

Where students are family and learning comes to life!

Injury & Illness Prevention Program

The Denair Unified School District's Risk Management Plan plays a vital role in supporting the District's responsibility to provide safe working conditions for all of our employees. Safety awareness is the basis for our safety program.

Our commitment is to provide safety devices and mechanical safeguards; to use methods and processes to protect the life, health, safety, and welfare of our employees, and to maintain and enforce a program to fulfill this responsibility.

Therefore, it shall be considered each person's responsibility not only to assure his/her own personal safety, but also to develop a concern for safety for all who work with him/her. Employees shall, at all times while on District property, conduct themselves and perform work in a safe manner consistent with the existing safety rules.

## **Table of Contents**

| Goals                                             |   |
|---------------------------------------------------|---|
| Statutory Authority                               | 1 |
| Responsibility                                    |   |
| Compliance                                        | 3 |
| Communication                                     | 3 |
| Hazard Identification                             |   |
| Scheduled Safety Inspections                      | 4 |
| Unscheduled Safety Inspections                    |   |
| Accident Investigations                           | 5 |
| Hazard Correction                                 | 5 |
| Training                                          | 5 |
| To All Employees                                  | 5 |
| To All Site Administrators and Managers           |   |
| Documentation                                     | 6 |
| Appendix A: Accident Investigation Report         |   |
| Appendix B: Report of Unsafe Conditions or Hazard |   |
| Appendix E: District Nomination Guide             |   |
| Appendix F: Areas of Training                     |   |
| Appendix G: Available Specialized Services        |   |

#### Goals

Diligent implementation of this program will reap many benefits for Denair Unified School District. Most notably it will:

- 1. Protect the health and safety of employees, students, and visitors.
- 2. Decrease the potential risk of disease, illness, injury, and harmful exposures to District personnel.
- 3. Reduce Workers' Compensation claims and costs.
- 4. Improve efficiency by reducing the time spent replacing or reassigning injured employees, as well as reduce the need to find and train replacement workers.
- 5. Improve employee morale and efficiency as employees see that their safety is important to management.
- 6. Minimize the potential for penalties assessed by various enforcement agencies in maintaining compliance with Health and Safety Codes.

#### **Statutory Authority**

On October 2, 1989, former Governor Deukmejian signed Senate Bill 198 into law. SB 198 mandates that all employers establish and maintain a written Injury and Illness Prevention Program and required the Cal/OSHA Standards Board to develop regulations.

- California Labor Code §6401,7.
- California Code of Regulations Title 8, §1509 and §3203.

#### Responsibility

It is the responsibility of the District to develop and implement procedures, which ensure effective compliance with the Injury and Illness Prevention Program (*IIPP*) and other health and safety policies related to operations. The ultimate authority for establishing and maintaining effective environmental health and safety policies specific to district facilities and operations rests with the **Governing Board of Trustees**.

The person with overall responsibility and authority for implementing the Injury and Illness Prevention Program is the Superintendent.

The Superintendent has appointed a District Safety Officer. This person, listed below, has been delegated the responsibility and authority for this program:

#### **Mark Hodges**

#### mhodges@dusd.k12.ca.us

Director of Facilities, Construction, Maintenance, Operations and Transportation Phone # (209) 632-7514 x 1218

The DSO's duties include, but are not limited to:

a. Maintaining a safety program that incorporates the current practices and policies adopted by the safety profession and Cal/OSHA as being most effective in preventing injuries,

- occupational diseases, vehicular collisions, liabilities and damage to equipment and material.
- b. Consulting directly with management personnel and employees on loss prevention matters and provide guidance necessary to assure effective administration of this program.
- c. Periodically evaluating compliance with the program within the district and its school sites. Make periodic inspections of worker compliance with Cal/OSHA standards. The DSO has full authority to stop jobs when safety precautions are not being enforced. The verbal notification to stop a job must be followed by a written report directly to the Superintendent.
- d. Ensuring that managers and supervisors are trained in work place safety and are familiar with the safety and health hazards to which employees under their immediate direction or control may be exposed, as well as applicable laws, regulations and District safety rules and policies.
- e. Ensuring that employees are trained in accordance with this Program.
- f. Developing methods for abating work place hazards.
- g. Ensuring that work place hazards are abated in a timely and effective manner. This includes review of inspection reports requiring action, and review of accident investigations including implementation of any identified actions.
- h. Maintaining documentation of the IIPP.
- i. Periodically reviewing the overall effectiveness of the IIPP.

The DSO may assign all or some of these tasks to other individuals.

It is the responsibility of the Site Administrator, Directors, and Supervisors to:

- a. Ensure that their employees receive job specific safety training, and that they fulfill the other responsibilities assigned to them in this IIPP.
- b. Know how to safely accomplish the tasks assigned each employee
- c. Purchase appropriate personal protective equipment
- d. Evaluate employee compliance.

District employees at every level have a special obligation to work safely and maintain a safe and healthful work environment. Immediate responsibility for workplace health and safety rests with each individual employee.

- a. Employees are responsible for following the established work procedures and safety guidelines in their area, as well as those identified in this Program.
- b. Employees are also responsible for using the personal protective equipment issued to protective equipment issued to protective equipment issued to protect them from identified hazards, and for reporting any unsafe conditions to their supervisors utilizing the form presented in Appendix B: Report of Unsafe Conditions or Hazards.

