faxed to (805) 928-5414 for consideration at the Safety & Health Committee meeting. A representative from the district must be present at the Safety & Health Committee meeting to have the request reviewed.** The Safety & Health Budget Committee will review the request. An approved/disapproved request form is then signed and returned to the district. The district will purchase the item

and return the invoice along with an approved copy of Form 93-1000 to the safety office. The invoice and form are then forwarded to the Santa Barbara County Education Internal Services office for payment. Distribution of funds will be monitored by the SIPE Safety Office and the Safety & Health Committee members. All funding requests will be made available for review by any member of the SIPE Board of Directors.

The following criteria will be used for the distribution of safety incentive funding:

1. Workers' compensation injury, evaluation and prevention.
2. Injury prevention and safety compliance.
3. Enhancement of school districts safety program

6.0 District Safety Award Program

6.1 The Safety and Health Committee for Santa Barbara Schools and the Self Insurance Program for Employees (SIPE) Board of Directors has approved a monetary safety award program for participating districts. The program must involve all district employees.

6.2 A funding allocation has been established. This list was developed using the school district's ADA. A minimum of \$500 to a maximum of \$2500.00.

6.2.1	\$500	Ballard, Blochman, Cold Spring, Los Alamos, Los Olivos, Montecito, Vista Del Mar
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\$1000	Buellton, College, Cuyama, Solvang
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\$2000	Guadalupe, Hope, Santa Ynez
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\$2500	Allan Hancock College, Lompoc, Orcutt, SBCEO, Santa Maria-Bonita, Santa Maria High School, Carpinteria, Goleta
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6.3 The award program will be for the calendar year.

6.4 School districts must submit their program calculation and request for funding, i.e., invoice, by February 1st the following year for funding.

6.5 The SIPE safety officer will submit the district invoice or request of safety award funding to the Santa Barbara County Education Office's Fiscal Service Department for payment.

6.6 The SIPE safety officer will coordinate with the district safety coordinator or superintendent to ensure program effectiveness and proper distribution of the annual award.

6.7 The SIPE safety officer will submit an annual budget request for program funding.

6.8 School districts can use safety award funding for any purpose allowable under the Education Code. Example: Workshops, TV, VCR, etc.

SECTION K

USE OF A SAFETY SUPPORT BELT

Revised 4/19

Per NIOSH studies back injuries account for nearly 20% of all injuries and illnesses in the workplace and cost the nation an estimated 20 to 50 billion dollars per year. NIOSH suggests that an ergonomics program that focuses on redesigning the work environment and work tasks to reduce the hazards of lifting are the most effective methods of reducing the risk of back injury. It is important to note that NIOSH has concluded that, because of limitations of the studies that have analyzed workplace use of back support belts, the results cannot be used to either support or refute the effectiveness of back support belts in injury reduction. Back belts are meant to be a *reminder* of good body mechanics, not a *replacement* for good body mechanics.

- 1.0 Back belts provided by the SIPE Safety Officer are issued as safety items. Back belts do not replace the concepts of good lifting techniques or will help you lift beyond your means.
- 2.0 The following job classifications have been identified as recipients of back belts:
 - Maintenance
 - Custodial
 - Warehouse
 - Food Service
 - Special Education - for disabled students
 - Bus Drivers - for disabled students
 - Mechanics
 - Groundkeepers
- 3.0 Supervisors requesting back belts must contact the SIPE Safety Officer. Upon approval of the request, employees will be directed to contact the vendor for sizing and training on the proper use of the belts.
- 4.0 Back belts are issued on a one-time basis only. Any replacements needed, i.e., worn out belts, stolen belts, etc. will be the responsibility of the district or employee.
- 5.0 How to wear back belts:
 - 5.1 Back belts should be worn low across the back to support the L3 and L5 vertebrae of the back.
 - 5.2 A corset-style back belt consists of two elastic sub-assemblies joined as one unit.

The first assembly, often referred to as the primary “belt”, has the purpose of positioning the boning stays properly on the body. The second assembly, often

referred to as the cinch “strap”, is joined at the center back of the primary belt and closes over the boning stays sewn into the primary belt, exerting pressure which forms the stays to the shape of the lower back.

Shoulder straps are not suspenders. Just the opposite, a tight shoulder strap adjustment works against the principle of lumbar locking by potentially pulling the back support up the body and out of the desired low-on-the hips position.

The purpose of the shoulder straps is twofold: (1) Compliance - a supervisor looking over a group of employees can readily confirm (by looking for shoulder straps over clothing) that workers have their assigned belt with them, and (2) convenience - when not engaged, the back supports will hang loosely (like a vest) from the shoulders and remain available when work resumes.

SECTION L *Revised 4/2019*

ASBESTOS

1.0 Scope

Under the Asbestos Hazard Emergency Response Act (AHERA) of 1986, EPA published on October 30, 1987 the Asbestos-Containing Materials in Schools rule (hereinafter referred to as the AHERA rule), 40 CFR Part 763, Subpart E.

The AHERA rule became effective on December 14, 1987 and applies to all non-profit elementary and secondary schools nationwide, both public and private.

Local Education Agencies (LEAs) are responsible for ensuring compliance with the AHERA rule and are required, among other things, to develop and maintain an up-to-date Asbestos Management Plan (AMP), conduct training, inspections and sampling related to asbestos, manage asbestos properly and provide yearly notification to parents, teachers and employee organizations about the AMP and any asbestos-related activities.

2.0 Responsibility

- 2.1 Each local education agency (LEAs) will have a person designated to oversee all asbestos management plan activities
- 2.2 This person must receive adequate training, as required by the federal Asbestos Hazard Emergency Response Act (AHERA), about asbestos and its various uses and forms and about the health effects associated with asbestos exposure.
- 2.3 He or she also must know the locations of asbestos-containing building material (ACBM) identified in school buildings and recognize deterioration and delamination of ACBM.
- 2.4 The person also should be aware of the availability and location of the school's management plan and have knowledge of upcoming renovation projects to determine if they will impact a
- 2.5 Each LEA shall ensure the following
 1. Anyone who conducts any inspections, reinspection or abatement projects; develops or updates management plans; or performs operations and maintenance that will disturb ACM are licensed asbestos professionals.
 2. All custodial and maintenance staff have received two-hour asbestos awareness training and 14 hours of operations and maintenance training as described in AHERA.
 3. The parents, teachers and employee organizations are notified on an annual basis of all inspections, response actions and periodic surveillance that are planned or in progress in regard to asbestos in each school building.
 4. Short-term workers (e.g., telephone repair workers, utility workers or exterminators) are informed of the locations of ACBM in school buildings.
 5. Warning signs are posted immediately adjacent to ACM in routine maintenance

areas that state, “Danger. Asbestos. Hazardous. Do Not Disturb Without Proper Training and Equipment.”

6. Parents, teachers and employee organizations are notified in writing on an annual basis of the availability of the school’s asbestos management plan.
7. The management plans are available for inspection in each school and the district office.
8. Records are properly maintained.
9. Each management plan contains a statement, signed by the designated person, that certifies the LEA’s responsibilities have been or will be met. The statement needs to be amended for each new designated person chosen by the LEA and notification of such changes sent to SISC.
10. Reinspections are conducted at least once every three years after a management plan is in effect and the school reinspection form is sent to the Department within 30 days after the inspection.

- 2.6 The LEA is required to ensure that appropriate records are kept for each activity that may disturb asbestos. These activities include periodic surveillance, cleaning, operations and maintenance activities, major response actions and fiber release episodes. The records must be kept in the building’s management plan. An identical copy of the management plan must be maintained in the school office and the district office. The management plans must be maintained for the life of the building.

3.0 Written Management Plan

- 3.1 AHERA requires LEA’s to develop and maintain an up-to-date Asbestos Management Plan (AMP)
- 3.2 The written plan should be kept at the district office, and also submitted to [SISC](#) for maintenance
- 3.3 The written plan should contain the following information:
 1. District Summary
 - a. Name and address of school
 - b. School Type
 - c. Name, title, phone number and signature of designated person
 - 1.1 AHERA Periodic Surveillance information
 - a. Identifying the school structure and what type of ACM is has
 - b. Have an attached map showing the location of ACM buildings

4.0 Inspection Report Introduction

- 2.1 Inspection Procedures
- 2.2 Sampling procedures
- 2.3 Use of Accredited Laboratory information
- 2.4 Use of Accredited Inspector statement and information

2.5 Inspection/ Sample Extraction Signed Statement

5.0 Management Plan Introduction

5.1 Reinspection Plan

- c. In accordance with 40 CFR 763.93(a)(9) the following information is provided as to the School District's plan for compliance with the reinspection portion of 763.85.
- d. The School District understands the need for at least tri-annual reinspections and intends to have a reinspection as per 763.85(b) of all facilities they own, lease, or otherwise use as a school building at least once every three years after the Management Plan is in effect. The LEA will utilize EPA-accredited **SISC** personnel or other EPA-accredited inspectors for this task. The results of each reinspection will be used to upgrade and revise the Management Plan. The reinspection will be conducted in accordance with 40 CFR 763.85 and will be performed at least tri-annually until all ACBM is removed.

5.2 Plan for Periodic Inspection

- a. On a semi-annual basis, a walk-through inspection of each building that contains ACBM or assumed ACBM under the direction of the LEA will be undertaken.
- b. The surveillance program will consist of a visual inspection of all materials in all areas of the facility that are identified in the Management Plan as ACBM or assumed ACBM. Materials will be inspected by individual Unified Sampling Areas, and comparisons will be made between existing conditions and the conditions of the material at the time of the previous inspection. Whenever a difference is observed to exist, it shall be recorded on the Periodic Surveillance Letter issued after each inspection.
- c. During the inspection, the following conditions and situations will be addressed:
 - 1. Age related deterioration
 - 2. Physical damage to material due to accidental contact or vandalism
 - 3. Vibration-related deterioration
 - 4. Water damage

- d. Note will also be made of any conditions observed that may have an effect on the ACBM in the future. These notes will include observations of roof leaks in the vicinity of ACBM, physical damage to the structure or other areas in the vicinity of the ACBM and damage to any previously installed enclosures or encasements on or around the ACBM that may increase the potential for damage of the ACBM.
- e. A permanent record will be kept of all forms completed during the surveillance. These records will include the date of the surveillance, the name and position of the individuals performing the surveillance and a summary of all changes in condition of ACBM and other observations made during the surveillance. These records will be included in the Management Plan files.
- f. When the periodic surveillance indicates the need for some repair or maintenance activity, the LEA designated person will proceed to implement any actions necessary to correct the situation. Records will be maintained for all such operations and maintenance activities undertaken as a result of the periodic surveillance.

5.3 Operations and Maintenance Plan

- a. In accordance with 40 CFR 763.91, the School District will implement the Operations and Maintenance Plan as set forth in the section "O&M Program" of this document.
- b. The O&M Program will begin with an initial asbestos cleaning in those areas indicated in the plan and the provisions will be carried out on a continuing basis until all friable and non-friable ACBM as applicable are removed.
- c. The O&M Program may be modified as necessary or the materials abated as necessary for the maximum efficiency and function ability of the program.

5.4 Notifications {40 CFR 763.93(e)(10)}

- a. The Local Education Agency (LEA) in accordance with AHERA regulations requires that workers, building occupants, or the children's legal guardians be notified as to various activities associated with the rule and this plan.
- b. They must be notified once each year as to inspections, reinspections, response actions, and post-response action activity including periodic reinspections and surveillance activities that are planned or in progress.

5.5 Warning Labels

- a. In accordance with 40 CFR 763.95 in order to further notify employees of the locations of asbestos-containing materials, a warning sticker has been placed adjacent to ACM in routine maintenance areas of each school building.

5.6 Inspection Report/Diagrams

- a. The LEA has on file as part of its Management Plan a report of the inspection describing the location of the ACM as well as other information concerning each material.
- b. In addition, included in the Inspection Report/Management Plan are diagrams of the floors of each school building indicating material sample locations, and material location for those materials assumed to contain ACM.

5.7 Resources Evaluation

- a. The AHERA regulation in 40CFR 763.93 (e)(1) requires the LEA and Management Planner to evaluate the resources needed to carry out the provisions planned in this program. This includes the O&M activities, various response actions, semi-annual surveillance, tri-annual reinspections, and training.
- b. The resources required can be divided into three categories:
 - ***Personnel Required:*** including consultants, abatement contractors, janitorial and maintenance staff, equipment and supplies, and administrative staff. A description of these resources is outlined in Part I, "Resource Evaluation", by School District size. That portion is included in this evaluation by reference.
 - ***Estimates of Abatement/O&M Costs:*** SISC will assist the LEA in obtaining estimates as needed to carry out response actions that reflect "Current Market Value".
 - ***Source of Abatement Funding:*** can only be determined by the LEA, since the LEA and/or its governing board or agency has authority over its fiscal budgetary matters.

6.0 Material Status & Material By category Reports

6.1 Includes a list of all school buildings that contain:

- Friable ACBM
- Non-Friable ACBM
- Friable Assumed
- Non-Friable Assumed
- No suspect Material

6.2 Include a List of Materials Addressed by Category

In accordance with 40 CFR 763.85 a list of the homogeneous Materials must be addressed by unified sampling areas (USA) and are classified into one of the three categories:

- Surface Material
- Thermal Insulation
- Miscellaneous Material

7.0 New Site/New Building

7.1 AHERA and EPA requires that a district notify them when any new buildings (including portables) or school sites are added if the district relies on documentation from the architect or contractor that there is no asbestos in the building.

7.2 If the district hires a certified inspector to sample materials and inspect the building, no notice is necessary.

8.0 Operations & Maintenance Program

8.1 Introduction

a. With the enactment of the Asbestos Hazard Emergency Response Act regulations, Local Education Agencies are charged with producing a plan of action that will facilitate the safe and effective management of asbestos materials in their school systems. The most effective way of managing the problem is to completely remove all asbestos-containing materials from the building, thus removing the problem in its entirety. In some cases, however, this wholesale removal is not economically feasible or even

desirable from a building usage standpoint. Therefore, when asbestos-containing materials are not completely removed, a comprehensive Operations and Maintenance Program as required by 40 CFR 763.91 will allow the local education agency to control the asbestos problem until removal of the materials is feasible.

b. Self-Insured Schools of California as well as Environmental Protection Agency (EPA) advocates "manage-in-place" as an effective and appropriate way to manage asbestos in schools.

8.2 Definitions

Several definitions pertinent to an Operations and Maintenance Program are identified in 40 CFR

763.83. These are as follows:

Asbestos-Containing Material (ACM) when referring to school buildings means any material that contains more than one tenth of one percent asbestos.

Asbestos-Containing Building Material (ACBM) means surfacing ACM, thermal system insulation ACM, or miscellaneous ACM that is found in or on interior structural members or other parts of a school building.

Asbestos Debris means pieces of ACBM that can be identified by color, texture, or composition; or means dust, if the dust is determined by an accredited inspector to be ACM.

Asbestos Hazard Emergency Response Act (AHERA) refers to 40 CFR 763.

Authorized Person means any person authorized by the employer and trained according to this program and required by work duties to be present in regulated areas.

Competent Person means in addition to one who is capable of identifying existing and predictable hazards in the surrounding or working conditions which are unsanitary, hazardous, or dangerous to employees, and who has authorization to take prompt corrective measures to eliminate them, one who is capable of identifying existing asbestos hazards in the workplace and selecting the appropriate control strategy for asbestos exposure, who has the authority to take prompt corrective measures to eliminate them. For Class III work, one who is trained in a manner consistent with EPA requirements for training of local education agency maintenance and custodial staff as set forth at 40 CFR 763.92(a)(2).

Disturbance means activities that disrupt the matrix of ACM or PACM, crumble or pulverize ACM or PACM, or generate visible debris from ACM or PACM. Disturbance includes cutting away small amounts of ACM and PACM, no greater than the amount which can be contained in one standard sized glove bag or waste bag in order to access a building component. In no event shall the amount of ACM or PACM so disturbed exceed that which can be contained in one glove bag or waste bag which shall not exceed 60 inches in length and width.

Excursion Limit an airborne concentration of asbestos in excess of 1.0 fiber per cubic centimeter of air (1 f/cc) as averaged over a sampling period of thirty (30) minutes.

Fiber Release Episode means any uncontrolled or unintentional disturbance of ACBM resulting in visible emissions.

Friable when referring to material in a school building, means that the material, when dry, may be crumbled, pulverized, or reduced to powder by hand pressure. Included are previously non-friable materials after such materials become damaged to the extent that, when dry, they may be crumbled, pulverized or reduced to powder by hand pressure.

Glove Bag means an impervious plastic bag like enclosure affixed around not more than 60 x 60" asbestos-containing material, with glove-like appendages through which material and tools may be handled.

High-Efficiency Particulate Air (HEPA) refers to a filtering system capable of trapping and retaining at least 99.97% of all non-dispersed particles 0.3 microns in diameter or larger.

Intact means that the ACM has not crumbled, been pulverized, or otherwise deteriorated so the asbestos is no longer likely to be bound with its matrix.

Local Education Agency (LEA) is the equivalent to "School District" for the purpose of this program.

Miscellaneous Material IS any material that IS neither surfacing material or thermal system insulation.

Negative Initial Exposure Assessment means a demonstration by the employer, that employee exposure during an operation is expected to be consistently below the PEL.

Operations and Maintenance (O&M) Program means a program of work practices to maintain friable ACBM in good condition, to insure cleanup of asbestos fibers previously released, and to prevent further release by minimizing and controlling damage to friable ACBM. An O&M program is also essential in preventing nonfriable materials from becoming damaged or friable.

Permissible Exposure Limit (PEL) a concentration 0.1 fiber per cubic centimeter of air as an eight (8) hour time weighted average (TWA).

Presumed Asbestos Containing Material (PACM) means thermal system insulation and surfacing material found in buildings constructed no later than 1980.

Removal means the taking out or the stripping of substantially all ACBM from a damaged area, a functional space, or a homogenous area in a school building.

Repair means returning damaged ACBM to an undamaged condition or to an intact state so as to prevent fiber release.

Response Action means a method, including removal, encapsulation, enclosure, repair, operations and maintenance that protects human health and the environment from friable ACBM.

Routine Maintenance Area is an area, such as a boiler room or mechanical room, that is not normally frequented by students and in which maintenance employees or contract workers regularly conduct maintenance activities.

Surfacing Material means material that is sprayed, troweled-on or otherwise applied to surfaces (such as acoustical plaster on ceilings and fireproofing materials on structural members, or other materials on surfaces for acoustical, fireproofing, and other purpose).

Thermal System Insulation (TSI) means ACM applied to pipes, fittings, boilers, breeching, tanks, ducts, or other structural components to prevent heat loss or gain.

8.3 Scope of Work

The California Occupational Safety and Health Administration (Cal-OSHA) governs worker protection as it applies to asbestos abatement as well as small scale asbestos disturbance or clean up. Maintenance and repair activities involving ACM are also covered. Specifically, Cal-OSHA identifies four work classes, which include:

- **Class I:** activities that involve the removal of TSI, surfacing ACM and PACM where the waste debris involves more than one waste or glove bag.
- **Class II:** activities involving the removal of ACM which is not TSI or surfacing material. This includes, but is not limited to, the removal of asbestos-containing wallboard, floor tile and sheeting, roofing and siding shingles, and construction mastics.
- **Class III:** repair and maintenance operations, where ACM, including TSI and surfacing ACM and PACM, is likely to be disturbed.
- **Class IV:** maintenance and custodial activities during which employees contact but do not disturb ACM or PACM, and activities to clean up dust, waste and debris resulting from Class I, II, and III.

Small-scale repair and maintenance activities involving materials identified under Class II work shall be considered Class III work under this program. School personnel are only authorized to conduct small-scale short duration activities as well as respond to minor fiber release episodes. (See Section Q). For the purpose of this program, only Class III work shall be addressed. School personnel are not trained nor authorized to conduct Class I and II activities which are considered removal and/or response actions. Class IV activities involving debris /waste cleanup from Class I or II work.

8.4 Training

Prior to the implementation of any operations and maintenance provisions of the Management Plan, all members of the maintenance and custodial staff who, during the performance of their duties, may work in a building containing ACBM will receive general awareness training of not less than two hours in duration. Such training will be given to all new maintenance/custodial personnel within 60 days of their start date. As per 40 CFR 763.92, the training shall include as a minimum:

- Information on asbestos, its forms, and uses.
- Information on the health effects of asbestos exposure.
- Locations of ACBM in the school buildings in which they work.
- Recognition of damage, deterioration, and delamination of ACBM.
- Name and telephone number of the person designated to carry out LEA responsibilities under 40 CFR 763.84.
- Availability and location of the Management Plan.

The above training is meant as awareness training only and does not authorize an individual to remove or disturb ACM or PACM, or to clean up asbestos containing debris.

All members of the maintenance/custodial staff who are likely to conduct any activities that may disturb ACBM will receive the previously described general awareness training and an additional 14 hours as required by 40 CFR 763.92 (2)(i-iv). This level of training shall include as a minimum:

- Descriptions of proper methods of handling ACBM
- Information on the use of respiratory protection as contained in the EPA/NIOSH Guide to Respiratory Protection for the Asbestos Abatement Industry, September 1986 (EPA 560- OPTS-86-001), and other personal protective equipment and measures.
- The provisions of the following pieces of legislation:
- 40 CFR 763.91, Appendices A, B, C, D of Subpart E

- EPA regulations in 40 CFR Part 763, Subpart G
- EPA regulations in 40 CFR Part 61, Subpart M
- OSHA regulations in 29 CCR Title 8 1529
- Information regarding the nature of operations that could result in exposure to asbestos
- Information regarding necessary protective controls to minimize exposure, as applicable, engineering controls, work practices, respirators, housekeeping procedures, hygiene, protective clothing, decontamination procedures, emergency procedures, and waste disposal procedures
- Information regarding medical surveillance/monitoring
- Information regarding signs and labels

The combination of all training described above authorizes an individual to perform operations and maintenance work (Class III work) involving ACM and PACM pursuant to 40 CFR 763 and CCR Title 8 1529.

All types of training will emphasize the necessity to not disturb ACBM or assumed ACBM during routine maintenance activities. Employees will be instructed on the following at a minimum:

- Avoid performing any activities on ACM or assumed ACM that may cause abrasion or physical deterioration of the material. This includes sanding, nailing, drilling, cutting, or otherwise damaging the material.
- Avoid damaging ACM during maintenance activities NOT directly involving the ACM such as installing drapes, installing and/or removing carpets, moving furniture, etc.
- To always use a HEPA-vacuum and wet methods to clean up asbestos dust or debris. NEVER use a regular vacuum or dry method.
- To avoid any activities that may inadvertently release asbestos fibers into the air such as removing ventilation filters, drying and/or shaking the filters, and removing suspended ceiling tiles below ACM without taking the proper precautions and using the proper personal protective equipment.
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8.5 Air Monitoring

A requirement of 40 CFR 763.91 is that the LEA ascertain, through monitoring or historical data, the airborne concentration of asbestos fibers during all maintenance and repair activities involving ACBM or assumed ACBM. This same requirement is addressed in Title 8 1529(±) "exposure assessments and monitoring".

8.6 Exposure Assessments and Monitoring

It is essential for LEAs to conduct exposure assessments to ascertain expected, and actual, airborne concentrations of asbestos to which employees may be exposed. Exposure

determinations shall be representative of an 8-hour time-weighted average (TWA) representing full-shift exposures. Samples representing 30-minute exposures, which are identified as most likely to produce exposures above the excursion limit, shall also be conducted.

Assessments shall be conducted pursuant to Title 8 1529.

It is not anticipated, nor intended, that any work conducted within the scope of this program will expose employees above the PEL.

All air monitoring will be done in accordance with 40 CFR 763.121 including collection on 0.8- micron 25-millimeter filters mounted in an open-face filter holder and analysis using the NIOSH 7400 method. The samples will be taken for the determination of the 8-hour time weighted average concentrations and ceiling concentrations of asbestos fibers.

Following analysis of the air filters, results of all analyses should be recorded on the Operations and Maintenance Activity Form for inclusion in the Management Plan.

Exposure assessment forms are included in the "Operation and Maintenance Activity Forms" section of the Management Plan.

8.7 Medical Monitoring

Medical monitoring will be provided for all employees who conduct Class III work pursuant to this program. The examinations shall be performed under the supervision of a licensed physician, according to the requirements of CCR Title 8 1529(m).

8.7.1 This medical monitoring will be provided to all persons at the cost of the LEA as required by the regulations. The program will consist of the following elements:

- **Preplacement Examination** - will be provided within 30 days of commencement of employment, unless records show the employee has been examined pursuant to the standard within the past one-year period.
- **Annual examinations** - will be provided at least annually.
- **Termination Examination** - will be provided within 30 days pre- or post-termination date.

8.7.2 Where determined by medical examination that an individual cannot work while wearing a respirator, that person will not be required or allowed to perform maintenance activities involving ACBM.

8.7.3 Medical records will be maintained in the personnel files and be made available to the Environmental Protection Agency, the Assistant Secretary of Labor for Occupational Safety and Health, the Director of **NIOSH**, authorized physicians, and upon the request of the employee (or former employee) to his physician. All records will be maintained for the duration of an individual's employment plus thirty (30) years.

8.8 Building Inventory – An ACM and PACM

See "List of School Buildings and ACM Status" in Section: Management Plan Introduction, for the inventory of ACM and PACM at district locations.

8.9 Warning Labels

Warning labels should be attached immediately adjacent to any friable and non-friable ACM and assumed ACM located in routine maintenance areas as per 40 CFR 763.95. The labels will be of a size, print, and color which is readily visible to persons entering an area containing ACM. The labels must read as follows:

CAUTION ASBESTOS.

HAZARDOUS.

DO NOT DISTURB WITHOUT PROPER

TRAINING AND EQUIPMENT

.....

9.0 Methods of Compliance

The LEA shall use the following methods, for all Class III activities, regardless of the levels of exposure.

- Vacuum cleaners equipped with HEPA filters.
- Wet methods, or wetting agents, to control employee's exposures (except where wet methods are infeasible).
- Prompt clean up and disposal of wastes and debris in leak-tight containers.
- Where the disturbance involves drilling, cutting, abrading, sanding, chipping, breaking or sawing of **TSI** or surfacing material, impermeable drop cloths shall be used, and the operation shall be conducted in a glove bag system pursuant to Section Q-3.

- Where there is no "negative exposure assessment" or where monitoring results reveal the PEL has been exceeded the LEA shall use impermeable drop cloths and isolation controls as listed above.

In addition to the above, the LEA shall use the following control methods to achieve compliance with the PEL and excursion limit as necessary.

- Local exhaust ventilation equipped with HEPA filter dust collection
- Enclosure or isolation of process that produces asbestos dust
- Ventilation of the regulated area to move contaminated air away from the breathing zone of the employee and toward a HEPA equipped filtration device

Regardless of the exposure levels, the following work practices and controls are prohibited:

- High-speed abrasive disc saws that are not equipped with a point-of-cut ventilator or enclosures with HEPA filtered exhaust
- Compressed air to remove asbestos, or asbestos materials, unless it is part of a system specifically designed to capture the dust cloud created by the use of compressed air
- Dry sweeping, shoveling of the dry cleanup of asbestos containing dust and/or debris
- Employee rotation as a means of reducing employee exposure to asbestos

10.0 Regulated Areas

All Class III work conducted under this program shall be done within a regulated area. For the purpose and scope of this program, the regulated area shall include:

- **Signage:** The work area shall be posted in a manner sufficient to notify untrained/unauthorized person's from entering the area. At a minimum, the warning sign shall bear the following information:

DANGER
ASBESTOS
CANCER AND LUNG DISEASE HAZARD
AUTHORIZED PERSONNEL ONLY

RESPIRATORS AND PROTECTIVE CLOTHING
ARE REQUIRED IN THIS AREA

- **Access:** Access to regulated areas shall be limited to trained and authorized persons.
- **Respirators:** Although some instances do not require the use of respiratory protection, it is nonetheless desirable to reduce exposure to asbestos fibers as much as possible. Therefore, all Class III work shall require the use of respiratory protection. All such use shall be pursuant to the districts Respiratory Protection Program.
- **Prohibited Activities:** The following activities are prohibited in regulated areas: eating, drinking, smoking, chewing tobacco, gum, or applying cosmetics.
- **Competent Persons:** All work performed in regulated areas shall be supervised by a Competent Person as defined in Section B.
- **Decontamination area:** An area adjacent to the regulated area shall be established for the decontamination of employees and their equipment. The area shall be covered with an impermeable drop cloth. All equipment, protective clothing, tools, containers, etc., shall be cleaned and decontaminated (if not disposed of) prior to the items leaving the area.

