

**Merced County
Office of Education**

Injury and Illness Prevention Program



Occupational
Health and Safety

MCOE Injury and Illness Prevention Program

PURPOSE: The Merced County Office of Education believes that the safety of its employees and the students it serves is of the utmost importance. Additionally, it is the policy of the Merced County Office of Education to comply with all Federal, State, and local safety and environmental statutes. To ensure the safety and protection of MCOE employees, students, and guests an Injury and Illness Prevention Program (IIPP) is established.

The MCOE Injury and Illness Prevention Program is comprised of 9 elements

1. Responsible persons
2. *Employee compliance*
3. Communication of occupational safety and health information
4. Hazard assessment
5. Accident and exposure analysis
6. Hazard correction
7. Training and instruction
8. Employee access to the IIPP
9. Recordkeeping

1. RESPONSIBLE PERSONS:

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

- Merced County Superintendent of Schools: **Overall responsibility**
- Assistant Superintendents, Directors, Coordinators, Managers, Supervisors, and other designated individuals who are responsible for overseeing the work of others:
Management responsibility
- OHS Analyst, Human Resources: **Program Administrator**

2. EMPLOYEE COMPLIANCE:

Employees are required, as a condition of employment, to exercise due care in the course of their work to prevent injuries to themselves and to their fellow workers and to be mentally and physically alert to safety issues.

In order to ensure employee compliance to the provisions of this Injury and Illness Prevention Program, MCOE employees are advised of the following:

- a. Safety performance will be considered during evaluations
- b. Recognition of employees who follow safe work practices may include:
 - Positive notation on their evaluation
 - Public recognition at MCOE events or in MCOE newsletters
 - Individual certificate of recognition or letter of commendation
- c. Employees, whose safety performance is deficient, evidenced by accidents, near misses, or observation by Supervisors, may receive re-training in the particular task or procedure.
- d. Employees who fail to follow established safe work practices would be subject to disciplinary action as outlined in MCOE Regulations 4118 (Certificated)/4218 (Classified).

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3. COMMUNICATION OF OCCUPATIONAL SAFETY AND HEALTH INFORMATION:

Ongoing communication is important in relaying information about the occupational safety and health hazards of the workplace. MCOE Management is responsible for ensuring that all employees receive relevant safety information on a regular basis and to take appropriate action when workplace hazards are reported.

The methods to accomplish communication of safety matters include:

- a. New Hire Safety Orientation
- b. Supervisor's New Employee Orientation
- c. Regular Safety Meetings by each department and individual site
- d. Posting of safety information on Department bulletin board and/or via email
- e. Distributing safety newsletters or other safety publications to employees.

Departments are encouraged to use any additional forums or methods to enhance the communication of safety information to employees.

Employees are encouraged to report workplace hazards without fear of reprisal by telling their supervisor or by submitting a **Report of Unsafe Condition Form**. This can be signed or submitted anonymously. If signed, the employee will be contacted by the Safety Office to inform him/her of the action taken.

4. HAZARD ASSESSMENT:

Inspections to identify and evaluate workplace hazards shall be performed by MCOE staff for all owned or leased facilities. Inspections will be documented using checklists and in-house forms with the date and person(s) conducting the inspection noted. The inspection, along with any corrective action, will be filed at the site and with Human Resources, OHS Analyst.

Classrooms or sites under the control of other school districts or agencies are the primary responsibility of that school district. MCOE employees and management personnel who notice unsafe conditions should inform the school district site administrator. If the unsafe condition is not corrected within a timely manner, a **Report of Unsafe Condition Form** should be submitted to Human Resources OHS Analyst.

Inspections will be conducted:

- a. When the program or site is first established
- b. Whenever new substances, processes, procedures, or equipment present a potential new hazard to the work environment
- c. Whenever a new or previously unrecognized hazard is evident
- d. Whenever there is a report of an occupational injury or illness
- e. By staff, as required in Appendix A, Part 4, Hazard Assessment using the **Facility Inspection Safety Checklist**.
- f. When required by local, county, state, and federal agencies

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5. ACCIDENT AND EXPOSURE INVESTIGATIONS:

When an occupational injury, illness, or exposure occurs MCOE management, or the Human Resources OHS Analyst will conduct an investigation to determine the causes of the injury, illness, or exposure. Evaluation of the causes will be done to determine corrective action to be taken to prevent future occurrences.