#### **Compliance**

Compliance with this IIPP will be achieved in the following manner:

- 1. Site Administrators and Managers will distribute to their employees Codes of Safe Practices that specifically address control of the hazards involved in their job duties.
- 2. Site Administrators and Managers will set positive examples for working safely and require that all staff under their direction work safely.
- 3. Site Administrators and Managers will use all disciplinary procedures available to them to ensure that employees follow established safety policies and procedures. Performance evaluations, verbal counseling, written warnings, and other forms of disciplinary action are available.
- 4. Site Administrators and Managers will identify the resources necessary to provide a safe work environment for their employees and include them in budget requests.
- 5. The District has established an appropriate means of recognition for employees and/or groups of employees who demonstrate safe work practices. On a quarterly basis the District's Safety Officer will take nominations from the School and District sites on employees who have contributed to their own safety as well as their co-workers.

#### **Communication**

The District will communicate with employees on safety issues in the following ways:

- > Sites and Departments will periodically distribute to all sites information on safety issues. The information is to be posted in a location accessible to all employees at that site. Items distributed might include changes in protocols, safety bulletins, accident statistics, training announcements and other relevant information, as it becomes available. Safety resources and training information may be accessed at www.crsig.com.
- > Site Administrators and Managers will provide time at periodic staff meetings to discuss safety topics.
- Employees may use the "Report of Unsafe Conditions or Hazards" form to report a safety issue or hazard. The completed form should be returned to the District Safety Officer.
  - The employee will be notified in writing within five (5) working days. If submitted anonymously, notification will be posted in employee lounge.

#### **Hazard Identification**

A health and safety inspection program is essential in order to reduce unsafe conditions, which may expose employees to incidents that could result in personal injuries or property damage. The District's self-inspection program will consist of:

#### **Scheduled Safety Inspections**

- ➤ Documented bi-annual property inspections of the facilities by the Supervisor of Maintenance & Operations or designee using the Bi-Annual Property Checklist presented in Appendix D.
- ➤ Bi-annual inspections of all office areas, utilizing the Bi-annual Office Safety Inspection Form checklist presented in Appendix C, by the Site Administrator, Director or Designee.
- Inspections of District facilities will be conducted per the following table. The customary reporting deadlines are indicated in the table below. Inspection reports may be submitted in a checklist format.

| <b>District Facility</b> | <b>Frequency</b>               | Conducted by          |
|--------------------------|--------------------------------|-----------------------|
| Classrooms               | Check Daily / Bi-annual report | Custodian             |
| Science Classrooms       | Check Daily / Bi-annual report | M & O designee        |
| Student Shops            | Check Daily/ Bi-annual Report  | M & O designee        |
| Custodial Closet         | Check Daily/ Bi-annual report  | Custodian             |
| Athletic Areas/Grounds   | Check Daily / Bi-annual report | M & O designee        |
| Playgrounds              | Check Daily / Bi-annual report | M & O designee        |
| Grounds                  | Check Daily/ Bi-annual report  | M & O designee        |
| Cafeteria / Kitchen      | Check Daily/ Bi-annual report  | Food Services / M & O |
|                          |                                | designee              |
| Office                   | Check Daily/ Bi-annual report  | Office Staff          |
| Gymnasium                | Check Daily/ Bi-annual report  | M & O designee        |
| Maintenance Shop         | Check Daily/ Bi-annual report  | M & O designee        |
| Transportation Shop      | Check Daily/ Bi-annual report  | M & O designee        |
| Automotive equipment     | Check daily by operator        | Vehicle operator      |
|                          | Annual CHP Inspection          |                       |

#### **Unscheduled Safety Inspections**

Additional safety inspections will be conducted whenever the Risk Management Department is made aware of new equipment, or changes in procedures are introduced into the workplace that may present new hazards.

#### **Accident Investigations**

The Site Administrators, Directors, and Supervisors will investigate all accidents, injuries, occupational illnesses, and near-miss incidents to identify the root cause using the Accident Investigation form (Appendix A). These forms will be forwarded to the District Office for review as part of their Hazard Correction procedures outlined below.

#### **Hazard Correction**

All hazards reported using the following forms: Employee Report of Unsafe Condition(s), Inspection Checklists, or Accident Investigation will be promptly investigated by the Superintendent/designee. The Superintendent/designee will assess the potential for injury; establish if necessary, a corrective action plan, and report back to the District Safety Officer on the planned corrective measures.

#### **Training**

Effective dissemination of safety information lies at the very heart of a successful IIPP. In order to ensure that those charged with responsibilities in this IIPP are properly trained in those tasks, the following training will be provided:

#### **To All Employees**

- All existing employees will be trained on the contents of the IIPP and the responsibilities assigned to them when it is first introduced.
- All new employees will be trained on the contents of the IIPP and the responsibilities assigned to them during the New Employee Orientation.
- All employees will be trained on appropriate safety measures associated with their job duties using the job-specific Codes of Safe Practices.
- Retraining on a revised or new Code of Safe Practices will be provided whenever:
  - The employee is given a new job assignment.
  - A new substance, process, procedure or piece of equipment is introduced.
  - The Site Administrators and Department Managers are made aware of a new or previously unrecognized hazard.

The training required of other safety programs is spelled out in those written programs. Areas of training are listed in Appendix F.

