

# **ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT**



## **INJURY AND ILLNESS PREVENTION PLAN**

**Adopted March 7, 2007  
Updated July 1, 2018**

**ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT  
INJURY AND ILLNESS PREVENTION PROGRAM**

**TABLE OF CONTENTS**

<b>INTRODUCTION.....</b>	<b>1</b>
<b>1.0 INJURY AND ILLNESS PREVENTION PROGRAM .....</b>	<b>1</b>
<b>2.0 PROGRAM COORDINATOR.....</b>	<b>2</b>
<b>3.0 OCCUPATIONAL SAFETY &amp; HEALTH WORKS PRACTICES - COMPLIANCE .....</b>	<b>3</b>
3.1 TRAINING AND RETRAINING PROGRAMS.....	3
3.2 EMPLOYEE INCENTIVE PROGRAM.....	3
3.3 EMPLOYEE RECOGNITION PROGRAM.....	3
3.4 DISCIPLINARY ACTION.....	3
<b>4.0 COMMUNICATION.....</b>	<b>4</b>
4.1 TRAINING AND RETRAINING PROGRAMS.....	4
4.2 MEETINGS .....	4
4.3 DOCUMENTATION WILL BE KEPT OF EACH DISTRICT SAFETY MEETING .....	4
4.4 ANONYMOUS NOTIFICATIONS.....	5
4.5 NEW EMPLOYEES .....	5
4.6 MISCELLANEOUS.....	5
<b>5.0 IDENTIFICATION &amp; EVALUATION OF WORKPLACE HAZARDS.....</b>	<b>6</b>
5.1 MONTHLY.....	6
5.2 ANNUAL .....	6
5.3 WORKPLACE EVALUATION.....	6
5.4 CORRECTION OF UNSAFE OR UNHEALTHFUL CONDITIONS .....	6
<b>6.0 INVESTIGATION OF OCCUPATIONAL INJURY, ILLNESS OR EXPOSURE TO HAZARDOUS SUBSTANCES .....</b>	<b>8</b>
6.1 WHAT SHOULD BE REPORTED? .....	8
6.2 INITIAL INVESTIGATIONS .....	8
6.3 FOLLOW-UP INVESTIGATION .....	9
6.4 COPIES OF INVESTIGATIVE REPORTS .....	9
6.5 LEGALLY REQUIRED REPORTS.....	9
6.6 INCIDENT REPORTING .....	9
6.7 ACCIDENT REPORTING .....	9
6.8 SERIOUS INJURY OR DEATH.....	10
6.9 EMPLOYEE TRAINING.....	10
6.10 RECORD KEEPING.....	11
<b>7.0 INJURY AND ILLNESS PREVENTION (SAFETY) PROGRAM .....</b>	<b>13</b>
7.1 COORDINATOR RESPONSIBILITIES .....	13
<b>8.0 SITE MANAGERS .....</b>	<b>14</b>
<b>9.0 DEPARTMENT MANAGERS / SUPERVISORS.....</b>	<b>15</b>
<b>10.0 EMPLOYEE RESPONSIBILITIES .....</b>	<b>16</b>

**ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT  
INJURY AND ILLNESS PREVENTION PROGRAM**

**TABLE OF CONTENTS  
(CONTINUED)**

<b>11.0</b>	<b>WORKPLACE VIOLENCE IN CALIFORNIA.....</b>	<b>17</b>
<b>12.0</b>	<b>INJURY AND ILLNESS PREVENTION PROGRAM FOR WORKPLACE SECURITY .</b>	<b>19</b>
12.1	RESPONSIBILITY .....	19
12.2	COMPLIANCE .....	19
12.3	COMMUNICATION.....	20
12.4	HAZARD ASSESSMENT .....	20
<b>13.0</b>	<b>INCIDENT INVESTIGATIONS.....</b>	<b>23</b>
13.1	HAZARD CORRECTION .....	23
13.2	TRAINING AND INSTRUCTION .....	24
<b>14.0</b>	<b>CAL / OSHA CONSULTATION - AREA OFFICES.....</b>	<b>25</b>
<b>15.0</b>	<b>ERGONOMICS INJURY AND ILLNESS PREVENTION PLAN.....</b>	<b>27</b>

---

---

## INTRODUCTION

---

The Alum Rock Union Elementary School District ['ARUSD'] has developed this formal Injury and Illness Prevention Program to ensure safe and healthful working conditions for all District employees. The Injury and Illness Prevention Program ['IIPP'] is intended to standardize various occupational safety plans and procedures into one effective, uniform program and to ensure compliance with State occupational health and safety regulations.

The IIPP identifies District responsibilities and also defines responsibilities of the District Program Coordinators, site managers, supervisors and all other employees.

All District employees are required to adhere to the policies and procedures set forth under this program.

Periodic modifications of the IIPP may be made to improve it. All administrators, managers and employees are encouraged to provide constructive criticism in support of this.

---

## **1.0 INJURY AND ILLNESS PREVENTION PROGRAM**

---

The Alum Rock Union Elementary School District is committed to providing a safe and healthful workplace for all of its employees. To fulfill its obligation, the District will incorporate an Injury and Illness Prevention Program. The District, its' Trustees and its' management pledges to support this program to ensure that it remains a viable method of protecting all employees.

The District policy promotes an active and aggressive IIPP with the reduction and/or control of safety and health risks. Effective implementation of the IIPP is a priority in all District plans and budgets.

---

---

## 2.0 PROGRAM COORDINATOR

---

The District hereby assigns responsibility for implementing and maintaining its Injury and Illness Prevention Program to:

Carlos Moran  
Director, Human Resources

Daniel Flores  
Director, Maintenance, Operations, Transportation

Ed Villarreal Jr.  
Manager of Operations/Security

The Program Coordinators are responsible for ensuring that the District provides all employees with a safe and healthful workplace and that the District is in compliance with California Code of Regulations, Title 8, Section 3203, Injury and Illness Prevention Plan [See: <http://www.dir.ca.gov/title8/3203.html>] and other applicable Federal, State, and local safety and health standards.

In order that the Program Coordinators may fulfill their responsibilities, the District grants appropriate authority to the Coordinators so that all District and program obligations are met.

The District offers its full support to the Program Coordinators and pledges to provide them with the time and resources necessary to fulfill their responsibility.

---

### **3.0 OCCUPATIONAL SAFETY & HEALTH WORKS PRACTICES - COMPLIANCE**

---

The District is aware that 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 Program Coordinators will implement a system or systems to ensure that all employees comply with workplace safety and health practices.

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

#### **3.1 TRAINING AND RETRAINING PROGRAMS**

These are fully addressed on pages 10 and 11.

#### **3.2 EMPLOYEE INCENTIVE PROGRAM**

An incentive program has been developed at the department head or manager level and has been approved by the program coordinators and incorporated as part of this program.

#### **3.3 EMPLOYEE RECOGNITION PROGRAM**

A recognition program has been developed that rewards employees. The program coordinators will determine the number of employees to be recognized and/or rewarded, the type of reward and the frequency of such actions.

#### **3.4 DISCIPLINARY ACTION**

The District prefers positive incentives as a better way to support employee compliance with workplace practices. However, there may be instances where employees are found to blatantly disregard known safety rules, regulations or workplace practices.

Employees found violating workplace safety practices or jeopardizing the safety of any other employee, student or visitor will be subject to disciplinary action in accordance with existing District and union policies. Any action taken will not violate employee rights under CAL/OSHA regulations and will be enforced in a nondiscriminatory fashion.

Disciplinary action will follow normal Alum Rock Union Elementary School District Human Resources department action.

---

## **4.0 COMMUNICATION**

---

Communication to employees and between employees and the District on matters relating to occupational safety and health is an important aspect of assuring the success of the District's Injury and Illness Prevention Program. Therefore, through the Program Coordinators, the District will implement a system or combination of systems intended to accomplish the following:

- ✓ Provide a means for the District to readily communicate to employees, in an understandable form, on matters relating to occupational safety and health; and,
- ✓ Provide encouragement for employees to inform the District of workplace hazards without fear of reprisal.

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

- ✓ Newsletters
- ✓ Employee Handbook
- ✓ District Board Policies and Procedures
- ✓ Intranet
- ✓ Annual and monthly trainings

### **4.1 TRAINING AND REFRESHER PROGRAMS**

Training programs are considered a key component of the communication system. These programs are fully addressed on pages 10 and 11.

### **4.2 MEETINGS**

Meetings will be a part of the District's safety functions. The site 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. Materials are provided for management to use at site staff meetings. The safety committee is responsible for ensuring that 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.

### **4.3 DOCUMENTATION WILL BE KEPT OF EACH DISTRICT SAFETY MEETING**

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

---

#### **4.4 ANONYMOUS NOTIFICATIONS**

To further encourage employees to report unsafe conditions, the District has a system which promotes anonymous notifications. The anonymous Employee Safety Information form is on-line in the ARUSD Safety and Risk Management folder. Forms are also in the Risk Management Reference Guide at each site.

