

MODEL INJURY AND ILLNESS PREVENTION PROGRAM FOR NON-HIGH HAZARD EMPLOYERS

Every California employer must establish, implement and maintain a written Injury and Illness Prevention (IIP) Program and a copy must be maintained at each workplace or at a central worksite if the employer has non-fixed worksites. The requirements for establishing, implementing and maintaining an effective written injury and illness prevention program are contained in Title 8 of the California Code of Regulations, Section 3203 (T8 CCR 3203) and consist of the following elements:

- Responsibility
- Compliance
- Communication
- Hazard Assessment
- Accident/Exposure Investigation
- Hazard Correction
- Training and Instruction
- Employee access to the IIP Program
- Recordkeeping

This model program has been prepared for use by employers in industries that have been determined by Cal/OSHA to be non-high hazard. You are not required to use this program. However, any employer in an industry which has been determined by Cal/OSHA as being non-high hazard who adopts, posts, and implements this model program in good faith is not subject to assessment of a civil penalty for a first violation of T8 CCR 3203.

Proper use of this model program requires the IIP Program administrator of your establishment to carefully review the requirements for each of the IIP Program elements found in this model program, fill in the appropriate blank spaces and check those items that are applicable to your workplace. The recordkeeping section requires that the IIP Program administrator select and implement the category appropriate for your establishment. Sample forms for hazard assessment and correction, accident/exposure investigation, and worker training and instruction are provided with this model program.

This model program must be maintained by the employer in order to be effective.

Read the Injury and Illness Prevention Program standard online:
www.dir.ca.gov/title8/3203.html



January 2021



INJURY AND ILLNESS PREVENTION PROGRAM (IIPP) for Antelope Valley Community College District

RESPONSIBILITY

The Injury and Illness Prevention Program (IIP Program) administrator, **Dr. Jennifer Zellet, President, or designee**, has the authority and responsibility for implementing the provisions of this program for **Antelope Valley Community College District**.

All managers and supervisors are responsible for implementing and maintaining the IIP Program in their work areas and for answering worker questions about the IIP Program.

COMPLIANCE

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

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

COMMUNICATION

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

Our communication system includes one or more of the following checked items:

- New worker orientation including a discussion of safety and health policies and procedures.
- Review of our IIP Program.
- Workplace safety and health training programs.
- Regularly scheduled safety meetings.
- Posted or distributed safety information.
- A system for workers to anonymously inform management about workplace hazards.
- Our establishment has less than ten workers and communicates with and instructs workers orally about general safe work practices and hazards unique to each worker's job assignment.

HAZARD ASSESSMENT

Periodic inspections to identify and evaluate workplace hazards shall be performed by a competent observer in the following areas of our workplace:

Competent Observer	Area
AVCCD Safety Committee	Main Campus
AVCCD Safety Committee	Palmdale Center
AVCCD Safety Committee	Fox Field Site

Periodic inspections are performed according to the following schedule:

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

ACCIDENT/EXPOSURE INVESTIGATIONS

Procedures for investigating workplace accidents and hazardous substance exposures include:

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

HAZARD CORRECTION

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

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

TRAINING AND INSTRUCTION

All workers, including managers and supervisors, shall have training and instruction on general and job-specific safety and health practices. Training and instruction is provided as follows:

1. When the IIP Program is first established.
2. To all new workers, except for construction workers who are provided training through a construction industry occupational safety and health program approved by Cal/OSHA.
3. To all workers given new job assignments for which training has not previously been provided.
4. Whenever new substances, processes, procedures, or equipment are introduced to the workplace and present a new hazard.
5. Whenever we are made aware of a new or previously unrecognized hazard.
6. To supervisors to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed.
7. To all workers with respect to hazards specific to each employee's job assignment.

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

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

EMPLOYEE ACCESS TO THE IIPP

Our employees – or their designated representatives - have the right to examine and receive a copy of our IIPP.

