

**Injury and Illness Prevention Policy and Procedure  
for**

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(Location)

**June 2011**



**The Diocese of San Diego**

# **POLICY FOR SAFE PRACTICES AND HEALTH IN THE WORKPLACE**

## **Policy**

It is diocesan policy to have a safe and healthful workplace. The following Injury and Illness Prevention Program has been implemented to help insure the health and safety of all parish, school, and diocesan personnel.

The primary authority at all diocesan locations, as well as any designated personnel with administrative duties, should do everything within their control to assure a safe, accident free, and healthful environment and to always be in compliance with federal, state, and local safety regulations that apply to parishes, schools or other diocesan entities.

Employees at all levels are expected to obey safety rules, follow established safe work practices, exercise caution in all their work activities, and correct unsafe conditions if it is within their area of expertise. Any unsafe condition should be immediately reported to the employee's supervisor. This Procedure also includes a procedure for anonymously reporting hazards.

Communication regarding health and safety should be open and constructive. By working together, each diocesan location can succeed in having a safe, healthful, and effective working environment.

## **Reference**

The primary goal of the Injury & Illness Prevention Program is to maintain a safe and healthful workplace by reducing losses resulting from accidents and injuries. The California Code of Regulations, Section 3203 of the General Industry Safety Orders, outlines the Injury & Illness Prevention Program to include the following elements:

- Management Commitment & Assignment of Responsibilities
- Safety Communication
- Hazard/Risk Assessment and Control
- Scheduled Inspections/Evaluations
- Accident Investigations
- Identification and Correction of Unsafe Acts/Conditions
- Safety and Health Training
- Record keeping and Documentation

# **POLICY FOR SAFE PRACTICES AND HEALTH IN THE WORKPLACE**

## **Definitions**

The word *diocesan* is meant to include all entities operating under the Roman Catholic Bishop of San Diego, a corporation sole, e.g., the diocese, its parishes and schools.

*Diocesan personnel and/or employee* means all those whose source of compensation is a diocesan entity, including all diocesan parish and school personnel who are not priests.

*Primary authority* means the individual at a particular diocesan entity or location who has final responsibility for the operations and activities of that entity or location, either by direction of the Bishop (as in the case of the pastor of a diocesan parish), or one who has been duly delegated that responsibility (as in the case of a school principal).

# INJURY AND ILLNESS PREVENTION PROCEDURE

## PART I.

### Person(s) Authorized And Responsible For Implementing This Procedure

at \_\_\_\_\_ Parish/School/Etc.

#### Designated Personnel

The following people have direct responsibility and authority for implementing this Injury and Illness Prevention Program at \_\_\_\_\_ parish/school/etc.

The primary authority at the above diocesan location has ultimate responsibility for oversight, making written plans available, and implementation of the Injury and Illness Prevention Procedure at the location. All supervisors are to enforce safety rules and ensure that all employees comply with established safe practices.

Designated staff who assist in implementing the Injury and Illness Prevention Program at this location and their responsibilities are:

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

Responsibilities:

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

Responsibilities:

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

Responsibilities:

# **INJURY AND ILLNESS PREVENTION PROCEDURE**

## **PART II.**

### **Process To Ensure Employee Compliance With Safe And Healthy Work Practices**

The process for ensuring that employees comply with safe and healthy work practices includes job training and instruction, established safe work practices, and disciplinary actions as follows:

#### **A. JOB TRAINING AND INSTRUCTION**

Job training and instruction will be provided for all employees using the **Employee Training Record** and the **Job Training Checklist** that follow this section.

Job training and instruction will be provided:

1. When this Procedure is first established;
2. To all new employees;
3. Whenever new hazards are introduced into the workplace;
4. Upon awareness of a previously unrecognized hazard; and
5. As needed to assure supervisors are familiar with hazards to which employees under their direction may be exposed.

Completed **Employee Training Records** and the **Job Training Checklists** must be maintained for at least three years.

# **INJURY AND ILLNESS PREVENTION PROCEDURE**

## **Job Training Checklist**

Before training, consider the employee in view of the following six areas. If there are problems in any of these areas after training, there is cause for concern.