11.0 Protective Clothing

The LEA shall provide protective clothing such as coveralls or similar whole-body clothing, head covering, gloves, and foot coverings for work conducted where there is no negative exposure assessment.

Although some instances do not require the use of respiratory protection, it is nonetheless desirable to reduce exposure to asbestos fibers as much as possible. Therefore, all Class III work shall require the use of respiratory protection. All such use shall be pursuant to the district's Respiratory Protection Program.

12.0 Equipment List

An Operations and Maintenance Plan involves "specialized" equipment and supplies to resolve and/or control the problems. The materials can be purchased from a number of asbestos or industrial safety supply houses and some can be found in hardware stores. The following materials and equipment are commonly associated with successful operations and maintenance planning.

Operations and Maintenance Planning Materials and Equipment List:

- | | |
|--------------------------------------|--------------------------------------|
| 1. Tyvek disposable coveralls | 10. Asbestos disposal bags (six-mil) |
| 2. Rubber gloves | 11. Fiber or metal disposal drums |
| 3. Half-face dual cartridge negative | 12. Glove bags |

- | | |
|--|--|
| pressure respirators with NIOSH-
attachments approved cartridges | 13. HEPA vacuum with |
| 4. Safety goggles | 14. Duct tape |
| 5. Surfactant | 15. Hand tools |
| 6. Misting spray bottle | 16. Warning signs and labels |
| 7. Misting spray tank | 17. Scrim cloth for pipe wrap |
| 8. Dust mop/broom | 18. Foil tape for pipe wrap |
| 9. Polyethylene sheeting (six-mil) | 19. Encapsulant-bridging and penetrating |
| | 20. Smoke tubes |

13.0 Waste Disposal

All asbestos containing or contaminated materials shall be disposed of in sealed, labeled, impermeable bags (or containers). Such materials include asbestos waste, scrap, debris and/or other contaminated items.

The waste shall be stored in a controlled location until disposal. Disposal of wastes shall be conducted according to local, state, and federal hazardous waste regulations.

SECTION M

SAFE DRIVING PROCEDURES

Revised 4/19

1.0 Purpose

Laws and procedures are designed to make driving safer. However, many drivers become more relaxed as they drive. As driving becomes second nature, drivers often pay too little attention to the driving task. Defensive driving is minimizing the odds of an accident occurring. This protocol is designed to assist employees in using defensive driver tactics to be safe while driving.

2.0 Policy

- 2.1 Only drivers possessing a valid driver's license and authorized by the employer shall be permitted to operate a district vehicle.
- 2.2 Operators will comply with state and local laws governing the safe operation of a motor vehicle.
- 2.3 Santa Barbara County Education Office delivery drivers should complete a driver's training course as part of their job.
- 2.4 When parking a district vehicle, a traffic cone should be used. The traffic cone should be placed at the rear bumper near the traffic lane. This procedure requires the driver to visually inspect the surrounding area around the parked vehicle before backing.
- 2.5 Follow defensive driver recommendations.
- 2.6 Maintain adequate insurance on the personal vehicle used for company business.

3.0 Procedure

As with many other things in life there is a science part and an art part to driving. Things like checking tire pressure or consulting a map in advance definitely are a science and can be taught and reproduced easily in no time. However, anticipating other drivers moves cannot be digitized, and depends heavily on your experience. Still, this is a skill that one can acquire. It just takes some time and dedication, and the time is in the order of years rather than weeks or months.

- 3.1 Anticipating other drivers' moves: Try to anticipate the worst in others.
- 3.2 Clearly communicating your existence and intentions to other drivers.

- 3.2.1 Make signaling a habit
- 3.2.2 Let other drivers know of your intentions early
- 3.2.3 Warn others as you stop or slow down
- 3.3 Leave yourself room for error. An experienced driver maintains enough distance on all four sides of his car to allow him to safely react to the changes on the road.
- 3.4 Courtesy goes a long way in reducing the level of anxiety around you, thus reducing the odds of an accident.
- 3.5 Know where you want to go. The first rule of defensive driving is to know where you want to go.

4.0 Leading causes of traffic accidents

- 4.1 Distracted Driving. This is now the most common cause of auto accidents, resulting in more crashes than speeding, drunk driving, and eating food or drinking from a mug/bottle while behind a wheel.
- 4.2 Speeding is the second most common cause of road accidents in the United States and a major cause of fatal road injuries.
- 4.3 Drunk Driving which hinders driver response times and for many, even a small amount of alcohol can be enough to produce a significant risk.
- 4.4 Reckless Driving- Speeding, changing lanes without looking, tailgating other motorists and ignoring road signs are all classic signs of reckless driving. It is an illegal driving habit that's now the fourth most common cause of road accidents in the United States.
- 4.5 Rain is one of the leading causes of road accidents in North America. When the road becomes overly wet, cars can lose their grip on the road and slide across the road surface, reducing control for motorists and increasing the risk of an accident occurring.

Rain-related driving risks are often amplified by poor car maintenance, such as tires that don't provide a deep enough grip or aren't properly inflated. Sometimes, an inexperienced driver can panic in rainy weather, resulting in the loss of control of the vehicle.

SECTION N

FOOD SERVICE

Revised 4/19

- 1.0 Food service operations present a variety of hazards requiring care and action on the part of both the worker and the supervisor to prevent injuries. Floors must be frequently mopped and cleaned to prevent injuries. This creates slippery floors which may cause slips and falls. Spills of used grease or other liquids can create dangerous slippery floors and loading docks. Lifting and moving of heavy boxes and cases can result in sprains and strains, and improper
- 1.1 The equipment used in kitchens is designed to heat, cut, mix, or grind food. Fats and oils can scald when hot and most are combustible. Electrically operated dishwashers present both electrical hazards as well as burn hazards from water temperature and from certain detergents used in the washing and rinsing cycles. Accumulation of grease in hoods and vents present fire hazards. Broken glasses and dishes with sharp edges must be handled with extreme care to prevent cuts.
- 1.2 Supervisors will provide personnel training to all newly assigned employees. Training will be provided upon assignment and when there is a change in equipment, procedures, processes, safety, fire prevention and occupational health requirements. Supervisors will develop written outlines to use in employee training. Online training is provided by getsafetytrained.com. it also keeps records of training. Special attention will be given to the following:
 - 1.2.1 All food service personnel shall receive training in proper lifting techniques.
 - 1.2.2 Personnel working in the kitchen and food preparation department shall receive training in the safe use of cutlery and food processing machinery, handling of hot foods and the danger of slips, trips and falls.
 - 1.2.3 Supervisors will inform employees of hazardous chemicals used and their material safety data sheet.
 - 1.2.4 Personnel shall receive fire prevention training initially and annually thereafter.
 - 1.2.5 Personnel Shall receive training in Kitchen Hygiene.
- 1.3 Protective Personal Equipment (PPE). Such equipment is not a substitute for administrative or engineering controls. While these controls are being implemented, or if it has been determined that control methods are not feasible, PPE shall be used as needed to protect personnel. This equipment includes respiratory and hearing protective devices, special clothing and protective devices for the eyes, face, head and extremities.

SECTION O *revised 4/2019*

ERGONOMICS

Ergonomics is the study of the relationship between people and machines or between employees and their environment. This section has been included in response to the rapidly escalating incidents of repetitive motion injury (RMI) occurring from repetitive work place operations, including, but not limited to operation of computer terminals. Cal-OSHA regulations 5110 notes that RMI's were "predominately caused (i.e. 50% or more) by a repetitive job, process, or operation". Causes of RMI's include:

- Repetitive Activity
- Trauma
- Crystal Deposits (such as Gout)
- Friction
- Systemic disease (Rheumatoid arthritis, gout)

The most common types of repetitive motion injuries are **tendinitis** and **bursitis**. These two disorders are difficult to differentiate, and many times may coexist.

1.0 Tendinitis

- A tendon is a white fibrous tissue that connects muscle to bone and allows for movement at all joints throughout the human body. Because tendons must be able to bear all of the weight of the attached muscle, they are very strong.
- Tendinitis is an inflammation of the tendon. (Whenever you see "-itis" at the end of a word, think "inflammation.")
- Common sites of tendinitis include the shoulder, the biceps, and the elbow (such as in tennis elbow).
- Males are slightly more likely to have this disorder.
- The inflammation of the tendon usually occurs at the site of insertion into bone.
- Tendons run through a lubricating sheath where they connect into muscle, and this sheath also may become inflamed. This condition is known as tenosynovitis.
 - Tenosynovitis is almost identical to tendinitis because both have identical causes, symptoms, and treatment.
 - Tenosynovitis of the wrist may be involved in **carpal tunnel syndrome**, the most common compression nerve disorder, but this cause-and-effect relationship has never been proven.

2.0 Bursitis

- A bursa is a small pouch or sac that is found over an area where friction may develop and serves to cushion or lubricate the area between tendon and bone.
- Bursitis is inflammation of a bursa sac.

- Over 150 bursae are in the body.
- Most bursae are present at birth, but some come into existence in sites of repetitive pressure.
- Common areas where bursitis can occur include the elbow, knee, and hip.
- Different types of bursitis include traumatic, infectious, and gouty.
- Traumatic bursitis is the type involved with repetitive motion injuries.
- Traumatic bursitis is most common in people younger than 35 years.

3.0 To evaluate overall ergonomics and help reduce injuries due to RMI, school districts should:

3.1 Complete an injury record review (such as CAL/OSHA 300 Logs, workers' compensation loss run, etc.) to identify the frequency of RMI injury and risks in the work place.

3.2 If injuries due to RMI exist, then work place evaluations should be performed. The evaluations should include:

- Review of work activities
- Interviews with employees
- Identification of dangerous tasks
- Documentation of findings

Districts should contact the SIPE Safety Officer to perform work place evaluations.

3.3 A system to encourage employees to report RMI symptoms or risks should be established. School districts must ensure that all reported RMI symptoms are reported to Workers' Compensation Administrators and the SIPE Safety Office. Districts can use the hazard/suggestion report ([SIPE Form 2-588](#)) or an Employee's and Supervisor's Report of Industrial Injury/Illness Report ([SIPE Form 6-588](#)) to fulfill the requirement. These forms can be obtained from the district personnel office.

3.4 Based on the severity of the identified risks, risk control measures may need to be implemented. Such measures should include:

- Engineering Controls - This can be accomplished by designing or modifying the work station, work methods, and tools to eliminate excessive exertion and awkward postures, and to reduce repetitive motion.
- Work Practice Controls - an effective program for hazard prevention and control includes procedures for safe and proper work practices including training and wellness programs that are understood and followed by managers, supervisors, and workers. Key elements of a good work practice program for ergonomics includes proper work technique, employee training, regular monitoring, feedback, maintenance, adjustments, modifications and enforcement.

c. Personal Protective Equipment (PPE) - PPE should be selected with prevention of ergonomics stressors in mind. Appropriate PPE should be provided in a variety of sizes, should accommodate the physical requirements of workers and the job, and should help prevent extreme postures and excessive forces.

d. Administrative Controls - a sound overall ergonomics program includes administrative controls that reduce the duration, frequency and severity of exposure to ergonomic stressors. Examples of administrative methods include the following:

1. Reducing the total number of work repetitions per employee by such means as decreasing production rate and limiting overtime work.
2. Providing work pauses to relieve fatigued muscles and tendon groups. The length of rest time needed depends on the task's overall effort and total cycle time.
3. Increasing the number of employees assigned to a task to alleviate potential injury conditions, such as lifting heavy objects.
4. Using job rotation as an injury prevention measure, not as a response to symptoms.
5. Effective housekeeping program to minimize slippery work surfaces and related hazards such as slips and falls.

1.5 Training: General awareness and job specific training are available through the SIPE Safety Office, or through the getsafetytrained.com online training portal. Districts should contact the SIPE Safety Officer at 805-922-8003 to schedule such training. This training includes:

- Discussion of RMI risk factors, symptoms, consequences, safe workplace methods, medical management system and reporting procedures.
- Job specific training for all employees whose work activities engineering or administrative controls or require personal protective equipment.

Reference: [California OSHA Subchapter 7, GISO Article 106. Ergonomics Section 5110](#)



SIPE IIPP Section P

Workplace Violence Prevention Program

6/6/24

Santa Barbara County Education Office Violence Prevention Plan

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I. PURPOSE

Santa Barbara County Education Office provides a safe and healthful workplace for its employees and public officials and is committed to securing work environments. Workplace violence is any incident in which any employee is abused, threatened, battered, assaulted, or intimidated at the workplace. No form of violence will be tolerated. Any violent act or threat against a person's life, health, family, or property, directly or indirectly, regardless of intent, made by or to any county employee is unacceptable. If a SBCEO employee causes or contributes to an act of workplace violence, discipline will result in separation from SBCEO employment.

Violence could be obvious and overt, such as physical assault and verbal abuse. It could alternatively be more subtle, such as intimidation and threatening body language. Here are some examples of workplace violence:

- Physical attack, including biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting.
- Verbal abuse in person or by telephone, including voice mail.
- Written abuse by U.S. mail, intra- or inter-office mail, or by e-mail.
- Harassing surveillance or stalking.
- Unauthorized possession or implied use of firearms or any type of weapon.
- Destruction or threat of destruction of SBCEO property.
- Making either direct or veiled verbal threats of harm (i.e., predicting that bad things are going to happen to a co-employee or supervisor).
- Words or actions that are extremely unusual, disruptive and/or completely inconsistent with the workplace.

Cal-OSHA has defined four types of workplace violence, and all four are included in the Plan:

- (1) Workplace violence committed by a person who has no legitimate business at the work site and includes violent acts by anyone who enters the workplace with the intent to commit a crime.
- (2) Workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors or other individuals accompanying a client, customer, or patient.
- (3) Workplace violence against an employee by a present or former employee, supervisor, or manager.
- (4) Workplace violence committed in the workplace by someone who does not work there but has or is known to have a personal relationship with an employee.

II. DEFINITIONS

A. **Abuse:** Language that condemns or vilifies usually unjustly, intemperately, and angrily; or physical maltreatment.

B. **Battery:** Unlawful touching of another without his/her consent.

C. **Assault:** Any willful attempt or threat to inflict injury upon another person, when coupled with an apparent present ability so to do, and any intentional display of force such as would give the victim reason to fear or expect immediate bodily harm. An assault may be committed without physically touching, or striking, or doing bodily harm to the person of another (e.g., lifting a fist in a threatening manner).

D. **Threat:** Communicated intent to inflict physical or other harm on any person or on property. Includes a statement or conduct that causes a person to fear for his or her safety because there is a reasonable possibility the person might be physically injured, and that serves no legitimate purpose.

E. **Intimidation:** To make timid or fearful; frighten; to compel or deter by or as if by threats. Such fear must arise from the willful conduct of the accused, rather than from some mere temperamental timidity of the victim; however, the fear of the victim need not be so great as to result in terror, panic, or hysteria.

III. RESPONSIBILITIES

District Department Heads are responsible for implementing this plan to their district employees with guidance from Risk Management and Human Resource. The SIPE Risk & Loss Control Manager and the Health and Safety Committee provide recommendations on the plan and input to assist in implementation. In conjunction with other provisions of the Injury & Illness Prevention Program (including routine inspections, site security assessments, employee surveys, and hazard reports), the SIPE Risk & Loss Control Manager and the Health and Safety Committee will review the plan annually for effectiveness. Supervisors and their employees have important roles in maintaining a safe work environment and minimizing the risk of violence in the workplace. These roles can overlap, but the nature of the responsibility can differ, as distinguished by these guidelines:

- Employee Responsibilities:
 - (a) Complete training/orientation as required;
 - (b) Follow security precautions;
 - (c) Know Avoid/Deny/Defend;
 - (d) Report threats or suspicious behaviors;

(e) Share suggestions for improvement with supervisor, union rep, or risk management

(f) Do not engage in violence at work.

- **Supervisor Responsibilities:**

- (a) Conduct training/orientations as required;

- (b) Maintain this document and make it available to employees;

- (c) Ensure periodic review of security protocols;

- (d) Follow-up with employee after an incident;

- (e) Cooperate with outside agencies; and

- (f) Consider suggestions.

IV. PREVENTION AND HAZARD IDENTIFICATION

SBCEO's commitment to preventing or minimizing the threat of violence in the workplace includes the utilization of engineering controls, administrative and work practice controls, and the awareness education of potential pre- or post- indicators of violence. Our IIPP carefully covers the process of hazard identification, so this section appears generalized and brief and is not intended to be a comprehensive review of workplace violence hazards. Furthermore, this plan is a public document, and we do not wish to disclose extemporaneously to the public potential avenues for someone to practice violence against our employees or visitors. Here are the general themes to our solutions.

- **Engineering Controls**

- o Routine inspections – see IIPP.

- o Keeping up with trash and debris collection.

- o Clear panels in doors for monitoring, subject to further security review.

- o Curved mirrors to see around corners.

- o Vehicle deterrence around buildings.

- o Keyless door systems.

- o Furniture arrangement to facilitate expedited egress.

- o Cell phones, panic buttons, silent messaging in Teams.

- o Other warning and silent messaging systems.

- **Administrative and Work Practice Controls**

- o Employees are provided cell phones when traveling remotely and when appropriate.

- o Employees may request to have another employee or law enforcement accompany them in situations where they feel unsafe or threatened.

- o Training for employees in CPI and our Standard Response Protocol.

By identifying signal behaviors, officials, managers, and employees may be able to prevent violent incidents from occurring. We teach our employees vigilance without discrimination in their awareness and reporting efforts in service to themselves and others. Managers and employees shall report concerns about signal behaviors to their Division Head or Department Head and/or Risk Management or 9-1-1.

The following behaviors may be a signal that something is wrong. None should be ignored:

- Direct or veiled threats of harm.
- Intimidating, belligerent, harassing, bullying, or other inappropriate aggressive behavior.
- Numerous conflicts with supervisors and other employees.
- Fascination with weapons.
- Statements fascination with incidents of workplace violence, statements indicating approval of the use of violence to resolve a problem, or statements indicating identification with perpetrators of workplace homicides.
- Statements indicating desperation (over family, financial, and other personal problems) to the point of contemplating suicide.
- Drug or alcohol abuse.
- Extreme changes in behavior.
- Indicators of domestic violence that could spill over to the workplace.
- Signs of physical injury.
- Emotional episodes.
- Increased fear of a victim.

V. MANDATORY REPORTING OF WORKPLACE INCIDENTS

Employees are required to report all instances of workplace violence or threats of workplace violence to their Division Head, Department Head, or Risk Management/Human Resources within 24 hours of the incident. The person receiving the report may collect information on the SIPE Workplace Violence form 7-333 to ensure complete data collection. SBCEO prohibits retaliation against an employee who makes a workplace violence report. If a violent act results in an injury to an SBCEO employee, SBCEO will report the incident to the appropriate law enforcement agency. Nothing in this policy should be construed as prohibiting an employee from reporting an incident to a law enforcement agency.

VI. PROCEDURE FOR IMMEDIATE DANGER

In the event an employee is in or feels in immediate danger of a workplace violence incident, the employee shall Dial 9-1-1 for emergency assistance if it is safe to do so. Employees are responsible for knowing how to summon emergency help from their offices. If you are unable to talk with the 911 dispatcher, discreetly dial 911 and leave the phone off the hook. The dispatcher will be able to hear what is going on and the address automatically appears on their screen. If applicable, follow the AVOID/DENY/DEFEND protocol in Appendix A.

VII. PROCEDURE FOR A POTENTIALLY VIOLENT SITUATION

If you see something, say something. Retaliation against someone reporting a potentially violent person or situation is strictly prohibited. In the event an employee is confronted with a situation that they feel could turn violent, the steps below are advised, subject to conditions and circumstances.

- Stay calm.
- Speak in a calm voice, businesslike, and clearly.
- Be careful of your language - do not be verbally abusive or argumentative.
- Be non-threatening. Don't clench your fists.
- Keep at a distance from the perpetrator.
- Attempt to position yourself so that office furniture or other objects separate you and the perpetrator.
- Position yourself so that an exit route is accessible.
- Do not touch the perpetrator.
- Do not attempt to physically disarm a perpetrator holding a weapon.
- Obey the perpetrator's orders when you are physically in danger but be vigilant in looking for opportunities to get away.

VIII. PROCEDURE FOR AFTER AN INCIDENT OCCURS (POST INCIDENT PROCEDURE)

The following are advised after an incident occurs.

1. The target employee shall immediately notify their Division Head or Department Head. If the employee's Department Head is the perpetrator, the notification shall be made only to Risk Management or Human Resources.
2. Post-incident debriefing will be conducted as soon as possible after the incident with employees and supervisors involved in the incident.
3. Individual trauma counseling for all employees affected by the incident will be made available.
4. A Workplace Violence Report shall be prepared by the employee's supervisor or department head during the investigation with the assistance of the initial reporting employee. The depth and timeliness of the investigation shall be commensurate with the severity of the incident. Employees who work most closely in the area where the event occurred may have special insight into the causes and solutions and will be interviewed to ascertain their insights and recommendations.

5. A review of whether appropriate engineering and administrative and work practice control measures were effectively implemented will be conducted and recommendations for the future, if any, will be prepared.
6. The investigative findings may be put in writing, and electronic copies of the findings will be made available to affected employees.
7. To the extent possible, confidentiality of the facts and circumstances surrounding an incident of workplace violence will be maintained. All employees involved in the incident and/or investigation, whether the target employee, perpetrator or witnesses, shall not discuss the incident with anyone other than law enforcement, the Risk Manager, County Counsel, union representative or Threat Management Team. Any requests for information, whether verbal or written, shall be referred to the Department Head.
8. The Department Head shall record information in the Violent Incident Log about every incident, post-incident response, and investigation in accordance with Cal-OSHA regulations. Risk Management will report to the appropriate state agency.

IX. TRAINING

SBCEO will provide training to employees that addresses the workplace violence risks that the employees are reasonably anticipated to encounter in their jobs. The training will include:

- (a) How to obtain a copy of the workplace violence prevention plan and how to participate in its development and implementation.
- (b) the definitions and requirements of applicable regulations.
- (c) how to report workplace violence incidents or concerns to the employer or law enforcement without fear of reprisal.
- (d) workplace violence hazards specific to one's job, corrective measures the employer has implemented, how to seek assistance to prevent or respond to violence, and strategies to avoid physical harm.
- (e) the violent incident log and how to obtain copies of required records.
- (f) an opportunity for interactive questions and answers with a person knowledgeable about the employer's plan. The Safety Liaison Manager and the Health and Safety Committee will review the effectiveness of the training and advise on continuous improvement.

X. RECORDKEEPING

The Violence Incident Logs are recorded on a calendar basis and maintained by the Department Head. Logs are maintained for five years per SB553. Aggregated (nameless) data are shared with the Safety & Health Committee annually if there is any data. The SIPE Risk Manager is the contact person for questions regarding data or other records.

XI. EXHIBITS

Three appendices follow.

- A. Active Shooter Guidelines.
- B. Concerns, Recommendations, and Feedback form.
- C. SIPE Workplace Violence Incident Report 7-333.

EXHIBIT A: Active Shooter/Intruder: AVOID/DENY/DEFEND

Since 2002, the Advanced Law Enforcement Rapid Response Training (ALERRT) program has been used to train law enforcement officers across the nation in how to rapidly respond to dangerous active threat situations.

Over the years we've seen response times shorten and the capabilities of law enforcement increase. As a result of increased public awareness, many citizens have asked what they can do to protect themselves and reduce the dangers faced during one of these events. As we've seen that hiding and hoping isn't a very effective strategy, Avoid, Deny, Defend has been developed as an easy to remember method for civilians of all ages and abilities to follow.

During an act of violence (Robbery, hostage situation, workplace violence, active shooter, etc.):

AVOID (Starts with your state of mind):

- Pay attention to your surroundings
- Have an exit plan
- Move away from the source of threat as quickly as possible
- The more distance and barriers between you and the threat, the better

DENY (When getting away is difficult or maybe impossible):

- Keep distance between you and the source
- Create barriers to prevent or slow down a threat from getting to you
- Turn the lights off and silence your phone
- Remain out of sight and quiet by hiding behind large objects

DEFEND (because you have the right to protect yourself):

- If you cannot avoid or deny, be prepared to defend yourself
- Be aggressive and committed to your actions
- Do not fight fairly. This is about survival

Call 911 when you are in a safe area

- When Law Enforcement arrives, show your hands and follow commands.

Santa Barbara County Violence Prevention Plan

EXHIBIT B: CONCERNS, RECOMMENDATIONS, AND FEEDBACK REGARDING THE SBCEO
WORKPLACE VIOLENCE PREVENTION PLAN

In the interest of providing a safe and healthful work environment, all Santa Barbara County Education Office employees are encouraged to bring any concerns about this plan or its impact, to their supervisor, labor representative, or Risk Management. This form may be used to do so. Labor representatives are encouraged to bring these forms to the Joint Labor/Management Safety Committee for review and recommendation.

CONCERN: _____

RECOMMENDATION:

Employee Name: _____ Title: _____ (You may elect to remain anonymous.) Employee Signature: _____

Date: _____ RETURN COMPLETED FORM TO SUPERVISOR, RISK MANAGEMENT, OR UNION REP EMPLOYEE – PLEASE DO NOT WRITE BELOW THIS LINE Name of Department Head or Supervisor (Print): _____

Signature: _____ Date Received: _____

Santa Barbara County Schools - Self-Insured Program for Employees (SIPE)

Violence Incident Report

SIPE Form 7-333 Revised 6/2024

This form must be used for every workplace violence incident that occurs in the workplace. At a minimum, it will include the information required by LC section 6401.9(d).

Employee Name:	Job Title:
District Name/Site:	Location(s) of Incident:
Date Incident Occurred:	Time Incident Occurred:
If Workplace Violence Incident, check OSHA defined type: <input type="checkbox"/> Type 1 Violence: Workplace violence committed by a person who has no legitimate business at the worksite and includes violent acts by anyone who enters the workplace or approaches employees with the intent to commit a crime. <input type="checkbox"/> Type 2 Violence: Workplace violence directed at employees by customers, clients, patients, students , inmates or visitors. <input type="checkbox"/> Type 3 Violence: Workplace violence against an employee by a present or former employee, supervisor, or manager. <input type="checkbox"/> Type 4 Violence: Workplace violence committed in the workplace by a person who does not work there but has or is known to have had a personal relationship with an employee.	
Check which of the following describes the type(s) of incident: <input type="checkbox"/> Physical attack without a weapon, including, but not limited to, biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting. <input type="checkbox"/> Attack with a weapon or object, including, but no limited to, a firearm, knife, or other object. <input type="checkbox"/> Threat of physical force or threat of the use of a weapon or other object. <input type="checkbox"/> Sexual assault or threat, including but not limited to, rape, attempted rape, physical display, or unwanted verbal or physical sexual contact. <input type="checkbox"/> Animal attack.	

Provide a detailed description of the incident and any additional information on the violence incident type and what it included. Continue on a separate sheet of paper if necessary.

Workplace violence committed by [For confidentiality, only include the classification of who committed the violence, including whether the perpetrator was a client or customer, family or friend of a client or customer, stranger with criminal intent, coworker, supervisor or manager, partner or spouse, parent or relative, or other perpetrator].

Circumstances at the time of the incident [Write/type what was happening at the time of the incident, including but not limited to, whether the employee was completing usual job duties, working in poorly lit areas, rushed, working during a low staffing level, isolated or alone, unable to get help or assistance, working in a community setting, or working in an unfamiliar or new location.]

Was Law Enforcement contacted: ☐Yes ☐No

If so, what was the response?

Actions taken to protect employees from a continuing threat or from any other hazards identified as a result of the incident. [Include information on what the consequences of the incident were].

Were there any injuries: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain [Indicate here if there were any injuries. If so, provide a description of the injuries].	
Were emergency medical responder other than law enforcement contacted, such as fire department, paramedics, on-site first aid certified personnel: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
Did the severity of the injuries require reporting to Cal/OSHA: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, document the date and time this was done, along with names of the Cal/OSHA representative contacted.	
This violence incident form was completed by:	
Signature:	Date:
Safety Committee Review/ Safety Director Signature:	
Date:	

MODEL WRITTEN WORKPLACE VIOLENCE PREVENTION PLAN for GENERAL INDUSTRY (NON-HEALTHCARE SETTINGS)

This is a fillable template that the employer must complete. Instructions in red font enclosed in brackets indicate where you must enter your worksite-specific information.

