



# SAN LUIS COASTAL

## UNIFIED SCHOOL DISTRICT

1500 Lizzie Street  
San Luis Obispo, CA 93401-3062  
(805) 549-1200  
[district@slcusd.org](mailto:district@slcusd.org)

# INJURY & ILLNESS PREVENTION PROGRAM (IIPP)

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# INJURY & ILLNESS PREVENTION PROGRAM

San Luis Coastal Unified School District (SLCUSD), through its administration and management, is committed to the safety of all employees and recognizes the need to identify and prevent employee injuries, accidents and promote employee safety.

## I. PROGRAM OBJECTIVES

The primary objective of the Injury and Illness Prevention Program (IIPP) is to reduce work-related employee injuries and accidents as follows:

1. Establish and maintain an effective Injury and Illness Prevention Program
2. Provide a safe working environment
3. Develop safety policies, committees, training, and communications to improve accident and injury prevention
4. Make available written records of safety issues discussed at the safety committee meetings for employees, union representatives, and governmental agencies

## II. RESPONSIBLE PERSONS

The following individuals have the authority and responsibility for implementing and maintaining this program.

Superintendent:	Eric Prater, Ed.D.
Assistant Superintendent:	Ryan Pinkerton, Business Services Diane Frost, Educational Services
Safety Coordinator:	Stephen Stewart
IIPP Program Coordinator:	Stephen Stewart

Site administrators, managers, and supervisors are responsible for implementing and maintaining the IIPP in their work areas and answering worker questions about the IIPP. A copy of the IIPP is available from each site administrator.

## III. COMMUNICATION

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

Our communication system may include the following items:

1. New workers complete an orientation to the organization, including discussing safety and health policies and procedures
2. Review of our IIPP Program
3. Review COVID-19 Prevention Procedures (CPP) (**Appendix E**)
4. Training programs
5. Site or department staff attend regularly scheduled safety meetings
6. Safety information is posted or distributed
7. Newsletters and memorandums
8. A system for workers to anonymously inform management about workplace hazards

Ongoing communication is vital in relaying information about the hazards of the workplace. The District's Safety Committee meets at least quarterly, and departments and sites are encouraged to discuss safety at regular staff meetings. These meetings will be the primary means by which safety and health information is relayed to employees. The information shall be presented in a language or manner understandable to each employee. All Safety Committee meeting content will be documented, including, but not be limited to, signed attendance rosters, agenda for items discussed, and minutes of the meetings.

Any relevant safety information will be posted as needed in all employee break rooms, including general safety information or specific information related to an operation area in particular. Other written materials will be given to employees as needed, in a language understandable to them.

Communication is encouraged, and safety suggestions or information about hazards at the worksite may be submitted to any supervisor or administrator without fear of reprisal. The District has also made available a Safety Concern/Suggestion Form (**Appendix A**), which employees may use to submit safety suggestions or information about hazards. Employees can anonymously file a report by writing, calling, faxing, or emailing the IIPP coordinator at:

San Luis Coastal Unified School District  
Stephen Stewart  
928 Southwood Drive  
San Luis Obispo, CA 93401  
805.596.4105  
[sstewart@slcusd.org](mailto:sstewart@slcusd.org)

All suggestions or hazard information will be reviewed by the Program Coordinator and discussed at the next District Safety Committee meeting.

All supervisors will conduct ongoing supervision to ensure all employees comply with safe and healthy work practices. All workers, including managers and supervisors, are responsible for complying with the IIPP and safe and healthful work practices. Disregarding safety rules or the IIPP may result in disciplinary action, up to and including dismissal. Generally, the disciplinary action taken will follow the progressive evaluation system established within the District.

The District has a system for recognizing employees who follow safe and healthful work practices. All supervisors and employees are encouraged to notify their supervisor, a member of the District Safety Committee, or one of the IIPP Coordinators if they observe another employee following district procedures and safe and healthful practices. The employee will be recognized at a District Safety Committee meeting.

#### **IV. HAZARD ASSESSMENT AND CONTROL**

Facility and work area inspections will be conducted periodically by the appropriate staff for unsafe conditions, work practices, or both. If these conditions exist, they will be identified and documented. Inspections will be performed in the following conditions:

- When a new program is first established
- Whenever new substances, processes, procedures, or equipment that represent a new occupational safety and health hazard are introduced into the workplace
- Whenever an unknown or previously unrecognized risk is evident
- Whenever there is a report of an occupational injury or illness or a near-miss incident

Inspections will be documented using checklists and in-house forms (**Appendix B**). The date and name of the person conducting the inspections, including any defects, will be recorded. Defects will be listed on the in-housework order specifying the problem and indicate if it is a priority by writing the word "Safety" in red print on the top left-hand corner of the work order. Work orders will be reviewed to take the appropriate actions to address each problem. Items will be handled promptly based on the severity of the hazard. Imminent hazards will be immediately abated, or the operation suspended until corrective measures can be taken.

Any employee may generate a work order as an unsafe or hazardous condition arises or becomes evident. The work orders may be turned into any supervisor.

## **V. INJURY INVESTIGATION**

Reports of occupational injury, illness, or near misses will be investigated. The primary goal of accident investigation is the prevention of similar accidents using knowledge derived from the investigation. Administrative and supervisory personnel are responsible for accident investigation in their areas of responsibility. Supervisors will complete a Supervisor's Accident Investigation Report (**Appendix C**) within 24-hours of notification of the incident.

The report will summarize the incident in specific details, including what happened, where, and how. Also, an explanation of what corrective action should be taken to prevent the incident from reoccurring will be entered into the report.

Procedures for investigating workplace incidents include:

1. Interviewing the injured employee and any witnesses
2. Examining the workplace for factors associated with the incident
3. Determining the cause of the incident
4. Taking corrective action to prevent the incident from reoccurring
5. Recording the findings and action on the Supervisors Accident Investigation Report

## **VI. TRAINING**

Proper employee training is crucial for maintaining safe operations. SLCUSD intends to fully train and inform our employees in all employment areas, including general safety and healthy work practices and hazards specific to their job assignment. Each department manager or site administrator is responsible for ensuring the training of its site employees. All training must be documented using a Training Sign-in Form (**Appendix D**), and individual training records will be placed in the employees' personnel file. All training records will be kept on file for a minimum of three (3) years.

In general, training will be provided when:

1. The program is first established
2. An employee is first hired
3. An employee is given a new job assignment for which training has not been previously given
4. A new substance, process, procedure, or equipment is introduced to the workplace and represents a new hazard
5. Supervisors need to be familiarized with the safety and health hazards to which their employees may be exposed

## **VII. LABOR/MANAGEMENT SAFETY & HEALTH COMMITTEE**

A District Safety Committee has been formed to create and maintain an active interest in employee safety, reduce accidents and near misses, and address and investigate safety issues. This committee will be under the direction of the Program Coordinator. The committee will operate with close contact and communication with the program coordinators, administrators, and department managers. The District Safety Committee at a minimum will:

1. Conduct committee meetings a minimum of once per quarter
2. Prepare written records of safety and health issues discussed, make copies available to all affected employees, and maintain the records on file
3. Review investigations of occupational accidents or near misses and causes of incidents resulting in injury, illness, or exposure to hazardous substances and, where appropriate, submit suggestions to the Program Coordinator for aiding in the prevention of future incidents
4. Review the results of any periodic scheduled facility or site inspections
5. Review investigations of alleged hazardous conditions brought to the attention of any committee member. When determined necessary by the committee, the committee may conduct its inspection and investigation to assist in remedial solutions
6. When appropriate, submit recommendations to help in the evaluation of employee safety suggestions
7. Assist the Program Coordinator in promoting safety by communicating safety and health issues back to each site and department, coordinating training, developing incentive programs, or other special safety programs

## **VIII. RECORDKEEPING**

Actions taken to implement and maintain the program will be documented and held in the District's Safety & Loss Control Manual. These records specifically include:

1. Documentation of scheduled and periodic inspections with the person's name(s) conducting the inspection and the date
2. Any unsafe conditions and work practices identified during the inspections and the action taken to correct the problem
3. Documentation of safety and health training for each employee with their name or other identifier, training dates, training types, and training providers

All the documentation mentioned above will be maintained for a minimum of three (3) years.

# INJURY & ILLNESS PREVENTION PROGRAM (IIPP)

## Appendices:

- A. SAFETY CONCERN/SUGGESTION FORM
- B. INSPECTION HAZARD CHECKLIST FORM
- C. SUPERVISOR'S ACCIDENT INVESTIGATION REPORT
- D. TRAINING SIGN-IN FORM
- E. COVID-19 PREVENTION PROCEDURES (CPP)



**SAN LUIS COASTAL**

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**APPENDIX A**



**SAFETY CONCERN/SUGGESTION**

Please use this form to report unsafe or uncorrected conditions that could endanger employees or students or make safety or health-related suggestions to the District Safety Committee.

Do not use this form in place of a work order to the maintenance department. Report emergency conditions to your supervisor immediately.