1. Technical Knowledge – Does the person know all the details of how to do the job?
2. Understand the Hazards – Does the person understand the potential hazards of the job and how doing the job incorrectly may cause injury or damage property?
3. Specific Required Skills – Does the person have the actual ability to do the job correctly and safely?
4. Mental Capability – Even though the person now knows how to do the job, the situation may change. Does he or she recognize the level of fatigue or the amount of change in job complexity that may create a potential hazard?
5. Emotional Stress – All jobs put some level of stress on the person doing the job. Does the person doing the job recognize this stress, and how to change on-the-job or off-the-job stress may create a potential hazard?
6. People Skills – People skills are required in almost all job situations. Does the person doing the job understand their ability to work with other people? Does he or she recognize how their ability to use people skills may create potential hazards?

# INJURY AND ILLNESS PREVENTION PROCEDURE

## Employee Training Record

for \_\_\_\_\_ Parish/School/Etc.

Employee \_\_\_\_\_

### Training has been provided in the following areas:

- Electrical
- Machinery, equipment
- Fire protection: alarm, extinguishers, heat producing appliances, flammables/chemicals
- Other:
  - Safe practices
  - Housekeeping
- Other:
  - First aid resources
  - Safe work clothing
  - Physical activity
- Other:
  - Physical hazards
  - Parish/school buildings
  - Exits and aisles
  - Parish/school areas
  - Work areas/rest areas
- Other:

Supervisor \_\_\_\_\_

Date \_\_\_\_\_

# **INJURY AND ILLNESS PREVENTION PROCEDURE**

## **B. Safe Practices**

1. Unsafe conditions in the workplace, including defective tools, materials, equipment, hazards, or unsafe work practices must be reported to a supervisor immediately. In the event of fire, sound any available alarms;
2. Work areas must be maintained free of debris. Electrical cords must be safely arranged to prevent fire, shock, and tripping hazards;
3. Exit paths must be clear at all times;
4. Work areas should be properly illuminated;
5. Video display terminal operations should follow the guidelines in the Video Display Terminal Checklist that follows this section;
6. Equipment and machinery will be operated according to the manufacturer's instruction. If unsure how to safely operate machinery or perform any assigned task, employees should ask a supervisor before proceeding;
7. Safety guards/devices/directions will not be removed from furniture, machines, or equipment. Move or handle according to directions;
8. Personal protective equipment/covering must be worn or used in any area for which it has been issued. This includes medically approved skin covering for protection from bodily fluids;
9. Only the proper/approved equipment will be used for the job. Defective materials, equipment, or inadequate supplies are not to be used. If the proper materials are not available, stop and request assistance from a supervisor;
10. Assistance should be requested when lifting or moving any item that is bulky, awkward, heavy, or beyond reach;
11. Only open one file drawer at a time and do not leave cabinet drawers open and unattended;
12. Alcohol, tobacco, and other drugs are prohibited in the workplace;
13. All injuries, accidents, and illness must be reported to your supervisor immediately;
14. IF A TASK CAUSES YOU DISCOMFORT, OR YOU FEEL IT IS UNSAFE OR UNHEALTHY, CEASE DOING THE ACTIVITY AND REPORT IT TO YOUR SUPERVISOR IMMEDIATELY.



# INJURY AND ILLNESS PREVENTION PROCEDURE

## Ergonomics – Workstation Checklist

LOCATION \_\_\_\_\_

DATE: \_\_\_\_\_

OFFICE: \_\_\_\_\_

OPERATOR'S NAME: \_\_\_\_\_

VDT NAME/I.D. # \_\_\_\_\_

CHECKED BY: \_\_\_\_\_

### VDT SCREEN

	YES	NO	REMARKS
1. Is the VDT screen clean? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Has glare been minimized so it is not a problem? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Is screen a comfortable distance from the computer? Generally between 18" and 30" is acceptable .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Does the operator look slightly downward toward the screen? Normally, this is between 10" and 20" below level sight .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Can the screen be tilted? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Does the operator know how to adjust the screen's brightness and contrast? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____