Documentation of the investigation and any findings will be filed with the Human Resources OHS Analyst. Non-confidential highlights of the investigation may be published and distributed to MCOE personnel for lessons learned.

Elements of the investigation may include all or part of the following tasks:

- a. Reviewing the **Employee Injury Report Form or Report of Incident Form**
- b. Interviewing all parties involved
- c. Examining the workplace and equipment associated with the injury, illness, or exposure
- d. Reviewing training records of the employee(s) involved
- e. Reviewing maintenance records of the site or equipment involved

6. HAZARD CORRECTION:

Unsafe conditions and work practices should be corrected immediately upon being observed or discovered. If an **imminent hazard** exists which cannot be corrected immediately then the operation will be suspended until corrective action can be taken.

Any deficiencies noted that require maintenance support will be submitted using the **Maintenance Direct** work order system.

7. TRAINING AND INSTRUCTION:

Proper employee training is critical for maintaining safe operations. It is the intent of the MCOE to train and inform all employees, including managers and supervisors, of all general and job specific safety and health practices.

Training shall be provided when:

- a. An employee is first hired
- b. An employee is given a new job assignment for which training has not been previously done or is outdated
- c. A new substance, process, procedure, or equipment is introduced to the workplace and represents a new hazard
- d. Whenever a new or previously unrecognized hazard is identified
- e. As required by General Industry Safety Orders or other authority exercising jurisdiction over the MCOE (Forklifts, Aerial lifts, Ladders, etc.) Appendix A (Training Requirements by Job Classification) of Part 7 (Training and Instruction)

Management and Supervisor training will be conducted on a regular basis for familiarization of safety and health hazards that effect employees.

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All training will be documented using the Safety Meeting Report Form or a similar type form and must include:

- a. Date training is conducted
- b. Type of training provided
- c. Instructor (s) name
- d. Employee's name and signature

8. EMPLOYEE ACCESS TO THE IIPP:

MCOE recognizes an employee's right to examine and receive a copy of the IIPP. This is accomplished by:

- a. Copy provided to all new employees during New Hire Orientation
- b. Each separate site or department has a copy for review by employee, upon request
- c. Access to published copy via Organization's SharePoint file sharing system

9. RECORDKEEPING:

Actions taken to implement and maintain the Injury and Illness Prevention Plan shall be documented and filed with the Human Resources OHS Analyst. These records will include:

- a. Records of inspections to include the date and name of the person(s) conducting the inspection, the unsafe conditions and work practices identified, and the action taken to correct them.
- b. Documentation of safety and health training for each employee, including the employee's name, date of training, type of training, and training provider.

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The following appendixes and supplements to the MCOE Injury and Illness Prevention Program (IIPP) are in addition to the basic requirements of the IIPP or are developed for further administrative instruction.

APPENDIXES:

Part 1: Responsible Persons

No appendixes

Part 2: Employee Compliance

Appendix A: On-the-Spot Individual Safety Recognition

Part 3: Communication of Safety and Health Information

Appendix A: Supervisor's Employee Safety Orientation

Appendix B: Department/Site Level Safety Meetings

Part 4: Hazard Assessment

Appendix A: Facility Safety Inspections

Part 5: Accident and Exposure Investigation

Appendix A: Accident Reporting Requirements

Appendix B: Accident Investigations

Part 6: Hazard Correction

No appendixes

Part 7: Training and Instruction

Appendix A: Training Requirements by Job Classification

Part 8: Employee Access to IIPP

No appendixes

Part 9: Recordkeeping

No appendixes

SUPPLEMENTS:

1. Blood borne Pathogens Exposure Control Plan
2. Covid Prevention Plan
3. Ergonomics Program
4. Hazardous Communication Program
5. Integrated Pest Management Program

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Appendix A (Supervisor's Employee Safety Orientation) of Part 3 (Communication of Occupational Safety and Health Information) to the Merced County Office of Education Injury and Illness Prevention Program

PURPOSE

An employee's ability to safely perform their work assignment is dependent upon their knowledge and training of the equipment they use and their work environment. Due to the diversity of each department and large geographic area MCOE employees are assigned to, each new employee will be formally orientated to their work assignment by their direct supervisor.

