INJURY AND ILLNESS PREVENTION PROGRAM
(IIPP)

SUNNYVALE SCHOOL DISTRICT
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INJURY AND ILLNESS PREVENTION PROGRAM

ACKNOWLEDGEMENT

The Sunnyvale School District has developed this Injury and Illness Prevention Program (IIPP), with the objective of maintaining a safe and healthful work environment for all employees. This program is in compliance with the California Labor Code Section 6401.7, and the California Code of Regulations Title 8, Sections 1509 and 3203, and it consists of the following elements:

- Responsibility
- Compliance
- Communication
- Hazard Assessment
- Hazard Correction
- Accident/Exposure Investigation
- Training and Instruction
- Recordkeeping

The District has developed a comprehensive Safe Schools Plan, to provide a safe learning environment for employees, volunteers and students. The safety of the children and personnel is the paramount priority of Sunnyvale School District. The Injury and Illness Prevention Program (IIPP) for employees and volunteers works conjunctively with said plans.

Safety and accident prevention are essential to the Sunnyvale School District. We strive to prevent injuries to staff, students and volunteers. By making safety a high priority for every employee and volunteer, we attempt to reduce injuries and illnesses, increase productivity, and promote a safer and healthier environment for all individuals at the Sunnyvale School District. We also want to protect our environment and community. As it is necessary, we will contract with experts in specialized fields of safety and health to meet these goals.

The Sunnyvale School District will provide the tools and education necessary for every employee and volunteer to work efficiently and safely. We expect these individuals to willingly follow and utilize the procedures set forth. We also expect that employees and volunteers will provide feedback to us when better methods or new ideas come to their attention. Any concerned person may contact the Sunnyvale School District at 408.522.8200.

RESPONSIBILITY

<u>Safety Official</u>

The ultimate responsibility for the Sunnyvale School District's Injury and Illness Prevention Plan (IIPP) rests with the Director of Facilities & Operations. In this program, this person will be referred as the Safety Official:

Name: Brandt Burns
Title: Director of Facilities & Operations
Address: 819 West Iowa Ave., Sunnyvale CA 94086
Telephone: 408.522.8225
Email: iipp@sesd.org

Responsibilities include:

- Working with the Leadership Team of representatives at school sites on health and safety issues. *See Appendix B for the Leadership Team list of contacts and phone numbers*
- Working with upper management to develop safety and health guidelines and policies
- Preparing and distributing the District's IIPP and General Safe Work Practices
- Maintaining current information on local, state and federal safety and health regulations
- Serving as liaison with governmental agencies
- Planning, organizing and coordinating safety trainings
- Develop department specific safe work practices as necessary
- Developing safety and health inspection guidelines and follow up procedures to ensure necessary corrective action is taken
- Reviewing injury and illness trends
- Scheduling and participating on the Safety Committee and its practices
- Establish a system for maintaining the records of inspection, hazard identification, correction and training

<u>Program Directors and Managers</u>

- Ensuring appropriate job specific safety training is received
- Ensuring workplace safety and work practices and procedures are clearly communicated and understood by employees and volunteers through training programs
- Enforcing health and safety rules fairly and uniformly related to job performances
- Ensuring safety responsibilities are outlined in the job descriptions, which govern the employees and volunteers under their direction
- Evaluating employee compliance with safety guidelines and practices
- Acknowledge employees and volunteers who make a significant contribution to maintenance of a safe workplace and disciplining employees who fail to follow safe work practices
- Encourage employees and volunteers to report workplace hazards without fear and reprisal.
- Ensuring periodic, scheduled workplace inspections are conducted and that identified health and safety deficiencies are corrected in a timely fashion
- Ensuring accidents and injuries are reported and investigated promptly*. See 8.0 Injury/Illness Report and Investigations*
- Ensuring inspections/investigations and employee health and safety records are kept for the designated period of time
- Purchasing appropriate personal protective equipment (PPE)

- Ensuring workplaces and equipment are safe, well maintained, and in compliance with external agency regulations and district's policies, programs and practices.

Employees and Volunteers

Immediate responsibility for workplace health and safety rests with each individual employee and volunteer. This involves:

- Following the established work procedures and safety guidelines in their area, as well as those identified in this program
- Keeping them informed of conditions affecting their health and safety
- Adhering to health and safe practices in their workplace
- Using personal protective equipment as required to protect them from identified hazards
- Prompt reporting to their managers of potential hazards in the workplace, injuries and/or accidents or any unsafe condition.

COMPLIANCE

The Sunnyvale School District shall ensure that employees and volunteers comply with safe and healthy work practices. The Sunnyvale School District strives to maintain a safe and healthful workplace for all employees, volunteers and students. Our experience shows that the effort taken to recognize and correct safety violations is cost effective and helps to improve the quality of educational services.

- Program Directors and Managers are responsible for establishing and maintaining good health and safety practices
- Program Directors and Managers will be responsible for recognizing constructive safety efforts for all employees and volunteers
- They will encourage employees and volunteers to make safety recommendations, which can be implemented
- Employees recognized for following safe and healthful work practices
- Every employee and volunteer is expected to participate in the District's safety program
- Overall job performance evaluations will include an aspect of safety involvement. Program Directors and Managers will also recognize those employees or volunteers not following safe work practices which have been explained to employees. Disciplinary action will begin for employees and volunteers, according to district procedures.
- Employees and volunteers receive initial training and retraining, as necessary or as required
- Health and safety practices are integrated into new employee job descriptions and performance appraisals
- Employees and volunteers are encouraged to report safety and health concerns with no fear of reprisal.

The District is aware occupational safety and health regulations and workplace practices are designed to reduce or eliminate employee occupational injuries and illnesses. However, the regulations and work

practices are only effective if all employees faithfully abide by them. Therefore, the District, through the Safety Committee, will implement a system or systems to ensure that all employees comply with workplace safety and health practices. The committee will review and update the IIPP annually.
In the case of a workplace injury or illness, employees who do not have a Designated Physician form on file should obtain medical treatment at:

Concentra Occupational Medicine
1197 E. Arques Avenue
Sunnyvale, CA 94085

or Kaiser Occupational Medicine Clinic
10050 N. Wolfe Road
Suite SW1-190
Cupertino, CA 95014

The system or combinations of systems will include any one or a combination of the following:

- Training
- Newsletters
- Intranet
- Board policies and procedures
- Disciplinary letters for non-compliant employees
- Handbooks

AED

California recently enacted legislation aimed at increasing the installation and use of automated external defibrillators ("AEDs"). On Sept. 8, 2015, Gov. Jerry Brown signed S.B. 658 into law. The bill revises the rules that must be followed to obtain immunity from civil liability for the selection, installation, placement and use of AEDs. The new law went into effect on Jan. 1, 2016.