Return this completed form to your supervisor or any member of the District Safety Committee. **You may also report conditions anonymously** by writing, calling, faxing, or emailing the Program Coordinator at:

San Luis Coastal Unified School District  
Stephen Stewart  
928 Southwood Drive  
San Luis Obispo, CA 93401  
805.596.4105  
[sstewart@slcusd.org](mailto:sstewart@slcusd.org)

Site/School: \_\_\_\_\_

Today's date: \_\_\_\_\_ Date condition identified: \_\_\_\_\_

Your name (optional): \_\_\_\_\_

Work or office phone number (optional): \_\_\_\_\_

Has this condition been previously reported? Please circle your response

Yes                      No                      Unknown

To whom: \_\_\_\_\_

Nature of concern or suggestion: \_\_\_\_\_

\_\_\_\_\_

If a safety concern, where exactly is the hazardous condition or concern:




\_\_\_\_\_

\_\_\_\_\_

**APPENDIX B**

# Hazard Checklist / Inspection Form

## SCHOOL GENERAL HEALTH & SAFETY INSPECTION CHECKLIST Checklist for District Safety Committees or Self-Inspection

INSPECTED BY:		SITE:	ROOM:	DATE:
		 = <b>NO HAZARD OBSERVED</b>  = <b>CORRECTIVE ACTION REQUIRED</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<b>HOUSEKEEPING</b> and a sanitary workplace is necessary. Aisles should be kept clean and unobstructed. Storage of supplies and/or equipment should be in a safe, neat, and organized manner to prevent fires, trips, slips, falls, or to prevent stored materials from falling. All work areas should be free from any condition that would create a fire, life safety, and/or emergency evacuation hazard.		
<input type="checkbox"/>	<input type="checkbox"/>	<b>FIRE EXTINGUISHERS</b> , where installed, must be mounted on the wall where all room occupants can find it in an emergency. The extinguisher must be in-service, fully charged, and not blocked. A 3 ft. clearance is required in front of and around all extinguishers. Do not hang items on fire extinguishers such as coats, hall passes, backpacks.		
<input type="checkbox"/>	<input type="checkbox"/>	<b>FIRE ALARMS (ALARM PANELS &amp; MANUAL PULL STATIONS)</b> require at least 3 ft. of clearance in front of and around the devices. Do not paint, block, or cover alarm equipment with cloth or paper.		
<input type="checkbox"/>	<input type="checkbox"/>	<b>DECORATIVE PAPER</b> and student artwork must be limited to approximately 20% of the wall space in each room. Do not cover electrical outlets, switches, alarms, electrical panels, heating or ventilation systems, etc. Do not place or hang anything combustible on doors, windows, ceilings, light fixtures, or from wall-to-wall using wires, cables, or string.		
<input type="checkbox"/>	<input type="checkbox"/>	<b>ELECTRICAL PANELS</b> in classrooms and storage rooms require 3 ft. of clearance in front of and around the panel. Panel doors must remain closed, and do not cover panel doors with combustible materials, such as paper or cloth.		
<input type="checkbox"/>	<input type="checkbox"/>	<b>OVERHEAD STORAGE</b> of equipment and supplies can be a major hazard in the event of an earthquake. All overhead storage should be secured or removed. Shelving lips or railings may be installed to prevent items from falling.		
<input type="checkbox"/>	<input type="checkbox"/>	<b>FILE CABINETS, BOOKCASES, AND OTHER</b> furnishings should be secured to the wall or floor to prevent them from tipping over during an earthquake and injuring occupants and/or blocking access to exits.		
<input type="checkbox"/>	<input type="checkbox"/>	<b>ACCESS TO EXITS</b> must be maintained at all times. Do not block front or back doors of classrooms or offices. All students and staff must have free access to both exit doors in case of an emergency. The pathway to exit doors must be as wide, or wider, than the door itself. Carts, desks, cabinets, equipment, etc. should not impede the evacuation process in an emergency.		
<input type="checkbox"/>	<input type="checkbox"/>	<b>EXTENSION CORDS</b> may only be used for temporary power to approved curriculum devices such as overhead projectors. Extension cords must be unplugged after use and at night. Only use UL approved and grounded (3-prong) cords. Do not extend cords across walls, ceilings, walkways, or under rugs or carpeting.		
<input type="checkbox"/>	<input type="checkbox"/>	<b>POWER BARS or SURGE PROTECTORS</b> must have UL approval and grounded (3-prong cord). Extension cords or other power bars may not be plugged directly into another power bar. Turn off power bars at night or when not in use.		
<input type="checkbox"/>	<input type="checkbox"/>	<b>TV's &amp; AV CARTS</b> must be in good operating condition and roll with ease. Equipment on the carts, such as TV's and other large objects, must be secured to the cart. TV's mounted to walls or ceilings must be secured to the mounting bracket and strapped to the bracket. TV's that are only strapped to the mounting bracket are unsafe.		
<input type="checkbox"/>	<input type="checkbox"/>	<b>CHEMICAL SAFETY</b> all hazardous or toxic chemicals must be stored out of the reach from children or in lockable cabinets. Employees are not permitted to bring any chemical to work without a copy of the Material Safety Data Sheet (MSDS) and prior approval from the site administrator or district safety coordinator. All containers (including water) must be properly labeled with chemical name.		
<input type="checkbox"/>	<input type="checkbox"/>	<b>VENTILATION SYSTEMS &amp; HEATERS</b> work and shall not be covered or blocked. Do not cover or block heater access doors, air vents, air intakes, etc. Do not store anything within three feet (3') of a heater or ventilation system. Portable space heaters are not permitted in classrooms.		
<input type="checkbox"/>	<input type="checkbox"/>	<b>KITCHEN APPLIANCES</b> in classrooms are not recommended. However, they must be used as described by the manufacture and turned off at night and when not in use. Provide 3 ft. of clearance around the appliance and do not store combustible materials, such as paper on top or around cooking appliances. K-6 students should be a minimum of six feet (6') away of cooking demonstrations or hot appliances.		
<input type="checkbox"/>	<input type="checkbox"/>	<b>STORAGE ROOMS</b> such as electrical rooms, boiler rooms, kiln rooms, and heater rooms are not approved for storage of combustible materials. Do not block access to this equipment and maintain a 3 ft. clearance in front of and around the equipment at all times.		
<input type="checkbox"/>	<input type="checkbox"/>	<b>CLASSROOM FURNISHINGS</b> must meet or exceed State Fire Marshall requirements and may contain allergens, insects, pests, etc. Staff should not bring to work household furniture, curtains, partitions, etc.		
<input type="checkbox"/>	<input type="checkbox"/>	<b>LADDERS</b> or stepstools should be available for use. Staff should always use a ladder or a stepstool and never stand on desks, chairs, boxes, or other items.		
<input type="checkbox"/>	<input type="checkbox"/>	<b>EMERGENCY PLANS AND EVACUATION</b> routes should be posted in each room.		
<input type="checkbox"/>	<input type="checkbox"/>	<b>OTHER ISSUES OR ADDITIONAL FINDINGS</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<b>OTHER ISSUES OR ADDITIONAL FINDINGS</b>		



# APPENDIX C

## SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

The injured employee's **supervisor** shall complete the Accident Investigation Report immediately following an illness or injury.

Revised 08/2020

**Provide as much detail as possible. PLEASE PRINT OR TYPE**  
**PLEASE EMAIL OR MAIL A COPY OF THIS REPORT TO SIPE WITHIN 10 BUSINESS DAYS.**

Save

### GENERAL DATA

DATE OF REPORT \_\_\_\_\_

PAGE 1 OF 2

SCHOOL DISTRICT San Luis Coastal USD		SCHOOL SITE	SITE PHONE
EMPLOYEE NAME (PRINT)		YEAR OF BIRTH (YYYY)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
OCCUPATION (REGULAR JOB TITLE)		DATE EMPLOYER WAS NOTIFIED OF INCIDENT	DATE THE EMPLOYEE WAS PROVIDED WITH DWC-1 FORM
EMPLOYEE USUALLY WORKS ____ HRS/DAY ____ DAY/WEEK ____ TOTAL HRS/WEEK		EMPLOYMENT STATUS (CHECK APPLICABLE STATUS AT TIME OF INJURY) <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL	
DATE OF INCIDENT	TIME OF INCIDENT ____ : ____ AM ____ : ____ PM	TIME EMPLOYEE BEGAN WORK ____ : ____ AM ____ : ____ PM	IF EMPLOYEE DIED, DATE OF DEATH
UNABLE TO WORK AT LEAST ONE FULL DAY <b>AFTER</b> DATE OF INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO	LAST DAY WORKED	DATE RETURNED TO WORK	IF STILL OFF WORK, EXPECTED RETURN DATE
IF THE PHYSICIAN IS <b>NOT</b> FROM THE RECOMMENDED MEDICAL CLINICS FOR WORKERS' COMPENSATION INJURIES, DOES THE EMPLOYEE HAVE A FORM ON FILE TO SEE A PERSONAL PHYSICIAN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WHO TRANSPORTED THE EMPLOYEE TO THE DOCTOR?		DID THE INJURY OCCUR ON SCHOOL DISTRICT PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, LOCATION OF INCIDENT _____	
WAS THE INCIDENT SCENE VISITED AS PART OF THIS INVESTIGATION? IF YES, BY WHOM? <input type="checkbox"/> YES <input type="checkbox"/> NO _____		WERE PHOTOS TAKEN AT THE SITE OF THE INCIDENT? IF YES, INCLUDE WITH REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR _____			