Overview and directions for using the model plan

Who is this model plan for?

As a result of [California Senate Bill 553 \(SB 553\)](#), all employers that fall within the scope of [California Labor Code \(LC\) 6401.7 and LC 6401.9](#), are required to establish, implement, and maintain an effective, written Workplace Violence Prevention Plan (WVPP) no later than July 1, 2024.

Employers with workplaces covered by California Code of Regulations (CCR), Title 8, [section 3342](#) Violence Prevention in Health Care should not use this model program, but instead implement the requirements of section 3342.

What does the model plan include?

Employers are not required to use this model WVPP. They may create their own, use another WVPP template, or incorporate workplace violence prevention into their existing [Injury and Illness Prevention Program \(IIPP\)](#) as a separate section. Cal/OSHA requires employers to engage with employees in developing and implementing their WVPP. This model plan is intended to help employers develop a separate, stand-alone Workplace Violence Prevention Plan (WVPP). It was written for a broad spectrum of employers, and it may not match your establishment's exact needs. However, it provides the essential framework to identify, evaluate, and control workplace violence hazards.

Use of this model program does not ensure compliance with LC section 6401.9. Employers are liable for any violations of LC section 6401.9 regardless of use of this model program.

How to put the model program to use?

Proper use of this model program requires the employer to identify and ensure that the person or person(s) responsible for implementing the plan:

- Review the full requirements of LC sections 6401.7 and 6401.9.
- Review the requirements for each of the WVPP elements found in this model plan, ensure workplace violence concerns are incorporated, fill in the appropriate blank spaces/instructions in red font enclosed in brackets, and check those items that are applicable to their workplace
- Read <https://www.dir.ca.gov/dosh/Workplace-Violence.html> for additional guidance.
- Obtain the active involvement of employees and their authorized employee representatives in developing and implementing the plan.
- Make the plan available and easily accessible to affected employees, authorized employee representatives, and representatives of Cal/OSHA at all times.



Cal/OSHA Publications Unit

February 2024

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WORKPLACE VIOLENCE PREVENTION PROGRAM for

[Name of Employer]

Our establishment's Workplace Violence Prevention Plan (WVPP) addresses the hazards known to be associated with the four types of workplace violence as defined by [Labor Code \(LC\) section 6401.9](#).

Date of Last Review: [Type the date the last review was done to the plan]

Date of Last Revision(s): [Type the date the last revision(s) (if any) were made to the plan]

DEFINITIONS

Emergency - Unanticipated circumstances that can be life threatening or pose a risk of significant injuries to employees or other persons.

Engineering controls - An aspect of the built space or a device that removes a hazard from the workplace or creates a barrier between the employee and the hazard.

Log - The violent incident log required by LC section 6401.9.

Plan - The workplace violence prevention plan required by LC section 6401.9.

Serious injury or illness - Any injury or illness occurring in a place of employment or in connection with any employment that requires inpatient hospitalization for other than medical observation or diagnostic testing, or in which an employee suffers an amputation, the loss of an eye, or any serious degree of permanent disfigurement, but does not include any injury or illness or death caused by an accident on a public street or highway, unless the accident occurred in a construction zone.

Threat of violence - Any verbal or written statement, including, but not limited to, texts, electronic messages, social media messages, or other online posts, or any behavioral or physical conduct, that conveys an intent, or that is reasonably perceived to convey an intent, to cause physical harm or to place someone in fear of physical harm, and that serves no legitimate purpose.

Workplace violence - Any act of violence or threat of violence that occurs in a place of employment.

Workplace violence includes, but is not limited to, the following:

- The threat or use of physical force against an employee that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury.
- An incident involving a threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury.
- The following four workplace violence types:

Type 1 violence - Workplace violence committed by a person who has no legitimate business at the worksite, and includes violent acts by anyone who enters the workplace or approaches employees with the intent to commit a crime.

Type 2 violence - Workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors.

Type 3 violence - Workplace violence against an employee by a present or former employee,

supervisor, or manager.

Type 4 violence - Workplace violence committed in the workplace by a person who does not work there, but has or is known to have had a personal relationship with an employee.

Workplace violence does not include lawful acts of self-defense or defense of others.

Work practice controls - Procedures and rules which are used to effectively reduce workplace violence hazards.

RESPONSIBILITY

The WVPP administrator, [enter the name of the program administrator or the job title], has the authority and responsibility for implementing the provisions of this plan for [Name of employer]. If there are multiple persons responsible for the plan, their roles will be clearly described.

Example:

Responsible Persons	Job Title/Position	WVPP Responsibility(ies)	Phone #	Email
[Joe Smith]	[CEO]	[Overall responsibility for the plan; John approves the final plan and any major changes.]	[(323) 123-4567]	[Jsmith@company.com]
[Joe White]	[HR Manager]	[Responsible for employee involvement and training; Joe organizes safety meetings, updates training materials, and handles any reports of workplace violence.]	[(213) 123-4567]	[Jwhite@company.com]
[Semore Joes]	[Security Manager]	[Responsible for emergency response, hazard identification, and coordination with other employers; Semore conducts safety inspections, coordinates emergency response procedures, and communicates with other employers about the plan.]	[(562) 123-4567]	[semorej@company.com]

All managers and supervisors are responsible for implementing and maintaining the WVPP in their work areas and for answering employee questions about the WVPP.

EMPLOYEE ACTIVE INVOLVEMENT

[Name of employer] ensures the following policies and procedures to obtain the active involvement of employees and authorized employee representatives in developing and implementing the plan:

- Management will work with and allow employees and authorized employee representatives to participate in:
 - Identifying, evaluating, and determining corrective measures to prevent workplace violence. [Provide details on what those policies and procedures are.]

Example:

Management will have monthly safety meetings with employees and their representatives to discuss identification of workplace violence related concerns/hazards, evaluate those hazards and/or concerns, and how to correct them. These meetings could involve brainstorming sessions, discussions of recent incidents, and reviews of safety procedures.).]

- Designing and implementing training [Provide details on what those policies and procedures are.]

Example:

Employees are encouraged to participate in designing and implementing training programs, and

their suggestions are incorporated into the training materials. For example, an employee might suggest a new training scenario based on a recent incident.]

- Reporting and investigating workplace violence incidents. [Provide details on what those policies and procedures are.]
- Management will ensure that all workplace violence policies and procedures within this written plan are clearly communicated and understood by all employees. Managers and supervisors will enforce the rules fairly and uniformly.
- All employees will follow all workplace violence prevention plan directives, policies, and procedures, and assist in maintaining a safe work environment. [Provide details on what those policies and procedures are.]
- The plan shall be in effect at all times and in all work areas and be specific to the hazards and corrective measures for each work area and operation.

EMPLOYEE COMPLIANCE

Our system to ensure that employees comply with the rules and 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 at a minimum:

- Training employees, supervisors, and managers in the provisions of [Name of employer] Workplace Violence Prevention Plan (WVPP)
- Effective procedures to ensure that supervisory and nonsupervisory employees comply with the WVPP. [Describe how this will be accomplished]
- Provide retraining to employees whose safety performance is deficient with the WVPP.
- Recognizing employees who demonstrate safe work practices that promote the WVPP in the workplace by [describe how this will be done, for instance by memos/emails or certificate of recognition from the owner/management of the company)].
- Discipline employees for failure to comply with the WVPP. (You can either refer to [Name of employer] existing discipline process or outline specific steps for the WVPP) [Enter information on additional means of ensuring employee compliance]
- [List and explain other procedures for ensuring employee compliance with the WVPP]

COMMUNICATION WITH EMPLOYEES

We recognize that open, two-way communication between our management team, staff, and other employers, about workplace violence issues is essential to a safe and productive workplace. The following communication system is designed to facilitate a continuous flow of workplace violence prevention information between management and staff in a form that is readily understandable by all employees, and consists of one or more of the following:

- New employee orientation includes workplace violence prevention policies and procedures.
- Workplace violence prevention training programs.
- Regularly scheduled meetings that address security issues and potential workplace violence hazards
- Effective communication between employees and supervisors about workplace violence prevention and violence concerns. [Describe how this will be accomplished]
 - For example, ensure that supervisors and employees can communicate effectively and in the employees' first language.

- Posted or distributed workplace violence prevention information.
- How employees can report a violent incident, threat, or other workplace violence concern to employer or law enforcement without fear of reprisal or adverse action. [Describe how this will be accomplished]
 - Examples:
 - Employees can anonymously report a violent incident, threat, of other violence concerns.
 - Provide contact information for who to call for emergency response [Describe how this will be accomplished, including what number(s) will be called. E.g.: precise access number(s), including how 911 will be accessed.]
- Employees will not be prevented from accessing their mobile or other communication devices to seek emergency assistance, assess the safety of a situation, or communicate with a person to verify their safety. Employees' concerns will be investigated in a timely manner and they will be informed of the results of the investigation and any corrective actions to be taken. [Describe how this will be accomplished]
- [Enter other methods of effective communication]

Example:

Updates on the status of investigations and corrective actions are provided to employees through email and at safety meetings. These updates could include information about the progress of investigations, the results of investigations, and any corrective actions taken.

Example:

Updates during daily/weekly/monthly/quarterly meetings with other employers in the building (at or near and around the same worksite) to discuss the plan and any updates. These meetings could involve sharing updates to the plan, discussing recent incidents, and coordinating training sessions.

Example:

Sharing training materials and incident reports with other employers to ensure a coordinated response to any incidents. This could involve sending copies of training materials and incident reports to other employers.]

COORDINATION WITH OTHER EMPLOYERS

[Name of employer] will implement the following effective procedures to coordinate implementation of its plan with other employers to ensure that those employers and employees understand their respective roles, as provided in the plan.

- All employees will be trained on workplace violence prevention.
- Workplace violence incidents involving any employee are reported, investigated, and recorded.
- At a multiemployer worksite, [name of employer] will ensure that if its employees experience workplace violence incident that [name of employer] will record the information in a violent incident log and shall also provide a copy of that log to controlling employer.

WORKPLACE VIOLENCE INCIDENT REPORTING PROCEDURE

[Name of company] will implement the following effective procedures to ensure that:

- All threats or acts of workplace violence are reported to an employee's supervisor or manager, who will inform the WVPP administrator. This will be accomplished by [describe]. If that's not possible, employees will report incidents directly to the WVPP administrator, [Enter the name of the program administrator or the job title].

- [Enter other procedures for reporting incidents, threats, hazards and concerns of workplace violence.

Examples:

Employees can report incidents to their supervisor, HR, or through an anonymous hotline. The hotline could be a dedicated phone number or an online form.

- Workplace Violence Reporting Hotline: [Insert Workplace Violence Hotline number]
- Workplace Violence Reporting form: [Insert Workplace Violence Reporting Form weblink or QR code]

A strict non-retaliation policy is in place, and any instances of retaliation are dealt with swiftly and decisively. [Describe how this will occur: For example, an employee who retaliates against a coworker for reporting an incident could be disciplined or terminated.]

EMERGENCY RESPONSE PROCEDURES

[Name of employer] has in place the following specific measures to handle actual or potential workplace violence emergencies:

- Effective means to alert employees of the presence, location, and nature of workplace violence emergencies by the following [state what methods of communication and when certain methods should be used or not used.

Example:

Alarm systems and PA announcements will be used to alert employees of emergencies (The alarms could be audible alarms, visual alarms, or both.)

- [Name of employer] will have evacuation or sheltering plans. [Describe what those procedures are. The plans could include maps of evacuation routes, locations of emergency exit, and instructions for sheltering in place.]
- How to obtain help from staff, security personnel, or law enforcement. [Include contact information for response staff and local law enforcement and post in common areas] [list posted locations]. [Describe what those procedures are. This information could include phone numbers, email addresses, and physical locations. If there is immediate danger, call for emergency assistance by dialing (9) 9-1-1, (dial outside access number first if applicable) and then notify the (WVPP Administrator).]

In the event of an emergency, including a Workplace Violence Emergency, contact the following:

Responsible Persons	Job Title/Position	WVPP Responsibility(ies)	Phone #	Email
[Semore Joes]	[Security Manager]	[Responsible for emergency response, hazard identification, and coordination with other employers; Semore conducts safety inspections, coordinates emergency response procedures, and communicates with other employers about the plan.]	[(562) 123-4567]	[semorej@company.com]

- [Enter other emergency response procedures]

WORKPLACE VIOLENCE HAZARD IDENTIFICATION AND EVALUATION

The following policies and procedures are established and required to be conducted by [Name of employer] to ensure that workplace violence hazards are identified and evaluated:

- Inspections shall be conducted when the plan is first established, after each workplace violence incident, and whenever the employer is made aware of a new or previously unrecognized hazard.

Review all submitted/reported concerns of potential hazards: [These submittals/reports could be from the system the employer had implemented for employees and authorized employee representatives to anonymously inform management about workplace violence hazards or threats of violence without fear of reprisal/retaliation.]

Examples:

- Daily or weekly review of all submitted and reported concerns.
 - Workplace Violence Hazards suggestion box
 - Online form for reporting workplace violence hazards
 - Voicemail/email/text messages
- [Other procedures to ensure employees and employee representatives participate in WVPP.]

Periodic Inspections

Periodic inspections of workplace violence hazards will identify unsafe conditions and work practices. This may require assessment for more than one type of workplace violence. Periodic Inspections shall be conducted: [detail periodic inspection frequency]

Periodic inspections to identify and evaluate workplace violence and hazards will be performed by the following designated personnel in the following areas of the workplace:

Specific Person Name/Job Title	Area/Department/Specific location
[Enter name]	[Enter name of area observed]

Inspections for workplace violence hazards include assessing:

[Describe factors specific to workplace that may result in risk of workplace violence.

Examples:

- The exterior and interior of the workplace for its attractiveness to robbers.
- The need for violence surveillance measures, such as mirrors and cameras.
- Procedures for employee response during a robbery or other criminal act, including our policy prohibiting

employees, who are not security guards, from confronting violent persons or persons committing a criminal act.

- Procedures for reporting suspicious persons or activities.
- Effective location and functioning of emergency buttons and alarms.
- Posting of emergency telephone numbers for law enforcement, fire, and medical services.
- Whether employees have access to a telephone with an outside line.
- Whether employees have effective escape routes from the workplace.
- Whether employees have a designated safe area where they can go to in an emergency.
- Adequacy of workplace security systems, such as door locks, entry codes or badge readers, security windows, 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.
- Employees' skill in safely handling threatening or hostile service recipients (example: security guards).
- Effectiveness of systems and procedures that warn others of actual or potential workplace violence danger or that summon assistance, e.g., alarms or panic buttons.
- The use of work practices such as the "buddy" system for specified emergency events.
- The availability of employee escape routes.
- How well our establishment's management and employees communicate with each other.
- Access to and freedom of movement within the workplace by non-employees, including recently discharged employees or persons with whom one of our employees is having a dispute.
- Frequency and severity of employees' reports of threats of physical or verbal abuse by managers, supervisors, or other employees.
- Any prior violent acts, threats of physical violence, verbal abuse, property damage or other signs of strain or pressure in the workplace.]
- [Other procedures to identify and evaluate workplace violence hazards]

WORKPLACE VIOLENCE HAZARD CORRECTION

Workplace violence hazards will be evaluated and corrected in a timely manner. [Name of employer] will implement the following effective procedures to correct workplace violence hazards that are identified:

- If an imminent workplace violence hazard exists that cannot be immediately abated without endangering employee(s) , all exposed employee(s) will be removed from the situation except those necessary to correct the existing condition. Employees necessary to correct the hazardous condition will be provided with the necessary protection.[Explain which workers this applies to, why they are necessary, and what protections will be provided]
- All corrective actions taken will be documented and dated on the appropriate forms. [Include procedures for what forms to use and how to document the corrective actions taken].
- Corrective measures for workplace violence hazards will be specific to a given work area.

[Examples:

- Make the workplace unattractive to robbers by:
 - Improve lighting around and at the workplace.
 - Post of signs notifying the public that limited cash is kept on the premises and that cameras are monitoring the facility.
 - Utilize surveillance measures, such as cameras and mirrors, to provide information as to what is going on outside and inside the workplace and to dissuade criminal activity.
 - Hire security guards and have them patrol the workplace interior and perimeter.
 - Install security surveillance cameras in and around the workplace.
- Provide workplace violence systems, such as door locks, violence windows, physical barriers, emergency alarms and restraint systems by:
- Ensure the adequacy of workplace violence systems
- Post emergency telephone numbers for law enforcement, fire, and medical services
- Control, access to, and freedom of movement within, the workplace by non-employees, include recently discharged employees or persons with whom one of our employees is having a dispute.
- Install effective systems to warn others of a violence danger or to summon assistance, e.g., alarms or panic buttons.
- Ensure employees have access to a telephone with an outside line. Provide employee training/re-training(refreshers) on the WVPP, which could include but not limited to the following:
 - Recognizing and handling threatening or hostile situations that may lead to violent acts by persons who are service recipients of our establishment.
 - 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.
 - Improve how well our establishment's management and employees communicate with each other.
 - Procedures for reporting suspicious persons, activities, and packages.
 - Provide/review employee, supervisor, and management training on emergency action procedures.
- Ensure adequate employee escape routes.
- Increase awareness by employees, supervisors, and managers of the warning signs of potential workplace violence. [Provide procedures on how to will be accomplished]
- Ensure that employee disciplinary and discharge procedures address the potential for workplace violence. [Provide procedures on how to will be accomplished]
- Establish a policy for prohibited practices [describe what those are, such as a no-weapons policy.

- Limit the amount of cash on hand and use time access safes for large bills.
- Provide procedures for a "buddy" system for specified emergency events.
- [Other procedures for corrective measures for workplace violence hazards]

PROCEDURES FOR POST INCIDENT RESPONSE AND INVESTIGATION

After a workplace incident, the WVPP administrator or their designee will implement the following post-incident procedures:

- Visit the scene of an incident as soon as safe and practicable.
- Interview involved parties, such as employees, witnesses, law enforcement, and/or security personnel.
- Review security footage of existing security cameras if applicable.
- Examine the workplace for security risk factors associated with the incident, including any previous reports of inappropriate behavior by the perpetrator.
- Determine the cause of the incident.
- Take corrective action to prevent similar incidents from occurring.
- Record the findings and ensuring corrective actions are taken.
- Obtain any reports completed by law enforcement.
- The violent incident log will be used for every workplace violence incident and will include information, such as: [\[See attached Violent Incident Log\]](#)
 - The date, time, and location of the incident.
 - The workplace violence type or types involved in the incident.
 - A detailed description of the incident.
 - A classification of who committed the violence, including whether the perpetrator was a client or customer, family or friend of a client or customer, stranger with criminal intent, coworker, supervisor or manager, partner or spouse, parent or relative, or other perpetrator.
 - A classification of circumstances at the time of the incident, including, but not limited to, whether the employee was completing usual job duties, working in poorly lit areas, rushed, working during a low staffing level, isolated or alone, unable to get help or assistance, working in a community setting, or working in an unfamiliar or new location.
 - A classification of where the incident occurred, such as in the workplace, parking lot or other area outside the workplace, or other area.
 - The type of incident, including, but not limited to, whether it involved any of the following:
 - Physical attack without a weapon, including, but not limited to, biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting.
 - Attack with a weapon or object, including, but not limited to, a firearm, knife, or other object.

- Threat of physical force or threat of the use of a weapon or other object.
- Sexual assault or threat, including, but not limited to, rape, attempted rape, physical display, or unwanted verbal or physical sexual contact.
- Animal attack.
- Other.
- Consequences of the incident, including, but not limited to:
 - Whether security or law enforcement was contacted and their response.
 - Actions taken to protect employees from a continuing threat or from any other hazards identified as a result of the incident.
 - Information about the person completing the log, including their name, job title, and the date completed.
- Reviewing all previous incidents.
- [Other post-incident procedures]

Example:

Support and resources, such as counseling services, are provided to affected employees (These resources could include referrals to counseling services, information about employee assistance programs, and time off work if necessary.)

Ensure that no personal identifying information is recorded or documented in the written investigation report. This includes information which would reveal identification of any person involved in a violent incident, such as the person's name, address, electronic mail address, telephone number, social security number, or other information that, alone or in combination with other publicly available information, reveals the person's identity.

TRAINING AND INSTRUCTION

All employees, including managers and supervisors, will have training and instruction on general and job-specific workplace violence practices. These sessions could involve presentations, discussions, and practical exercises. Training and instruction will be provided as follows:

- When the WVPP is first established.
- Annually to ensure all employees understand and comply with the plan.
- Whenever a new or previously unrecognized workplace violence hazard has been identified and when changes are made to the plan. The additional training may be limited to addressing the new workplace violence hazard or changes to the plan.

[Name of Employer] will provide its employees with training and instruction on the definitions found on page 1 of this plan and the requirements listed below:

- The employer's WVPP, how to obtain a copy of the employer's plan at no cost, and how to participate in development and implementation of the employer's plan.
- How to report workplace violence incidents or concerns to the employer or law enforcement without fear of reprisal.
- Workplace violence hazards specific to the employees' jobs, the corrective measures [name of employer] has implemented, how to seek assistance to prevent or respond to violence, and strategies to avoid

physical harm.

- The violent incident log and how to obtain copies of records pertaining to hazard identification, evaluation and correction, training records, and violent incident logs.
- Opportunities [name of employer] has for interactive questions and answers with a person knowledgeable about the [name of employer] plan.
- [Other]

Examples:

- Strategies to avoid/prevent workplace violence and physical harm, such as:
 - How to recognize workplace violence hazards including the risk factors associated with the four types of workplace violence.
 - Ways to defuse hostile or threatening situations.
- How to recognize alerts, alarms, or other warnings about emergency conditions and how to use identified escape routes or locations for sheltering.
- Employee routes of escape.
- Emergency medical care provided in the event of any violent act upon an employee
- Post-event trauma counseling for employees desiring such assistance.

Note: *Employers must use training material appropriate in content and vocabulary to the educational level, literacy, and language of employees.*

EMPLOYEE ACCESS TO THE WRITTEN WVPP

[Name of employer] ensures that the WVPP plan shall be in writing and shall be available and easily accessible to employees, authorized employee representatives, and representatives of Cal/OSHA at all times. This will be accomplished by [Describe how this will be accomplished].

For Example:

- Whenever an employee or designated representative requests a copy of the written WVPP, we will provide the requester with a printed copy of the WVPP, unless the employee or designated representative agrees to receive an electronic copy.
- We will provide unobstructed access through a company server or website, which allows an employee to review, print, and email the current version of the written WVPP. Unobstructed access means that the employee, as part of their regular work duties, predictably and routinely uses the electronic means to communicate with management or co-employees.]

RECORDKEEPING

[Name of Employer] will:

- Create and maintain records of workplace violence hazard identification, evaluation, and correction, for a minimum of five (5) years.
- Create and maintain training records for a minimum of one (1) year and include the following:
 - Training dates.

- Contents or a summary of the training sessions.
- Names and qualifications of persons conducting the training.
- Names and job titles of all persons attending the training sessions.
- Maintain violent incident logs for minimum of five (5) years.
- Maintain records of workplace violence incident investigations for a minimum of five (5) years.
 - The records shall not contain medical information per subdivision (j) of section 56.05 of the Civil Code.
- All records of workplace violence hazard identification, evaluation, and correction; training, incident logs and workplace violence incident investigations required by [LC section 6401.9\(f\)](#), shall be made available to Cal/OSHA upon request for examination and copying.

EMPLOYEE ACCESS TO RECORDS

The following records shall be made available to employees and their representatives, upon request and without cost, for examination and copying within **15 calendar days of a request**:

- Records of workplace violence hazard identification, evaluation, and correction.
- Training records.
- Violent incident logs.

REVIEW AND REVISION OF THE WVPP

The **[Name of Employer]** WVPP will be reviewed for effectiveness:

- At least annually.
- When a deficiency is observed or becomes apparent.
- After a workplace violence incident.
- As needed.

Review and revision of the WVPP will include the procedures listed in the EMPLOYEE ACTIVE INVOLVEMENT section of this WVPP, as well as the following procedures to obtain the active involvement of employees and authorized employee representatives in reviewing the plan's effectiveness:

- Review of **[name of employer]'s** WVPP should include, but is not limited to:
 - Review of incident investigations and the violent incident log.
 - Assessment of the effectiveness of security systems, including alarms, emergency response, and security personnel availability (if applicable).
- Review that violence risks are being properly identified, evaluated, and corrected. Any necessary revisions are made promptly and communicated to all employees. [These revisions could involve changes to procedures, updates to contact information, and additions to training materials.]
- **[Other review and revision procedures]**

EMPLOYER REPORTING RESPONSIBILITIES

As required by [California Code of Regulations \(CCR\), Title 8, Section 342\(a\). Reporting Work-Connected Fatalities and Serious Injuries](#), **[Name of employer]** will immediately report to Cal/OSHA any serious injury or illness (as defined by [CCR, Title 8, Section 330\(h\)](#)), or death (including any due to Workplace Violence) of an employee occurring in a place of employment or in connection with any employment.

[Type Title of owner or top management representative formally approving these procedures and have them sign and date

Example:

["I, [Name], [Job Title] of [Employer], hereby authorize and ensure, the establishment, implementation, and maintenance of this written workplace violence prevention plan and the documents/forms within this written plan. I believe that these policies and procedures will bring positive changes to the workflow, business operations, and overall health and safety as it relates to workplace violence prevention."]

Example:

["I, [Name], [Job Title] of [Employer], hereby authorize and ensure, the establishment, implementation, and maintenance of this written workplace violence prevention plan and the documents/forms within this written plan. I am committed to ensuring the safety and well-being of our employees and believe that these policies and procedures will help us achieve that goal."]

Example:

["I, [Name], [Job Title] of [Employer], hereby authorize and ensure, the establishment, implementation, and maintenance of this written workplace violence prevention plan and the documents/forms within this written plan. I am committed to promoting a culture of safety and violence prevention in our workplace and believe that these policies and procedures will help us achieve that goal."]

Please note: These are just examples and should be customized to fit the specific needs of your company. It is important to ensure that the statement of authorization is approved, signed, and dated by a top management representative or owner of the company.]

[Name and title of person authorizing this WVPP]

[Signature of person authorizing this WVPP]

[Date of Signature]

Violent Incident Log

This log must be used for every workplace violence incident that occurs in our workplace. At a minimum, it will include the information required by LC section 6401.9(d).

The information that is recorded will be based on:

- Information provided by the employees who experienced the incident of violence.
- Witness statements.
- All other investigation findings.

All information that personally identifies the individual(s) involved will be omitted from this log, such as:

- Names
- Addresses – physical and electronic
- Telephone numbers
- Social security number

[Enter the date the incident occurred (Day, Month, Year)]

[Enter the time (or approximate time) that the incident occurred] a.m./p.m.

Location(s) of Incident	Workplace Violence Type (Indicate which type(s) (Type 1, 2,3,4)
[Enter location(s) where the incident occurred]	[Enter the workplace violence type(s)]

Check which of the following describes the type(s) of incident, and explain in detail:

Note: It's important to understand that "Workplace Violence Type" and "Type of Incident" have separate requirements. **For this part of the log, "Type of Incident" specifically refers to the nature or characteristics of the incident being logged. It does not refer to the type of workplace violence.**

- Physical attack without a weapon, including, but not limited to, biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting.
- Attack with a weapon or object, including, but not limited to, a firearm, knife, or other object.
- Threat of physical force or threat of the use of a weapon or other object.
- Sexual assault or threat, including, but not limited to, rape, attempted rape, physical display, or unwanted verbal or physical sexual contact.
- Animal attack.
- Other.

Explain: [Provide a detailed description of the incident and any additional information on the violence incident type and what it included. Continue on separate sheet of paper if necessary.]

This image shows a blank sheet of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Workplace violence committed by: [For confidentiality, only include the classification of who committed the violence, including whether the perpetrator was a client or customer, family or friend of a client or customer, stranger with criminal intent, coworker, supervisor or manager, partner or spouse, parent or relative, or other perpetrator.]

Circumstances at the time of the incident: [write/type what was happening at the time of the incident, including, but not limited to, whether the employee was completing usual job duties, working in poorly lit areas, rushed, working during a low staffing level, isolated or alone, unable to get help or assistance, working in a community setting, or working in an unfamiliar or new location.]

Where the incident occurred: [Where the incident occurred, such as in the workplace, parking lot or other area outside the workplace, or other area.]