The intent of this new law bill is clearly to make it easier to obtain immunity for, and encourage, AED placement and use. Comments to S.B. 658 were submitted by the American Heart Association("AHA"), and studies from the Centers for Disease Control and Prevention and Emergency Medical Services Authority ("EMSA") were considered. These comments and studies noted that increased access to AEDs can lead to increased cardiac arrest survival rates. The AHA noted in particular that cardiac arrest survival rates can increase to nearly 40 percent in communities with AED programs.

A.B. 658 provides that a person or entity that acquires an AED for emergency use is not liable for any civil damages resulting from the use of an AED to provide emergency care if that person or entity does all of the following:

- comply with all regulations governing the placement of an AED;
- notify the local emergency medical service agency of the existence, location and type of AED;
- maintain and test the AED according to the manufacturer's guidelines;
- test the AED at least twice a year and after each use;
- inspect all AEDs on the premises at least every 90 days; and
- maintain records of the maintenance and testing of the AED as required by the statute.

S.B. 658 eliminates employee CPR training requirements. Under the prior law, entities providing AEDs were required to have at least one employee trained in CPR for every AED unit acquired up to five units and one additional trained employee for every additional five units. Employers no longer have to train employees in CPR or the use of AEDs. And under S.B. 658, employers with AEDs are no longer required to have employees trained to respond to emergencies during normal work hours.

S.B. 658 also modifies the requirements that building owners must follow to obtain immunity. The new rules require building owners who provide AEDs to:

- annually offer a demonstration on how to properly use an AED in an emergency;
- post instructions on how to use the AED next to the AED in at least 14-point font.

In addition, S.B. 658 provides that a medical doctor is not required to be involved in the acquisition or placement of an AED.

Please note that the new law also modifies the requirements for AEDs placed in a public or private K-12 school. K-12 schools that provide AEDs are now required to provide information on sudden cardiac arrest, the school's emergency response plan and the proper use of an AED to administrators and staff annually, and must post similar information in at least 14-point font next to every AED. The revisions eliminated the requirement that principals must designate trained employees who can respond to an emergency during normal business hours. The new law makes clear that school employees are permitted to render aid with an AED.

S.B. 658 retains the prior law language that provides immunity for persons using an AED for emergency care when they do so "in good faith and not for compensation". See Civil Code 1714.21(b). Unfortunately, S.B. 658 has not clarified the quoted terms which have caused confusion and uncertainty in some cases. As an example, issues have been raised over what constitutes "good faith" and when is an employee using an AED not doing so "for compensation."

Practical Considerations

Employers and building owners in California should now review and revise their policies and procedures governing AEDs to meet the new S.B. 658 requirements. And those who have previously chosen not to provide AEDs out of concern that the law governing immunity was not sufficiently broad, may now want to review those decisions.

It may be prudent to still generally make use of AEDs voluntary and not part of an employee's job duties in order to minimize any dispute over whether an employee uses an AED "not for compensation." S.B. 658's revisions may make this less of an issue as employers are no longer required to provide trained employees to operate the AEDs. However, this issue may not be fully resolved. Please note that a common exception to such voluntary use would be for those who are emergency responders as part of their job duties. Under that circumstance, workers' compensation law in California would typically provide protection against liability for workers who are accused of causing injury to co-workers as part

of their job duties, but some exceptions are theoretically possible, such as a willful physical assault. See California Labor Code § 3602.

It may also be prudent to remind anyone who may use an AED that the device must only be used "in good faith" and explain that term as best as possible.

Although training is no longer required (apparently in recognition that AEDs are easy to use) employers and business owners should still give serious consideration to providing training. Despite their ease of use, it is still far more likely that employees and others will use AEDs, and use them properly and effectively, if training is provided.

COMMUNICATION

We recognize open, two-way communication between management and staff on health and safety issues is essential to an injury-free, productive workplace. The following system of communication is designed to facilitate a continuous flow of safety and health information between management and staff in a form that is readily understandable and consists of one or more of the following items:

- New worker orientation including a presentation and sign-off of the District's General Safe Work Practices
- Review of the District's IIPP workplace safety and health training programs
- Regularly scheduled safety meetings
- Effective communication of safety and health concerns between workers, supervisors, including translation where appropriate
- Posted or distributed safety information
- A system for workers to report workplace hazards
- A District Safety Committee which meets regularly, prepares minutes of the safety committee meetings, reviews the months inspections, accidents and exposures as necessary with a goal and objective of maintaining a safe and healthy workplace

Communication will consist of any one or combination of the following:

- Newsletters
- District Board Policies and Procedures
- Annual and monthly trainings
- Postings

It is the responsibility of the employee to read and understand the material provided to them.

NEW EMPLOYEES

Materials are provided to new employees at New Employee Orientation informing them of the OSHA safety regulations, reporting procedures, and responsibilities.

MISCELLANEOUS

When appropriate, the District may use written communications such as inter-district memos, newsletters, and workplace postings to supplement the previously described systems and further communicate to employees on matters relating to workplace safety and health. It is the responsibility of the employee to use the tools provided to stay informed of policies, procedures and changes.

MEETINGS

Meetings will be a part of the District's safety functions. The meetings are intended to be brief sessions to discuss one or more safety items and encourage open discussions between employees and management. The District monthly safety committee meetings cover a main topic each month. The safety committee is responsible for ensuring the District provides all students and staff with a safe and healthful workplace. The Safety Committee is intended to standardize various safety programs and procedures into an effective, uniform program and to ensure compliance with State and Federal Safety regulations. The Safety Committee monthly minutes will be posted on the Intranet in a Safety folder.

