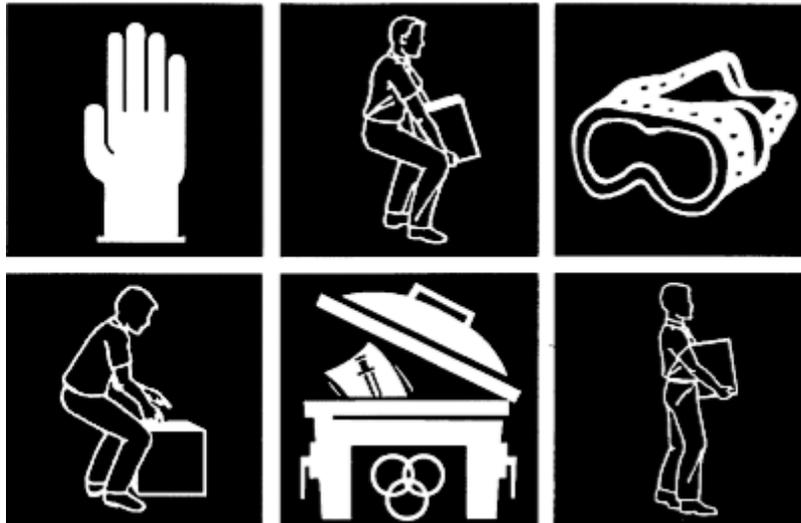


INJURY AND ILLNESS PREVENTION PROGRAM



◆ SB 198 ◆

Adopted – September 2001
Revision1 - October 2010
Forestville Union School District
6321 Highway 116
Forestville, CA 95436

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1. EMPLOYEE INJURY AND ILLNESS PREVENTION

NOTICE TO EMPLOYEES

The Sonoma County Office of Education has complied with General Industry Safety Order 3203 (Appendix A) by establishing an Injury and Illness Prevention Program.

A copy of the written program is available at the following location:

- Forestville Union School District Office

Employees under this program have the right to:

- Be advised of occupational safety and health hazards and receive training on Safe Work Practices;
- Personal protective equipment required to perform assigned work; and
- Provide information to the employer on safety hazards, request information, or make safety suggestions without fear of reprisal.

Employees have a duty to comply with the following requirements to make the workplace safe for themselves and fellow employees:

- Know the Safe Work Practices for the general work area (Appendix B) and for their job;
- Comply with working conditions, Safe Work Practices, Universal Precautions (Appendix D), and personal protective equipment requirements for their job;
- Report unsafe conditions to their supervisor (Employee Hazard Report form, Appendix G); and
- Report job-related injuries, illnesses or exposures to their supervisor following the procedure outlined in the Policies and Procedures Manual, OP 3531.01.

Employees must comply with the requirements listed above. Failure to comply may result in disciplinary action as provided in contract or Merit Rules.

If you have any questions about this program, ask your immediate supervisor. Safety information may be confidentially reported using the Employee Hazard Report form (Appendix G), which may be submitted anonymously. The Employee Hazard Report forms are available in SCOE Business Services. All worksites will also be provided with a supply of these forms.

The employer will conduct inspections to identify unsafe conditions and violations of safety rules.

2. INJURY AND ILLNESS PREVENTION POLICIES

A. EMPLOYEE SAFETY

The County Superintendent believes that safety is every employee’s responsibility and s/he expects all employees to use safe work practices and to report and correct any unsafe conditions, which may occur. Supervisors shall constantly promote safety and correct, as appropriate, any unsafe work practice through education, training and enforcement. Employees shall not be

required to work under unsafe or hazardous conditions or to perform tasks, which endanger their health, safety or well-being. Working conditions and equipment shall be maintained in compliance with standards prescribed by federal, state and local law and regulations. 1

The County Superintendent directs that an effective Injury and Illness Prevention Program for the County Office be established and maintained. This written program shall include the identification of the position responsible for implementing the program, the method of identifying and evaluating hazards, and the methods for correcting unhealthy conditions and work practices in a timely manner. A training program complying with Labor Code Section 6401.b and General Industrial Safety Order 3203 shall be implemented and maintained. Procedures for communicating the Injury and Illness Prevention Program to employees and the enforcement of conditions shall be part of the program. Appropriate records shall be maintained to ensure there is documentation of County Office compliance with the applicable code sections.

Reference: Policies and Procedures Manual, SP 3514.00 Environmental Safety

B. RISK MANAGEMENT

The personal safety of students, staff and the public and the protection of Forestville Union School District property and assets from accidental losses are primary concerns of the Superintendent. The Superintendent is dedicated to providing the leadership and financial support necessary to develop and maintain adequate insurance programs and successful safety and loss control practices for the District.

The Superintendent believes that prudent trusteeship of the resources of the District requires careful review of the exposure to risk arising from employing staff, supervising students, holding real property, engaging in contractual arrangements, providing public services, and possessing liquid and other assets.

The Superintendent recognizes the need to protect the District from risk exposure through the fundamental risk management activities of identification, measurement, mitigation and assumption or transfer of risk through purchase of insurance, pooling with other districts or other risk financing practices. District procedures shall detail, by position, employee responsibilities in regard to risk management and responsibilities and shall be included in employee job descriptions. The Superintendent and District staff shall be responsible for providing leadership and evaluation of the District's risk management program.

Reference: Policies and Procedures Manual, SP 3515.00 Protection of Assets and Security of Staff and Students

3. SAFE WORK PRACTICES

General and specific Safe Work Practices, including safe working conditions and protective equipment requirements, have been developed for all job safety categories. Every employee shall receive training as required (see Employee Safety Training, page 3).

All current employees have received copies of general and specific Safe Work Practices. New employees hired shall receive copies at time of employment. See Appendix B, for General Safe Work Practices. Specific Safe Work Practices are available in the District office.

4. PERSONAL PROTECTIVE EQUIPMENT

All personal protective equipment used by employees to provide a barrier against bloodborne pathogens will be provided without cost by the employer. Personal protective equipment will be chosen by the site or program administrator based on the anticipated exposure to blood or other potentially infectious materials.

Personal protective equipment is specialized clothing or equipment worn or used by an employee for protection against a hazard (e.g. gloves, eye protection). The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through to reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use for the duration of time, that the protective equipment will be used.

The site or program administrator shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

Reusable personal protective equipment will be cleaned and or decontaminated by the user. Gloves shall be worn to wash the equipment with soap and water and decontaminated with bleach solution (10 parts water/1 part bleach = 10% solution*), or SCOE approved germicides/EPA products registered as effective against HBV, HCV, HIV, and TB. Any garments penetrated by blood or other potentially infectious material shall be removed immediately or as soon as practicable and decontaminated as described for equipment. Any additional costs for cleaning will be paid by the employer. All potentially contaminated personal protective equipment will be removed prior to leaving a work site. Glasses, reusable gloves, and barrier masks shall be decontaminated by soaking in bleach solution (10 parts water/1 part bleach = 10% solution*), or SCOE approved germicides/EPA products registered as effective against HBV, HCV, HIV, and TB for five (5) minutes. Disposable, single-use gloves shall be used when contact with blood or body fluids is anticipated.

All garments that are penetrated by blood shall be removed immediately or as soon thereafter as feasible. All personal protective equipment will be removed prior to leaving the work area.

When personal protective equipment is removed, it shall be placed in an appropriately designated area or container for storage or disposal.

GLOVES

Gloves shall be worn when it is reasonably anticipated that employees will have hand contact with blood, non-intact skin, mucous membranes or other potentially infectious materials, when performing specialized healthcare procedures, diapering, and/or when handling or touching contaminated items or surfaces.

Disposable gloves are not to be washed or decontaminated for re-use; and are to be discarded in a lined waste receptacle after each use or immediately after they become contaminated, torn,

punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the gloves is not compromised. 3
Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

EYE AND FACE PROTECTION

Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin length shields, are required to be worn whenever splashes, spray splatter, or droplets of blood or other potentially infectious materials may be generated; and eye, nose, or mouth contamination can reasonably be anticipated.

ADDITIONAL PROTECTION

Additional protective clothing (such as lab coats, clinic jackets, or similar outer garments) shall be worn in instances when gross contamination can reasonably be anticipated.

5. INJURY AND ILLNESS PREVENTION PROGRAM

The following written Injury and Illness Prevention Program combined with the basic safety policies of the Forestville Union School District, document that it is the District's policy to fully comply with Labor Code Section 6401.7 and General Industry Order Section 3203, Injury and Illness Prevention Program.

A. EMPLOYER INFORMATION

The Forestville Union School District is a public educational agency.
Official Name: **FORESTVILLE UNION SCHOOL DISTRICT**
Address: **6321 HIGHWAY 116**
City: **FORESTVILLE** State: **CA** Zip: **95436**
Telephone No.: **(707) 887-9767**

B. AUTHORITY AND RESPONSIBILITY

For authority, see Appendix A - Section 3203(a)(1)

As designated by the Forestville Union School District's Superintendent, the person with authority and responsibility for implementing the Forestville Union School District's Injury and Illness Prevention Program is listed below:

Name and Title: Jackie Bertero
Director of Facilities

Description of authority and responsibilities related to the Injury and Illness Prevention Program that are assigned to this person.

Designated as Responsible Person under SB198
Health and Safety Committee Member

Phone Number: **(707) 887-2279 Ext. 167**

C. EMPLOYEE SAFETY TRAINING

For authority, see Appendix A - Section 3203(a)(2)(7)

Employee Safety Training shall be provided under the following guidelines:

1. Initial training shall be provided for all current employees within six (6) months of establishment of the program.
2. New employees shall be provided initial training upon hiring and prior to assignment.
3. Employees shall be provided training when assigned to a new task or job for which training has not been received.
4. Supervisors shall be trained on hazards and safe practices in their area of responsibility.
5. Training shall include general worksite and classroom safety and specific job safety category training.
6. Documentation of training shall be maintained in writing by individual and/or group training sessions.
7. Documentation is maintained in the office of the Designated Person.
8. Refresher training is provided annually.

D. COMMUNICATION

For authority, see Appendix A - Section 3203(a)(3)

The following methods shall be used to effectively communicate with the Forestville Union School District employees to meet the required standard:

1. Communication of safe working conditions, Safe Work Practices and required personal protection equipment is included in the initial training and all subsequent training of all employees.
2. Employees will be advised through the use of employee orientations, handbooks, workshops, trainings, written communications, posters, and staff meetings that safe work conditions, Safe Work Practices, and required personal protective equipment are mandatory and will be enforced. There will be recognition for compliance/good safety records and discipline for a failure to comply with safety practices and procedures in accordance with relevant collective bargaining and Merit Rule provisions.
3. Any safety hazard identified by an employee must be reported using the Employee Hazard Report form (Appendix G). These forms may be submitted anonymously. The Employee Hazard Report form is available in the District office. All worksites will also be provided with a supply of these forms.