RESPONSIBILITIES

Assistant Superintendents/Directors:

- a. Ensure that supervisors are familiar with their responsibilities of this Appendix.
- b. Support the employee orientation process by ensuring that supervisors have sufficient time to conduct the orientation.

Department/Site/Office supervisor:

- a. Ensure each new employee to the department/site/office is orientated to the specific requirements of their work assignment to include use of equipment, PPE, chemical safety, and emergency response procedures.
- b. Document the orientation of each new employee with the Employee Safety Orientation Form.
- c. Send a copy of the completed orientation form to Human Resources.

OHS Analyst:

- a. Establish tracking process to verify completion of supervisor's safety orientation of new employees.
- b. Maintain records of orientations.

PROCEDURES

1. Upon assignment of new employees to the department/site/office, supervisor will schedule an orientation within 14 days.
2. Supervisor will conduct the new employee orientation using the Employee Safety Orientation form.
3. A copy of the completed orientation form will be forwarded to Human Resources.



Department: _____ Meeting Leader (signature): _____

(Attach or identify all documents provided and discussed)

[illegible]



Safety Information Routing Form

To: _____
Department/site/office

Date Initiated: _____

Return to: _____
Department Point of Contact

No later than: _____
Within thirty days from initiated date

Topics

Please read the attached material; then complete the information below and pass this on to your co-workers or; if completed return to the department point of contact.

Employee's name (print clearly)	Employee's signature	Employee's name (print clearly)	Employee's signature

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Appendix B (Department/Site Level Safety Meetings) of Part 3 (Communication of Occupational Safety and Health Information) to the Merced County Office of Education Injury and Illness Prevention Program

PURPOSE

Communication of occupational safety and health related information to employees on a regular basis is critical to maintaining a safe and healthy work environment. Safety meetings or circulating information are ways to accomplish this and is an opportunity for employees to communicate safety and health concerns to their supervisor.

RESPONSIBILITIES

Assistant Superintendents/Directors:

- a. Support the regular communication of safety information by ensuring department/site/office supervisors have sufficient time to conduct meetings.
- b. Participate in the meeting when available.

OHS Analyst, Human Resources:

- a. Ensure relevant safety information is distributed to facilitate the safety meeting or circulation of information.
- b. Maintain and have available a safety information library for the use of department/site/office supervisors in preparing safety meeting information.
- c. Be prepared to present safety meetings when requested.
- d. Maintain record of program efforts and department participation.

Department/Site/Office supervisor:

- a. Ensure that a safety meeting or routing of safety information is done at least once a quarter, although more frequent meetings is highly recommended
- b. Ensure that a Safety Meeting Report form or Safety Information Routing form is completed for each meeting or circulation of information and filed.
- c. Encourage the exchange of information pertaining to occupational safety and health matters by employees

Employees:

- a. Participate in safety meetings or review safety information that is circulated.
- b. Share information pertaining to safety and health matters with supervisor and co-workers.



FACILITY INSPECTION SAFETY CHECKLIST

Site: _____ Building: _____ Room: _____

NOTE: Inspection frequency is per Appendix A of Part 4 of the MCOE IIPP.