Documentation will include at minimum, the following:

- meeting topic(s)
- recommendations which may improve workplace safety
- list of attendees
- date of meeting
- time and length of meeting
- action items and completion dates
- review of any work accidents/injuries that have occurred since the last meeting and recommendations for prevention of such injuries in the future
- inspections and recommendations for correction of any hazards identified

HAZARD ASSESSMENT

Periodic inspections to identify and evaluate workplace hazards are performed by professional from DSA, SCCSIG, Fire Department, various Consultant Services and District Maintenance and Operations staff. Inspections include, but are not limited to the following:

- Asbestos Hazard Emergency Response Act (AHERA). Inspections (6 months/3
- years)
- DSA Design Reviews and Inspections by Inspector of Record for Construction Projects
- Food Service Inspections
- Fire Department, Annual Inspections
- Fire System Inspections and Tests (6 months)
- Groundwater and Storm Drain Inspections (Annual)
- Handicapped Lift Inspections (6 months)
- Hazardous Materials Inspection by the Fire Department (Annual)
- Property Liability Safety Inspections (3 to 5 years)
- Playground Inspections (weekly, quarterly, and all new installations)
- Williams Act Inspections (Annual)

Periodic inspections are performed according to the following schedule:

- When we initially established the IIPP
- When new substances, processes, procedures or equipment which present potential new hazards are introduced into the workplace
- When new, previously unidentified hazards are recognized
- When occupational injuries and illnesses occur
- Whenever workplace conditions warrant an inspection

Periodic inspections consist of identification and evaluation of workplace hazards utilizing applicable sections of the attached Site Inspection forms available upon request or any other effective methods to identify and evaluate workplace hazards.

REPORTING PROCEDURES

For any occupational injury or illness which requires medical treatment beyond first aid, the employee must report the injury or illness immediately to their Supervisor and must complete a Santa Clara County Schools' Insurance Group Report of Employee Incident/Injury form. This form must be signed by the Supervisor and sent to Laura Di Pol. Report of Employee Incident/Injury form

In addition, the employee must report the injury or illness to Company Nurse at 1-877-518-6702. Company Nurse Information

Laura Di Pol will report the accident to the appropriate offices according to state and federal laws. For more information regarding injury and illness reporting, contact:

Laura Di Pol
(408) 522-8200 ext 1033

WHERE TO SEEK MEDICAL ATTENTION

Company Nurse will direct the employee to a medical facility if they do not have a designated physician on file:

SERIOUS INJURY OR DEATH

The following action is required:

- ✔ The incident is reported to the supervisor and Laura Di Pol at laura.dipol@sesd or (408) 522-8200 ext 1033.
- ✔ Laura Di Pol will notify CAL/OSHA immediately or within 8 hours by telephone. The local Cal/OSHA District Office telephone number is 1-510-794-2521. Serious injuries or fatalities must be report to the local Cal-OSHA area office. http://www.dir.ca.gov/title8/342.html
- ✔ Completion of "Employer's Report of Occupational Injury or Illness" form 5020 within 24 hours

The supervisor shall conduct an initial investigation as soon as possible and distribute reports according to procedure.

LEGALLY REQUIRED REPORTS

A serious injury or illness is one which occurs in a place of employment or in connection with any employment which requires inpatient hospitalization for a period in excess of 24 hours, or in which an employee suffers a loss of any member of the body or suffers a serious degree of permanent disfigurement.

ACCIDENT/EXPOSURE INVESTIGATIONS

Procedures for investigating workplace accidents and hazardous substance exposures include:

Process and Action

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

Forms

- Use for Injury, Illness and Near Miss
- Report of Employee Incident/Injury completed and submitted to Laura Di Pol.

HAZARD CORRECTION

The District uses a District wide Work Order System to address any necessary corrections stemming from near misses, observed unsafe work conditions or corrective action for accidents or injuries.

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

- When observed or discovered, sites and individuals are required to report necessary hazard corrections through the District Work Order System. School Secretaries, and District Office Administrative Assistants are key contacts for this system
- Safety concerns which require immediate attention should be phoned into the Maintenance and Operations Department. 408.522.8225
- The online Work Order System should be used for all other corrective actions which do not create an immediate danger
- When an imminent hazard exists, which cannot be immediately abated without endangering employee(s) and/or property, staff will remove all exposed workers from the area except those necessary to correct the existing condition. Workers necessary to correct the hazardous condition shall be provided with the necessary protection
- All such actions taken and dates they are completed shall be documented.

Unsafe practices or procedures that are observed should be reported to immediate supervisors to be addressed by taking corrective action or providing necessary training.

TRAINING AND INSTRUCTION

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

- When the IIPP is first established
- To all new workers, training to be appropriate with employee skill level as determined by the interview process, self-reporting, and observation during the probationary period
- To all workers given new job assignments for which training has not previously been provided
- Whenever new substances, processes, procedures and/or equipment are introduced to the workplace and represent a new hazard (job specific)
- Whenever the employer is made aware of a new or previously unrecognized hazard
- To supervisors to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed
- To all workers with respect to hazards specific to each employee's job assignment

Workplace safety and health practices are based on our Hazard Assessment list and documented in our list of training subjects.

Training and instruction will be provided in any format or media which is readily understandable to all employees. Training formats and/or media may include but are not limited to:

- ✔ Seminars
- ✔ Workshops
- ✔ Manuals
- ✔ Policies and procedures posted
- ✔ Booklets
- ✔ Video, film or other visual media
- ✔ Meetings
- ✔ Newsletters and inter-district memos

District management will ensure which all training and instruction provided under the Injury and Illness Program are documented. Employees attending or receiving training mandated by this program may be requested to sign an attendance sheet.

LIST OF TRAINING SUBJECTS

We train our workers about the following training subjects:

- General Safe Work Practices
- Good housekeeping, fire prevention, safe practices for operating any construction equipment
- Safe procedures for cleaning, repairing, servicing and adjusting equipment and machinery
- Safe access to working areas
- Heat Stress
- Protection from falls

- Electrical hazards, including working around high voltage lines
- Proper use of powered tools
- Lock-out/Tag-out procedures
- Materials handling
- Garden and power tool operation
- Fall protection from elevated locations
- Use of elevated platforms, including condors and scissor lifts
- Driver safety
- Slips, falls and back injuries
- Ergonomic hazards, including proper lifting techniques and working on ladders or in a stooped posture for prolonged periods at one time
- Personal protective equipment
- Hazardous chemical exposures
- Hazard communication
- Physical hazards, such as heat/cold stress, noise
- Bloodborne pathogens and other biological hazards
- Emergency evacuation plan
- Provisions for medical services and first aid including emergency procedures
- Safety is Everyone's Business

RECORDKEEPING

We are a local government entity and we are not required to keep written records of the steps taken to implement and maintain our IIPP.