4. Employees shall be advised that there will be no reprisals or other job discrimination for expressing any concern, comment, suggestion or complaint about a safety-related matter.

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E. HAZARD IDENTIFICATION, EVALUATION AND PREVENTION

For authority, see Appendix A - Section 3203(a)(4)

The Sonoma County Office of Education will use the following system for evaluating occupational safety and for identifying and preventing health hazards.

1. There shall be periodic and scheduled inspections of all facilities and classrooms which are owned or occupied by the Sonoma County Office of Education (Appendix L). All areas will be inspected at least yearly with additional inspections based on need.
2. There shall be investigations of all occupational accidents, injuries, illnesses, and other potentially hazardous events that occur inside or on the premises of any SCOE facility or in any other specific SCOE operated area.
3. There shall be an annual review of applicable General Industrial Safety Orders and other Safety Orders that apply to the County Office operations. There will also be an annual review of industry and general safety information related to occupational safety and health hazards found in County Office environments.
4. There shall be evaluations made of other information or hazards reported by certificated or classified employees.

F. EVALUATION AND DOCUMENTATION OF HAZARDS

For authority, see Appendix A - Section 3203(a)(4)

Inspections to identify hazards shall be conducted when the program is first established; whenever new substances, processes, or equipment are introduced to the workplace; and whenever the District office is made aware of a new or previously unrecognized hazard.

G. OCCUPATIONAL ACCIDENT AND INJURY/ILLNESS/EXPOSURE INVESTIGATION

For authority, see Appendix A - Section 3203(a)(5)

Occupational accident and injury, illness or exposure investigation:

1. Investigations are conducted by the employee's immediate supervisor as soon as possible after an accident; occupational injury, illness or exposure is reported.
2. The investigations are documented in writing. The investigation procedures are part of the Employee Injury Report form (Appendix H).
3. The forms are available from the SCOE Senior Administrative Assistant in Business Services and all department secretaries are provided with a supply of these forms.
4. Completed reports are sent to the Senior Administrative Assistant in Business Services.

H. METHODS AND PROCEDURES FOR CORRECTING UNSAFE AND UNHEALTHFUL CONDITIONS AND WORK PRACTICES

For authority, see Appendix A - Section 3203(a)(6)

1. The following methods and/or procedures will be used to correct unsafe or unhealthful conditions, work practices and work procedures in a timely manner based on the severity of the hazard:

- **Imminent hazard:** Personnel not needed for corrective action will be removed from the area without loss of pay.
- **Less severe hazards:** Problems will be dealt with in a timely manner.

2. Activities such as training, retraining of employees on Safe Work Practices and hazard problems will be practiced to reduce unsafe or hazardous conditions.

3. Procedures such as safety work order systems, inspection reviews, and monitoring of employees and conditions will be standard operating procedures.

I. INSPECTIONS

For authority, see Appendix A - Section 3203(b)(1)

Inspections will be conducted to verify compliance with Safe Work Practices and other safety requirements to identify any new or additional hazards, and to monitor basic safety operations. Inspections shall also be part of investigation procedures related to occupational accident, injury or illness occurrences.

Frequency and responsibility for inspections:

Job Safety Category: All classrooms/Multi/Kitchen/Audi

Frequency of Scheduled Inspection: Annually

Person(s) Responsible: Superintendent or Designee

J. INSPECTION DOCUMENTATION

For authority, see Appendix A - Section 3203(b)(1)

Documentation of inspections:

1. Periodic scheduled inspections are documented in writing and include methods of correction for identified hazards (Appendix M).
2. Documentation is maintained in the office of the Designated Person.

K. TRAINING DOCUMENTATION

For authority, see Appendix A - Section 3203(b)(2)

Recordkeeping requirements of General Industry Safety Order 3203 shall be documented in writing and maintained for at least three (3) years (Appendix I and J), except for specified job safety categories which have longer periods for certain activities under other code sections. Documentation records will be maintained by the Designated Person.

L. HEALTH AND SAFETY COMMITTEE

For authority, see Appendix A - Section 3203(c)

It shall be the purpose of the Forestville Union School District Health and Safety Committee to serve as the advisory group to the Superintendent.

Responsibilities include, but are not limited to, the following:

- Review Hazard Reports
- Review monthly summary of occupational accidents, injuries, illnesses and exposures
- Recommend preventative safety measures
- Evaluate employee safety suggestions
- Review results of periodic worksite inspections
- Verify abatement action on citations issued by Cal/OSHA
- Provide written records of Safety Committee activities
- Review Injury and Illness Prevention Program

Membership shall include the following:

- Designated/Responsible Person (SB198)
- Health Services Representative
- Public Information Representative
- Workers' Compensation Representative
- Clerical assistant
- Representative from each bargaining unit

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- Representative from each SCOE department and/or recognized unit which meets on a regular basis

- Representative from off-site units

A current list of members may be obtained from the District office.

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APPENDIX A - GENERAL INDUSTRY SAFETY ORDER 3203

STATE STANDARD TITLE 8, CHAPTER 4

3203 Injury and Illness Prevention Program

(a) Effective July 1, 1991, every employer shall establish, implement and maintain an effective Injury and Illness Prevention Program. The Program shall be in writing and shall, at a minimum:

(1) Identify the person or persons with authority and responsibility for implementing the Program.

(2) Include a system for ensuring that employees comply with safe and healthy work practices. Substantial compliance with this provision includes recognition of employees who follow safe and healthful work practices, training and retraining programs, disciplinary actions, or any other such means that ensures employee compliance with safe and healthful work practices.

(3) Include a system for communicating with employees in a form readily understandable by all affected employees on matters relating to occupational safety and health, including provisions designed to encourage employees to inform the employer of hazards at the worksite without fear of reprisal. Substantial compliance with this provision includes meetings, training programs, posting, written communications, a system of anonymous notification by employees about hazards, labor/management safety and health committees, or any other means that ensures communication with employees.

Exception: Employers having fewer than 10 employees shall be permitted to communicate to and instruct employees orally in general safe work practices with specific instructions with respect to hazards unique to the employees' job assignments as compliance with Section (a)(3).

(4) Include procedures for identifying and evaluating work place hazards including scheduled periodic inspections to identify unsafe conditions and work practices. Inspections shall be made to identify and evaluate hazards:

(A) When the Program is first established:

Exception: Those employers having in place on July 1, 1991, a written Injury and Illness Prevention Program complying with previously existing Section 3203.

(B) Whenever new substances, processes, procedures, or equipment are introduced to the workplace that represent a new occupational safety and health hazard; and

(C) Whenever the employer is made aware of a new or previously unrecognized hazard.

(5) Include a procedure to investigate occupational injury or occupational illness.

(6) Include methods and/or procedures for correcting unsafe or unhealthy conditions, work practices, and work procedures in a timely manner based on the severity of the hazard.

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(A) When observed or discovered; and,

(B) When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, remove all exposed personnel from the area except those necessary to correct the existing condition. Employees necessary to correct the hazardous condition shall be provided the necessary safeguards.

(7) Provide training and instruction:

(A) When the program is first established;

Exception: Employers having in place on July 1, 1991, a written Injury and Illness Prevention Program complying with the previously existing accident prevention program in Section 3203.

(B) To all new employees;

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

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

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

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

(b) Records of the steps taken to implement and maintain the Program shall include:

(1) Records of scheduled and periodic inspections required by subsection(a)(4) to identify unsafe conditions and work practices, including person(s) conducting the inspection, the unsafe conditions and work practices that have been identified and action taken to correct the identified unsafe conditions and work practices. These records shall be maintained for three (3) years; and

Exception: Employers with fewer than 10 employees may elect to maintain the inspection records only until the hazard is corrected.

(2) Documentation of safety and health training required by subsection (a)(7) for each employee, including employee name or other identifier, training dates, type(s) of training, and training providers. This documentation shall be maintained for three (3) years.

Exception No. 1: Employers with fewer than 10 employees can substantially comply with the documentation provision by maintaining a log of instructions provided to the employee with respect to the hazards unique to the employee's job assignment when first hired or assigned new duties.

Exception No. 2: Training records of employees who have worked for less than one (1) year for the employer need not be retrained beyond the term of employment if they are provided to the employee upon termination of employment. 10

(c) Employers who elect to use a labor/management safety and health committee to comply with the communication requirements of subsection (a)(3) of this section shall be presumed to be in substantial compliance with subsection (a)(3) if the committee:

- (1) Meets regularly, but not less than quarterly;
- (2) Prepares and makes available to the affected employees, written records of the safety and health issues discussed at the committee meetings and, maintained for review by the Division upon request;
- (3) Reviews results of the periodic, scheduled worksite inspections;
- (4) Reviews investigations of occupational accidents and causes of incidents resulting in occupational injury, occupational illness, or exposure to hazardous substances and, where appropriate, submits suggestions to management for the prevention of future incidents;
- (5) Reviews investigations of alleged hazardous conditions brought to the attention of any committee member. When determined necessary by the committee, the committee may conduct its own inspection and investigation to assist in remedial solutions;
- (6) Submits recommendations to assist in the evaluation of employee safety suggestions; and
- (7) Upon request from the Division, verifies abatement action taken by the employer to abate citations issued by the Division.

NOTE: Authority cited: Sections 142.3 and 6401.7, Labor Code. Reference: Sections 142.3 and 6401.7, Labor Code.

APPENDIX B - GENERAL SAFE WORK PRACTICES

Job Category: ALL EMPLOYEES

Type of Facility: ALL FACILITIES

POTENTIAL HAZARD

SAFE WORK PRACTICE

Slips and Falls on Same Level

- Clean up spills immediately.
- Report slick floors as a hazard.
- Reduce tripping hazards through good housekeeping and safety awareness.
- Unplug and roll up long electrical cords and extensions when not in immediate use.
- Wear appropriate shoes for job classification.
- Use alternate routes when floors are wet.
- Be watchful of where you are walking.
- Turn on lights when entering an unlit area.
- Use tread guards across walkways where it is not possible to re-route cords.
- Maintain clear aisle ways.
- Be especially cautious when walking during wet or icy weather conditions.
- Be aware of gravel, sand or other debris on walkways.