### KEYBOARD AND COMPUTER

7. Does the VDT have a detachable keyboard?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Are the "home-row" keyboard keys adjusted to a comfortable height of between 28" and 30" from the floor? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Is there at least 6" of "breathing space" between the VDT and the wall? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____

### WORK STATION

10. Is the copy-holder located in a comfortable place near the terminal? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Is the lighting on the copy-holder satisfactory? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Is the leg clearance from the floor to the bottom of the work station at least 25" .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Are desk surfaces non-reflective? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Is the terminal positioned against a non-reflective background? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Does the operator know how to adjust the chair? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. Is a footrest available? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. Are electrical and telephone cords located out of the way? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____

# **INJURY AND ILLNESS PREVENTION PROCEDURE**

## **PART III.**

### **Communication Of The Procedure**

In order to communicate with employees on matters relating to occupational safety and health, this location has established the following programs and procedures:

#### **A. Employee Training**

Employees will be trained and retrained as detailed in Section II.A. above.

#### **B. Safety Information Posting**

The location will maintain a portion of a bulletin board, accessible to all employees, which will serve to present occupational injury and illness related material such as posters, brochures, safety suggestion forms, and inspection findings.

#### **C. Method Of Anonymous Notification**

All employees are encouraged to bring any health and safety issues to the attention of a supervisor. If for any reason an employee wishes to anonymously report a workplace hazard he or she may:

1. Complete an Employee Safety Information Form (page 11) and send it to their supervisor

**OR**

2. Mail the form with the name for the work location to the following address:

Office for Human Resources  
Diocese of San Diego, Pastoral Center  
P.O. Box 85728  
San Diego, CA 92186-5728

# INJURY AND ILLNESS PREVENTION PROCEDURE

## Employee Safety Information Form

This form is for use by any employee who wishes to report an unsafe workplace condition or hazard or to provide a safety-related suggestion.

**Describe the hazard (unsafe practice or condition):**

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**If known, what are the causes of this hazard?**

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**What is your suggestion for improving safety?**

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**Have you reported this matter to your supervisor?**

Yes       No

Employee Name (optional): \_\_\_\_\_

Location: \_\_\_\_\_

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

*Employees are advised that the use of this form or other reports of unsafe conditions or practices are protected by law. It would be illegal for an employer to take any action against an employee in reprisal for exercising rights to participate in communications involving safety.*

*The diocese will investigate any report or questions as required by the Injury and Illness Prevention Procedure standard and advise the employee who provided the information, or the workers in the area, of the outcome.*

# **INJURY AND ILLNESS PREVENTION PROCEDURE**

## **PART IV.**

### **Identifying And Evaluating Workplace Hazards**

The Injury and Illness Prevention Self-Inspection Form on the following page shall be used on a quarterly basis by supervisors or designees to assist with the inspection of the location to identify and evaluate workplace hazards.

A special, non-scheduled inspection will also be made whenever new hazards are introduced, or when a new or previously unrecognized hazard is identified.

Copies of the inspections shall be retained for three years.

Employees are encouraged to notify supervisors of newly recognized hazards. Hazards may be anonymously reported (see Section III.C., above).

# INJURY AND ILLNESS PREVENTION PROCEDURE

## Self-Inspection Form

for \_\_\_\_\_ Parish/School/Etc.

Inspection Date: \_\_\_\_\_

Inspector: \_\_\_\_\_

***INITIAL EACH ITEM IF SATISFACTORY, OTHERWISE, NOTE THAT CORRECTIVE ACTION IS NEEDED. DOCUMENT REQUIRED CORRECTIVE ACTION IN DETAIL ON BACK OF FORM.***

### Walking Surfaces, Interior and Exterior:

- Dry, not slippery
- Unobstructed
- Even surfaces, no holes
- Abrupt changes in elevation highlighted

### Walking Surfaces, Exterior:

- Not obstructed by landscaping or branches
- Roots not buckling sidewalk
- Sprinklers do not spray on walking areas

### Walking Surfaces, Interior:

- "Caution Wet Floor" signs available
- Carpet not torn or wrinkled
- Work site is clean and orderly
- All work sites adequately illuminated
- Toilet and washing facilities clean and sanitary