#### **To All Site Administrators and Managers**

- ➤ The Site Administrators and Managers will be trained on the contents of this IIPP and the responsibilities assigned to them when it is first introduced.
- All new Site Administrators and Managers will be trained on the contents of this IIPP and the responsibilities assigned to them as part of their new job duty training.
- All Site Administrators and Managers will be trained in the hazards associated with the duties performed by their employees and the Codes of Safe Practices associated with those hazards.
- ➤ All Site Administrators and Managers will be trained on accident investigation procedures and techniques.

#### **Documentation**

Many standards and regulations of Cal/OSHA contain requirements for the maintenance and retention of records for occupational injuries and illnesses, medical surveillance, exposure monitoring, inspections and other activities relevant to occupational health and safety. To comply with these regulations, as well as to demonstrate that the critical elements of this IIPP are being implemented, the following records will be kept on file in the District Office for at least the length of time listed below:

- 1. Copies of all IIPP Safety Inspection Forms retain for five (5) years.
- 2. Copies of all Employee Training Forms and related training documentation retain for the duration of the individual's employment and three (3) years after employee has separated from the district.
- 3. Copies of all Safety Meeting Trainings and Agendas retain for five (5) years.
- 4. Accident Investigation Reports retain for five (5) years.

The District will ensure that these records are kept on file, and will present them to Cal/OSHA or other regulatory agency representative if requested.

A safe and healthy workplace must be the goal of everyone in the Denair Unified School District, with responsibility shared by management and staff alike. If you have any questions regarding this Injury and Illness Prevention Program, please contact Mark Hodges, District Safety Officer / Director of FCMOT and or Margaret Bernard, Personnel Account Technician, at 3460 Lester Road, Denair, California, 95316.

# Appendix A: Accident Investigation Report

## **DENAIR UNIFIED SCHOOL DISTRICT**

# **ACCIDENT INVESTIGATION REPORT**

# **Injury and Illness Prevention Program**

!!! This form is NOT to be completed by the injured employee !!!

| Injured Employee:                                               | Date Reported:                                                              |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------|
| Job Title:                                                      | Date of Injury:                                                             |
| District Site:                                                  | Time of Injury:: am / pm                                                    |
| Location: (i.e. room #, cafeteria, etc.)                        |                                                                             |
|                                                                 |                                                                             |
| How did the injury occur?                                       |                                                                             |
|                                                                 |                                                                             |
|                                                                 |                                                                             |
|                                                                 |                                                                             |
| What part(s) of the body was injured?                           |                                                                             |
|                                                                 |                                                                             |
|                                                                 |                                                                             |
| What corrective action was taken?                               |                                                                             |
|                                                                 |                                                                             |
|                                                                 |                                                                             |
|                                                                 |                                                                             |
| Witness Names:                                                  | Please check box if a statement was collected for the following individual. |
| Witness Names:                                                  |                                                                             |
|                                                                 |                                                                             |
|                                                                 |                                                                             |
| Investigation completed by:                                     |                                                                             |
|                                                                 |                                                                             |
| Investigation completed by:                                     |                                                                             |
| Investigation completed by:  Job Title  Date District received: | Date                                                                        |
| Investigation completed by:  Job Title                          | Date                                                                        |
| Investigation completed by:  Job Title  Date District received: | Date                                                                        |
| Investigation completed by:  Job Title  Date District received: | Date                                                                        |
| Investigation completed by:  Job Title  Date District received: | Date                                                                        |

# QUICK REFERENCE GUIDE HOW TO INVESTIGATE AN ACCIDENT

This quick reference guide is designed for Administrators and Managers to use while investigating work-related injuries and illnesses. Remember, prior to investigating an accident, employees should be trained to report injuries to their Supervisors, no matter how minor they may be. "Near-accidents" should also be reported and investigated by Supervisors and their findings to the District. Please follow these 4 steps when investigating work-related injuries or illnesses:

#### Step 1:

- A. Act at once. When possible, talk with the injured employee immediately, one-on-one communication is best. When completing the *Accident Investigation Report* form use a fact-finding approach and avoid fault-finding questions in determining what occurred.
- B. Use the *Accident Investigation* checklist for sample questions during your investigation. If necessary and appropriate, ask the injured person or witness to show you how the accident happened. Review the physical causes, such as poor housekeeping, improper guards, improper apparel, (i.e. such as lack of properly soled shoes or safety shoes, eyes, hand or head protection), defective equipment, slippery floors, dangerous practices, inexperience, poor judgment, or disobeying rules.
- C. Describe the scene of incident; including the lighting, walking surface, weather, measurements, and any other condition(s) that could have contributed to accident. Determine what necessary preventative equipment should be provided to the District.
- D. Non-injury accidents (an accident that nearly causes an injury of any severity) should also be investigated and reported.

#### Step 2:

Complete the *Accident Investigation Report* within 24 hours of the accident, retain a copy for your records and send original to the District Office.

#### Step 3:

All work-related injuries or illnesses must be reported to the Site Administrator or Manager. Immediately following the reporting of the injury or illness to the Site Administrator or Manager, the employee must contact *Company Nurse* at 1-877-247-1445. If medical treatment is necessary, *Company Nurse* will direct the injured employee to a medical facility.

#### Step 4:

Ensure all exposed employees are made aware of the contributing factors of the accident, including any work orders for areas/equipment.