Consequences of the incident, including, but not limited to:

- Whether security or law enforcement was contacted and their response.
- Actions taken to protect employees from a continuing threat or from any other hazards identified as a result of the incident.

[Include information on what the consequences of the incident were.]

- Were there any injuries? Yes or No. Please explain:

[Indicate here if there were any injuries, if so, provide description of the injuries]

]

- Were emergency medical responders other than law enforcement contacted, such as a Fire Department, Paramedics, On-site First-aid certified personnel? Yes or No. If yes, explain below:

Did the severity of the injuries require reporting to Cal/OSHA? If yes, document the date and time this was done, along with the name of the Cal/OSHA representative contacted.

A copy of this violent incident log needs to be provided to the employer. Indicate when it was provided and to whom.

This violent incident log was completed by:

[Name of person completing this log], [Job Title of person completing this log], [Date this log was completed]

[Signature of person completing this log] [Date of completion]

SECTION Q

Revised 10/20

RESPONSIBILITIES OF THE SIPE RISK & LOSS CONTROL MANAGER

- 1.0 The Self Insurance Program for Employees (SIPE) is a Joint Powers Agency whose membership is comprised of school districts in Santa Barbara County, The Santa Barbara County Education Office, and Allan Hancock Joint Community College. The Risk & Loss Control Manager is employed by SIPE to provide safety training and compliance inspections to member districts *requesting assistance* with their safety program.
- 2.0 Safety inspections and training is based on requests by any district wanting assistance. To schedule training or safety inspections, email: sipe@sbceo.org or call: 805-922-8003.
- 3.0 The Risk Manager will take the following steps when he visits a district during a scheduled safety inspection:
 - 3.1 Coordinate his visit 30 days in advance.
 - 3.2 Contact the district superintendent or his representative on his arrival.
 - 3.3 Review all written safety records.
 - 3.4 Perform a detailed, physical inspection of your work place. During this inspection, he may use test equipment, a camera and may also interview employees.
 - 3.5 Conduct safety training with employees when requested.
 - 3.6 Conduct a closing interview to advise you of observed hazards at the conclusion of his inspection.
- 4.0 The Risk Manager can and must warn employees of an imminent danger situation. When this occurs, the department head, business manager or district superintendent will be notified.
- 5.0 Written communications involving hazardous or emergency conditions with the district will be submitted in draft to the district superintendent or his representative prior to a final submission.

SECTION R

RESPIRATORY PROTECTION PROGRAM

Revised 4/2020

1.0 Scope

- 1.1 The purpose of this program is to establish the necessary requirements and responsibilities to protect employees from possible exposure to hazards through inhalation.
- 1.2 The California Code of Regulations, Title 8, Section 5144 mandates that a written standard operating procedure governing the selection and use of respirators be established by every employer whose employees are required to use respirators in the course of their work.
- 1.3 This program will be modified as required due to changes in operations, procedures, chemical usage, or as applicable laws mandate.
- 1.4 This program shall be implemented and enforced when it is clearly impractical to control harmful dusts, fumes, gases, mists, or vapors at their source by engineering or administrative means or when emergency protection is needed. Voluntary use of respiratory protective equipment is also subject to this program (see Appendix A).
- 1.5 This program does not cover the use of respiratory protection for atmospheres immediately dangerous to life or health as defined by Section 5144(b).
- 1.6 This program does not apply to those employees whose only use of respirators involves the voluntary use of filtering face pieces (dust masks).

2.0 Responsibility

- 2.1 School districts will designate an employee as their Respiratory Program Administrator.
- 2.2 Administrative responsibilities include:
 - Identify areas requiring the use of respiratory protective equipment.
 - Assure all personnel receives adequate training and are fit tested to their respirators.
 - Assure that all equipment within the work group is properly used, serviced, and maintained.
 - Assure all employees who are required (or may be required) to wear respiratory protective equipment have been medically evaluated and found to be physically capable to use required equipment.
 - Provide proper respiratory protection at no cost to the employee.

- Implement all feasible administrative and engineering controls to reduce the exposure level as much as possible.
- 2.3 Employee responsibilities include:
- Using the respiratory equipment in accordance with established procedures.
 - Maintaining the respirator clean, in good condition, and properly stored.
 - Reporting any equipment malfunction.
 - Assuring adequate respiratory fit is achieved each time the respirator is worn.
 - Reporting any changes in physical well-being.

3.0 Hazard Assessment

- 3.1 Assessments in each work area are necessary to identify materials that may be an inhalation hazard.
- 3.2 Monitoring may be done to document and calculate the exposure of these operations. Results of the monitoring are usually expressed numerically in terms of an eight-hour time weighted average and/or a ceiling or peak concentration.
- 3.3 The program administrator shall also consult employees who use respirators to assess their views on the effectiveness of the program and to identify problems.

4.0 Hazard Control

- 4.1 Regulations require prevention of worker exposure to harmful levels of airborne contaminants by implementing the following controls:
- 4.1.1 Engineering Controls - This type of control includes substitution of a less toxic substance, isolation, encapsulation or enclosure of the process and/or ventilation.
- 4.1.2 Administrative Controls - This type of control may involve limiting the time an employee is exposed by limiting the time performing the task.
- 4.2 Engineering and administrative controls shall be implemented to reduce exposure whenever feasible.
- 4.3 Respiratory protection will be used to control an employee's exposure only when engineering controls are being installed or implemented or when engineering or administrative controls fail to adequately control the employee's exposure.

5.0 Operating Procedures

- 5.1 Each employee who uses respiratory protection will follow these operating procedures. The procedures include provisions for selection, instruction and training, cleaning, inspection and maintenance.

5.1.1 Selection and Issuance

All respiratory protection equipment shall be approved by MSHA and NIOSH. The correct respirator shall be assigned for each specific job to ensure adequate protection. Supervisors shall ensure that personnel use the correct respirator on each job. Volunteer use of respiratory equipment is also subject to this program. Respiratory protection is based on the specific airborne contaminants for which the employee may be exposed, and the exposure levels. Specific contaminants, respirator selections, and cartridge change schedules are listed in Appendix B.

Respirators that are individually assigned should be marked to indicate to whom it is assigned. The mark must not affect the respirator performance in any way. The date of issuance will also be recorded.

5.1.2 Training and Education

Employees who are required to wear respiratory protective equipment will receive training. Training will be structured and documented under the direction of the program administrator with the assistance of the SIPE Safety Officer.

The training shall be repeated annually to ensure employees have the proper understanding regarding respiratory protection and to ensure they can demonstrate knowledge and skills specific to the hazards and uses of respirators.

Training shall include:

- An explanation of respiratory hazard and exposure.
- Discussion of why respiratory protection is needed.
- Discussion of the function, capabilities, and limitation for the equipment.
- Discussion of the proper care and maintenance of equipment.
- Explanation of the effects of personal factors such as eye wear, facial hair, and physical capabilities.
- Explanation of medical limitations.
- Explanation and documentation of required fit testing.
- Discussion of emergency use situations.
- Any other applicable information.

5.1.3 Fit Checks/Testing

Fit checks/testing are essential to ensure that a respirator forms a good seal

with the wearer's face. This prevents contaminants from leaking into the mask.

When the employee is issued a respirator, he/she will be able to try on a variety of sizes to find one with a comfortable fit. Several tests are then performed to determine proper fit.

Employees shall be provided the opportunity to wear the respirator in normal air for an adequate familiarity period. The following fit checks shall be conducted each time a tight-fitting respirator is used.

Per OSHA Regulations 5144 Appendix A (9) The test shall NOT be conducted if there is any hair growth between the skin and the facepiece sealing surface, such as stubble, beard growth, moustache or sideburns which cross the sealing surface.

Negative pressure check: The wearer closes off the respirator inlet (cartridges) and inhales. A vacuum and partial inward collapse of the mask should result. If a vacuum cannot be maintained for at least 10 seconds, readjust the mask and try again.

Positive pressure check: The wearer closes off the exhalation valve and breathes out gently. Air will escape through any gaps in the seal. The wearer should be careful not to exhale too strongly so as not to force leakage.

Fit testing with a test atmosphere will also be conducted by introducing a test substance (isoamyl acetate and/or irritant smoke) around the seal of the mask. If the wearer detects a smell or irritation, he/she should readjust the mask and try again. It may be necessary to try several different sizes or makes of respirators in order to find one that fits properly. Employees will wear the equipment in a test atmosphere such as generated by smoke to ensure adequate fit. This type of fit test will be conducted annually.

Quantitative fit tests provide a numerical measurement of respirator performance and require the use of technical equipment and trained personnel.

There are several factors that may interfere with the fit of a mask. Factors include:

- Corrective eye wear (glasses) may cause leakage where the mask seal passes over the temple bar.
- Employees who are assigned respiratory protective equipment and require prescription glasses may require special equipment to accommodate the glasses (i.e., glass inserts).

- Facial features - normal variations in size and shape may affect the ability of the mask to seal properly.
- Facial hair - facial hair in the respirator seal area will reduce the ability of the mask to obtain a proper seal. No facial hair will be allowed along the seal areas of the mask.

Fit testing will be administered and documented as part of the respiratory protection training.

5.1.4 Inspection and Maintenance

All respirators shall be inspected routinely. This includes inspection before and after each use. If any problem is detected during the inspection, which would violate protection, the respirator will not be worn until the problem is corrected. Needed repairs and problems will be reported immediately to the supervisor.

- The tightness of connections and the condition of face pieces, head bands, valves, connecting tubes, and canisters shall be inspected before use.
- Masks shall be cleaned and disinfected after each use.
- Respirator filters shall be replaced when the user notices an increased resistance inhaling or as the odor or taste of the contaminant is noticed by the user. If in doubt, the filters shall be changed.
- All equipment will be MSHA/NIOSH approved and certified. Equipment without this approval will not be used.
- All replacement parts must also have the approval. Respirators are approved as a system. Cartridges, canisters, filters, valves, etc., cannot be interchanged between different manufacturers or between different respirator models unless specifically approved.
- Respirators and cartridges must be approved for the hazardous atmosphere for which the worker will be exposed.
- Repair shall be conducted by a qualified person.

All required inspections and maintenance procedures for respiratory equipment will be the responsibility of each employee for whom the equipment is assigned. The Program Administrator will be responsible for ordering parts and ensuring that mandatory inspections and maintenance are documented.

5.1.5 Sanitation and Storage

After removing filters and straps, the respirator shall be washed in mild soap solution or immersed in a sanitary solution recommended by the

manufacturer for at least two minutes. The respirator should be air dried. Prepackaged respirator wipes may be used for maintaining freshness between cleanings.

Respiratory equipment shall not be passed on from one person to another until it has been cleaned and sanitized.

Respirators will be stored to protect against dust, sunlight, extreme temperatures, excessive moisture, or damaging chemicals when not in use.

6.0 Medical Surveillance

- (A) 6.1 Employees required to wear respiratory protection must have a medical evaluation by a physician and shall complete the Respirator Medical Evaluation Questionnaire (Appendix C). This requirement shall also apply to the voluntary use of respirators. **Exception: Employers are not required to include in a written respiratory protection program those employees whose only use of respirators involves the voluntary use of filtering facepieces (dust masks) 5144 (2) (B).**

The physician shall provide a written statement that indicates the employee's physical ability to safely wear respiratory protective equipment. Medical evaluations conducted by a licensed physician shall be required initially and pursuant to the following:

- 6.1.1 An employee reports medical signs or symptoms that are related to the ability to use a respirator.
 - 6.1.2 A Physician or other Licensed Health Care Professional (PLHCP), supervisor, or the respirator program administrator informs the employer that an employee needs to be reevaluated.
 - 6.1.3 Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee re-evaluation; or
 - 6.1.4 A change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on an employee.
- 6.2 If changes in an employee's medical status have occurred, the physician may recommend further evaluation or restrict respirator use.
- 6.3 There are several medical conditions that could possibly interfere with respirator usage. The PLHCP shall determine what health and physical conditions are pertinent.

7.0 Program Surveillance and Evaluation

- 7.1 Appropriate and ongoing surveillance of all work areas is critical in assessing the adequacy of the program and employee protection.
- 7.2 Items to consider when evaluating the program include increases in exposure concentration, the introduction of other toxic substances, or other conditions that increase the degree of employee exposure.
- 7.3 The program effectiveness shall be evaluated by regular inspection of the work areas and through review by management at least annually. This written program shall be updated as any new information arises or as soon as conditions warrant such revision.

8.0 Recordkeeping

- 8.1 The following records are to be maintained by the program administrator:
 - Qualitative fit test.
 - Medical Evaluation record must be maintained for the duration of employment plus 30 years Title 8 GISO, 3204 (1) (A).
 - Date of employee training and type of respirator.
 - Respirator Assignment Record (Appendix D).
 - Documentation of injuries involving the use of respirators.

APPENDIX A

Information for Voluntary Use of Respirators

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limit set by OSHA standards. If your employer provides respirators for your voluntary use or if you provide your own respirator, you need to take certain precautions to ensure that the respirator itself does not present a hazard.

Do the following:

1. Read all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety & Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging to describe what the respirator is designed for and how much protection it offers.
3. Do not wear the respirator into atmospheres containing contaminants for which it is not designed to protect against. For example, a respirator designed to filter dust particles will not protect against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of assigned respirators to avoid mistakenly using someone else's respirator.

Note: Authority cited: Section 142.3, Labor Code. Reference: Section 142.3, Labor Code. Appendix D to Section 5144 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard.

APPENDIX B

Selection and Use of Respirators

Identification of Contaminants Exposure Levels

The district has assessed the work environment to identify materials or processes that may pose an inhalation hazard.

The following contaminants have been identified that may require respiratory protection:

<u>Contaminant</u>	<u>Anticipated Exposure Level</u>
1. Asbestos (particulate)	below PEL of .1 f/cc
2. Lead (particulate)	below PEL of 50 mg/m ³

Selection of Respirators for Protection Against Particulates

The district shall supply air-purifying respirators equipped with a high efficiency particulate air (HEPA) (P100) filter certified for such use by NIOSH. Cartridges shall be changed based on a exposure and a TWA or when the user notices a resistance in breathing.

For protection against gases and/or vapors the district shall: supply an air-purifying respirator that is equipped with an end-of-service-life indicator certified by NIOSH, or implement the cartridge change schedule recommended by the manufacturer.

Employees will be provided powered air purifying respirators (PAPRs) when exposures warrant such protection or when employees are unable to wear a negative pressure respirator for physical or medical reasons.

Medical Evaluation Form APPENDIX C



OSHA Respirator Questionnaire

Appendix C to Sec. 1910.134: OSHA Respirator Medical Evaluation Questionnaire (Mandatory)				
To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination. <i>Para el empleador: Respuestas a las preguntas de la Sección 1, y a la pregunta 9 en la Sección 2 de la Parte A, no requieren examen médico.</i>				
To the employee: Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it. <i>Para el Empleado:</i> <i>Su empleador debe permitirle que usted conteste este cuestionario durante horas normales de trabajo, o en un momento y lugar que sea conveniente para usted. Para mantener su confidencialidad, su empleador o supervisor no debe ver o revisar sus respuestas, y su empleador debe decirle como entregar o enviar este cuestionario al profesional de salud que lo revisara.</i>				
Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print) Parte A. Sección 1. (Obligatorio) La siguiente información debe ser proporcionada por cada empleado que ha sido seleccionado para usar cualquier tipo de respirador (por favor escriba en letra de molde)				
Name: <i>Nombre:</i>		Birthdate: <i>Fecha de Nacimiento:</i>		
Date: <i>Fecha de hoy:</i>	Sex <i>Sexo</i>	Male/ Masculino <i>Female/ Femenino</i>	Height (inches)/ Estatura (pies):	
		Weight (lbs.)/ Peso (libras):		
Job Title: <i>Título de Trabajo (ocupación):</i>		Last 4 digits of Social Security Number <i>Últimos 4 números de su Seguro Social</i>		
A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): <i>Un Numero de teléfono donde le pueda hablar un profesional de salud para revisar este cuestionario (incluya el código de área)</i>				
The best time to phone you at this number: <i>El mejor tiempo para hablar le a este número:</i>				
Has your employer told you how to contact the health care professional who will review this questionnaire? <i>¿Le ha dicho su empleador como comunicarse con un profesional de la salud que pueda revisar este cuestionario?</i>			Yes/ Si	No/ No
Please contact your employer if you need to speak to the Healthcare Professional reviewing this questionnaire and an appointment will be made to see a provider. <i>Por favor, póngase en contacto con su empleador si usted necesita hablar con un profesional de la salud para revisar este cuestionario y se le hará una cita para ver un proveedor.</i>				
Check the type of respirator you will use (you can check more than one category) <i>Marque el tipo de respirador que va utilizar (puede marcar más de una categoría)</i>				
<input type="checkbox"/> N, R, or P disposable respirator (filter-mask, non-cartridge type only) <i>Purificación de Aire Presión Negativo</i>				
<input type="checkbox"/> Other type (for example, half- or full-face piece type, powered-air purifying, supplied-air, self-contained breathing apparatus) <i>Purificación de Aire Presión Positivo (SCBA)</i>				
Have you worn a respirator? If yes what type? <i>¿Ha usado un respirador? Si la respuesta es sí, ¿Que tipo?</i>			Yes/ Si	No/ No
Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please check "yes" or "no"). Parte A. Sección 2 (Obligatorio) Preguntas 1 al 98 deben ser contestadas por cada empleado que ha sido seleccionado para usar cualquier tipo de respirador (por favor, marque "Si" o "No").			Yes Si	No No
1. Do you currently smoke tobacco, or have you smoked tobacco in the last month? <i>1. ¿Fuma tabaco en este momento, o fumo tabaco durante el mes pasado?-</i>				
2. Have you ever had any of the following conditions? <i>2. ¿Ha tenido alguna de las siguientes condiciones?</i>			Yes Si	No No
a. Seizures (fits)? <i>a. Epilepsia?</i>				
b. Diabetes (sugar disease)? <i>b. ¿Diabetes?</i>				
c. Allergic reactions that interfere with your breathing? <i>c. ¿Reacciones alérgicas que interfería con su respiración?</i>				
d. Claustrophobia (fear of enclosed spaces)? <i>d. ¿Claustrofobia (miedo de lugares encerrados)?</i>				
e. Trouble smelling odors? <i>e. ¿Dificultad al oler?</i>				

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3. Have you ever had any pulmonary or lung problems? 3. ¿Ha tenido cualquier de los siguientes problemas pulmonares o del pulmón?	Yes Si	No No
a. Asbestosis? a. ¿Asbestosis?		
b. Asthma? b. ¿Asma?		
c. Chronic Bronchitis? c. ¿Bronquitis crónico?		
d. Emphysema? d. ¿Enfisema?		
e. Pneumonia? e. ¿Pulmonía?		
f. Tuberculosis? f. ¿Tuberculosis?		
g. Silicosis? g. ¿Silicosis?		
h. Pneumothorax (collapsed lung)? h. ¿Neumotórax (pulmón caído)?		
i. Lung Cancer? i. ¿Cáncer del pulmón?		
j. Broken Ribs? j. ¿Costilla quebrada?		
k. Any Chest Injuries or Surgeries? k. ¿Cualquier lastimadura o cirugía del pecho?		
l. Any other lung problem that you've been told about? l. ¿Cualquier otro problema pulmonaria de la cual tiene conocimiento?		
4. Do you currently have any symptoms of pulmonary or lung illness? 4. ¿En el presente, tiene cualquiera de los siguientes síntomas de enfermedad del pulmón?	Yes Si	No No
a. Shortness of Breath? a. ¿Respiración corta?		
b. Shortness of breath when walking fast on level ground or when walking up a slight hill or incline? b. ¿Corto de aire al caminar rápido sobre una superficie al nivel o al caminar sobre un nivel inclinado?		
c. Shortness of breath when walking at your own pace on level ground? c. ¿Corto de aire al caminar a su propio paso?		
d. Have to stop for breath when walking at your own pace on level ground? d. ¿Tiene que parar para respirar al caminar a su paso en una al caminar en una superficie plana?		
e. Shortness of breath when dressing yourself? e. ¿Corto de aire al vestirse?		
f. Shortness of breath that interferes with your job? f. ¿Corto de aire lo cual interfiere con su trabajo?		
g. Coughing that produces phlegm (thick sputum)? g. ¿Tos que produce flema?		
h. Coughing that wakes you early in the morning? h. ¿Tos que lo despierta temprano en la mañana?		
i. Coughing that occurs mostly when you are lying down? i. ¿Tos que ocurre cuando esta acostado?		
j. Coughing up blood in the last month? j. ¿A tosido sangre en el último mes?		
k. Wheezing? k. ¿Resollar?		
l. Wheezing that interferes with your job? l. ¿Resuello que interfiere con su trabajo?		
m. Chest pain when you breathe deeply? m. ¿Dolor de pecho cuando respira profundo?		
n. Any other symptoms you think might be related to a lung problem? n. ¿Tiene algún otro síntoma que piensa que está relacionado con problemas del pulmón?		
5. Have you ever had any of the following cardiovascular or heart problems? 5. ¿Ha tenido cualquier de los siguientes problemas cardiovasculares o del corazón?	Yes Si	No No
a. Heart attack? a. ¿Ataque de corazón?		
b. Stroke? b. ¿Embolia?		

c. Angina? c. ¿Angina?		
d. Heart Failure? d. ¿Fallo de corazón?		
e. Swelling in your legs and feet (not caused by walking)? e. ¿Hinchazón de sus piernas o pies (no resultado de caminar)?		
f. Heart arrhythmia (irregular heartbeats)? f. ¿Arritmia se corazón (latido de corazón irregular)?		
g. High blood pressure? g. ¿Alta presión de la sangre?		
h. Any other heart problem you've been told about? h. ¿Cualquier otro problema del corazón de la cual tiene conocimiento?		
6. Have you ever had any of the following cardiovascular or heart symptoms? 6. ¿Ha tenido cualquiera de los siguientes síntomas cardiovasculares o del corazón?	Yes Si	No No
a. Frequent pain or tightness in your chest? a. ¿Dolor o presión seguido en su pecho?		
b. Pain or tightness in your chest during physical activity? b. ¿Dolor o presión en su pecho durante actividades físicas?		
c. Pain or tightness in your chest that interferes with your job? c. ¿Dolor o presión en su pecho al cual interfiere con su trabajo?		
d. In the past two years, have you noticed your heart skipping or missing a beat? d. ¿Durante los últimos dos años, ha sentido que su corazón pare o pase un latido?		
e. Heartburn or indigestion not related to eating? e. ¿Acidez o indigestión no relacionado al comer?		
f. Any other symptom that you think may be related to heart or circulation problems? f. ¿Cualquier otro síntoma que piense que está relacionado al corazón o problemas de circulación?		
7. Do you currently take any medications for the following problems? 7. ¿Está tomando medicamento para cualquiera de los problemas siguientes?	Yes Si	No No
a. Breathing or lung problems? a. ¿Problemas del pulmón o respiración?		
b. Heart trouble? b. ¿Problema del corazón?		
c. Blood pressure? c. ¿Presión de la sangre?		
d. Seizures? d. ¿Ataque de epilepsia?		
8. If you have used a respirator, have you ever had any of the following problems? (If you've never used a respirator, skip to question 9.) 8. Si ha usado un respirador, ha tenido cualquiera de los siguientes problemas (si nunca ha usado un respirador, pase a la pregunta 9)	Yes Si	No No
a. Eye irritation? a. ¿Iritación en el ojo?		
b. Skin allergies or rashes? b. ¿Alergia o sarpullido en la piel?		
c. Anxiety? c. ¿Ansiedad?		
d. General weakness and fatigue? d. ¿Debilidad o fatiga en general?		
e. Breathing difficulty? e. ¿Dificultad al respirar?		
f. Any other problems that interfere with your use of a respirator? f. ¿Cualquier otro problema que interfiera con el uso de un respirador?		
9. Would you like to speak with the health care professional who will review this questionnaire regarding any of your answers to this questionnaire? 9. ¿Le gustaría hablar con un profesional de salud para repasar sus respuestas sobre esta forma?	Yes Si	No No
<p>Questions 10 through 15 below must be answered by every employee who has been selected to use either a full face piece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering the following questions is voluntary.</p> <p><i>Si va usar aparato para respirar (SCBA) o pieza completa, favor de contestar las siguientes preguntas adicionales (si no va a usar SCBA o pieza completa, las siguientes preguntas son voluntarias).</i></p>		

10. Have you ever lost vision in either eye (temporarily or permanently)? 10. ¿Ha perdido la vista en cualquier ojo (temporalmente o permanente)?		
11. Do you currently have any of the following vision problems? 11. ¿Tiene cualquier de los siguientes problemas de la visión?	Yes Sí	No No
a. Wear contact lenses? a. ¿Usa lentes de contacto?		
b. Wear glasses? b. ¿Usa lentes?		
c. Color blind? c. ¿Ciego de colores?		
d. Any other eye or vision problems? d. ¿Cualquier otro problema de ojo o de su visión?		
12. Have you ever had an injury to your ears, including a perforated ear drum? 12. ¿Ha tenido una lesión en sus oídos, incluso un tímpano roto?		
13. Do you currently have any of the following hearing problems? 13. ¿En este momento, tiene cualquier de los siguientes problemas al oír?		
a. Difficulty hearing? a. ¿Dificultad para oír?		
b. Wear a hearing aid? b. ¿Usa un aparato para oír?		
c. Any other ear or hearing problem? c. ¿Tiene algún otro problema al oír o en el oído?		
14. Have you ever had a back injury? 14. ¿Ha tenido una lastimadura de su espalda?		
15. Do you currently have any musculoskeletal problems? <i>If no, continue to the signature portion. If yes, please answer the following questions:</i> 15. ¿En este momento, tiene cualquier de los siguientes problemas músculo esqueléticos? <i>Si la respuesta es no, continúe a la porción de su firma. Si la respuesta es sí, por favor de contestar las siguientes preguntas:</i>	Yes Sí	No No
a. Weakness in any part of your arms, hands, legs, or feet? a. ¿Debilidad en cualquiera de sus brazos, manos, piernas, o pies?		
b. Back pain? b. ¿Dolor de espalda?		
c. Difficulty fully moving your arms and legs? c. ¿Dificultad en mover ampliamente sus brazos o piernas		
d. Pain or stiffness when you lean forward or backward at the waist? d. ¿Dolor o dificultad al doblar la cintura hacia arriba o abajo?		
e. Difficulty when fully moving you head up and down? e. ¿Dificultad al mover ampliamente su cabeza arriba o abajo?		
f. Difficulty when fully moving your head side to side? f. ¿Dificultad al mover ampliamente su cabeza de lado a lado?		
g. Difficulty when bending at your knees? g. ¿Dificultad al doblar las rodillas?		
h. Difficulty when squatting to the ground? h. ¿Dificultad al acucillarse al suelo?		
i. Difficulty when climbing stairs or ladders and carrying more than 25 pounds? i. ¿Dificultad subiendo escalones o escaleras cargando más de 25 libras?		
j. Difficulty with any other muscle or skeletal problem that interferes with using a respirator? j. ¿Cualquier otro problema de músculo o del esqueleto?		

Please sign your name below indicating that the answers you have given on this questionnaire are true and correct to the best of your knowledge.

Por favor, firme su nombre indicando que las respuestas en este cuestionario fueron contestadas con su mejor conocimiento.