Bloodborne Pathogens Exposure Control Plan

Policy Statement

It is the policy of the Sunnyvale School District to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with federal and state regulations. All human blood and other potentially infectious materials will be treated as if known to be infectious for human immunodeficiency virus (HIV), Hepatitis B virus (HBV), and other bloodborne pathogens.

Scope: The Exposure Control Plan (ECP) applies to all employees with actual or potential exposure to bloodborne pathogens at all sites.

Regulation: CCR-Title n8, Section 5193

Plan Administration

Table **1** provides the roles and contact information for the administration of the bloodborne pathogens program.

Table 1

Program Contact Information

Task	Name/Department	Phone
Plan Administrator	Brandt Burns, Operations	Work: 408.522.8225
Supplies (PPE, cleaning materials, other)	Jeff Engle, Operations	Work: 408.522.8225 :
Medical recordkeeping	Laura Di Pol, Human Resources	Work: 408-522-8200 ext. 1033
Training	Jeremy Nishihara, Human Resources	Work: 408-522-8200 ext. 1010
Exposure incident contact	Dagmar Paul, District Nurse	Work: 408-522-8200 ext. 1051

The ECP administrator is responsible for implementation of the ECP, and will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures and to reflect new or revised employee positions with occupational exposure.

Maintenance and Operations will provide and maintain all necessary PPE, engineering controls (e.g., sharps containers), and labels as required by the standard, and will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

District Nurses (Dagmar Paul) will be responsible for ensuring all medical actions required by the standard are performed and Human Resources will be responsible for ensuring that appropriate employee health and OSHA records are maintained.

Human Resources, site administrators and program managers will be responsible for training, documentation of training, and making the written ECP available to employees, the regulating authority, and representatives of the California Occupational Safety and Health Association (CalOSHA).

Dagmar Paul will act as the initial contact for reporting exposure incidents and ensure the appropriate response is carried out.

Those employees determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

Annual Plan Review and Update

This ECP will be reviewed and updated annually, and whenever new hazards are introduced in the workplace or conditions change that would result in a change in occupational exposure by employees.

ACCESS TO THE ECP

Employees covered by the bloodborne pathogens rules and policies will receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting Human Resources. A copy of the ECP will be provided free of charge to any employee who requests it.

Definitions

Universal precaution—an approach to infection control whereas all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Bloodborne pathogen—microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV) which causes acquired immune deficiency syndrome (AIDS).

Exposure incident—a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (i.e., needlestick) contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Occupational exposure—reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. "Good Samaritan" acts such as assisting a co-worker with a nosebleed are not considered occupational exposure.

Other potentially infectious materials (OPIM)—body fluids visibly contaminated with blood, including saliva in dental procedures, semen, vaginal secretions, amniotic fluid, and other such material where it is difficult to differentiate between body fluids.

Percutaneous injury— exposure by injection or absorption through the unbroken skin.

Personal protective equipment (PPE)—protective covering for the head, eyes, hands, feet, and body, such as nitrile or other liquid-resistant gloves, a face mask, or an apron.

Sharps—any object contaminated with blood or OPIM that can penetrate the skin, including needles, scalpels, wood or metal splinters, broken glass, broken capillary tubes, and exposed ends of dental wires.

Employee Exposure Determination

Determinations for employee exposure are made for at risk job classifications where occupational exposure to blood or OPIM occurs, is likely to occur, or is possible to occur.

Table **2** contains a list of all job classifications in which employees are at high risk of or likely to have occupational exposure to bloodborne pathogens.

Table 2

Likely Occupational Exposure—Job Classifications

Job Classification	Department/ Work Area	Exposure Task/Procedure
Bus Driver	Transportation	Student contact
Custodian	Operations	Cleaning up after students, assist in first aid
Health Assistant	Student Services	Administering first aid and injections
Nurse	Student Services	Administering first aid and injections
Pre-school staff	Student Services	Student contact, toileting
Para-educator (all classifications)	Student Services and Educational Services	Student contact, toileting
Special Education Teacher	Student Services	Student contact, toileting
Behavior Supervisor, Specialist and Tech	Student Services	Student contact, toileting
Occupational Therapist	Student Services	Student contact, toileting

Table 3 contains a list of job classifications in which employees may at some time have occupational exposure, including part-time, temporary, contract, or per diem employees. The list includes tasks and procedures, or groups of closely related tasks and procedures, for which occupational exposure may occur for these individuals.

Table 3

Possible Occupational Exposure—Job Classifications

Job Classification	Department/ Work Area	Exposure Task/Procedure
School Admin I and II	Site	Administering first aid and student contact
Other School Office Staff	Site	Administering first aid and student contact
School Principals and Assistant Principals	Site	Administering first aid and student contact

If an employee believes he or she may be occupationally exposed to bloodborne pathogens and his or her job classification or tasks do not appear on the above lists, the employee should contact Brandt Burns.

Implementation and Control Measures

UNIVERSAL PRECAUTIONS

All employees will use universal precautions in order to prevent contact with blood or OPIM. All blood and OPIM will be considered infectious regardless of the perceived status of the source.

Engineering Controls and Work Practices

Engineering controls and work practices will be implemented to prevent or minimize exposure to bloodborne pathogens. Program Managers are responsible for ensuring that the engineering controls and work practices are implemented and updated as necessary.

The following engineering controls will or have been implemented:

- PPEs distributed
- New employee orientation training
- Annual review training
- Update Bloodborne Pathogen Exposure Control Plan annually
- Periodic information articles published
- Postings at all sites

The following work practices will be followed:

- Wash hands immediately after contact with blood or OPIM
- Exposed employees will wash their hands with running water and soap as soon as possible after using the antiseptic alternatives
- When skin or mucous membranes are exposed to blood or OPIM, those areas of the body will be washed or flushed with running water as soon as possible after contact
- After removal of PPE (e.g., gloves, face mask) used during exposure to blood or OPIM, the employee(s) will wash hands or other exposed skin areas with running water and soap as soon as possible

Jeff Engel evaluates new exposure control procedures and new products regularly by reviewing the Safety Data Sheets (SDS) and consulting with Student Services and Human Resources.