#### **4.5 NEW EMPLOYEES**

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

#### **4.6 MISCELLANEOUS**

When appropriate, the District may use written communications such as interdistrict 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.

---

## **5.0 IDENTIFICATION & EVALUATION OF WORKPLACE HAZARDS**

---

- ✓ A major component in the effectiveness of the Injury and Illness Prevention Program depends on the ability to properly identify and evaluate workplace hazards.
- ✓ Employee communication with the District is the most important way to identify and evaluate workplace hazards and exposures. In addition, a formal system to identify and evaluate workplace hazards is planned. Periodic scheduled inspections will be completed. The purpose of these inspections will be to identify unsafe conditions and work practices.
- ✓ Workplace inspections will be scheduled to meet the following minimum requirements:
  - ✓ An initial inspection was conducted when the program was established.
  - ✓ An inspection of affected areas whenever new substances, processes, procedures or equipment are introduced to the workplace or that represent a new occupational safety and/or health hazard; and
  - ✓ An inspection of affected areas whenever the District is made aware of a new or previously unrecognized hazard.
- ✓ To meet the minimum workplace inspection requirements, periodic inspections will be scheduled as follows:

### **5.1 MONTHLY**

Periodic workplace inspections are an important part of the overall inspection program. District personnel may have time and expertise limitations in regard to quarterly inspections; however, the District site personnel bring a unique perspective to their workplace hazards. Therefore, monthly inspections of the workplace will be conducted by District site personnel, if time permits.

### **5.2 ANNUALLY**

The District will conduct annual walk-around inspections of the buildings and grounds.

### **5.3 WORKPLACE EVALUATION**

Job Safety Analysis or ergonomic studies may be used to supplement the scheduled periodic workplace inspections. The Program Coordinators shall be responsible for reviewing and analyzing accident reports and “loss runs” to identify trends, high frequency and high severity exposures. The analysis, with supporting data from safety/risk management experts, shall be used to determine when job safety analysis or studies would be appropriate to aid in identifying and evaluating workplace hazards.

Inspection forms are located on the ARUSD intranet [[www.arusd.org](http://www.arusd.org)]. Forms are in the Human Resources/Risk Management folder.

### **5.4 CORRECTION OF UNSAFE OR UNHEALTHFUL CONDITIONS**

The District’s Injury and Illness Prevention Program, through the use of systems of communication and workplace inspections, is designed to identify unsafe or unhealthful

---

conditions, procedures and work practices. Each identified unsafe or unhealthful condition, procedure or work practice will be addressed in a timely manner.

The Program Coordinators along with experts including site managers, district office management, employee contractor and an outside safety expert shall determine the appropriate corrective action to abate, eliminate or correct the identified condition.

Priorities for correction will be based on the severity of the hazard when observed or discovered. Priorities will always be given to safeguarding employees from serious injury or illness. If a hazard is discovered which poses an imminent danger to employees or building occupants and the hazard cannot be immediately abated, mitigated or corrected without endangering personnel and/or property, then all exposed personnel will be evacuated from the area. Employees remaining to correct the identified hazardous conditions may do so only if they are properly trained and safeguarded and are fully aware of the condition and precautions necessary to protect themselves.

Management and employees must notify the Program Coordinators as soon as possible after the discovery of a concealed danger. If immediate corrective action cannot be implemented to abate, mitigate or correct the concealed danger, then notification about the hazard must be given to all employees having the potential for exposure to the concealed hazard.

All work orders generated to correct unsafe or unhealthful conditions shall be given the highest priority.

Advise mandatory use of a general safety inspection checklist. A copy of this checklist is located in the Appendix of the Injury and Illness Prevention plan.

Where department-specific checklists exist or are developed their use should be supported in the written text in this section of the IIPP.

---

## **6.0 INVESTIGATION OF OCCUPATIONAL INJURY, ILLNESS OR EXPOSURE TO HAZARDOUS SUBSTANCES**

---

Investigation of occupational injury, illness or exposure to hazardous substances may be necessary to:

- ✓ provide an effective technique for the prevention of recurring or future accidents
- ✓ meet requirements of the Workers' Compensation Program
- ✓ meet legal obligations to the State or comply with California Occupational Safety and Health regulations
- ✓ Procedures for investigations of occupational injury, illness or exposure to hazardous substances will cover the following:
  - ✓ what should be reported
  - ✓ who does the initial investigation
  - ✓ who does the follow-up investigation
  - ✓ who receives copies of the report(s)
  - ✓ when legally required reports must be completed

The procedures will be applied as necessary depending on the nature of the accident situation.

### **6.1 WHAT SHOULD BE REPORTED**

Employees are required to report to their immediate supervisor any accident or incident as soon as possible. Reporting should be done regardless of the extent of injuries or even in the absence of injuries. "Near-accidents" should also be reported as they are an indication that something is wrong.

### **6.2 INITIAL INVESTIGATIONS**

The immediate or department supervisor or department head will be responsible for conducting the initial accident or incident investigation. The initial investigation must include written documentation that includes, at a minimum, the following information:

- ✓ Name of the injured or involved employee(s)
- ✓ Employee age and gender
- ✓ Employee occupation
- ✓ Length of time at occupation
- ✓ Date and time of incident or accident
- ✓ Location of the incident or accident
- ✓ Description of the accident
- ✓ Acts or conditions contributing to the accident or incident
- ✓ Nature and description of any personal injuries
- ✓ Recommended corrective action
- ✓ Additional remarks, sketches or photos as appropriate
- ✓ Advise including a copy of the general accident investigation form used by the school district in the Appendix of the IIPP.

---

### **6.3 FOLLOW-UP INVESTIGATION**

The Program Coordinators shall review all initial investigation reports. The Program Coordinators will assign the responsibility of follow-up investigations when the review suggests that one is appropriate. At the very least, follow-up investigations will be required for accidents which require reporting to CAL/OSHA.

There are a number of accident situations which may require investigative action. Each situation may call for varying degrees of investigation procedures. Following are the most probable accident scenarios with the appropriate District procedures to implement.

### **6.4 COPIES OF INVESTIGATIVE REPORTS**

The supervisor completing the report shall keep a copy in his or her department files. The supervisor completing the report shall also provide copies of the report to the following:

- ✓ Appropriate department manager or chairperson
- ✓ Program coordinators

### **6.5 LEGALLY REQUIRED REPORTS**

A serious injury or illness is one that 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 dismemberment or a serious degree of permanent disfigurement.

For any occupational injury or illness which results in lost work time of at least a full day or shift beyond the date of occurrence, or which requires medical treatment beyond first aid, the supervisor will complete "Employer's Report of Occupational Injury or Illness" Form 5020.

### **6.6 INCIDENT REPORTING**

Even when there are no injuries and no report is required to CAL/OSHA, if an accident with the potential for injuries has occurred an accident investigation report should be completed and submitted to the IIPP Coordinators.

### **6.7 ACCIDENT REPORTING**

When the accident results in injuries which require medical attention beyond first aid or result in the employee(s) missing at least a full day of work beyond the date of occurrence; this is considered a recordable injury and the following action is required:

- ✓ The incident is reported to the supervisor
- ✓ Completion of "Employer's Report of Occupational Injury or Illness" form 5020, and submission of the completed report to the Division of Labor Statistics and Research within 5 days of the occurrence.
- ✓ The supervisor shall conduct an initial investigation and distribute reports according to procedure.
- ✓ The injured employee shall be provided with a copy of "Employee's Claim for Workers' Compensation Benefits" within 24 hours of notification.

---

## 6.8 SERIOUS INJURY OR DEATH

The following action is required:

- ✓ The incident is reported to the supervisor.
- ✓ CAL/OSHA must be notified immediately or within 8 hours by telephone. 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.
- ✓ The supervisor shall conduct an initial investigation and distribute reports according to procedure.

## 6.9 EMPLOYEE TRAINING

The District will implement and maintain an Occupational Safety and Health Training Program for all employees. The training program is intended to train and instruct employees in general safety and health work practices and to provide instruction with regards to hazards specific or unique to each employee’s job.

The Program Coordinators shall ensure that all supervisors are knowledgeable of the safety and health hazards to which employees under their immediate direction and control may be exposed.

To ensure that all employees receive effective safety training, the training program will include the following elements:

- ✓ All employees will receive training and instruction as required by local, state and federal laws.
- ✓ All employees given new job assignments will receive training applicable to new exposures for which training had not been previously provided.
- ✓ All employees exposed to new hazards due to the introduction of new substances, processes, procedures or equipment to the workplace will receive training and instruction applicable to the new hazards.
- ✓ Employees will receive refresher training whenever the District Program Coordinators, a District manager or supervisor is made aware of new or previously unrecognized hazards and/or when the District feels it is appropriate.

