



INYO COUNTY INJURY AND ILLNESS PREVENTION PROGRAM

Inyo County provides a safe and healthful workplace for all employees and approved volunteers. This document describes the County's long-established and effective injury and illness prevention program (IIPP) and its ongoing implementation in full compliance with T8 CCR 3203. New employees are provided a printed copy of the IIPP at new employee orientation. Employees and authorized representatives may obtain a free electronic copy anytime at <http://inyocounty.us/iipp>, and a copy printed from that same website during business hours with at most a five business day notice from their Department Head or from either of the county administrative offices at 1360 North Main Street in Bishop and 224 North Edwards Street in Independence. Employees may obtain a mailed copy by calling 760.872.2908.

RESPONSIBILITY

County Administrative Officer Nate Greenberg (CAO) is ultimately responsible for the safe and effective operation of county processes, employment practices, and the overall County workplace environment. The CAO has delegated to Risk Manager Aaron Holmberg the authority and responsibility for IIPP development and continuous improvement. Risk Manager may be reached by email at risk@inyocounty.us, or by telephone at 760.872.2908. Department Heads and their designees are responsible for implementing, maintaining, and answering worker questions about the IIPP in their work areas.

COMPLIANCE

Department Heads ensure that all safety and health policies and procedures are clearly communicated and understood by their employees. Supervisors and lead personnel enforce the rules fairly and uniformly. Department Heads and supervisors have access to support and services available from Risk Management.

All employees are responsible for using safe work practices, for following all directives, policies and procedures, and for assisting in maintaining a safe work environment. Employees report unsafe conditions, work practices or accidents to their supervisors immediately. They use appropriate personal protective equipment (PPE) as instructed by their supervisors.

Our system for ensuring that all workers comply with the rules and maintain a safe work environment includes the following:

- Informing workers of the provisions of this IIPP.
- Evaluating the safety performance of all workers.
- Recognizing employees who perform safe and healthful work practices by informally recognizing them in person and by formally recognizing them in performance reviews.
- Providing training to workers whose safety performance is deficient.
- Disciplining workers for failure to comply with safe and healthful work practices in the manner as specified in the County's written Personnel Rules.



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COMMUNICATION

This IIPP affirms that it is County policy to maintain open communication between management and staff on matters pertaining to safety. All input regarding safety is considered important, and employees are encouraged to actively participate in the safety program. Employees should feel free to express any safety concerns during safety meetings and individually to supervisor/Department Head/Risk Manager/Safety Coordinator. They may also report hazards anonymously at <https://www.inyocounty.us/iipp/anonymous-hazard-report-tool>.

All safety suggestions are seriously considered and provided a response. In turn, the County provides current safety news and activities, additional safety policies and procedural documents and training, safety reading materials, signs, posters, and bulletin boards for easy access to information. Also, all employees have an opportunity to receive safety training and voice personal opinions regarding safety and health matters at the regular meetings of the Labor/Management Safety Committee.

Effective communication of safety and health concerns between workers and supervisors, including language translation where appropriate, is essential to a safe and healthful workplace. As such, our system of communication is designed to facilitate a continuous flow of two-way (management, supervisors, and employees) safety and health information in a form that is readily understandable to and between all affected site personnel.

The Labor/Management Safety (and health) Committee complies with all requirements of T8CCR 3203 (7)(c) to satisfy the communication requirements of 3203. These requirements are:

- Meets regularly, but not less than quarterly.
- Prepares and makes available to affected employees, written records of the safety and health issues discussed at the committee meetings and, maintained for review by the Division upon request. Meeting agendas and minutes are retained for at least one year.
- Reviews results of the periodic, scheduled worksite inspections.
- Reviews investigations of occupational accidents and causes of incidents resulting in occupational injury, occupational illness, or exposure to hazardous substances and, where appropriate, submits suggestions to management for prevention of future incidents.
- Reviews investigations of alleged hazardous conditions brought to the attention of any committee member. When determined necessary by the committee, the committee may conduct its own inspection and investigation to assist in remedial solutions.
- Submits recommendations to assist in the evaluation of employee safety suggestions.
- Upon request from the Division of Occupational Safety and Health (DOSH, better known as Cal/OSHA), verifies abatement action taken by the employer to abate citations issued by the Division.