Falls From High Places

- Never use a broken ladder or step stool.
- Use stepladder or stepstool rather than chairs or tables.
- Use appropriate ladder for the situation.
- Make sure ladders and step stools are in good repair and are properly set before use.
- Report any potentially hazardous condition, including missing or broken guardrails or other hazards.
- Limit the amount of high storage and other reasons for needing ladders.
- Secure help on high work or unusual circumstances.
- Keep ladder area clear of obstructions.
- Use handrails on ascending and descending stairs.

Back Injuries

- Achieve and maintain good personal fitness through regular stretching and exercise.
- Attend a back safety-training program.
- Learn and use proper lifting techniques and practice good body mechanics.
- Secure assistance with heavy or bulky material.

- Keep all objects close to your body when lifting.

GENERAL SAFE WORK PRACTICES CONTINUED

Job Category: ALL EMPLOYEES

Type of Facility: ALL FACILITIES

POTENTIAL HAZARD

SAFE WORK PRACTICE

Back Injuries *cont.*

- Do not twist while lifting. Lift first, and then turn your body.
- Avoid reaching or lifting from an awkward position.
- Use stepladder and/or get help when lowering materials from high places.
- When carrying a load, plan your route before starting, block open doors and be sure the route is clear of obstructions or tripping hazards.
- Do not attempt any unsafe lifting operation.
- Use hand truck, lifts, or other mechanical means to assist you.
- Use back support devices when load is heavy or a back problem exists.
- Make sure chair or furniture is comfortable and properly adjusted.
- Stand and move about frequently.

**Being Hit By Falling
Objects Caught In or
Between Objects**

- Equip all cabinets with doors with a device, other than magnets, to prevent doors from opening in the event of an earthquake.
- Secure stored material with shelf lips or other means.
- Reduce high storage of items.
- Glass products, breakables and heavy materials should be stored on lower shelves.
- Attach cabinets, shelving and certain fixtures to secure structures.
- Toe boards and handrails should be in place in all loft areas.
- Open only one file drawer at a time.
- Do not open drawers past safety stops.

**Cuts, Abrasions, Burns,
and Other Bodily Injuries**

- Use proper carrying techniques for sharp objects.
- Store sharp, pointed objects flat and pointed away from user.
- Clean/store sharp utensils individually; do not mix with other materials in a sink or drawer.
- Safety devices, such as finger guards and blade locking devices should be on paper cutters.
- Understand proper use techniques for each tool before using.
- Use appropriate hot pads or mitts when handling hot items.

**Cuts, Lacerations and Eye
Injuries from Power
Equipment**

- Do not operate machines or equipment until instructed in proper use.
- Follow manufacturer's recommendations for safe use of tool.
- All electrical equipment should be turned off and unplugged when changing parts or when equipment is being repaired.
- Wear eye protection if grinding or sawing materials.

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GENERAL SAFE WORK PRACTICES CONTINUED

Job Category: ALL EMPLOYEES

Type of Facility: ALL FACILITIES

POTENTIAL HAZARD

SAFE WORK PRACTICE

Fire Injury

- Report all fires to fire and insurance officials.
- Know fire extinguisher location and operation.
- Know evacuation routes and alternatives.
- Know bell or alarm system at work locations.
- Know contingency plans for various emergencies.
- Practice specific role in emergency plan.
- Combustible materials should be stored away from heat sources.
- Limit wall coverage with combustible materials to less than 50%.
- Make sure portable heaters have tip over switches and are U.L. approved.
- Maintain good housekeeping practices.
- Do not risk your life trying to extinguish a fire, which could get out of control.
- Storage of duplication/ditto fluids should be limited to two gallons, plus one in use, at a single location.
- Unplug all electrical appliances (such as space heaters, coffeepots, etc) at the end of each workday.

**Electrical Shock
Injuries**

- Only trained personnel should work on or modify electrical systems.
- All electrical plugs need to be pushed fully into receptacle.
- Make sure electrical equipment is not wet or damp.
- Always use grounded electrical cords.
- Multiple outlet extenders (power strip, etc.) must have a circuit breaker.
- Unplug electrical equipment by pulling on the plug instead of the cord.
- Do not hang objects from light fixtures.
- Replace rather than repair electrical cords.
- Do not remove ground prong on the male electrical plug.
- Inspect electrical equipment, including cords, for defects before use.
- All outlets near water/liquid sources (within 6 ft.) should be Ground Fault Circuit Interrupter (GFCI) type outlets. Report any unprotected outlets.
- Use non-metal ladders around electrical equipment.

Vehicle Accidents

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Revision 2: December 2017

- Wear seat belts.
- Maintain a current and valid California driver's license.
- Obey traffic laws when driving on school business in private or district vehicles.
- Make a pre-trip inspection of all lights, brakes, tire tread, seat belts, mirrors and signals.
- Avoid backing up where possible on school grounds.
- Practice defensive driving.
- Keep windows clean and free of visual obstructions.

GENERAL SAFE WORK PRACTICES CONTINUED

Job Category: ALL EMPLOYEES

Type of Facility: ALL FACILITIES

POTENTIAL HAZARD

SAFE WORK PRACTICE

Miscellaneous Injuries

- Horseplay is not appropriate in the work place and should be avoided.
- Desks, furniture and workspace should be arranged to minimize reaching, twisting and bending.
- Furniture, tables, workspace area and equipment should be maintained and in good repair to avoid breakage or other failure which may cause injury.
- Store lunches and food where it is safe from contamination by chemicals or other hazardous substances.
- Unusual conditions such as extra high or low steps, low ceilings or unclear exiting should have special signs and/or be highlighted with paint to draw attention to the condition.
- Keep file drawers closed except during immediate use.
- Post signs warning persons with pacemakers when microwave ovens are used.
- Maintain moderate noise levels (i.e., dance music, loud speakers, etc.).
- Report all accidents/injuries at work.
- Become familiar with emergency/disaster plan for your site and participate in practice drills using SCOE's emergency procedures.
- Learn to recognize; potential hazards from earthquakes and set up your classroom/work area to minimize those hazards.
- See Appendix O for a list of additional health and safety resources.

Stress

- Prioritize the tasks that you are to accomplish.
- Mix tasks you like to do with those that are more difficult.
- Take breaks and relax muscles.
- Increase level of exercise.
- Add humor and relaxing activities to the workday.
- Take vacation time regularly.
- Make friends at work and develop a support system.
- Attend stress workshops and practice the stress reducing suggestions.
- When you feel overloaded with work, ask for help either administratively or from a co-worker.

**Infectious Diseases
Or Health Conditions**

- Report infectious diseases and other health conditions to school nurse or appropriate supervisor.
- See Appendix O for resource information on handling disease outbreaks.
- Practice good personal hygiene and wash hands as needed.
- Cover coughs and sneezes with inside of elbow.

GENERAL SAFE WORK PRACTICES CONTINUED

Job Category: ALL EMPLOYEES

Type of Facility: ALL FACILITIES

POTENTIAL HAZARD

SAFE WORK PRACTICE

**Infectious Diseases or
Health Condition *cont***

- Use disposable, single-use gloves when contact is likely with human body fluids (blood, vomit, feces, urine, etc.).
 - See Appendix D for information on Universal Precautions.
 - Follow SCOE's procedure for incident decontamination.
 - Follow SCOE's procedure for daily room decontamination.
 - Keep classrooms and work areas well ventilated.
 - Dispose of contaminated materials properly.
 - Learn first aid and CPR.
 - Contact local health professionals for additional health information.
-

**Toxic Substance
Illnesses**

- Use only SCOE-approved materials.
 - Never use any chemicals without knowing its hazards. Always review the Material Safety Data Sheets (MSDS) before using any chemical.
 - Review and follow district written Hazard Communication program.
 - Know location of MSDS and follow recommendations for use. (See Appendix K).
 - Use non-toxic materials where possible.
 - Read container label and follow manufacturer's safe use directions.
 - Make sure that all primary and secondary containers are properly labeled.
-

**Repetitive Motion
Injuries (Cumulative
Trauma)**

- Do not remain in one position for long periods without moving.
- Change activities as often as possible.
- Do light exercise of muscles to loosen them and reduce tension.
- Make sure your position is as comfortable as possible.
- See that your furniture is adjusted to your particular needs.
- Wear special equipment if it can reduce strain (special eyeglasses, wrist braces,

- etc.)
- Follow basic ergonomic guidelines when using a computer:
- Make sure your chair provides good lumbar support.
- Adjust your chair properly.
- Keep keyboard and monitor lined up directly in front of you.
- Keep wrists level with the keyboard.
- Make sure the mouse is at the same level as the keyboard.
- Keep elbows close to your body.
- Don't cradle the phone between your head and shoulder.
- Set up your work area to minimize reaching and awkward positioning.
- Place the monitor so the top of the screen is at, or slightly below, eye level.
- Don't rest your arms or wrists on the sharp edge of a desk or counter.
- Control glare on monitor to avoid eyestrain.

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APPENDIX C – ERGONOMICS

Ergonomics is the science to improve the fit or interaction between the employee and the physical demands of the workplace. It enables employees to work more comfortably and efficiently within their work environment while preventing work-related Musculoskeletal Disorders or MSDs.

Musculoskeletal Disorder injuries affect muscles, tendons, ligaments, nerves and blood vessels at body joints most commonly in the hands, wrists, elbows, shoulders, neck, back and knees.

These injuries usually occur as a result of overexertion or strain from performing the same task on a continuous basis. Factors that increase the risk of work-related MSDs include repetitive motion, heavy lifting, contact stress, rapid hand and wrist movement, excessive force, awkward posture, vibration, cold environments and being in poor physical condition.

ERGONOMIC GUIDELINES

By implementing the following workplace Ergonomic Guidelines you can help minimize the risk of stress and strain that could lead to Musculoskeletal Disorders.

- Keep your work area clean and organized.
- Allow enough desk space to comfortably perform your job.
- Keep items you use most often, close to you.
- Sit close to your desk to avoid improper posture (slouching).
- Maintain adequate leg room – do not store items under your desk.
- Keep your head and neck in neutral positions and avoid cradling your phone between your head and shoulders.
- Keep your wrists flat and level; keep your arms at 90° angles
- Center your keyboard directly in front of you and place it at elbow height.