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<i>Explain all "NO" responses in the comment area and note corrective action taken</i>	Y	N	NA
<u>General Safety:</u>			
-Emergency Plan/Evacuation Plan Posted			
-Emergency phone numbers posted where they are easily seen			
-Telephone works properly			
-Paper cutters have a guard on the hinge spring and locking device for blade			
-Large cabinets, bookcases, and other large items (over 6 ft) are secured to the wall or have straps securing them.			
-TVs, DVD players, projectors mounted or placed on shelves are secured			
-Items stored on cabinets / shelves are light weight, stacked neatly and will not easily fall over			
-Step stool or ladder is available for reaching items stored overhead			
-Water heater secured with straps (if installed)			
-Aisles, walkways and work areas are free of trip and fall hazards			
-Phone cords, computer cables and electrical cords are properly placed to avoid trip hazards			
-Desk and file cabinet drawers closed immediately after use			
-File cabinets loaded correctly (heavy items in lower drawers)			
<u>Electrical Safety:</u>			
-Extension cord only for temporary use of portable equipment (ie; projector; record player)			
-Power strips, surge protectors, and multi-adapters are plugged directly into wall outlet			
-No exposed electrical wiring (must be covered or removed)			
-Electrical junction boxes, outlets, and wall switches are in good condition and covered			
-Circuit breakers are labeled, no empty slots exposed and no breakers are taped in position			
-GFCI outlets are functional (normally near a sink, push TEST button and then RESET button)			
-Heaters have adequate clearance from combustibles and are plugged directly into a wall outlet			
<u>Fire Protection:</u>			
-Fire extinguisher mounted, accessible, and serviceable (1-ext. per room or within 75' of travel) (Serviceability=charged; tag dated within 1 year; pin secured)			
-Exits are not obstructed (this includes furniture, storage items, and waste receptacles)			
-Exit sign and emergency exit lighting is in working condition (If installed per Fire code)			
-Doors operable without key or special knowledge			
-Minimum clearance of 30" in front of electrical panels			
-Combustible materials (papers, boxes, etc.) are placed in a proper trash container or removed			
-Fire alarm operational, if installed (coordination with local fire department required to test)			
-Fire drills are conducted and documented (School sites only) (Elementary level-monthly, Intermediate level-quarterly, Secondary level-semi-annually)			

CONTINUED ON REVERSE

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This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

- 1. KEEP ON FILE FOR 1 YEAR WITH CORRECTIVE ACTION NOTED**
2. FORWARD A COPY TO HUMAN RESOURCES – OHS ANALYST

Print Name

Signature

Date

Date _____

Print Name

Signature

Date

Date _____

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Appendix A (Facility Safety Inspection) of Part 4 (Hazard Assessment) to the Merced County Office of Education Injury and Illness Prevention Program

PURPOSE

Regular inspections of the workplace environment are necessary to detect hazardous conditions that may develop during normal operations. In an effort to keep MCOE work sites free from undetected hazardous conditions facility safety inspections are required at all MCOE work sites.

SCHEDULED INSPECTIONS

<u>Facility</u>	<u>Frequency</u>	<u>Conducted by</u>
School Sites - Classrooms	Semi-annual report	Site Staff
Playgrounds	Check Daily Quarterly report	Site Staff
School Shops	Check Daily Quarterly report	Site Staff
Maintenance Shops Transportation Shops	Check Daily Quarterly report	Site Staff
Automotive/Shop Equipment	Check Daily Quarterly report	Site Staff
Gymnasium/Auditoriums	Check Daily Quarterly report	Site Staff
Athletic Fields	Check Daily Quarterly report	Site Staff
Cafeterias	Check Daily Quarterly report	Site Staff
Print Shop	Check Daily Quarterly report	Site Staff
Warehouse	Check Daily Quarterly report	Site Staff
Offices	Semi-annual report	Site Staff

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Appendix A (Accident Reporting Requirements) of Part 5 (Accident and Exposure Investigation) to the Merced County Office of Education Injury and Illness Prevention Program

PURPOSE

Accident reporting is necessary to document injuries to employees, injuries to students, damage to MCOE property or any other potential liability due to an accident or incident. This is based on legal requirements for Workers' Compensation benefits and Property and Liability insurance. Bottom line, anything that occurs that was not planned and results in an injury or damage needs to be reported to Human Resources on the appropriate form.

