



INJURY AND ILLNESS PREVENTION PROGRAM

GOVERNING BOARD APPROVED: 12-09-2020

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ACKNOWLEDGEMENT

The District has developed this Injury and Illness Prevention Program (IIPP), with the objective of maintaining a safe and healthful work environment for all employees. This program is in compliance with the California Labor Code Section 6401.7, and the California Code of Regulations Title 8, Sections 1509 and 3203, and it consists of the following elements:

- Responsibility
- Compliance
- Communication
- Hazard Assessment
- Hazard Correction
- Accident/Exposure Investigation
- Training and Instruction
- Recordkeeping

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

Safety and accident prevention are essential to the District. We strive to prevent injuries to staff, students and volunteers. By making safety a high priority for every employee and volunteer, we attempt to reduce injuries and illnesses, increase productivity, and promote a safer and healthier environment for all individuals at the District. We also want to protect our environment and community. As it is necessary, we will contract with experts in specialized fields of safety and health to meet these goals.

The District will provide the tools and education necessary for every employee and volunteer to work efficiently and safely. We expect these individuals to willingly follow and utilize the procedures set forth. We also expect that employees and volunteers will provide feedback to us when better methods or new ideas come to their attention. Any concerned person may contact the District at (408) 723-6464.

INTRODUCTION

The Metropolitan Education District [District] has developed this formal Injury and Illness Prevention Program to ensure safe and healthful working conditions for all District employees.

The Injury and Illness Prevention Program [IIPP] is intended to standardize various occupational safety plans and procedures into one effective, uniform program and to ensure compliance with State occupational health and safety regulations.

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

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

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

1.0 INJURY AND ILLNESS PREVENTION PROGRAM

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

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

2.0 PROGRAM COORDINATOR(S)

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

Primary Contact

Human Resources Director, Meagan Azevedo
760 Hillsdale Ave., Building 6
San Jose, CA 95136
(408) 723-6569

Secondary Contact

Maintenance and Operations Manager, Ricky Carrillo
760 Hillsdale Ave., Building 7
San Jose, Ca. 95136
(408) 723-4272

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

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

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

3.0 OCCUPATIONAL SAFETY & MEDICAL TREATMENT PRACTICES – COMPLIANCE

The District is aware that occupational safety and health regulations and workplace practices are designed to reduce or eliminate employee occupational injuries and illnesses. However, the regulations and work practices are only effective if all employees faithfully abide by them. Therefore, the District, through the Program Coordinators will implement a system or systems to ensure that all employees comply with workplace safety and health practices. Through its publications and Keenan on-line mandatory training the District communicates workplace safety, health practices, Board Policies, and Administrative Regulations. As exemplified by the IIPP, District Employee Handbook, the Technology Use Agreement, the District COVID-19 Reopening Plan, and the Human Resources COVID-19 Handbook.

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

Kaiser on the Job (KOJ)
KOJ Santa Clara
10050 N. Wolfe Road #SW1-90
Cupertino, CA 95014
408.236.6160

KOJ San Jose
275 Hospital Parkway-5th Floor
San Jose, CA 95119
408.972.6800

KOJ Milpitas
700 E. Calaveras Blvd.
Milpitas, CA 95035
408.945.5081

Concentra Occupational Medicine (3 locations)

Santa Clara
2737 Walsh Avenue
Santa Clara, CA 950501
408.228.8400

Milpitas
315 S. Abbott Avenue
Milpitas, CA 95035
408.790.2900

San Jose
1901 Monterey Road #10
San Jose, CA 95112
408.477.8080

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

- Training
- Newsletters
- Intranet
- Board policies and procedures
- Disciplinary letters for non-compliant employees

3.1 *Training and Retraining Programs.*

These are fully addressed on pages 11 and 12.

3.2 *Disciplinary Action.*

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

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

Disciplinary action will follow normal District's Human Resources Department action and all current collective bargaining agreements.

4.0 COMMUNICATION

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

- provide a means for the District to readily communicate to employees, in an understandable form, on matters relating to occupational safety and health; and,
- provide encouragement for employees to inform the District of workplace hazards without fear of reprisal.

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

- Newsletters – Published by the Superintendent and COVID-19 Liaison
- Employee Handbook – Updated and Provided to New Employee via Human Resources
- District Board Policies and Procedures – Included in the Employee Handbook
- Intranet – As posted by the Webmaster/Marketing Specialist
- Annual and monthly trainings – As conducted through Administrative Staff

4.1 *Training and Refresher Programs*

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

4.2 *Meetings*

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

4.3 Documentation will be kept of each District Safety Meeting

(The position responsible for such documentation is the Facilities Support Specialist, Kim Timoteo) The creation of the agenda will be the responsibility of Primary and Secondary Contact Coordinators with input from all staff.

Documentation will include at minimum, the following:

- meeting topic(s)
- recommendations which may improve workplace safety
- list of attendees
- date of meeting
- time and length of meeting
- action items and completion dates
- review of any work accidents/injuries that have occurred since the last meeting and recommendations for prevention of such injuries in the future
- inspections and recommendations for correction of any hazards identified

4.4 Anonymous Notifications

To further encourage employees to report unsafe conditions, the District has a system which promotes anonymous reporting. Anonymous Reporting forms are on the District website. Complete the **Employee Safety Information Form** located at **District.net/safety** and submit it to HR via the District Pony.

4.5 New Employees

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

4.6 Miscellaneous

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

5.0 IDENTIFICATION & EVALUATION OF WORKPLACE HAZARDS

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

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

Workplace inspections will be scheduled yearly through the Santa Clara County Schools Insurance Group. An initial inspection was conducted on Friday, October 2, 2020. Any and all workplace inspection(s) findings will be reviewed through the Safety Committee Meetings

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

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

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

5.1 Monthly

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

5.2 Annually

The District will conduct annual walk-around inspections of the buildings and grounds. These annual inspections shall be conducted with the Program Coordinators and a Third Party Expert, the Santa Clara County Schools Insurance Group, (SCCIG).

5.3 Workplace Evaluation

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

Inspection forms are located in the Facilities Department.

5.4 Correction of Unsafe or Unhealthful Conditions

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

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

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

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

All work orders generated to correct unsafe or unhealthful conditions shall be given the highest priority. Any work order that pertains to any Health or Safety issue is coded yellow and is prioritized for correction by the Facility Manager, Ricky Carrillo.

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

Investigation of occupational injury, illness or exposure to hazardous substances may be necessary to:

- provide an effective technique for the prevention of recurring or future accidents
- meet requirements of the Workers' Compensation Program
- meet legal obligations to the State or comply with California Occupational Safety and Health regulations
- procedures for investigations of occupational injury, illness or exposure to hazardous substances will cover the following:
 - what should be reported
 - who does the initial investigation
 - who does the follow-up investigation
 - who receives copies of the report(s)
 - when legally required reports must be completed and where to send
 - an Incident report is required for each occupational injury, illness, or exposure to hazardous substances. Each report is to be completed whenever possible at the time of the incident and includes the supervisor's signature verifying the report.
 - all management receives copies of the report(s)

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

6.1 *What Should Be Reported?*

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

6.2 *Initial Investigations*

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

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

6.3 Follow-Up Investigation

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

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

6.4 Copies of Investigative Reports

The supervisor completing the report shall keep a copy in his or her department files. The supervisor completing the report shall also provide copies of the report to the following: Appropriate department manager or chairperson, human resources, and the office of the Superintendent and the Program Coordinators

6.5 Legally Required Reports

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

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

6.6 Incident Reporting

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

6.7 Accident Reporting

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

- the incident is reported to the supervisor
- completion of "Employer's Report of Occupational Injury or Illness" form 5020, and submission of the completed report to the Director of Human Resources, Meagan Azevedo.
- the supervisor shall conduct an initial investigation and distribute reports according to procedure.
- the injured employee shall be provided with a copy of "Employee's Claim for Workers' Compensation Benefits" within 24 hours of notification.

6.8 Where to seek medical attention

In case of a workplace injury employees are to call the COMPANY NURSE Injury Hotline which is available 24 hours a day. That number is 1-877-518-6702. The injured worker is to immediately notify

the supervisor, and together that call the injury hotline. The COMPANY NURSE gathers information over the phone and helps the injured worker access appropriate medical treatment.

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

Kaiser on the Job (KOJ)

KOJ Santa Clara
10050 N. Wolfe Road #SW1-90
Cupertino, CA 95014
408.236.6160

KOJ San Jose
275 Hospital Parkway-5th Floor
San Jose, CA 95119
408.972.6800

KOJ Milpitas
700 E. Calaveras Blvd.
Milpitas, CA 95035
408.945.5081

Concentra Occupational Medicine (3 locations)

Santa Clara
2737 Walsh Avenue
Santa Clara, CA 950501
408.228.8400

Milpitas
315 S. Abbott Avenue
Milpitas, CA 95035
408.790.2900

San Jose
1901 Monterey Road #10
San Jose, CA 95112
408.477.8080

6.9 Serious Injury or Death

The following action is required:

- the incident is reported to the supervisor
- CAL/OSHA must be notified immediately or within 8 hours by telephone. That phone number is 1 (800) 321-6742. Serious injuries or fatalities must be reported to the local Cal-OSHA area office. <http://www.osha.gov>
- completion of "Employer's Report of Occupational Injury or Illness" form 5020 within 24 hours
- the supervisor shall conduct an initial investigation as soon as possible and distribute reports according to procedure

6.10 Employee Training

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

The Program Coordinators shall ensure that all supervisors are knowledgeable of the safety and health hazards to which employees under their immediate direction and control may be exposed. To ensure that all employees receive effective safety training, the training program will include the following elements:

- all employees will receive training and instruction as required by local, state and federal laws
- all employees given new job assignments will receive training applicable to new exposures for which training had not been previously provided
- all employees exposed to new hazards due to the introduction of new substances, processes, procedures or equipment to the workplace will receive training and instruction applicable to the new hazards

Employees will receive refresher training whenever the District Program Coordinators, or a District manager or supervisor is made aware of new or previously unrecognized hazards and/or when the District feels it is appropriate.