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
- ✓ Booklets
- ✓ Video, film or other visual media
- ✓ Meetings
- ✓ Newsletters and interdistrict memos

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

---

To ensure that employees receive complete training and instruction, general safety and health training will include but not necessarily be limited to the following:

- ✓ General safe work practices
- ✓ Respiratory Protection
- ✓ Emergency Action Plan
- ✓ Fire Prevention Plan
- ✓ Portable fire extinguishers
- ✓ Employee/Building Occupant alarm system

Examples of information and training which may cover hazards unique or specific to individual jobs may include but not be limited to the following:

- ✓ Standard operating procedures for specific equipment or jobs
- ✓ Personal safety devices and safeguards
- ✓ Industrial trucks including forklifts
- ✓ Power operated presses
- ✓ Gas systems for welding and cutting
- ✓ Noise-when noise levels are at or exceed 85dBA over an 8 hr. TWA (Time Weighted Average)
- ✓ Respiratory protective equipment
- ✓ Airborne contaminants
- ✓ Confined spaces
- ✓ Changing and charging storage batteries
- ✓ Occupational exposure to hazardous chemicals
- ✓ Hazard Communication
- ✓ Asbestos
- ✓ Regulated Carcinogens
- ✓ Lead exposures
- ✓ Lockout/tagout procedures
- ✓ Excavation and trenching
- ✓ Self-propelled aerial work platforms or devices
- ✓ Emergency Planning - Hazardous Waste Operations & Emergency Response
- ✓ Bloodborne Pathogens
- ✓ First Aid and Emergency response

## **6.10 RECORD KEEPING**

Record keeping of essential data is important as it documents critical activity taking place as part of the Injury and Illness Prevention Program. Record keeping will be mandatory for the following:

- ✓ Workplace Inspections
- ✓ Employee Occupational Safety & Health Training
- ✓ Occupational Injuries and Illness

The Program Coordinator will be responsible for ensuring that all relevant records are completed and kept as required by this program and/or CAL/OSHA. The record keeping activities may require the involvement of other departments, especially Risk Management.

Workplace inspection records shall be kept for all scheduled, periodic inspections. These records will include at minimum:

- ✓ Date of inspection
- ✓ Work areas inspected
- ✓ Name of person(s) conducting the inspection
- ✓ The unsafe conditions and work practices which have been identified
- ✓ Action taken to correct the identified unsafe condition

Records of all recordable occupational injuries and illnesses for a site shall be maintained at the District Office. Recordable losses are losses that result in lost work time of at least a full day or shift beyond the date of occurrence, or which require medical treatment beyond first aid. The records or log will meet the following requirements:

- ✓ Each recordable loss will be entered as soon as possible, but in no case later than six (6) working days later than discovery that a recordable loss has occurred.
- ✓ Records will be kept on a calendar year basis
- ✓ OSHA logs will be submitted to Risk Management at the end of each calendar year. A copy will be kept on site.
- ✓ Supplementary records may be kept with any of the following at the discretion of the Program Coordinators:
- ✓ California Division of Labor Statistics and Research form
- ✓ An Employers Report of Occupational Injury or Illness form 5020

### **BE ADVISED**

ANY INDUSTRIAL ACCIDENT/INJURY DOCTOR AND/OR PHYSICAL THERAPY APPOINTMENTS AN EMPLOYEE MAY HAVE WILL NEED TO BE ON THEIR OWN TIME. THESE APPOINTMENTS ARE NOT COMPENSABLE UNDER WORKERS' COMPENSATION. THE EMPLOYEES MAY MAKE APPOINTMENTS BEFORE OR AFTER WORK OR IF PREFERRED THEY CAN USE SICK LEAVE TIME TO COVER THE TIME AWAY FROM THE REGULAR WORK SCHEDULE TO TEND TO THESE APPOINTMENTS. PLEASE CONTACT JACALYN STROMQUIST AT EXT. 6504 IF SPECIAL ARRANGEMENTS NEED TO BE MADE DUE TO DOCTOR'S AVAILABILITY.

---

## **7.0 INJURY AND ILLNESS PREVENTION (SAFETY) PROGRAM**

---

### **7.1 COORDINATOR RESPONSIBILITIES**

The District's Injury and Illness Prevention Program coordinator is responsible for implementing and maintaining all aspects of the District's Injury and Illness Prevention Program including:

- ✓ Coordinate all risk control activities
- ✓ Act as liaison between management and outside safety agencies
- ✓ Establish minimum safety standards, rules and regulations, and ensure that employees are aware of these regulations
- ✓ Ensure that safe practices and conditions are established
- ✓ Review all supervisors' reports of accidents, and see that recommendations are acted upon. Use the reports for analysis of accident trend. Follow up concerning recommendations that result from accident investigations critical.
- ✓ Work with District management to establish training programs for all employees and supervisors
- ✓ Ensure that all employees comply with all identified safety and health work practices
- ✓ Establish and preside over a safety committee comprised of department managers, and key employees. The Safety Committee also has a part in meeting the IIPP safety communication burden.
- ✓ Verify and post emergency phone numbers for police, fire and medical
- ✓ Maintain bulletin boards in clearly visible areas with required safety information such as accident reporting and how to get medical help
- ✓ Determine when first-aid training is necessary and coordinate such training
- ✓ Follow-up on the completion of safety recommendations of the safety committee, District personnel or other safety consultants
- ✓ Follow all Cal-OSHA record keeping and accident reporting requirements

---

## 8.0 SITE MANAGERS

---

Principals, Department Managers and Supervisors in charge of District sites/areas are considered an integral part of the successful Injury and Illness Prevention Program. Each site manager assumes the responsibility for staff, student and visitor safety and welfare at his or her site.

The site manager safety and health responsibilities include:

- ✓ Coordinating all required Injury and Illness Prevention Policies and procedures with the District program coordinators
- ✓ Ensuring that appropriate records are maintained and posted at the site
- ✓ Ensuring that designated personnel complete assigned monthly inspections
- ✓ Ensuring that all employees attend District scheduled training sessions
- ✓ Ensuring that the appropriate supervisor completes the initial report following an accident at the site
- ✓ Ensuring that staff meetings address safety issues, concerns and training

---

## 9.0 DEPARTMENT MANAGERS / SUPERVISORS

---

Principals, Department Managers and Supervisors are considered the key links between the Program Coordinators and District employees. The duties and actions of these leaders are critical in assuring that the overall Injury and Illness Prevention Program works. Each Principal, Department Manager and Supervisor is responsible for employee health and safety in his or her department or section and thereby has the authority to enforce appropriate parts of the Injury and Illness Prevention Program.

The Principals', Department Managers' and Supervisors' duties and responsibilities include:

- ✓ Instruction of employees in general safe work practices and on hazards unique to specific job assignments
- ✓ Supervision of employees to ensure that safety policies, rules and regulations are not violated
- ✓ Supervision to ensure that employees use appropriate personal protective and safety equipment when required and that such use is in accordance with operating instructions
- ✓ Ensure that unsafe acts or conditions are brought to the attention of the program coordinators, or the authorized person in charge of facilities
- ✓ Attend specialized training programs for supervisors and key employees when offered by the District
- ✓ Complete the "Supervisor's Report of Accident" when appropriate
- ✓ Follow-up accident investigations by providing department employees with a synopsis of the accident and what precautions are necessary to prevent a reoccurrence
- ✓ Conduct periodic inspections of the workplace when directed by the program coordinator and complete the appropriate inspection check-off forms
- ✓ Attend monthly safety meetings. Supervisor will conduct trainings with staff.

---

## 10.0 EMPLOYEE RESPONSIBILITIES

---

The District is taking action to ensure a safe and healthful work place. To assure that the District's program works, each employee should act in a manner which protects his or her health and welfare as well as that of coworkers, other District employees, students, visitors and the general public (when job duties extend beyond a District site.)

Each District employee's safety responsibilities include:

- ✓ Attending or participating in District provided training and information programs.
- ✓ Following all District safety rules and regulations and applying safe work practices to all jobs.
- ✓ Reporting safety hazards to his or her supervisor.
- ✓ Providing recommendations on how to eliminate or reduce a discovered safety hazard.
- ✓ Each employee has personal responsibility for the cleanliness and safety of the employee's entire work area. All work shall be performed in a safe manner, including wearing appropriate safety attire. Should an employee identify a work condition which appears to be unsafe, he/she shall attempt to restore safety if it is within his/her capabilities. Then, the employee shall immediately notify his/her supervisor. The condition shall be investigated by qualified personnel and the condition corrected.
- ✓ Use all District forms of communication to stay informed of all local, state and federal laws and regulations.

---

## 11.0 WORKPLACE VIOLENCE IN CALIFORNIA

---

The circumstances associated with workplace violence in California can be divided into three major types. TYPE I - fatal workplace assaults involving a person entering a small late-night retail establishment; TYPE II - workplace violence events involving an assault or threat by someone who is either the recipient of or the object of a service provided by the affected workplace or the victim; and TYPE III - workplace violence event consists of an assault by an individual who has some employment-related involvement with the workplace. It is important to keep in mind that a particular occupation or workplace may be subject to more than one type.