RESPONSIBILITIES

These reporting requirements are independent of any department requirement for reporting of accidents and incidents. All MCOE employees should immediately inform their supervisor. That notification does not take the place of notifying Human Resources and completing the appropriate report form but is an additional step. Employee involved in the accident or incident will complete the appropriate form as soon as possible and submit it to Human Resources. If the employee is unable to complete the form, their immediate supervisor will complete the form and submit it.

PROCEDURES

1. **Employee Accident Report Form** - Used to report accidents or chemical exposure incidents that occur to MCOE employees. This includes all students when placed at a worksite by MCOE programs.
2. **Incident Report Form** - Used to report accidents or incidents that occur but not to MCOE employees or to students in the classroom. Visitors, guests, damage to property, strangers in the classroom, thefts, etc. It may be necessary to complete this form and an Employee Accident Report depending on who is involved.
3. **Student Accident Claim Form** - Used to report MCOE student accidents that occur while attending school on school premises; traveling to and from school on MCOE transportation; participating in schooltime or interscholastic athletics; school sponsored field trips.
4. **Vehicle Accident Report Form** - Used to report vehicle accidents that occur in MCOE vehicles or accidents that occur in privately owned vehicles while conducting authorized MCOE business. NOTE: In the case of an accident in a privately owned vehicle, the owner's insurance is primary, MCOE's is secondary, this is in accordance with California State Law.

ACCIDENT OCCURS

MANDATORY STEPS

Administer first aid or request ambulance

Protect other persons and property

Notify Human Resources ASAP if it involves injuries requiring medical treatment 209-381-6637/5928

Complete documentation of accident/incident as soon as possible

EXAMPLE OF ADDITIONAL STEPS DIRECTED BY DEPARTMENT

Notify Site/Dept Supervisor ASAP

Supervisor notifies Department Rep. and provides copy of accident report

Department Rep. notifies Department Assistant Superintendent

Assistant Superintendent notifies Superintendent if necessary

MCOE Work Related Injuries/Illnesses Information Sheet

MCOE's workers compensation insurance is administered by Intercare Holdings Insurance Services, Inc, P.O. Box 579, Roseville, CA 95661 (916) 677-2500 Toll Free: 800-771-5454.

Our claims adjusters are Candice Allen and Erick Medrano. Their assistant is Chuck Butler. You can expect a phone call from either one of these persons to discuss your claim. Please answer their phone calls.

Candice: 916-677-2104, callen@intercareins.com / Erick: 916-677-2562, emedrano@intercareins.com

Reporting of Absences

Scheduled appointments for workers compensation will be requested in advance through the appropriate absence management system (IE: AESOP - Frontline).

All absences from work due to doctor's orders, follow-up visits, physical therapy appointments, or other required time off due to a work-related injury or illness must be reported on the appropriate timesheet or absence report. For AESOP reporting, select **Sick Leave** as the absence reason and write in "**Workers Compensation Appointment**" in the **Note to Administrator** area – Supervisor will change the absence to Workers Compensation upon review of the note received from you. On an hourly time sheet write in "W/C" beside the entry.

All absences for work-related injuries/illness must be documented by a note from the appropriate doctor/therapy/specialist office and provided to the OHS Office. (Can be sent directly or attached to time sheet)

When the timesheet is received in payroll it will be crosschecked by the OHS Office to verify with doctor's notes that it is a valid absence, otherwise the time off will be deducted from the employee's sick leave.

****Failure to properly note time off from work and/or provide documentation could result in sick leave being deducted.**

Payment of Benefits and Leaves

All payment of benefits for workers compensation is done in accordance with all applicable local, state, and federal laws and is determined by MCOE's Workers Compensation Administrator.

Absences required for doctor appointments, physical therapy, labs, or other appointments, because of the work-related injury, will be charged to your sick leave benefits unless you are entitled to the 60 days of Industrial Accident Leave. Under the California Education Code and bargaining agreements, certain MCOE employees may be entitled to Industrial Accident leave. (Classified staff-employed 1 year or more; Certificated staff-upon hire) Industrial Accident Leave will be used first until exhausted, and then your sick leave will be used.