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In addition to the Labor/Management Safety Committee, our communication system includes:

- New worker orientation, including a discussion of site-specific safety and health policies and procedures.
- Follow-through by supervision to ensure IIPP effectiveness.
- Workplace and site-specific safety and health training.
- Tailgate safety chats between supervisor and their personnel regularly and as needed for higher hazard job classifications.
- Onsite and in person meetings in response to creation of hazards or occurrence of injuries and illnesses.
- Posted and distributed safety information, including flyers and other signage.
- Anonymous workplace hazard reporting accommodated by an online portal.
- Codes of safe work practices, customized to each work type and location by the Department Head of designee, and explained to personnel by supervisors.

HAZARD ASSESSMENT

Risk Management conducts periodic inspections to identify and evaluate workplace hazards according to the following schedule and purpose:

- At least annually for all locations where employees are regularly assigned to work.
- When new substances, processes, procedures or equipment that present potential new hazards are introduced into our workplace.
- When new or previously unidentified hazards are reported or recognized.
- When occupational injuries and illnesses occur and/or appear to repeat themselves.
- When we hire and/or reassign permanent or intermittent workers to processes, operations, or tasks for which a hazard evaluation has not been previously conducted.
- Whenever workplace conditions warrant an inspection.

Annual safety audits consist of a robust systematic approach to identification and evaluation of workplace hazards and improvements across most county facilities utilizing a standardized and frequently updated documentation system. Risk Management provides reports to Department Heads who are expected to respond by phone or email within four weeks regarding their plans for abatement or to schedule a meeting with the Risk Manager regarding the results of the report. An annual Most Improved in Safety Award may be given at the discretion of Risk Management based on annual inspection results. Risk Management keeps inspection records for three years.

ACCIDENT/EXPOSURE INVESTIGATIONS

Risk Management investigates workplace accidents, hazardous substance exposures, and near-accidents with full cooperation throughout the organization. Risk Management may use forms, techniques, and tools unique to the condition and subject matter for nonroutine inspections and audits.



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Accident/exposure investigations include:

- Visiting the scene as soon as possible.
- Interviewing affected workers and witnesses.
- Examining the workplace for factors associated with the incident.
- Determining the causes of the accident/exposure/near-accident.
- Directing/advising Department Heads on corrective actions to take to prevent the accident/exposure/near-accident from reoccurring.
- Documenting findings and corrective actions taken.

HAZARD CORRECTION

Departments may consult with Risk Management on correction strategies and documentation. Unsafe or unhealthy work conditions, practices or procedures at our work facilities shall be corrected in a timely manner based on the severity of the hazards according to the following procedures:

- When observed or discovered.
- When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, we will remove all exposed workers from the area except those necessary to correct the existing condition. Workers necessary to correct the hazardous condition shall be provided with the necessary protection.
- All such actions taken and dates they are completed shall be documented, and copies provided to Risk Management.

TRAINING AND INSTRUCTION

Inyo County provides effective training to increase employee and supervisor awareness and understanding of workplace hazards of and improvements for safe and healthful work practices. As such, all workers, including management, supervisors, and lead personnel get training and instruction on general, job-specific, and task-specific safety and health practices.

Specifically, this training and instruction shall be provided as follows:

- To all new workers.
- To workers given new job assignments for which training was not previously provided.
- Whenever new substances, processes, procedures, or equipment are introduced to the workplace and represent a new hazard.
- Whenever we become aware of a new or previously unrecognized hazard.
- When the IIPP is substantially updated or modified.
- To supervisors to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed.
- To all workers with respect to hazards specific to each employee's job assignment.
- Whenever retraining is determined to be necessary.