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

- seminars
- workshops
- manuals
- booklets
- video, film or other visual media
- meetings
- newsletters and inter-district memos

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

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

- general safe work practices
- respiratory protection
- emergency action plan
- fire prevention plan
- portable fire extinguishers
- employee/building occupant alarm system

Examples of information and training which may cover hazards unique or specific to individual jobs may include but not be limited to the following:

- standard operating procedures for specific equipment or jobs
- personal safety devices and safeguards
- industrial trucks including forklifts
- power operated presses
- gas systems for welding and cutting
- noise-when noise levels are at or exceed 80dBA over an 8 hr. TWA
- respiratory protective equipment
- airborne contaminants
- confined spaces
- changing and charging storage batteries
- occupational exposure to hazardous chemicals
- hazard Communication
- asbestos
- regulated Carcinogens
- lead exposures
- lockout/Tag out procedures
- excavation and trenching
- self-propelled aerial work platforms or devices
- emergency planning - Hazardous Waste Operations & Emergency Response
- blood borne pathogens
- first aid and emergency response
- Aerosol Transmissible Disease Prevention Plan

6.11 AED

California recently enacted legislation aimed at increasing the installation and use of automated external defibrillators (“AEDs”). On Sept. 8, 2015, Gov. Jerry Brown signed S.B. 658 into law. The bill revises the rules that must be followed to obtain immunity from civil liability for the selection, installation, placement and use of AEDs. The new law goes into effect on Jan. 1, 2016.

The intent of this new law bill is clearly to make it easier to obtain immunity for, and encourage, AED placement and use. Comments to S.B. 658 were submitted by the [American Heart Association](#) (“AHA”), and studies from the [Centers for Disease Control](#) and Prevention and Emergency Medical Services Authority (“EMSA”) were considered. These comments and studies noted that increased access to AEDs can lead to increased cardiac arrest survival rates. The AHA noted in particular that cardiac arrest survival rates can increase to nearly 40 percent in communities with AED programs.

A.B. 658 provides that a person or entity that acquires an AED for emergency use is not liable for any civil damages resulting from the use of an AED to provide emergency care if that person or entity does all of the following:

- comply with all regulations governing the placement of an AED;
- notify the local emergency medical service agency of the existence, location and type of AED;
- maintain and test the AED according to the manufacturer’s guidelines;
- test the AED at least twice a year and after each use;
- inspect all AEDs on the premises at least every 90 days; and
- maintain records of the maintenance and testing of the AED as required by the statute.

S.B. 658 eliminates employee CPR training requirements. Under the prior law, entities providing AEDs were required to have at least one employee trained in CPR for every AED unit acquired up to five units and one additional trained employee for every additional five units.

Employers no longer have to train employees in CPR or the use of AEDs. And under S.B. 658, employers with AEDs are no longer required to have employees trained to respond to emergencies during normal work hours.

S.B. 658 also modifies the requirements that building owners must follow to obtain immunity. The new rules require building owners who provide AEDs to:

- annually notify building tenants of the location of the AED units and provide information on how to voluntarily take CPR or AED training;
- annually offer a demonstration on how to properly use an AED in an emergency;
- post instructions on how to use the AED next to the AED in at least 14-point font.

In addition S.B. 658 provides that a medical doctor is not required to be involved in the acquisition or placement of an AED.

Please note that the new law also modifies the requirements for AEDs placed in a public or private K-12 school. K-12 schools that provide AEDs are now required to provide information on sudden cardiac arrest, the school's emergency response plan and the proper use of an AED to administrators and staff annually, and must post similar information in at least 14-point font next to every AED. The revisions eliminated the requirement that principals must designate trained employees who can respond to an emergency during normal business hours. The new law makes clear that school employees are permitted to render aid with an AED.

S.B. 658 retains the prior law language that provides immunity for persons using an AED for emergency care when they do so "in good faith and not for compensation". See Civil Code 1714.21(b). Unfortunately, S.B. 658 has not clarified the quoted terms which have caused confusion and uncertainty in some cases. As an example, issues have been raised over what constitutes "good faith" and when is an employee using an AED not doing so "for compensation."

Practical Considerations

Employers and building owners in California should now review and revise their policies and procedures governing AEDs to meet the new S.B. 658 requirements. And those who have previously chosen not to provide AEDs out of concern that the law governing immunity was not sufficiently broad, may now want to review those decisions.

It may be prudent to still generally make use of AEDs voluntary and not part of an employee's job duties in order to minimize any dispute over whether an employee uses an AED "not for compensation." S.B. 658's revisions may make this less of an issue as employers are no longer required to provide trained employees to operate the AEDs. However, this issue may not be fully resolved. Please note that a common exception to such voluntary use would be for those who are emergency responders as part of their job duties. Under that circumstance, workers' compensation law in California would typically provide protection against liability for workers who are accused of causing injury to co-workers as part of their job duties, but some exceptions are theoretically possible, such as a willful physical assault. See California Labor Code § 3602.

It may also be prudent to remind anyone who may use an AED that the device must only be used "in good faith" and explain that term as best as possible.

Although training is no longer required (apparently in recognition that AEDs are easy to use) employers and business owners should still give serious consideration to providing training. Despite

their ease of use, it is still far more likely that employees and others will use AEDs, and use them properly and effectively, if training is provided.

6.12 Record Keeping

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

- workplace Inspections
- employee Occupational Safety & Health Training
- occupational Injuries and Illness
- the Program Coordinator will be responsible for ensuring that all relevant records are completed and kept as required by this program and/or CAL/OSHA. The record keeping activities may require the involvement of other departments such as Human Resources.
- workplace inspection records shall be kept for all scheduled, periodic inspections. These records will include at minimum:
 - date of inspection
 - work areas inspected
 - name of person(s) conducting the inspection
 - the unsafe conditions and work practices which have been identified
 - action taken to correct the identified unsafe condition

Records of all recordable occupational injuries and illnesses for a site shall be maintained at the District Office. Recordable losses are losses that result in lost work time of at least a full day or shift beyond the date of occurrence, or which require medical treatment beyond first aid. The records or log will meet the following requirements:

- each recordable loss will be entered as soon as possible, but in no case later than six (6) working days later than discovery that a recordable loss has occurred.
- records will be kept on a calendar year basis
- OSHA logs will be submitted to Human Resources at the end of each calendar year. A copy will be kept on site.

Supplementary records may be kept with any of the following at the discretion of the Program Coordinators:

- California Division of Labor Statistics and Research form
- an Employers Report of Occupational Injury or Illness form 5020

7.0 INJURY AND ILLNESS PREVENTION (SAFETY) PROGRAM

7.1 Coordinator(s) Responsibilities

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

- coordinate all risk control activities
- act as liaison between management and outside safety agencies
- establish minimum safety standards, rules and regulations, and ensure that employees are aware of these regulations
- ensure that safe practices and conditions are established

- review all supervisors' reports of accidents, and see that recommendations are acted upon. Use the reports for analysis of accident trend. Follow up concerning recommendations that result from accident investigations critical.
- work with District management to establish training programs for all employees and supervisors
- ensure that all employees comply with all identified safety and health work practices
- establish and preside over a safety committee comprised of department managers, and key employees. The Safety Committee also has a part in meeting the IIPP safety communication burden.
- verify and post emergency phone numbers for police, fire and medical
- maintain bulletin boards in clearly visible areas with required safety information such as accident reporting and how to get medical help
- determine when first-aid training is necessary and coordinate such training
- follow-up on the completion of safety recommendations of the safety committee, District personnel or other safety consultants
- follow all Cal-OSHA record keeping and accident reporting requirements

8.0 SITE MANAGERS

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

The site manager safety and health responsibilities include:

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

9.0 DEPARTMENT MANAGERS / SUPERVISORS

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

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

- instruction of employees in general safe work practices and on hazards unique to specific job assignments
- supervision of employees to ensure that safety policies, rules and regulations are followed and not violated
- supervision to ensure that employees use appropriate personal protective and safety equipment when required and that such use is in accordance with operating instructions

- ensure that unsafe acts or conditions are brought to the attention of the program coordinators, or the authorized person in charge of facilities
- attend specialized training programs for supervisors and key employees when offered by the District
- complete the "Supervisor's Report of Accident" when appropriate
- follow-up accident investigations by providing department employees with a synopsis of the accident and what precautions are necessary to prevent a reoccurrence
- Conduct periodic inspections of the workplace when directed by the program coordinator and complete the appropriate inspection check-off forms
- attend monthly safety meetings. Supervisor will conduct trainings with staff

10.0 EMPLOYEE RESPONSIBILITIES

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

Each District employee's safety responsibilities include:

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

11.0 WORKPLACE VIOLENCE IN CALIFORNIA

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

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

Workers or proprietors who have face-to-face contact and exchange money with the public, who work late at night and into the early morning hours, and who often work alone or in very small numbers are

at greatest risk of a Type I event. While the assailant may feign being a customer as a pretext to enter the establishment, he or she has no legitimate relationship to the workplace.