All time used for sick leave and extended illness leave will be counted against any applicable annual leave entitlement under the State and Federal Family and Medical Leave Acts.

When MCOE employees are in full paid status for time off due to a work-related injury, any workers' compensation benefits will be paid directly to MCOE as insurance reimbursement. When MCOE employees are no longer in full paid status (60 days industrial accident leave exhausted, any accumulated sick leave and ESL) all authorized workers' compensation benefits will be paid directly to the employee.

AT NO TIME CAN WAGES AND WORKERS' COMPENSATION BENEFITS EXCEED THE EMPLOYEE'S NORMAL WAGE.

Guidelines for Returning to Work

If an employee suffers a work-related injury and seeks medical treatment the following guidelines apply.

The employee must advise the Doctor that the treatment is for a work-related injury. After each visit, the doctor will determine a work status; (1) release the employee back to regular duty, (2) release the employee to modified/light duty, or (3) take the employee off work for a specified duration.

The employee is responsible for obtaining a written note from the doctor indicating the employee's work status. This note is to be delivered immediately to both the employee's supervisor and the Human Resources Dept.

Work Status Guidelines

1. Released to Regular Duty

- a. Send a copy of the work status note to Human Resources via fax at 209-381-6768 or email to gbettis@mcoc.org. Send a copy to your supervisor and return to work.
- b. If you have been released to regular duty but experience problems due to your work-related injury, let your supervisor know immediately. If you feel you are unable to work, you must be reexamined by the doctor and given a note authorizing time off from work. **Failure to do so will result in time absent from work being charged to sick leave.**
- c. If you are reexamined by the doctor, follow the guidelines about obtaining a note and take the appropriate action for the work status specified by the doctor.

2. Released to Modified/Light Duty

- a. Send a copy of the work status note to Human Resources via fax at 209-381-6768 or email to gbettis@mcoc.org. Send a copy to your supervisor and return to work.
- b. The Occupational Health and Safety Office will coordinate with your supervisor to determine adjustments to your work duties within the work restrictions provided by your treating physician. This in accordance with MCOE Policy 4113.4/4213.4/4313.4 Temporary Modified or Light Duty.
- c. **NO OVERTIME WILL BE WORKED WHILE ON MODIFIED OR LIGHT DUTY WORK STATUS.**
- d. If you have been released to modified/light duty but experience problems due to your work-related injury, let your supervisor and the Safety Office know. If you feel you are unable to work, you must be reexamined by the doctor and given a note authorizing time off from work. **Failure to do so will result in time absent from work being charged to your sick leave.**
- e. **Ensure you keep all follow-up appointments. Failure to do so might result in delay or denial of your workers compensation benefits.**

3. Unable to Return to Work

- a. Deliver the work status note to your supervisor or designated representative and contact Human Resources immediately to advise them of the absence. **Failure to do so will result in time absent from work being charged to your sick leave.**
- b. **Ensure you keep all follow-up appointments. Failure to do so might result in delay or denial of your workers compensation benefits.**

MCOE Injury and Illness Prevention Program

Appendix B (Accident Investigations) of Part 5 (Accident and Exposure Investigation) to the Merced County Office of Education Injury and Illness Prevention Program

PURPOSE

The biggest reason for performing injury investigations is to prevent recurrence. That is why it is very important to find the contributing and root causes of the injury so appropriate corrective action can be taken.

DEFINITIONS

Accident: An undesired or unplanned event that interrupts the normal course of events that may or may not result in bodily harm to person (s) or damage to property. Accidents are further categorized as follows:

- a. **Injury:** Any injury such as a cut, fracture, or sprain that results from a single incident regardless how minor the injury.
- b. **Illness:** Any abnormal condition or disorder resulting from other than a single incident caused by exposure to environmental factors. Examples would be skin diseases, respiratory conditions, or musculoskeletal disorders such as carpal tunnel syndrome.
- c. **Near miss:** Any accident where the potential for injury or damage is present but didn't occur. Near misses represent "warnings" of hazardous conditions, behaviors, or procedures. For example, an employee slips on a wet spot on the ground but does not get hurt.