Signature/ Firma

Date/ Fecha

APPENDIX D**Employee Respirator Assignment Record**

1. Employee Name: _____
2. Job Title: _____
3. Type of Respirator Assigned: _____
4. Conditions of Respirator Use: Respiratory Protection is required under the conditions specified in the Injury and Illness Prevention Program, Respiratory Protection Program, and as directed by the Program Administrator.
5. Estimated frequency of cartridge or filtering face piece replacement:
 - a. Filtering face pieces or dust masks shall be discarded at the end of the work shift or when contaminated beyond use, whichever is sooner.
 - b. Cartridges shall be replaced when the maximum use time is reached, at the end of each shift, or when breakthrough is detected, whichever is sooner.
 - c. If the cartridge or filter integrity is in question, then replace the cartridges and/or filters prior to use.
6. This employee is physically able to wear a negative or positive pressure respirator as determined by a physician or licensed health care professional. Information regarding employee medical fitness to use a respirator are kept with the employee's medical records.
7. Employee informed of hazards: _____
8. Employee trained in emergency procedures: _____
9. Employee trained in respirator selection, limitation, and use: _____
10. Employee fitted - qualitative test date: _____
11. Respirator Manufacturer and Model Number: _____
12. Respirator Manufacturer and Model Number: _____
13. Respirator Manufacturer and Model Number: _____

Employee's Signature: _____ **Date:** _____

Program Administrator's Signature: _____

SECTION S

PROCUREMENT AND DISTRIBUTION OF SAFETY MERCHANDISE & SERVICES

- 1.0 The SIPE Safety Office will use the following procedures to procure and distribute safety merchandise and services purchased by SIPE funds.
- 2.0 Procurement of safety items will be in accordance with the Santa Barbara County Education Office purchase order procedures.
- 3.0 The following criteria will be used to determine the distribution of safety merchandise and services:

Priority 1 - Workers compensation injury/evaluation:
 - Request by WCA and evaluated by the SIPE safety officer.
 - Request by SIPE board member.
Priority 2 - Prevention of employee injuries and to meet safety compliance. Safety officer's decision on full or shared cost.
 - SIPE safety officers inspection/visit.
 - SIPE board members request
 - Requested by school districts
Priority 3 - Enhancement of school districts safety program (this is a share cost request).
 - A request by school district's safety committee or safety coordinator and evaluated by the SIPE safety office.
- 4.0 The SIPE safety office will determine whether district requests for safety merchandise should be submitted through the safety incentive program or purchased through the SIPE safety budget.
- 5.0 Priority coding will be typed on purchase orders for record keeping information.
- 6.0 The SIPE safety officer will ensure funding is available prior to the purchase of safety merchandise and services.

SECTION T

HEAT ILLNESS PREVENTION

1.0 Purpose

A Heat Illness Prevention Standard has been established to identify and control exposure to heat, which may be hazardous to district employees in their work environments, and to ensure appropriate precautions are taken to prevent heat illness.

2.0 Authorities

California Employers with any outdoor places of employment must comply with the Heat Illness Prevention Standard, California Code of Regulations - Title 8, Subchapter 7. General Industry Safety Orders Group 2. Safe Practices and Personal Protection Article 10. Personal Safety Devices and Safeguards 3395. Heat Illness Prevention. These procedures have been created to assist the employer in crafting their heat illness prevention procedures, and to reduce the risk of work related heat illness among their employees.

3.0 Definitions

- 3.1 **Acclimatization** means temporary adaptation of the body to work in the heat that occurs gradually when a person is exposed to it. Acclimatization peaks in most people within four to fourteen days of regular work for at least two hours per day in the heat.
- 3.2 **Heat Illness** means a serious medical condition resulting from the body's inability to cope with a particular heat load, and includes heat cramps, heat exhaustion, heat syncope and heat stroke.
- 3.3 **Environmental risk factors for heat illness** means working conditions that create the possibility that heat illness could occur, including air temperature, relative humidity, radiant heat from the sun and other sources, conductive heat sources such as the ground, air movement, workload severity and duration, protective clothing and personal protective equipment worn by employees.
- 3.4 **Personal risk factors for heat illness** means factors such as an individual's age, degree of acclimatization, health, water consumption, alcohol consumption, caffeine consumption, and use of prescription medications that affect the body's water retention or other physiological responses to heat.
- 3.5 **Preventative recovery period** means a period of time to recover from the heat in order to prevent heat illness.

- 3.6 **Shade** means blockage of direct sunlight. Canopies, umbrellas and other temporary structures or devices may be used to provide shade. One indicator that blockage is sufficient is when objects do not cast a shadow in the area of blocked sunlight. Shade is not adequate when heat in the area of shade defeats the purpose of shade, which is to allow the body to cool. For example, a car sitting in the sun does not provide acceptable shade to a person inside it, unless the car is running with air conditioning.

4.0 Covered Employees

- 4.1 Santa Barbara SIPE Safety Office has identified the following categories of employees as having exposure to heat due to outdoor work. They are as follows:

- 4.1.1 Coaches
- 4.1.2 Grounds Workers
- 4.1.3 Maintenance Workers
- 4.1.4 Campus monitors/yard duty workers
- 4.1.5 Custodians
- 4.1.6 Viticulture

5.0 Responsibility

- 5.1 Risk management has the following responsibilities:

- 5.1.1 Maintaining a written program in compliance with current Federal and State regulations, including annual updates.
- 5.1.2 Coordinate, implement, conduct and monitor any training required by the regulations, including:
 - a. The environmental and personal risk factors for heat illness;
 - b. The employer's procedures for complying with the requirements of this standard;
 - c. The importance of frequent consumption of small quantities of water, up to four cups per hour, when the work environment is hot and employees are likely to be sweating more than usual in the performance of their duties;
 - d. The importance of acclimatization;

- e. The different types of heat illness and the common signs and symptoms of heat illness;
- f. The importance to employees of immediately reporting to the employer, directly or through the employee's supervisor, symptoms or signs of heat illness in themselves, or in co-workers;
- g. The employer's procedures for responding to symptoms of possible heat illness, including how emergency medical services will be provided should they become necessary;
- h. The employer's procedures for contacting emergency medical services, and if necessary, for transporting employees to a point where they can be reached by an emergency medical service provider;
- i. The employer's procedures for ensuring that, in the event of an emergency, clear and precise directions to the work site can and will be provided as needed to emergency responders.

5.1.3 Providing all employees in the departments listed in section 4.0 with information about the program.

5.1.4 Assisting employees and supervisors in implementing the requirements of Santa Barbara SIPE Heat Illness Prevention Program.

5.1.5 Assisting sites and departments in identifying and implementing feasible engineering controls.

5.1.6 Maintaining records as required under the regulations.

5.1.7 Conduct facility audits to assess exposure in the workplace and use of engineering and administrative controls in order to ensure their effectiveness.

5.2 Department Managers and Supervisors will be responsible for:

5.2.1 Informing their staff of the location and availability of this written program, training materials, and information supplied to the district by the U.S. Department of Labor or Cal/OSHA.

5.2.2 Informing their staff of the equipment, operations or areas where there may be a concern.

5.2.3 Providing and ensuring their staff use engineering controls and/or wear appropriate clothing to prevent problems.

- 5.2.4 Provide materials and equipment to ensure fulfillment of their operational goals and objectives in a safe work environment.
- 5.2.5 Ensuring Risk Management is notified of a need to evaluate work conditions under this standard.
- 5.2.6 Maintaining records as required under the regulations.
- 5.3 The immediate supervisor (administrator or classified manager) is responsible for:
 - 5.3.1 Ensuring compliance with this standard by meeting with the employee involved and applying counseling and progressive discipline in accordance with established district policy and procedures.
 - 5.3.2 Ensure employees listed in Section 4.0 complete the Heat Illness Prevention online training module annually.
- 5.4 Employees are responsible for:
 - 5.4.1 Notifying their supervisor and or Risk Management of the need to evaluate work conditions that may cause issue.
 - 5.4.2 Using engineering controls or wearing appropriate clothing to prevent issue in compliance with Safety Operating Procedures (SOPs), postings, instruction or training received.
 - 5.4.3 Maintain physical fitness in order to meet the physical demands of his/her job.
- 6.0 Components of Standard
 - 6.1 The elements reflected within this Heat Illness Prevention guide are those contained in Title 8 of the California Code of Regulations, Section 3395 (T8 CCR 3395) and consist of the following:
 - 6.1.1 Provision of water - Water is a key preventive measure to minimize the risk of heat related illness. Water will be available for all outdoor activities.
 - 6.1.2 Access to shade - Access to rest and shade or other cooling measures are important preventive steps to minimize the risk of heat related illnesses.
 - 6.1.2.1 When outdoor temperature exceeds 80 degrees fahrenheit, shade must be available or provide employees with ventilation or cooling.

6.1.2.2 Employees shall be allowed and encouraged to take a cool down rest no less than five minutes, no more than 15 minutes when they feel the need to do so to protect themselves from overheating.

6.1.3 Written procedures - Written procedures help reduce the risk of heat related illnesses, and ensure that emergency assistance is provided without delay.

7.0 Training

7.1 Training is critical to help reduce the risk of heat related illnesses and to assist with obtaining emergency assistance without delay.

7.2 All employees will receive heat illness prevention training prior to working outdoors.

7.3 Heat illness prevention training is available on-line via sipeonlinetraining.com.

8.0 Recordkeeping

8.1 All medical information obtained under this policy will be treated in accordance with the Confidentiality of Medical Information Act (Civil Code Sections 56-56.37), and the General Industry Safety Orders, Section 3204. Medical information will be kept in separate files from personnel records and shall be available for inspection by an employee upon request.

9.0 Reporting

9.1 “WHISTLEBLOWER” PROTECTION: California Labor Code Section 6310 prohibits employers from firing or discriminating against any worker because the worker has informed their employer, or filed a complaint with Cal/OSHA, about unsafe or unhealthy working conditions. Employees have a right to inform their employer or file a complaint with Cal/OSHA when unsafe conditions exist at their workplace, and this right is assured to them under the California Occupational Safety and Health Act of 1973.

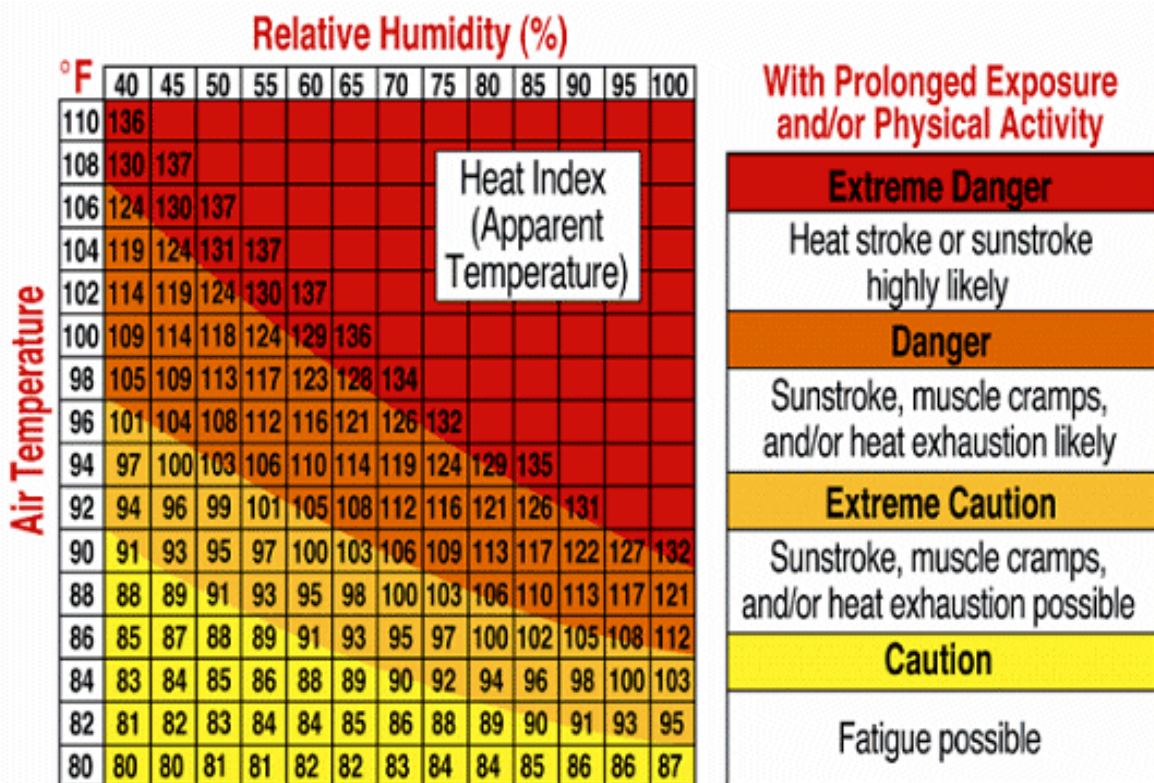
10.0 Contractors

10.1 Contractors shall maintain and enforce an Injury and Illness Prevention Program as required by State law, and in signing any contractual agreement with the district, makes the following certification:

“Contractor is aware of the provisions of California Labor Code, Division 5, and of the California Code of Regulations, Title 8, and shall maintain an active comprehensive Injury and Illness Prevention Plan (IIPP) - including applicable standards (e.g., ergonomic, haz-com) in accordance with such provisions before commencing the performance of the contractual agreement. The IIPP shall be available upon request.

11.0 Heat Index

The heat index is an accurate measure of how hot it really feels when relative humidity is added to the actual air temperature. The chart is based upon shady and light wind conditions. Strong winds combined with hot dry air can also be extremely hazardous.



Section T1

Indoor Heat Illness Prevention Program

est. 9/26/24

Purpose

This Indoor Heat Illness Prevention Program aims to protect SMJUHSD and district staff from the risks of heat illness in indoor work environments. In compliance with California Occupational Safety and Health Administration (Cal/OSHA) guidelines (California Code of Regulations, Title 8, [section 3396](#)), this plan establishes procedures to minimize heat-related risks, provide training, and ensure emergency response capabilities.

Scope

This program applies to all SMJUHSD facilities where employees or students are exposed to heat indoors, particularly in classrooms, offices, kitchens, or maintenance areas without adequate air conditioning or ventilation.

Responsibilities

1. Management:

- Ensure this program is implemented and maintained.
- Provide resources for monitoring indoor temperatures and addressing heat hazards.
- Ensure heat illness prevention plans are communicated to all staff.

2. Supervisors:

- Monitor indoor environments and ensure temperatures remain within safe limits.
- Ensure access to drinking water, cool-down areas, and rest breaks during hot conditions.
- Schedule work to minimize heat exposure, especially during peak heat times.
- Respond to heat illness incidents and ensure affected individuals receive immediate medical attention.

3. Employees:

- Participate in all training sessions related to indoor heat illness prevention.

- Recognize symptoms of heat-related illness and report any concerns to supervisors immediately.
- Take advantage of water and rest breaks as needed.

Heat Illness Risk Factors

Indoor heat-related illness can occur under the following conditions:

- Inadequate ventilation or air conditioning.
- High ambient temperatures combined with humidity.
- Physical activity levels that generate internal heat.
- Extended periods of exposure to heat without proper breaks or hydration.

Prevention Measures

1. Temperature Monitoring:

Indoor temperatures must be regularly monitored in areas of concern. Action is required when indoor temperatures exceed 82°F, especially when combined with high humidity or physical labor.

2. Access to Water:

Employees and students must have access to potable drinking water at all times. Water dispensers or fountains should be located in high-traffic areas.

3. Rest Breaks and Cool-Down Areas:

- A cool-down area must be provided where employees can rest when feeling overheated. Cool-down areas should have sufficient ventilation, fans, or air conditioning, and be maintained below 82°F.
- Employees are encouraged to take frequent breaks to prevent heat illness. At least one break per hour is recommended when temperatures are above 90°F.

4. Ventilation:

Ensure proper ventilation and use fans or air conditioning to maintain indoor temperatures. If air conditioning is not available or inadequate, additional measures such as portable fans, increased hydration, and limiting physical activities should be implemented.

5. Work Scheduling:

Supervisors should modify work schedules to limit exposure during peak heat

conditions. This may involve rotating work tasks, rescheduling strenuous tasks to cooler parts of the day, or shortening the duration of heat exposure.

6. Emergency Procedures:

- If an employee or student exhibits signs of heat illness (e.g., dizziness, fainting, headache, nausea), supervisors must take immediate action, including moving the individual to a cool area and providing water.
- Emergency medical services must be contacted immediately if the individual shows signs of heat stroke (e.g., confusion, rapid breathing, loss of consciousness).

Training

1. Employee Training:

All employees must receive training on the risks of indoor heat illness, including:

- How to recognize heat-related symptoms (heat exhaustion, heat cramps, heat stroke).
- The importance of hydration and taking regular breaks.
- Procedures for accessing cool-down areas and seeking assistance.
- Emergency response protocols in the event of heat illness.

2. Supervisor Training:

Supervisors must receive additional training on:

- Monitoring heat conditions and preventing overexposure.
- Conducting risk assessments in areas prone to heat build-up.
- Proper emergency response and treatment for heat-related illnesses.

Emergency Response

Recognizing Symptoms of Heat Illness:

- **Heat Cramps:** Muscle spasms, usually in the abdomen, arms, or legs.
- **Heat Exhaustion:** Headache, nausea, dizziness, weakness, irritability, thirst, heavy sweating.
- **Heat Stroke (medical emergency):** Confusion, fainting, seizures, very high body temperature, lack of sweating, rapid breathing.

Emergency Procedures:

1. Move the affected individual to a cool place immediately.
2. Call 911 if symptoms indicate heat stroke.
3. Provide water for hydration.
4. Apply cool compresses and monitor until emergency responders arrive.

Recordkeeping

- Records of all training sessions, temperature monitoring, and incidents of heat illness must be maintained for at least 3 years.
- Incident reports should include the location, date, and time of the illness, description of the individual's symptoms, and actions taken.

Program Evaluation and Updates

This Heat Illness Prevention Program will be reviewed annually to assess its effectiveness. Modifications will be made based on any new Cal/OSHA regulations or significant changes in indoor heat conditions within SMJUHSD facilities.

Heat Index Chart

The **Heat Index** combines air temperature and relative humidity to provide an accurate estimate of how hot it feels to the human body. The chart below can be used to determine the appropriate preventive measures and risk levels. The higher the heat index, the greater the risk of heat-related illness.

Temperature (°F)	Relative Humidity (%)	Heat Index (°F)	Risk Level	Recommended Actions
80–90°F	40–60%	80–90°F	Caution	Encourage hydration, provide rest breaks, monitor conditions.
91–103°F	50–60%	91–103°F	Extreme Caution	Mandatory rest breaks, cool-down areas, monitor for symptoms.
104–124°F	60–70%	104–124°F	Danger	Limit time indoors, emergency response readiness.
125°F and above	70% and higher	125°F and above	Extreme Danger	Cease non-essential work, immediate medical attention for any symptoms.

- **Caution:** Employees should be reminded to drink plenty of water and take frequent breaks when the heat index reaches 80°F or above.
- **Extreme Caution:** The risk of heat-related illness becomes more likely between 91–103°F. Access to cool-down areas, mandatory breaks, and hydration are essential.

- **Danger:** Temperatures in this range require a serious focus on limiting heat exposure. Staff must be vigilant for symptoms of heat illness.
- **Extreme Danger:** All non-essential work or activities should cease. Immediate action must be taken if anyone exhibits symptoms of heat illness.

SECTION U

Updated 10/2020

CODE OF SAFE PRACTICES

The Code of Safe Practices in this section is general in nature and should be used by supervisors to review safe work procedures with employees.

SIPE 01	Classroom/General Work Area
SIPE 02	Clerical/Administrative Employees
SIPE 03	Drivers
SIPE 04	Warehouse
SIPE 05	Maintenance
SIPE 06	Carpenters
SIPE 07	Ladder Users
SIPE 08	Material Handlers
SIPE 09	Ground Maintenance
SIPE 10	Equipment Operators
SIPE 11	Custodial
SIPE 12	General - Science Classroom
SIPE 13	Machine Operators
SIPE 14	Lifegate Safety Procedures
SIPE 15	Golf Cart Safety
SIPE 16	ATV Safety

CODE OF SAFE PRACTICES

General Area or Specific Job Safety Class: Classroom/General Work Area

Date Prepared _____ Preparer _____

Safe Work Place Conditions

1. Report all unsafe conditions to your supervisor or the safety coordinator.
2. Report all accidents, injuries and illnesses to your supervisor or the safety coordinator.
3. Employees shall not store excessive combustibles (paper) in work areas.
4. Aisles and hallways shall be kept clear at all times.
5. Fire extinguishers shall be kept clear at all times.
6. In the event of a fire, activate the fire alarm.
7. Upon hearing alarm, stop work and proceed to the nearest clear exit. Gather at the appointed location.
8. Only trained and designated workers may attempt to respond to a fire or other emergency.
9. Means of egress shall be kept unblocked, well-lighted and unlocked during work hours.
10. Emergency procedures follow guidelines established by the district.
11. Universal precautions will be used whenever an employee handles any blood or other potential infectious materials.
12. Employee should familiarize themselves with site emergency procedures, i.e., exits, assembly area, duck, cover & hold, etc.

CODE OF SAFE PRACTICES

General Area or Specific Job Safety Class: Clerical/Administrative Employees

Date Prepared _____ Preparer _____

Safe Work Place Conditions

1. For Video Display Terminal (VDT) work stations, background and screen lighting shall be compatible and adjustable. "No glare" screens shall be available.
2. VDT screen position should be adjustable.
3. Chairs should be adjustable.
4. Keyboard should be adjustable.
5. Work places should be kept free of debris, floor storage and electrical cords.
6. Adequate aisle space shall be maintained.

Safe Work Practices

7. Employees must exercise caution in moving about the office.
8. File cabinet drawers shall be opened one at a time and closed when work is finished.
9. Care should be exercised in closing file drawers to avoid pinching the employee's or other employee's fingers.
10. When carrying loads, care should be exercised to avoid overexertion and strain.
11. Employees shall seek eye and vision care and use rest periods provided to relax eyes and body.
12. Employees shall follow training on preventing problems associated with VDT use.
13. Supervisor will assure that employees who work on a computer station for an extensive period, be given periodic breaks.

CODE OF SAFE PRACTICES

General Area or Specific Job Safety Class: Drivers

Date Prepared _____ Preparer _____

Safe Work Practices

1. Employees shall use proper lifting techniques and avoid overexertion when lifting packages.
2. A hand cart shall be used for heavy loads.
3. Seat belts and shoulder harnesses shall be worn at all times.
4. Employees shall not exceed the speed limit.
5. Employees shall practice defensive driving.
6. Employees shall park in legal spaces and not obstruct traffic.
7. Delivery employees shall not consume alcoholic beverages or use any intoxicating substance prior to or during work.
8. Vehicle should be locked when unattended to avoid criminal misconduct.
9. Drivers should park in well-lighted areas and/or near entrances to avoid criminal misconduct.
10. Forklift operators will be trained and certified prior to operating a forklift.

Safe Work Place Conditions

11. Floors will be kept clean at all time.
12. Back belts will be worn when pushing , pulling and lifting is required.
13. Backup sounding device should be installed on district warehouse vehicles.
14. All employees driving a vehicle shall possess the appropriate valid license.

CODE OF SAFE PRACTICES

General Area or Specific Job Safety Class: Warehouse

Date Prepared _____ Preparer _____

Safe Work Place Conditions

1. Hand carts and other mechanical stock handling equipment shall be available for heavy loads.
2. Appropriate first aid supplies should be available.
3. Cutting devices in good condition shall be provided to employees.

Safe Work Practices

4. Employees shall apply techniques of proper lifting on which they have been trained.
5. Employees shall exercise care and avoid overexertion.
6. Spills shall be cleaned up immediately; floors shall be maintained in a dry condition.
7. Employees must follow procedures established for spill cleanup involving chemical substances.
8. Employees shall consult MSDSs if they do not know the hazards associated with chemical spills.
9. Employees shall exercise care in use of cutting devices.

Personal Protective Equipment

10. Employees shall wear proper protective equipment when performing cleanups of chemical spills.
11. Proper shoes and clothing shall be worn by warehouse employees.
12. Back belts will be worn when pushing, pulling, and lifting is required.

CODE OF SAFE PRACTICES

General Area or Specific Job Safety Class: Maintenance

Date Prepared _____ Preparer _____

Safe Work Place Conditions

1. Welding area ventilation hood must be working properly during welding operations.
2. Grinding wheels shall be equipped with properly adjusted safety shields and tool rest.

Safe Work Practices

3. Machines must be turned off and locked out during maintenance, unless specifically approved and as directed by the maintenance supervisor.
4. Only qualified employees designated by the maintenance supervisor are permitted to work on energized circuits.
5. Welding must be done under the ventilation hood.
6. Parts being welded must be clean and dry.
7. Employees must not climb to heights where falls are possible without use of approved ladders and safety belts.
8. Employees shall exercise care in lifting, torquing and similar strenuous work consistent with training (back injury prevention training is required for maintenance employees).

Personel Protective Equipment

9. Employees must wear chemical protective gloves when degreasing parts.
10. Welders must wear proper shoes, clothing, eye protection and welding hoods/shields during welding operations.

CODE OF SAFE PRACTICES

General Area or Specific Job Safety Class: Carpenters

Date Prepared _____ Preparer _____

Safe Work Place Conditions

1. Portable power saw blade upper half must be permanently guarded; bottom half must have a hinged guard.
2. Radial arm and table saws must have anti-kickback devices installed.
3. Exposed saw teeth must be covered by hoods or guards.
4. The blade of the radial arm saw must not pass beyond the front edge of the cutting table and when the blade is released it must retract to the back stop.
5. Safety devices must be installed on all pneumatic nailers and staplers operating at over 100 psi.

Safe Work Practices

6. Employees must be trained in proper saw use and safety before working unsupervised.
7. Employees shall not block off or remove any guard or safety device.
8. Employees must disconnect pneumatic tools from air supplies when not in use.
9. Employees must not operate a pneumatic tool within 10 feet of another worker.
10. Only trained employees shall operate power activated tools.

Personal Protective Equipment

11. Safety glasses with side shields must be worn at all times.
12. Proper shoes and clothing shall be worn by carpenters.

CODE OF SAFE PRACTICES

General Area or Specific Job Safety Class: Ladder Users

Date Prepared _____ Preparer _____

Safe Work Practices

1. Use only OSHA approved ladders for all jobs.
2. Use only non-conductive ladders for electrical work.
3. Report unsafe ladders to your supervisor.
4. Face rungs when climbing a ladder, and use both hands.
5. Do not use a ladder without safety feet.
6. No more than one person is allowed on a ladder at one time.
7. Do not splice short ladders together.
8. Do not use ladders with broken or missing steps or rungs.
9. Do not place ladders on boxes or other unstable bases to gain height.
10. Do not place a ladder in front of a door unless the door is guarded, locked or blocked open.
11. Do not place a ladder against a window.
12. Always extend ladders 3 feet above roof when climbing to the roof of a building.
13. Ladders shall be placed so that the side rails have secure footing.
14. Tops of the ordinary types of step ladders shall not be used as steps.
15. Do not climb higher than the third rung from the top of step ladders.

Safe Work Place Conditions

16. Ladders will not be stored where they might cause a tripping hazard.

CODE OF SAFE PRACTICES

General Area or Specific Job Safety Class: Material Handlers

Date Prepared _____ Preparer _____

Safe Work Practices

1. Employees must keep floors clean, dry and free of oil.
2. Multiple case loads must be placed on pallets and moved with a pallet lift (truck) or by a forklift.
3. Forklifts shall be used to lower pallets to floor level to pick single cases.
4. Employees operating mechanical material handling equipment must be qualified by training and authorized by the area supervisor to do so.
5. Employees shall not ride forklift forks to pick orders.

Personal Protective Equipment

8. Proper shoes and clothing shall be worn.
9. Back belts will be used when pushing, pulling and lifting.

CODE OF SAFE PRACTICES

General Area or Specific Job Safety Class: Ground Maintenance

Date Prepared _____ Preparer _____

Safe Work Place Conditions

1. Hand-held tools must be kept in good conditions
2. Short-handled hoes are not permitted for cultivation.
3. Appropriate first aid supplies must be available.

Safe Work Practices

4. No employee may use pesticides unless trained and approved by the supervisor.
5. Pesticides shall be mixed per label instructions and training.
6. Symptoms of pesticide poisoning shall be reported to the supervisor immediately.
7. Employees shall not enter pesticide-treated fields until the pesticide is dry or settled, or according to posted re-entry intervals.
8. Employees shall avoid stooping or squatting to the extent possible.
9. Employees shall be trained about biting and stinging pests that are prevalent in the area.
10. Employees must notify the supervisor of any snake or animal bites or severe insect stings.

Personal Protective Equipment

11. Pesticide applicators must wear required safety equipment (gloves, respirators, clothing, as appropriate).
12. Employees using mowers, weed eaters, power edgers, or power blowers must wear ear, eye, and face protection. Guards should not be removed while using equipment.
13. Back belts will be used when pushing, pulling and lifting.
14. Proper shoes and clothing shall be worn.

CODE OF SAFE PRACTICES

General Area or Specific Job Safety Class: Equipment Operators

Date Prepared _____ Preparer _____

Safe Work Place Conditions

1. Tractors shall have roll over bars installed.
2. Seat belts must be installed on tractors.
3. Tractors shall have positively locking brakes.
4. All moving parts on tractors, power take-offs and other equipment must be guarded.