Housekeeping—Cleaning and Disinfection

All equipment, work areas, and working surfaces will be cleaned and disinfected immediately or as soon as possible after any spill of blood or OPIM materials, after completion of procedures, and at the end of the work shift if the surface may have become contaminated since the last cleaning.

Disinfection of surfaces, equipment, and work areas will be accomplished by using the following materials:

- **Alpha HP**
- **Virex II 256**

Blood- or OPIM-contaminated waste will be placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling sharps disposal containers is:

1. Notify District Nurse for pick up
2. District Nurse picks them up and delivers to an approved disposal site

The procedure for handling blood- or OPIM-contaminated waste is:

1. Dispose of hazardous waste in a designated receptacle.
2. Submit work order for receptacle pick-up when 75% full
3. Certified hauler will pick up the waste receptacle

Contaminated sharps will be discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Clean sharps disposal containers are available in health office.

Bins, pails (e.g., wash or emesis basins), cans, and similar receptacles will be inspected and decontaminated on a regularly scheduled basis, and cleaned and decontaminated as soon as possible after visible contamination.

Broken glassware that may be contaminated will only be picked up using mechanical means, such as a brush and dustpan.

Sharps Injury Prevention

The following sharps safer devices and engineering controls will be implemented:

- Needleless IV system
- Self-sheathing

All employees will comply with the following work practice controls to reduce exposure to sharps:

- Contaminated needles and other contaminated sharps will not be bent, recapped, or removed
- Shearing or breaking contaminated needles is prohibited
- Contaminated reusable sharps must be placed in designated reusable sharps containers
- Any bending, recapping, or needle removal must be accomplished by the school nurse

Sharps disposal. Sharps disposal containers are inspected and maintained or replaced by the school nurse whenever necessary to prevent overfilling.

Review and update procedures. This facility identifies the need for changes in engineering controls and work practices for the management of sharps through:

- Review of OSHA records
- Interviews with employees responsible for direct patient care

Human Resources will evaluate new procedures and new products regularly by reviewing new state and federal requirements and student needs.

Both front-line workers and management officials are involved in the process for evaluating new procedures and products in the following manner:

Union input
State and Federal guidelines
District needs

Student Services is responsible for ensuring that approved recommendations from the evaluations are implemented.

PPE

PPE is provided to our employees at no cost to them. PPE will be chosen based on the anticipated exposure to blood or OPIM. The PPE will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which it will be used.

Table **4** describes in detail how PPE will be provided and the types of PPE that will be given to employees.

Table **4**

Provision of PPE to Employees

How Provided	PPE Distributor	Procedures Requiring PPE	Type of PPE Required
Operations Department	Jeff Engel	Cleaning	Gloves, glasses, face masks
Nurses/Health Asst	Jeff Engel	First Aid	Gloves, glasses, face masks, gowns

All PPE repairs and replacements will be made by the employer.

Precautions when using PPE: All employees using PPE must observe the following precautions

- Wash hands immediately or as soon as possible after removal of gloves or other PPE
- Remove PPE after it becomes contaminated, and before leaving the work area
- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised

- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration
- Never wash or decontaminate disposable gloves for reuse
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface

Blood-contaminated PPE

If PPE or personal clothing is splashed or soaked with blood or OPIM, the person wearing the PPE or clothing will remove the contaminated clothing as soon as possible.

Gloves

Gloves will be worn where it is reasonably anticipated that employees will have hand contact with blood, OPIM, non-intact skin, and mucous membranes. Gloves will be available from Operations Dept, health assistants, and site administrators.

Disposable gloves will not be washed or decontaminated for reuse and will be replaced when they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for reuse provided that the integrity of the glove is not compromised. 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.

PPE Training

All employees covered under the requirements of this plan will be trained to properly use, put on, take off, decontaminate, maintain, and store PPE. Training in the use of the appropriate PPE is provided by Human Resources, Student Services and Operations.

Disposable PPE

Disposable gloves and paper face masks must not be used again once they are removed. Never wash or decontaminate disposable gloves for reuse. Replace them as soon as possible after they become contaminated or if they are torn, punctured, or their ability to function as a barrier is compromised.

Exposure Incident Management

EXPOSURE INCIDENT REPORT

Any incident that results in occupational exposure to blood or OPIM will be reported immediately to Company Nurse. Additionally, an Incident/Injury report shall be completed. A separate report must be completed by each person exposed to blood or OPIM. The report will include the name of the person exposed, the time and date of the incident, and a determination of whether an exposure has occurred. If exposure has occurred, a post-exposure evaluation will be performed.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

A confidential medical evaluation and follow-up will be conducted by Keenan and Associates. After initial first aid or medical attention, the following activities will be performed by

Concentra Occupational Medicine 1197 E. Arques Avenue Sunnyvale, CA 94085	or	Kaiser Occupational Medicine Clinic 10050 N. Wolfe Road Suite SW1-190 Cupertino, CA 95014

- Document the routes of exposure and how the exposure occurred
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law)
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's healthcare provider
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status

If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days. If the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

Laura Di Pol ensures that the healthcare professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of the bloodborne pathogens regulation. Laura Di Pol will ensure that the healthcare professional evaluating an employee after an exposure incident receives:

- A description of the employee's job duties relevant to the exposure incident
- A description of route(s) of exposure
- Circumstances of exposure
- If possible, results of the source individual's blood test
- Relevant employee medical records, including vaccination status

The District's appointed clinic will provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

Human Resources will review the circumstances of all exposure incidents to determine the:

- Engineering controls in use at the time
- Work practices followed
- Description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of the incident
- Procedure or task being performed when the incident occurred
- Employee's training

Student Services Department and Human Resources will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

Employee Training

All employees who have occupational exposure to bloodborne pathogens will receive initial and annual training conducted by Human Resources and/or site administrator/Program Manager.

All employees who have occupational exposure to bloodborne pathogens will receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the OSHA bloodborne pathogen standard
- An explanation of our ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis for PPE selection
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs and labels and/or color coding required by the standard and used at this facility
- An opportunity for interactive questions and answers with the person conducting the training session

HEAT STRESS PREVENTION PLAN

Heat Illness Prevention

Scope: This Plan covers employees who are exposed to heat or hot conditions at or above the threshold levels for work areas and activities identified in the heat stress hazard assessment.