### INJURY/ILLNESS DATA

### PLEASE CHECK ALL THAT APPLY

<b>CLASS OF INJURY</b>	
<input type="checkbox"/> FATALITY	<input type="checkbox"/> LOST WORKDAY
<input type="checkbox"/> RESTRICTED WORK	<input type="checkbox"/> MEDICAL ONLY
<input type="checkbox"/> FIRST AID	<input type="checkbox"/> FOR RECORD ONLY
<b>NATURE OF INJURY</b>	
<input type="checkbox"/> ABRASIONS	<input type="checkbox"/> BURNS
<input type="checkbox"/> CRUSHING	<input type="checkbox"/> FRACTURE
<input type="checkbox"/> HERNIA	<input type="checkbox"/> MENTAL DISORDER
<input type="checkbox"/> RASH	<input type="checkbox"/> STRAIN/SPRAIN
<input type="checkbox"/> AMPUTATION	<input type="checkbox"/> CONCUSSION
<input type="checkbox"/> DISLOCATION	<input type="checkbox"/> HEARING LOSS
<input type="checkbox"/> INFECTIOUS DISEASE	<input type="checkbox"/> POISONING
<input type="checkbox"/> REPETITIVE MOTION	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> BITES/STINGS	<input type="checkbox"/> CONUSION
<input type="checkbox"/> FOREIGN BODY	<input type="checkbox"/> HEAT EXHAUSTION/STROKE
<input type="checkbox"/> LACERATION	<input type="checkbox"/> PUNCTURE
<input type="checkbox"/> RESPIRATORY	
<b>PART OF BODY AFFECTED</b>	
<input type="checkbox"/> ABDOMEN	<input type="checkbox"/> ARM
<input type="checkbox"/> CHEST	<input type="checkbox"/> EYES
<input type="checkbox"/> FOOT	<input type="checkbox"/> HEAD
<input type="checkbox"/> KNEE	<input type="checkbox"/> NECK
<input type="checkbox"/> TEETH	<input type="checkbox"/> WRIST
<input type="checkbox"/> RIGHT	
<input type="checkbox"/> ANKLE	<input type="checkbox"/> BACK
<input type="checkbox"/> ELBOW	<input type="checkbox"/> FINGER
<input type="checkbox"/> HAND	<input type="checkbox"/> HIP
<input type="checkbox"/> LEG	<input type="checkbox"/> SHOULDER
<input type="checkbox"/> TOE	<input type="checkbox"/> FACE
<input type="checkbox"/> LEFT	
<b>TYPE OF ACCIDENT</b>	
<input type="checkbox"/> ASSAULT OR VIOLENCE	<input type="checkbox"/> CAUGHT IN, UNDER OR BETWEEN
<input type="checkbox"/> FALL FROM ELEVATION	<input type="checkbox"/> FIRE OR EXPLOSION
<input type="checkbox"/> OVEREXERTION	<input type="checkbox"/> STRUCK AGAINST
<input type="checkbox"/> TRIP	
<input type="checkbox"/> BODILY REACTION	<input type="checkbox"/> EXPOSURE
<input type="checkbox"/> FALL TO FOOT LEVEL	<input type="checkbox"/> MOTOR VEHICLE
<input type="checkbox"/> SLIP	<input type="checkbox"/> STRUCK BY
<input type="checkbox"/> OTHER _____	
<b>SOURCE OF INJURY</b>	
<input type="checkbox"/> AIR PRESSURE	<input type="checkbox"/> ELECTRICAL
<input type="checkbox"/> HAND TOOL	<input type="checkbox"/> INSECT
<input type="checkbox"/> MACHINERY	<input type="checkbox"/> PARTICULATES
<input type="checkbox"/> PUSHING OR PULLING	<input type="checkbox"/> VEHICLE
<input type="checkbox"/> ANIMAL	<input type="checkbox"/> ENVIRONMENTAL
<input type="checkbox"/> HUMAN	<input type="checkbox"/> LADDER/SCAFFOLD
<input type="checkbox"/> NEEDLESTICK	<input type="checkbox"/> PARTS & MATERIALS
<input type="checkbox"/> STAIRS	<input type="checkbox"/> WORKING SURFACE
<input type="checkbox"/> CHEMICAL	<input type="checkbox"/> EXTREME TEMPERATURE
<input type="checkbox"/> INFECTIOUS AGENT	<input type="checkbox"/> LIFTING/CARRYING
<input type="checkbox"/> NOISE	<input type="checkbox"/> POWER TOOL
<input type="checkbox"/> VEGETATION	<input type="checkbox"/> OTHER _____
<b>UNSAFE CONDITIONS</b>	
<input type="checkbox"/> DEFECTIVE TOOLS/EQUIPMENT	<input type="checkbox"/> HAZARDOUS WORKSURFACE
<input type="checkbox"/> IMPROPER WORKSPACE	<input type="checkbox"/> INADEQUATE VENTILATION
<input type="checkbox"/> POOR DESIGN	<input type="checkbox"/> UNSUITABLE MATERIAL
<input type="checkbox"/> ENVIRONMENTAL HAZARD	<input type="checkbox"/> IMPROPER DESIGN
<input type="checkbox"/> INADEQUATE GUARDING	<input type="checkbox"/> LACK OF MAINTENANCE
<input type="checkbox"/> POOR HOUSEKEEPING	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> EXCESSIVE NOISE	<input type="checkbox"/> IMPROPER USE OF TOOLS
<input type="checkbox"/> INADEQUATE ILLUMINATION	<input type="checkbox"/> LACK OF WARNING SIGNS
<input type="checkbox"/> UNPREDICTABLE ACTIONS	
<b>UNSAFE ACT</b>	
<input type="checkbox"/> CREATING ADDITIONAL HAZARDS	<input type="checkbox"/> FAILURE TO INSPECT EQUIPMENT
<input type="checkbox"/> IGNORED KNOWN HAZARD	<input type="checkbox"/> JUMP FROM ELEVATION
<input type="checkbox"/> UNAUTHORIZED OPERATION	<input type="checkbox"/> USING UNSAFE EQUIPMENT
<input type="checkbox"/> FAILURE TO FOLLOW INSTRUCTIONS OR PROCEDURES	<input type="checkbox"/> FAILURE TO USE PPE
<input type="checkbox"/> IMPROPER LIFT/CARRY	<input type="checkbox"/> MISUSE OF TOOLS/EQUIPMENT
<input type="checkbox"/> UNSAFE BODILY POSITION	<input type="checkbox"/> WEARING IMPROPER ATTIRE
<input type="checkbox"/> FAILURE TO IDENTIFY A HAZARD	<input type="checkbox"/> HORSEPLAY
<input type="checkbox"/> INATTENTION TO FOOTING OR SURROUNDINGS	<input type="checkbox"/> REMOVING SAFETY DEVICES
<input type="checkbox"/> UNSAFE SPEED	<input type="checkbox"/> NO UNSAFE ACT
<input type="checkbox"/> OTHER _____	

Email: SIPE@slosipe.org or Mail: 7455 Morro Road, Atascadero, CA 93422

PLEASE EMAIL OR MAIL A COPY OF THIS REPORT TO SIPE WITHIN 10 BUSINESS DAYS.

**SUPERVISORY RESPONSIBILITY**

<input type="checkbox"/> FAILURE TO ENFORCE SAFETY RULES	<input type="checkbox"/> LACK OF EQUIPMENT	<input type="checkbox"/> LACK OF PROCEDURES	<input type="checkbox"/> IMPROPER MAINTENANCE	<input type="checkbox"/> NOT APPLICABLE
<input type="checkbox"/> FAILURE TO PROVIDE PROPER PPE	<input type="checkbox"/> LACK OF OVERSIGHT/SUPERVISION	<input type="checkbox"/> POOR COMMUNICATION	<input type="checkbox"/> INADEQUATE INSPECTIONS	<input type="checkbox"/> OTHER
<input type="checkbox"/> FAILURE TO PROVIDE PROPER TOOLS	<input type="checkbox"/> LACK OF PLANNING	<input type="checkbox"/> WRONG PERSONNEL ASSIGNED		

---

**DESCRIPTION OF ACCIDENT TO BE COMPLETED WITH INJURED EMPLOYEE (ATTACH A SEPARATE SHEET IF NECESSARY)**

Describe in detail what happened:

---

Provide exact location where accident occurred and be specific:

---

Describe how the injury occurred:

---

Describe the activity, sequence of events, and conditions that led to this accident:

---

Could the accident have been prevented?  YES  NO Please explain:

---

Names and statements from witnesses:  
(ATTACH STATEMENT ON A SEPARATE SHEET)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**CORRECTIVE ACTION**

What corrective action will be taken to prevent recurrence?