# Appendix B: Report of Unsafe Conditions or Hazard Injury & Illness Prevention Program Page 10 of 29

#### **DENAIR UNIFIED SCHOOL DISTRICT**

## REPORT OF UNSAFE CONDITION OR HAZARD

**Injury and Illness Prevention Program** 

Please submit this report to the District Safety Officer. You will receive a response in five (5) days. Completion of this section is optional and may be submitted anonymously:

| Name:                                                                              | _ Signature:            |         |    |           |
|------------------------------------------------------------------------------------|-------------------------|---------|----|-----------|
| Job Title:                                                                         | Date:                   | _ Time: | _: | _ am / pm |
| Location of suspected <i>unsafe</i> or <i>hazardous</i> condition (i.e. site name, | room #, cafeteria, etc. | .)      |    |           |
| Description?                                                                       |                         |         |    |           |
|                                                                                    |                         |         |    |           |
|                                                                                    |                         |         |    |           |
|                                                                                    |                         |         |    |           |
| District Review:                                                                   |                         |         |    |           |
| What was discovered?                                                               |                         |         |    |           |
|                                                                                    |                         |         |    |           |
| Was the condition unsafe or hazardous?                                             |                         |         |    |           |
|                                                                                    |                         |         |    |           |
|                                                                                    |                         |         |    |           |
| Recommendation for corrective measures:                                            |                         |         |    |           |
|                                                                                    |                         |         |    |           |
|                                                                                    |                         |         |    |           |
| Review completed by:                                                               |                         |         |    |           |
| Job Title                                                                          | Date                    |         |    |           |
|                                                                                    | _                       |         |    |           |
| Date District received:Action(s) taken and/or comments:                            |                         |         |    |           |
|                                                                                    |                         |         |    |           |
|                                                                                    |                         |         |    |           |
|                                                                                    |                         |         |    |           |

# **Appendix E: District Nomination Guide**

#### **DENAIR UNIFIED SCHOOL DISTRICT**

# **District Nomination Guide Injury and Illness Prevention Program**

wish a wide is to be used in assisting with the nomination process of an individual that has demon

This brief guide is to be used in assisting with the nomination process of an individual that has demonstrated a <u>clear knowledge of safety or safety process</u>.

School and District sites may nominate an employee or groups of employees who demonstrate safe work practices and who have contributed to their own safety as well as their co-workers. The District will recognize nominated employees at a District Board meeting.

| Nomination F                             | orm    | _ |
|------------------------------------------|--------|---|
| Nominee:                                 | Date:  |   |
| Job Title:                               |        |   |
| Site:                                    | Phone: |   |
| Reason for Nomination:                   |        |   |
|                                          |        | _ |
|                                          |        | _ |
|                                          |        | _ |
|                                          |        |   |
|                                          |        |   |
|                                          |        | _ |
|                                          |        | _ |
|                                          |        | _ |
|                                          |        | _ |
|                                          |        |   |
| Name of Person(s) Submitting Nomination: |        |   |
|                                          |        |   |
| Received by:                             | Date:  |   |

# Appendix F: Areas of Training

#### DENAIR UNIFIED SCHOOL DISTRICT

#### **AREAS OF TRAINING**

#### **Injury and Illness Prevention Program**

- 1. Injury and Illness Prevention Program Training
- 2. Hazardous Materials Handling and Use
- 3. Pesticide Use Training
- 4. Back Injury Prevention Training
- 5. Fire Safety Training
- 6. Emergency and Disaster Preparedness
- 7. Bloodborne Pathogens Exposure Control
- 8. Science Laboratory Safety Training
- 9. Hazardous Waste Operations and Emergency Response
- 10. Ergonomics and Office Safety
- 11. Storm Water
- 12. HAZCOM Right-To-Know
- 13. Ergonomics and Stress Reduction
- 14. Non-Violent Crisis Intervention Training (CPI)
- 15. Powered Industrial Truck (Forklift and Utility Cart Training)

<sup>\*\*</sup>See complete list by visiting www.crsig.com.

# Appendix G: Available Specialized Services

#### **DENAIR UNIFIED SCHOOL DISTRICT**

#### AREAS OF TRAINING

#### **Injury and Illness Prevention Program**

- 1. Science Laboratory Safety
- 2. 40 Hour and HAZWOPER Emergency Response Training
- 3. Hazardous Substance Communication Program
- 4. Bloodborne Pathogens Exposure Control
- 5. Lockout/Tag-out Programs
- 6. Disaster Preparedness Plans
- 7. Job Hazard Analysis
- 8. Chemical Hygiene Plan
- 9. Indoor Air Quality
- 10. Storm Water Pollution Prevention Programs
- 11. Spill Response Plans
- 12. Loss Prevention Surveys
- 13. Ergonomic Employee Evaluations
- 14. American with Disabilities (ADA) Audit/Inspections
- 15. DOT Drug and Alcohol Testing Program Administration
- 16. Playground Safety Audits
- 17. Pesticide Use Training
- 18. Back Injury Prevention
- 19. Fire Safety and Disaster Preparedness
- 20. Kitchen Safety
- 21. Stress Reduction and Employee Wellness
- 22. Claims Analysis Identify Trends and Provide Targeted Training and Safety Solutions.

<sup>\*\*</sup>See complete list by visiting www.crsig.com.