- Your chair should fit comfortably and have an adjustable back rest that provides support for your lower back. The seat should be height and angle adjustable, with a firm cushion that is rounded in the front to help circulation to your legs.
- When using your chair, maintain proper body posture:
 - a) You should sit all the way back into the chair;
 - b) Your back and neck should be straight;
 - c) Your feet should be flat on the floor or on a footrest;
 - d) Your knees should be slightly lower than your hips; and
 - e) Your work surface should be slightly above your waist.

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- Vary work routines and take regular breaks.
- Dress appropriately for your work environment.
- Maintain adequate room temperatures - comfort zones are usually 72° to 75° F.

Along with the Ergonomic Guidelines, knowing when to take short, rejuvenating breaks and being in good physical condition can help you minimize your risk of Musculoskeletal Disorders. To obtain and maintain physical fitness, it is recommended that one should regularly perform 20 minutes of aerobic exercises 3 times a week.

3 TIPS TO RELIEVE EYE STRAIN

1. PRACTICE THE 20/20 RULE - EVERY 20 MINUTES FOCUS ON SOMETHING AT LEAST 20 FT. AWAY.
2. Blink your eyes often and take a break by alternating tasks.
3. Close your eyes and breathe deeply for 30 – 60 seconds.

APPENDIX D - UNIVERSAL PRECAUTIONS

UNIVERSAL PRECAUTIONS

Universal Precautions is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, Hepatitis B and C, and other bloodborne pathogens.

The Center for Disease Control recommends Standard Precautions in all potential exposures, regardless of a known or presumed infection status. Standard Precautions apply to:

- Blood;
- All body fluids, secretions, and excretions, except sweat, regardless of whether or not they contain visible blood;
- Non-intact skin; and
- Mucous membranes.

Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection.

Standard Precautions include:

- Hand washing.
- The use of appropriate personal protective equipment, such as gloves, gowns, and masks, whenever touching or exposure to a person's body fluids is anticipated.
- Cover coughs and sneezes with inside of elbow.

In the school setting, standard precautions should also include: careful trash disposal, using disinfectants, barrier devices, and modification of cardiopulmonary resuscitation (CPR).

Resources

CDC, Part II. Recommendations for Isolation Precautions in Hospitals, Hospital Infection Control Practices Advisory Committee, Rationale for Isolation Precautions in Hospitals.

HANDWASHING

1. Thorough handwashing is the single most important factor in preventing the spread of infectious diseases and should be practiced routinely by all school personnel and taught to students as routine hygiene practice.

2. All staff should wash their hands in the following circumstances:

- Before handling food, drinking, eating, or smoking;
- After toileting;
- After contact with body fluids or items soiled with body fluids; and
- After touching or caring for students, especially those with nose, mouth, or other discharge.

3. Scheduling time for students to wash hands before eating is suggested to encourage the practice.

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4. How to wash hands: wet hands with running water and apply soap from a dispenser. Lather well and wash vigorously for 15 to 20 seconds. Soap suspends easily removable soil and microorganisms, allowing them to be washed off. Running water is necessary to carry away dirt and debris. Rinse well under running water with water draining from wrist to fingertips. Leave water running. Dry hands well with a paper towel and then turn off the faucet with paper towel. Discard the towel.

5. Classroom instruction about proper handwashing can be integrated into health instruction at all grade levels.

FIRST AID INVOLVING BODY FLUIDS AND CPR

1. Avoid direct skin contact with body fluids. If direct skin contact occurs, hands and other affected skin areas should be washed with soap and water immediately after contact has ended, to the extent practicable, using running water, liquid soap and disposable gauze, towels or tissues.

2. Disposable, single-use gloves should be used when contact with body fluids is anticipated (such as a bloody nose, diapering, etc.). Gloves should be standard components of first-aid supplies in the schools so that they are readily accessible for emergencies and regular care given in school health offices, cafeterias, and athletic training rooms.

3. Any soiled clothing should be placed in a separate plastic bag, sealed and placed in a plastic bag labeled with the student's name; and sent home with the student.

4. Use a face shield with one-way valve.

TRASH DISPOSAL

1. Place soiled tissues, pads, gauze bandages, towels, etc., into a plastic bag and tie or seal the bag. Place it in a second plastic bag and seal when full.

2. If needles, syringes, or lancets are used in the school setting, arrange for a puncture-proof container. Place intact needles and syringes in the designated container. Do not bend or break needles. Do not recap needles. Contact your local Health Department for directions about disposal of contaminated materials.

USING DISINFECTANTS

1. Environmental surfaces contaminated with body fluids should be cleaned promptly with disposable towels and approved disinfectant. Disposable gloves should be worn. Disposable items should be discarded in plastic-lined wastebasket. Mop solution used to clean up body fluid spills should consist of the approved disinfectant. Used mops should be soaked in this solution for 30 minutes and rinsed thoroughly before reusing.
2. After clean up, remove and dispose of gloves, and wash hands.
3. If carpet is soiled, clean up immediately and sanitize with the district-approved disinfectant following the manufacturer's directions.

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Hepatitis A

Hepatitis A is a viral infection caused by a picornavirus and is commonly transmitted by the fecal-oral route. Therefore, it is not considered in this plan.

Hepatitis B

The Hepatitis B infection is a viral infection caused by Hepatitis B virus (HBV), known as a DNA virus, that infects the cells of the liver. The incubation period can be as long as 160 days with an average of 120 days. The signs and symptoms of infection include: anorexia, malaise, nausea, vomiting, abdominal pain, and jaundice. Most people with Hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Many people have no symptoms (30%) but can continue to transmit the disease to others. The chronic stage of the disease occurs more commonly in children under 6 years. The carrier is capable of passing the disease to others. Death occurs from chronic liver disease in 15-25% of chronically infected persons.

The body fluids containing the highest concentrations of the virus are blood and blood fluids. The potential risk for workers handling these fluids is obvious. Workers exposed to infected blood are the most at risk. The U.S. Public Health Service lists those at highest risk as medical and dental employees and staff in institutions and classrooms for the mentally retarded. Vaccines are available for prevention and post-exposure situations.

The virus is highly contagious through exposure to blood, contaminated needles, and by the sexual route. Thus, immunization against Hepatitis B can prevent acute hepatitis and reduce sickness and death from chronic liver disease. Transmission through blood transfusion is rare only because of donor and blood supply screening. Transmission through close personal contact can also occur. Hepatitis B causes death in 1-2% of infected persons (totals from chronic and acute cases).

Before 1982, an estimated 200,000-300,000 persons in the U.S. were infected annually with HBV, including 20,000 children. Since 1982, when the Hepatitis B vaccine became available, an estimated 40 million infants and children, and 30 million adults received the Hepatitis B vaccine. Because of vaccinations and changes in risk-reduction behaviors among at-risk populations in response to the HIV/AIDS epidemic, the number of persons infected with HBV in the U.S.

declined to an estimated 78,000 in 2001. The highest rate of disease occurs in 20-49 year olds. There are an estimated 1.25 million chronically infected Americans, of whom 20-30% acquired their infection in childhood.

(Information from CDC - 8/6/2003; for more information, see Appendix E.)

Hepatitis C

The Hepatitis C infection is caused by the Hepatitis C virus (HCV), a virus that infects cells in the liver. HCV is the most common chronic bloodborne infection in the U.S. Approximately 4 million Americans have been infected with HCV.

HCV is transmitted primarily through direct exposure to infected blood and is associated with injection drug use with contaminated needles (60%). HCV can be transmitted through cuts in the skin, contact with mucous membranes, sexual contact, and from receiving a blood transfusion (very rare now but prior to 1992, blood was not routinely screened for HCV). Chronic Hepatitis C can cause cirrhosis, liver failure, and liver cancer. Persons developing HCV disease have a 21 75-85% chance of becoming chronically infected and most of these develop chronic liver disease. 20% of these persons may develop cirrhosis of the liver within 2 decades after infection. A small percentage of patients with chronic disease develop liver cancer. Liver failure with chronic hepatitis C is one of the most common reasons for liver transplants in the U.S. The number of new infections per year has declined from an average of 240,000 in the 1980s to about 25,000 in 2001.

Most people who are infected with HCV *do not have symptoms and are leading normal lives*. The incubation period ranges from 2-26 weeks. If symptoms are present they may be very mild and flu-like: nausea, fatigue, loss of appetite, fever, headaches, and abdominal pain. Most people do not have jaundice (yellowing of the skin and eyes); however, it can sometimes occur along with dark urine. Infection by the Hepatitis C virus can be determined by a simple *blood test* that detects antibodies against HCV. Currently there is no known post-exposure prophylaxis or vaccination to prevent Hepatitis C infection.

(Information from CDC-12/17/04; NIH Publication-2/2003: for more information, see Appendix E.)

Human Immunodeficiency Virus (HIV)

HIV - the Human Immunodeficiency Virus - is a virus that kills your body's "CD4" cells. CD4 cells (T-helper cells) help your body fight off infection and diseases. HIV can be transmitted through sexual contact or through parenteral, broken skin, or mucous membrane contact with infected blood or body fluids. Healthcare workers appear to have a slightly higher risk of contracting the virus than the general population. It also can be passed from a mother to her baby when she is pregnant, when she delivers the baby, or if she breastfeeds her baby.

Symptoms of HIV infection can vary, but often include:

- weakness
- headache
- diarrhea
- fever
- nausea
- sore throat

- other "flu-like" symptoms

However, many people with HIV virus can show no apparent symptoms for years after their infection. An estimated 850,000 persons in the U.S. are living with HIV, including 180,000-280,000 who do not know they are infected. Currently, no vaccination exists to prevent infection of HIV, and there is no known cure.

AIDS - the Acquired Immunodeficiency Syndrome - is a disease resulting from HIV destroying the body's immune system, so the body does not have the ability to fight off other diseases.

In 2003, the estimated number of diagnoses with AIDS in the U.S. was 43,171 (59 cases were children under age 13). The cumulative estimated number of diagnoses of AIDS through 2003 in the U.S. was 929,985 (9,419 cases were children under the age of 13). In 2003 the estimated number of deaths in persons with AIDS in the U.S. was 18,017 (83 children under the age of 13). The cumulative estimated number of deaths of persons with AIDS in the U.S. through 2003 was 524,060 (5,492 children under the age of 13 years).

(Information from CDC –12/20/2004; for more information, see Appendix F.)