Type I - Fatal workplace assaults involving a person entering a small late-night retail business. In California, the majority of fatal workplace assaults involve a person entering a small late-night retail establishment, e.g., liquor store, gas station or a convenience food store, to commit a robbery. During the commission of the robbery, a worker, or more likely, the proprietor, is killed or injured.

Workers or proprietors who have face-to-face contact and exchange money with the public, who work late at night and into the early morning hours, and who often work alone or in very small numbers are at greatest risk of a Type I event. While the assailant may feign being a customer as a pretext to enter the establishment, he or she has no legitimate relationship to the workplace.

Type II - A Type II workplace violence event involves an assault or threat by someone who is either the recipient or the object of a service provided by the affected workplace or the victim.

Type II events involve fatal or nonfatal injuries to individuals who provide services to the public. These events chiefly involve assaults on public safety and correctional personnel, municipal bus or railway drivers, health care and social service providers, teachers, sales personnel, and other public or private service sector workers who provide professional, public safety, administrative or business services to the public.

Of increasing concern are Type II events involving assaults to the following types of service providers:

- ✓ Medical care providers in acute care hospitals, long-term care facilities, outpatient clinics and home health agencies;
- ✓ Mental health and psychiatric care providers in inpatient facilities, outpatient clinics, residential sites and home health agencies;
- ✓ Alcohol and drug treatment providers;
- ✓ Social welfare providers in unemployment offices, welfare eligibility offices, homeless shelters, probation offices and child welfare agencies;
- ✓ Teaching, administrative and support staff in schools where students have a history of violent behavior; and
- ✓ Other types of service providers, e.g., justice system personnel, customer service representatives and delivery personnel.

---

Unlike Type I events which often represent irregular occurrences in the life of any particular at-risk establishment, Type II events occur on a daily basis in many service establishments, and therefore represent a more pervasive risk for many service providers.

Type III - A Type III workplace violence event consists of an assault by an individual who has some employment-related involvement with the workplace. A Type III event usually involves a threat of violence, or a physical act of violence resulting in a fatal or nonfatal injury, by a current or former worker, supervisor or manager; a current or former spouse or lover; a relative or friend; or some other person who has a dispute involving a worker of the workplace.

Available data indicates that a Type III event is not associated with a specific type of workplace or occupation. Any workplace can be at risk of a Type III event. However, Type III events account for a much smaller proportion of fatal workplace injuries than Types I and II. Nevertheless, Type III fatalities often attract significant media attention and are perceived as more common than they actually are.

---

## **12.0 INJURY AND ILLNESS PREVENTION PROGRAM FOR WORKPLACE SECURITY**

---

Alum Rock Union Elementary School District's Injury and Illness Prevention (IIP) Program for Workplace Security addresses the hazards known to be associated with the three major types of workplace violence. Type I workplace violence involves a violent act by an assailant with no legitimate relationship to the workplace who enters the workplace to commit a robbery or other criminal act.

### **12.1 RESPONSIBILITY**

We have decided to assign responsibility for security in our workplace. The IIP Program administrator for workplace security is Ed Villarreal, Manager Operations and Security and has the authority and responsibility for implementing the provisions of this program for Alum Rock Union Elementary School District.

All administrators are responsible for implementing and maintaining this IIP Program in their work areas and for answering worker questions about the IIP Program. A copy of this IIP Program is available in the Injury and Illness Prevention binder in the main office and is available on the intranet in the Safety and Risk Management folder.

All initial reports regarding a workplace violence concern will be reported immediately to Carlos Moran and Jacalyn Stromquist who will notify the Superintendent.

### **12.2 COMPLIANCE**

We have established the following policy to ensure compliance with our rules on workplace security.

Management of our establishment is committed to ensuring that all safety and health policies and procedures involving workplace security are clearly communicated and understood by all workers.

All workers are responsible for using safe work practices, for following all directives, policies and procedures, and for assisting in maintaining a safe and secure work environment. Our system of ensuring that all workers, including supervisors and administrators, comply with work practices that are designed to make the workplace more secure, and do not engage in threats or physical actions which create a security hazard for others in the workplace, include:

- ✓ Informing workers, supervisors and administrators of the provisions of our IIP Program for Workplace Security.
- ✓ Evaluating the performance of all workers in complying with our establishment's workplace security measures.
- ✓ Recognizing workers who perform work practices which promote security in the workplace.
- ✓ Providing training and/or counseling to workers whose performance is deficient in complying with work practices designed to ensure workplace security.
- ✓ Disciplining workers for failure to comply with workplace security practices.

---

### 12.3 COMMUNICATION

At Alum Rock Union Elementary School District, we recognize that to maintain a safe, healthy and secure workplace we must have open, two-way communication between all workers, including administrators and supervisors, on all workplace safety, health and security issues. Our establishment has a communication system designed to encourage a continuous flow of safety, health and security information between management and our workers without fear of reprisal and in a form that is readily understandable. Our communication system consists of the following items:

- ✓ Periodic review of our IIP Program for Workplace Security with all personnel.
- ✓ Training programs designed to address specific aspects of workplace security unique to our establishment.
- ✓ Regularly scheduled safety meetings with all District personnel that include workplace security discussions.
- ✓ A system to ensure that all workers, including managers and supervisors, understand the workplace security policies.
- ✓ Posted or distributed workplace security information.
- ✓ A system for workers to inform management about workplace security hazards or threats of violence.
- ✓ Procedures for protecting workers who report threats from retaliation by the person making the threats.
- ✓ Addressing security issues at our workplace security team meetings.

### 12.4 HAZARD ASSESSMENT

District personnel will be performing workplace hazard assessment for workplace security in the form of periodic inspections. Periodic inspections to identify and evaluate workplace security hazards and threats of workplace violence are performed by the following observer(s) in the following areas of our workplace:

Carlos Moran	Director, Human Resources
Daniel Flores	Director, Maintenance, Operations, Transportation
Ed Villarreal	Manager of Operations/Security

---

Periodic inspections are performed according to the following schedule:

- ✓ When the IIP Program for Workplace Security was initiated
- ✓ When new, previously unidentified security hazards are recognized
- ✓ When occupational injuries or threats of injury occur
- ✓ Whenever workplace security conditions warrant an inspection
- ✓ Monitor inspection daily

Periodic inspections for security hazards consist of identification and evaluation of workplace security hazards. Inspections for each type of workplace violence are made using the methods specified below to identify and evaluate workplace security hazards.

Inspections for Type I workplace security hazards include:

- ✓ Assessing the exterior and interior of the workplace for its attractiveness to robbers.
- ✓ Assessing the need for security surveillance measures, such as mirrors or cameras.
- ✓ Posting of signs notifying the public that limited cash is kept on the premises.
- ✓ Assessing procedures for worker response during a robbery or other criminal act.
- ✓ Assessing procedures for reporting suspicious persons or activities.
- ✓ Posting of emergency telephone numbers for law enforcement, fire and medical services where workers have access to a telephone with an outside line.
- ✓ Limiting the amount of cash on hand and using time access safes for large bills.

Inspections for Type II workplace security hazards include assessing:

- ✓ Access to, and freedom of movement within, the workplace.
- ✓ Adequacy of workplace security systems, such as door locks, security windows, security alarm system, physical barriers and restraint systems.
- ✓ Frequency and severity of threatening or hostile situations that may lead to violent acts by persons who are service recipients of our establishment.
- ✓ Workers' skill in safely handling threatening or hostile service recipients.
- ✓ Effectiveness of systems and procedures to warn others of a security danger or to summon assistance, e.g., alarms or panic buttons.
- ✓ The availability of worker escape routes.

Inspections for Type III workplace security hazards include assessing:

- ✓ How well Alum Rock Union Elementary School District's anti-violence policy has been communicated to workers, supervisors or managers.
- ✓ How well Alum Rock Union Elementary School District's management and workers communicate with each other.
- ✓ Our workers', supervisors' and managers' knowledge of the warning signs of potential workplace violence.
- ✓ Access to, and freedom of movement within, the workplace by non-workers, including recently discharged workers or persons with whom one of our worker's is having a dispute.
- ✓ Frequency and severity of worker reports of threats of physical or verbal abuse by managers, supervisors or other workers.

- 
- ✓ Any prior violent acts, threats of physical violence, verbal abuse, property damage or other signs of strain or pressure in the workplace.
  - ✓ Worker disciplinary and discharge procedures.

---

## 13.0 INCIDENT INVESTIGATIONS

---

Alum Rock Union Elementary School District has established the following policy for investigating incidents of workplace violence. Our procedures for investigating incidents of workplace violence, which includes threats and physical injury, include:

- ✓ Reviewing all previous incidents.
- ✓ Reporting the incident to the San Jose Police Department.
- ✓ Reporting the incident as a Major Incident Report.
- ✓ Visiting the scene of an incident as soon as possible.
- ✓ Interviewing threatened or injured workers and witnesses.
- ✓ Examining the workplace for security risk factors associated with the incident, including any previous reports of inappropriate behavior by the perpetrator.
- ✓ Determining the cause of the incident.
- ✓ Taking corrective action to prevent the incident from recurring.
- ✓ Recording the findings and corrective actions taken.