# **Table of Contents**

|     | Purpose                                                               |            |
|-----|-----------------------------------------------------------------------|------------|
| 2.  | Scope                                                                 | 19         |
| 3.  | Responsibilities                                                      | 19         |
| 4.  | Covid-19                                                              | 19         |
| 5.  | Protection Guidelines                                                 | 20         |
| 6.  | Personal Hygiene                                                      | 21         |
| 7.  | Monitor/Observe/Enforce                                               | 21         |
| 8.  | Wellness Check-in                                                     | 21         |
| 9.  | Disinfection and Recovery                                             | <b>2</b> 3 |
| 10. | Procedures/Tasks that May Violate the 6' Rule for Physical Distancing | 23         |
| 11. | Contractors Performing Work at School District Sites/Facilities       | 24         |
| 12. | Training                                                              | 24         |
| 13. | Forms                                                                 | 24         |

#### 1. Purpose

- 1.1 This policy is designed to set forth standards and protocols for the Denair Unified School District ("District") regarding the current pandemic of COVID-19.
- 1.2 This policy will be utilized for the protection of employees, sub-contractors, students, vendors and any other persons performing essential work for at District sites/locations.
- 1.3 This addendum may be amended as procedures and guidance from State and Federal Regulations are changed.

#### 2. Scope

- 2.1 The District is monitoring all current information from local, State, and Federal agencies such as the CDC, WHO and local Health Departments.
- 2.2 The District will follow all current recommendations and remain continually updated as conditions and/or recommendations change.

#### 3. Responsibilities

- 3.1 The Superintendent has the overall responsibility for the implementation, documentation, maintenance and review of this policy. The Superintendent may delegate specific authority to the District Safety Officer. The School District Safety Officer is responsible for assisting with all aspects of this policy.
- 3.2 All Managers/Supervisors are responsible to implement and enforce all aspects of this policy.
- 3.3 All employees are required to strictly follow all aspects of this policy.

#### 4. Covid-19

- 4.1 Symptoms of COVID-19 typically include the following:
  - Fever (100.4 degrees Fahrenheit or higher).
  - Chills.
  - Cough.
  - Shortness of breath.
  - Respiratory illness.
  - Headache
  - Sore throat
  - New loss of taste or smell

Note: According to the CDC, symptoms may appear in as few as 2 days or as long as 14 days after an exposure.

- 4.2 How COVID-19 Spreads.
  - Between people who are in close contact with another person (6' or less).
  - Through respiratory droplets produced when an infected person coughs or sneezes and then land in the respiratory track of another person.
  - It could also be possible to transmit the virus by touching a surface or object that has the COVID-19 virus on it and then touching your own mouth, nose, or eyes.
  - Some recent studies have suggested that it may spread by people who are not showing symptoms

#### 5. Protection Guidelines

- 5.1 The following are minimum standards that will be in place for all the School District employees until further notice.
  - All the School District employees, sub-contractors, vendors or anybody else making contact at any School District site are required to be checked in daily with the School District representative (manager or designee).
  - Face coverings must be worn in accordance with Health Department guidelines. Effective June 18, 2020, face coverings are mandatory statewide.
  - The School District requires a minimum of 6' of physical distancing at all times by all employees.
  - Conduct a daily health assessment (see section 8).
  - Any individual that appears to be unwell will NOT be granted access to the site or allowed to start work.
  - Require sick workers/employees and those displaying flu-like symptoms to stay home. ("Worker/Employee" means worker or employee for the School District, subcontractors, designers, consultants, etc.)
  - Send employees home immediately who show signs and symptoms of flu-like or acute respiratory illness symptoms (see section 8, Appendix A and D).
  - Hand Sanitizer and appropriate protective gloves shall be made available throughout each site and office, as necessary.
  - Encourage respiratory etiquette, including covering mouth and or nose when coughing and/or sneezing. Cover the mouth and nose with a tissue. If a tissue is not immediately available cough or sneeze into your sleeve, not your hands.
  - Post additional signage though out District buildings and work areas to raise awareness.
  - Minimize the number of employees working within a certain area of a (6' of physical distance to be maintained at all times).
  - Use of daily task analysis or job hazard analysis forms to communicate the seriousness of this situation and the protection measures necessary.
  - If employees must share tools or work areas, ensure the tools/areas are disinfected after use.
  - Ensure routine cleaning of frequently touched surfaces including the following: door handles, elevator buttons, all surfaces, equipment, and tool handles.
  - Use of shift-work to minimize the number of employees working within certain areas.
  - Stagger break and lunch time to avoid employees from gathering in one location.
  - As possible, only perform critical/essential activities.
  - No gatherings of employee of more than 10 people, including: breaks, lunch, and meetings. If more than ten employees are involved in a meeting, procedures must be followed to minimize contact.
    - Seats placed at least 6' apart in all directions.
    - Handwipes be provided
    - Each employee will be assigned a place to sit.
    - o Handwashing will be encouraged and sanitizer will be provided.
    - Gloves will be available.
    - Masks or faces shields be provided and will be required while inside the building.
  - Rotating work schedules will be considered when appropriate. Appropriate schedules could include:
    - Staggered start and ending times
    - AM/PM schedule
    - Alternating days

- All meetings are encouraged to be call-in/video conference; this includes both office and field meetings. Any meeting or training session attended by employees must provide for physical distancing of 6'.
- Minimize number of employees at a work location based on the size of the work location. No more than five (5) people per 1000 square feet inside a building.
- Company vehicles are limited to one (1) employee only.
- Encourage employees not to carpool unless they are members of the same household.
- No physical greetings such as a handshake or hug.
- Encourage personnel to use the stairs, not the elevator.