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APPENDIX E - HEPATITIS A, B, AND C: LEARN THE DIFFERENCES

	HEPATITIS A Caused by the Hepatitis A Virus (HAV)	HEPATITIS B Caused by the Hepatitis B Virus (HBV)	HEPATITIS C Caused by the Hepatitis C Virus (HCV)
How is it spread?	Hepatitis A is a serious liver disease caused by the hepatitis A virus (HAV). HAV is found in the feces of people with hepatitis A and is usually spread by close personal contact (including sex or sharing a household). It can also be spread by eating food or drinking water contaminated with HAV.	HBV is found in the blood and certain body fluids. It is spread when blood or body fluid from an infected person enters the body of a person who is not immune. HBV is spread through having unprotected sex with an infected person, sharing needles or "works" when "shooting" drugs, needlesticks or sharps exposure on the job, or from an infected mother to her baby during birth. Exposure to infected blood in any situation can be a risk for transmission.	HCV is found in the blood and certain body fluids. It is spread when blood or body fluids from an infected person enters another person's body. HCV is spread through sharing needles or "works" when "shooting" drugs, through needlesticks or sharps exposures on the job, or sometimes from an infected mother to her baby during birth. It is possible to transmit HCV from sex, but it is uncommon.
Who is at risk?	Household contacts of chronically infected person, sex partners of infected persons, children living in regions of the U.S. with consistently elevated rates of hepatitis A during 1987-1997, persons travelling to countries where hepatitis A is common, men who have sex with men, injecting and non-injecting drug users. Persons with chronic liver disease should be vaccinated against hepatitis A.	Persons with more than one sex partner in a 6-month period, persons diagnosed with a sexually transmitted disease, men who have sex with men, sex partners of infected persons, injecting drug users, household contacts of chronically infected persons, infants born to infected mothers, immigrants and children of immigrants from areas with elevated HBV rates; including Asia, Africa, the Pacific Islands, Eastern Europe, the Middle East, and the Amazon Basin., healthcare and public safety workers who might be exposed to blood, chronic hemodialysis	Injecting drug users, recipients of clotting factors made before 1987, hemodialysis patients, recipients of blood or solid organ transplants before 1992, infants born to HCV-infected mothers Although HCV is not commonly spread through sex, persons having sex with multiple partners or with an infected steady partner may be at increased risk of HCV infection. People with undiagnosed liver disease should be tested for HCV infection.

		patients	
What if you are infected?	<i>The only way to know if you have already been infected is to have your blood tested for HAV, HBV, or HCV infection. If you are in one of the risk groups listed above, talk to your healthcare provider about your need for blood testing. Viral hepatitis symptoms are</i>	<i>similar no matter which type of hepatitis a person has. If symptoms occur, the individual may experience any or all of the following: jaundice, fever, loss of appetite, fatigue, dark urine, joint pain, abdominal pain, diarrhea, nausea, and vomiting. Very rarely, a new case (acute)</i>	<i>of viral hepatitis can cause liver failure and death. Sometimes in these instances a liver transplant (if a liver is available) can save a life. Note: Symptoms are less common in children than adults, and people who have HCV infection are less likely to experience symptoms.</i>
	Incubation period: 15 to 50 days, average 28 days There is no chronic (long-term) infection. Once you have had hepatitis A you cannot get it, again. About 15% of people infected with HAV will have prolonged illness or relapsing symptoms over a 6–9 month period.	Incubation period: 45 to 160 days, average 120 days Chronic infection occurs in up to 90% of infants infected at birth; 30% of children infected at age 1-5 years; 6% of persons infected after age 5 years. In the U.S., 5000 people die each year from HBV. Death from chronic liver disease occurs in 15-25% of chronically infected persons. People who have chronic HBV infection have a much higher risk of liverfailure (cirrhosis) and liver cancer.	Incubation period: 14 to 180 days, average 45 days Chronic infection: 55-85% of infected persons Chronic liver disease: 70% of chronically infected persons. In the U.S., 8,000-10,000 people die each year from HCV. People who have chronic HCV infection have a much higher risk of liver failure (cirrhosis) and liver cancer. Chronic HCV-related liver disease is the leading indication for liver transplant. 23

	HEPATITIS A (Continued)	HEPATITIS B (Continued)	HEPATITIS C (Continued)
What treatment helps?	There is no treatment for hepatitis A. Avoid alcohol. It can worsen liver disease.	Persons with chronic HBV infection should have a medical evaluation for liver disease every 6-12 months. Alpha-interferon, adefovir dipivoxil, entecavir, and lamivudine are the four drugs currently licensed for the treatment of persons with chronic Hepatitis B. These drugs are effective in up to 40% of patients. Liver transplant is the last resort, but livers are not always available. Avoid alcohol. It can worsen liver disease.	Persons with chronic HCV infection should have a medical evaluation for liver disease every 6-12 months. Interferon, pegylated interferon, and ribavirin are the only drugs licensed for the treatment of persons with chronic hepatitis C. Combination therapy is currently the treatment of choice and can eliminate the virus in approximately 50% of patients (genotype 1), 80% of genotypes 2 & 3. Get vaccinated against hepatitis A, and ask your healthcare provider if you need Hepatitis B vaccine as well. Avoid alcohol. It can worsen liver disease.
How is it prevented?	Hepatitis A vaccine is the best protection against hepatitis A is available from immune globulin. It can be given before and within 2 weeks after coming in contact with HAV. Always wash your hands with soap and water after using the bathroom, changing a diaper, and before preparing and eating food. Vaccine is recommended for the following persons from 12 months of age and older: Travelers to areas with increased rates of hepatitis A. Men who have sex with men.	Hepatitis B vaccine is the best protection. Routine vaccination is recommended for all persons 0-18 years of age, and for persons of all ages who are in risk groups for HBV infection. For optimal protection, all babies should be given their first dose of Hepatitis B vaccine at birth before leaving the hospital. Whenever a woman is pregnant, she should be tested for Hepatitis B; infants born to HBV-infected mothers should be given HBIG (Hepatitis B immune globulin) and vaccine within 12 hours of birth.	There is no vaccine to prevent hepatitis C. Do not shoot drugs; if you shoot drugs, stop and get into a treatment program; if you can't stop, never share needles, syringes, water, or "works", and get vaccinated against hepatitis A&B. Do not share personal care items that might have blood on them (razors, toothbrushes). If you are a health care or public safety worker, always follow routine barrier precautions and safely handle needles and other sharps; get vaccinated against hepatitis B. Consider the risks

	<p>Injecting and non-injecting drug users.</p> <p>Persons with clotting-factor disorders (eg. Hemophilia).</p> <p>Persons with chronic liver disease.</p> <p>Children living in areas with increased rates of hepatitis A during the baseline period from 1987-1997.</p>	<p>Persons who are not in mutually monogamous relationships should use latex condoms correctly and for every sexual encounter. (The efficacy of latex condoms in preventing infection with HBV is unknown, but their proper use may reduce transmission.)</p>	<p>if you are thinking about getting a tattoo or body piercing. You might get infected if the tools have someone else's blood on them or if the artist or piercer does not follow good health practices. HCV can be spread by sex, but this is rare. If you are having sex with more than one steady sex partner, use latex condoms correctly and every time to prevent the spread of sexually transmitted diseases. You should also get vaccinated against hepatitis B. If you are HCV positive, do not donate blood, organs, or tissue.</p>
<p>More information to help you prevent Hepatitis B and hepatitis C:</p> <ul style="list-style-type: none"> • Don't share personal care items that might have blood on them, such as razors, toothbrushes, and washcloths. • Consider the risks if you are thinking about getting a tattoo or body piercing. You might get infected if the tools or dye have someone else's blood on them or if the artist or piercer does not follow good sterilization practices. • Health care or public safety workers should always follow routine barrier precautions and safely handle needles and other sharps. In addition, they should be vaccinated against Hepatitis B. • If you have or have had HBV or HCV infection, do not donate blood, organs, or tissue. • Don't shoot drugs. If you do, try to stop by getting into a treatment program. If you can't stop, never share needles, syringes, water, or "works." Get vaccinated against hepatitis A and B. <p style="text-align: right;">24</p>			

APPENDIX F - HIV/AIDS INFECTION

The possibility that HIV/AIDS will be transmitted in schools, the workplace and other public gatherings is remote. HIV/AIDS infection is not transmitted from one person to another through everyday activities. You will not get AIDS by being around or working with a person who is infected or by having ordinary daily contact with an HIV infected person.

	HIV Human Immunodeficiency Virus	AIDS Acquired Immunodeficiency Syndrome
What is it?	<p>HIV is the virus that causes AIDS. This virus is passed from one person to another through blood-to-blood and/or sexual contact. The HIV infection is also called the AIDS virus. HIV infects the cells of the immune system, which the body uses to fight against germs. In most cases, contracting the HIV virus leads to the development of AIDS. HIV causes AIDS by the gradual breakdown of immune system. Immune cells are disabled and killed during the typical course of infection. The loss of these cells in people with HIV is a powerful predictor of the development of AIDS.</p>	<p>AIDS is the advanced stage of HIV infections. The virus attacks the body's natural defense (immune) system, leaving it vulnerable to life-threatening infections from other diseases and allowing rare cancers to develop. The virus may also attack the brain and nervous system. Persons infected with HIV frequently have no apparent symptoms and usually appear in good health. More than half the people in the United States who have been diagnosed to have AIDS have died.</p>
How is it spread?	<p>HIV is most commonly spread by coming into direct contact with blood, semen or vaginal fluids during unprotected sex with an infected partner. HIV is also frequently spread among injection drug users who share contaminated needles or syringes. Infected women can transmit HIV to their babies during pregnancy or birth; or by breastfeeding.</p> <p>You can get the virus by:</p> <ul style="list-style-type: none"> • Sharing intravenous (IV) needles and/or syringes with someone who is infected; • Penetrating the skin with needles that have been used to inject an infected person; • Sharing unsterile instruments used to penetrate the skin with someone who is infected, such as those used for tattooing, acupuncture, and ear piercing; • Any sexual activity involving direct genital contact with semen, blood or vaginal secretions with someone who is infected; • Direct contact on infected blood on broken skin (for example cuts and scratches); • Direct contact of mucous membrane of the eye with the blood of an infected person; • Receiving a blood transfusion or blood product from someone who is infected (since 1985 this risk is extremely low - approximately 1 chance in 68,000); and 	

	• Being born to an infected mother.	
What treatment helps?	<p>Currently, no vaccination exists to prevent infection of HIV, and there is no known cure.</p> <p>HIV infection is treated with:</p> <ul style="list-style-type: none"> • Nucleoside reverse transcriptase (RT) inhibitors, interrupts an early stage of the virus, making copies of itself. • Nucleoside analogs (AZT) slow the spread of HIV in the body and delay the start of opportunistic infections. • Non-nucleoside reverse transcriptase inhibitors (NNRTIs) • Protease inhibitors, interrupt virus replication at a later step in its life cycle. HIV can become resistant to any of these drugs; so health care providers must use a combination treatment to effectively suppress the virus. When RT inhibitors and protease inhibitors are combined, they become a highly active antiretroviral therapy, or HAART. HAART can be used by people who are newly infected with HIV, as well as by people with AIDS. 	<p>AIDS virus is treated with:</p> <ul style="list-style-type: none"> • A combination of RT inhibitors and protease inhibitors, referred to as HAART, a highly active antiretroviral therapy. HAART has been credited as being a major factor in significantly reducing the number of deaths from AIDS in the USA. While it is not a cure, HAART has greatly improved the health of many people with AIDS and it reduces the amount of virus circulating in the blood to nearly undetectable levels. Although, researchers have shown HIV remains present in hiding places - lymph nodes, brain, testes, and retina of the eye, even in patients who have been treated. • A number of different drugs are available to help treat opportunistic infections. • Radiation, chemotherapy, or injections of alpha interferon to treat cancers.