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

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

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

- Medical care providers in acute care hospitals, long-term care facilities, outpatient clinics and home health agencies;
- Mental health and psychiatric care providers in inpatient facilities, outpatient clinics, residential sites and home health agencies;
- Alcohol and drug treatment providers;
- Social welfare providers in unemployment offices, welfare eligibility offices, homeless shelters, probation offices and child welfare agencies;
- Teaching, administrative and support staff in schools where students have a history of violent behavior; and
- Other types of service providers, e.g., justice system personnel, customer service representatives and delivery personnel.

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

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

Available data indicates that a Type III event is not associated with a specific type of workplace or occupation. Any workplace can be at risk of a Type III event. However, Type III events account for a much smaller proportion of fatal workplace injuries than Types I and II. Nevertheless, Type III fatalities often attract significant media attention and are perceived as more common than they actually are.

12.0 INJURY AND ILLNESS PREVENTION PROGRAM FOR WORKPLACE SECURITY

The District's IIPP for Workplace Security addresses the hazards known to be associated with the three major types of workplace violence. Type I workplace violence involves a violent act by an assailant with no legitimate relationship to the workplace who enters the workplace to commit a robbery or other criminal act.

12.1 Responsibility

The IIPP administrator for workplace security is the Director of Human Resources, Meagan Azevedo, and has the authority and responsibility for implementing the provisions of this program for the District.

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

All initial reports regarding a workplace violence concern will be reported immediately to the Director of HR, who will notify the Superintendent.

12.2 Compliance

We have established the following policy to ensure compliance with our rules on workplace security. Management of our establishment is committed to ensuring that all safety and health policies and procedures involving workplace security are clearly communicated and understood by all workers. All workers are responsible for using safe work practices, for following all directives, policies and procedures, and for assisting in maintaining a safe and secure work environment. Our system of ensuring that all workers, including supervisors and administrators, comply with work practices that are designed to make the workplace more secure, and do not engage in threats or physical actions which create a security hazard for others in the workplace, include:

- informing workers, supervisors and administrators of the provisions of our IIP Program for Workplace Security
- evaluating the performance of all workers in complying with our establishment's workplace security measures
- recognizing workers who perform work practices which promote security in the workplace
- providing training and/or counseling to workers whose performance is deficient in complying with work practices designed to ensure workplace security
- disciplining workers for failure to comply with workplace security practices

12.3 Communication

At the District, we recognize that to maintain a safe, healthy and secure workplace we must have open, two-way communication between all workers, including administrators and supervisors, on all workplace safety, health and security issues. Our establishment has a communication system designed to encourage a continuous flow of safety, health and security information between management and our workers without fear of reprisal and in a form that is readily understandable. Our communication system consists of the following items:

- training programs designed to address specific aspects of workplace security unique to our establishment
- regularly scheduled safety meetings with all District personnel that include workplace security discussions
- a system to ensure that all workers, including managers and supervisors, understand the workplace security policies
- posted or distributed workplace security information
- a system for workers to inform management about workplace security hazards or threats of violence
- procedures for protecting workers who report threats from retaliation by the person making the threats
- addressing security issues at our workplace security team meetings

12.4 Hazard Assessment

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

Meagan Azevedo	Director of Human Resources	408-723-6569
Ricky Carrillo	Manager of Facilities	408-723-4272

Periodic inspections are performed according to the following schedule:

- when the IIPP for Workplace Security was initiated
- when new, previously unidentified security hazards are recognized
- when occupational injuries or threats of injury occur
- whenever workplace security conditions warrant an inspection
- monitor inspection daily
- periodic inspections for security hazards consist of identification and evaluation of workplace security hazards and changes in establishment performs inspections for each type of workplace violence by using the methods specified below to identify and evaluate workplace security hazards

Inspections for Type I workplace security hazards include:

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

Inspections for Type II workplace security hazards include assessing:

- access to, and freedom of movement within, the workplace
- adequacy of workplace security systems, such as door locks, security windows, security alarm system, physical barriers and restraint systems
- frequency and severity of threatening or hostile situations that may lead to violent acts by persons who are service recipients of our establishment
- workers' skill in safely handling threatening or hostile service recipients
- effectiveness of systems and procedures to warn others of a security danger or to summon assistance, e.g., alarms or panic buttons
- the availability of worker escape routes

Inspections for Type III workplace security hazards include assessing:

- how well District's anti-violence policy has been communicated to workers, supervisors or managers
- how well District's management and workers communicate with each other
- our workers', supervisors' and managers' knowledge of the warning signs of potential workplace violence

- access to, and freedom of movement within, the workplace by non-workers, including recently discharged workers or persons with whom one of our worker's is having a dispute
- frequency and severity of worker reports of threats of physical or verbal abuse by managers, supervisors or other workers
- any prior violent acts, threats of physical violence, verbal abuse, property damage or other signs of strain or pressure in the workplace
- worker disciplinary and discharge procedures

13.0 INCIDENT INVESTIGATIONS

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

- reviewing all previous incidents
- reporting the incident to the San Jose City Police Department
- reporting the incident as a Major Incident Report
- visiting the scene of an incident as soon as possible
- interviewing threatened or injured workers and witnesses
- examining the workplace for security risk factors associated with the incident, including any previous reports of inappropriate behavior by the perpetrator
- determining the cause of the incident
- taking corrective action to prevent the incident from recurring
- recording the findings and corrective actions taken

13.1 Hazard Correction

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

Corrective measures for Type 11 workplace security hazards include:

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

Corrective measures for Type 111 workplace security hazards include:

- effectively communicating our District's anti-violence policy to all employees, supervisors or managers
- improving communication between our District's management and employees.
- increasing employees', supervisors' and managers' awareness of the warning signs of potential workplace violence
- controlling access to, and freedom of movement within, the workplace by non-workers, including recently discharged workers or persons with whom one of our worker's is having a dispute

-
- ensure that all reports of violent acts, threats of physical violence, verbal abuse, property damage or other signs of strain or pressure in the workplace are handled effectively by management and that the person making the report is not subject to retaliation by the person making the threat
 - ensure that worker disciplinary and discharge procedures address the potential for workplace violence
 - ensure that worker's placed on administrative leave turn in their keys and other District property at time of action taken
 - ensure that workers on extended leave turn in their keys and other District property at time of leave

13.2 Training and Instruction

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

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

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

- explanation of the IIP Program for Workplace Security including measures for reporting any violent acts or threats of violence
- recognition of workplace security hazards including the risk factors associated with the three types of workplace violence
- measures to prevent workplace violence, including procedures for reporting workplace security hazards or threats to managers and supervisors
- measures to summon others for assistance
- worker routes of escape
- notification of law enforcement authorities when a criminal act may have occurred.
- emergency medical care in the event of any violent act upon a worker

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

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

14.0 Cal / OSHA Consultation - Area Offices

OSHA Local Office

Office: Fremont

Address: [39141 Civic Center Dr. Suite 310
Fremont, CA 94538](#)

Telephone: (510) 794-2521

Fax: (510) 794-3889

Blood borne Pathogens Exposure Control Plan

Regulation: CCR-Title n8, Section 5193

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

Policy Statement

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

Plan Administration

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

Table 1
Program Contact Information

Task	Name/Department	Phone
Plan Administrator	Meagan Azevedo, HR Director	408-723-6569
Supplies (PPE, cleaning materials, other)	Rick Carrillo, Facilities Manager	408-723-4272
Medical recordkeeping	Meagan Azevedo, HR Director	408-723-6569
Training	Meagan Azevedo, HR Director	408-723-6569
Exposure incident contact	Meagan Azevedo, HR Director	408-723-6569

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

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

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

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

Human Resources will act as the initial contact for reporting exposure incidents and ensure that the appropriate response(s) are carried out.

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

Annual Plan Review and Update

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

Access to the ECP

Employees covered by the blood borne pathogens rules and policies will receive an explanation of this ECP during their initial training session. It will be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting the Administrative Assistant. A copy of the ECP will be provided free of charge to any employee who requests it.

Definitions

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

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

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

Occupational exposure—reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. "Good Samaritan" acts such as assisting a co-worker with a nosebleeds are not considered occupational exposure.

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

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

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

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

Employee Exposure Determination

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

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

Table 2

Likely Occupational Exposure—Job Classifications

Job Classification	Department/ Work Area	Exposure Task/Procedure
Custodian	M&O	Cleaning up after students, assist in first aid
SVCTE and SVAE Teachers	Silicon Valley Career Technical Education Site & Silicon Valley Adult Education	Administering first aid and injections, exposure to sharps

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

Table 3

Possible Occupational Exposure—Job Classifications

Job Classification	Department/ Work Area	Exposure Task/Procedure
Site and Program Registrars	Silicon Valley Career Technical Education and Silicon Valley Adult Education	Administering first aid
Assistant Principals	(See Above)	Administering first aid

If an employee believes that he or she may be occupationally exposed to blood borne pathogens and his or her job classification or tasks do not appear on the above lists, the employee should contact Meagan Azevedo, Director of Human Resources.

Implementation and Control Measures

Universal Precautions

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

Engineering Controls and Work Practices

Engineering controls and work practices will be implemented to prevent or minimize exposure to blood borne pathogens. Ricky Carrillo, Manager of Facilities and Meagan Azevedo, Director of Human Resources, are responsible for ensuring that the engineering controls and work practices are implemented and updated as necessary.