### 13.1 HAZARD CORRECTION

Hazards which threaten the security of workers shall be corrected in a timely manner based on severity when they are first observed or discovered.

- ✓ Corrective measures for Type II workplace security hazards include:
  - ✓ Controlling access to the workplace and freedom of movement within it, consistent with business necessity.
  - ✓ Ensuring the adequacy of workplace security systems, such as door locks, security windows, physical barriers and restraint systems.
  - ✓ Providing worker training in recognizing and handling threatening or hostile situations that may lead to violent acts by persons who are service recipients of our establishment.
  - ✓ Ensuring adequate worker escape routes.

Corrective measures for Type III workplace security hazards include:

- ✓ Effectively communicating our District's anti-violence policy to all employees, supervisors or managers.
- ✓ Improving communication between our District's management and employees.
- ✓ Increasing employees', supervisors' and managers' awareness of the warning signs of potential workplace violence.
- ✓ Controlling access to, and freedom of movement within, the workplace by non-workers, including recently discharged workers or persons with whom one of our worker's is having a dispute.
- ✓ Ensure that all reports of violent acts, threats of physical violence, verbal abuse, property damage or other signs of strain or pressure in the workplace are handled effectively by management and that the person making the report is not subject to retaliation by the person making the threat.
- ✓ Ensure that worker disciplinary and discharge procedures address the potential for workplace violence.

- ✓ Ensure that worker's placed on administrative leave turn in their keys and other Alum Rock Union Elementary School District property at time of action taken.
- ✓ Ensure that workers' on extended leave turn in their keys and other Alum Rock Union Elementary School District property at time of leave.

## 13.2 TRAINING AND INSTRUCTION

Alum Rock Union Elementary School District has established the following policy on training all workers with respect to workplace security.

All workers, including administrators and supervisors, shall have training and instruction on general and job-specific workplace security practices. Training and instruction shall be provided when the IIP Program for Workplace Security is first established and periodically thereafter. Training shall also be provided to all new workers and to other workers for whom training has not previously been provided and to all workers, supervisors and administrators given new job assignments for which specific workplace security training for that job assignment has not previously been provided. Additional training and instruction will be provided to all personnel whenever the employer is made aware of new or previously unrecognized security hazards.

General workplace security training and instruction includes, but is not limited to, the following:

- ✓ Explanation of the IIP Program for Workplace Security including measures for reporting any violent acts or threats of violence.
- ✓ Recognition of workplace security hazards including the risk factors associated with the three types of workplace violence.
- ✓ Measures to prevent workplace violence, including procedures for reporting workplace security hazards or threats to managers and supervisors.
- ✓ Measures to summon others for assistance.
- ✓ Worker routes of escape.
- ✓ Notification of law enforcement authorities when a criminal act may have occurred.
- ✓ Emergency medical care in the event of any violent act upon a worker.

Alum Rock Union Elementary School District has chosen the following items for Type II training and instruction for managers, supervisors and employees:

- ✓ Dealing with angry, hostile or threatening individuals.
- ✓ Location, operation, care, and maintenance of alarm systems and other protective devices.
- ✓ Communication procedures.
- ✓ Awareness of indicators that lead to violent acts by service recipients.

Alum Rock Union Elementary School District has chosen the following items for Type III training and instruction for administrators, supervisors and employees:

- ✓ Pre-employment screening practices.
- ✓ Awareness of situational indicators that lead to violent acts.
- ✓ Managing with respect and consideration for employee well-being.
- ✓ Review of anti-violence policy and procedures.

---

## 14.0 CAL / OSHA CONSULTATION - AREA OFFICES

---

San Francisco Bay Area  
1515 Clay Street, Suite 1103  
Oakland, CA 94612  
Telephone: (510) 622-2891

Northern California  
2424 Arden Way, Suite 410  
Sacramento, CA 95825  
Telephone: (916) 263-0704

Central Valley  
2550 Mariposa Mall, Room 2005  
Fresno, CA 93721  
Telephone: (559) 445-6800

San Fernando Valley  
6150 Van Nuys Boulevard, Suite 307  
Van Nuys, CA 91401  
Telephone: (818) 901-5754

Los Angeles, Orange  
1 Centerpoint Drive, Suite 150  
La Palma, CA 90623  
Telephone: (714) 562-5525

San Bernardino  
464 W. 4<sup>th</sup> Street, Suite 339  
San Bernardino, CA 92401  
Telephone: (909) 383-4567

San Diego  
7575 Metropolitan Drive, Suite 204  
San Diego, CA 92108  
Telephone: (619) 767-2060

Injury and Illness Report forms are available on intranet found in the Human Resources/Risk Management folder on [www.arusd.org](http://www.arusd.org).



## **ERGONOMICS INJURY AND ILLNESS PREVENTION PLAN**

*Aon Risk Services, Inc. of Northern California  
199 Fremont Street, Suite 1400  
San Francisco, CA 94105  
License Number 0363334*

## **Contents**

Section I – Introduction

Section II – Program Scope & Administration

Section III – Work Site Evaluation & Hazard Assessment

Section IV – Control of Work-Related RMI Exposures

Section V – Employee Training

Section VI – Forms and Materials

- Workstation Audit Checklist
- Exercise Handout
- Computer Workstation Setup Handout
- Copy of the Cal-OSHA Ergonomics Standard – Section 5110

## Introduction

Alum Rock has written and developed this program to comply with the provisions of Section 5110 of Title Eight of the California Code of Regulations and to address the problem of repetitive motion injuries that result from work-related activity.

The “Ergonomics Injury & Illness Prevention Program” outlines the policies and procedures that are both necessary and required to control RMI’s and comply with the various provisions of the ergonomics safety regulations. Although a copy of the current California standard is contained in this manual, significant changes should be anticipated over the coming months and possibly years. The Federal OSHA has issued a proposed ergonomics standard that could impact California in the near future.

Alum Rock will continue to stay informed of the changes in ergonomic rules and regulations, and we will make changes to our program as regulations evolve. In the meantime, the following procedures will define our approach to workplace ergonomics until those changes are approved and adopted.

## Program Scope & Administration

### *Standard*

Under certain specific circumstances, employers are required to develop a four-step prevention program to cope with repetitive motion injuries in the workplace.

### *Specific Criteria*

1. This section (5110) applies to a job, process, operation, or other group work classification where a repetitive motion injury (RMI) has occurred to two or more employees.
2. The two RMI's must have occurred within a single process, operation, or other similar work group classification to activate the requirements of this safety regulation.
3. The RMI must have been predominately caused by a work-related repetitive job activity. Predominately means over 50% caused by work activity.
4. The two or more employees incurring the RMI's must have been performing the same job process or operation of identical work activity.
5. The RMI's must have been musculoskeletal injuries that have been objectively identified and diagnosed by a licensed physician.
6. The RMI's must have been reported to the employer by the involved employees within the last twelve months, but not prior to July 3, 1997.
7. Employers with nine or fewer employees are **NO LONGER** exempted from this regulation as of a California Court of Appeals decision in January 2000.

## **Work Site Evaluation & Hazard Assessment**

### ***Standard***

All job classifications and/or categories that are covered by this section or safety standard must be evaluated and examined for exposure and hazards that may cause RMI's.

### ***Specific Criteria***

1. As with other portions of this standard, the exposure evaluation is required after two or more RMI's occur to two or more employees.
2. The exposure factors that need to be identified within each separate job category involve repetition and force. High repetition with strong forces have the most serious exposure to RMI's.
3. Repetition refers to the number times an identical activity is repeated during a specific time period. A few repetitions per hour does not constitute a highly repetitive activity.
4. Force refers to the amount of energy or strength needed to perform an activity. The more force that is needed, the less the repetitions needed to potentially cause an RMI.

## **Control of Work-Related RMI Exposures**

### ***Standard***

When a specific work group or category has demonstrated the potential for RMI's, an effort shall be made to control and/or mitigate the work exposures. The RMI exposures shall be addressed in a timely manner and to the extent feasible.

### ***Specific Criteria***

1. One method for mitigating exposures is the redesign of a job. Redesign means changing the way the job is performed so repetition and force exposures are reduced. In some cases redesign may involve transferring duties to other less stressful job categories.
2. Another method involves reducing force and repetition stress through teamwork. An example of basic teamwork includes requiring two people to lift a heavy object. Other ideas can be identified during the job evaluation phase.
3. Another technique involves the use of rest breaks and work pacing. Short, frequent breaks are usually preferable to longer less frequent breaks.
4. Job rotation is another concept that has a practical application in some work situations. Worker skill and aptitude are required for this concept to be practical and effective.
5. Engineering controls are another exposure reduction concept and involve reducing the size of containers, installing handles or grips for lifting or pushing, increasing the size of wheels to improve rolling, and other ideas identified during the exposure evaluation process.
6. Modifications to clerical or computer workstations or adjustable furniture, such as stools or chairs should be considered as remedies to RMI exposures.
7. Cost and practicality are concepts that must be applied to the phrase "to the extent feasible." Reducing RMI exposures should not put a business at financial risk or prohibit the actual performance of the job. Conversely, ideas known to the employer but not taken which may reduce RMI exposure to a greater extent without imposing significantly increased cost must be considered.