Safe Work Practices

5. Employees must wear seat belts when operating tractors.
6. Parking brakes must be set when leaving equipment.
7. Employees must not remove or tamper with guards.
8. No one may ride with equipment operator unless the rider is being trained or assisting and the rider is in a safe location.
9. Operator must make sure the equipment is clear before starting up.
10. Engines and power sources must be deactivated before performing maintenance service.
11. Equipment must stay more than 20 feet from power lines.
12. Vehicles must be turned off when refueled.
13. Smoking is not permitted during refueling.
14. Fuel vapor inhalation shall be avoided.

Personal Protective Equipment

15. Hearing and eye protection devices shall be worn as required when operating noisy equipment.
16. Proper shoes and clothing shall be worn.

CODE OF SAFE PRACTICES

General Area or Specific Job Safety Class: Custodial

Date Prepared _____ Preparer _____

Safe Work Place Conditions

1. Work stations shall be kept free of debris and storage, especially floor surfaces.

Safe Work Practice

2. Employees must follow procedures established for spill clean-up involving hazardous material.
3. Employees shall consult MSDS sheets if they do not know the hazards associated with a cleaning chemical.
4. Electrical power equipment will be inspected daily and grounded prior to use.
5. Universal precautions shall be considered when a bloodborne pathogen situation occurs.
6. Employees shall apply techniques on proper lifting and wear/use a back belt for which they have been trained whenever they are pushing, pulling and lifting.
7. Employees shall use proper lifting techniques and avoid overexertion when lifting.
8. Employees shall consult MSDS sheets if they do not know the hazards associated with a cleaning product/chemical.
9. Employees must not climb to heights where falls are possible without use of an approved ladder.
10. Employees will practice secondary labeling procedures when transferring cleaning chemicals to secondary containers.

Personal Protective Equipment

11. Employees should wear gloves, a long sleeve shirt, and eye protection whenever they are mixing and using hazardous chemicals.
12. Proper shoes and clothing shall be worn.
13. Back belts will be worn when pushing, pulling or lifting.

CODE OF SAFE PRACTICES

General Area or Specific Job Safety Class: General - Science Classroom

Date Prepared _____ Preparer _____

Safe Work Place Conditions

1. All secondary containers will be labeled as to the contents.
2. Hazardous chemicals will be properly stored by compatibility and in an approved storage cabinet.

Safe Work Practice

3. Work involving hazardous substances must not proceed unless the fume hood is properly operating (flow indicator gauge indicates 100 linear feet per minute (1fpm) or hood is turned on and sash is at proper location.
4. Employees must verify that the ventilation system is properly operating and stop work immediately if the system malfunctions or is not adequately venting fumes/vapors.
5. Employees must be trained in hazardous chemical identification, spills, and disposal.
6. Employees shall consult MSDS if they do not know the hazards associated with the chemical.
7. Employees must follow procedures established for spill clean-up involving chemical substances.

Personal Protective Equipment

8. Employees shall wear proper protective equipment when handling hazardous chemicals/substance.
9. Splash proof goggles will be worn by employees and students when handling hazardous chemicals.

CODE OF SAFE PRACTICES

General Area or Specific Job Safety Class: Machine Operators

Date Prepared _____ Preparer _____

Safe Work Place Conditions

1. Machines must be turned off and locked out prior to cleaning or worn tool replacement.
2. Safety guards and shields must be in place when machines are operating.
3. Operators must verify at the beginning and end of the shift that the ventilation system is working properly (gauge at 100).
4. Keep floor surfaces in work area clean and dry.
5. No food or drinks are allowed in the vicinity of the machines.

Safe Work Practices

6. Operators must notify maintenance immediately when:
 - The ventilation system is not working properly.
 - The cutting oil is not properly draining from machines.
7. Do not operate machines with damaged or worn cutting tools.

Personal Protective Equipment

8. Safety glasses must be worn in the shop.
9. Safety (steel-toed) shoes must be worn in the shop.
10. Ear plugs must be worn during machine cutting operation.
11. Proper shoes and clothing shall be worn.

CODE OF SAFE PRACTICES

General Area or Specific Job Safety Class: Lift Gate Safety Procedures

Date prepared _____ Preparer _____

Safe Work Place Conditions

1. Read operators manual before operating equipment.
2. Do not make any modifications to equipment or its safety features.
3. Do not exceed the maximum capacity of the lift gate.
4. Keep floor surfaces in work area clean and dry.

Safe Work Practices

1. All lift gate users will read the operating instruction and will be trained in its use before operating lift.
2. Operators will never allow anyone to ride on the platform. The lift is not designed as a wheelchair or personnel lift.
3. Stand clear of all moving parts when opening, raising or lowering platform.
4. Do not step off or jump from a raised or moving platform.
5. Operators will always ask for assistance when loading or unloading bulky or heavy loads.
6. Load will be centered on the platform.
7. The vehicle operator is responsible for the safe handling of lift gate operations.
8. Lift will be locked in the closed position when not in use or unattended.
9. The lift gate operator will frequently check cables, chains, and other components for wear or damage. Report damaged equipment to an authorized district maintenance personnel.

Personal Protective Equipment

1. Gloves are recommended.

CODE OF SAFE PRACTICES

General Area or Specific Job Safety Class: Golf Cart Safety Checklist

Date prepared _____ Preparer _____

Safe Work Place Conditions

1. Read operators manual before operating equipment.
2. Do not make any modifications to equipment or its safety features.
3. Cart operator must possess a current drivers license.
4. Never leave the keys in the golf cart when unattended.
5. Perform regularly scheduled cart maintenance to check brakes, steering, and tires.
6. Regularly maintain condition of cart paths.
7. Post highly visible signs to direct cart operations.
8. Barricade hazardous driving areas.

Safe Work Practices

1. Only two persons per cart.
2. Only authorized and trained employees should be allowed to drive carts.
3. Occupants should remain seated while the cart is in motion.
4. Sharp turns, steep inclines and drop-offs should be marked or guarded.
5. Do not operate carts on public roads.
6. Always lock and secure the golf cart when not being used, such as when storing overnight.
7. Never operate the golf cart with more passengers aboard than the golf cart is designed to accommodate.
8. Keep hands, legs, feet and arms inside the confines of the golf cart when it is in motion.
9. Never exceed the safe speed limit.

10. Drive only in designated cart areas.
11. Set the brake before leaving the cart.
12. To avoid tipping over, drive carts straight up and straight down slopes.
13. Do not move cart until both occupants are seated.
14. Never back up without looking to see what is behind the cart.
15. Always obey all traffic rules and regulations.
16. Reduce speed to compensate for inclines, pedestrians, and weather conditions.
17. Approach sharp or blind corners with caution.
18. Operator and passengers should wear seat belts.
19. Maintain adequate distance between vehicles.

Personal Protective Equipment

1. Safety glasses are recommended.

Code of Safe Practices

General Area or Specific Job Safety Class: ATV Safety Checklist

Date prepared _____ Preparer _____

Safe Workplace Conditions Employer Responsibilities

1. Read operators manual before operating equipment.
2. Provide helmet and eye-protection for workers and encourage the use of other personal protective equipment (PPE)
3. Identify and mark – and eliminate if possible – hazards such as excavations, trenches, and guy wires that might be present in specific work environments, so they are easily seen and avoided by workers on the job site
4. Establish operating and maintenance policies that follow manufacturer's terrain guidelines, specified hauling and towing capacity, and passenger restrictions
5. ATV operator must possess a current driver's license.
6. Provide employees access to hands-on training by an ATV Safety Institute instructor or a similarly qualified instructor
7. Never leave the keys in the ATV when unattended.
8. Perform regularly scheduled ATV maintenance to check brakes, steering, and tires.
9. Regularly maintain condition of ATV paths.
10. Post highly visible signs to direct ATV operations.
11. Barricade hazardous driving areas.

Safe Work Practices for Employees

1. Wear PPE including a helmet, eye-protection, long pants, and sturdy boots.
2. Participate in hands-on training in the safe handling and operation of an ATV.
3. Conduct a pre-ride inspection of tires, brakes, headlights, etc., and follow employer's maintenance policies for upkeep of the ATV.
4. Understand how implements and attachments may affect the stability and handling of the ATV.
5. Never exceed the manufacturer's specified hauling and towing capacity or weight limits and ensure cargo is balanced, secured, and loaded on provided racks.
6. Be aware of potential hazards such as trees, ruts, rocks, streams and gullies, and follow posted hazard warnings.
7. Drive at speeds safe for weather and terrain and never operate ATVs on surfaces not designed for ATVs such as paved roads and highways.
8. Never permit passengers on the ATV.
9. Never operate an ATV while under the influence of drugs or alcohol.

SANTA BARBARA SIPE SCHOOL DISTRICT
Automated External Defibrillation Program
Rev 10/2018

1. Scope

Santa Barbara Self Insured Program for Employees (SIPE) is dedicated to establishing, maintaining, and overseeing a successful Automated External Defibrillation (AED) Program for SIPE Schools in Santa Barbara County. SIPE Safety Office will work with employees who volunteer to serve as trained responders in the event of a medical emergency requiring cardiopulmonary resuscitation (CPR) and the use of an AED. This document describes the guidelines.

2. Purpose

The purpose of this document is to establish effective, comprehensive, and consistent guidelines. These guidelines will apply to the site assessment, application, maintenance, training and other components that may be required by Santa Barbara School Districts so that SIPE can ensure that an effective AED program is in place.

3. Definitions

Automated External Defibrillator (AED)

A small, portable, electronic medical device with a computer that will automatically analyze the heart rhythm. If the AED detects a life-threatening abnormal rhythm, the AED will provide voice prompts and a visual message for the responder. The AED instructs the responder to move away from the victim and to push the shock button to deliver a life saving shock.

Volunteer Responder

An employee of a Santa Barbara School District who volunteers to respond to an emergency at work. The volunteer responder is trained in CPR and the use of the AED and has received certification with a nationally recognized training institution. This would also include any security personnel who have been contracted by the company or organization and who are also required to respond to medical emergencies. Certification must be current.

Cardiopulmonary Resuscitation (CPR)

External chest compressions and artificial ventilation applied to a victim of Sudden Cardiac Arrest.

Emergency Medical Services (EMS)

A national system of professional responders who have been trained to provide pre-hospital, immediate care for victims of sudden illness or injury.

Risk

The chance of injury or illness as determined by the presence of hazards and/or the probability of an adverse event occurring.

Sudden Cardiac Arrest (SCA)

Sudden cardiac arrest is an electrical problem whereby the heart function ceases abruptly and without warning. The heart no longer pumps blood throughout the body and death occurs. The usual cause is an arrhythmia known as Ventricular Tachycardia (VT) or Ventricular Fibrillation (VF) or both.

Heart Attack

A heart attack is a pumping problem whereby one or more vessels of the heart are blocked, preventing proper blood flow that results in heart muscle death.

4. The Concepts of an Early Defibrillation Program

Early defibrillation addresses the problem of sudden cardiac arrest. Early defibrillation is most successful when implemented as part of the chain of survival. The links of the chain of survival include early recognition of cardiopulmonary arrest and activation of 911 by trained responders, early CPR, and early defibrillation when indicated, and early advance life support. Establishment of early defibrillation within a strong chain of survival will ensure the highest possible survival rate.

5. The Response Team

Goal: The goal of the response team is to increase the rate of survival of people who have sudden cardiac arrest at work. Effective programs deliver a shock to a victim within 3 to 5 minutes of collapse.

Roles and Responsibilities: Listing all those trained in current CPR and AEDs as potential responders. These responders are protected by California's Good Samaritan Laws as defined in SB 658.

A. Program Administrator

It is the responsibility of the SIPE Safety Office to:

- A. Oversee the implementation of the program
- B. Designate the AED site coordinators(s)
- C. Communicate with key decision makers
- D. Review the program annually to evaluate effectiveness
- E. Accurately maintain and update the AED monthly inspections

B. Site Coordinator

It is the responsibility of the Site Coordinator to:

- A. Communicate with SIPE with respect to:
 - i. Medical director and medical oversight
 - ii. Program administration, management and EMS notification
 - iii. Volunteer responders
 - iv. Compliance with SIPE policies and procedures
- B. Maintain a current list of trained volunteer responders
- C. Facilitate event review, data collection and quality initiatives
- D. Adhere to the SIPE guidelines for maintenance and upkeep involving the AED(s) they are responsible for
- E. Accurately maintain and update their AED monthly inspections via the Internet or maintenance work order.

C. Volunteer Responders

Volunteer responders are responsible to:

- A. Successfully complete all mandatory training and skills evaluation as detailed by the AHA and the medical director
- B. Maintain current certification and participate in re-certification

D. SIPE Safety Manager

It is the responsibility of the SIPE Safety Manager to:

- A. Identify and review local and state regulations
- B. Notify the local EMS or regulatory agency of the location of AED's where applicable by law or regulation
- C. Identify local EMS policy and procedures and communicate them to the Program Administrator
- D. Share AED use data per local and state regulations
- E. Provide CPR and AED training for any district with AED's
- F. Provide an "online oversight" AED maintenance program to assist districts in keeping compliant with regulations that require regular inspections and tracking of AEDs.

6. The Response Equipment

A. Description

The AED and other emergency response equipment support the chain of survival in the event of an SCA. Each device should be maintained according to policy and following the manufacturer's guidelines. The AED and equipment will only be used at the facility and is not for personal use.

The AED shall be applied to:

- A. Unresponsive and not breathing victims
- B. Victims that are infant to pre-pubescent
 - i. Pediatric electrodes, if available; If not, Adult pads used like pediatric pads (affixing upper right chest pad to the center chest, and the lower left rib cage pads moved to the center of the back between shoulder blades)

B. Location

The AED's will be placed in the location recommended by SIPE and the program administrator to ensure availability of the AED is within the 3-5 minute recommended response time. AED's are placed for the most efficient response time to ensure that the goal of the AED program is reached. AEDs should be stored with the appropriate accessories.

C. Accessories

All accessory equipment must remain with the AED and include the following:

Item Description	Quantity
Electrode pads	1 or more
AED battery	1 or more
Rescue essentials	1 or more

All equipment and accessories must be inspected routinely for readiness of use and integrity of device.

7. AED Maintenance

See Appendix 1 for the *Periodic Maintenance Checklist*

A. Report of Damage

Follow SIPE guidelines for all scheduled AED maintenance checks. Report immediately, any defects, missing, damaged or expired accessories to SIPE.

B. Required Maintenance Schedule

The site coordinator is required to complete the periodic maintenance verification checklist on each AED to ensure the quality of the AED program. Monthly checks are required to be recorded by the 28th of every month, but no sooner than the 18th of each month.

The site coordinator will receive an email reminder five (5) days prior to the required verification date. If the verification is not performed, the site coordinator will be notified again the day the check is due.

If the AED has not been checked within three (3) days following the required maintenance deadline, the program administrator and the site coordinator will be notified that the site has reached an out-of-compliance status.

8. The AED Response Plan Overview

See Appendix II for the *Response Plan*

A. Call 911

Notifying emergency medical services is the first link in the chain of survival and is a very crucial step. Any employee who recognized an emergency must call 911 immediately. Information that needs to be provided to 911 may include:

- A. The type of emergency
- B. The location of the emergency
- C. A brief description of the victim including approximate age, gender, status of victim and CPR
- D. Special access instructions to the site of the emergency

Any employee should then summon the volunteer responders.

B. Volunteer's Respond

Volunteer responders will provide care based on:

- A. Scene safety
- B. Victims condition and initial assessment
- C. The emergency response plan
- D. SIPE protocols

C. Transfer of Care

Upon arrival of EMS, the volunteer responders will transfer care to EMS, the volunteer responders may assist with care, if requested by EMS. Volunteer responders will provide the following information to EMS:

- A. Victim's condition upon the arrival of responder
- B. Time of incident
- C. All care provided to the victim

D. Post Incident Procedures

The volunteer responders will follow these procedures after the incident:

- A. Notify SIPE immediately by calling (805) 922-8003 (Monday-Friday, 8:00 a.m. - 5:00 p.m.)
- B. Complete the Post Incident Report Form
- C. Complete post incident equipment maintenance
- D. Participate in critical incident debriefing session
- E. Notifying SIPE will activate the loaner system so that a loaner AED may be sent to the site. The site address will be verified so that SIPE may send a loaner AED and a return shipment label to the site via UPS. The site coordinator must return their AED back to SIPE in the loaner box utilizing the label provided. SIPE will retrieve the event data from the AED and submit the information to the overseeing physician for review.

F. Critical Incident Debriefing

A critical incident debriefing session will be held as soon as possible following an event. This will be done on an informal basis. The purpose of debriefing is to:

- A. Determine the need for emotional support for the volunteer responders
- B. Evaluate the effectiveness and quality of the Emergency Response Plan
- C. Determine the need for additional training
- D. Recommend corrective actions

No changes to the Emergency Response Plan will be made without conferring with the program administrator, and the expressed authorization from SIPE based on consultation with and approval by the medical director.

9. Protocol Authorization

SIPE and the program administrator will review and approve all emergency response procedures including AED protocol and any addendums or changes.

A. Protocol Approval

The procedures and protocols are developed with guidance from SIPE for the specific use by Santa Barbara County SIPE School Districts.

B. Protocol Review

An annual review will be conducted to ensure quality and consistency with the program. No changes to the Emergency Response Plan will be made without conferring with the program administrator and the expressed authorization from SIPE based on consultation with the approval by the medical director.

C. Operational Guidelines

The protocol detailed in the Emergency Response Plan is intended for the volunteer responders.

D. Protocol Qualifications

The qualifications of the volunteer responders are:

- A. Successful completion of AHA and/or any nationally recognized and approved training program, such as Red Cross or Medic first Aid.
- B. The minimum training to be completed is CPR and AED
- C. Volunteer responders perform only to the level of training completed and indicated on the certification card.
- D. The site coordinator must identify and accept the volunteer responder as part of the emergency response team
- E. Current certification must be maintained

10. Emergency Response Protocol

A. Initial Assessment

The first volunteer responder conducts an initial assessment to determine the level of response required from the team and local EMS. The initial assessment includes, but is not limited to:

- A. Determine scene safety for self and other responders
- B. Assess the victim; determine if the victim is responsive or unresponsive
- C. Consider universal precautions prior to patient contact

B. Call 911

The first volunteer responder should call for additional help. A second responder should be sent to call 911.

If alone and no other person responds, the first volunteer responder should not delay and call 911 immediately.

The following information is to be provided to 911:

- A. Type of emergency
- B. Exact location of emergency
- C. Any special access instructions
- D. Victim assessment, responsive/unresponsive, breathing/not breathing, if known

Note: 911 may be able to assist with directions for care.

C. Retrieve the AED

If available, a second person or another responder should be sent to get the AED immediately. If alone, call 911 from a portable phone if possible so you can

retrieve the AED while you call 911. If you are alone and no portable phone is available, retrieve the AED immediately after calling 911.

D. Begin CPR

Volunteer responder will provide CPR as follows:

- A. Check for breathing
 - i. Assess face for signs of shock
- B. Check for normal breathing
 - i. Look for chest to rise, if none
- C. Immediately begin chest compressions
 - i. Push hard on lower center of chest at a depth of 2"-2-1/2" depth at a rate of 100 compressions/minute
 - ii. Do 30 Compressions then give 2 rescue breaths
 - iii. If you do not have a CPR Barrier, do compression only CPR with continuous chest compressions. If you have help, switch off with another CPR provider every 2 minutes or as needed.
- D. If you plan on giving rescue breaths, use head tilt, chin lift method, open mouth and quickly inspect for obstructions, apply CPR Barrier and give two (2) one second breaths each. Ensure that each breath makes the chest rise and fall.
- E. Continue cycles of 30 compressions and 2 rescue breaths until and AED arrives, or EMS takes over or the victim becomes responsive

DI. AED Arrives

It is extremely important that the AED be used immediately.

As soon as the AED arrives:

- A. Power on the AED
 - i. Push the on/off button
 - ii. Remove the cover/lid
 - iii. Follow the voice prompts
- B. Follow the pictures on the AED electrode pads for proper placement
- C. Perform any special procedures as needed
 - i. Wearing protective gloves, remove any medication patches on the surface of the chest and then wipe the chest
 - ii. Using supplied prep razor, shave excessive chest hair
 - iii. Do not place AED electrode pad directly over implanted devices, however, move the pads slightly if possible.
 - iv. Dry the chest if wet so the AED pads adhere properly

F. Allow the AED to Analyze

When the AED pads are in place the AED will automatically analyze the victim's Heart rhythm and indicate a "shock" or "no shock" status.

A. If SHOCK ADVISED

- i. **Clear** the victim - do not touch the victim
- ii. **Press** the flashing button to deliver the shock when prompted
- iii. **Resume CPR** immediately after the shock, the AED will prompt to resume CPR
- iv. **Begin with compressions**, continue with 30 compressions and 2 breaths
- v. The AED will re-analyze in two (2) minutes, follow the voice prompts

B. If NO SHOCK ADVISED

- i. **Resume CPR immediately**
- ii. Continue with 30 compressions and 2 breaths until the victim moves or breathes normally, or until EMS arrives
- iii. The AED will re-analyze rhythm every 2 minutes.
- iv. Follow the voice prompts

G. AED Application Guidelines

Once the AED electrode pads are applied, do not remove them. If victim shows signs of responsiveness, stop CPR and put victim in a recover position if no injuries are suspected. If injuries are suspected, do not move patient, but maintain the airway with head-tilt, chin-lift procedure. Do not power off the AED. The AED will continue to monitor the patient's heart rhythm.

H. Patient Monitoring

If the victim becomes unresponsive again after regaining consciousness following a shock, the AED will alert the volunteer responder to:

- i. **Clear** the victim
- ii. **Press** the shock button if an additional shock is needed
- iii. **Follow** the voice prompts of the AED
- iv. **Resume CPR**

I. Transfer of Care to EMS

Upon arrival of EMS, transfer patient care to the EMS team. Provide as much information as possible to EMS as requested.

J. AED Application Guidelines

Once the AED electrode pads are applied, do not remove them. If victim shows signs of responsiveness, stop CPR and put victim in a recover position if no injuries are suspected. If injuries are suspected, do not move patient, but maintain the airway with head-tilt, chin-lift procedure. Do not power off the AED. The AED will continue to monitor the patient's heart rhythm.

K. Patient Monitoring

If the victim becomes unresponsive again after regaining consciousness following a shock, the AED will alert the volunteer responder to:

- v. **Clear** the victim
- vi. **Press** the shock button if an additional shock is needed
- vii. **Follow** the voice prompts of the AED
- viii. **Resume** CPR

L. Transfer of Care to EMS

Upon arrival of EMS, transfer patient care to the EMS team. Provide as much information as possible to EMS as requested.

M. Post Incident Report

Contact SIPE within 24 hours of the event. The Post Incident Report, along with any other forms required by local law, will be sent to the Site Coordinator in charge of the site which used the AED. The volunteer responders who provided care will document the care given and the use of the AED. The Post Incident Report Form will be used.

- i. This form is to be given to the Site Coordinator and/or the Program Administrator.
- ii. This report will then be forwarded to SIPE within 24 hours of the event.

11. Confidentiality

The Post Incident Report is part of the patient care record and is confidential information. This report is not to be copied or altered. Compliance with HIPAA is mandatory.

Volunteer responders must refrain from any discussion with co-workers about any aspects of the emergency, including outcome.

A critical incident debriefing session will be held with the volunteer responders involved with the care of the patient. This is the only time that confidential information can be shared with the medical director and the AED site coordinator. This debriefing will be held via phone conference with SIPE.

12. Post Event Support and Data Retrieval

SIPE will begin the post event services at no additional charge.

A. Data Retrieval

Notifying SIPE of your AED use will activate the loaner system so that a loaner AED may be sent to the site. The site address will be verified so that SIPE may send a loaner AED and return their AED to SIPE in the loaner box utilizing the label provided. SIPE will retrieve the event data from the AED and submit it to the overseeing physician for review and filing according to local requirements.

Site coordinators may also retrieve their event data and email it to their SIPE Account Manager.

Data cards may also be submitted in lieu of AEDs for data retrieval.

B. AED Return to Service

Once the AED has been returned to the specified location, inspect the AED for any damage and/or missing parts. Replace all supplies used during the event such as batteries and electrode pads.

13. Report Misuse or Defect

Any defects in the AED operation or deviation from the protocols established herein are to be reported to the program administrator and to SIPE.

Tampering with medical equipment, including the AED, will not be tolerated. Any suspected tampering and/or misuse must be reported immediately so the AED can be inspected for proper operation.

APPENDIX I

Periodic Maintenance Checklist

SIPE recommends that your AED inspection be conducted and a record of this inspection be recorded into the database at www.safetymatters.onlineoversight.com. You will enter a record of inspection for each device for which you are the AED site coordinator.

To check your device:

1. Go to the location in your facility where the device is located. Verify that the AED still indicates a “ready status.” Refer to the manufacturer’s guidelines for further information on verifying “ready status.”
2. Check the expiration date on the electrode pads and the batteries. Note: The AED’s self-diagnostic may detect the expiration status of your AED battery.

To enter the record of your inspection:

1. Go to www.safetymatters.onlineoversight.com and login using your AED site coordinator username and password.
2. For each site you are overseeing, you will need to enter the maintenance record.
3. Click on the dashboard tab to take you to your AED inventory and locations.
4. Click the status tab to see the AED inspection checklist. Verify you inspected by clicking “check now.” When done, click the save button.

What if something is wrong with my device?

If your device is not in ready status when you click on the “no” bubble, the system will open another box that will explain and allow you to correct the problem. If you still experience difficulties, please contact Safety Matters at (805) 705-9222.

APPENDIX II

Response Plan

The following AED protocol is for use by the volunteer responders of your company. Safety Matters medical director/local medical director approves it for use by approved members only. The protocol will be reviewed on an annual basis and replaced by a revised protocol as necessary. See the following AED protocol flow chart.

1. Conduct an initial assessment:
 - a. Assess for scene safety; use universal precautions.
 - b. Assess patient for lack of consciousness, lack of breathing by quickly checking the face for signs of shock and the chest for rising and falling breathing.
2. Ensure that 911 have been notified and that the local EMS response agency is en-route. When an emergency call is received, the following information must be obtained:
 - a. Type of emergency
 - b. Location of the emergency
 - c. Breathing/consciousness of patient and whether CPR is in progress
 - d. Any special access instructions
3. Assess for breathing of patient. If patient is not breathing, perform CPR until the AED arrives.
4. As soon as the AED is available, power on the AED and follow the prompts. Make sure that the AED pads are placed in their proper location and that they are making effective contact with the patient's chest. Do not place the AED pads over the nipple, medication patches, or implantable devices. It is vital that the electrode pads are placed on patient as soon as possible.
5. If shock is advised by AED, make sure no one is touching the patient. Say "CLEAR" and deliver a shock to the patient if AED is a manual type. Automatic AED's will deliver a shock after a 3-second countdown. Make sure during the countdown and shock that no one is touching the patient. After shock or no shock prompt, listen for AED prompts that advise it is safe to touch the patient and to continue to do CPR. Per AHA guidelines, do 2 minutes of uninterrupted CPR. The AED will prompt you to "stop CPR" and will do an analysis of the patient's heart rhythm.
6. If no shock is advised, check for breathing, and continue doing CPR.
7. If the patient exhibits no breathing, continue to perform continuous CPR until otherwise prompted by the AED, EMS medics, and/or the medical director.
8. Transfer patient care to EMS. No more than 24 hours following the event, document the SCA event and complete the AED Incident Report (complete all fields). Provide all documentation to the AED site coordinator/program administrator within 24 hours of the occurrence of the event.
9. Contact Safety Matters Customer Support at (805) 705-9222 as soon as possible and follow post-event procedures found in Section 8, D & E. Post-event procedures shall commence including:

- a. AED Incident Report
- b. Notification of supervisor/AED site coordinator/program administrator
- c. Replacement of all equipment used.