The following engineering controls will or have been implemented:

- PPEs distributed
- new employee orientation training
- annual review training
- update Blood borne Pathogen Exposure Control Plan annually
- periodic information articles published
- postings at all sites

The following work practices will be followed:

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

The Manager of Facilities evaluates new exposure control procedures and new products regularly by reviewing the Safety Data Sheets (SDS).

Housekeeping—Cleaning and Decontamination

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

Decontamination of surfaces, equipment, and work areas will be accomplished by using the following materials:

- G.P.C. (General Purpose Cleaner) cleans 99% of all germs and bacteria.
- Oxivir Tb (Accelerated Hydrogen Peroxide) for treating areas with Covid-19 exposure.

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

The procedure for handling sharps disposal containers is:

- all sites receive a fresh sharp container at the beginning of each year. All sharp containers shall be stored in a lock cabinet
- the Site Teaching Staff will contact the Facilities Manager, to make arrangements for pick up with the Stericycle Company for pick up and disposal. Currently this is prescheduled to occur one time each semester for a total of three times per year (unless requested more frequently from the site teaching staff)
- the Facilities Manager will keep a copy of the Medical Waste Tracking Document

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

- dispose of hazardous waste in a designated bag
- notify Facilities department for pick up
- facilities department disposes in the hazardous waste container
- facilities department calls for hazardous waste pick up from a designated company

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

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

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

Sharps Injury Prevention

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

- needleless IV system
- self-sheathing

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

- contaminated needles and other contaminated sharps will not be bent, recapped, or removed
- shearing or breaking contaminated needles is prohibited
- contaminated reusable sharps must be placed in designated reusable sharps containers.
- any bending, recapping, or needle removal must be accomplished by trained personnel.

Sharps disposal.

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

Review and update procedures.

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

Personal Protective Equipment (PPE)

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

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

Table 4
Provision of PPE to Employees

How Provided	PPE Distributor	Procedures Requiring PPE	Type of PPE Required
Facilities Department	Manager of Facilities	Cleaning	Gloves, face coverings glasses, clothing
Health Services	District Admin	Cleaning and first aid	
Training	Site Administrator Program Managers	Cleaning and first aid	Gloves
Site Staff	Site Administrators	Cleaning and first aid	Gloves

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

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

Precautions when using PPE.

All employees using PPE must observe the following precautions:

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

Blood-contaminated PPE

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

Gloves

Gloves will be worn where it is reasonably anticipated that employees will have hand contact with blood, OPIM, non-intact skin, and mucous membranes. Gloves will be available for all staff including those staff most likely to come in contact with custodian, health assistants, and site administrators.

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

PPE Training

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

Disposable PPE

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

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

Hepatitis B Vaccination

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

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

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

Vaccination is encouraged unless:

- documentation exists that the employee has previously received the series
- antibody testing reveals that the employee is immune or
- medical evaluation shows that vaccination is contraindicated

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

Vaccination will be provided by Kaiser if the employee is a Kaiser member or the District appointed clinic for all other employees.

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

EXPOSURE MANAGEMENT PLAN

Exposure Incident Report

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

Post-Exposure Evaluation and Follow-up

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

Kaiser on the Job (KOJ)

KOJ Santa Clara
10050 N. Wolfe Road #SW1-90
Cupertino, CA 95014
408.236.6160

KOJ San Jose
275 Hospital Parkway-5th Floor
San Jose, CA 95119
408.972.6800

KOJ Milpitas
700 E. Calaveras Blvd.
Milpitas, CA 95035
408.945.5081

Concentra Occupational Medicine (3 locations)

Santa Clara
2737 Walsh Avenue
Santa Clara, CA 95051
408.228.8400

Milpitas
315 S. Abbott Avenue
Milpitas, CA 95035
408.790.2900

San Jose
1901 Monterey Road #10
San Jose, CA 95112
408.477.8080

Document the routes of exposure and how the exposure occurred:

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

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

Administration of Post-Exposure Evaluation and Follow-up

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

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

- a description of route(s) of exposure
- circumstances of exposure
- if possible, results of the source individual's blood test
- relevant employee medical records, including vaccination status

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

Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

Human Resources will review the circumstances of all exposure incidents to determine the:

- engineering controls in use at the time
- work practices followed
- description of the device being used (including type and brand)
- protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident
- procedure or task being performed when the incident occurred
- employee's training

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

Employee Training

All employees who have occupational exposure to blood borne pathogens will receive initial and annual training as assigned through the Keenan on-line mandated training modules. All employees who have occupational exposure to blood borne pathogens will receive training on the epidemiology, symptoms, and transmission of blood borne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a copy and explanation of the OSHA blood borne pathogen standard
- an explanation of our ECP and how to obtain a copy
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of engineering controls, work practices, and PPE
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- an explanation of the basis for PPE selection
- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident

-
- an explanation of the signs and labels and/or color coding required by the standard and used at this facility
 - an opportunity for interactive questions and answers with the person conducting the training session

Recordkeeping

Training Records

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

The training records will include the:

- dates of the training sessions
- contents or a summary of the training sessions
- names and persons conducting the training
- names and job titles of all persons attending the training sessions

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

Medical Records

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

OSHA Recordkeeping

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

Sharps Injury Log

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

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

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

ERGONOMIC INJURY AND ILLNESS PREVENTION PLAN

Introduction

The District has written and developed this program to comply with the provisions of Section 5110 of Title 8 of the California Code of Regulations and to address the problem of repetitive motion injuries that result from work-related activity.

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

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

Program Scope & Administration

Standard

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

Specific Criteria

1. This section (5110) applies to a job, process, operation, or other group work classification where a repetitive motion injury (RMI) has occurred to two or more employees.
2. The two RMI's must have occurred within a single process, operation, or other similar work group classification to activate the requirements of this safety regulation.
3. The RMI must have been predominately caused by a work-related repetitive job activity. Predominately means over 50% caused by work activity.
4. The two or more employees incurring the RMI's must have been performing the same job process or operation of identical work activity.
5. The RMI's must have been musculoskeletal injuries that have been objectively identified and diagnosed by a licensed physician.
6. The RMI's must have been reported to the employer by the involved employees within the last twelve months.
7. Employers with nine or fewer employees are **NO LONGER** exempted from this regulation as of a California Court of Appeals decision in January 2000.

Work Site Evaluation & Hazard Assessment

Standard

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

Specific Criteria

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

Control of Work-Related RMI Exposures***Standard***

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

Specific Criteria

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

Employee Training

Standard

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

Specific Criteria

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

Workstation Evaluation

The proper setup of the workstation is the key to office ergonomics. An improper office arrangement will promote poor posture, increased physical stress, and can cause increased fatigue and may lead to symptoms of repetitive motion injuries (RSI's).

The evaluation must involve a comprehensive review of all factors; however, the chair is the place to start. The seat height should be adjustable so the legs of the employee can be properly positioned so the thighs are parallel with floor and the feet are firmly resting on the floor. The legs should not hang nor should they be bent at the ankles so the employee's toes can touch the floor. These conditions will lead to muscle tightening, tension, and fatigue.

The back of the chair should have a good lumbar pad, which gives solid support to the small curve of the lower back. The back pad should be adjustable so the lower portion rides in the small of the back where support is needed. If the pad is too low, it will not provide the needed support and the seat pad will tend to push the user toward the edge of the chair. Back pad tilt is a valuable option, but not as necessary as the height adjustments. Back pad tilt allows the user to bring the lumbar pad forward or back as needed.

Armrests are one of those accessories, which can be described as a personal option. Some people like them and some do not. The important thing is to be sure the height of the armrest is low enough to allow the arms to hang in a natural position so the shoulders are not compressed up toward the neck. This condition will also lead to muscle fatigue in the shoulder and neck area. Arms rests are usually removable and some have an adjustable height.

The proper size of the seat pad will vary with the size of the user. The back of the legs should clear the front of the seat pad by 2 to 4 inches. If the clearance is much larger, the seat is probably too small and

the user may feel like they are not being adequately supported. This will promote muscle tightening and will probably lead to aching muscles and leg fatigue.

Other chair features include seat pad tilt, adjustable lumbar supports, and a rotational adjustment to the armrest. All of these features add cost and comfort; however, they are not as important as the other features. Once the proper chair has been selected, we can move the employee into the work area to check other factors. The keyboard and mouse set-up are the next targets for review. The arms should be positioned similarly to the legs. They should be parallel with the floor and the wrist should be in the neutral (straight) position. If this is on the desktop, it may be too high. If an adjustable tray is being used, it may be positioned improperly. The adjustable keyboard tray with mouse support is probably the most desirable setup for most situations. The adjustment allows the user to position the keyboard and mouse at the proper level and proper angle without changing the position of the legs and feet.

The monitor should be placed directly in front of the worker, and it should be low enough that the top of the screen is about 5 degrees below eye level when looking straight out. The distance is recommended between 16 to 22 inches allowing the head to rest comfortably over the shoulders. Glasses, personal choice and the need for desk surface could affect the distance. The distance is a concern, but it is not as critical as the height and the location. Working with head tilted back and/or twisted to the side will lead to neck cramps and fatigue. Bifocals are discouraged because of the required head tilt. A single prescription lens is recommended for the computer user.