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This training will include (but is not limited to):

- Explanation of our IIPP, emergency action plan and fire prevention plan, and measures for reporting any unsafe conditions, work practices, injuries and when additional instruction is needed.
- Availability/location of toilet, handwashing, and drinking water facilities.
- Provisions for medical services and first aid, including emergency procedures.
- Proper housekeeping, such as keeping stairways and isles clear, work areas neat and orderly, and promptly cleaning up spills.
- Prohibiting horseplay, scuffling, or other acts that adversely influence safety.
- Proper storage to prevent stacking goods in an unstable manner and storing materials and goods against doors, exits, for extinguishing equipment and electrical panels.

In addition, we provide specific instructions or retraining to all workers regarding hazards unique to their job assignment, to the extent that such information was not already covered or mastered in other training. Where applicable our training may also include training related to safety programs and plans related to the IIPP, when applicable to the employee's assigned duties and tasks, such as ergonomics, PPE, hazard communications, emergency action plan, medical emergencies, food safety for prevention of cross contamination, and COVID-19. Each department keeps training records for one year and sends copies to Risk Management.

RECORDKEEPING

As a local government entity, the County of Inyo is exempt from the requirement to keep records regarding the steps taken to implement and maintain the IIPP, including inspection and training records, per 8CCR3203(b)(exception 4). Risk Manager may retain such records electronically for up to three years.

RELATED DOCUMENTS

The following programs, found on the Risk/Safety page of the Intranet and from a Department Head or Personnel Office with a five business day notice, may be related to the IIPP: Heat Illness Prevention Program, Bloodborne Pathogens Exposure Control Plan, Aerosol Transmissible Disease Exposure Control Plan, Labor/Management Safety Committee statement of purpose and description, Hazard Communications Program, Workstation Ergonomics Program, Driver and Vehicle Safety Policy and Operations Procedures, Personal Protection Equipment (PPE) Policy and Procedures, Emergency Action Guide (various topics), COVID-19 Prevention Procedures, Anti-Violence Policy and Reporting Procedures, Wildfire Smoke Awareness, Hearing Conservation Plan, Medical Emergencies – Requirements for First Aid, CPR, AED training, Fall Prevention Program, and Respiratory Protection Program.

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EXHIBITS

- A. Employee Work Related Injury Illness Process (1 page)
- B. Supervisor Incident Investigation Report (1 page)
- C. Non-Employee Incident Report (1 page)
- D. Routine Inspection Form (2 pages)
- E. Employee Vehicle Accident Report (2 pages)
- F. Job Classes Required to Wear Safety Shoes (1 pages)

For other forms, see your supervisor or call Risk.

IN THE EVENT OF A WORK-RELATED INJURY:



Inyo County Employee/Volunteer Injury & Illness Process

CALL: 1-877-215-7285

► **AVAILABLE 24 HOURS A DAY**

You'll Need This: "Inyo County QS947"

PROCESS:

1. *Injured Worker notifies Supervisor.*
2. *Injured Worker immediately calls hotline.*
Supervisor may call on behalf of worker if necessary.
HOWEVER - DIAL 911 if life or limb is threatened!!!
3. *Hotline Nurse gathers information by phone and helps Injured Worker access appropriate medical treatment.*
4. *Supervisor provides claim form to Injured Worker*
5. *Supervisor completes Supervisor Incident Investigation Report and submits to Risk.*
6. *Risk follows-up directly with injured worker.*

Program Benefits

- ⇒ *Get the right treatment faster*
- ⇒ *Accelerates claim reporting*
- ⇒ *Expedites benefits determination*
- ⇒ *Speak with a medical professional*

877-215-7285

Dial 911 or go to nearest hospital if life or limb is threatened!

Please post copies of this poster in multiple locations within your worksite. If the injury is non-life threatening, please call the Inyo County Employee Injury Reporting Hotline prior to seeking treatment. Minor injuries should be reported prior to leaving the job site. Registered Volunteers should use the same hotline.