#### 6. Personal Hygiene

- 6.1 The following are measures employees shall follow to help prevent the spread of any virus.
  - Wash your hands frequently with soap and water for a minimum of 20 seconds. If soap and water are not available, use hand sanitizer (70% alcohol content or greater). At a minimum, employees MUST wash hands at the beginning and end of each shift, after using the toilet, before and after each break.
  - Encourage respiratory etiquette, including covering mouth and or nose when coughing and/or sneezing. Cover the mouth and nose with a tissue. If a tissue is not immediately available cough or sneeze into your sleeve, not your hands.
  - o Avoid touching your eyes, nose, and mouth especially with unwashed hands.
  - Encourage employees to not share tools or work areas. If sharing of tools does take place, ensure the tools/areas are disinfected with an appropriate disinfectant after use
  - Use disinfection/cleaning products for common areas or shared tools.
  - Ensure you read and follow all instructions and safety precautions when using any disinfectant/cleaning product and have the SDS sheets readily available.
  - Stay home if you are sick or feel sick (except to get medical care); be fever free for 24 hours without the use of medication (i.e., Motrin, Advil, Aleve, Dayquil, etc.) before returning to work.
  - Face coverings will be based on local health department/CDC guidelines and/or requirements.
  - No physical greeting such as a handshake or hug.
  - Onsite PPE requirements specific to COVID-19 protection will be based on the individual task requirement and current health department/CDC recommendations/guidelines.

#### 7. Monitor/Observe/Enforce

- 7.1 The site manager/supervisor shall conduct frequent site reviews to include when needed taking photos to ensure all protocols are in place and being enforced.
- 7.2 If any employee, subcontractor, or vendor are observed not following these District safety measures, they will be asked to leave the site immediately and proper notifications will be made.

#### 8. Wellness Check-in

8.1 Each day each employee must submit a written wellness check. This wellness check will be used as a guide to determine if the employee continues to work or will be sent home based on the scenarios below.

- 8.2 Employees will be required to check their own temperature each and every day prior to coming to work. Any temperature of 100.4 degrees Fahrenheit or higher is defined as a fever
- 8.3 Daily Assessment form is located within Appendix A and also available electronically. Alternatively, the Self-Screening Log in Appendix D may be utilized
- 8.4 The employee will provide a completed self-assessment document to the supervisor. A copy of the Daily Assessment or Self-Screening log form will be forward to the Office of Human Resources or the District Safety Officer by the Supervisor. The District will maintain these confidential documents for one (1) year.

#### Scenario #1: If an Employee Answers No to all Questions on Health Assessment

- Any employee who answers No to all daily health assessment questions will be allowed to stay at work as long as the daily answers are No.
- Employee must maintain all aspects of this policy including maintaining at least 6' of physical distancing.

#### Scenario #2: If an Employee is Sick or Shows Signs of Illness

- If an employee calls in sick or indicates they have flu-like symptoms either through the wellness check or orally to their supervisor, they will be required to stay home until they are symptom free and/or see a doctor and to await confirmation of testing or doctor recommendation prior to returning to work.
- Employees who appear to have symptoms (i.e., fever, cough, or shortness of breath) upon arrival at work or who become sick during the day will immediately be separated from other employees, students, and visitors and sent home.
- If an employee states that they have COVID-19 or have been in close contact with someone who has COVID-19, they must stay away from work (preferably home) for at least 14 days and not return to work until they are released by a Health Care Professional.

#### 9. **Disinfection and Recovery**

- 9.1 In the event the District has a confirmed case of COVID 19, procedures will be addressed towards identifying any area(s) that have potential contamination. District may work with industrial cleaning companies and/or District Maintenance and Operations, to disinfect the area following CDC guidance.
- 9.2 Depending on the area(s) that may require disinfection, the specific work may need to be temporarily shut down to allow for the proper cleaning and to disinfect the area(s) of potential contamination.

#### 10. Procedures/Tasks that May Violate the 6' Rule for Physical Distancing

- 10.1 Due to the nature of some of the work performed by District staff, there can be times based on the safety of the School employees and the work task, workers may need to be closer than 6'.
- 10.2 Any work that makes it necessary for employees to be within the 6' of separation, a COVID-19 protection the District (job hazard analysis) shall be conducted and used for this work task.
- 10.3 Task specific work shall follow the District COVID-19 protection.
- Any task requiring the District employees needing to be within 6' or closer of each other 10.4 shall be limited in duration as much as possible (preferably no greater than 30 minutes).
- COVID-19 protection shall be reviewed with all the District employees involved with the 10.5 specific task and signed off by the employees and Supervisor. The Supervisor will forward copies to Human Resources. The Supervisor will retain the documentation for one vear.
- 10.6. COVID-19 Job Hazard Analysis is available in Appendix C.

#### 11. Contractors Performing Work at School District Sites/Facilities

- 11.1 All contractors who may perform onsite work on District grounds/buildings shall submit their written COVID-19 protection program to the District Safety Officer.
- 11.2 Contractor programs must meet at the minimum all State, Federal, Local and CDC requirements.
- 11.3 Contractor employees shall conduct daily health assessments for all of their employees who will be performing work at any District location.