	HIV (Continued)	AIDS (Continued)
Symptoms	<p>Many people do not have any symptoms when they first become infected with HIV. Some people, however, have a flu-like illness within a month or two after exposure to the virus.</p> <p>Early symptoms may include:</p> <ul style="list-style-type: none"> • Recurring fever or profuse night sweats • Headaches • Profound and unexplained tiredness or fatigue • Enlarged/swollen lymph nodes (glands of the immune system) - armpits, neck, and groin <p>These symptoms usually disappear within 7 to 30 days and are often mistaken for symptoms of other viral infections. During this period, the person with HIV is very infectious, and the virus is present in large quantities in genital fluids. More persistent or severe symptoms may not appear for 10 years or more after being infected with HIV, or within two years in children born with the HIV infection. As the immune system worsens, symptoms experienced before the onset of AIDS include:</p> <ul style="list-style-type: none"> • Lack of energy • Frequent fevers and sweats • Dry cough • Pneumonia • Red, brown, pink, or purplish blotches on or under the skin or inside the mouth, nose, or eyelids • White spots or unusual blemishes on the tongue, in the mouth, or in the throat • Persistent skin rashes or flaky skin • Persistent or frequent yeast infections (oral or vaginal) 	<p>During HIV infection, the number of cells in a person's blood progressively decline, making the person vulnerable to the opportunistic infections and cancers that typify AID, the end stage of HIV.</p> <p>Symptoms of those infections include:</p> <ul style="list-style-type: none"> • Coughing and shortness of breath • Seizures and lack of coordination • Difficult or painful swallowing • Confusion and forgetfulness • Severe and persistent diarrhea • Fever • Vision loss • Nausea, abdominal cramps, and vomiting • Weight loss and extreme fatigue • Severe headaches • Coma • Various cancers - Kaposi's sarcoma, cervical cancer, lymphomas • In children with AIDS, severe forms of bacterial infections, i.e., pink eye, ear infections, and tonsillitis

	<ul style="list-style-type: none"> • Diarrheas that lasts for more than a week • Pelvic inflammatory disease in women that does not respond to treatment • Short-term memory loss, depression, headaches, vision loss, and other neurological disorders • Severe herpes infections • Shingles 	
<p>How is it prevented?</p>	<ul style="list-style-type: none"> • Abstinence from sex • If you choose to have sex, be responsible and protect yourself and your partner by using condoms. • Abstinence from drug use • If you choose to use drugs, DO NOT SHARE NEEDLES <p style="font-size: small; margin-top: 10px;">Information obtained from American International AIDS Foundation and www.aids.com/facts United States Department of Health & Human Resources January/2006</p>	

APPENDIX G - EMPLOYEE HAZARD REPORT

Hazard Report

Forestville Union School District

Supervisor _____ Date _____

Department/Division _____

I would like to report what I believe to be a potential hazard that could cause employee injury, illness or death.

The hazard is: (specify potential hazard in detail: use additional sheets if necessary)

The location of the hazard is: (be specific: include the room number, name of site, etc.)

I suggest the following corrective action:

Signed: (optional) _____

For Supervisor's Use Only

Record of supervisor analysis and/or corrective action taken within five (5) days:

Supervisor's Signature _____ Date _____

APPENDIX H - EMPLOYEE INJURY REPORT

Supervisor's First Report of Injury

Instructions: This form is to be completed by the employee's department supervisor immediately upon receiving notification of a job-related injury/illness/exposure. Inquiries should be directed to the district Workers' Comp contact or RESIG. Filing of this form is not an admission of liability.

EMPLOYEE'S NAME: _____ Date of Birth: _____
 HOME ADDRESS: _____ Home Phone: _____ Cell Phone: _____
 CITY/STATE/ZIP: _____ Soc Sec No: _____ Sex: M O F O
 Department/Program: _____ Occupation/Title: _____
 Worksite/Address: _____ Work phone: _____
 DATE INJURY/ILLNESS/EXPOSURE OCCURRED: _____ Hour: _____ a.m. O p.m. O
 DATE INJURY/ILLNESS/EXPOSURE REPORTED: _____ Hour: _____ a.m. O p.m. O
 Specific injury/illness/exposure and part of body affected: _____
 Equipment, materials, or chemicals employee was using when injured: _____
 Specific activity the employee was performing when injury/illness/exposure occurred: _____
 How injury/illness/exposure occurred: _____
 NAMES OF WITNESSES: _____
 REFERRED TO RESIG EARLY INTERVENTION NURSE: YES O DATE: _____ NO O REASON: _____

SUPERVISOR'S INVESTIGATION OF OCCUPATIONAL INJURY/ILLNESS/EXPOSURE

*** IMPORTANT - IN ACCORDANCE WITH SB198 THE SUPERVISOR'S INVESTIGATION MUST BE COMPLETED ***

(1) Were Safe Work Practices followed? YES O NO O
 If no, explain _____

(2) Was an unsafe condition the cause of the incident? YES O NO O
 If yes, describe unsafe condition _____
 Was unsafe condition corrected? YES O NO O If not, what interim actions have been taken to prevent similar occurrence? _____

(3) Will an additional Safe Work Practice be needed to avoid future incidents? YES O NO O
 If yes, describe _____

(4) If a Bloodborne Pathogens exposure, please answer the following questions.

(a) Has employee completed the Hepatitis B vaccination series? YES O IN PROGRESS O NO O
 If yes, date vaccination series completed: _____ Vaccination administered by: _____
 If in progress, indicate most recent dosage and date received: 1ST O Date: _____ 2ND O Date: _____
 If no, has employee been notified that the vaccination series should be initiated within 24 hours of the exposure incident? YES O NO O

(b) Has employee's blood been tested? YES O NO O
 If yes, date of testing: _____ Testing performed by: _____
 If no, explain _____

(c) What personal protective equipment was being used at time of exposure? _____

(d) Has the source individual been identified? YES O NO O If yes, individual's name _____

(e) Has consent been obtained for blood testing of the source individual? YES O NO O
 If no, explain _____

(f) Has the source individual's blood testing been completed? YES O NO O
 If yes, date of testing: _____ Testing performed by: _____
 If no, explain _____

Certification: To the best of my knowledge and belief, this information is true and reflects the facts.

SUPERVISOR'S SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY DISTRICT WORKERS' COMP. CONTACT

W/C Claim O Report Only O Date of Hire _____ Annual Salary _____ Months/Checks per Year _____ / _____
 Employee's Regular Hours: Hours per Day _____ Days per Week _____ Hours per Week _____ Days per Year _____

Rev 08/2005

Please Return Completed Form To RESIG

July 2005

**APPENDIX I - INDIVIDUAL EMPLOYEE SAFETY TRAINING
DOCUMENTATION**

Name of Employee: (Please Print) _____

Date of Hire: _____

Name of Trainer: _____

Training Subject: GENERAL SAFE WORK PRACTICES/OVERVIEW OF SB198

Training Materials Used: Video, Written Materials, Lecture

I hereby certify that I received training as described above in the following areas:

1. The potential general safety hazards that may exist in my work area and associated with my job assignment;
2. The safe work conditions, safe work practices and personal protective equipment required for my work;
3. The hazards of any chemicals to which I may be exposed and my right to information contained on material safety data sheets (MSDSs) for those chemicals, and how to find and understand this information;
4. My right to ask any questions, or provide any safety related information to my employer either directly or anonymously without any fear of reprisal;
5. The name of the designated responsible person for my district;
6. My responsibility to work safely, report safety hazards and follow safe work practices established by my employer.
7. General Guideline for disciplinary procedures the employer will use to enforce compliance.

I understand the information presented during this training and agree to comply with safe work practices for my work area.