APPENDIX III
AED Incident Report

SIPE FACILITY AED REPORT FORM FOR CARDIAC ARRESTS

1. Facility Name: _____
2. Incident Location: _____
3. Street Address: _____

City	State	Zip	County/Parish
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4. Date of Incident: ____/____/____(MM/DD/YYYY)
5. Estimated time of incident: ____:____(HH/MM) circle AM or PM
6. Patient Gender: Male [☐] Female [☐]
7. Estimated age of patient: _____yrs.
8. Did the patient collapse (become unresponsive)? Yes [☐] No [☐]
 - a. If Yes, what were the events immediately prior to the collapse (check all that apply)

Difficulty breathing [<input type="checkbox"/>]	Chest pain [<input type="checkbox"/>]	No signs or symptoms [<input type="checkbox"/>]
Drowning [<input type="checkbox"/>]	Electrical shock [<input type="checkbox"/>]	Injury [<input type="checkbox"/>]
Unknown [<input type="checkbox"/>]		
 - b. Was someone present to see the person collapse? Yes [☐] No [☐]
If Yes, was that person a trained AED employee? Yes [☐] No [☐]
 - c. After the collapse, at the time of patient assessment and just prior to the facility AED pads being applied:

Was the person breathing?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]
Did the person have signs of circulation?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]
9. Was CPR given prior to 911 EMS arrival? Yes [☐] Go to 9a No [☐] Go to 10
 - a. Estimated time CPR started: ____:____(HH/MM) circle AM or PM
 - b. Was CPR started prior to the arrival of a trained AED employee? Yes [☐] No [☐]

- c. Who started CPR? Bystander [] Trained AED employee []
10. Was a facility AED brought to the patient's side prior to 911 EMS arrival? Yes [] No []
- a. If No, briefly describe why and skip to #18 _____

- b. If Yes, estimated time (based on your watch) facility AED at patient's side:
____:____(HR:MM) AM or PM
11. Were the facility AED pads placed on the patient? Yes [] No []
- a. If Yes, was the person who put the AED pads on the patient a:
Trained AED facility employee [] Untrained AED facility employee []
Bystander []
12. Was the facility AED turned on? Yes [] No []
- a. If Yes, estimated time (based on your watch) facility AED was turned on:
____:____(HR:MM) AM or PM
13. Did the facility AED ever shock the patient? Yes [] No []
If Yes,
- a. Estimated time (based on your watch) of 1st shock by facility AED:
____:____(HR:MM) AM or PM
- b. If shocks were given, how many shocks were delivered prior to the EMS ambulance arrival? # ____
14. Name of person operating the facility AED: _____
First Middle Last
- a. Is this person a trained AED employee? Yes [] No []
- b. Highest level of medical training of person administering the facility AED:
Public AED trained [] First responder AED trained []
EMT-B [] CRT/EMT-P [] Nurse/Physician []
Other health care provider [] No known training []

15. Were there any mechanical difficulties or failures associated with the use of the facility AED?

Yes [] No []

If Yes, briefly explain and attach a copy of the completed FDA reporting form (required by Federal law):

16. Did any of the below personal concerns regarding the patient apply?

Vomiting [] Excessive chest hair [] Sweaty [] Water/Wet Surface []

Other concerns not listed above:

17. Were there any unexpected events or injuries that occurred during the use of the facility AED? Yes [] No []

If yes, briefly explain: _____

18. Indicate the patient's status at the time of the 911 EMS arrival:

Signs of circulation restored: Yes [] No [] Unsure []

Breathing restored: Yes [] No [] Unsure []

If yes, time breathing restored: ____:____(HH:MM) AM or PM

Responsiveness restored: Yes [] No [] Unsure []

If yes, time responsiveness restored: ____:____(HH:MM) AM or PM

19. Was the patient transported to the hospital? Yes [] No []

a. If yes, how was the patient transported?

EMS Ambulance [] Private vehicle [] Other _____

b. If yes, please provide name of transporting ambulance service and the facility the

patient was transported to:

20. Other comments/concerns not referenced on this form that may be useful for the medical director?

Report completed by:

Please print name	Date
Signature	Date
Title	Office Phone
Make/model of the facility AED used?	
Manufacturer	Model

**PLEASE RETURN TO SIPE WITHIN 24 HOURS FOLLOWING
INCIDENT: FAX (805) 928-5414
PLEASE FORWARD QUESTIONS TO YOUR SITE
COORDINATOR OR
SIPE AT (805) 922-8003**

Facility Name _____

SECTION W

Fall Protection Program

1.0 PURPOSE:

This plan has been made to establish controls and procedures whenever an employee(s) of Santa Barbara County Education/Schools work at elevated heights greater than six (6) feet. This plan will help minimize the risk of serious injury or death and help identify areas that protection will be needed. This plan is to ensure employee safety while working at heights and has been made in to conform to OSHA standards set in Subpart M.

2.0 SCOPE:

2.1 This plan establishes the minimum procedures and requirement that should be used by employees that are working at heights greater than six (6) feet above the ground/floor level.

2.2 This plan also pertains to employees that will be working over or around any opening that would allow them to fall four (4) or more feet to a level below them (ex. docks, pits, tank openings, catwalks, lofts, roofs, etc.).

3.0 RESPONSIBILITIES:

This section describes the responsibilities of Santa Barbara County Education/Schools employees.

3.1 The safety representative or manager/supervisor in charge of the project is responsible for overseeing that this plan is followed and enforced. This individual will also be responsible for the following but not limited to:

3.2 Evaluating the job and deciding what type of personal fall protection is required.

3.3 Re-evaluate the procedures and protection being used when hazards or conditions change that could place an employee in danger.

3.4 Train employees in the proper use of fall protection and its importance before working at heights and anytime there is a new employee or job description change that requires working at heights.

3.5 Monitor employees to make sure that they are in compliance with local, state, and federal fall protection laws.

3.6 Monitor employees for proper use of fall protection.

3.7 The employees performing the work are responsible for the following:

3.7.1 Understanding the requirements of this plan.

3.7.2 Inspect all fall protection equipment prior to use, and ensure a competent person inspects at least every 12 months.

3.7.3 Reporting any unsafe acts or conditions to the safety representative or supervisor immediately.

3.7.4 Immediately ask the safety representative or the supervisor if there are any questions or concerns about fall protection or the work being performed.

3.7.5 Report all falls and injuries that result from falls.

3.7.6 Destroy and dispose of equipment that has been used in a fall or does not pass inspection.

3.7 SIPE Safety responsibilities include:

3.8.1 Providing hands on training to all districts that request training for employees either working at heights or for general awareness.

3.8.2 Provide competent person inspections of fall arrest equipment for districts requesting this service.

3.8.3 Help with fall protection hazard assessments as requested.

4.0 PROCEDURES

This section tells about the different types of fall protection and the proper procedures that accompany them.

4.1 Each Santa Barbara County Education/Schools employee that will be exposed to fall hazards will be trained in these procedures. It is the employee's responsibility to inform the safety representative or manager if they feel they are at risk or that the fall protection will cause greater harm. At this point the safety representative or manager will discuss and reevaluate the job with the employee before work is continued.

4.2 General Fall Protection

4.3 Whenever possible standard fall protection systems will be utilized and will be followed as stated in Title 8 CCR section 1670

4.4 Guardrails- Guardrails/handrails will be utilized where employees are exposed to potential falls from unprotected sides. Guardrails and handrails must meet the following requirements. Top edge height of top rails, or equivalent guardrail system members, shall be 42 inches plus or minus 3 inches above the walking/working level. When conditions warrant, the height of the top edge may exceed the 45-inch height. Midrails, screens, mesh, intermediate vertical members, or equivalent intermediate structural members shall be installed between the top edge of the guardrail system and the walking/working surface when there is no wall or parapet wall at least 21 inches high.

4.4.1 Midrails, when used, shall be installed at a height midway between the top edge of the guardrail system and the walking/working level.

4.4.2 Screens and mesh, when used, shall extend from the top rail to the walking/working level and along the entire opening between top rail supports.

4.4.3 Intermediate members (such as balusters), when used between posts, shall be not more than 19 inches apart.

4.4.4 Other structural members (such as additional midrails and architectural panels) shall be installed such that there are no openings in the guardrail system that are more than 19 inches wide.

4.4.5 Guardrail systems shall be capable of withstanding, without failure, a force of at least 200 pounds applied within 2 inches of the top edge, in any outward or downward direction, at any point along the top edge. When the 200-pound test load is applied in a downward direction, the top edge of the guardrail shall not deflect to a height less than 39 inches above the walking/working level.

4.4.6 Midrails, screens, mesh, intermediate vertical members, solid panels, and equivalent structural members shall be capable of withstanding, without failure, a force of at least

150 pounds applied in any downward or outward direction at any point along the midrail or other member.

4.4.7 Guardrail systems shall be so surfaced as to prevent injury to an employee from punctures or lacerations, and to prevent snagging of clothing. The ends of all top rails and midrails shall not overhang the terminal posts, except where such overhang does not constitute a projection hazard. Steel banding and plastic banding shall not be used as top rails or midrails. Top rails and midrails shall be at least one-quarter inch nominal diameter or thickness to prevent cuts and lacerations.

4.4.8 If wire rope is used for top rails, it shall be flagged at not more than 6-foot intervals with high-visibility material.

4.4.9 When guardrail systems are used at hoisting areas, a chain, gate or removable guardrail section shall be placed across the access opening between guardrail sections when hoisting operations are not taking place.

4.4.10 When guardrail systems are used at holes, they shall be erected on all unprotected sides or edges of the hole.

4.4.11 When guardrail systems are used around holes used for the passage of materials, the hole shall have not more than two sides provided with removable guardrail sections to allow the passage of materials. When the hole is not in use, it shall be closed over with a cover, or a guardrail system shall be provided along all unprotected sides or edges.

4.4.12 When guardrail systems are used around holes which are used as points of access (such as ladderways), they shall be provided with a gate, or be so offset that a person cannot walk directly into the hole.

4.4.13 Guardrail systems used on ramps and runways shall be erected along each unprotected side or edge.

4.4.14 Manila, plastic or synthetic rope being used for top rails or midrails shall be inspected as frequently as necessary to ensure that it continues to meet the strength requirements of at least 200 pounds applied within 2 inches of the top edge, in any outward or downward direction, at any point along the top edge

4.5 Safety Nets- Safety nets are placed under working areas where personal fall arrest systems and guardrails are not practical or possible. These nets need to meet the following requirements:

4.5.1 Safety nets shall be installed as close as practicable under the walking/working surface on which employees are working, but in no case more than 30 feet below working level.

4.5.2 Safety nets shall be installed with sufficient clearance under them to prevent contact with the surface or structures below when subjected to an impact force equal to the drop test.

4.5.3 Safety nets and their installations shall be capable of absorbing an impact force equal to that produced by the drop test

4.5.4 Safety nets and safety net installations shall be drop tested at the jobsite after initial installation and before being used as a fall protection system, whenever relocated, after major repair, and at 6-month intervals if left in one place.

4.5.5 The drop-test shall consist of a 400-pound bag of sand 30+ or -2 inches in diameter dropped into the net from the highest walking/working surface at which employees are exposed to fall hazards, but not from less than 42 inches above that level.

4.5.6 Defective nets shall not be used.

4.5.7 Safety nets shall be inspected for wear, damage, and other deterioration. Defective components shall be removed from service.

4.5.8 Safety nets shall also be inspected after any occurrence which could affect the integrity of the safety net system.

4.5.9 Materials, scrap pieces, equipment, and tools which have fallen into the safety net shall be removed as soon as possible from the net and at least before the next work shift.

4.5.10 Each safety net shall have a border rope for webbing with a minimum breaking strength of 5,000 pounds

4.6 Personal Fall Arrest Systems- Personal fall arrest systems are used to arrest an employee in a fall from a working level. These systems are required to meet the following requirements:

4.6.1 Body belts are not an acceptable form of personal fall arrest but may be used in a positioning device system in which no fall can occur.

4.6.2 Connectors shall be drop forged, pressed or formed steel, or made of equivalent materials. Connectors shall have a corrosion-resistant finish, and all surfaces and edges shall be smooth to prevent damage to interfacing parts of the system.

4.6.3 D-rings and snaphooks shall have a minimum tensile strength of 5,000 pounds. Only locking type snaphooks shall be used.

4.6.4 Lifelines shall be protected against being cut or abraded.

4.6.5 Personal fall arrest systems, when stopping a fall, shall be rigged such that an employee can neither free fall more than 6 feet, nor contact any lower level. It is

important to do fall arrest calculations when choosing a Personal Fall Arrest System (PFAS).

4.6.6 The attachment point of the body harness shall be located in the center of the wearer's back near shoulder level, or above the wearer's head.

4.6.7 Harnesses and components shall be used only for employee protection and not to hoist materials.

4.6.8 Personal fall arrest systems and components subjected to impact loading shall be immediately removed from service and shall not be used again for employee protection until inspected and determined by a competent person following manufacturer's recommendation to be undamaged and suitable for reuse.

4.6.9 The employer shall provide for prompt rescue of employees in the event of a fall or shall assure that employees are able to rescue themselves.

4.6.10 Personal fall arrest systems shall be inspected prior to each use for wear, damage and other deterioration, and defective components shall be removed from service.

4.6.11 Personal fall arrest systems shall not be attached to guardrail systems, nor shall they be attached to hoists

4.7 Restraint Device System- Restraint device systems allow employees to work near the edge but will prevent them from falling over. These devices must meet the following requirements:

4.7.1 Restraint devices shall be rigged such that an employee cannot free fall. Connectors shall be drop forged, pressed or formed steel, or made of equivalent materials.

4.7.2 Connectors shall have a corrosion-resistant finish, and all surfaces and edges shall be smooth to prevent damage to interfacing parts of this system.

4.7.3 Restraint device systems shall be inspected prior to each use for wear, damage, and other deterioration, and defective components shall be removed from service.

4.8 Positioning Device System- Positioning device systems allow employees to work near the edge but will prevent them from falling over or minimizing the fall to two feet. These devices must meet the following requirements:

4.8.1 Positioning devices shall be rigged such that an employee cannot free fall more than 2 feet.

4.8.2 Connectors shall be drop forged, pressed or formed steel, or made of equivalent materials.

4.8.3 Connectors shall have a corrosion-resistant finish, and all surfaces and edges shall be smooth to prevent damage to interfacing parts of this system.

4.8.4 Positioning device systems shall be inspected prior to each use for wear, damage, and other deterioration, and defective components shall be removed from service.

4.8.5 Body belts, harnesses, and components shall be used only for employee protection and not to hoist materials.

4.9 Warning Line System- A warning line system is in place to allow employees to work without other forms of fall protection, however they are prohibited from working on the outside of the warning line. The following requirements must be met:

4.9.1 The warning line shall be erected not less than 6 feet from the roof edge.

4.9.2 Points of access, materials handling areas, storage areas, and hoisting areas shall be connected to the work area by an access path formed by two warning lines.

4.9.3 When the path to a point of access is not in use, a rope, wire, chain, or other barricade, equivalent in strength and height to the warning line, shall be placed across the path at the point where the path intersects the warning line erected around the work area, or the path shall be offset such that a person cannot walk directly into the work area.

4.9.4 Warning lines shall consist of ropes, wires, or chains, and supporting stanchions erected as follows:

4.9.4.A The rope, wire, or chain shall be flagged at not more than 6-foot intervals with high-visibility material

4.9.4.B The rope, wire, or chain shall be rigged and supported in such a way that its lowest point (including sag) is no less than 34 inches from the walking/working surface and its highest point is no more than 39 inches from the walking/working surface

4.9.4C After being erected, with the rope, wire, or chain attached, stanchions shall be capable of resisting, without tipping over, a force of at least 16 pounds applied horizontally against the stanchion, 30 inches above the walking/working surface, perpendicular to the warning line, and in the direction of the floor, roof, or platform edge

4.9.4D The line shall be attached at each stanchion in such a way that pulling on one section of the line between stanchions will not result in slack being taken up in adjacent sections before the stanchion tips over.

4.9.4E No employee shall be allowed in the area between a roof edge and a warning line unless the employee is performing roofing work in that area.

4.10 Covers- Covers are used to prevent falls into holes on a working, walking surface. Covers need to meet the following criteria.

4.10.1 All covers shall be capable of supporting, without failure, at least twice the weight of employees, equipment, and materials that may be imposed on the cover at any one time.

4.10.2 Covers shall be secured when installed so as to prevent accidental displacement by the wind, equipment, or employees. Covers shall be marked with the word "HOLE" or "COVER" to provide warning of the hazard.

4.11 Safety Monitor- Often it is impossible, infeasible, or will create a greater hazard to the employee if a fall protection system is installed. In this case fall protection will consist of a Safety Monitoring System and a site-specific fall protection plan. Any employee performing the work will be trained in the hazards of the job, how to properly perform the work. The employee will be informed as to how to enter and exit the project. The company will designate a competent monitoring person.

4.11.1 The monitoring person will warn employees of hazards if they appear unaware.

4.11.2 The monitoring person will warn employees who are acting or working in an unsafe manner.

4.11.3 The safety monitor shall be competent to recognize fall hazards.

4.11.4 Shall not monitor more than 6 employees at a time.

4.11.5 Will have no other responsibilities other than monitoring employees.

4.11.6 Will have constant visual sight of employees.

4.11.7 Will be located close enough to employees to communicate verbally.

4.11.8 Only trained employees are allowed to be a safety monitor.

4.12 Ladders-Ladders consist of fixed-type, Portable and specialty ladders and must have a written safety program which includes responsibilities, inspection, training, and safe use. This is covered in Section W-1 Ladder Safety written program in this IIPP.

The employee, employee job function(s), training received, and job specific information shall be documented. Requirements of the specific fall protection plan will contain.

- Documentation of the reasons why the use of conventional fall protection systems (guardrail systems, personal fall arrest systems, or safety nets systems) are infeasible or why their use would create a greater hazard
- The fall protection plan shall include a written discussion of other measures that will be taken to reduce or eliminate the fall hazard for workers who cannot be provided with protection from the conventional fall protection systems. For example, the employer shall discuss the extent to which scaffolds, ladders, or vehicle mounted work platforms can be used to provide a safer working surface and thereby reduce the hazard of falling
- The fall protection plan shall identify each location where conventional fall protection methods cannot be used.
- The fall protection plan must include a statement which provides the name or other method of identification for each employee who is designated to work in the area
- In the event an employee falls, or some other related, serious incident occurs, (e.g., a near miss) the employer shall investigate the circumstances of the fall or other incident to determine if the fall protection plan needs to be changed (e.g. new practices, procedures, or training) and shall implement those changes to prevent similar types of falls or incidents.

5.0 TRAINING REQUIREMENTS:

- All Santa Barbara County Education employees that will, or have the potential to, be exposed to falls will be trained on this plan and procedures.
- Employees will also be trained to properly use, and maintenance of the fall protection devices.
- Training will teach employees how to inspect equipment before use and how to identify worn or damaged equipment.
- Employees will be trained to identify hazards and what to do when a hazard is noticed.
- Employees will be trained on their individual responsibilities and duties.
- Employees will be trained on the proper emergency procedures should an accident occur.

- Retraining will occur if:
 - There is reasonable suspicion that an employee is not adequately trained.
 - If employees are found not using the required fall protection devices or using the devices improperly.
 - New hazards appear.
 - A major incident or accident occurs.
 - All training will be documented.

Documentation shall include:

- Topics or areas discussed.
- Results of testing
- Training location.
- Trainer(s) name.
- Date training occurred.
- The name of employees being trained.
- The employee must print and sign their name.

Section W-1

Ladder Safety Program

4/19

1.0 Purpose and Scope

The use of ladders presents significant workplace hazards. The Center for Disease Control and Prevention states that 43% of fatal falls in the last decade have involved a ladder. Among workers, approximately 20% of fall injuries involve ladders.

Unsafe ladder use, such as using the wrong kind of ladder or upsetting the ladder's balance by leaning too far from its center of gravity, has resulted in a multitude of injuries.

The SIPE department of Safety & Risk Management has developed this program to support the Santa Barbara County of Education Districts as a means to describe all aspects of ladder safety including a ladder safe-use policy, personnel accountability, hazard assessment and proper ladder selection, safe work practices, training requirements and record keeping.

This program applies to any use of ladders three (3) feet in height/length or greater by employees of the Santa Barbara County Education Districts as part of their normal work activities. This includes temporary employees and Volunteers.

1.1 regulatory Standards and Reference

Cal-OSHA: [1629-Stairways and Ladders](#)

[1675-Ladders, General](#)

[1678- Extension Ladders](#)

[3276 – Portable Ladders](#)

[3277- Fixed Ladders](#)

[3278 – Use of Fixed Ladders](#)

[3279 – Portable Metal Ladders](#)

[3280 – Portable Reinforced Plastic Ladders](#)

[3287 – Ladders; Window Cleaning](#)

1.2 Other Resources

- [American Ladder Institute](#)

2.0 Administrative Duties & Responsibilities

2.1 Santa Barbara County Education Office

The ultimate responsibility for establishing and maintaining effective policies regarding environmental health and safety issues specific to Santa Barbara County School districts facilities and operations, rests with the Superintendents of each school district. General policies which govern activities and responsibilities under the Injury and Illness Prevention Program are thereby established under the County of Santa Barbara Education Office/SIPE Safety.

Because of the wide diversity of operations within the Santa Barbara County Schools and the necessary differences in organizational structure within various departments, it is recognized that certain responsibilities and expressed procedures in this program cannot be equally applied. There are, therefore, some details which might be impossible or impractical for one department chair or department head to implement as directed while another would have no difficulty in applying these procedures to everyone. Departments will, therefore, have some latitude in formulating and implementing alternative methods when necessary, as long as the total Injury and Illness Prevention Program objectives are not compromised. The Santa Barbara County Education office/SIPE Safety and Risk Management will provide assistance to campus departments seeking to implement alternate procedures.

2.2 Santa Barbara County Education Office/SIPE Safety

It is the responsibility of SIPE to develop, maintain, and administer oversight of the Injury and Illness Prevention Program. Further responsibilities are outlined below:

- Develop, implement and maintain the Ladder Safety Program.
- Provide consultation to Department Supervisors, Directors, Chairpersons, and Coordinators regarding program compliance, including but not limited to issues of hazard identification and evaluation, procedures for correcting unsafe conditions, systems for communicating with employees, holding regularly scheduled safety meetings, providing employee training programs, regulatory compliance strategies, and recordkeeping.
- Provide centralized monitoring of county education districts-wide activities, on a consultative basis, in the areas of safety, chemical hygiene, emergency preparedness, fire safety, hazard communication, hazard identification, hazardous materials

management, industrial hygiene, occupational safety, pest management, public health and sanitation, risk management, and safety education and training.

- Maintain centralized environmental and employee monitoring records, allowing employee access as directed by law.
- May provide training and periodic audits to assist Districts and their departments in Ladder Safety Program compliance
- Develops and maintains the Ladder Safety Program and makes it available to all employees upon request.
- Collaborates with districts to determine risk potential when using ladders.
- Assists departments in training, selecting materials, and developing compliance guidelines.
- Periodically evaluates the Program to determine the effectiveness of the Program and updates as necessary.

2.3 Superintendents, Directors, Department Chairs, Department Heads

It is the responsibility of Superintendents, Directors, Department Chairs and Department Heads to develop departmental procedures to ensure effective compliance with the Injury and Illness Prevention Program and other SIPE health and safety policies as they relate to operations under their control. Specific areas include employee and student education and training, identification and correction of unsafe conditions, and recordkeeping.

Specifically, these individuals will:

- Develop or adopt written departmental procedures and ensure that each supervisor adheres to adopted procedures.
- Develop or adopt and implement an education and training program designed to instruct employees and students in general safe work practices as well as instructions specific to their job duties. Such education and training shall take place prior to the employee or student being assigned to potentially hazardous employment.
Instruct or seek instruction for employees and students in the recognition and avoidance of unsafe conditions, including hazards associated with non-routine tasks and emergency operations. Permit only those employees or students qualified by training to operate potentially hazardous equipment. **Do not** assume that newly hired, newly assigned or reassigned employees or students comprehend all safety procedures associated with the new job duties.
- Develop and maintain a system of recordkeeping to document all employee education and training activities, including a system of sharing such records with the SIPE Safety

Office. Such records should include, but not be limited to, employee and student injuries, incident reports, and complaints or grievances involving safety issues.

- Develop and maintain an inventory of hazardous materials present in all work areas within the department.
- When ordering suspected hazardous materials or equipment, request on the Requisition Form an SDS (where one is not already available) or equipment safety procedure.
- Post in a conspicuous location appropriate safety notices or procedures.
- Develop methods, as appropriate, to inform outside contractors' employees who work in areas under department jurisdiction of the hazards to which those employees may be exposed.

2.4 Principal Investigators and supervisors

It is the responsibility of Principal Investigators and Supervisors to:

- Develop local area procedures to ensure effective compliance with the Injury and Illness Prevention Program as it relates to operations under their control. Specific areas of responsibility include employee education and training, identification and correction of unsafe conditions, and record keeping.
- Develop and maintain written workplace procedures which conform to regulatory, campus and departmental guidelines.
- Ensure that each employee or contractor adheres to adopted procedures.

Instruct employees, visitors, and guests in the recognition and avoidance of unsafe conditions, including hazards associated with non-routine tasks and emergency operations. Permit only those persons qualified by training to operate potentially hazardous equipment or use hazardous materials. Ensure that newly hired, newly assigned or reassigned employees are properly trained in all safety procedures associated with new duties.

2.5 Employees (including Student Volunteers)

It is the responsibility of all employees to:

- Read and comply with procedures and guidelines provided by their supervisors.
- Inform their supervisors of workplace hazards without fear of reprisal.
- Attend established education and training sessions. They are expected to understand and comply with all applicable safety requirements. Failure to comply with established safety rules may be reflected in performance evaluations and may lead to disciplinary action consistent with procedures described in respective collective bargaining contracts, where applicable.

2.6 Ladder Users

- 2.6.1 trained on and applies “Ladder User’s Safe-Work Rules” for ladder users as outlined in this program.
- 2.6.2 Always selects and uses a ladder in a safe manner.
- 2.6.3 Visual inspect prior to use.
- 2.6.4 Alerts Owner Department Management when ladders need repair/replacement.
- 2.6.5 Assesses work to determine if fall protection should be worn and seeks alternative access methods instead of ladders if need be.
- 2.6.6 Refuses to use a ladder if they think it is unsafe and instead uses a safer method such as scaffolding, aerial lift or bucket truck.

2.7 Ladder Owner’s Department

- 2.7.1 Document monthly inspection and maintain all ladders in their control/ownership.
- 2.7.2 Render unusable and then dispose of any ladders that are not repairable.
- 2.7.3 Provide training to all personnel using their ladders as required by the “training” section of this program.
- 2.7.4 Keep/maintain attendance records of all training.
- 2.7.5 Assure ladder work-asks are evaluated for hazards and that work tasks requiring fall protection to be worn are identified.
- 2.7.6 Provide alternative access when a ladder user determines use of a ladder is unsafe due to required work tasks.

3.0 General Requirements

The Department owning ladders designates the “**Ladder Program Administrator(s)**” responsible for the following actions:

- Assures that ladders purchased/used in the department are code-compliant and appropriate for the needed safe-work tasks.
- Consults with SIPE Safety as needed to assess proper ladder use and procurement specifications.
- Coordinates with SIPE Safety to provide ladder safety training, or provides ladder training themselves to all department personnel who use ladders. In either case, training must detail the contents of this program including ladder user’s safe-work rules, inspections, etc.
- Periodically audits departmental compliance with the Program.
- Conducts ladder inspections as part of the “shop safety inspection” process.

- Implements the following ladder inspection/tracking requirements:
 1. Develops ladder-identification system and uniquely numbers each ladder owned by the department for inventory/tracking purposes.
 2. Inspects ladders for damage and documents inspections per inspection form/criteria in program.
 3. Locks or tags damaged ladders to insure they will not be used until repaired.
 4. Renders damaged ladders that cannot be repaired unusable by cutting them into pieces or other destructive means, and then assures proper disposal of them.
 5. Assures that any wooden ladders in use are not painted with any color other than clear wood sealer to allow detailed inspection of wood grain and quality. Wood ladders that are painted or not clear-finished with the wood grain visible for inspection must be destroyed.
 6. If not already done so by the manufacturer, mark portable metal ladders with the words:

“CAUTION DO NOT USE AROUND ELECTRICAL EQUIPMENT”

3.1 Hazard Assessment

Hazard controls & Protective Measures

The construction, installation, and use of ladders shall conform to [ANSI A14.1](#), [ANSI A14.2](#), [ANSI A14.3](#), and [ANSI A14.4](#), as applicable.

Length of ladders.

1. All portable ladders shall be of sufficient length and shall be placed so that workers will not stretch or assume a hazardous position.
2. Portable ladders, used as temporary access, shall extend at least 3 ft (0.9 m) above the upper landing surface. The length of portable stepladders shall not exceed 20 ft (6 m).

Width of ladders.

1. The minimum clear distance between the sides of individual rung/step ladders shall be 16 in (40.6 cm).
2. The minimum clear distance between side rails for all portable ladders shall be 12 in (30.4 cm).