---

Who is responsible for corrective action and what is the expected completion date?

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUIRED SIGNATURES**

INVESTIGATED BY: _____	DATE: _____
REVIEWED BY DIRECTOR/SITE ADMINISTRATOR: _____	DATE: _____
REVIEWED BY DISTRICT SAFETY COORDINATOR: _____	DATE: _____
PRINT THE NAME OF THE PERSON FILLING OUT THIS REPORT: _____	DATE: _____

**Email: SIPE@slosipe.org or Mail: 7455 Morro Road, Atascadero, CA 93422**  
**PLEASE EMAIL OR MAIL A COPY OF THIS REPORT TO SIPE WITHIN 10 BUSINESS DAYS.**

Revised 8/2020

**APPENDIX D**



TOPIC: \_\_\_\_\_ DATE(S): \_\_\_\_\_

LOCATION: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_

LENGTH OF CLASS \_\_\_\_\_ HRS.      \_\_\_\_\_ Initial      \_\_\_\_\_ Refresher

**TRAINING CLASS SIGN-IN**

	<b>NAME-PRINTED</b>	<b>SIGNATURE</b>	<b>DEPARTMENT/SITE</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			



**SAN LUIS COASTAL**  
UNIFIED SCHOOL DISTRICT

# **COVID-19 Prevention Procedures (CPP)**

*A Cal/OSHA Compliant Addendum to the existing San Luis Coastal Unified School District (SLCUSD) Illness and Injury Prevention Program (IIPP).*

**March 21, 2023**

## Cal/OSHA Model COVID-19 Prevention Procedures (CPP) Background Information

In California, all employers are required to establish, implement, and maintain an effective, written Injury and Illness Prevention (IIPP) program that meets the requirements of California Code of Regulations (CCR), Title 8, section 3203. COVID-19 is considered a workplace hazard and most employers must address COVID-19 prevention under their workplace IIPP. COVID-19 prevention procedures must be addressed either in the written IIPP or maintained in a separate document.

Cal/OSHA has developed a model COVID-19 CPP to assist employers that choose to address their written COVID-19 hazard control procedures in a document separate from their IIPP. Employers are not required to use this CPP. Instead, they may create their own or use another CPP template. Cal/OSHA encourages employers to engage with employees in the design, implementation, and evolution of their CPP.

SLCUSD used the Cal/OSHA model CPP effectively and ensured it meets the COVID-19 standard requirements through careful review of:

- Elements that are required in the following CCR, Title 8 sections:
  - o **3205, COVID-19 Prevention**
  - o **3205.1, COVID-19 Outbreaks**
  - o **3205.2, COVID-19 Prevention in Employer-Provided Housing**
  - o **3205.3, COVID-19 Prevention in Employer-Provided Transportation**
- Guidance and resources are available at [www.dir.ca.gov/dosh/coronavirus/](http://www.dir.ca.gov/dosh/coronavirus/)

CCR, Title 8 sections 3205 through 3205.3 apply until two years after February 3, 2023, except for the recordkeeping subsections 3205(j)(2) through (3), which apply until three years after February 3, 2023.



## COVID-19 Prevention Procedures (CPP)

### San Luis Coastal Unified School District (SLCUSD) an IIPP Addendum

This CPP is designed to control employees' exposures to the SARS-CoV-2 virus (severe acute respiratory syndrome coronavirus 2) that causes COVID-19 (Coronavirus Disease 2019) that may occur in our workplace. CCR, Title 8 sections 3205 through 3205.3 apply until two years after February 3, 2023, except for the recordkeeping subsections 3205(j)(2) through (3) which apply for three years after February 3, 2023.

**Date: March 22, 2023**

#### Authority and Responsibility

San Luis Coastal Unified School District (SLCUSD) has overall authority and responsibility for implementing the provisions of this CPP in our workplace. In addition, all managers and Supervisors are responsible for implementing and maintaining the CPP in their assigned work areas and for ensuring employees receive answers to questions about the procedures in a language they understand.

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

#### Application of the SLCUSD Injury & Illness Prevention Program (IIPP)

COVID-19 is a recognized hazard in our workplace that is addressed through our IIPP, which will be effectively implemented and maintained to ensure the following:

1. When determining measures to prevent COVID-19 transmission and identifying and correcting COVID-19 hazards in our workplace:
  - a. All persons in our workplace are treated as potentially infectious, regardless of symptoms, vaccination status, or negative COVID-19 test results.
  - b. COVID-19 is treated as an airborne infectious disease. Applicable State of California and San Luis Obispo County Public Health Department (SLOPH) orders and guidance will be reviewed when determining measures to prevent transmission and identifying and correcting COVID-19 hazards. COVID-19 prevention controls include:
    - i. Remote work.
    - ii. Physical distancing.
    - iii. Reducing population density indoors.
    - iv. Moving indoor tasks outside.
    - v. Implementing separate shifts and/or break times.
    - vi. Restricting access to work areas.
    - vii. **Illness protocol.** Section 3(b)
    - viii. **Face Coverings.** Employees will be provided face coverings and required to wear them when required by a CDPH regulation or order. This includes spaces within vehicles when a CDPH regulation or order requires face coverings indoors. Face coverings will be clean, undamaged,

and worn over the nose and mouth. If an employee is not wearing a face covering due to exceptions listed below (1.b.viii. b. A-E), the COVID-19 hazards will be assessed, and action taken as necessary.

- a. Employees will not be prevented from wearing a face covering, including a respirator, when not required by this section, unless it creates a safety hazard.
- b. When face masks are required, following exceptions apply:
  - A. When an employee is alone in a room or vehicle.
  - B. While eating or drinking at the workplace, provided employees are at least six feet apart and, if indoors, the supply of outside or filtered air has been maximized to the extent feasible.
  - C. While employees are wearing respirators required by the employer and used in compliance with CCR, Title 8 section 5144.
  - D. Employees who cannot wear face coverings due to a medical or mental health condition or disability, or who are hearing-impaired or communicating with a hearing-impaired person. Upon authorization by SLCUSD, such employees shall wear an effective non-restrictive alternative, such as a face shield with a drape on the bottom, if the condition or disability permits it.
  - E. During specific tasks which cannot feasibly be performed with a face covering. This exception is limited to the time period in which such tasks are being performed.
- ix. **Respirators.** Respirators will be provided for voluntary use to employees who request them and who are working indoors or in vehicles with more than one person. The requirements of CCR, Title 8 section 5144(c)(2) will be complied with according to the type of respirator (disposable filtering facepiece or elastomeric re-usable) provided to employees. Employees who request respirators for voluntary use will be:
  - a. Encouraged to use them.
  - b. Provided with a respirator of the correct size.
  - c. Trained on:
    - A. How to properly wear the respirator provided.
    - B. How to perform a user seal check according to the manufacturer's instructions each time a respirator is worn.
    - C. The fact that facial hair interferes with a seal.
- x. **Ventilation.** For our indoor workplaces SLCUSD will:
  - a. Review CDPH and Cal/OSHA guidance regarding ventilation, including the [CDPH Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments](#). SLCUSD will develop, implement, and maintain effective methods to prevent transmission of COVID-19, including one or more of the following actions to improve ventilation:
    - A. Maximize the supply of outside air to the extent feasible, except when the United States Environmental Protection Agency (EPA) Air Quality Index is greater than 100 for any pollutant or if opening windows or maximizing outdoor air by other means would cause a hazard to employees, for instance from excessive heat or cold.
    - B. In buildings and structures with mechanical ventilation, filter circulated air through filters at least as protective as Minimum Efficiency Reporting Value (MERV)-13, or the highest level of filtration efficiency compatible with the existing mechanical ventilation system.

C. Use High Efficiency Particulate Air (HEPA) filtration units in accordance with manufacturers' recommendations in indoor areas occupied by employees for extended periods, where ventilation is inadequate to reduce the risk of COVID-19 transmission.

b. Determine if the workplace is subject to CCR, Title 8 section 5142 Mechanically Driven Heating, Ventilating and Air Conditioning (HVAC) Systems to Provide Minimum Building Ventilation, or section 5143 General Requirements of Mechanical Ventilation Systems, and comply as required.

c. In vehicles, SLCUSD will maximize the supply of outside air to the extent feasible, except when doing so would cause a hazard to employees or expose them to inclement weather.