Employee Signature

Date

Current Assignment

**APPENDIX J - DOCUMENTATION OF EMPLOYEE SAFETY TRAINING
SIGN-IN SHEET**

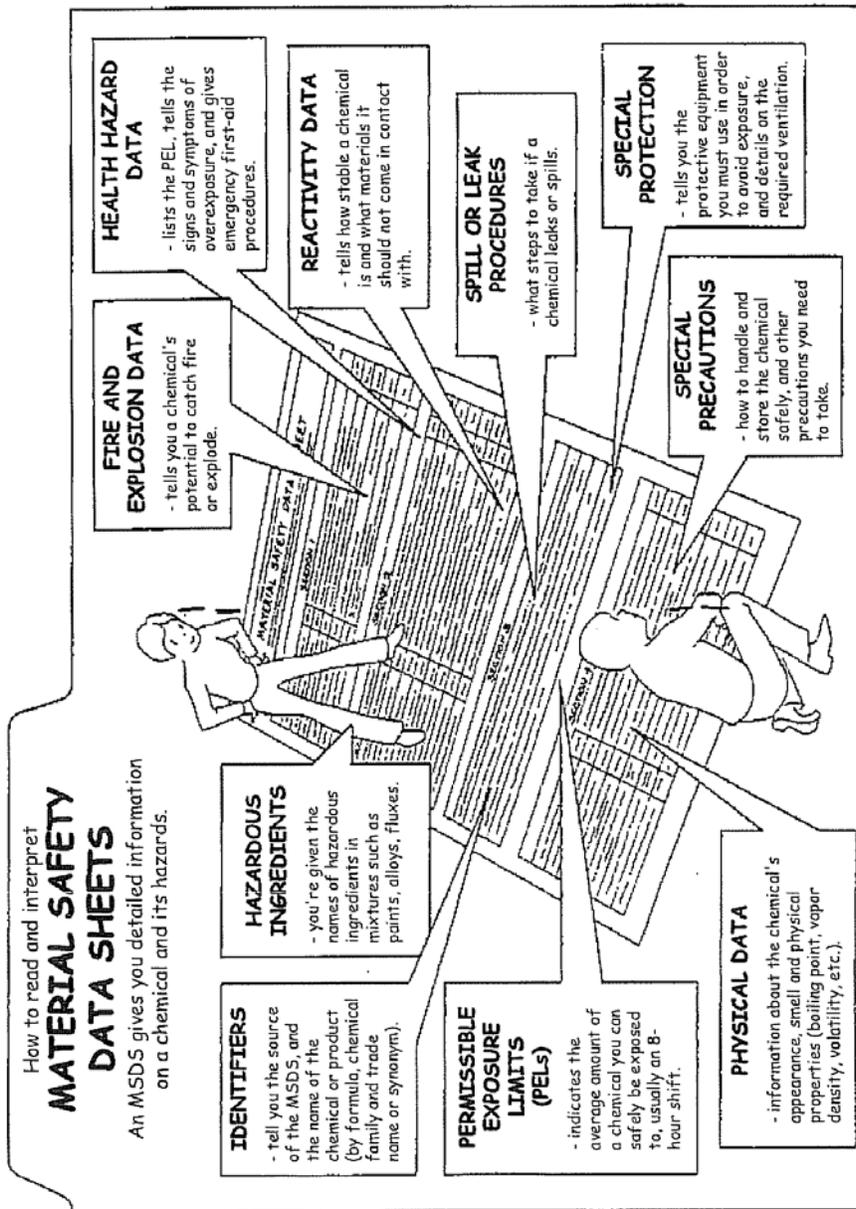
Trainer: _____ Date: _____

Subject(s)
Covered: _____

School or Work Location and Job Safety Categories: _____

	SIGN NAME	PRINT NAME	DEPARTMENT
1			
2			
3			
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**APPENDIX K - HOW TO READ AND INTERPRET A MATERIAL SAFETY
DATA SHEET**



HOW TO READ AND INTERPRET A MATERIAL SAFETY DATA SHEET

SECTION ONE - CHEMICAL IDENTIFICATION

This first section of the MSDS helps you identify the chemical. It lists the name of the chemical, any trade names, and the chemical manufacturer's name and address. This section may also list an emergency phone number.

SECTION TWO - HAZARDOUS INGREDIENTS

This section lists what is in the chemical that can harm you. It also lists the concentration of the chemical to which you can safely be exposed, often listed as the permissible exposure limit (PEL) or the threshold limit value (TLV). These safe exposure limits are usually figured for average exposures over a typical work shift.

SECTION THREE - PHYSICAL DATA

This section describes the chemical's appearance, odor and other characteristics. Percent volatile, for instance, is how much of the chemical evaporates at room temperature. Sulfuric acid has a low percent volatile, but it can be harmful if inhaled. Respiratory protection or extra ventilation may be needed.

SECTION FOUR - FIRE AND EXPLOSION DATA

Here you can find at what temperature the chemical ignites, called the flash point. If a chemical is flammable, it can ignite below 100 degrees Fahrenheit. This section also lists extinguishing media -- what will put out the fire safely -- such as water spray, foam or other type of fire extinguisher.

SECTION FIVE - HEALTH HAZARDS

This section lists symptoms of overexposure such as skin rash, burn, headache, or dizziness. It also tells you first aid and emergency procedures in case of overexposure, such as flushing your exposed skin with running water for 15 minutes. It may also list any medical conditions that can be aggravated by exposure to the chemical.

SECTION SIX - REACTIVITY DATA

Here you will find whether the chemical "reacts" with materials or conditions. Incompatibility lists the materials, such as water or other chemicals, that cause the chemical to; burn, explode, or release dangerous gases. Instability lists the environmental conditions, such as heat or direct sunlight that can cause a dangerous reaction.

SECTION SEVEN - SPILL OR LEAK PROCEDURES

This section tells you what to use to clean up an accidental spill or leak. No matter what the chemical is, always notify your supervisor right away. Before cleaning up a chemical spill, you may need to wear respiratory protection, gloves, safety goggles, or protective clothing. This section may also include notes on how to dispose of the chemical safely.

SECTION EIGHT - SPECIAL PROTECTION

Here you will find a listing of any personal protective equipment (PPE), respiratory protection, gloves, eye protection; you need to work safely with the chemical. If protective equipment is needed, this section may list the specific types that are recommended, such as full-face mask respirator, rubber gloves, and chemical safety goggles.

SECTION NINE - SPECIAL PRECAUTIONS

This section lists any other special precautions to follow when handling the chemical. This may include what to have nearby to clean up a spill or put out a fire, and what safety signs to post near the chemical. This section also lists any other health and safety information not covered in other parts of the MSDS.

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APPENDIX L - CLASSROOM HAZARD CHECKLIST

Classroom Hazard Checklist
 Forestville Union School District

Due Date _____

Location _____ Room # _____

Instructions: Complete this Classroom Hazard Checklist by the due date indicated and forward to the site administrator. Site administrator reviews, signs and forwards to Business Services. Any questions should be directed to the Director of Operations.

	Yes	No	Unknown	Not Applicable
Are freestanding cabinets, bookcases and wall shelves secured to a structural support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are heavy objects removed from high shelves? (High shelves are shelves above the heads of seated students/teacher's desk.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are aquariums and other potentially hazardous displays located away from seating areas and secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are AV equipment and computers securely attached to a portable (rolling) cart with lockable wheels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the TV monitor securely fastened to a securely fastened platform and/or cart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the classroom piano secured against rolling during an earthquake?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are wall-mounted clocks, maps, fire extinguishers, etc., secured against falling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are hanging plants secured to prevent them from swinging free or breaking windows during an earthquake?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is lab equipment secure to prevent movement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are chemicals stored to prevent spillage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are typewriters, computers and other heavy equipment secured to prevent movement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are objects around doors secured so as not to fall and block egress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Completed by _____ Date _____
 Site Administrator _____ Date _____
 Director of Operations _____ Date _____

APPENDIX M - INSPECTION REPORT AND CORRECTION FORM

APPENDIX N - RESIG WORKPLACE SAFETY GUIDELINES

FY2008-2009

These notes apply to all classrooms, office areas, workrooms, storerooms, etc.

- 1. HIGH STORAGE OF HEAVY ITEMS:** All areas, including classrooms, should be reviewed for hazardous conditions due to excessive, high storage of heavy items, especially when near an exit or in close proximity to students or staff. Check spaces on top of built-in cabinets and metal cabinets. Lips or wires should be installed along the tops of all cabinets and across the fronts of all shelving to prevent items from flying off in the event of an earthquake. Limit high storage of heavy items.
- 2. SECURING OF CABINET DOORS:** All cabinet doors should be equipped with some type of device (other than magnets) to prevent them from opening in an earthquake. Evidence from past earthquakes indicates that cabinet doors open and dump their contents, many times directly in front of main exits. It is also recommended that students' desks not be located directly in front of cabinets as a preventative measure.
- 3. CUBBIES, FILES, CABINETS, AQUARIUMS AND OTHER UNSECURED ITEMS NEAR EXITS:** All cubbies, four drawer files, metal cabinets, bookshelves, as well as aquariums, should be located away from main exits if possible. These routinely fall over in an earthquake and have the potential for blocking what may be the only exit from a classroom. Make sure all items are securely fastened to a wall or other sturdy structure.
- 4. UNSECURED BOOKSHELVES, FOUR/FIVE DRAWER FILES, CABINET AND OTHER SHEVLING, ETC (General):** All shelving, file drawers, bookcases, etc. should be firmly secured to a sturdy structure in order to prevent injury during an earthquake. "L" brackets or other method should be used. Free standing shelving could be bolted back to back in order to create a more stable base. Configuring into a "T" is also an effective method. Multiple file drawers can also be bolted together for more stability. Use the OES Guide and Checklist for Nonstructural Earthquake Hazards in CA Schools (www.dsa.dgs.ca.gov go to publications) as a guide. Contact RESIG for mitigation supplies.
- 5. FILES, CABINETS AND OTHER HAZARDS LOCATED BEHIND TEACHERS' OR STUDENTS' DESKS:** Four/five drawer files, cabinets and other shelving should not be located directly behind a teacher's or student's desk. During an earthquake, file drawers can topple forward or to the side and cause great injury to the teacher or student. It is best to locate files and other cabinets in corners where they are least likely to cause an injury or block an exit. These should also be secured to a wall or other stable structure. Unlatched drawers can roll open and cause the file drawers to fall over. Make sure drawers are securely latched unless in use. Contact RESIG for mitigation supplies.
- 6. UNSECURED TROPHIES:** Storing trophies in high locations should be avoided. If there is no other location to store or display trophies, make sure they are secured by using a series of wires or Plexiglas retainers across the front of the shelves. Trophies are heavy and sharp and can cause severe injuries. Never locate trophies above students' desks.
- 7. SECURING OF COMPUTER MONITORS:** All computer monitors should be secured by means of a strap or other method to prevent them from falling over in an earthquake. Many monitors are heavier in the front than in the back and will easily topple over. It is recommended that all monitors be secured either to the computer cart or the desktop. *Note: damage to property (such as computers) or loss of your data during an earthquake is not covered by insurance.* Non-slip shelf lining can be used as a temporary measure to provide a non-skid surface under equipment, but will provide minimal protection. Using products such as heavy-duty velcro or other strap-type devices provide better protection. Contact RESIG for mitigation supplies.
- 8. MARBLES AND OTHER ITEMS STORED IN GLASS CONTAINERS IN CLASSROOMS:** We have been noticing a number of classrooms that have large jars of marbles sitting on teachers' desks and on top of cabinets. These marbles can create a hazard if the jar falls and distributes marbles throughout the classroom. Marbles are difficult to walk on when trying to evacuate a classroom in an emergency. It is recommended that marbles be kept in plastic containers with tight fitting lids.

9. **BLOCKED EXITS:** All doors that exit to the outside of the building **MUST** be kept clear at all times (per fire code). Even if the door is never used, if it exits to the outside, it must always be clear and available as an evacuation route. In addition, if throw bolts are used on any doors in classrooms (which we do not recommend), the bolt must **ALWAYS** be open during school hours. Maintain clear exits and exit routes at all times.