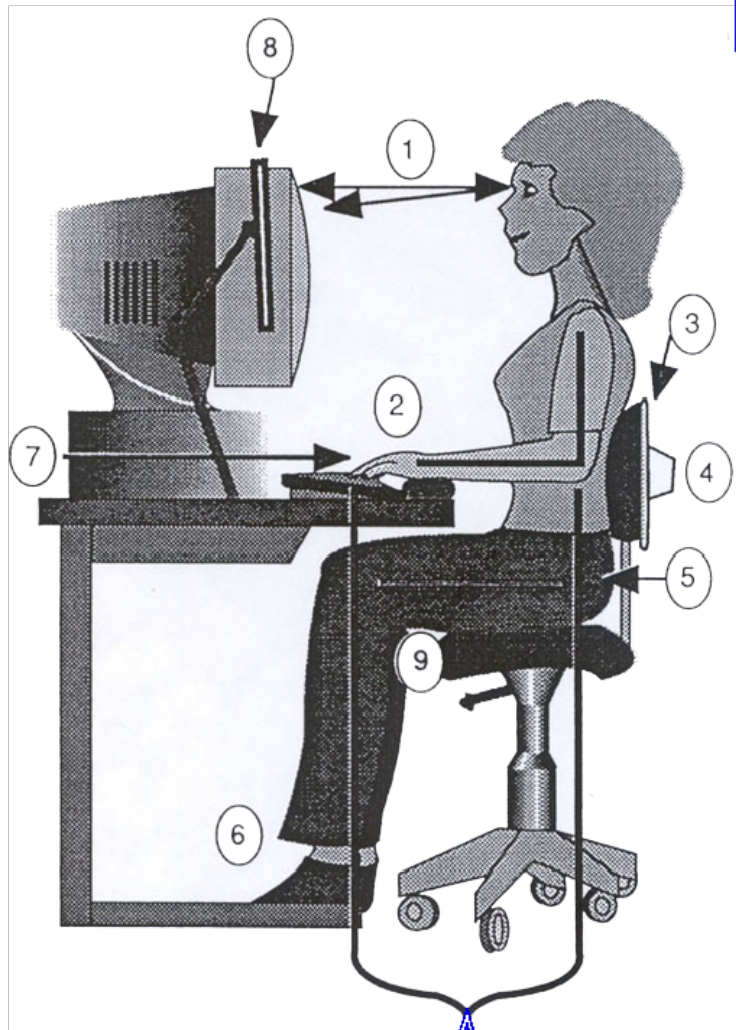
Other accessories include the work holder. The holders that mount on the top of the monitor with Velcro are effective because they leave the desk surface clear and they keep the work close to the screen. An office products catalog contains a variety of different designs and locating the proper type should be no problem. It is important to avoid twisting the neck to look at copy work, which is positioned on a return or table off to the side. Keep the copy work in front of the user and at the same distance as the screen.

The diagram in the next section displays the various factors discussed above. Review the drawing and review the information included. By using the diagram, the above information, and the checklist, which follows, you should be able to complete an effective workstation review.

YOU AND YOUR VDT



Distance from home row of keyboard to floor and tip of elbow to floor should be the same, i.e., wrist to elbow should be parallel to the floor.



1. Top of screen should be 10°-20° below the line of sight and eyes should be 16-22 inches from the screen.
2. Wrist should be kept straight and forearms parallel to the floor. **DO NOT REST WRIST ON DESK EDGE! Use wrist rest.**
3. Inward curve of the spine should be supported.
4. Adjust the table and chair height to fit your posture correctly.
5. Thighs should be parallel to the floor.
6. Feet should be flat on the floor (use foot rest if needed).
7. Position keyboard to keep hands and forearms straight and level.
8. Copyholders should be the same distance from the eyes as the screen and the same height.
9. Back of knees should be 2-4 inches from front of chair.

In general, move the frequently used objects into a primary space that is closest to you. Be careful to take into consideration your left/right preferences to reduce reaching and stretching. Move freely and work health

ERGONOMIC EXERCISES

RELEASING HAND, WRIST & SHOULDER TENSION

- STRETCHING** – Place your hands out in front of you. Then spread your fingers as far apart as possible. Hold for five seconds and then relax. Repeat this process five times.
- ROTATIONS** – Rotate your wrists, keeping your fingers relaxed and your elbows still. With your hands extended, first turn your palms up and then rotate your palms down. Repeat the exercise five times.
- HANDSHAKING** – With your hands extended, relax your muscles and let your hands dangle at the wrists. Then shake your hands. First, shake them up and down and then shake them from side to side. Repeat the exercise until the tension is gone.
- REACHING** – Place your arms over your head. With your fingers stretched, reach toward the ceiling. Hold the stretch for five seconds and then relax. Repeat five times.
- ROLLING** – Using a wide circular motion, roll your shoulders backward. Repeat the exercise five times.
- SHIFTING** – While sitting in your chair, move around to loosen up. Slouch, slump, look away from the screen, and dangle your arms. Repeat as often as necessary.
- NECK GLIDES** – While seated, glide your neck forward and hold. Then glide the neck to the rear and hold. Keep the chin level. Repeat the exercise five times.
- DEEP BREATHING** – Close your eyes, inhale and hold your breath while tightening your entire body. Slowly exhale and relax. Repeat five times.
- EYE RELAXATION** – Using the index and middle finger gently massage the eye area just above and below the brow – first in a clockwise direction and then a counter-clockwise direction.
- FINGER STRETCHES** – With hands at your sides and keeping the wrist straight, curl the fingers to the base of the fingers bending only the joints. Straighten the hands and relax. Repeat five times.

Exercises and Relaxation Techniques

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

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

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

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

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

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

HEAT STRESS PREVENTION PLAN

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

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

PLAN ADMINISTRATION

Plan Administrator

Plan administrators are the Manager of Facilities, Ricky Carrillo and the Director of Human Resources, Meagan Azevedo. The plan administrators are responsible for implementing the Heat Stress Prevention Program, monitoring work area heat conditions and for ensuring that employees are trained to recognize the signs and symptoms of heat stress illnesses or injury and what to do if these occur.

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

Supervisors

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

Employees

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

Plan Review and Update

This Plan will be periodically reviewed and updated when:

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

Definitions

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

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

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

Convection is the transfer of heat in a moving fluid. Air flowing past the body can cool the body if the air temperature is cool. On the other hand, air that exceeds 35°C (95° Fahrenheit (F)) can increase the heat load on the body.

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

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

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

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

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

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

Heat-Related Illnesses

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

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

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

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

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

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

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

Hazard Assessment

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

During the assessment, the inspector will:

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

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

Heat Stress Factors

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

- air temperature
- radiant heat sources

- conductive heat sources
- humidity
- direct physical contact with hot objects
- workload activity and duration
- semipermeable or impermeable protective clothing

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

- age
- weight
- degree of physical fitness
- degree of acclimatization
- metabolism
- use of alcohol or drugs
- medical conditions such as hypertension
- prior heat injury (predisposes an individual to additional injury)

HEAT STRESS PREVENTION PROGRAM

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

Program Implementation Criteria

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

Heat Stress Engineering Controls

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

General Ventilation

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

Fans

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

Air Cooling or Conditioning

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

Insulation

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

Cool Room

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

Heat Stress Prevention Work Practices

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

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

Employee Work/Rest Intervals

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

Fluid Replacement

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

Personal Protective Equipment

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

Reflective Clothing

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

Wetted Clothing

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

EMERGENCY RESPONSE

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

Heat Stroke

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

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

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

Heat Exhaustion

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

- rest in a cool, shaded, or air-conditioned area.
- drink plenty of water or other cool, nonalcoholic beverages.
- take a cool shower, bath, or sponge bath.

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

Heat Syncope (Fainting)

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

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

Heat Cramps

Workers with heat cramps should:

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

Heat Rash

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

- directed to work in a cooler, less humid environment when possible.
- keep the affected area dry.
- use dusting powder to help increase comfort.

Training

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

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

- knowledge of the hazards of heat stress, including environmental factors that might contribute to the risk of heat-related illness (temperature, humidity, radiant heat, air movement, conductive heat sources, workload activity and duration, and personal protective equipment)

- recognition of predisposing factors, danger signs, and symptoms (e.g., age, degree acclimatization, medical conditions, consuming alcohol, caffeine use, nicotine use, and use of medications that affect the body's response to heat)
- the importance of frequent drinking of small quantities of water
- awareness of first-aid procedures for heat stroke and other heat stress-related illnesses
- the procedure for reporting signs and symptoms of heat-related illness in themselves and co-workers
- employee responsibilities in avoiding heat stress
- use of protective clothing and equipment, including the importance of removing heat-retaining PPE, such as non-breathable chemical resistant clothing, during breaks
- first aid and other emergency response procedures

Refresher Training

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

RECORDKEEPING

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

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

The District Injury and Illness Prevention Plan was approved by the Safety Committee on

ADDENDUM

CPP

COVID-19 Prevention Program

What is CoronaVirus Disease (COVID-19)

On February 11, 2020 the World Health Organization announced an official name for the disease that is causing the 2019 Novel CoronaVirus outbreak, first identified in Wuhan China. The new name of this disease is CoronaVirus disease 2019, abbreviated as COVID-19.

There are many types of human coronaviruses including some that commonly cause mild upper respiratory tract illnesses. COVID-19 is a new disease, caused by a Novel (or new) Corona Virus that has not previously been seen in humans. The name of this disease was selected following the World Health Organization's (WHO) best practice for naming of new human infectious diseases.

How Does the Virus Spread (COVID-19)?