### Stairways, Ramps, and Entrances:

- Secure full length handrails of proper height and clearance
- Non-slip footing

- Unobstructed and free of debris
- Doormats for wet weather
- Porches and landings have handrails
- Area well illuminated

**Exits:**

- Viewing panels in doors that swing both directions
- Exits properly marked, unobstructed, and illuminated by reliable source
- Panic hardware operation smooth
- Unlocked from inside
- Doors operate outward
- Door paths marked where doors open into corridors
- Exit direction signs where exits not visible
- Frameless glass doors and sidelights of fully tempered glass

**Parking Lots:**

- Surface O.K., no holes or obstructions
- Speed bumps well marked
- Car stops well marked

**Playground:**

- Ground surface O.K.
- Playground equipment sturdy and in good repair

**Miscellaneous (Exterior):**

- Fences and gates in good repair
- Areas under construction or repair properly barricaded
- Gas meters, pumps, etc., with proper barriers to protect them

**Electrical:**

- Light fixtures have covers, no bare bulbs
- 3 ft. of floor space clear in front of electrical panels
- No permanent extension cords
- No extension cords over walks

**General Hazards:**

- No accessible science chemicals or equipment
- Shop equipment has guards
- No broken chairs or tables
- Heater or boiler maintained, certificate posted
- A/C and heater equipment has electronic ignition or flame failure controls
- Fire extinguishers on each floor and in kitchen
- Fire/Smoke detectors/alarms function properly

**Flammables:**

- No glowing element portable heaters
- No combustible materials in boiler room
- Combustible materials in metal cabinets, “listed” safety cans, and in ventilated areas
- “No Smoking” signs posted in combustible storage area

**Storage:**

- Closets with chemicals locked
- Shelves bolted to walls
- Neat and free of rubbish
- Audio-visual equipment in secure place

**Kitchen:**

- Stove and vented hood
- Automatic fire extinguishing system where required
- Appropriate fire extinguisher
- Date of last stove system cleaning, health and fire inspection \_\_\_\_\_
- Grease traps, hood, and ducts clean
- Floor mats near sink and dishwasher to prevent slipping
- Appliance doors "child proof"

**Emergencies:**

- Emergency telephone numbers posted
- Telephone accessible

**Other Identified Hazards:**

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**Evaluation of hazards identified during inspection and any immediate actions taken or required:**

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Report Prepared by \_\_\_\_\_ Date \_\_\_\_\_

**Note: Copy of completed inspection to remain on site for three years.**



# **INJURY AND ILLNESS PREVENTION PROCEDURE**

## **PART V.**

### **Investigation Of Occupational Illness Or Injury**

All occupational injuries or illnesses will be investigated using the Diocese of San Diego Incident Investigation Form. The form must be completed and sent to the Office for Human Resources within 24-hours of any incident.

The following guidelines should be followed to ensure that a thorough incident investigation has taken place:

1. Once notified of an incident, make sure that any injured person receives the appropriate first aid/medical treatment.
2. Advise all employees and visitors to avoid incident scene. It is recommended that the incident scene is isolated to support the investigation process.
3. Determine if there are any witnesses to the incident and take a statement when appropriate.
4. Notify the Office for Human Resources as soon as possible that an incident has occurred and that an investigation has been initiated.
5. Begin the incident investigation as soon as possible before the incident scene has been disturbed.
6. Take pictures of the incident scene to support the investigation report as needed.

Incident investigations will assist supervisors in determining the cause of injuries and illnesses. Additionally, the outcomes of the incident investigation will support the administrative process of managing injury claims and the return to work program.

It is important that supervisor's follow all instructions on the Incident Investigation Form and call the Office for Human Resources if you have any questions about the investigation or paperwork submittal requirements.