Policy: This organization is committed to protecting employees from the hazards of hot conditions and to preventing heat-related illnesses at the workplace. We will identify, evaluate, and control potential exposure of our employees to extreme temperature, humidity, and other heat-related factors.

Plan Administrator. The Plan Administrators, Brandt Burns, Director of Facilities & Operations and Jeff Engel, Manager of Operations are responsible for implementing the Heat Stress Prevention Program, monitoring work area heat conditions and for ensuring that employees are trained to recognize the signs and symptoms of heat stress illnesses or injury and what to do if these occur.

Contact information:

Director of Facilities & Operations	Brandt Burns	408.522.8225
Manager of Operations	Jeff Engel	408.522.8225

The Administrator may designate and authorize other personnel to implement specific components of the Plan.

Supervisors. Supervisors are responsible for encouraging employees to frequently consume water or other acceptable beverages to ensure hydration.

Prior to each workday, the forecasted temperature and humidity for the worksite will be reviewed and will be compared against the National Weather Service Heat Index to evaluate the risk level for heat illness. Determination will be made of whether or not workers will be exposed at a temperature and humidity characterized as either “extreme caution” or “extreme danger” for heat illnesses. It is important to note that the temperature at which these warnings occur must be lowered as much as 15 degrees if the workers under consideration are in direct sunlight.

The temperature will be taken into consideration to determine when it will be necessary to make modifications to the work schedule (such as stopping work early, rescheduling the job, working at night or during the cooler hours of the day, increasing the number of water and rest breaks.

Employees. Employees are responsible for monitoring their own personal factors for heat-related illness including consumption of water or other acceptable beverages to ensure hydration and taking cool-down breaks in the shade.

Plan Review and Update
This Plan will be periodically reviewed and updated when:

- New activities or equipment that creates heat stress are introduced into the workplace.

- Evaluations of heat stress hazards, injuries, and illnesses demonstrate that the current Plan is outdated or not effective.
- Regulatory or applicable national consensus standards change that require this Plan to be updated.

DEFINITIONS:

Acclimatization or acclimate is the physiological (i.e., physical, mechanical, and biochemical) change that allows the human body to adapt or get used to the effects of a new physical environment or climate. After a period of acclimatization, the same physical activity will produce fewer cardiovascular demands. The worker will sweat more efficiently, causing better evaporative cooling, and thus will more easily be able to maintain normal body temperatures.

Calorie is the amount of heat required to raise 1 gram of water 1°Celcius (C) (based on a standard temperature of 16.5 to 17.5°C).

Conduction is the transfer of heat between materials that contact each other. Heat passes from the warmer material to the cooler material. For example, a worker's skin can transfer heat to a contacting surface if that surface is cooler, and vice versa.

Convection is the transfer of heat in a moving fluid. Air flowing past the body can cool the body if the air temperature is cool. On the other hand, air that exceeds 80° Fahrenheit (F) can increase the heat load on the body.

Dry bulb (DB) temperature is the measurement of the heat content of freely exposed air measured by a thermal sensor that is shielded from direct radiant energy sources.

Evaporative cooling takes place when sweat evaporates from the skin. High humidity reduces the rate of evaporation and thus reduces the effectiveness of the body's primary cooling mechanism.

Globe temperature is the temperature inside a blackened, hollow, thin copper globe.

Heat is a measure of energy that is transferred by a difference in temperature.

Metabolic heat is a by-product of the body's activity.

Natural wet bulb (NWB) temperature is measured by exposing a wet sensor, such as a wet cotton wick fitted over the bulb of a thermometer, to the effects of evaporation and convection. The term "natural" refers to the movement of air around the sensor.

Radiation is the transfer of heat energy through space. A worker whose body temperature is greater than the temperature of the surrounding surfaces radiates heat to these surfaces. Hot surfaces and infrared light sources radiate heat that can increase the body's heat load.

Heat-Related Illnesses

Illness as defined by OSHA is generally not instantaneous and occurs some time (hours or days) after the initial exposure to an occupational hazard. For example, an instantaneous reaction such as a burn after

touching a hot surface is considered an injury; whereas a delayed reaction to a hot environment such as heat exhaustion that occurs hours after the initial exposure is considered an illness.

Heat collapse is a condition where the brain does not receive enough oxygen because blood pools in the extremities, resulting in a loss of consciousness (fainting or syncope). This reaction is similar to that of heat exhaustion and does not affect the body's heat balance. However, the onset of heat collapse is rapid and unpredictable. Heat syncope is a fainting episode or dizziness that usually occurs with prolonged standing or sudden rising from a sitting or lying position. Factors that may contribute to heat syncope include dehydration and lack of acclimatization.

Heat cramps are usually caused by performing hard physical labor in a hot environment. These cramps have been attributed to an electrolyte imbalance caused by sweating. Cramps can be caused by both too much and too little salt. Cramps appear to be caused by the lack of water replenishment. Because sweat is a hypotonic solution (±0.3% sodium chloride), excess salt can build up in the body if the water lost through sweating is not replaced. Thirst cannot be relied on as a guide to the need for water; instead, water must be taken every 15 to 20 minutes in hot environments. Under extreme conditions, such as working for 6 to 8 hours in heavy protective gear, a loss of sodium may occur. Recent studies have shown that drinking commercially available carbohydrate-electrolyte replacement liquids is effective in minimizing physiological disturbances during recovery.

Heat exhaustion is a condition with symptoms of headache, nausea, vertigo, weakness, thirst, and giddiness. Fainting associated with heat exhaustion can be dangerous because the victim may be operating machinery or controlling an operation that should not be left unattended; moreover, the victim may be injured when he or she faints. Also, the signs and symptoms seen in heat exhaustion are similar to those of heat stroke, a medical emergency.

Heat fatigue is a temporary state of discomfort and mental or psychological strain arising from prolonged heat exposure. It is generally caused by fluid loss. Workers unaccustomed to the heat are particularly susceptible and can suffer, to varying degrees, a decline in task performance, coordination, alertness, and vigilance. There is no treatment for heat fatigue except to remove the heat stress before a more serious heat-related condition develops. The severity of transient heat fatigue will be lessened by a period of gradual adjustment to the hot environment (heat acclimatization).

Heat rash is "prickly" heat manifested as red papules (i.e., small, inflammatory, irritated spots on skin) and usually appears in areas where the clothing is restrictive. It is the most common problem in hot work environments. As sweating increases, these papules give rise to a prickling sensation. Prickly heat occurs on skin that is persistently wetted by unevaporated sweat, and heat rash papules may become infected if they are not treated. In most cases, heat rashes will disappear when the affected individual returns to a cool environment.