The virus that causes COVID-19 is thought to spread mainly from person to person through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths and/or noses of people who are nearby or possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another (within about 6 feet).

COVID-19 seems to be spreading easily and sustainably in the community (community spread) in many affected geographic areas. Community spread means people have been infected with the virus in an area, including some who are not sure how or where they became infected.

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or eyes. This is not thought to be the main way the virus spreads, but the Center for Disease Control and Prevention (CDC) is still learning more about how this virus spreads

COVID-19 Prevention Program (CPP) for MetroED.

This CPP is designed to control exposures to the SARS-CoV-2 virus that may occur in our workplace.

Authority and Responsibility

Meagan Azevedo, Director of Human Resources has overall authority and responsibility for implementing the provisions of this CPP in our workplace. In addition, 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.

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

Identification and Evaluation of COVID-19 Hazards

We will implement the following in our workplace:

- Conduct workplace-specific evaluations using the **Appendix A: Identification of COVID-19 Hazards** form.
- Evaluate employees' potential workplace exposures to all persons at, or who may enter, our workplace.
- Review 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.
- Evaluate existing COVID-19 prevention controls in our workplace and the need for different or additional controls.
- 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.
- Review with the MetroED Safety Committee existing and new prevention controls.

Employee participation

Employees and their authorized employees' representatives are encouraged to participate in the identification and evaluation of COVID-19 hazards through questions submitted electronically via remote training, safety committee, staffing meetings, and conducted surveys.

Employee screening

As the coronavirus (COVID-19) pandemic continues, we monitor the situation closely and follow all local authorities, health departments, and state guidance to prevent the spread of the virus and reduce the potential risk of exposure.

Each employee and visitor must conduct a self-screening and complete an online health assessment prior to entering campus and is assessed for COVID-19 symptoms and risk factors upon arrival at our facility. No one is allowed on campus if they are experiencing one or more symptoms related to COVID-19. We maintain a daily log to keep track of all visitors at our workplace.

By completing this assessment, employees acknowledge they will follow ALL MetroED's District COVID-19 safety protocols and will:

- not come on campus while sick;
- have my temperature taken prior to entering the campus;
- wear a face covering (with the exception of eating or drinking, or virtual teaching alone in their room);
- practice social distancing (minimum 6 feet apart);
- wash or use hand sanitizer upon arrival, before/after preparing food, after using the toilet,
- blowing my nose, touching garbage; and
- wash hands every two hours while on campus.
- If an employee displays one or more COVID like symptoms they are not admitted to the campus and the COVID-19 liaison is contacted and she then follows up with the employee. Currently employees that report they will not be in to work due to illness are also contacted by the COVID-19 liaison to screen for any potential COVID-19 symptoms and testing. Employees must ascertain if a symptom is new and not usual. The request of a physician's note may be requested indicating the employee was evaluated, the date, and reason for symptom (if not COVID related).

Correction of COVID-19 Hazards

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, as follows:

- The severity of the hazard will be assessed and correction time frames assigned, accordingly.
- Individuals are identified as being responsible for timely correction.
- Follow-up measures are taken to ensure timely correction.

The District will not discriminate or retaliate against any District employee who makes a report of a hazard.

Accommodations Process for MetroED District Employees with Medical or Other Conditions that put them at Increased Risk of Severe COVID-19 Illness

MetroED District policy provides for an accommodation process for employees who have a medical or other condition identified by the Centers for Disease Control and Prevention (“CDC”) or the employees’ health care provider as placing or potentially placing the employees at increased risk of severe COVID-19 illness.

Control of COVID-19 Hazards

Physical Distancing

Where possible, we ensure at least six feet of physical distancing at all times in our workplace by:

- Eliminating the need for some workers to be in the workplace – e.g., Zoom meetings, classrooms or other remote work arrangements.
- Reducing the number of persons in an area at one time, including visitors.
- Visual cues such as signs and floor markings to indicate where employees and others should be located or their direction and path of travel where and when necessary.
- Staggered arrival, departure, work, and break times.
- Adjusted work processes or procedures to allow greater distance between employees.
- Individuals will be kept as far apart as possible when there are situations where six feet of physical distancing cannot be achieved.

Face Coverings

We train employees to wear clean, undamaged face coverings and ensure they are properly worn over the nose and mouth when indoors, and when outdoors and less than six feet away from another person, including non-employees, and where required by orders from the California Department of Public Health (CDPH) or local health department. If a person comes to the site without a mask, a mask will be provided to them by the front office.

The following are exceptions to the use of face coverings in our workplace:

- When an employee is alone in a room.
- While eating and drinking at the workplace, provided employees are at least six feet apart and outside air supply to the area, if indoors, has been maximized to the extent possible.
- Employees wearing respiratory protection in accordance with CCR Title 8 section 5144 or other safety orders.
- Employees who cannot wear face coverings due to a medical or mental health condition or disability, or who are hearing-impaired or communicating with a hearing-impaired person. Alternatives will be considered on a case-by-case basis.
- Specific tasks that cannot feasibly be performed with a face covering, where employees will be kept at least six feet apart. Any employee not wearing a face covering, face shield with a drape or other effective alternative, or respiratory protection, for any reason, shall be at least six feet apart from all other persons unless the unmasked employee is tested at least twice weekly for COVID-

Engineering controls

We implement the following measure for situations where we cannot maintain at least six feet between individuals:

- Solid and raised partitions are installed
- Sneeze barriers installed
- Relocating individuals, where feasible, so as to not have too many persons in one area

We maximize, to the extent feasible, the quantity of outside air for our buildings with mechanical or natural ventilation systems by:

- Circumstances where the amount of outside air needs to be minimized due to other hazards, such as heat and wildfire smoke.
- COVID-19 Hazard Correction
- In addition to the engineering controls, administrative controls, and PPE provisions of our COVID-19 Prevention Program, we will do the following:
- Filter recirculated air with Minimum Efficiency Reporting Value (MERV) 13 or higher efficiency filters if compatible with our ventilation system. If MERV 13 or higher efficiency filters are not compatible with our system, we will use the highest MERV rated filter possible.
- Evaluate the benefits that portable or mounted High Efficiency Particulate Air (HEPA) filtration units, or other air cleaning systems, may offer in reducing the risk of transmission and implementing wherever possible.

Cleaning and disinfecting

We implement the following cleaning and disinfection measures for frequently touched surfaces:

- Ensuring adequate supplies and adequate time for cleaning and disinfecting to be done properly.
- Log cleaning and disinfecting of offices, classrooms, and bathrooms
- Informing the employees and authorized employee representatives of the frequency and scope of cleaning.
- Provide continuous training for custodial staff regarding COVID-19 protocols.
- Use approved EPA disinfectant products
- Provide proper personal protective equipment (PPE)
- PPE must not be shared, e.g., gloves, goggles and face shields, gowns
- Create a schedule for frequently clean and disinfect (at least twice daily) high touch areas including door handles, sink handles, bathroom and break room surfaces, and countertops
- Items that employees come in regular physical contact with, such as phones, headsets, desks, keyboards, writing materials, instruments and tools must also not be shared, to the extent feasible. Where there must be sharing, the items will be disinfected between uses by employees that have passed the Healthy School Act and Department of Pesticide Regulation Integrated Pest Management certification.
- An approved cleaning product and disinfectant wipe will be supplied to classrooms and office areas through the Manager of Maintenance and Operations, Ricky Carrillo.
- Sharing of vehicles will be minimized to the extent feasible, and high-touch points (for example, steering wheel, door handles, seat belt buckles, armrests, shifter, etc.) will be disinfected between users.

Should we have a COVID-19 case in our workplace, we will implement the following procedures:

1. Determine the day and time the COVID-19 case was last present at the workplace, the date of the

positive test/diagnosis, and the date the COVID-19 case first experienced symptoms.

2. Determine who may have had exposure to the COVID-19 case by reviewing the case's activities during the high-risk period. The high-risk period **for persons who develop symptoms** is from two days before they first develop symptoms until 10 days after symptoms first appeared and 24 hours have passed with no fever, without the use of fever-reducing medications, and symptoms have improved. The high-risk period **for persons who test positive but never develop symptoms** is from two days before until 10 days after their first positive test for COVID-19 was collected.
3. Within one day of becoming aware of a positive diagnosis, notify in writing, all employees and their authorized representatives, independent contractors and other employers onsite who were potentially exposed. Individuals with close contact will be instructed to quarantine at home. **CDC defines [close contact](#) as being within six feet of an infected person for 15 cumulative minutes or more over a 24-hour period, starting 2 days prior to symptom onset until the sick person is isolated.** When providing notice under this section, we will not disclose the identity of the infected person(s).
4. We will provide employees with potential COVID-19 exposure information about access to COVID-19 testing, which will be offered at no cost during working hours, and isolation requirements resulting from a positive test.
5. Investigate whether any workplace factors contributed to the infection and how to further reduce that potential exposure.
6. We will provide information about [COVID-19 related leave benefits](#). **Confidentiality will be maintained at all times.**
7. We keep a record of and track all COVID-19 cases to include: employee's name, contact information, occupation, location where the employee worked, the date of the last day at the workplace, and the date of a positive COVID-19 test. This information is kept confidential.
 - a. Follow the state, local, Cal/OSHA and CDC guidelines and requirements
 - Close off areas used by the person who is positive.
 - Wait 24 hours before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
 - Temporarily turn off in-room, window-mounted, or on-wall recirculation HVAC to avoid contamination of the HVAC units.
 - Consider temporarily turning off room fans and the central HVAC system that services the room or space, so that particles that escape from vacuuming will not circulate throughout the facility. Open outside doors and windows to increase air circulation in the area.
 - Clean and disinfect all areas used by the person who is positive, such as offices, bathrooms and common areas. Rooms/areas will be cleaned and disinfected thoroughly using the mister/electrostatic
 - Vacuum the space if needed. Use a vacuum equipped with a high-efficiency particulate air (HEPA) filter, if available

Hand sanitizing

In order to implement effective hand sanitizing procedures, we:

- Evaluate handwashing facilities.
- Determining the need for additional facilities.
- Encourage and allow time for employee handwashing.
- Provide employees with an effective hand sanitizer, and prohibit hand sanitizers that contain methanol (i.e. methyl alcohol).