# Incident Investigation

1. Date: _____	2. Conducted by: _____
3. Location: _____	4. Phone: _____
5. Fax: _____	6. E-mail: _____
7. Date of Investigation: _____	8. Time of Investigation: _____

**9. Type of Incident** *(check all that apply)*

<input type="checkbox"/> First Aid	<input type="checkbox"/> Non-Lost Time	<input type="checkbox"/> On-Site	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Injury	<input type="checkbox"/> Lost Time	<input type="checkbox"/> Off-Site	_____
<input type="checkbox"/> Illness	<input type="checkbox"/> Vehicular	<input type="checkbox"/> Workers' Compensation	_____

**10. Injured Employee / Volunteer Information** *(circle one)*

Name(s):	Departments / Locations:	Date Hired:
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

*(Use additional forms if necessary)*

**11. Incident Description:** *(Attach additional pages if necessary)*

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**12. Additional pages attached:**  Yes  No

**13. Time of Day and Shift:** \_\_\_\_\_

**14. Locations:** \_\_\_\_\_

**15. Supervisor:** \_\_\_\_\_

**16. Incident Result of:**  Unsafe Act  Unsafe Condition *(Describe:)*

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17. Incident involved violation of Safety Procedure or Regulation?  Yes  No

18. If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18a. Does this incident require counseling / disciplinary action?  Yes  No

18b. If yes, date Office for Human Resources contacted: \_\_\_\_\_

18c. Was the employee performing "normal" duties at the time of the incident?

Yes  No (If no, describe:) \_\_\_\_\_  
\_\_\_\_\_

19. Recommendations developed as a result of this investigation:

*(Recommendations must address incident causation and control)*

a.

b.

c.

d.

Attach information (if necessary) Attached?  Yes  No

20. When will recommendations be implemented? *(Specific time required – or explanation if no time frame can be assessed.)*

a. \_\_\_\_\_ c. \_\_\_\_\_

b. \_\_\_\_\_ d. \_\_\_\_\_

21. Who is responsible for implementation of recommendation(s)?

a. Name: \_\_\_\_\_

b. Department: \_\_\_\_\_

c. Contact Information: \_\_\_\_\_

22. When will there be a follow-up to ensure recommendation(s) implementation?

a. \_\_\_\_\_ c. \_\_\_\_\_

b. \_\_\_\_\_ d. \_\_\_\_\_

23. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Has incident been transferred to the OSHA log?

Yes  No

25. Offices for distribution:

	<u>Name</u>	<u>Title</u>	<u>Department</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

# **INJURY AND ILLNESS PREVENTION PROCEDURE**

## **PART VI.**

### **Correction Of Unsafe Or Unhealthy Work Practices, And Work Procedures**

When an employee observes or discovers an unsafe condition, procedure or practice, a supervisor must be alerted immediately. If possible, and within the scope of the duties of the employee, that employee should abate the hazard on the spot.

If an imminent hazard exists which cannot be abated without endangering employees and/or property, all exposed personnel should be removed from the area. The hazardous area must be controlled, allowing only authorized, protected employees into the area until the hazard is abated.

In all cases the Accident, Injury, and Illness Investigation Form will be used to document the hazard and its abatement. These forms must be maintained for three years.

# **INJURY AND ILLNESS PREVENTION PROCEDURE**

## **PART VII.**

### **Record keeping and Documentation**

Injury and illness record keeping requirements under Cal/OSHA require a minimum amount of paperwork.

These records give you one measure for evaluating the success of your safety and health activities. Success would generally mean a reduction or elimination of employee injuries or illnesses during a calendar year.

Five important steps are required by the Cal/OSHA record keeping system:

1. Obtain a report on every injury or illness requiring medical treatment.
2. Record each injury or illness on the *Cal/OSHA Log and Summary of Occupational Injuries or Illnesses Form 300I*, according to its instruction.
3. Prepare a supplementary record of the occupational injuries and illnesses on the OSHA Form 301, or Employees Reports of Injury or Illness (Form 5020), with the same information.
4. Every year prepare the summary Cal/OSHA Form 300A, post it no later than February 1 and keep it posted where employees can see it until March 31, or provide copies as required.
5. Maintain the last five years of these records in your files.

# **INJURY AND ILLNESS PREVENTION PROCEDURE**

## **PART VIII.**

### **Disciplinary Action**

Established safe job procedures must be followed by all diocesan employees. Should risky or unsafe behavior continue after modification and/or corrective training by the employer, the employee may be subject to disciplinary action.