Heat stroke is a condition when the body's system of temperature regulation fails and body temperature rises to critical levels. This condition is caused by a combination of highly variable factors, and its occurrence is difficult to predict. Heat stroke is a medical emergency. The primary signs and symptoms of heat stroke are confusion, irrational behavior, loss of consciousness, convulsions, a lack of sweating

(usually), hot and dry skin, and an abnormally high body temperature (e.g., a rectal temperature of 41°C (105.8°F)). If body temperature is too high, it causes death. The elevated metabolic temperatures caused by a combination of work load and environmental heat load, both of which contribute to heat stroke, are also highly variable and difficult to predict.

HAZARD ASSESSMENT

The Administrator or designee will conduct an initial inspection and hazard assessment of all work areas and environments where hot conditions are anticipated or may occur. He or she will periodically conduct follow-up inspections to ensure compliance with this Plan and to evaluate the effectiveness of heat stress control measures.

During the assessment the inspector will:

- Determine building and facility operating characteristics that may cause, contribute to, or alleviate hot conditions.
- Determine whether engineering and administrative controls are functioning properly
- Verify information obtained from employee interviews
- Perform temperature measurements and make other determinations to identify potential sources of heat stress

Investigators will discuss any operations which have the potential to cause heat stress with engineers or other knowledgeable personnel. A walk-around inspection will cover all affected areas. Heat sources such as furnaces, ovens, and boilers, and relative heat load per employee will be noted.

Heat Stress Factors

The following workplace factors will be considered in the assessment for heat stress:

- Air temperature
- Radiant heat sources
- Conductive heat sources
- Humidity
- Direct physical contact with hot objects
- Workload activity and duration
- Semi-permeable or impermeable protective clothing

The following worker heat sensitivity factors will also be considered in evaluating the potential for heat stress:

- Age
- Weight
- Degree of physical fitness
- Degree of acclimatization
- Metabolism
- Use of alcohol or drugs
- Medical conditions such as hypertension
- Prior heat injury (predisposes an individual to additional injury)

HEAT STRESS PREVENTION PROGRAM

This Heat Stress Prevention Program describes controls and work practices to protect employees from heat stress while working in hot conditions.

Program Implementation Criteria

The Administrator or designee will implement the Heat Stress Prevention Program when the action levels for hot conditions in the WBGT are exceeded.

Heat Stress Engineering Controls

The following engineering controls will be implemented before and in combination with work practices.

General Ventilation

General ventilation will be used where feasible and practical to dilute hot air with cooler air. Portable or local exhaust systems will be provided for small areas where general ventilation is not feasible or practical. If the dry bulb temperature is higher than 80°F and the air is dry, evaporative cooling may be improved by air movement. When the dry bulb temperature exceeds 80° and the relative humidity is 100%, air movement will make the worker hotter and forced ventilation will not be used to alleviate heat stress.

Fans

Fans will be provided where general ventilation is insufficient or impractical and when evaporative cooling will be improved by air movement.

Air Cooling or Conditioning

Air cooling or conditioning systems will be provided where feasible and practical.

Insulation

Heating pipes will be insulated or otherwise shielded to reduce radiant heat.

Heat Stress Prevention Work Practices

Work practices will be implemented to reduce the risk of elevating an employee's core body temperature. Heat stress prevention practices that may be implemented individually or in combination include:

- Employee work and rest intervals
- Continual personal monitoring of physiological signs of heat stress
- Provide cool liquids
- Establish and implement acclimatization schedules
- Use warm-weather cooling garments
- Reduce the physical demands of work, e.g., excessive lifting or digging with heavy objects
- Provide recovery areas such as air-conditioned enclosures and rooms
- Use shifts such as early morning, cool part of the day, or night work
- Use intermittent rest periods with water breaks
- Use relief workers
- Use worker pacing
- Assign extra workers and limit worker occupancy, or the number of workers present, especially in confined or enclosed spaces

- Schedule work in hot conditions for the cooler part of the day
- Schedule routine maintenance and repair work in hot areas for the cooler seasons of the year.

Employee Work/Rest Intervals

The Administrator or designee will determine the work/rest intervals and communicate them to employees by *meeting with them in the morning*. Work/rest intervals are adjusted throughout the work shift as needed and communicated to each employee at the conclusion of an applicable rest period, prior to reentry into a work area.

Fluid Replacement

Since dehydration is a primary cause of heat illness, employees on each site will be reminded on the importance of liquid consumption. One cup (8 oz) every 20 minutes is recommended. Ample supplies of liquids are available at each site.

- Drinking water will be available to all employees at each site. Employees will have access to drinking water at all sites through school site water fountains and/or water containers. Water in water containers will be refilled with cool water when the water level within a container drops below 50 percent.
- Water will be fresh, pure, and suitably cool and provided to employees free of charge. Supervisors will visually examine the water and pour some on their skin to ensure that the water is suitably cool.
- Water containers will be located as close as practicable to the areas where employees are working to encourage the frequent drinking of water. If field terrain prevents the water from being placed as close as possible to the workers, bottled water or personal water containers will be made available, so that workers can have drinking water readily accessible.
- All water containers will be kept in sanitary condition. Water from non-approved or non-tested water sources (e.g., untested wells) is not acceptable. If hoses or connections are used, they must be governmentally approved for potable drinking water systems, as shown on the manufacturer's label.
- Workers will be reminded daily of the location of the water coolers and of the importance of drinking water frequently. When the temperature exceeds or is expected to exceed 80 degrees Fahrenheit, brief tailgate meetings will be held each morning to review with employees the importance of drinking water, the number and schedule of water and rest breaks and the signs and symptoms of heat illness.
- When the temperature equals or exceeds 95 degrees Fahrenheit or during a heat wave, a pre-shift meeting before the commencement of work to encourage employees to drink plenty of water and remind employees of their right to take a cool-down rest when necessary will be conducted. Additionally, the number of water breaks will be increased.

Personal Protective Equipment

The Administrator or designee will determine the types of PPE that may be used to minimize heat stress after engineering controls and work practices have been implemented and workers are still exposed to heat stress hazards.