2. **Training and Instruction.** SLCUSD provides COVID-19 prevention training and instruction with documentation on **Appendix A COVID-19 Training Roster:**

a. When this CPP was first established.

b. To new employees.

c. To employees given a new job assignment involving COVID-19 hazards and they have not been previously trained.

d. Whenever new COVID-19 hazards are introduced.

e. When we are made aware of new or previously unrecognized COVID-19 hazards.

f. For Supervisors to familiarize themselves with the COVID-19 hazards to which employees under their immediate direction and control may be exposed.

g. All training shall be consistent with Centers for Disease Control (CDC), state and local Public Health guidance and regulation, whichever is most strict and shall include the following topics:

i. [What COVID-19 is and how it is spread](#)

ii. COVID-19 is an infectious disease that can be spread through air transmission.

iii. Particles containing COVID-19 can travel more than six feet, especially indoors, so [staying home when sick, vaccination, face coverings, hand hygiene, physical distancing, and other health and safety measures](#) consistent with CDC, CDPH and Cal/OSHA guidance may be combined for effectiveness.

iv. Individuals with COVID-19 may be asymptomatic.

v. [Signs and symptoms of COVID-19](#)

vi. [When to seek medical attention if not feeling well.](#)

vii. [Prevention of the spread of COVID-19 if you are sick](#) including the importance of obtaining a COVID-19 test and not coming to work if the employee has COVID-19 symptoms.

viii. [Use of face coverings to help slow the spread](#) and that face coverings are not respiratory equipment but rather, are intended to primarily protect other individuals from the wearer of the face covering.

ix. Importance of [washing hands](#) with soap and water for at least 20 seconds or use of hand sanitizer if soap and water are not readily available.

x. [Coughing and sneezing etiquette.](#)

xi. How to access COVID-19 tests and masks.

xii. Return-to-work criteria following positivity.

xiii. Benefits that employees may be entitled to.

3. **Investigation.** SLCUSD Supervisors will investigate COVID-19 illnesses at the workplace. Procedures to investigate COVID-19 illnesses at the workplace include:



- a. Determining the day and time a COVID-19 case was last present; the date of the positive COVID-19 tests or diagnosis; and the date the COVID-10 case first had one or more COVID-19 symptoms. **Appendix B Investigating COVID-19 Cases** will be used to document this information. These records will be kept confidentially stored by SLCUSD and retained for two years beyond the period in which it is necessary to meet the requirements of CCR, Title 8, sections 3205, 3205.1, 3205.2, and 3205.3.
- b. Effectively identifying and responding to persons with COVID-19 symptoms at the workplace.
  - i. All SLCUSD employees shall engage in a passive screening daily prior to coming to work that includes a self-assessment wellness check that they are fever-free (100.4 degrees Fahrenheit or higher) for 24 hours without the use of fever-reducing medication.
  - ii. All SLCUSD employees are encouraged to stay home if ill, test and report to their Supervisor if they have symptoms or are positive for COVID-19.
  - iii. SLCUSD requires ill employees to be fever-free (100.4 degrees Fahrenheit or higher) for 24 hours without the use of fever-reducing medication.
  - iv. SLCUSD encourages any symptomatic employees, not affiliated with a known chronic condition, to use a face covering around others.
  - v. Employees will be informed by SLCUSD and via training of return-to-work criteria and benefits of which they may be entitled to. **Appendix C Positive Case Communication** will be used. Supervisors shall be responsible for enforcement of return-to-work criteria in communication with Human Resources.

4. **Response.** Effective procedures for responding to COVID-19 cases at the workplace include:

- a. **Exclusion.** Immediately excluding COVID-19 cases (including employees excluded under CCR, Title 8, section 3205.1) according to the following requirements:
  - i. COVID-19 cases will not return to work during the infectious period.
    - a. The infectious period of 5 days from the date of symptom onset or if no symptoms, positive test date.
    - b. At least 24 hours have passed since a fever of 100.4 degrees Fahrenheit or higher has resolved without the use of fever-reducing medication.
    - c. Symptoms are not present, or are mild and improving.
  - ii. **Face Coverings.** Regardless of vaccination status, previous infection, or lack of COVID-19 symptoms, a COVID-19 case must wear a face covering in the workplace until 10 days have passed since the date that COVID-19 symptoms began or, if the person did not have COVID-19 symptoms, from the date of their first positive COVID-19 test.
  - iii. Elements i and ii apply regardless of whether an employee has been previously excluded or other precautions were taken in response to an employee's close contact or membership in an exposed group.
- b. **Notification.** Employees will be informed by SLCUSD and via training of return-to-work criteria and benefits of which they may be entitled to. **Appendix C Positive Case Communication** will be used. Supervisors shall be responsible for enforcement of return-to-work criteria in communication with Human Resources.
- c. **Reviewing Public Health Guidance.** Reviewing current **California Department of Public Health (CDPH)** guidance for persons who had close contacts, including any guidance regarding quarantine or other measures to reduce transmission.

- d. **Policy Development.** The following effective policies will be developed, implemented, and maintained to prevent transmission of COVID-19 by persons who had close contacts. SLCUSD has developed, implements and maintains the following effective policies for worksite exposure to COVID-19 to prevent transmission of COVID-19 by persons who had close contacts and those who may have potential exposure.
- i. **Testing and Resources for Close Contacts.** SLCUSD provides COVID-19 tests, face coverings, and respirators upon request at no cost, during paid time, to all employees who had a close contact in the workplace. These employees will be provided with the information outlined above. Exceptions are returned cases as defined in CCR, Title 8, section 3205(b)(11).
  - ii. **Notification of Close Contacts.** Employees and independent contractors who had a close contact, as well as any employer with an employee who had a close contact, will be notified by Supervisors as soon as possible, and in no case longer than the time required to ensure that the exclusion requirements are met with a staff notification letter within 24 hours from knowledge using the **Appendix D Close Contact Notification Letter** that includes information:
    - a. Where and how free COVID-19 tests can be obtained,
    - b. Available leaves and benefits,
    - c. Disinfection and safety plan, and
    - d. Public Health recommendations for close contacts
  - iii. **Notification of Worksite Exposure.** When Labor Code section 6409.6 or any successor law is in effect, Supervisors will:
    - a. Provide notice of a worksite exposure due to the presence of COVID-19 case at the worksite during the infectious period, in a form readily understandable to employees in the exposed group for 15 days in a language commonly understood.
    - b. Supervisors will maintain documentation of the communication of worksite exposure for two years by one or more of the following methods The notices required by subsection 3205(e) will be kept in accordance with Labor Code section 6409.6 or any successor law:
      - A. Documentation of posting or distribution. **Appendix B Investigating COVID-19 Cases**
      - B. Hardcopy retention of the posting or distributed notice.
  - iv. The **Appendix E Worksite Exposure Notification** will be given to all employees, employers, and independent contractors at the worksite during the infectious period of the positive case in a manner that does not reveal the COVID-19 case's personal identifying information.
    - a. Posted in a common area, such as a breakroom, for 15 days in a language commonly understood.
    - b. Via direct hardcopy written communication to the impacted individuals via US Postal Service.
    - c. Via direct hardcopy written communication to the impacted individuals via common worksite distribution methods for hardcopy communication.
    - d. Via email communication.
    - e. Via alternative commonly understood written communication procedures.
      - E. Supervisors will provide notice to the authorized representative in a manner that does not reveal the COVID-19 case's personal identifying information if the COVID-19 case was at the worksite during the infectious period. SLCUSD will make available to the authorized representative:
        1. Any employee who had a close contact at the worksite.
        2. All employees on the premises at the same worksite as the COVID-19 case within the infectious period.

5. **Public Health Officer Order Compliance.** If an order to isolate, quarantine, or exclude an employee is issued by a local or state health official, the employee will not return to work until the period of isolation or quarantine is completed or the order is lifted.
6. In the unlikely event that removal of an employee would create undue risk to a community's health, SLCUSD may submit a request for a waiver to Cal/OSHA in writing to [rs@dir.ca.gov](mailto:rs@dir.ca.gov) to allow employees to return to work if it does not violate local or state health official orders for isolation, quarantine, or exclusion. In such cases, effective control measures will be implemented and maintained to prevent transmission in the workplace including, but not limited to:
  - a. Isolation for the employee at the worksite
  - b. Use of respirators
  - c. Alternative temporary worksite placements
  - d. Other mitigation prevention strategies
7. **Benefit Information Provision.** Upon excluding an employee from the workplace based on COVID-19, Human Resources will provide excluded employees information regarding COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws. This includes any benefits available under legally mandated sick leave, workers' compensation law, local governmental requirements, and SLCUSD leave policies.
8. **COVID-19 Outbreak.** SLCUSD will implement outbreak procedures if three or more employee COVID-19 cases within an exposed group solely epidemiologically connected to the worksite visited the worksite during their infectious period at any time during a 14-day period, unless a CDPH regulation or order defines outbreak using a different number of COVID-19 cases and/or a different time period in accordance with CCR, Title 8 section [3205.1](#)
  - a. Outbreak protocol will stay in effect until there are one or fewer new COVID-19 cases detected in the exposed group for a 14-day period.
  - b. **Reporting.** SLCUSD shall comply with the requirements for notification to San Luis Obispo County Public Health Department in accordance with Title 17 for TK-12 schools and as applicable, to the Regional Office for childcare in accordance with Title 22. The Superintendent's Office will report to Public Health.
  - c. **Notification.** Supervisors will provide written communication of outbreak mitigation requirements in alignment with notification procedures outlined in section 4(c):
    - i. **Close contacts. Appendix F Outbreak Close Contact Notification** will be used.
    - ii. **Exposed group. Appendix G Outbreak Worksite Exposure Notification** will be used.
  - d. **COVID-19 Testing.** SLCUSD will immediately provide COVID-19 testing available at no cost to our employees within the exposed group, regardless of vaccination status, during employees' paid time, except for returned cases and employees who were not present at the workplace during the relevant 14-day period(s).
    - i. Additional testing is made available on a weekly basis to all employees in the exposed group who remain at the workplace.
    - ii. SLCUSD will require employees who had close contacts within the exposed group to provide a negative COVID-19 test taken within three to five days after the close contact to Supervisor or will be excluded and follow our return-to-work requirements starting from the date of the last known close contact. Supervisors shall be responsible for enforcement of return-to-work criteria in communication with Human Resources.