(A) As used in this subsection:

1. The term "access" means the right and opportunity to examine and receive a copy.
2. The term "designated representative" means any individual or organization to whom an employee gives written authorization to exercise a right of access. A recognized or certified collective bargaining agent shall be treated automatically as a designated representative for the purpose of access to the Program.
3. The term "written authorization" means a request provided to the employer containing the following information:
 - a. The name and signature of the employee authorizing a designated representative to access the Program on the employee's behalf;
 - b. The date of the request;
 - c. The name of the designated representative (individual or organization)

- authorized to receive the Program on the employee's behalf; and
- d. The date upon which the written authorization will expire (if less than one (1) year).
- (B) The employer shall provide access to the Program by doing one of the following:
1. Provide access in a reasonable time, place, and manner, but in no event later than five (5) business days after the request for access is received from an employee or designated representative.
 - a. Whenever an employee or designated representative requests a copy of the Program, the employer shall provide the requester a printed copy of the Program, unless the employee or designated representative agrees to receive an electronic copy of the Program.
 - b. One printed copy of the Program shall be provided free of charge. If the employee or designated representative requests additional copies of the Program within one (1) year of the previous request and the Program has not been updated with new information since the prior copy was provided, the employer may charge reasonable, non-discriminatory reproduction costs (per Section 3204(e)(1)(E)) for the additional copies.

or,

2. Provide unobstructed access through a company server or website, which allows an employee to review, print, and email the current version of the Program. Unobstructed access means that the employee, as part of his or her regular work duties, predictably and routinely uses the electronic means to communicate with management or coworkers.
- (C) The Program provided to the employee or designated representative need not include any of the records of steps taken to implement and maintain the written Program.
- (D) If an employer has distinctly different and separate operations with distinctly separate and different Programs, the employer may limit access to the Program (or Programs) applicable to the employee requesting it.
- (E) The employer shall communicate the right and procedure to access the Program to all employees.
- (F) Nothing in this section is intended to preclude employees and collective bargaining agents from collectively bargaining to obtain access to information in addition to that available under this section.

RECORDKEEPING

We have checked one of the following categories as our recordkeeping policy.

- Category 1.** Our establishment has twenty or more workers; has a workers' compensation modification rate of greater than 1.1 and is not on a designated low hazard industry list; or, is on a designated high hazard industry list. We have taken the following steps to implement and maintain our IIP Program:
1. Records of hazard assessment inspections, including the person(s) or persons conducting the inspection, the unsafe conditions and work practices that have been identified and the action taken to correct the identified unsafe conditions and work practices, are recorded on a hazard assessment and correction form.
 2. Documentation of safety and health training for each worker, including the worker's name or other identifier, training dates, type(s) of training, and training providers are recorded on a worker training and instruction form. We also include the records relating to worker

training provided by a construction industry occupational safety and health program approved by Cal/OSHA.

Inspection records and training documentation will be maintained according to the following checked schedule:

- For one year, except for training records of workers who have worked for less than one year which are provided to the worker upon termination of employment.
 - Since we have less than ten workers, including managers and supervisors, we only maintain inspection records until the hazard is corrected and only maintain a log of instructions to workers with respect to worker job assignments when they are first hired or assigned new duties.
- Category 2.** Our establishment has fewer than twenty workers and is not on a designated high hazard industry list. We are also on a designated low hazard industry list or have a workers' compensation experience modification rate of 1.1 or less, and have taken the following steps to implement and maintain our IIP Program:
1. Records of hazard assessment inspections.
 2. Documentation of safety and health training for each worker.

Inspection records and training documentation will be maintained according to the following checked schedule:

- For one year, except for training records of workers who have worked for less than one year, which are provided to the worker upon termination of employment.
 - Since we have less than ten workers, including managers and supervisors, we maintain inspection records only until the hazard is corrected and only maintain a log of instructions to workers with respect to worker job assignments when they're first hired or assigned new duties.
- Category 3.** We are a local governmental entity (any county, city, or district, and any public or quasi-public corporation or public agency therein) and we are not required to keep written records of the steps taken to implement and maintain our IIP Program.