Root Cause: This is the actual event that resulted in the injury or damage. A root cause would be the lack of training in a lifting accident. Failure to request assistance would be a "contributing cause" but the fact that the employee was never trained in the first place is the root cause. Fixing contributing causes but not root causes can potentially result in the accident reoccurring. For example: A warning to watch where you walk to an employee who fell down instead of fixing the loose carpet leaves the actual hazard uncorrected.

RESPONSIBILITIES

Assistant Superintendents/Directors:

- a. Ensure that supervisors are familiar with their responsibilities of this Appendix.
- b. Review any accident/incident reports that result in a injury requiring medical treatment.

Supervisors:

- a. Upon notification of an accident initiate the accident investigation process by ensuring the employee(s) involved complete the appropriate accident/incident report form.
- b. Request assistance from the OHS Analyst, as necessary, to conduct the investigation and complete the report form.

OHS Analyst:

- a. Establish tracking process to verify completion of the accident/incident investigations and to initiate follow-up as necessary on corrective actions.
- b. Assist supervisors conducting the investigations.
- c. Maintain records of the investigations and corrective actions.

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Appendix B (Accident Investigations) of Part 5 (Accident and Exposure Investigation) to the Merced County Office of Education Injury and Illness Prevention Program

PROCEDURES

1. When performing the investigation, remember to fact find not fault find. Try to be objective and supportive when interviewing the employee (s). Take the viewpoint that this is an opportunity for preventing recurrence by correcting the contributing causes.
2. Guidance for completing Part II, Supervisor's portion of the Employee Injury Report Form.

Working within his/her job description - Is the employee performing the duties specified in the job description or performing other duties ie; Utility worker performing maintenance tasks or an Instructional Aide as a driver.

What caused the accident - To prevent recurrence it is extremely important to find the root cause. Ask "why" questions and try to determine exactly why the incident happened. One "why" question generally will lead to another. A key point is not stopping at "I didn't use the safety glasses" but determining why he/she didn't. Not following procedures or common work practices in doing a task may not always be because the individual choose not to. Is the individual trained how? Is the individual directed to? Has the procedure been previously enforced?

The information you find out by asking "why" will assist in determining the proper corrective action. For example: Let's say an employee injures his/her back while moving something. Some "why" questions might be: Why weren't you using a dolly? Why were you lifting so much? Have you been trained? Why didn't you get help? Another example: One of your teachers' steps on a chair, which was on top of a table, to hang student art on the wall. Why weren't you using an approved ladder or step stool?

Describe immediate corrective action - This is going to be what is done right away to prevent further injury or recurrence. Cleaning up spills that caused somebody to slip and fall; training or remedial training to perform the task correctly; removing broken equipment; verbal or written reprimand or other disciplinary action in accordance with MCOE Policy 3031. Most immediate corrective action takes place within 24 hrs. Specify date action completed and by whom.

Describe long term corrective action - This might be adding a written policy or a change to a written procedure; purchasing of equipment; scheduling training for a later date; submitting a work order. Specify date action completed and by whom.



Report of Unsafe Condition

THIS INFORMATION IS OPTIONAL: *Employees may submit this form anonymously.*

Employee's Name: _____ Department: _____

Job Title: _____ Worksite: _____

Location of condition believed to be unsafe or hazardous: _____

Date and time unsafe condition or hazard observed: _____ / _____

Other persons or agencies notified: _____

Description of unsafe condition or hazard: _____

What changes would you recommend to correct the unsafe condition or hazard? _____

MCOE FINDINGS AND RESPONSE

Name and Title of person investigating report: _____

Results of investigation (What was found? Condition unsafe or hazardous? Attach additional sheets if necessary)

Action taken to correct unsafe condition or hazard, if appropriate, or information provided to employees as to why condition was not deemed unsafe or hazardous: _____

Signature of person completing report: _____ Date: _____