Reflective Clothing

Reflective clothing varies from aprons and jackets to suits that completely enclose the worker from neck to feet and can stop the skin from absorbing radiant heat. Because most reflective clothing does not allow air exchange through the garment, the reduction of radiant heat must more than offset the corresponding loss in evaporative cooling. For this reason, reflective clothing should be worn as loosely as possible. In situations where radiant heat is high, auxiliary cooling systems can be used under the reflective clothing.

Wetted Clothing

Wetted clothing is effective when reflective or other impermeable protective clothing is worn. The clothing may be wetted terry cloth coveralls or wetted two-piece, whole-body cotton suits. This approach is effective under conditions of high temperature and low humidity where evaporation from the wetted garment is not restricted.

Shade structures

- Shade structures will be opened and placed as close as practical to the workers when the temperature equals or exceeds 80 degrees Fahrenheit. When the temperature is below 80 degrees Fahrenheit, access to shade will be provided promptly when requested by an employee and no other shade is readily available.

  Note: The interior of a vehicle may not be used to provide shade unless the vehicle is air-conditioned and the air conditioner is on.

PROCEDURES FOR HANDLING A HEAT WAVE:

"Heat wave" means any day in which the predicted high temperature for the day will be at least 80 degrees Fahrenheit and at least ten degrees Fahrenheit higher than the average high daily temperature in the preceding five days.

- During a heat wave or heat spike, the work day will be cut short or rescheduled
- During a heat wave or heat spike, and before starting work, tailgate meetings will be held to review the District's heat illness prevention procedures, the weather forecast and emergency response. In addition, if schedule modification are not possible, workers will be provided with an increase of number of water and rest breaks and will be observed closely for signs and symptoms of heat illness.

EMERGENCY RESPONSE

The Administrator or designee will implement the following emergency response procedures for the type of heat stress indicated.

Heat Stroke

If a worker shows signs of possible heat stroke, professional medical treatment will be obtained immediately. The supervisor or co-workers will take the following steps to treat a worker with heat stroke:

1. Call 911 and notify the supervisor.
2. Move the sick worker to a cool, shaded area.
3. Cool the worker using methods such as soaking his or her clothes with water, spraying, sponging, or showering him or her with water, and fanning his or her body.

The worker should be placed in a shady area and the outer clothing should be removed. The worker's skin should be wetted and air movement around the worker should be increased to improve evaporative cooling until professional methods of cooling are initiated and the seriousness of the condition can be assessed. Fluids should be replaced as soon as possible. The medical outcome of an episode of heat stroke depends on the victim's physical fitness and the timing and effectiveness of first-aid treatment. Regardless of the worker's protests, no employee suspected of being ill from heat stroke should be sent home or left unattended unless a physician has specifically approved such an order.

Heat Exhaustion
Heat exhaustion responds readily to prompt treatment. A worker suffering from heat exhaustion should:

- Rest in a cool, shaded, or air-conditioned area.
- Drink plenty of water or other cool, nonalcoholic beverages.
- Take a cool shower, bath, or sponge bath.

Workers suffering from heat exhaustion will be removed from the hot environment and given fluid replacement. They will also be encouraged to get adequate rest.

Heat Syncope (Fainting)
Workers who exhibit signs of heat syncope will be instructed by a supervisor or co-workers to:

- Sit or lie down in a cool place when they begin to feel symptoms.
- Slowly drink water, clear juice, or a sports beverage.

Heat Cramps
Workers with heat cramps should:

- Stop all activity, and sit in a cool place.
- Drink clear juice or a sports beverage.
- Not return to strenuous work for a few hours after the cramps subside, because further exertion may lead to heat exhaustion or heat stroke.
- Seek medical attention if the worker has heart problems, the worker is on a low-sodium diet, or the cramps do not subside within one hour.

Heat Rash
Workers experiencing heat rash will be treated according to the following procedures:

- Directed to work in a cooler, less humid environment when possible.

- Keep the affected area dry.
- Use dusting powder to help increase comfort.

TRAINING

SUPERVISORS:

Supervisors will be trained on their responsibility to provide water, shade, cool-down rests and access to first aid as well as employees' right to exercise their rights under this standard without retaliation.

Supervisors will be trained in appropriate first aid and/or emergency responses to different types of heat illness, and in addition, that heat illness may progress quickly from mild symptoms and signs to serious and life-threatening illness.

Supervisors will be trained on how to track the weather at the job site (by monitoring predicted temperature highs and periodically using a thermometer). Supervisors will be instructed on how weather information will be used to modify work schedules, when to increase the number of water and rest breaks or cease work early if necessary.

All employees who are exposed or potentially exposed to heat stress will receive training regarding heat stress-related injuries and illnesses and prevention measures at the time of assignment to work activities that involve hot conditions.

The following topics will be covered during safety training for heat stress:

- Knowledge of the hazards of heat stress, including environmental factors that might contribute to the risk of heat-related illness (temperature, humidity, radiant heat, air movement, conductive heat sources, workload activity and duration, and personal protective equipment)
- Recognition of predisposing factors, danger signs, and symptoms (e.g., age, degree acclimatization, medical conditions, consuming alcohol, caffeine use, nicotine use, and use of medications that affect the body's response to heat)
- The importance of frequent drinking of small quantities of water
- The importance of shade and cool down break
- Awareness of first-aid procedures for heat stroke and other heat stress-related illnesses
- The procedure for reporting signs and symptoms of heat-related illness in themselves and co-workers
- Employee and supervisors' responsibilities in avoiding heat stress
- Use of protective clothing and equipment, including the importance of removing heat-retaining PPE, such as non-breathable chemical resistant clothing, during breaks
- First aid and other emergency response procedures

Refresher Training

Personnel covered by this Plan will receive refresher heat stress training at least once per year, and whenever there is a change in work assignment or hot conditions, or when a new heat source is introduced to a work area.

RECORDKEEPING

Heat stress-related illnesses that are relieved by first aid and do not require additional medical treatment will not be recorded in injury and illness records.

Heat stress-related illnesses that require medical treatment beyond first aid will be recorded as an illness or injury and illness recordkeeping forms. For example, the administration of fluids by intravenous injections is recordable as medical treatment, and more serious cases of heat disorders involving such injections will be entered into the injury and illness records. In addition, any diagnosis by a physician or other licensed healthcare professional of heat syncope (fainting due to heat) will be recorded.

IIPP review and revised:
February 11, 2022