#### 12. Training

- 12.1 Ongoing discussion regarding COVID-19 shall be part of our daily task analysis with the discussion including, but not limited to:
  - What is COVID-19.
  - How does COVID-19 spread.
  - Signs/symptoms of COVID-19.
  - Maintaining 6' minimum of physical distancing per the School District policy.
  - Stay self-aware of your area; do not move into another person's safe zone.
  - Washing of hands regularly and thoroughly; use of hand sanitizer as needed.
  - Where proper PPE as needed.
  - Use of proper hygiene etiquette such as covering our mouth with your arm or tissue; avoid touching your face/eyes/nose/mouth with unwashed hands.
  - Do not share tools or other work spaces.
  - Cleaning of surfaces as the day progresses.
  - Proper use and the hazards of the cleaning/disinfection products to be used.
  - Use of proper PPE when using cleaning/disinfection products.
  - Have employees refer to the <a href="https://www.cdc.gov">www.cdc.gov</a> website for up to date information.
  - Have employees refer to this website for OSHA information: www.osha.gov/SLTC/covid-19/
- 12.2 Training to include updates from the CDC, local health department, OSHA and any other State or Federal agencies.
- 12.3 All training shall be documented.

#### 13. Forms

- 13.1 The following Appendices are a part of this IIPP Addendum:
  - 13.1.1. Appendix A Assessment Form Employee Completed
  - 13.1.2. Appendix B Assessment Form Supervisor Filled
  - 13.1.3. Appendix C Job Hazard Analysis
  - 13.1.1. Appendix D -Self-Assessment Log Form Employee Filled

# Appendix A: COVID-19 Daily Illness/Health Assessment

Employees are required to complete this illness/health assessment each and every day prior to beginning work. This assessment is vital to ensure the health and well-being of each employee and our company.

| higher),<br>respirat     | , new or wors                        | ening cough, new or wor<br>udden lack of taste or sn | current or recent fever (100.4° or sening shortness of breath or nell, Sudden onset of unexplained                                        |
|--------------------------|--------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Yes:                     | No: 🗌                                | Comments:                                            |                                                                                                                                           |
| 2.<br>diagno             | Have y<br>osed with Co               |                                                      | tact with anyone who has been                                                                                                             |
| a prolonged sharing a he | l period of time<br>ealthcare waitii | ; close contact can occur v                          | roximately 6 feet of a COVID-19 case for while caring for, living with, visiting, or VID-19 case or having direct contact with ughed on). |
| Yes:                     | No:                                  | Comments:                                            |                                                                                                                                           |
| 3. Have yo confirm       |                                      | se contact with anyone v                             | who may have COVID-19, but is yet to be                                                                                                   |
| Yes:                     | No:                                  | Comments:                                            |                                                                                                                                           |
|                          |                                      |                                                      | contact with anyone such as a family as been confirmed as positive for COVID                                                              |
| Yes:                     | No:                                  | Comments:                                            |                                                                                                                                           |
| 5. Have yo               | ou traveled ou                       | tside of the continental l                           | United States within the past 14 days?                                                                                                    |
| Yes:                     | No:                                  | Comments:                                            |                                                                                                                                           |
| By signing knowledge     | •                                    | fy all information is true a                         | and correct to the best of my                                                                                                             |
| Employee                 | Name:                                |                                                      |                                                                                                                                           |
| Employee                 | Signature:                           |                                                      |                                                                                                                                           |
| Date:                    |                                      |                                                      |                                                                                                                                           |

#### Appendix B - Supervisor Completed Assessment Log

#### **COVID-19 Daily Illness/Health Assessment**

Employees are required to complete this illness/health assessment each and every day prior to beginning work. This assessment is vital to ensure the health and well-being of each employee and our company. Supervisor will complete this form by asking each of their staff the following questions: An employee who answers YES to any question will not be allowed to stay at work and must immediately return home.

- 1. Are you experiencing any symptoms such as fever (100.4° or higher), cough, shortness of breath or respiratory illness?
- 2. Have you been in close contact\*\* with anyone who has been diagnosed with COVID-19?
- 3. Have you been in close contact with anyone who may have COVID-19, but is yet to be confirmed?
- 4. Are you currently in close contact with anyone such as a family member who is experiencing symptoms or has been confirmed as positive for COVID-19?
- 5. Have you traveled outside of the continental United States within the past 14 days?

| Date | Employee Name | Any Yes Answer/Please List The # Question & Explain | Supervisor<br>Initial |
|------|---------------|-----------------------------------------------------|-----------------------|
|      |               |                                                     |                       |
|      |               |                                                     |                       |
|      |               |                                                     |                       |
|      |               |                                                     |                       |
|      |               |                                                     |                       |
|      |               |                                                     |                       |
|      |               |                                                     |                       |
|      |               |                                                     |                       |
|      |               |                                                     |                       |
|      |               |                                                     |                       |
|      |               |                                                     |                       |

<sup>\*\*</sup>CLOSE CONTACT is defined as: Being within approximately 6 feet of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case or having direct contact with infectious secretions of a COVID-19 case (being coughed on).