- e. **Face Coverings.** Employees in the exposed group, regardless of vaccination status, will wear face coverings when indoors, or when outdoors and less than six feet from another person, unless one of the exceptions in this CPP applies.
- f. **Respirators.** Employees will be notified of their right to request and receive a respirator for voluntary use, as stipulated in this CPP.
- g. **COVID-19 Investigation Review and Hazard Correction.** Supervisors will perform a review of potentially relevant COVID-19 policies, procedures and controls, and implement changes as needed to prevent further spread of COVID-19 when this addendum initially applies and periodically thereafter. **Appendix H Hazard Investigation Form** will be used. The investigation, review, and changes will be documented and include:
  - i. Investigation of new or unabated COVID-19 hazards including:
    - a. Our leave policies and practices and whether employees are discouraged from remaining home when sick.
    - b. Our COVID-19 testing policies.
    - c. Insufficient supply of outdoor air to indoor workplaces.
    - d. Insufficient air filtration.
    - e. Insufficient physical distancing.
  - ii. The review will be updated every 30 days that CCR, Title 8 section 3205.1 continues to apply:
    - a. In response to new information or to new or previously unrecognized COVID-19 hazards.
    - b. When otherwise necessary.
    - c. Any changes implemented to reduce the transmission of COVID-19 based on the investigation and review, which may include:
      - A. Moving indoor tasks outdoors or having them performed remotely
      - B. Increasing the outdoor air supply when work is done indoors.
      - C. Improving air filtration.
      - D. Increasing physical distancing to the extent feasible.
      - E. Other applicable controls.
- h. **Ventilation.** Buildings or structures with mechanical ventilation will have recirculated air filtered with Minimum Efficiency Reporting Value (MERV)-13 or higher efficiency filters, if compatible with the ventilation system. If MERV-13 or higher filters are not compatible with the ventilation system, filters with the highest compatible filtering efficiency will be used. High Efficiency Particulate Air (HEPA) air filtration units will be used in accordance with manufacturers' recommendations in indoor areas occupied by employees for extended periods, where ventilation is inadequate to reduce the risk of COVID-19 transmission.
  - i. These ventilation requirements will continue to be implemented after the outbreak has passed and CCR, Title 8 section 3205.1 is no longer applicable.
  - ii. Buildings or structures with mechanical ventilation will have recirculated air filtered with Minimum Efficiency Reporting Value (MERV)-13 or higher efficiency filters, if compatible with the ventilation system. If MERV-13 or higher filters are not compatible with the ventilation system, filters with the highest compatible filtering efficiency will be used. High Efficiency Particulate Air (HEPA) air filtration units will be used in accordance with manufacturers' recommendations in indoor areas occupied by employees for extended periods, where ventilation is inadequate to reduce the risk of COVID-19 transmission.
  - iii. These ventilation requirements will continue to be implemented after the outbreak has passed and CCR, Title 8 section 3205.1 is no longer applicable.

9. **Major Outbreaks.** The following will be done while CCR, Title 8 section 3205.1 applies if 20 or more employee COVID-19 cases in an exposed group visited the worksite during their infectious period within a 30-day period:
- a. **Testing.** COVID-19 testing will be required of all employees in the exposed group, regardless of vaccination status, twice a week or more frequently if recommended by **San Luis Obispo County Public Health Department**. Employees in the exposed group will be tested or excluded and follow the CPP return-to-work requirements. The twice a week testing requirement ends when there are fewer than three new COVID-19 cases in the exposed group for a 14-day period. **SLCUSD** will then follow weekly testing requirement until there are one or fewer new COVID-19 cases in the exposed group for a 14-day period. Supervisors shall be responsible for enforcement of testing in communication with Human Resources.
  - b. **Reporting.** The Superintendent's Office, in communication with Human Resources, will report the major outbreak to Cal/OSHA.
  - c. **Respirators.** SLCUSD will provide respirators for voluntary use to employees in the exposed group, encourage their use, and train employees according to CCR, Title 8 section 5144(c)(2) requirements. Supervisors will ensure respirator distribution and use protocol.
  - d. Any employees in the exposed group who are not wearing respirators as required will be separated from other persons by at least six feet, except where it can be demonstrated that at least six feet of separation is not feasible, and except for momentary exposure while persons are in movement. When it is not feasible to maintain a distance of six feet, individuals will be as far apart as feasible. Supervisors will ensure distancing protocol. Methods of physical distancing include:
    - i. Telework or other remote work arrangements.
    - ii. Reducing the number of persons in an area at one time, including visitors.
    - iii. Visual cues such as signs and floor markings to indicate where employees and others should be located or their direction and path of travel.
    - iv. Staggered arrival, departure, work, and break times.
    - v. Adjusted work processes or procedures, such as reducing production speed, to allow greater distance between employees.
    - vi. Other mitigation prevention strategies



## Appendix B: Investigating COVID-19 Cases

All personal identifying information of COVID-19 cases or persons with COVID-19 symptoms, and any employee required medical records will be kept confidential unless disclosure is required or permitted by law. Unredacted information on COVID-19 cases will be provided to the local health department, CDPH, Cal/OSHA, the National Institute for Occupational Safety and Health (NIOSH) immediately upon request, and when required by law. Supervisors are responsible for investigation of COVID-19 staff cases and staff close contacts.

Date COVID-19 case (suspect or confirmed) became known: [enter information]

Date investigation was initiated: [enter information]

Name of person(s) conducting the investigation: [enter name(s)]

### COVID-19 Case Summary

Name	Contact Info	Occupation	Location	Last day and time present	Date of positive test and/or diagnosis	Date of first symptoms

Summary of employees, independent contractors, and employees of other employers that came in close contact [CCR Title 8, section 3205 does not require recordkeeping for close contacts. These tables are included to assist in keeping track of which close contacts have been notified to meet the notice requirements.]

Name	Contact Info	Date notified	Date offered COVID-19 testing (employees only)

Worksite Exposure notice of a COVID-19 case (employees, employers, independent contractors) – during the infectious period and regardless of a close contact occurring.

Name	Date notified

Summary notice of a COVID-19 case (authorized representative of the COVID-19 case and employee who had close contact).

Name	Date notified

## Appendix C: Positive Case Communication Template

All employees who test positive must be provided with written communication regarding isolation requirements, return-to-work criteria and potential leave benefits of which they may be entitled. SLCUSD will provide positive staff members communication on return to work requirements and leave information. Supervisors must ensure that return-to-work criteria has been met.

### Positive Case Communication Template:

San Luis Coastal Unified School District (SLCUSD) values the health and safety of our employees. We are sorry to hear of your *recent* illness and are here for you to answer any work-related questions. Employees who test positive **must remain home** until the return-to-work criteria has been met. Please find below information for when you may return to work and information on benefits that you may be entitled.

Please know that we take confidentiality seriously and have ensured that your information is protected. Medical questions and access to treatments for COVID-19 should be directed to a healthcare professional or SLO Public Health. Tests, masks and respirators are available upon request at no cost in front offices and through Human Resources. Please follow the steps below to return to work. We hope that you feel better soon.

Steps to return to work:

1. Complete and submit the SLCUSD End of Isolation Form
2. Communicate with your Supervisor that you have ended isolation

### Staff End of Isolation Form:

Positive employees must submit a digital [SLCUSD Staff End of Isolation Form](https://www.slcsd.org/departments/human-resources). This link is also available on our Human Resources webpage at <https://www.slcsd.org/departments/human-resources>. Employees will use the link to self-attest to the following return-to-work criteria:

- A. *At least 5 days have passed since symptom onset or if asymptomatic, positive test date,*
- B. *Fever-free for at least 24 hrs without the use of fever-reducing medication,*
- C. *Symptoms are no longer present, or are mild and improving, **AND***
- D. *Must wear a mask around others through the end of Day 10.*

### Employee Leaves:

As an employee of the San Luis Coastal Unified School District (SLCUSD) you may be eligible for one or more of the COVID-19-related benefits listed below depending on your specific circumstances. Please contact Human Resources to discuss your available benefits.