ANTELOPE VALLEY COLLEGE

Department of Human Resources – Office of Risk Management

EMPLOYEE STATEMENT OF ACCIDENT

Please check one:

- [] Administrator
[] Faculty F/T
[] Faculty P/T
[] Classified
[] CMS
[] Hourly
[] Registered Volunteer

Please Print

Employee Name: Date of Birth:

Address: Phone #:

City: State: Zip: Date of Hire:

District extension: Date of Accident: Time of Accident: a.m. p.m.

Job Title: Department/Division:

Specific point at location where accident occurred (if not an AVC location, provide name of location & address; include room number or other description):

Witness(es) to the accident? Yes No if yes, name(s)

Description of how accident occurred:

Part of body affected (i.e. back, left wrist, right eye, etc.):

Pre-designated physician on file in HR? Yes No

Name, address, and phone number of pre-designated physician:

Time you began work on the day of the accident? a.m. p.m.

What is your regular work schedule? M T W TH F Hours work per day:

Hours work per week: Social Security #:

Missed at least one full day of work after the injury? (Risk Mgmt will complete when known) Yes No

Date last worked? (Risk Mgmt will complete when known)

Date returned to work? (Risk Mgmt will complete when known)

Name of your immediate supervisor:

How could the accident have been prevented?

Employee signature: Date:



DEPARTMENT OF HUMAN RESOURCES – OFFICE OF RISK MANAGEMENT

Supervisor’s Report of Injury
Employee

Please Print

Employee Name: Department/Division:

Job Title : Date of Injury: / /

Time of Injury: a.m. p.m. On premises? Yes No

Time employee began work on the day of the accident? a.m. p.m.

What is employee’s regular work schedule? M T W TH F Hours work per day?

Hours work per week? Did supervisor witness the accident? Yes / No

Name(s) of witnesses:

Specific point at location where accident occurred (if not an AVC location, provide name of location & address; include room number or other description):

Description of how accident occurred:

Part of body affected (i.e. back, left wrist, right eye, etc.):

Did employee go to the doctor? Y N Did an unsafe condition contribute to the accident: Y N

Did the employee commit an unsafe act? Y N If yes, explain:

How could the accident have been prevented?

Supervisor: Date: / /

Title: Supervisor’s Signature:



DEPARTMENT OF HUMAN RESOURCES – OFFICE OF RISK MANAGEMENT

**Supervisor's Report of Injury
Student Workers/Students in
Clinical Rotation**

Please Print

Student's Name: _____ Department: _____

Student's Title: _____ Date of Injury: ____ / ____ / ____

Time of Injury: _____ a.m. p.m. On premises? Yes ____ / No ____

Time student began work on the day of the accident? _____ a.m. p.m.

What is student's regular work schedule? (circle) M T W TH F Hours work per day? _____

Hours work per week? _____ Did supervisor witness the accident? Yes ____ / No ____

Name(s) of witnesses: _____

Location where accident occurred (if different than AVC, provide name of location & address): _____

Description of how accident occurred: _____

Part of body affected (i.e. back, left wrist, right eye, etc.)? _____

Did the student go to the doctor? Y / N Did an unsafe condition contribute to the accident: Y / N

Did the student commit an unsafe act? Y / N If yes, explain: _____

How could the accident have been prevented? _____

Supervisor: _____

Date: ____ / ____ / ____

Title: _____



DEPARTMENT OF HUMAN RESOURCES
OFFICE OF RISK MANAGEMENT

STUDENT WORKER/ STUDENT IN CLINICAL ROTATION
STATEMENT OF ACCIDENT

Please Print

Student Name: _____

Birth date: _____ Sex: _____ Social Security Number: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

Residence Telephone: (_____) _____ District extension: _____

Date of Accident: _____ Time: _____ a.m. p.m.
(month/day/year)

Specific point at location where accident occurred (campus location or medical facility name & address; include room number or other description): _____

Witness(es) to the accident: _____

Description of how the accident occurred: _____

Part of body affected (i.e back, left wrist, right eye, etc.)?: _____

Time you began work on the day of the incident? _____ a.m. p.m.

Time you began clinical rotation on the day of the incident? _____ a.m. p.m.

What is your regular schedule? M T W TH F Hours per day: _____

Hours per week: _____ Your immediate supervisor: _____

How could the accident have been prevented? _____

Student Signature

Date