10. **GROUND FAULT CIRCUIT INTERRUPTER OUTLETS (GFCI):** It is recommended that all electrical outlets within 6 ft. of a water source, such as a sink, be replaced with a GFCI outlet. These types of outlets are intended to protect humans from being shocked. Outlets are routinely installed over or near sinks in classrooms, so it is important to have these outlets changed to prevent injury to staff and students.

11. **AQUARIUMS:** During an earthquake, the motion can cause the water to rock aquariums off their locations. Even very heavy aquariums are at risk. Straps around the top edge and secured to a wall are an effective preventative measure. Attaching a lip of moulding to the counter at the base can also help. Do not position students' desks close to aquariums.

12. **TVs ON CARTS:** TVs on carts should always be secured with a sturdy strap or other appropriate method.

13. **USE OF EXTENSION CORDS, MULTIPLUG ADAPTERS, POWER STRIPS, ETC.:** Extension cords are to be used **ONLY** as a temporary power source and are not to be used to permanently hook up a computer, radio or other appliance. When used for an overhead projector in a classroom, the extension cord should be unplugged and rolled up when not in immediate use. Multiplug adapters are approved for use only if they are equipped with a breaker (light). Long cords to equipment should be unplugged and rolled up when not in immediate use. Cords should be routed away from traffic paths. If it is not possible to re-route a cord out of the traffic path, a treadguard could be used to prevent a tripping hazard, but is not ideal. Do not run cords under carpets as this will damage the cord if it is walked on.

14. **HANGING ARTWORK OR OTHER MATERIALS FROM LIGHT FIXTURES:** Artwork and other decorative materials should not be hung from light fixtures. There are hazards associated with fire as well as electrical shock. All artwork and other types of decorative materials could be hung from approved wires. Make sure wires are high enough so they don't pose an additional risk.

15. **BLOCKED ELECTRICAL PANELS:** Electrical panels must be kept clear at all times. A minimum of 36" clearance is required.

16. **FIRE EXTINGUISHERS:** Fire extinguishers should be securely hung near the exit at approximately waist height. Fire extinguisher locations should be clearly marked. They should also be checked monthly to make sure they are charged and the plastic security loop is intact. Fire extinguishers should be recharged/serviced every year, but should be checked regularly by staff. Recommend that all staff be trained in the proper use of a fire extinguisher. Make sure that all fire extinguishers are properly mounted, do not have items hanging from them and are not blocked.

17. **NUMBERING OF ALL ROOMS:** All exterior doors (classrooms, offices, custodial rooms, etc.) should be labeled both inside and outside, above the door or to the side so emergency personnel will be able to locate rooms quickly.

18. **POSTING OF SIGNS – "MICROWAVE IN USE":** It is recommended that a small sign be posted on the outside of any area using a microwave. The purpose of this posting is to warn persons with pacemakers that a microwave is in use. The sign should say, "MICROWAVE IN USE".

19. **PLAYGROUND SAFETY:** Loose fill surfacing material should be maintained at a minimum of 12". It should be raked often and all foreign materials (rocks, glass, feces, etc) removed. All playground equipment should comply with the CPSC Guidelines and the ASTM Standards OR a plan should be in place to correct deficiencies within a reasonable timeline. Equipment should be checked daily for broken or missing parts. Regular maintenance schedules should be developed for each playground and all maintenance activities should be documented as required. Proper supervision should be provided during regular school hours. Contact RESIG for additional information or for an on-site playground inspection.

20. **SOCCER GOALS:** Heavy metal soccer goals should be secured in place during use. During off-season, they should be chained to a fence to prevent being moved. Unsecured soccer goals have caused serious injuries and deaths when they have fallen over.

21. **RUBBER CEMENT, Solvent Based “WHITE OUT”, SPRAY ADHESIVES AND OTHER HAZARDOUS ART AND CRAFTS MATERIALS:** These products (and many others) have been identified by the California EPA as not being appropriate for use at the K-6 level. The list of “Art and Craft Materials Which Cannot Be Purchased For Use in Kindergarten and Grades One Through Six” is available at www.oehha.ca.gov/education. It is recommended that this list be reviewed by all schools and items found on it in classrooms be removed from K-6 school sites immediately. This list is intended for use at the K-6 level, but it is recommended that this list be applied to the upper grades as much as possible to protect the health and safety of all students and staff. Products labeled as AP Non-toxic conforming to ASTM D4236 are always a better choice.

22. **CLEANING PRODUCTS, BLEACH, AMMONIA AND OTHER MATERIALS STORED IN CLASSROOMS:** During inspections, a variety of hazardous materials are found in classrooms. These products are often easily accessible to students. It is recommended that all hazardous materials be kept either out of the classroom entirely or be locked in a cabinet that is not accessible to students. All areas under sinks should be checked carefully. If the label says “Keep Out of Reach of Children”...every effort should be made to do so. NOTE: Bleach and ammonia (this includes powdered cleansers like Comet and liquid glass cleaners like Windex) should never be stored or used together. When bleach and ammonia are mixed, chlorine gas is created and could cause permanent lung damage...or death!

23. **LEAD GLAZES AND “LEAD FREE” GLAZES:** All ceramic glazes and underglazes that are labeled as containing lead or fritted lead should be removed from schools and disposed of as a hazardous waste. Even products labeled as “lead safe” should not be used in the school environment. Only those products labeled “NON-TOXIC” are considered safe for use in schools. Refer to the toxic art and crafts listing above in #20.

24. **CHEMICAL SAFETY:** All hazardous materials used on a school site must have an MSDS on file. These should be kept in a central location. Employees should be instructed not to bring cleaning products and other chemicals from home and to only use approved products. All chemical labs should have an up-to-date inventory with chemicals properly separated (not alphabetically). All employees should receive training in how to read an MSDS. All chemicals and by-products should be disposed of properly. Employees should be instructed in proper disposal techniques. All science specimens should be secured from falling from shelves during an earthquake and should not contain Formaldehyde. Spill kits should be readily available.

25. **COMBUSTIBLE FUEL LOAD IN CLASSROOMS:** The amount of paper coverage, such as decorations and student work, in classrooms should be limited to no more than 50% of the total wall space. Adding layers of paper, as in bulletin boards displaying artwork, increases the fire risk. Use fire resistant materials whenever possible. Keep classrooms clear of unnecessary clutter and debris as much as possible. Christmas trees must be treated with fire retardant.

26. **CLEAR HALLWAYS:** Hallways, breezeways and other evacuation routes should not be used to store excess furniture and other items.

27. **IN-WALL LUNCH TABLES:** In-wall lunch tables should be raised and lowered carefully to prevent injury to staff. When returning the tables or benches to their in-wall positions, special attention should be given to ensuring that the pins are engaged and security toggles activated. Improper storage of these units has resulted in failure of the securing hardware causing the table or bench to fall out of position and severely injuring and even killing students.

Please call RESIG at (707)836-0779 x108 or e-mail at: wdavis@resig.org if you have any questions

APPENDIX O – REFERENCES

FOR GENERAL SAFETY INFORMATION:

RESIG
5760 Skylane Blvd.
Windsor, CA 95492
(707) 836-0779
www.resig.org

NATIONAL SAFETY COUNCIL
San Francisco Chapter
Twin Dolphine Drive, Suite 520
Redwood City, CA 94065-1409
(800) 544-1030
sanfrancisco@nsc.org

US Department of Labor
OSHA PUBLICATIONS
PO Box 37535
395 Oyster Point Blvd.
Washington, D.C. 20013-7535202) 693-1888
www.osha.gov/pls/publications/pubindex.list

CALOSHA CONSULTATION SERVICES
Department of Industrial Relations
2424 Arden Way, Suite 485
Sacramento, CA 95825
(916) 263-5765
www.dir.ca.gov/dosh/consultation.htm

SONOMA COUNTY OFFICE OF EDUCATION
Shari Dean, Emergency Preparedness Coordinator
2340 Skylane Blvd.
Santa Rosa, CA 95403
(707) 524-2682
sdean@scoe.org

FOR ADDITIONAL INFORMATION ON ARTS AND CRAFTS SAFETY:

CENTER FOR SAFETY IN THE ARTS
5 Beekman Street
New York, NY 10038
(212) 227-6220
www.truart.info/health-books.htm

STATE OF CALIF. DEPT. OF HEALTH SERVICES
1501 Capitol Ave., Suite 2101
Sacramento, CA 95814
(916) 445-4171
www.dhs.cahwnet.gov

FOR ADDITIONAL INFORMATION ON EARTHQUAKE SAFETY:

BAY AREA REGIONAL EARTHQUAKE
PREPAREDNESS PROJECT
Metro Center
101 Eighth Street Suite 152
Oakland, CA 94607 (415) 883-8300
www.eresonant

FISCHER SCIENTIFIC EDUCATION
4500 Turnberry Drive
Hanover Park, IL 60133
(800)955-1177

LABORATORY SAFETY INSTITUTE
192 Worchester Rd.
Natick, MA 01760
<http://www.labsafety.org>

FLINN SCIENTIFIC, INC.
PO Box 219
Batavia, IL
(800) 452-1261
www.flinnsci.com

RESIG
5760 Skylane Blvd.
Windsor, CA 95492
(707) 836-0779

DEPARTMENT OF EMERGENCY SERVICES
2300 County Center Drive #A221
Santa Rosa, CA 95403
(707) 565-1152

Injury and Illness Prevention Program/SB198

Adopted: September 2001
Revision1: October 2010
Revision 2: December 2017

**FOR ADDITIONAL INFORMATION ON BLOODBORNE PATHOGENS AND
UNIVERSAL PRECAUTIONS:**

SONOMA COUNTY PUBLIC HEALTH DEPT.
625 5th Street
Santa Rosa, CA 95404
(707) 565-4400
www.sonoma-county.org/health/ph

SONOMA COUNTY OFFICE OF EDUCATION
Shari Dean, Emergency Preparedness Coordinator
2340 Skylane Blvd.
Santa Rosa, CA 95403
(707) 524-2682
sedan@scoe.org

RESIG
5760 Skylane Blvd
Windsor, CA 95492
(707) 836-0779
www.resig.org

Center for Disease Control and Prevention (CDC)
1600 Clifton Road
Atlanta, GA 30333
(404) 639-3534 or (800) 311-3435
www.cdc.gov