Benefits
Up to 12 workweeks of leave pursuant to the Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA)
Up to 60 workdays of Worker's Compensation / Industrial Accident Leave <i>If COVID-19 was caused by work, then you may be entitled to workers' compensation benefits which may include: full hospital, surgical and medical treatment; temporary disability; permanent disability; Supplemental Job Displacement Benefits; and death benefits. Please contact Jessica Mueller, <a href="mailto:jmueller@slcsd.org">jmueller@slcsd.org</a> for more information if you would like to file a Workers' Compensation claim. <b>Please note, documentation of a COVID-19 positive PCR lab test result will be required by our Workers' Compensation insurance company in order to approve a claim. Additional documentation and information may also be required.</b></i>
Personal Sick Leave
Extended Illness Leave (Differential or Other Entitlement)



## Appendix D: Close Contact Notification Template

All employees who are identified as a worksite close contact must be provided with written communication regarding access to resources (free testing during paid time, masks at no cost, right to request a respirator) the cleaning and disinfection plan, and potential leave benefits of which they may be entitled. Supervisors are responsible for notifying close contacts.

**[Date]**

Dear Staff Member,

San Luis Coastal Unified School District (SLCUSD) is committed to your health and well-being. This communication is to support your awareness of exposure to COVID-19 at your worksite. We believe you had close contact exposure at **[describe worksite location of exposure: ie classroom; building #; office]** to an individual diagnosed with COVID-19 during their infectious period on **[dates of exposure]** through shared indoor airspace of 15 minutes or more. The District supports Public Health in the distribution of information and access to resources for your health and safety. Please be aware of the following:

- **You may remain at work.** Being exposed to somebody with COVID-19 does not necessarily mean that you will become infected.
- **Public Health recommends that you wear a mask around others indoors for the next 10 days. Since you have been exposed to someone with COVID-19, there is a chance you could become infected and possibly spread COVID-19.** [Public Health states that high-quality masks](#) with a good fit and filtration provide the best protection for you and the community. Disposable masks and respirators are available upon request in your school's front office at no cost.
- **Public Health recommends that you get tested for COVID-19 within 3-5 days after the last date of exposure (unless you had COVID-19 in the past 30 days).** SLCUSD provides you access to testing at no cost during paid time in communication with your Supervisor. If you feel sick, [Public Health states that you should get tested right away, even if you/they had COVID-19 before.](#)
  - Everyone can access free testing at [SLO Public Health Community Test Sites, through local pharmacies and healthcare providers](#) or by [clicking here to find a testing site near you.](#)
  - Over-the-counter (at-home) tests may also be used. [At-home tests can be purchased at local pharmacies and reimbursed by insurance with a receipt.](#) The District has a limited supply of at-home tests for SLCUSD students and staff through request at front offices and Human Resources.
- **If you are sick, isolate at home immediately, consider testing and please notify us right away if you test positive at [Insert phone number].** When you notify us, we can take additional steps to keep our school community safe and can provide further information for when you may return to work. Contact your healthcare provider with medical questions.
- **Public Health recommends that you stay up to date on vaccination for COVID-19.** Public Health states that vaccinations against COVID-19 are safe and effective and remain the best way to protect against the spread of this virus, new variants, and against severe disease. [You can make an appointment to get vaccinated/boosted](#) or contact your healthcare provider to learn more.
- **Public Health states that infections diagnosed in students and school staff are not necessarily the result of exposure at work/school when safety protocols are followed at work/school, and COVID-19 transmission remains much more likely to occur outside of school settings.** We will continue to implement health and safety efforts to minimize transmission of COVID-19.

The District COVID-19 Safety Plan is available on the District website at [www.slcsud.org](http://www.slcsud.org) under the COVID-19 Information tab. Buildings, Grounds and Transportation can provide additional information related to the District cleaning and disinfecting plan at (805) 596-4105. Benefits are listed below to which you may be entitled. Human Resources can provide information on specific leave and benefits at (805) 549-1200.

Please contact me at **[Insert phone number and email]** with any questions and concerns.

Sincerely,

**[Name, Title]**

**Employee Leaves:**

As an employee of the San Luis Coastal Unified School District (SLCUSD) you may be eligible for one or more of the COVID-19-related benefits listed below depending on your specific circumstances. Please contact Human Resources to discuss your available benefits.

Benefits
Up to 12 workweeks of leave pursuant to the Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA)
Up to 60 workdays of Worker's Compensation / Industrial Accident Leave <i>If COVID-19 was caused by work, then you may be entitled to workers' compensation benefits which may include: full hospital, surgical and medical treatment; temporary disability; permanent disability; Supplemental Job Displacement Benefits; and death benefits. Please contact Jessica Mueller, <a href="mailto:jmueller@slcusd.org">jmueller@slcusd.org</a> for more information if you would like to file a Workers' Compensation claim. <b>Please note, documentation of a COVID-19 positive PCR lab test result will be required by our Workers' Compensation insurance company in order to approve a claim. Additional documentation and information may also be required.</b></i>
Personal Sick Leave
Extended Illness Leave (Differential or Other Entitlement)

## Appendix E: Worksite Exposure Notification Template

All employees and independent contractors who are identified as being at worksite during a time of exposure to a positive case during their infectious period must be provided with written communication of the worksite exposure. The notice must be posted in a language understood by the group within one business day in a common area for 15 days. Supervisors are responsible for communication of worksite exposure to the exposed group and authorized representatives.

### SLCUSD Employee Notice of Potential COVID-19 Worksite Exposure

**[DATE STAMP -post within one business day of learning of positive case, student or staff]**

#### **Remove Notice on Day 15**

**[School/Worksite]** has recently received information that there was an individual confirmed to have COVID-19 at this San Luis Coastal Unified School District(SLCUSD) work location. An individual notice is being provided to all employees who have been identified as having close contact with individual(s) confirmed to have COVID-19 during the potentially infectious period. In addition, **this notice will be posted for 15 days from the date SLCUSD was made aware of the confirmed case.** This notice is required by law and the posting date has been documented. Individuals who work at this location may or may not have had any contact with individual(s) with a confirmed case of COVID-19.

The work locations of exposure are **[insert non-identifying generalized locations: ie. "Building A" or "school campus"]** on the dates of **[insert dates of worksite exposure ranging from two days prior to symptom onset or if asymptomatic, positive test date]**.

For confidentiality purposes, please be courteous and do not speculate as to or discuss the identification of any individual(s) who may have a confirmed case of COVID-19. Please note that our regular cleaning protocol, use of face coverings when required, and other safety protocols and SLCUSD prevention procedures help reduce the risk of contracting COVID-19 in workplace environments.

Please remember that masks, respirators (N95 masks) and Over-the-Counter (OTC) antigen tests are available at no cost to employees. Employees may also visit Community Testing Centers for COVID-19 testing. Community Testing Centers locations and Test to Treat locations are available at the SLO Public Health website at [www.slocounty.ca.gov](http://www.slocounty.ca.gov).

Please continue to self-monitor for symptoms of illness. If symptoms develop, immediately isolate, seek testing, and contact your healthcare provider with any medical questions. Should you test positive for COVID-19, please notify your Supervisor or site administrator.

For information regarding COVID-19 related benefits, contact the **Human Resources Department at 1500 Lizzie Street, San Luis Obispo, CA 93401 or by calling (805) 549-1200.** For information regarding the SLCUSD cleaning and disinfecting plan, please contact **Buildings, Grounds and Transportation Department at 937 Southwood Drive, San Luis Obispo, CA 93401 or by calling (805) 596-4105.**

Please note that federal and state laws, as well as SLCUSD policy, prohibit discrimination or retaliation against any employee who contracts COVID-19 or exercises his/her rights under the applicable laws and policies. SLCUSD takes these prohibitions very seriously.

## Appendix F: Outbreak Close Contact Notification Template

All employees who are identified as a worksite close contact within an exposed group during an outbreak must be provided with written communication regarding requirements (testing and masking) and access to resources (free testing during paid time, masks at no cost, right to request a respirator) the cleaning and disinfection plan, and potential leave benefits of which they may be entitled. The Supervisor is responsible for notification of an outbreak and protocol enforcement.

### Staff Close Contact Notification of Potential Worksite Outbreak

[Date of Notification, ex. November 17, 2022]

Dear SLCUSD Staff Member,

This letter is to inform you that the District has learned of three or more connected staff at your worksite who have tested positive for COVID-19 in the last 14 days. You have been identified as a close contact with a last date of exposure to a person positive for COVID-19 at [worksite location] on [Date(s) of Exposure, ex. November 15, 2022]. Due to privacy laws, the school is unable to provide specific information related to that person. The District has reported the potential outbreak to the San Luis Obispo County Department of Public Health and you may be contacted by a Public Health Department employee as part of the investigation.

