



# Illness and Injury Prevention Plan

May 2017

*"Creating a risk-free  
environment"*

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## I. Purpose and Scope

*Per the California Code of Regulations, Title 8, Section 3203, we have adopted this Injury and Illness Prevention Program (IIPP), which describes specific requirements for program responsibility, compliance, communications, hazard assessment, accident exposure investigations, hazard correction, training, and recordkeeping. Our Injury and Illness Prevention Program (IIPP) will maintain a safe and healthful working environment and comply with California Code of Regulations, Title 8, Section 3203.*

The Injury & Illness Prevention Program shall:

1. Provide procedures for identifying and evaluating hazards and unsafe conditions;
2. Establish procedures for correcting hazards and unsafe conditions;
3. Ensure communication with employees regarding health and safety matters and how to report hazards;
4. Provide employee training programs;
5. Develop compliance strategies;
6. Maintain documentation for health and safety programs; and
7. Identify a person or persons with authority and responsibility for implementing the program

## II. Implementation Responsibilities

We are committed to maintaining a safe and healthy environment for our staff, residents, contractors and visitors. To achieve this goal, we have implemented this Safety Program designed to prevent injuries, accidents and illness at our program locations. A complete copy of this program is maintained at our office in Oakland (1625 Filbert Street, Oakland, CA 94607). A copy of this program is provided to each employee upon hire and a copy can be found on the employee section of Greater New Beginnings' (GNB) website.

The ultimate responsibility for administering the Safety Program and for providing resources towards the goal of effective policies regarding environmental health and safety issues rests with the Executive Director. All employees are responsible for maintaining a safe and healthful work environment as well as doing everything possible to ensure the safety and health of the program participants. Responsibility for the implementation of the Safety Program is given to the Safety Coordinator who oversees all safety efforts and policies.

Since prevention of accidents is an objective affecting everyone in the organization and all of its activities, it will be a basic requirement that each employee make safety a priority of her/his actions. Staffs are expected to comply with all safety rules, policies and procedures as outlined in this program. In addition, all staff must immediately report all accidents, injuries, illness or "near misses" occurring at the facility or while on agency business. All unsafe conditions or hazards must be reported to the employee's supervisor or Executive Director/Program Administrator. Such reports may be made anonymously. Failure of any staff or contractor to comply with the safety responsibilities as outlined in this document may result in disciplinary action up to and including termination.

## II. Compliance

We strive to ensure that all staff and contractors comply with safe and healthy work practices. The Executive Director in collaboration with Safety Coordinator is responsible for establishing and maintaining sound health and safety practices. To ensure compliance, staffs are:

- Recognized for following safe and healthful work practices (rewarding safe acts & meeting established safety goals)

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- Encouraged to participate in training and retraining, as necessary or required;
  - Held accountable for performing the duties of their job in a manner that demonstrates an awareness of the requirements for health and safety;
  - Required to participate in completing Hazard Assessments
  - Asked to report a safety concerns

### **III. Communicating Safety and Health**

In order to create a culture of safety Greater New Beginnings will:

- Develop Environmental Hazard Awareness and Safety Goals (During staff training session at the beginning of each fiscal year, all staff will participate in developing a list of specific environmental hazards and the safety goals necessary to eliminate or mitigate those hazards. When completed, these lists (together with the related accident equation) will be printed and posted to serve as a continual reminder of the commitment made by the staff to safety management. These lists are to be reviewed during the Board of Director's annual retreat).
- Encourage staff to report hazards and offer Anonymous Notification Procedures: Our system of anonymous notification allows staffs who wish to inform the organization of the work hazards may do so anonymously by sending a written notification to the Safety Coordinator or Executive Director/Program Administrator. The Safety Coordinator will investigate all such reports in a prompt and thorough manner.
- Post safety and or health information on a regular basis.
- Include a general safety training in the initial orientation of staff and contractors.

### **IV. Scheduled, Periodic, Inspections**

Greater New Beginnings conducts periodic safety and health inspections. These inspections will be performed monthly and quarterly. The purpose of these inspections is twofold: ensure all identified hazards are corrected or controlled and to identify, correct and control any new hazards that have arisen in the workplace. The Safety Inspection Report Form will be utilized for these inspections.

These inspections will be performed by the Safety Coordinator, or designated staff.

All inspection findings and recommendations will be communicated to staff utilizing one of the methods outlined in Section II.

Additional inspections will be required under the following circumstances:

- Whenever new substances, processes, procedures, or equipment are introduced to the work place that represents an occupational safety and health hazard
- Whenever the employer is made aware of a new or previously unrecognized hazard
- As a routine part of every accident investigation.

### **V. Accident Investigations**

1. All injuries, illness or near misses occurring to staff or residents as a result of association with our organization will be investigated by the Safety Coordinator/Program Administrator within 24 hours of the incident.
2. An Employee First Report of Injury form (**See Attachment A**) will be completed by the employee within 24 hours and sent to the Executive Director or Executive Assistant. If the employee is unable to complete the form the supervisor will complete the form for the employee.
3. The Executive Assistant will complete the OSHA injury form and submit to the Workers Compensation carrier.

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4. The Executive Assistant (EA) will be responsible for managing the WC case until closure. The EA will work with the medical personnel and management staff to get the employee back to work as soon as possible.
  5. Accident investigation findings and recommendations will be communicated to the staff utilizing one of the methods outlined in Section IV.

#### **VI. Correcting Unsafe Conditions and Work Practices**

GNB will respond to new workplace safety and health concerns as soon as they are discovered. All hazards will be corrected, controlled or abated in a timely manner based on the severity of the hazard. Any hazard which poses an imminent risk of harm to employees, contractors or residents will be corrected immediately. Serious hazards (those which may potentially cause harm to employees or participants) will be corrected as soon as feasible within 15 days. All other hazards will be corrected as soon as feasible within 30 days. If for any reason these time requirements cannot be met, all exposed employees and attendees will be notified. The Program Director will set a target date for correction of any hazards that cannot be abated immediately.