## **Employee Training**

### ***Standard***

When this section is activated by the existence of two or more RMI's with a specific job classification, certain specific training requirements are activated.

### ***Specific Criteria***

1. Employees within one or more of the job categories covered by the standard should be made aware of the employer's ergonomics prevention program and its specific provisions.
2. Employees should be made aware of the various work injury exposures discovered during the RMI injury exposure evaluation process.
3. The various symptoms and the long-term consequences of the injuries caused by RMI's shall be communicated to employees within the affected work groups.
4. Employees within affected job groups must be made aware of the importance of reporting of symptoms so interventions can be more effective.
5. Training shall include an understanding of all exposure control methods, such as job redesign, workstation modification, exercise techniques, and other ideas discussed in the section on exposure control and reduction.

## Workstation Evaluation

The proper setup of the workstation is the key to office ergonomics. An improper office arrangement will promote poor posture, increased physical stress, and can cause increased fatigue and may lead to symptoms of repetitive motion injuries (RSI's).

The evaluation must involve a comprehensive review of all factors, however, the chair is the place to start. The seat height should be adjustable so the legs of the employee can be properly positioned so the thighs are parallel with floor and the feet are firmly resting on the floor. The legs should not hang nor should they be bent at the ankles so the employee's toes can touch the floor. These conditions will lead to muscle tightening, tension, and fatigue.

The back of the chair should have a good lumbar pad which gives solid support to the small curve of the lower back. The back pad should be adjustable so the lower portion rides in the small of the back where support is needed. If the pad is too low it will not provide the needed support and the seat pad will tend to push the user toward the edge of the chair. Back pad tilt is a valuable option, but not as necessary as the height adjustments. Back pad tilt allows the user to bring the lumbar pad forward or back as needed.

Armrests are one of those accessories which can be described as a personal option. Some people like them and some don't. The important thing is to be sure the height of the armrest is low enough to allow the arms to hang in a natural position so the shoulders are not compressed up toward the neck. This condition will also lead to muscle fatigue in the shoulder and neck area. Arms rests are usually removable and some have an adjustable height.

The proper size of the seat pad will vary with the size of the user. The back of the legs should clear the front of the seat pad by 2 to 4 inches. If the clearance is much larger, the seat is probably too small and the user may feel like they are not being adequately supported. This will promote muscle tightening and will probably lead to aching muscles and leg fatigue.

Other chair features include seat pad tilt, adjustable lumbar supports, and a rotational adjustment to the armrest. All of these features add cost and comfort, however, they are not as important as the other features. Once the proper chair has been selected we can move the employee into the work area to check other factors. The keyboard and mouse set-up are the

next targets for review. The arms should be positioned similarly to the legs. They should be parallel with the floor and the wrist should be in the neutral (straight) position. If this is on the desktop, it may be too high. If an adjustable tray is being used, it may be positioned improperly. The adjustable keyboard tray with mouse support is probably the most desirable setup for most situations. The adjustment allows the user to position the keyboard and mouse at the proper level and proper angle without changing the position of the legs and feet.

The monitor should be placed directly in front of the worker, and it should be low enough that the top of the screen is about 5 degrees below eye level when looking straight out. The distance is recommended between 16 to 22 inches allowing the head to rest comfortably over the shoulders. Glasses, personal choice and the need for desk surface could affect the distance. The distance is a concern, but it is not as critical as the height and the location. Working with head tilted back and/or twisted to the side will lead to neck cramps and fatigue. Bifocals are discouraged because of the required head tilt. A single prescription lens is recommended for the computer user.

Other accessories include the work holder. The holders that mount on the top of the monitor with Velcro are effective because they leave the desk surface clear and they keep the work close to the screen. An office products catalog contains a variety of different designs and locating the proper type should be no problem. It is important to avoid twisting the neck to look at copy work which is positioned on a return or table off to the side. Keep the copy work in front of the user and at the same distance as the screen.

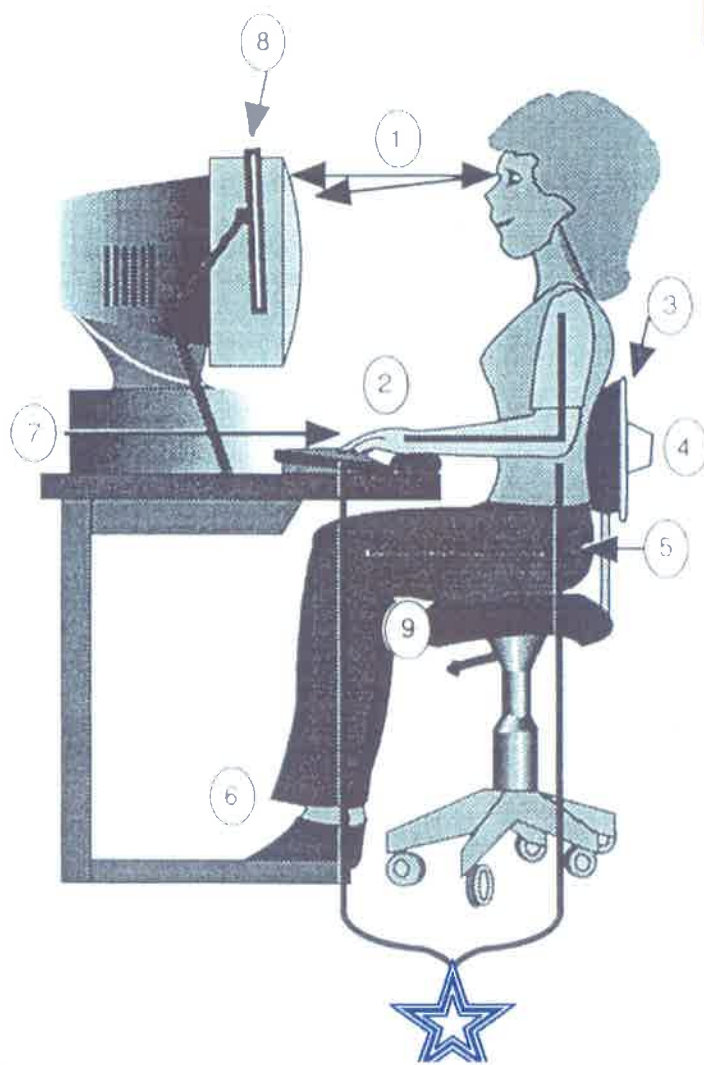
The diagram in the next section displays the various factors discussed above. Review the drawing and review the information included. By using the diagram, the above information, and the checklist which follows; you should be able to complete an effective work station review.

In general, move the frequently used objects into a primary space that is closest to you. Be careful to take into consideration your left/right preferences to reduce reaching and stretching. Move freely and work healthy.

## YOU AND YOUR VDT



Distance from home row of keyboard to floor and tip of elbow to floor should be the same, i.e., wrist to elbow should be parallel to the floor.



1. Top of screen should be 10°-20° below the line of sight and eyes should be 16-22 inches from the screen.
2. Wrist should be kept straight and forearms parallel to the floor. **DO NOT REST WRIST ON DESK EDGE! Use wrist rest.**
3. Inward curve of the spine should be supported.
4. Adjust the table and chair height to fit your posture correctly.
5. Thighs should be parallel to the floor.
6. Feet should be flat on the floor (use foot rest if needed).
7. Position keyboard to keep hands and forearms straight and level.
8. Copyholders should be the same distance from the eyes as the screen and the same height.
9. Back of knees should be 2-4 inches from front of chair.



## **ERGONOMIC EXERCISES**

### **RELEASING HAND, WRIST & SHOULDER TENSION**

- |                       |  |
|-----------------------|--|
| <b>STRETCHING</b>     | - Place your hands out in front of you. Then spread your fingers as far apart as possible. Hold for five seconds and then relax. Repeat this process five times.   |
| <b>ROTATIONS</b>      | - Rotate your wrists, keeping your fingers relaxed and your elbows still. With your hands extended, first turn your palms up and then rotate your palms down. Repeat the exercise five times.                                      |
| <b>HANDSHAKING</b>    | - With your hands extended, relax your muscles and let your hands dangle at the wrists. Then shake your hands. First, shake them up and down and then shake them from side to side. Repeat the exercise until the tension is gone. |
| <b>REACHING</b>       | - Place your arms over your head. With your fingers stretched, reach toward the ceiling. Hold the stretch for five seconds and then relax. Repeat five times.  |
| <b>ROLLING</b>        | - Using a wide circular motion, roll your shoulders backward. Repeat the exercise five times.  |
| <b>SHIFTING</b>       | - While sitting in your chair, move around to loosen up. Slouch, slump, look away from the screen, and dangle your arms. Repeat as often as necessary.   |
| <b>NECK GLIDES</b>    | - While seated, glide your neck forward and hold. Then glide the neck to the rear and hold. Keep the chin level. Repeat the exercise five times.   |
| <b>DEEP BREATHING</b> | - Close your eyes, inhale and hold your breath while tightening your entire body. Slowly exhale and relax. Repeat five times.  |

**EYE RELAXATION** – Using the index and middle finger gently massage the eye area just above and below the brow – first in a clockwise direction and then a counter- clockwise direction.