SUPERVISOR INCIDENT INVESTIGATION REPORT

Required per Inyo County IIPP and California Code of Regulations, Title 8, Section 3203(a)(5)

Inyo County requires the supervisor of an employee who sustained an injury or illness at work to do the following: (a) Direct employee to call Injury Hotline at 877.215.7285 for medical triage [In an emergency, skip Hotline and dial 911 or help employee to nearest hospital]; (b) Provide "Employee's Claim for Workers' Compensation Benefits" form (DWC-1) to employee within 24 hours of supervisor's notice of the injury or illness [Once/if employee completes & returns the DWC-1, complete your part and send to Risk]; and (c) Complete Supervisor Incident Investigation Report and email to Risk (risk@inyocounty.us). Keep originals until further notice. Employee is only required to submit a completed DWC-1 form if the employee was treated by a health care professional for the specified injury or illness.

Injured Worker's Name, Title & Department: _____

Date & Time of Incident: _____ Location of Incident: _____

Event Type (check one box): First Aid Only Near Miss (no injury) Medical Treatment and/or Lost Time

Was DWC-1 provided to Worker? YES NO If yes, how & when was DWC-1 provided? _____

What suggestions did the employee have for preventing similar incidents? _____

Describe property damage (if any): _____

Describe Incident in your own words, and include consideration of direct, indirect, and root cause: _____

Witnesses (name, address, phone): _____

What changes could be made in equipment, materials, and/or chemicals to prevent this event or exposure? _____

What changes could be made to the specific activity the employee was performing to prevent the event or exposure? _____

Corrective Actions Taken (include estimated completion dates and assignment of responsibility): _____

PRINT YOUR NAME: _____ PHONE #: _____

SIGN: _____ DATE: _____

NONEMPLOYEE INCIDENT REPORT

In compliance with general provisions of Risk Management. Call Risk with questions at 760.872.2908.

Inyo County Director/Deputy-Director/manager of an Inyo County event must complete this form in the event a member of the public sustains an injury while engaging in the event activity to document the incident and alert Risk Management for further review. Email to Risk (aholmberg@inyocounty.us) and keep originals until further notice.

Name of Injured Person: _____ Their Phone #: _____

Person's Address: _____

Date & Time of Incident: _____ Location of Incident: _____

Weather: _____ Terrain: _____

What event and what was this person's role there? _____

Injury Type (check one box): Near Miss (no injury) First Aid Only Doctor/Clinic Emergency Room

Describe incident in your own words: _____

What suggestions, if any, did the injured person have for preventing similar incidents? _____

Describe assistance provided by County Employee/s (if any): _____

Describe property damage (if any): _____

Witnesses (name, address, phone): _____

What changes could be made in equipment, materials, and/or chemicals to prevent this in future? _____

What changes could be made to the specific activity to prevent this in future? _____

Actions Taken to Prevent Recurrence (include dates and names of those responsible): _____