- Provide handwashing stations and hand sanitizer throughout the campus.
- Encourage employees to wash their hands for at least 20 seconds each time at a minimum of every two hours (before entering the building, after blowing nose, before and after eating, toileting, throwing away trash)

Personal protective equipment (PPE) used to control employees' exposure to COVID-19

We evaluate the need for PPE (such as gloves, goggles, and face shields) as required by CCR Title 8, section 3380, and provide such PPE as needed.

When it comes to respiratory protection, we evaluate the need in accordance with CCR Title 8 section 5144 when the physical distancing requirements are not feasible or maintained. Respiratory training and information is provided to all employees through newsletters, online training, consultant training, safety plans on the district website and staff meetings.

We provide and ensure use of eye protection and respiratory protection in accordance with section 5144 when employees are exposed to procedures that may aerosolize potentially infectious material such as saliva or respiratory tract fluids.

Investigating and Responding to COVID-19 Cases

This will be accomplished by using the **Appendix C: Investigating COVID-19 Cases** form.

Employees who had potential COVID-19 exposure in our workplace will be:

- Offered COVID-19 testing at no cost during their working hours.
- The information on benefits described in Training and Instruction, and Exclusion of COVID-19 Cases, below, will be provided to them.
- Information on COVID-19-related leave benefits available under workers' compensation law, the federal Families First Coronavirus Response Act, Labor Code sections 248.1 and 248.5, Labor Code sections 3212.86 through 3212.88, local governmental requirements, the (Company Name) leave policies, and leave guaranteed by contract.

System for Communicating

Our goal is to ensure that we have effective two-way communication with our employees, in a form they can readily understand, and that it includes the following information:

- Who employees should report COVID-19 symptoms and possible hazards.
- That employees can report symptoms and hazards without fear of reprisal.
- Our procedures or policies for accommodating employees with medical or other conditions that put them at increased risk of severe COVID-19 illness.
- Where testing is not required, how employees can access COVID-19 testing
- In the event we are required to provide testing because of a workplace exposure or outbreak, we will communicate the plan for providing testing and inform affected employees of the reason for the testing and the possible consequences of a positive test.
- Information about COVID-19 hazards employees (including other employers and individuals in contact with our workplace) may be exposed to, what is being done to control those hazards, and our COVID-19 policies and procedures.

Notification Requirements

AB 685 — Notice Obligations for COVID-19 Exposures in the Workplace and Cal/OSHA Enforcement Changes (Effective Jan. 1, 2021)

AB 685 prescribes notice requirements on employers in the event of a COVID-19 exposure in the workplace, enhances reporting requirements to local health authorities in the event of a COVID-19 outbreak, and expands the Division of Occupational Safety and Health of California's (Cal/OSHA) authority to shut down worksites deemed to be an "imminent hazard" due to COVID-19 and issue "serious violation" citations.

Under AB 685, private and public employers who receive notice of a potential exposure to COVID-19 must do the following within one business day:

- Provide written notice to all employees, and the employers of subcontracted employees, who were on the premises at the same worksite as the “qualifying individual”² within the infectious period that they may have been exposed to COVID-19.
- Provide written notice to the exclusive representative (union), if any, of the employees above.
- Provide all employees who may have been exposed and their exclusive representative, if any, with information regarding COVID-19-related benefits to which they may be entitled, including but not limited to worker's compensation, COVID-19-related leave, and paid sick leave, as well as the employer's anti-discrimination and anti-retaliation policies.
- Provide notice to all employees, the employers of subcontracted employees, and the exclusive representative, if any, of the disinfection and safety plan that the employer plans to implement and complete, per CDC guidelines.

The written notice provided to employees may include, but is not limited to, personal service, email or text message if it can reasonably be anticipated to be received by the employee within one business day of sending and shall be in both English and the language understood by the majority of the employees.

AB 685 also imposes reporting obligations on employers who are notified of a COVID-19 outbreak, as defined by the CA Department of Public Health. Within 48 hours of learning of the outbreak, employers must notify the local public health agency in the jurisdiction of the worksite of the names, number, occupation and worksite of qualifying individuals, as well as the employer's business address and NAICS code of the worksite where the qualifying individuals worked. Following the reporting of an outbreak, the employer must continue to give notice to the local health department of any subsequent laboratory-confirmed cases of COVID-19 at the worksite.

The new law also adds a section to the Labor Code which specifically provides that Cal/OSHA can shut down or prohibit operations at a worksite when, in the opinion of Cal/OSHA, a worksite or operation “exposes workers to the risk of infection” of COVID-19 so as to constitute an imminent hazard. In addition, it eliminates the requirement that Cal/OSHA provide to the employer its notice of intent (1BY) to issue a “serious violation” citation for COVID-19 related hazards. This means that employers no longer have a “15-day window” to respond to the notice with evidence to support their defense before a citation can be issued. This provision of the bill will expire on January 1, 2023.

This bill amends sections 6325 and 6432 of the Labor Code and adds section 6409.6 to the Labor Code

Training and Instruction

We will provide effective training and instruction that includes:

- Our COVID-19 policies and procedures to protect employees from COVID-19 hazards.
- Information regarding COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws.
- The fact that:
 - COVID-19 is an infectious disease that can be spread through the air.
 - COVID-19 may be transmitted when a person touches a contaminated object and then touches their eyes, nose, or mouth.
 - An infectious person may have no symptoms.
- Methods of physical distancing of at least six feet and the importance of combining physical distancing with the wearing of face coverings.
- The fact that particles containing the virus 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.

- The importance of frequent hand washing with soap and water for at least 20 seconds and using hand sanitizer when employees do not have immediate access to a sink or hand washing facility, and that hand sanitizer does not work if the hands are soiled.
- Proper use of face coverings and the fact that face coverings are not respiratory protective equipment - face coverings are intended to primarily protect other individuals from the wearer of the face covering.
- COVID-19 symptoms, and the importance of obtaining a COVID-19 test and not coming to work if the employee has COVID-19 symptoms.
- Online training through the Keenan SafeSchools website.
- Webinar training via the District COVID-19 Liaison

Appendix D: COVID-19 Training Roster will be used to document this training.

Exclusion of COVID-19 Cases

Where we have a COVID-19 case in our workplace, we will limit transmission by:

- Ensuring that COVID-19 cases are excluded from the workplace until our return-to-work requirements are met.
- Excluding employees with COVID-19 exposure from the workplace for 10 days after the last known COVID-19 exposure to a COVID-19 case.
- Continuing and maintaining an employee's earnings, seniority, and all other employee rights and benefits whenever we've demonstrated that the COVID-19 exposure is work related. This will be accomplished through Human Resources and the applicable leave acts.
- Providing employees at the time of exclusion with information on available benefits.

Reporting, Recordkeeping, and Access

It is our policy to:

- Report information about COVID-19 cases at our workplace to the local health department whenever required by law, and provide any related information requested by the local health department.
- Report immediately to Cal/OSHA any COVID-19-related serious illnesses or death, as defined under CCR Title 8 section 330(h), of an employee occurring in our place of employment or in connection with any employment.
- Maintain records of the steps taken to implement our written COVID-19 Prevention Program in accordance with CCR Title 8 section 3203(b).
- Make our written COVID-19 Prevention Program available at the workplace to employees, authorized employee representatives, and to representatives of Cal/OSHA immediately upon request.
- Use the **Appendix C: Investigating COVID-19 Cases** form to keep a 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.

Return-to-Work Criteria

- COVID-19 cases with COVID-19 symptoms will not return to work until all the following have occurred:
 - At least 24 hours have passed since a fever of 100.4 or higher has resolved without the use of fever-reducing medications.
 - COVID-19 symptoms have improved.
 - At least 10 days have passed since COVID-19 symptoms first appeared.
- COVID-19 cases who tested positive but never developed COVID-19 symptoms will not return to work until a minimum of 10 days have passed since the date of specimen collection of their first positive COVID-19 test.
- A negative COVID-19 test will not be required for an employee to return to work.
- If an order to isolate or quarantine an employee is issued by a local or state health official, the employee will not return to work until the period of isolation or quarantine is completed or the order is lifted.

The update IIPP/Covid 19 Addendum has been reviewed by the MetroED Safety Committee on November 6, 2020 and approved by the Board on December 12, 2020. CPP reviewed by the MetroED Safety Committee on February 5, 2020 and approved

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. We will consider how employees and other persons enter, leave, and travel through the workplace, in addition to addressing fixed work locations.

Person(s) conducting the evaluation:

Date:

Name(s) of employee and authorized employee representative that participated:

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

Review the information available at www.dir.ca.gov/dosh/coronavirus/ for additional guidance on what to regularly inspect for, including issues that may be more pertinent to your particular type of workplace.