**FINGER STRETCHES** – With hands at your sides and keeping the wrist straight, curl the fingers to the base of the fingers bending only the joints. Straighten the hands and relax. Repeat five times.

## Exercises and Relaxation Techniques

Repetition and force are important factors in the study of ergonomics and in determining the cause of RSI's. Repetition and force coupled with an improper workstation setup can in some cases lead to discomfort, fatigue, and the symptoms of RSI's over a longer period of time.

Repetition refers to the number of times a worker has to complete hand, arm, and finger manipulations. Force refers to the amount of effort or strain that must be exerted with each repetition. A high number of repetitions with heavy force are the most undesirable situation. There are a number of ways the effects of force and repetition can be mitigated.

Exercises are an excellent way to relieve some of the stress and tightness in the neck, fingers, hands, and shoulders. There are several different exercises included in this section that can be performed at the desk. Additionally, there are software programs available that remind the workers when to take breaks and show them how to exercise properly.

Taking rest breaks from the keyboard to do copying, filing, and other tasks is another way to reduce the build-up of tension and fatigue. Even short breaks are beneficial because they allow for some recovery in the muscles and tendons. And in addition, short breaks allow for a mental rest which can have a major effect on reducing stress build up.

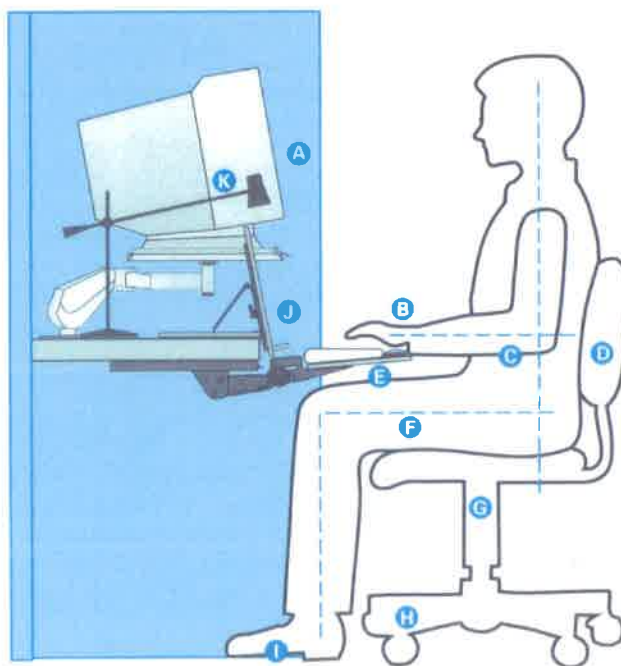
Scheduling is another method which can be used to avoid prolonged periods at the keyboard. By breaking up a variety of duties such as filing, copying, keying, and other tasks, the employee can limit keying to four one-hour periods rather than one prolonged four-hour period. The short segments allow for recovery between segments.

Taking breaks, organizing the work so a variety of tasks can be mixed over a period of a few hours is preferred rather than spending prolonged periods at one repetitive motion task.

## The Ergonomically Positioned Workstation

Slouching, slumping or bending forward at the waist in a chair can lead to discomfort, fatigue and backache. Follow these guidelines to help prevent problems from occurring when sitting at your workstation.

- A. Top one-third of the screen at eye level; distance from operator a minimum of 18 inches.
- B. Wrists should be a natural extension of the forearm, not angled up or down.
- C. Elbow relaxed; lower arm at approximately 90° to upper arm.
- D. Adjustable back rest to accommodate the normal curve of the lower spine.
- E. Keyboard flat at elbow level with palm rest to support hands during rest.
- F. Thighs approximately parallel to the floor.
- G. Easily adjustable seat height. Seat pan short enough (front to back) for knee clearance and with a waterfall front edge.
- H. Swivel chair with 5-point base and casters.
- I. Feet resting firmly on the floor; footrest needed if feet are not supported by the floor.
- J. Document holder at same angle as screen.
- K. Adjustable task lighting for hard copy documents, if necessary.



## OFFICE ERGONOMICS CHECKLIST

### General Overview

Location:			Date:	
Jobs:			Used For:	
Main Topic	Yes	No	Comments	
<b>WORKER POSITIONING</b>				
1. Are the worker's forearms and wrists parallel to the floor and the upper arms resting at his/her sides when positioned at the keyboard or the work surface?	<input type="radio"/>	<input type="radio"/>		
2. Are the worker's thighs parallel to the floor?	<input type="radio"/>	<input type="radio"/>		
3. Are the worker's feet flat on the floor or a footrest?	<input type="radio"/>	<input type="radio"/>		
4. Is there at least 2 inches of clearance between the worker's thighs and the working surface?	<input type="radio"/>	<input type="radio"/>		
5. Is there space between the edge of the seat pan and the back of the worker's knees?	<input type="radio"/>	<input type="radio"/>		
6. Are the worker's palms and wrists free from touching the keyboard or desk edge?	<input type="radio"/>	<input type="radio"/>		
7. Is the top of the viewing screen at eye level?	<input type="radio"/>	<input type="radio"/>		
8. Does the chair backrest support the curve of the worker's lower back?	<input type="radio"/>	<input type="radio"/>		
<b>WORKSTATION SETUP</b>				
9. Does the worker refer primarily to items placed in front of him/her?	<input type="radio"/>	<input type="radio"/>		
10. Is the VDT monitor positioned perpendicular to window light?	<input type="radio"/>	<input type="radio"/>		
11. Is there glare from overhead light?	<input type="radio"/>	<input type="radio"/>		
12. Is the screen between 18-24 inches from the worker's eyes?	<input type="radio"/>	<input type="radio"/>		
13. Can the workspace be adapted for either right or left-hand use?	<input type="radio"/>	<input type="radio"/>		
14. Are all frequently used items within a 6- to 14-inch reach of the worker?	<input type="radio"/>	<input type="radio"/>		
15. Are frequent reaches below shoulder height and/or above knee height?	<input type="radio"/>	<input type="radio"/>		

## OFFICE ERGONOMICS CHECKLIST

### General Overview

Location:			Date:
Jobs:			Used For:
<b>Main Topic</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
16. Does the arrangement of the work area allow access to all equipment and job aids without twisting?	<input type="radio"/>	<input type="radio"/>	
17. Are all cables routed out of the worker's way?	<input type="radio"/>	<input type="radio"/>	
<b>WORK SPACE</b>			
18. Is there space to perform all tasks at the workstation (at least 24" deep and 24")?	<input type="radio"/>	<input type="radio"/>	
19. Are work surfaces and/or equipment corners or edges rounded and smooth?	<input type="radio"/>	<input type="radio"/>	
<b>KEYBOARD</b>			
20. Is the keyboard detachable from the monitor?	<input type="radio"/>	<input type="radio"/>	
21. Can the keyboard adjust in angle? (ANSI recommends adjustability between 0-25 degrees.)	<input type="radio"/>	<input type="radio"/>	
22. Does the keyboard have a matte finish?	<input type="radio"/>	<input type="radio"/>	
23. Is the keyboard positioned on a user adjustable height/tilt support?	<input type="radio"/>	<input type="radio"/>	
<b>MONITOR</b>			
24. Can the monitor height be adjusted by the user?	<input type="radio"/>	<input type="radio"/>	
25. Does the monitor tilt? Swivel?	<input type="radio"/>	<input type="radio"/>	
26. Are images on the screen clear/sharp and easy to read?	<input type="radio"/>	<input type="radio"/>	
27. Is the screen anti-glare?	<input type="radio"/>	<input type="radio"/>	
28. If there is glare, is there an anti-glare filter or a VDT hood?	<input type="radio"/>	<input type="radio"/>	
29. Are there adjustable brightness and contrast controls?	<input type="radio"/>	<input type="radio"/>	
<b>DOCUMENT HOLDER</b>			
30. Is the document holder positioned at a similar distance from the workers' eyes to the monitor?	<input type="radio"/>	<input type="radio"/>	