Spacing of rungs, cleats, and steps on ladders.

1. On portable ladders, spacing of rungs shall be 8 in (20.3 cm)- 14 in (35.5 cm) on center and uniform.
2. On step stools, spacing shall be not less than 8 in (20.3 cm) or more than 12 in (30.4 cm) apart, as measured from their centerlines.
3. On extension trestle ladders, spacing on the base section shall be not less than 8 in (20.3 cm) or more than 18 in (45.7cm) apart, as measured from their centerlines. On the extension section, spacing shall not be less than 6 in (15.2 cm) or more than 12 in (30.4 cm) apart, as measured from their centerlines.
4. Ladders shall be surfaced so as to prevent injury to a worker from punctures or lacerations and to prevent snagging of clothing.
5. Wooden ladders **shall not** be coated with any opaque covering, except for identification or warning labels that may be placed on only one face of a side rail.
6. A metal spreader bar or locking device shall be provided on each stepladder to hold the front and back sections in an open position.

The construction, installation, and use of ladders shall conform to ANSI A14.1, ANSI A14.2, ANSI A14.3, and ANSI A14.4, as applicable.

Length of ladders.

3. All portable ladders shall be of sufficient length and shall be placed so that workers will not stretch or assume a hazardous position.
4. Portable ladders, used as temporary access, shall extend at least 3 ft (0.9 m) above the upper landing surface. The length of portable stepladders shall not exceed 20 ft (6 m).

Width of ladders.

3. The minimum clear distance between the sides of individual rung/step ladders shall be 16 in (40.6 cm).
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Spacing of rungs, cleats, and steps on ladders.

7. On portable ladders, spacing of rungs shall be 8 in (20.3 cm)- 14 in (35.5 cm) on center and uniform.
8. On step stools, spacing shall be not less than 8 in (20.3 cm) or more than 12 in (30.4 cm)

apart, as measured from their centerlines.

9. On extension trestle ladders, spacing on the base section shall be not less than 8 in (20.3 cm) or more than 18 in (45.7cm) apart, as measured from their centerlines. On the extension section, spacing shall not be less than 6 in (15.2 cm) or more than 12 in (30.4 cm) apart, as measured from their centerlines.
10. Ladders shall be surfaced so as to prevent injury to a worker from punctures or lacerations and to prevent snagging of clothing.
11. Wooden ladders **shall not** be coated with any opaque covering, except for identification or warning labels that may be placed on only one face of a side rail.
12. A metal spreader bar or locking device shall be provided on each stepladder to hold the front and back sections in an open position

Set-up of ladders.

1. Ladders **shall not** be placed in passageways, doorways, drives, or any locations where they may be displaced by any other work unless protected by barricades or guards.
2. Portable ladders shall be used at such a pitch that the horizontal distance from the top support to the foot of the ladder will not be greater than $\frac{1}{4}$ the vertical distance between these points.
3. Wooden job-made ladders, with spliced rails, shall be used at an angle such that the horizontal distance is $\frac{1}{8}$ the length of the ladder.
4. Ladders shall be secured by top, bottom, and intermediate fastenings, as necessary to hold them rigidly in place and to support the loads that will be imposed upon them.
5. The steps or rungs of all ladders shall be set to provide at least 7 in (17.7 cm) toe space from the inside edge of the rung to the nearest interference.
6. The top of a non-self-supporting ladder shall be placed with the two rails supported equally, unless the ladder is equipped with a single support attachment.
7. Step-across distance. The step-across distance from the nearest edge of ladder to the nearest edge of equipment or structure shall be not more than 12 in (30.5 cm) or less than 2- 1/2 in (6.4 cm)

Use of ladders.

1. Ladders shall be restricted to their intended use.

2. Ladders shall be inspected for visible defects on a daily basis and after any occurrence that could affect their safe use. Broken or damaged ladders shall be immediately tagged "**DO NOT USE**," or with similar wording, and withdrawn from service until restored to a condition meeting their original design.
3. Ladders **shall not** be moved, shifted, or extended while occupied.
4. Ladders **shall not** be climbed by more than one person at a time, unless it is designed to be climbed by more than one person.
5. Portable ladders used as means of access to ascend and descend to a work location do not require fall protection, however only light work for short periods of time shall be performed on portable ladders.
6. **No** work requiring lifting of heavy materials or substantial exertion shall be done from ladders.
7. When ladders are the only means of access to or from a working area for 25 or more workers, or when a ladder is to serve simultaneous two-way traffic, double cleated ladders shall be used.
8. Portable ladders shall have slip-resistant feet.
9. The top of a stepladder, often known as a "Service Tray" **shall not** be used as a step unless it has been designed to be so used by the manufacturer.
10. Ensure latches are in place before climbing an extension ladder.
11. Keep loose tools off the steps and top platform. Job made ladders will be made in accordance with ANSI A14.4.
12. Single-rail ladders **shall not** be used.
13. Three-legged ladders may be used for specific tasks, if evaluate by SIPE Safety.

The use of ladder climbing devices shall be in accordance with 21.I. Articulated ladders are allowed if they meet ANSI A14.2 standard. Any ladder accessory, including but not limited to, ladder levelers, ladder stabilizers or stand-off devices, ladder jacks or ladder straps or hooks, that may be installed or used in conjunction with ladders must be installed and used per manufacturer's instructions.

3.2 Process Management

3.2.1 Ladder Safe Work Practices

- Select a ladder that is the proper length and "duty rating" for the intended work.



***Note:** A leaning-ladder must extend at least 36" above the edge of a roof/mezzanine when properly installed. A step ladder must be tall enough so that you don't have to stand on the top or top two rungs of the ladder to access your work.*

- **Do not** use electrically conductive (e.g. aluminum) ladders for electrical work or near live electrical parts.
- Inspect the ladder for broken or defective parts prior to each use.
- Remove damaged or defective ladders from use and notify department management of the problem ladder.
- **Do not** place ladders where they can be accidentally struck or displaced.

If the ladder is used in an area where anyone could walk under it, the area must be cordoned off with a visual barrier such as yellow caution tape to alert pedestrians to the hazard of something falling from the ladder.

- Ladders must not be placed in passageways, doorways, driveways, or any location where they may be displaced by activities being conducted on any other work, unless protected by barricades or guards.
- For leaning or extension ladders, tie, block, or otherwise secure while in use.
- **Do not** splice ladders together.
- Always face the ladder while ascending and descending.
- **Do not** stand on the top two rungs of a single ladder or an extension ladder;
- **Do not** stand on the top cap and top two steps of a step ladder.
- **Do not** stand on the top three rungs of ladders unless there are members of an adjacent structure that provide a firm handhold, or the ladder user is protected by a personal fall protection system (e.g., positioning device or fall restraint system) tied off to a CalOSHA certified fall protection anchor.
- If working outside of the ladder's footprint, or when standing on the upper-most parts of the ladder as noted above, use an appropriate fall protection system as described in the SRM Safety Topic Guide "Fall Protection Equipment and Inspection".
- **Do not** place planks on the top cap or any other part of a ladder.
- **Do not** use the X-bracing or other structures on the rear section of a stepladder for climbing unless the ladder is designed to be climbed from both sides. (See Extension Trestle Ladders and similar.)
- Make sure that a stepladder is properly set up and that the spreader is locked in place before use.
- **Do not** use the stepladder as a lean-to ladder.
- Always use a tool belt and other 'hands-free' carrying devices when ascending and descending a ladder.
- When working aloft, secure tools and supplies so they cannot fall from the ladder.

3.2.2 Ladder Selection

Ladders are designed and constructed to safely hold up to a specified amount of weight. Ladders come in five (5) different Duty Ratings identified by their “Type”. The Duty Rating is defined as the maximum safe load capacity of the ladder. A person’s fully-clothed weight plus the weight of any tools and materials that are carried onto the ladder must be less than the duty rating.

SIPE Safety requires at minimum the strength of a “Type II” ladder for any work activities where ladders are used for elevated work projects where the user is not handling large or heavy objects during ladder usage.

All Maintenance/Trades are recommended to use “Type I” or stronger ladders for their work activities. Owner Departments that have maintenance/trades activities are required to purchase and use “Type I, Type IA or Type IAA” ladders based upon the required strength for safe work by their workforce.

3.2.3 Duty Ratings

Duty Ratings are described in terms of pounds, such as a “300lb. Duty-Rated Type IA” ladder which is designed for extra heavy-duty professional use where the total weight on the ladder does not exceed 300 pounds.




Ladders are also built to handle the demands of various applications. For example, a ladder used frequently on a construction site by larger/heavier workers should typically be stronger and possess a corresponding higher duty rating than one used by a smaller/lighter-weight person for infrequent “light” overhead work.

The American National Standards Institute (ANSI) has established the “Duty Rating” that is used by Cal/OSHA. This rating identifies which portable ladder is intended for the conditions under which the ladder can be safely used. The Duty Rating system is summarized below:

Ladder Duty Rating or “Type”	Capable of Supporting	Rated Use
TYPE IAA	375 lbs.	Special Duty
TYPE IA	300 lbs.	Extra Heavy Duty Industrial
TYPE I	250 lbs.	Heavy Duty Industrial
TYPE II	225 lbs.	Medium Duty Commercial




TYPE III	200 lbs.	Light Duty Household
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3.3 Ladder Design & Use

Articulating, Combination, Multi Position, or Sectional Ladder	Extension Ladder	Extension Trestle Ladder
		
<p>An articulating ladder is a non-self-supporting or self-supporting portable ladder, adjustable or non-adjustable in length. It consists of two or more sections of ladder that may be combined to function a single ladder. The overall length of the assembled sections designates its size.</p> <p>They can be used to access areas above uneven surfaces.</p>	<p>An extension ladder is a non-self-supporting portable ladder, adjustable in length. It consists of two (2) or more sections that travel in guides or brackets, which are arranged to permit length adjustment. An extension ladder's size is designated by the sum of the lengths of the sections measured along the side rails.</p> <p><i>It cannot exceed 44 feet.</i></p> <p>They can be used to access varying heights</p>	<p>A stepladder that is a self-supporting portable ladder with an extension. They are available in "twin front" or "double front" design so they can be climbed from both sides</p> <p>They can be used for operations in theater and stage work or to get equipment above drop ceilings.</p>
Fixed Ladder	Individual Rung Fixed Ladders	Platform Step Ladder, Single Entry Work Platform









<p>A fixed ladder is a ladder permanently attached to a structure, building or equipment.</p> <p>The type of ladder shown is used to access the top of facilities for maintenance purposes.</p>	<p>A type of fixed ladder that does not have side rails. Each rung is permanently attached to the surface of the wall, machine, or piece of equipment.</p> <p>These ladders are used to access and egress facilities such as manholes and crawl spaces.</p>	<p>A step ladder with a small horizontal platform at the top.</p> <p>These can be used to work safely at elevated locations requiring the use of both hands.</p>
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Single Ladder	Specialty Ladders	Step Ladder
		
<p>A single ladder is a non-self-supporting portable ladder, similar to an extension ladder, non-adjustable in length, which consists of only one section. Its size is designated by the overall length of the side rail and cannot exceed 30 feet.</p> <p>These can be used to access heights</p>	<p>Any type of ladder that is constructed for specific use on unique devices used for research or any other purpose.</p> <p>Example: The ladder shown is a shelf ladder that is attached to or used to access shelves. Another type of “specialty ladder” is a rolling “Library</p>	<p>A stepladder (also known as an “A” Frame ladder) is a self-supporting portable ladder. They are non-adjustable in length, have flat steps and a hinged back. They are measured along the front edge of the side rails. They are available in “twin front” or “double front” designs so they can be climbed from both sides.</p>

within the limit of their height	Ladder” set on rails attached to shelving	These may be used to access heights within the limit of their height
Step To Straight Ladder	Tripod Industrial Ladder	Tripod Orchard Ladder
		
<p>This type of ladder can convert quickly from a stepladder to a push-up extension ladder. They are equipped with rung locks, utility-style safety shoes, and a standard pole grip.</p> <p>They can be used as either a self-supporting or non-self-supporting ladder</p>	<p>Tripod Step Ladders are designed to be used in construction and maintenance activities where a 4- leg step ladder would have limited access or require the ladder user to work off to one-side of the ladder.</p> <p>These should be purchased/used for maintenance and construction work where a single pole leg can be placed amongst equipment or other obstructions and allow a safe-work for the ladder user to face the work area not having to work off to one side.</p>	<p>Tripod orchard ladders are designed to be used on soft and uneven terrain; therefore they lack spreaders, locking devices, steel points and safety shoes. These should only be purchased and/or used for outdoor work in pruning and accessing tree canopies.</p>

Cable Hook & V-Ring Assembly	Fixed Ladder Cage	Caster Brackets
		

Used to secure the top of a single ladder or extension ladder to a pole, pipe or other 'rounded' vertical support structure	Ladder cages provide fall protection and are required by code on fixed ladders over 20 feet high. The base of the cage must be at 7' above the base surface.	Weight sensitive brackets with casters that allow a ladder to be rolled on a floor when there is no load on the ladder
Ladder Cinch	Ladder Jack	Levelers
		
Used as a quick tie down for use on poles or similar structures	Attaches to rungs of non-self-supporting ladders to allow the use of ladders as supports for scaffold planks. Fall protection is required	Two base attachments that are used to level the ladder on a sloped support surface
Pail Shelf	Paint Can hangers	Removable Work Platform
		
A pail shelf attaches to an existing shelf to provide relatively stable locations for tools and pails or bucket	Are designed to be easily attached and removed from a ladder in order to hang a bucket. There are load limits, as determined by the manufacturer, for both the ladder rail and the hanger. They can be used to temporarily hang other supplies or tools as long as they are within the load limits of the ladder and hanging bracket.	Kicks out of the way easily for climbing and is used as a platform to stand on.
Stabilizer	Multipurpose Tray	

		
<p>Attaches to the ladder rungs or rails to stand the ladder off from a surface or stabilize the ladder around an obstruction such as a pipe, a gutter or a window.</p>	<p>Made for straight or stepladders. The texture is intended to provide a place to put small parts such as bolts, nuts, wire-nuts and small tools in addition to pails.</p>	

3.4 Fall Protection Requirements



*Ladders may be used **WITHOUT** the user wearing a personal harness tied off to a CalOSHA certified fall protection anchor, when a leaning or extension ladder can be tied-off and stabilized to a permanent structure, or a step ladder is used on a level firm surface, and then work is done within the following specific activities:*

1. When using the ladder to gain access from one level to another without carrying anything in your hands.
2. When using a ladder for access to a work area where work is conducted while standing on the ladder, provided the user can ascend and descend using both their hands during the entire up/down movement on the ladder.
3. When working aloft on the ladder provided both of the user's feet are stationary on one rung and the work area requiring two-handed work is within the ladder's 'foot print' (i.e. no reaching beyond the base legs of the ladder with both hands).
4. When the user can use three-point contact (both their feet plus one hand) for stability when reaching and working outside the ladder's 'foot print' using only one 'free' hand.
5. When the ladder user's feet are below the top two rungs of a leaning single/extension-ladder or are below the top two steps and top cap of a step ladder.
6. When doing elevated 'fine two-handed work' within the 'foot print' of the ladder, where a user is using both hands to conduct light-weight work without the use of power tools. (Example: Twisting a wire nut on two to three 12-gage or smaller wires, hammering a nail into wood, or unscrewing a light bulb and installing a replacement light bulb.)
7. When using a small cordless power tool such as a 1/4" bit (or smaller) hand-drill that is not likely to cause imbalance should the power tool bind during use.
8. When using a corded power tool within the 'foot print' of the ladder using only one hand to control the tool, and otherwise having 3-point contact on the ladder.



Fall protection must be used in all other ladder-use situations unless the Owner Department can demonstrate that the planned work activities are equivalently safe to the above noted requirements.

Alternatives to using fall protection include temporary scaffolding with appropriate railings, the use of a “Lift Pod”, the use of Genie lifts or bucket trucks, etc., and should be considered before using ladders in such situations.

3.5 Housekeeping

- Clear debris and equipment that could cause a slip, trip, or fall from working areas around the ladder.
- Prevent equipment and supplies from falling on other people.
- Set up ground cloths if needed.
- Cordon off work areas using yellow caution tape to keep casual passersby out of your work area.

4.0 Training Requirements

The Department owning the ladders has the option of providing ladder user training from:

- A contracted training provider
- Providing training from within the department, or
- Ladder Use and Fall Protection Training provided by SIPE Safety.

Irrespective of the source, the contents of and safe-work procedures outlined in this program are part of any ladder safety training. Training is documented and kept in a readily accessible location by the department designee for access reference as needed by Department management, SIPE Safety, or regulatory agency (e.g. CalOSHA).

Program Administrators are trained on their roles and responsibilities in the management/maintenance of the requirements and ladder inspections outlined in this program.


As part of their work activities, ladder users receive documented training once on the contents of this program and the general safe-work procedures it contains. In addition, site-specific or task-specific safe- work orientation/tail- gate training may be needed in the use of ladders for unusual operations. Annual review of the general requirements and safe-work rules of this program is appropriate for tailgate or periodically scheduled safety meetings.

Appendix A: Definitions

“A” Frame ladder	Also Known as a “Step Ladder”
Angle of Inclination:	The preferred pitch for portable non self-supporting ladders
Articulating Ladder:	Also known as a “Combination Ladder”, “Sectional Ladder” or “Multi-position ladder”. This is a portable ladder capable of being used either as a stepladder, a single ladder or an extension ladder. It may also be capable of being used as a trestle ladder or a stairwell ladder.
Cage:	A cage is a guard that may be referred to as a cage or basket guard, which is an enclosure that is fastened to the side rails of a fixed ladder or to the structure to encircle the climbing space of the ladder for the safety of the person who must climb the ladder.
Cleats:	Ladder crosspieces of rectangular cross section placed on edge upon which a person may step while ascending or descending. Also known as ladder “rungs”.
Combination Ladder:	Another name for “Articulating Ladder”. See definition above.
Double Front or Twin Front Ladder:	a self-standing ladder that is designed to allow both sides of the ladder to be climbed safely.
Feet:	The component of the ladder that is in contact with the lower supporting surface.
Fixed Ladder:	a ladder that is permanently attached to a structure, building, or equipment.
Grab bars:	Are individual handholds placed adjacent to or as an extension above ladders for the purpose of providing safe hand-hold above the “top” of the ladder.
Individual-Rung Ladder	a fixed ladder, each rung of which is individually attached to a structure, building or equipment
Ladder Stand	a mobile fixed sized self-supporting ladder consisting of a wide, flat tread ladder in the form of stairs. The assembly may include handrails but does not include a platform.
Multi-Position Ladder	Another name for an “Articulating Ladder”. See definition above.
Rungs	Ladder crosspieces upon which a person may step while ascending or descending. Rungs are usually “round” in cross-section while “cleats” are usually rectangular in cross-section. See definition of “Cleats” above.
Sectional Ladder	Another name for “Articulating Ladder”. See definition above.
Sections	(as related to a “Sectional Ladder”)
Bottom or base section	The lowest section of a non-self-supporting portable ladder
Top or Fly section	The uppermost section of a non-self-supporting portable ladder.
Middle or Intermediate section	The section between the top (fly) and bottom (base) sections of a non-self-supporting portable ladder.

Single Ladder	A non-self-supporting portable ladder, nonadjustable in length, consisting of one section.
Side Rails	The side members joined at intervals by rungs, steps, cleats or rear braces.
Step Stool (ladder type)	a self-supporting, foldable, portable ladder, non-adjustable in length, 32 inches or less in size, with flat steps and without a pail shelf designed so that the ladder top cap as well as all steps can be climbed upon. The side rails may continue above the top cap.
Step Ladder	A self-supporting portable ladder, non-adjustable in length, with flat steps and a hinged base. Also known as an “A”-Frame ladder.
Top Cap	The uppermost horizontal member of a portable step ladder or step stool.
Working Load	The maximum applied load, including the weight of the user, materials, and tools, which the ladder is to support for the intended use.

Appendix B: Ladder Inspection Form

<h1 style="margin: 0;">Ladder Inspection Form</h1> <p style="margin: 0; font-size: small;">Provided by Werner Co.</p>																																									
Company Name: _____ <small style="margin-left: 150px;">Please Print</small>																																									
Ladder Reference Number: _____ Dept. _____																																									
Inspector _____ Date: _____																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <input style="width: 20px; height: 20px; margin-right: 5px;" type="checkbox"/> Stepladder </div> <div style="display: flex; align-items: center;"> <input style="width: 20px; height: 20px; margin-right: 5px;" type="checkbox"/> Fiberglass </div>  <div style="display: flex; align-items: center;"> <input style="width: 20px; height: 20px; margin-right: 5px;" type="checkbox"/> Aluminum </div> <div style="display: flex; align-items: center;"> <input style="width: 20px; height: 20px; margin-right: 5px;" type="checkbox"/> Wood </div> </div> <div style="margin-top: 10px;"> <p><small>Circle Areas of Damage</small></p> </div> </div> <div style="width: 65%;"> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> Size _____ ft. <div style="display: flex; justify-content: space-between; width: 100%;"> Yes No </div> </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Steps:</td> <td style="width: 40%;">Loose, Cracked, Bent or Missing</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Rails:</td> <td>Cracked, Bent, Split or Frayed</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td>Rail Shields</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Labels:</td> <td>Missing or Not Readable</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Pail Shelf:</td> <td>Loose, Bent, Missing or Broken</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Top:</td> <td>Cracked, Loose or Missing</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Spreader:</td> <td>Loose, Bent or Broken</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>General:</td> <td>Rust, Corrosion or Loose</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other:</td> <td>Bracing, Shoes, Rivets</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <div style="margin-top: 10px;"> <p><u>Actions:</u></p> <div style="display: flex; align-items: center;"> <input style="width: 20px; height: 20px; margin-right: 5px;" type="checkbox"/> Ladder tagged as damaged & removed from use <input style="width: 20px; height: 20px; margin-right: 5px; margin-top: 5px;" type="checkbox"/> Ladder is in good condition </div> </div> </div>						Steps:	Loose, Cracked, Bent or Missing	<input type="checkbox"/>	<input type="checkbox"/>	Rails:	Cracked, Bent, Split or Frayed	<input type="checkbox"/>	<input type="checkbox"/>		Rail Shields	<input type="checkbox"/>	<input type="checkbox"/>	Labels:	Missing or Not Readable	<input type="checkbox"/>	<input type="checkbox"/>	Pail Shelf:	Loose, Bent, Missing or Broken	<input type="checkbox"/>	<input type="checkbox"/>	Top:	Cracked, Loose or Missing	<input type="checkbox"/>	<input type="checkbox"/>	Spreader:	Loose, Bent or Broken	<input type="checkbox"/>	<input type="checkbox"/>	General:	Rust, Corrosion or Loose	<input type="checkbox"/>	<input type="checkbox"/>	Other:	Bracing, Shoes, Rivets	<input type="checkbox"/>	<input type="checkbox"/>
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SECTION X

Santa Barbara County Education Office-SIPE Wildfire Smoke Protection Program

(Title 8, California Code of Regulations, Section 5141.1)

9/17/2020

1.0 Purpose

In an effort to protect workers from hazards associated with wildfire smoke, the Cal/OSHA Standards Board recently approved an emergency regulation establishing new protection requirements. The emergency regulation, [Title 8, Section 5141.1, Protection from Wildfire Smoke](#), took effect July 29, 2019. Under the new regulation, employers must take the following steps to protect workers who may be exposed to wildfire smoke:

- 1.1 Identify potential exposures to unhealthy levels of wildfire smoke before each shift and periodically thereafter. Exposures to wildfire smoke are considered unhealthy when the current [Air Quality Index \(AQI\)](#) for particulate matter smaller than 2.5 micrometers (PM2.5) exceeds 150.
- 1.2 Communicate wildfire smoke hazards in a form readily understandable by all affected employees, including provisions designed to encourage employees to inform the employer of wildfire smoke hazards at the worksite without fear of reprisal.
- 1.3 Provide documented training to employees who may be exposed to unhealthy levels of wildfire smoke per [Title 8, CCR Section 5141.1 Appendix B](#).
- 1.4 Control/reduce unhealthy exposure to wildfire smoke through the implementation of engineering and administrative controls. If individuals will be exposed to unhealthy levels of wildfire smoke (PM2.5 AQI >150) for greater than one hour per shift, they must be provided NIOSH-approved filtering facepiece respirators (N95 or greater) for voluntary use. If individuals will be exposed to hazardous levels of wildfire smoke (PM2.5 AQI >500) for greater than one hour per shift, they must be Trained in respiratory protection and fit-tested per California Code of Regulations, Title 8, Section 5144

2.0 Exemptions

1. Enclosed buildings or structures where the air is filtered by a mechanical ventilation system and windows, doors, bays, and other openings are kept closed to minimize contamination by outdoor or unfiltered air.
2. Enclosed vehicles with a cabin air filter and windows, doors, and other openings are kept closed to minimize contamination by outdoor or unfiltered air.

3. Where employees are exposed to a current AQI for PM2.5 of 151 or greater for a total of one hour or less per shift.
4. Firefighters engaged in wildland firefighting.

3.0 Responsibilities

Departments and their supervisors have the primary responsibility of ensuring the health and safety of their employees. When it can be reasonably anticipated that wildfire smoke may affect employees covered under the Wildfire Smoke Protection Standard, supervisors must ensure the following:

3.1 Smoke Hazard Identification

Monitor current and forecasted AQI for PM2.5 before and during each work shift. Be sure to consider any offsite/field locations that an employee may visit during their shift. It is recommended that one or more of the following resources be used for monitoring worksite PM2.5 AQI:

- U.S. EPA AirNow website: <https://www.airnow.gov/> (enter local zip code at the top of page)
- California Air Resources Board website: <https://mobile.arb.ca.gov/breathewell/CityList.aspx> (select closest city)
- Santa Barbara County Air Pollution Control District <https://www.ourair.org/todays-air-quality/>
- Find other local Air Pollution Control Districts by map <https://ww3.arb.ca.gov/capcoa/dismap.htm> or zip/city/county (<https://www.arb.ca.gov/app/dislookup/dislookup.php>)
- U.S. EPA (<http://www.enviroflash.info/>) can transmit daily and forecasted AQIs by text or email for particular cities or zip codes.
- U.S. Forest Service Wildland Air Quality Response Program website: <https://wildlandfiresmoke.net>
- Contacting any of the above by telephone, email, text, or other effective method.

3.2 Smoke Hazard Communication

Maintain consistent communication with employees during wildfire smoke events. Ensure employees are informed of the current AQI and steps they should take to reduce their exposure. Employees must also be encouraged to provide feedback and report worsening air quality or adverse symptoms of smoke exposure without fear of reprisal.

3.3 Smoke Hazard Training

When it can be reasonably anticipated that employees covered under the [Cal/OSHA Wildfire Smoke Protection Standard](#) may be exposed to a PM2.5 Air Quality Index (AQI) of 151 or greater for more than one hour during their shift, supervisors must ensure that affected employees receive documented smoke protection training that covers the minimum requirements of CAL/OSHA Standards [appendix B](#). Additional training resources:

[Wildfire Smoke Employee Handout](#)

[Cal/OSHA Disposable Respirator Posters](#)

[UC Santa Cruz N95 Training Video](#)

3.4 Smoke Hazard Exposure Reduction and Controls

When wildfire smoke is causing unhealthy air quality (AQI 151 or higher for PM2.5), supervisors must take measures to protect employees from exposure to smoke. Protective measures may include engineering controls, administrative controls, or, if the first two measures are ineffective or not available, the use of respiratory protection.

1. Engineering Controls – Whenever possible, reduce exposure by providing filtered air, such as a building or vehicle. Examples of other engineering controls that may be implemented include: (1) installation of filtered mechanical ventilation systems, (2) installation of higher efficiency filters, (3) installation of air purifiers or air scrubbers, (4) reducing the amount of outside air administered by the ventilation system, and (5) ensuring building pressure is positive relative to the outside.
2. Administrative Controls – If engineering controls are not feasible or effective, use administrative controls to reduce the exposure, if practicable. Administrative controls may include relocating the work to another location, changing work schedules, postponing outdoor work, and/or reducing the intensity of physical work.
3. Provide Respirators – When the AQI for PM2.5 is 151 or higher, respirators must be provided to employees for voluntary use. If the AQI for PM2.5 exceeds 500, respirator use is mandatory, and individuals must receive OSHA required training, medical surveillance and fit-testing per [Title 8 5144 CCR](#).

References: Cal/OSHA title 8, CCR 5141.1 (Appendix B)