# Appendix C: COVID-19 Job Hazard Analysis

| Job/Task                     | Potential Hazard | Recommended Actions/Procedures                                                                                                                                                  |
|------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Job                   | Exposure to      | All workers should be trained in COVID-19 safety                                                                                                                                |
| Tasks/Duties                 | COVID-19         | measures and precautions.                                                                                                                                                       |
|                              |                  | Workers must review and acknowledge receipt of                                                                                                                                  |
| Tasks requiring              |                  | this JHA.                                                                                                                                                                       |
| workers to be closer than 6' |                  | <ul> <li>Specific tasks to be outlined and limited to scope<br/>and duration as much as possible.</li> </ul>                                                                    |
|                              |                  | Associated workers will have to successfully complete a daily health assessment.                                                                                                |
|                              |                  | Required Personal Protective Equipment (PPE); including, face covering/mask, face shield or mask, protective gloves, and site/task specific PPE, as necessary.                  |
|                              |                  | <ul> <li>Task and site-specific PPE shall also be utilized in conjunction with the any COVID-19 specific PPE.</li> <li>Workers to be trained for required PPE usage,</li> </ul> |
|                              |                  | selection, donning/doffing procedures.                                                                                                                                          |
|                              |                  | Disinfect tools, materials and area prior to starting<br>work. Disinfecting solution, access to soap & water,<br>and hand sanitizer will be provided                            |
|                              |                  | Perform tasks safely using task specific procedures.                                                                                                                            |
|                              |                  | Complete tasks and disinfect all tools, materials and area prior to removing PPE.                                                                                               |
|                              |                  | Remove PPE, Wash hands, face and other body parts with soap and water for at least 20 seconds. Don clean PPE to disinfect reusable equipment such as face shields. etc.         |
|                              |                  | <ul> <li>Remove and dispose of single use PPE. Reusable<br/>gloves, face shields and other PPE should be<br/>cleaned, dried and stored for future use.</li> </ul>               |
|                              |                  | Wash hands, face and other body parts with soap and water for at least 20 seconds.                                                                                              |
|                              |                  | Use hand sanitizer as necessary.                                                                                                                                                |

Employee will acknowledge receipt of this JHA.
Supervisor/trainer will log names of trainees to avoid everybody touching this form and the possibility of cross contamination.

| Date:            | Employee Name: |              |
|------------------|----------------|--------------|
|                  |                | Please Print |
| Job Title:       | Employee Name: |              |
|                  |                | Signature    |
| Site/Department: | Supervisor     | Name:        |
|                  |                | — Print Name |

#### Appendix D: Self Screening Log

All employees must conduct a self-screening prior to coming to work each day Each employee must log/sign that they have conducted the self-screening and are free of symptoms outlined below.

- 1. I am not experiencing any symptoms such as current or recent fever (100.4° or higher), new or worsening cough, new or worsening shortness of breath or respiratory illness, Sudden lack of taste or smell, Sudden onset of unexplained gastrointestinal illness
- 2. I have not been in close contact with anyone who has been diagnosed with COVID-19?

\*\*CLOSE CONTACT is defined as: Being within approximately 6 feet of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case or having direct contact with infectious secretions of a COVID-19 case (being coughed on).

- 3. I have not been in close contact with anyone who is experiencing symptoms of COVID-19, but is yet to be confirmed?
- 4. I am not living with or, in close contact with anyone such as a family member who is experiencing symptoms or has been confirmed as positive for COVID-19?
- 5. I have not traveled outside of the continental United States within the past 14 days?

I certify that I have self-screened prior to coming to work:

| Date | Printed Name | Signature |
|------|--------------|-----------|
|      |              |           |
|      |              |           |
|      |              |           |
|      |              |           |
|      |              |           |
|      |              |           |
|      |              |           |
|      |              |           |
|      |              |           |
|      |              |           |
|      |              |           |
|      |              |           |
|      |              |           |
|      |              |           |

#### **Appendix B – Supervisor Completed Assessment Log**

Employees are required to complete this illness/health assessment each and every day prior to beginning work. This assessment is vital to ensure the health and well-being of each employee and our company. Supervisor will complete this form by asking each of their staff the following questions: An employee who answers YES to any question will not be allowed to stay at work and must immediately return home.

- 6. Are you experiencing any symptoms such as current or recent fever (100.4° or higher), new or worsening cough, new or worsening shortness of breath or respiratory illness, Sudden lack of taste or smell, Sudden onset of unexplained gastrointestinal illness.
- Are you in not been in close contact\*\* with anyone who has been diagnosed with 7. COVID-19?
- 8. Have you been in close contact\*\* with anyone who is experiencing symptoms of COVID-19. but is yet to be confirmed?
- 9. Are you living with or, in close contact\*\* with anyone such as a family member who is experiencing symptoms or has been confirmed as positive for COVID-19?
- 10. Have you not traveled outside of the continental United States within the past 14

| Date | Employee Name | Any Yes Answer/Please List The # Question & Explain | Supervisor Initials |
|------|---------------|-----------------------------------------------------|---------------------|
|      |               |                                                     |                     |
|      |               |                                                     |                     |
|      |               |                                                     |                     |
|      |               |                                                     |                     |
|      |               |                                                     |                     |
|      |               |                                                     |                     |
|      |               |                                                     |                     |
|      |               |                                                     |                     |
|      |               |                                                     |                     |
|      |               |                                                     |                     |
|      |               |                                                     |                     |
|      |               |                                                     |                     |
|      |               |                                                     |                     |
|      |               |                                                     |                     |

<sup>\*\*</sup>CLOSE CONTACT is defined as: Being within approximately 6 feet of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case or having direct contact with infectious secretions of a COVID-19 case (being coughed on).