## OFFICE ERGONOMICS CHECKLIST

### General Overview

Location:			Date:
Jobs:			Used For:
Main Topic	Yes	No	Comments
31. Is the document holder positioned to allow neutral head positioning?	<input type="radio"/>	<input type="radio"/>	
<b>CHAIR</b>			
32. Can the worker, when seated, easily adjust the chair?	<input type="radio"/>	<input type="radio"/>	
33. Is the lumbar support adjustable in height and angle? Does it lock?	<input type="radio"/>	<input type="radio"/>	
34. Is the lumbar support at least 12 inches wide and 6-9 inches high (ANSI)?	<input type="radio"/>	<input type="radio"/>	
35. Is the tension on the backrest support adjustable?	<input type="radio"/>	<input type="radio"/>	
36. Is the center of the lumbar support between 6-10 inches above the seat pan (ANSI)?	<input type="radio"/>	<input type="radio"/>	
37. If chair has armrests, are they adjustable in height?	<input type="radio"/>	<input type="radio"/>	
38. If chair has armrests, do they allow worker to get close to the work surface?	<input type="radio"/>	<input type="radio"/>	
39. If chair has armrests, are they at least 18.2 inches apart from each other (ANSI)?	<input type="radio"/>	<input type="radio"/>	
40. If chair has armrests, are they at least 2 inches wide?	<input type="radio"/>	<input type="radio"/>	
41. If chair has armrests, are the edges contoured and padded?	<input type="radio"/>	<input type="radio"/>	
42. Is the front seat pan edge rounded?	<input type="radio"/>	<input type="radio"/>	
43. Does the seat pan tilt? Lock?	<input type="radio"/>	<input type="radio"/>	
44. Is the seat pan at least 18 inches wide (ANSI)?	<input type="radio"/>	<input type="radio"/>	
45. Is the seat pan depth between 15-17 inches (ANSI)?	<input type="radio"/>	<input type="radio"/>	
46. Does the seat pan adjust in height between 16 to 20-½ inches (ANSI) (excludes drafting chairs)?	<input type="radio"/>	<input type="radio"/>	
47. Does the chair have a 5-legged swivel base?	<input type="radio"/>	<input type="radio"/>	

## OFFICE ERGONOMICS CHECKLIST

### General Overview

Location:			Date:
Jobs:			Used For:
Main Topic	Yes	No	Comments
48. Does the chair have wheels or casters that allow mobility on carpeted floors?	<input type="radio"/>	<input type="radio"/>	
49. Is the chair padded?	<input type="radio"/>	<input type="radio"/>	
50. Do employees feel that the chair is comfortable (ask)?	<input type="radio"/>	<input type="radio"/>	
<b>FOOTREST</b>			
51. If a footrest is used, is it at least 2 inches high (ANSI) and adjustable angle?	<input type="radio"/>	<input type="radio"/>	
52. If a footrest is used, does it allow the worker to position himself/herself correctly at the workstation?	<input type="radio"/>	<input type="radio"/>	
<b>ENVIRONMENT</b>			
53. Are light levels 19 to 46 foot candles (fc) overall at the VDT workstation (ANSI)?	<input type="radio"/>	<input type="radio"/>	
54. Is task lighting (50 to 100 fc) provided for visually demanding tasks?	<input type="radio"/>	<input type="radio"/>	
55. Do lights shine in the worker's eyes?	<input type="radio"/>	<input type="radio"/>	
56. If there are windows, are window treatments used (blinds, curtains, etc.)?	<input type="radio"/>	<input type="radio"/>	
57. Do all surfaces at the workstation have non-reflective (matte finishes) which reduce glare?	<input type="radio"/>	<input type="radio"/>	
58. Are colors at the workstation neutral?	<input type="radio"/>	<input type="radio"/>	
59. Is the work area free of drafts?	<input type="radio"/>	<input type="radio"/>	
60. Is the work area well ventilated?	<input type="radio"/>	<input type="radio"/>	
61. Is the work area noisy?	<input type="radio"/>	<input type="radio"/>	



# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

## REPORT OF EMPLOYEE WORK RELATED INJURY OR ILLNESS

\_\_\_EMPLOYEE \_\_\_OTHER

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_ Date of Injury \_\_\_\_\_

School/Dept. \_\_\_\_\_ Salary: Hourly \_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

10-month \_\_\_\_\_ 11-month \_\_\_\_\_ 12-month \_\_\_\_\_ Hours/day \_\_\_\_\_ Hours/week \_\_\_\_\_ Date of Hire \_\_\_\_\_

Nature of injury of illness \_\_\_\_\_ Part of body affected \_\_\_\_\_  
(cut, strain, etc.) (back, left wrist, eye, etc.)

Did employee see a doctor? \_\_\_Yes \_\_\_No

Name and Phone Number of physician \_\_\_\_\_

Address of physician \_\_\_\_\_

Where did accident or exposure occur? \_\_\_\_\_  
(school, department, other)

Location \_\_\_\_\_ On district property? \_\_\_Yes \_\_\_No

How did accident or exposure occur? (Please describe fully the events that resulted in injury or occupation disease. Tell what and how it happened and what the employee was doing. Please use a separate sheet if necessary. Include the names of other employees, machinery, equipment, tools, etc., involved).

What unsafe act, equipment, or condition caused injury? \_\_\_\_\_

What unsafe condition exists as a result of the accident? \_\_\_\_\_

Did employee lose at least one full day's work after the injury? \_\_\_\_\_ No \_\_\_Yes-Date last worked \_\_\_\_\_  
(mo/day/yr)

Witness: \_\_\_No \_\_\_Yes -- Please provide name, address, phone number, employer, etc. of witness \_\_\_\_\_

If injury was caused by another person or circumstances, provide name, address, phone police report, etc. \_\_\_\_\_

What type of personal protective equipment was being worn? \_\_\_\_\_

What corrective action has been taken, or will be taken, to prevent a recurrence? \_\_\_\_\_

Employee's Signature \_\_\_\_\_

Date report Completed \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

This report is to be completed during the work shift the injury occurs.  
If employee leaves work, a MEDICAL RELEASE IS REQUIRED BEFORE RETURNING





WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL  
TRABAJADOR (DWC 1)

**Employee:** Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included in the Notice of Potential Eligibility, which is the cover sheet of this form. Detach and save this notice for future reference.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

**Empleado:** Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7401 para oír información grabada. Una explicación de los beneficios de compensación de trabajadores está incluido en la Notificación de Posible Elegibilidad, que es la hoja de portada de esta forma. Separe y guarde esta notificación como referencia para el futuro.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos. Es posible que reciba notificaciones escritas de su empleador o de su administrador de reclamos sobre su reclamo. Si su administrador de reclamos ofrece enviarle notificaciones electrónicamente, y usted acepta recibir estas notificaciones solo por correo electrónico, por favor proporcione su dirección de correo electrónico abajo y marque la caja apropiada. Si usted decide después que quiere recibir las notificaciones por correo, usted debe de informar a su empleador por escrito.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonía".

**Employee—complete this section and see note above**

**Empleado—complete esta sección y note la notación arriba.**

1. Name. *Nombre.* \_\_\_\_\_ Today's Date. *Fecha de Hoy.* \_\_\_\_\_
  2. Home Address. *Dirección Residencial.* \_\_\_\_\_
  3. City. *Ciudad.* \_\_\_\_\_ State. *Estado.* \_\_\_\_\_ Zip. *Código Postal.* \_\_\_\_\_
  4. Date of Injury. *Fecha de la lesión (accidente).* \_\_\_\_\_ Time of Injury. *Hora en que ocurrió.* \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.
  5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* \_\_\_\_\_
  6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* \_\_\_\_\_
  7. Social Security Number. *Número de Seguro Social del Empleado.* \_\_\_\_\_
  8. ☐ Check if you agree to receive notices about your claim by email only. ☐ Marque si usted acepta recibir notificaciones sobre su reclamo solo por correo electrónico. Employee's e-mail. \_\_\_\_\_ Correo electrónico del empleado. \_\_\_\_\_
- You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option. *Usted recibirá notificaciones de beneficios por correo ordinario si usted no escoge, o su administrador de reclamos no le ofrece, una opción de servicio electrónico.*
9. Signature of employee. *Firma del empleado.* \_\_\_\_\_

**Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.**

10. Name of employer. *Nombre del empleador.* \_\_\_\_\_
11. Address. *Dirección.* \_\_\_\_\_
12. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* \_\_\_\_\_
13. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* \_\_\_\_\_
14. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* \_\_\_\_\_
15. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* \_\_\_\_\_
16. Insurance Policy Number. *El número de la póliza de Seguro.* \_\_\_\_\_
17. Signature of employer representative. *Firma del representante del empleador.* \_\_\_\_\_
18. Title. *Título.* \_\_\_\_\_ 19. Telephone. *Teléfono.* \_\_\_\_\_

**Employer:** You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

**Empleador:** Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

☐ Employer copy/Copia del Empleador ☐ Employee copy/Copia del Empleado ☐ Claims Administrator/Administrador de Reclamos ☐ Temporary Receipt/Recibo del Empleado