#### **VII. Training**

Awareness of potential health and safety hazards, as well as knowledge of how to control such hazards is critical to preventing injuries, illness accidents and maintaining a safe and healthful work environment. GNB is committed to teaching staff and contractors safe and healthy work practices. To achieve this goal, we provide training to employees on general safety procedures and on any specific procedures for related to specific job responsibilities. Our general safety training upon hire includes: general safety practices, fire safety, accidents & injuries (including documentation), emergency disaster protocols, use of protective equipment, back safety, lifting and transferring, material safety data sheets, workplace violence, Universal precautions (including hand washing), driver safety, and review of the Illness and Injury Prevention Program.

Training occurs:

- Upon hire
- Whenever an employee is given a new job assignment for which training has not previously been provided
- Whenever new substances, processes, procedures or equipment which represent a new hazard are introduced into the workplace
- Whenever we are made aware of a new or previously unrecognized hazard
- Whenever the Safety Coordinator or any staff believes additional training is necessary

#### **VIII. Crisis Prevention Intervention**

All staff working with residents are certified in Crisis Prevention Intervention (CPI) within 60 days of hire. The certification covers a verbal de-escalation process, assists staff in protecting themselves from physical harm and allows staff to restrain residents appropriately if necessary and outlined in their needs and services plan. Please see information about **CPI in Attachment D**.

#### **IX. Record Keeping**

All training is documented using sign in sheets, which the trainer and staff sign. This documentation will be retained for five years.

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## **X. Additional Resources**

### Local Agencies:

- Alameda County Public Health Department
- Chamber of Commerce
- Alameda County Voluntary Organizations Acting in Disaster (AlCoVOID)

### State Agencies:

- California Division of Occupational Safety and Health (Cal/OSHA)
- Governor's Office of Emergency Services
- California Environmental Protection Agency
- California Air Resources Board
- California Integrated Waste Management Board
- California Office of Environmental Health Hazard Assessment

### Federal Agencies:

- Environmental Protection Agency
- Code of Federal Regulations
- Occupational Safety and Health Administration
- Centers for Disease Control and Prevention
- National Institute for Occupational Health and Safety

**Attachment A: Employee First Report of Injury**

| ACCIDENT/INJURY EMPLOYEE FIRST REPORT   |                             |                                   |
|---|-----------------------------|-----------------------------------|
| Employee Name   | Employee Phone Number       | Employee Department               |
|   |                             |                                   |
| Date of accident/injury   | Time of accident/injury     | Location of accident/injury       |
|   |                             |                                   |
| WITNESSES   |                             |                                   |
| Print names of witnesses  | Witness phone numbers       |                                   |
|   |                             |                                   |
|   |                             |                                   |
|   |                             |                                   |
| Witness Statement (use back of form for statements)   |                             |                                   |
| ACCIDENT /INJURY (v off answer)   |                             |                                   |
| Was first aid given?  |                             |                                   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | If yes, by whom?                  |
| Was Employee hospitalized?  |                             |                                   |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No | If yes, physician name & hospital |
| List nature and extent of injuries:   |                             |                                   |
|   |                             |                                   |
| How did accident/injury occur?  |                             |                                   |
|   |                             |                                   |
| What activity was being conducted at the time of the accident/injury?   |                             |                                   |
|   |                             |                                   |
| Describe any conditions, methods or practices related to the accident/injury.   |                             |                                   |
|   |                             |                                   |
| STATEMENT APPROVALS   |                             |                                   |
| Print Employee Name   | Employee Signature          | Date                              |
|   |                             |                                   |
| Print Supervisor Name   | Supervisor Signature        | Date                              |
|   |                             |                                   |
| <b>Note: Employee &amp; Manager must complete report within 24 hours of accident/injury and fax to HR, at 1-866-534-6639.</b> |                             |                                   |

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**Attachment B: Employers Report of Occupational Illness or Injury**



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**Attachment C: Safety Goals(February 2017 to June 2018)**

| <b>Goal</b>   | <b>Target Date</b> |
|---|--------------------|
| Provide Emergency Disaster Training to all staff                          | May 2017           |
| Develop an Emergency Disaster Plan for the Facility                       | September 2017     |
| Ensure all staff and residents are trained in the Emergency Disaster Plan | October 2017       |

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**Attachment D: OSHA Inspection Sheets**

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**Attachment E: OSHA Initial Orientation**

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**Investigation / Corrective Action Report**

|   |  |                  |  |
|---|--|------------------|--|
| <b>Date and Time of Incident /Exposure:</b> |  | <b>Location:</b> |  |
|   |  |                  |  |

**EMPLOYEES INVOLVED**

|  |
|--|
|  |
|--|

**DETAILED INCIDENT / EXPOSURE DESCRIPTION**

|  |
|--|
|  |
|--|

**ULTIMATE CAUSE OF INCIDENT /EXPOSURE (I.E. "WHO, WHAT, WHEN, WHERE, HOW" AND THE "5 WAYS" ...THE ROOT CAUSE**

|  |
|--|
|  |
|--|

**OPTIONS FOR ELIMINATION OR CONTROL OF THE ROOT CAUSE(S)**

|  |
|--|
|  |
|--|

**CORRECTIVE ACTIONS TAKEN / DATE / NAME OF PERSON(S) MAKING CORRECTIONS**

|  |
|--|
|  |
|--|

**Witnesses:** \_\_\_\_\_

**Investigated By:** \_\_\_\_\_ **Date:** \_\_\_\_\_