**Cal/OSHA states that all close contact staff are able to continue to attend work, with agreement to wear a mask around others for the remainder of the 10-day timeframe from last exposure and testing on Days 3-5 following last exposure [3-5 day date range for testing, ex. November 18-11, 2022].** Cal/OSHA states that close contacts who have been diagnosed with COVID-19 in the past 30 days do not need to test. Testing may be done at no cost during paid time through [Public Health at a community test site](#), a healthcare provider or via an at-home test with results submitted to your Supervisor via emailed image of the test or documentation from a healthcare provider. The Supervisor will confidentially retain printed copies of the test results with the outbreak investigation documentation. At-home tests are available upon request at worksites and Human Resources. SLCUSD provides masks at no-cost in front offices for all staff and students. Staff may request a respirator at no cost through their Supervisor, site administrator or Human Resources.

If symptoms are present or develop during the 14-day period, immediately isolate, seek testing, and contact your healthcare provider with medical questions. If you test positive, please notify your Supervisor or site administrator. You can visit the SLO Public Health webpage for isolation and illness instructions at <https://www.slocounty.ca.gov/COVID-19/More/Quarantine-Isolation.aspx>.

Please remember, COVID-19 is a viral infection that can spread from person-to-person when people cough or have close contact with an infected person. The Centers for Disease Control (CDC) identifies symptoms to include fever, new persistent cough, shortness of breath or difficulty breathing, loss of taste or smell, headache, fatigue, vomiting or nausea, diarrhea, runny nose and congestion, and muscle aches. COVID-19 can sometimes be observed as a very mild illness. If you experience these or other symptoms of illness, contact your healthcare provider, and follow their advice. Be sure to let the provider know that you have had direct exposure.

The safety of our students, employees, and school community is our priority. Please continue to visit San Luis Obispo County's website at <https://www.slocounty.ca.gov/COVID-19.aspx> for local information on further details about preventative measures, local COVID-19 testing, local metrics, and more. The District's COVID-19 Safety Plan is available on the District website at [www.slcsud.org](http://www.slcsud.org) under the COVID-19 Information tab. Buildings, Grounds and Transportation can provide information related to the District cleaning and disinfecting plan at (805) 596-4105. Benefits are listed below to which you may be entitled. Human Resources can provide information on leave and benefits at (805) 549-1200. For work-related questions or concerns, please contact me at [Admin Phone Number and Email].

Thank you for your prompt response to this matter.

Sincerely,

[Admin Name]

[Admin Title and Worksite]

#### **Employee Leaves:**

As an employee of the San Luis Coastal Unified School District (SLCUSD) you may be eligible for one or more of the COVID-19-related benefits listed below depending on your specific circumstances. Please contact Human Resources to discuss your available benefits.

Benefits
Up to 12 workweeks of leave pursuant to the Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA)
Up to 60 workdays of Worker's Compensation / Industrial Accident Leave <i>If COVID-19 was caused by work, then you may be entitled to workers' compensation benefits which may include: full hospital, surgical and medical treatment; temporary disability; permanent disability; Supplemental Job Displacement Benefits; and death benefits. Please contact Jessica Mueller, <a href="mailto:jmueller@slcsud.org">jmueller@slcsud.org</a> for more information if you would like to file a Workers' Compensation claim. <b>Please note, documentation of a COVID-19 positive PCR lab test result will be required by our Workers' Compensation insurance company in order to approve a claim. Additional documentation and information may also be required.</b></i>
Personal Sick Leave

## Appendix G: Outbreak Worksite Exposure Notification Template

All employees and independent contractors who are identified as being at a worksite during a time of exposure during an outbreak must be provided with written communication of the worksite exposure, requirements (masking) and access to resources (free testing during paid time, masks at no cost, right to request a respirator) the cleaning and disinfection plan, and potential leave benefits of which they may be entitled. The notice must be posted in a language understood by the group within one business day in a common area for 15 days. The Supervisor is responsible for providing notice to the exposed group and authorized representatives and enforcement of protocols.

### SLCUSD Employee Notice of Potential COVID-19 Outbreak Worksite Exposure

**[DATE STAMP -post within one business day of learning of positive case, student or staff]**

#### **Remove Notice on Day 15**

**[School/Worksite]** has recently received information that there have been three or more individuals confirmed to have COVID-19 at this San Luis Coastal Unified School District(SLCUSD) work location in the past 14 days. An individual notice is being provided to all employees who have been identified as having close contact with individual(s) confirmed to have COVID-19 during the potentially infectious period. In addition, **this notice will be posted for 15 days from the date SLCUSD was made aware of the last confirmed case.** This notice is required by law and the posting date has been documented. Individuals who work at this location may or may not have had any contact with individual(s) with a confirmed case of COVID-19. **Cal/OSHA requires all employees at this work location to mask.** If you are mask exempt or not in agreement to mask, contact Human Resources to discuss next steps.

The work locations of exposure are **[insert non-identifying generalized locations: ie. "Building A" or "school campus"]** on the dates of **[insert dates of worksite exposure ranging from two days prior to symptom onset or if asymptomatic, positive test date].**

For confidentiality purposes, please be courteous and do not speculate as to or discuss the identification of any individual(s) who may have a confirmed case of COVID-19. Please note that our regular cleaning protocol, use of face coverings when required, and other safety protocols and SLCUSD prevention procedures help reduce the risk of contracting COVID-19 in workplace environments.

Please remember that masks, respirators (N95 masks) and Over-the-Counter (OTC) antigen tests are available at no cost to employees. Employees may also visit Community Testing Centers for COVID-19 testing. Community Testing Centers locations and Test to Treat locations are available at the SLO Public Health website at [www.slocounty.ca.gov](http://www.slocounty.ca.gov).

Please continue to self-monitor for symptoms of illness. If symptoms develop, immediately isolate, seek testing, and contact your healthcare provider with any medical questions. Should you test positive for COVID-19, please notify your Supervisor or site administrator.

For information regarding COVID-19 related benefits, contact the **Human Resources Department at 1500 Lizzie Street, San Luis Obispo, CA 93401 or by calling (805) 549-1200.** For information regarding the SLCUSD cleaning and disinfecting plan, please contact **Buildings, Grounds and Transportation Department at 937 Southwood Drive, San Luis Obispo, CA 93401 or by calling (805) 596-4105.**

Please note that federal and state laws, as well as SLCUSD policy, prohibit discrimination or retaliation against any employee who contracts COVID-19 or exercises his/her rights under the applicable laws and policies. SLCUSD takes these prohibitions very seriously.

## Appendix H: COVID-19 Hazard Investigation Form

All employers must conduct a Hazard Investigation following a worksite confirmed outbreak of three or more epidemiologically connected staff members testing positive from an exposed group over 14 days and during a major outbreak of 20 or more epidemiologically connected staff members testing positive from an exposed group over 30 days. Supervisors are responsible for completing the Hazard Investigation with consultation and communication with the appropriate District Office department for hazard correction. Supervisors will provide this record with documentation of the required outbreak test results to the SLCUSD Assistant Superintendent of Business Services. The record will be stored for two years.

### COVID-19 HAZARD PREVENTION INSPECTION CHECKLIST

**Date:** \_\_\_\_\_ **Location:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Inspector: \_\_\_\_\_ Job Title: \_\_\_\_\_

YES	NO	N/A	
			<p><b>ENVIRONMENTAL CONTROLS</b></p> <ol style="list-style-type: none"> <li>1. In buildings and structures with mechanical ventilation, is recirculated air filtered with Minimum Efficiency Reporting Value (MERV)-13 or higher efficiency filters if compatible with the ventilation system?</li> <li>2. If MERV-13 or higher filters are not compatible with the ventilation system, are filters with the highest compatible filtering efficiency utilized?</li> <li>3. In indoor areas occupied by employees for extended periods where ventilation is inadequate, are High Efficiency Particulate Air (HEPA) air filtration units used in accordance with manufacturers' recommendations?</li> <li>4. Does the employer provide access to masks at no cost when required?</li> <li>5. Does the employer provide respirators upon request and when required at no cost to employees?</li> <li>6. Does the employer ensure respirator training for appropriate wear and how to perform a seal check?</li> <li>7. Does the employer encourage employees to stay home if ill and to report if an employee tests positive for COVID-19?</li> <li>8. Does the employer provide COVID-19 hazard prevention training to employees consistent with Title 8, 3203 (a)(7)?</li> </ol> <p><b>POSITIVE CASE RESPONSE PROCEDURES</b></p> <ol style="list-style-type: none"> <li>9. Is the Cal/OSHA, state and/or local exclusion criteria for employees who test positive for COVID-19 enforced?</li> <li>10. Are positive cases provided communication of their return-to-work criteria and benefits?</li> <li>11. Is a record maintained in alignment with Cal/OSHA Form 300 of positive cases and their close contacts for two years?</li> <li>12. Has worksite exposure notification for positive cases been posted on the employee bulletin within 24 hours for 15 days consistent with Labor Code Section 6409.6?</li> <li>13. Has the employee's exclusive representative received notification consistent with the information from Cal/OSHA Form 300?</li> <li>14. Is there a record of the date of the postings, reason for posting and duration of posting or retention of the notice for 3 years?</li> <li>15. Are close contacts provided notification of close contact exposure that includes access to free testing during paid time, right to request a respirator at no cost and benefit information?</li> </ol> <p><b>OUTBREAK RESPONSE PROCEDURES</b></p>