PRINT YOUR NAME: _____ PHONE #: _____

SIGN: _____ DATE: _____

Location/s inspected:				Date:	2022		
Inspector name & initials:				Escort:			
Signage and Recordkeeping (1-7)				Yes	No	N/A	Corrective Actions
1	Signage in parking lot indicates that parking is at owner's risk.						
2	Safety posters specific to site hazards prominently present.						
3	Is record of last 3 yrs of inspections available?						
4	Evidence to document periodic safety training as appropriate?						
5	Evidence to document new employees safety training?						
6	Occupancy limits: No room with 1 door has >49 chairs in it.						
7	Elevators have current and posted inspection notice.						
Emergency Preparedness & Fire Prevention (8-20)				Yes	No	N/A	Corrective Actions
8	Shade & Water (4oz/hr/EE) available for outdoor employees.						
9	Toilet and wash areas are clean and sanitary.						
10	Evacuation procedures, routes, & contact information are posted.						
11	Fire extinguishers: (a) w/in 75' of occupants, (b) have pin, (c) mounted, inspected within 12 months, (d) free from obstruction.						
12	Exits >=36" wide, w/o obstruction, with illuminated signs.						
13	Necessarily locked exits have interior emergency open feature.						
14	Fire doors are unlocked, closed, and not blocked open.						
15	A fire/evacuation drill occurred within 1 year.						
16	First Aid Kit: sanitary, orderly, filled, with locator signage.						
17	Is cash handling procedure acceptable??						
18	Pest & rodent controls in place and appear effective.						
19	Beacon or cell phones available @ unpowered locations.						
20	Brush/wild fire prevention measures good? Powerlines clear?						
Furniture, Storage, Hanging Objects (21-30)				Yes	No	N/A	Corrective Actions
21	Furniture, tables, desks, and chairs in good condition.						
22	Blade secured on paper trimmers.						
23	Step stools available where needed. No standing on chairs, tables, etc.						
24	Suspended lights & decorations are secured to ceiling or wall.						
25	Wall shelves are not overloaded.						
26	Bookcases & cabinets over 5½ feet are secured to wall.						
27	File drawers are closed when not in use.						
28	No storage under desks which could create a trip hazard.						
29	Materials stored to minimize unnecessary climbing, reaching and bending.						
30	No storage within 18" of sprinkler heads or 24" from ceiling.						
Machinery, Tools, Equipment (31-39)				Yes	No	N/A	Corrective Actions
31	Saws & other machines have appropriate labels & guards.						
32	Grinders: mounted, work rest@1/8", & tongue guard @1/4".						
33	Ladders have legible safety and compliance stickers.						
34	Noncompliant energy items locked out by LOBOTO trained EE						
35	Operating permits for all compressors are current & posted.						
36	Lock Out Tag Out is available to trained person on site.						
37	Tools secured to prevent breakage or falling on someone.						
38	Portable equipment inspected prior to use.						
39	Welding area ventilated & rigs have backflow regulators.						
PERSONAL PROTECTIVE EQUIPMENT - PPE (40-44)				Yes	No	N/A	Corrective Actions
40	PPE signage is present where hazmat are used/stored.						
41	PPE is available as appropriate for hazards.						
42	Is PPE maintained in sanitary condition and ready to use?						
43	Is PPE use enforced when warranted?						
44	Does the AED (if present) meet the requirements?						

Walking/Working Surfaces (45-58)		Yes	No	N/A	Corrective Actions
45	Are all floor holes & floor openings guarded?				
46	Safe walking clearance where motorized equipment is used?				
47	Is ventilation adequate?				
48	Are employees advised of safe lifting practices?				
49	Entrances, aisles & corridors (>=32"), & stairways, are clear with adequate and consistent headroom?				
50	Carpets and rugs are in good condition, flat, and secure.				
51	Floors are in good condition, flat, and dry.				
52	Stairways, ramps (with non-slip surface), and corridors are illuminated with handrails (@>3 risers)/guardrails (@>30" rise) & stair treads in good condition.				
53	Ergonomic conditions adequate for workstations & processes?				
54	Work surfaces are clean, orderly, and unobstructed.				
55	Loose broken floor tiles are removed and open space covered.				
56	Exterior walk paths sufficiently flat (<1/4" lift), unobstructed, & lit.				
57	Work areas sufficiently illuminated (Ofc>500 lux, Shop>750 lux).				
58	Absence of tree/shrub intrusion to pathways or structures?				
Electrical Hazards - base on a random sampling of your area (59-66)		Yes	No	N/A	Corrective Actions
59	Cords and plugs are in good condition.				
60	Space heaters are absent and discouraged.				
61	Surge protectors used for IT equipment & not piggybacked.				
62	Extension cords not used as permanent wiring or piggybacked.				
63	Wall plates are in place over outlets and switches.				
64	Breakers or fuse switches are clearly labeled.				
65	Light fixtures are covered for breakage and operational.				
66	Electrical panels have 36" of unobstructed access.				
Hazard Communications & Hazardous Materials (raw, waste, dust)		Yes	No	N/A	Corrective Actions
67	Is a list onsite of all HazMat present?				
68	SDS binder/information is current, complete, and easy to locate.				
69	HazCom program in place (Right to Know, labeling, & training).				
70	All containers are labeled to identify contents and hazards.				
71	Flammables are stored in approved containers and cabinets.				
72	Compressed gas cylinders are labeled, capped, secured, and upright in ventilated areas.				
73	Spill kits are available in hazardous materials storage areas.				
74	Absence of observed leak/spill of hazardous material?				
75	Hazardous waste containers closed and labeled with contents, hazard/s, and accumulation date within 6 months.				
76	U-waste containers labeled with contents, hazard, & accumulation date within 12 months.				
77	Work areas near chemicals are free of open beverages & food.				
78	Eyewash stations inspected and tagged within 12 months.				
79	Combustible debris stored safely and removed promptly.				
80	Any interiors with dust accumulation?				
Vehicle-Related Safety (81-83)		Yes	No	N/A	Corrective Actions
81	Structural measures in place to prevent vehicular intrusion.				
82	Are employees instructed to perform pretrip inspections?				
83	Do powered industrial trucks have posted safety guides?				
COMMENTS					