Date: _____

Name of person conducting the inspection: _____

Work location evaluated: _____

Exposure Controls	Status	Person Assigned to Correct	Date Corrected
Engineering			
Barriers/partitions			
Ventilation (amount of fresh air and filtration maximized)			
Additional room air filtration			
COVID-19 Check in Station			
COVID Access Form			
Administrative			
Physical distancing			
Surface cleaning and disinfection (frequently enough and adequate supplies)			
Hand washing facilities (adequate numbers and supplies)			
Disinfecting and hand sanitizing solutions being used according to manufacturer instructions			
Electrostatic Machine			
Mister Machine			
PPE (not shared, available and being worn)			
Face coverings (cleaned sufficiently often)			
Gloves			
Face shields/goggles			
Respiratory protection			

Appendix C: Investigating COVID-19 Cases

All personal identifying information of COVID-19 cases or symptoms will 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 un-redacted 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 will also be kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace, with the following exceptions: (1) Un-redacted 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:

Name of person(s) conducting the investigation: Lisa Ketchum, COVID-19 Liaison/Meagan Azevedo, HR Director is the alternate and all medical records are kept separately from the personnel file and all information is confidential.

Employee (or non-employee*) name:		Occupation (if non-employee, why they were in the workplace):	
Location where employee worked (or non-employee was present in the workplace):		Date investigation was initiated:	
Was COVID-19 test offered?		Name(s) of staff involved in the investigation:	
Date and time the COVID-19 case was last present in the workplace:		Date of the positive or negative test and/or diagnosis:	
Date the case first had one or more COVID-19 symptoms:		Information received regarding COVID-19 test results and onset of symptoms (attach documentation):	

<p>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 high-risk exposure period, and who may have been exposed (attach additional information):</p>	
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<p>Notice given (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 to:</p>			
<p>All employees who may have had COVID-19 exposure and their authorized representatives.</p>	<p>Date:</p>		
	<p>Names of employees that were notified:</p>		
<p>Independent contractors and other employers present at the workplace during the high-risk exposure period.</p>	<p>Date:</p>		
	<p>Names of individuals that were notified:</p>		
<p>What were the workplace conditions that could have contributed to the risk of COVID-19 exposure?</p>		<p>What could be done to reduce exposure to COVID-19?</p>	
<p>Was the local health department notified?</p>		<p>Date:</p>	

*Should an employer be made aware of a non-employee infection source COVID-19 status.

Appendix D: COVID-19 Training Roster

Dates:

Topics:

Person that conducted the training:

Employee Name	Signature
(Please see the link provided for employee attendance records)	

Note: Additional copies of this sheet may be necessary.

COVID-19 Prevention in Student Provided Transportation to and from campus

Assignment of transportation

We will prioritize shared transportation assignments in the following order:

- Employees residing in the same housing unit will be transported in the same vehicle.
- Employees working in the same crew or worksite will be transported in the same vehicle.
- Employees who do not share the same household, work crew or worksite will be transported in the same vehicle only when no other transportation alternatives are possible.

Physical distancing and face coverings

We will ensure that the:

- Physical distancing and face covering requirements of our CPP **Physical Distancing and Face Coverings** are followed for employees waiting for transportation.
- Vehicle operators and any passengers are separated by at least three feet in all directions during the operation of the vehicle, regardless of the vehicle's normal capacity. Vehicle operators and any passengers are provided and wear a face covering in the vehicle as required by our CPP **Face Coverings**.

Screening

We will develop, implement, and maintain effective procedures for screening and excluding drivers and riders with COVID-19 symptoms prior to boarding shared transportation.

Cleaning and disinfecting

We will ensure that:

- All high-contact surfaces (door handles, seat belt buckles, armrests, etc.) used by passengers are cleaned and disinfected before each trip.
- All high-contact surfaces used by drivers, such as the steering wheel, armrests, seat belt buckles, door handles and shifter, are cleaned and disinfected between different drivers.
- We provide sanitizing materials, training on how to use them properly, and ensure they are kept in adequate supply.

Ventilation

We will ensure that vehicle windows are kept open, and the ventilation system set to maximize outdoor air and not set to recirculate air. Windows do not have to be kept open if one or more of the following conditions exist:

- The vehicle has functioning air conditioning in use and the outside temperature is greater than 90 degrees Fahrenheit.
- The vehicle has functioning heating in use and the outside temperature is less than 60 degrees Fahrenheit.
- Protection is needed from weather conditions; such as rain or snow.
- The vehicle has a cabin air filter in use and the U.S. EPA Air Quality Index for any pollutant is greater than 100.

Hand hygiene

We will provide hand sanitizer in each vehicle and ensure that all drivers and riders sanitize their hands before entering and exiting the vehicle. Hand sanitizers with methyl alcohol are prohibited.

Multiple COVID-19 Infections and COVID-19 Outbreaks

This section applies if MetroED is identified by a local health department as the location of a COVID-19 outbreak, or there are three or more COVID-19 cases in your workplace within a 14-day period. Reference section 3205.1 for details.

This section of CPP will stay in effect until there are no new COVID-19 cases detected in our workplace for a 14-day period.

COVID-19 testing

- We will provide COVID-19 testing to all employees in our exposed workplace except for employees who were not present during the period of an outbreak identified by a local health department or the relevant 14-day period. COVID-19 testing will be provided at no cost to employees during employees' working hours.
- COVID-19 testing consists of the following:
 - All employees in our exposed workplace will be immediately tested and then tested again one week later. Negative COVID-19 test results of employees with COVID-19 exposure will not impact the duration of any quarantine period required by, or orders issued by, the local health department.
 - After the first two COVID-19 tests, we will 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 our workplace for a 14-day period.
 - We will provide additional testing when deemed necessary by Cal/OSHA.

Exclusion of COVID-19 cases

We will ensure COVID-19 cases and employees who had COVID-19 exposure are excluded from the workplace in accordance with our CPP **Exclusion of COVID-19 Cases** and **Return to Work Criteria** requirements, and local health officer orders if applicable.

Investigation of workplace COVID-19 illness

We will immediately investigate and determine possible workplace-related factors that contributed to the COVID-19 outbreak in accordance with our CPP **Investigating and Responding to COVID-19 Cases**.

COVID-19 investigation, review and hazard correction

In addition to our CPP **Identification and Evaluation of COVID-19 Hazards** and **Correction of COVID-19 Hazards**, we will 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.

The investigation and review will be documented and include:

- **Investigation of new or unabated COVID-19 hazards including:**
 - Our leave policies and practices and whether employees are discouraged from remaining home when sick.
 - Our COVID-19 testing policies.
 - Insufficient outdoor air.
 - Insufficient air filtration.
 - Lack of physical distancing.

- **Updating the review:**
 - Every thirty days that the outbreak continues.
 - In response to new information or to new or previously unrecognized COVID-19 hazards.
 - When otherwise necessary.
- **Implementing changes to reduce the transmission of COVID-19 based on the investigation and review. We will consider:**
 - Moving indoor tasks outdoors or having them performed remotely.
 - Increasing outdoor air supply when work is done indoors.
 - Improving air filtration.
 - Increasing physical distancing as much as possible.
 - Respiratory protection.
 - Barriers

Notifications to the local health department

- Immediately, but no longer than 48 hours after learning of three or more COVID-19 cases in our workplace, we will contact the local health department for guidance on preventing the further spread of COVID-19 within the workplace.
- We will provide to the local health department the total number of COVID-19 cases and for each COVID-19 case, the name, contact information, occupation, workplace location, business address, the hospitalization and/or fatality status, and North American Industry Classification System code of the workplace of the COVID-19 case, and any other information requested by the local health department. We will continue to give notice to the local health department of any subsequent COVID-19 cases at our workplace.

Additional Consideration #2

Major COVID-19 Outbreaks

This section applies to MetroED should the workplace experience 20 or more COVID-19 cases within a 30-day period. Reference section 3205.2 for details.

This section of CPP will stay in effect until there are no new COVID-19 cases detected in our workplace for a 14-day period.

COVID-19 testing

We will provide twice a week COVID-19 testing, or more frequently if recommended by the local health department, to all employees present at our exposed workplace during the relevant 30-day period(s) and who remain at the workplace. COVID-19 testing will be provided at no cost to employees during employees' working hours.

Exclusion of COVID-19 cases

We will ensure COVID-19 cases and employees with COVID-19 exposure are excluded from the workplace in accordance with our CPP **Exclusion of COVID-19 Cases** and **Return to Work Criteria**, and any relevant local health department orders.

Investigation of workplace COVID-19 illnesses

We will comply with the requirements of our CPP **Investigating and Responding to COVID-19 Cases**.

COVID-19 hazard correction

In addition to the requirements of our CPP **Correction of COVID-19 Hazards**, we will take the following actions:

- In buildings or structures with mechanical ventilation, we will filter recirculated air with Minimum Efficiency Reporting Value (MERV) 13 or higher efficiency filters if compatible with the ventilation system. If MERV-13 or higher filters are not compatible with the ventilation system, we will use filters with the highest compatible filtering efficiency. We will also 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.
- We will 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.
- We will evaluate whether to halt some or all operations at our workplace until COVID-19 hazards have been corrected
- Implement any other control measures deemed necessary by Cal/OSHA.

Notifications to the local health department

We will comply with the requirements of our **Multiple COVID-19 Infections and COVID-19 Outbreaks-Notifications to the Local Health Department**.