EMPLOYEE VEHICLE ACCIDENT REPORT

DIRECTIONS: In the event of a motor vehicle accident, get out of on-coming traffic, call the police, and then call or text 760.937.7378 (Risk Manager). Do not leave the scene until police release you. Do not discuss the event with anyone other than the police. Do not admit liability. Do not admit fault. Do not provide assurances to anyone about what the County will or will not do. Do not sign anything.

Take photos, complete this two-page report, and email to Risk (risk@inyocounty.us) within 24 hours if bodily injury or serious property damage occurred, or within 48 hours for non-serious incidents.

Vehicle Number: _____
(if not county vehicle, list vehicle make, model, year, and license plate number)

Name of Driver and Department: _____

Driver's Mobile Number: _____

Was This Person Injured? YES NO If yes, describe: _____
If an employee was injured, call Injury Hotline at (877) 215.7285 and inform Supervisor promptly.

Names of Other Occupants: _____

Were They Injured? YES NO If yes, describe: _____

Date and Time of Accident: _____

Location (be specific): _____

Describe Road and Weather Conditions: _____

Did police arrive and take a report (circle): YES NO UNKNOWN

Where did this vehicle go after incident (circle): TOWED DRIVEN AWAY _____

Traffic controls present (circle): CAUTION SIGN STOP SIGN TRAFFIC SIGNAL OTHER NONE

What Happened? _____

What could have been done to avoid this accident? _____

Information on other vehicles, pedestrians, and witnesses are on page two.

PRINT YOUR NAME: _____ DATE: _____ SIGN: _____

EMPLOYEE VEHICLE ACCIDENT REPORT

INFORMATION ON OTHER PEOPLE AND VEHICLES

How many other vehicles were involved? _____

Names of Witnesses: _____

Driver of Other Vehicle #1: _____

Driver's License Number and State: _____

Car Insurance Company and Policy Number: _____

Make, Model, Year, and License Plate #: _____

Describe Any Damage to Vehicle #1: _____

Number of other occupants to Vehicle #1: _____

Any Reported Injuries? YES NO If yes, describe: _____

Driver of Other Vehicle #2: _____

Driver's License Number and State: _____

Car Insurance Company and Policy Number: _____

Describe Vehicle: _____
(make, model, year, license plate number)

Describe Any Damage to Vehicle #2: _____

Number of other occupants to Vehicle #2: _____

Any Reported Injuries? YES NO If yes, describe: _____

Pedestrian (names and telephone numbers): _____

Any Reported Injuries? YES NO If yes, describe: _____

PRINT YOUR NAME: _____ DATE: _____ SIGN: _____