

# INJURY AND ILLNESS PREVENTION PROGRAM

## HUMAN SERVICES AGENCY CITY AND COUNTY OF SAN FRANCISCO



Approved:

A handwritten signature in black ink, appearing to read "Trent L. Rhorer", written over a horizontal line.

**Trent Rhorer**  
Executive Director

Date:

8/20/20

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# HUMAN SERVICES AGENCY INJURY AND ILLNESS PLAN

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# INJURY AND ILLNESS PREVENTION PROGRAM FOR THE HUMAN SERVICES AGENCY

## 1. POLICY

The Human Services Agency (HSA or Agency) management is committed to maintaining a safe and healthful work environment for its employees and to preventing injuries and incidents in the workplace. It is the policy of the Agency to comply with all applicable federal, state, and local occupational and environmental health and safety statutes and regulations and to improve continuously the Injury and Illness Prevention Program (IIPP or Program). Participation by all employees in making occupational safety and health programs and practices a success is both encouraged and expected.

## 2. PURPOSE AND SCOPE

This IIPP is developed in accordance with California Occupational Safety and Health Standards, California Code of Regulations (CCR), Title 8, Sections 3203 and 1509.2. This Program has been updated to reflect changes necessary to protect employees exposed to airborne infectious diseases such as the 2019 novel coronavirus disease (COVID-19) and in accordance with Cal/OSHA "Interim Guidelines on Protecting Workers from COVID-19" issued May 14, 2020. This Program applies to all Divisions within the Human Services Agency.

This is a dynamic document that will reflect the Agency's progress towards the continuous improvement of the health, safety and welfare of its employees. A copy of the IIPP shall be available to employees on the HSA Intranet. The HSA Health and Safety Team shall maintain and update this IIPP as new revisions are published. Select definitions of terms throughout this document are located in Appendix A.

## 3. ASSIGNMENT OF RESPONSIBILITIES

The Employee Health and Safety Manager is the IIPP administrator and has the authority and responsibility for implementing the provisions of this program for the Agency. All managers, supervisors and lead staff are responsible for implementing and maintaining the IIPP in their work areas and for answering employee questions about the Program.

The Deputy Director of Administration or designee shall:

- a. Procure and allocate resources to implement and maintain an effective IIPP for the Agency.
- b. Appoint employees to the Health and Safety Committee, as appropriate.
- c. Review and approve risk management policies for HSA.

### 3.1 HSA Deputy Directors

The Deputy Directors or their designee(s) shall assign program and section managers the responsibility of implementing the IIPP within their work areas. The Deputy Directors shall identify budget needs with respect to health and safety risks.

### 3.2 Program Directors/Program Managers

- a. Promote and enforce safe work practices and habits.
- b. Participate in the Health and Safety Committee if assigned.
- c. Take action to identify and minimize risks that are reasonably foreseeable.
- d. Attend training for management.
- e. Ensure compliance with the Code of Safe Practices (Appendix C), particularly as they pertain to manual work assignments (such as lifting) and physical organization of space (such as legal aisle widths, trip hazards, etc.).

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- f. Report Cal/OSHA inspections immediately to the Health and Safety Team (557-5712) and the Health and Safety Hotline (557-6400).

## 3.3 Section Managers and Unit Supervisors

- a. Notify the Health and Safety Team immediately in the event of a fatality or serious occupational injury or illness. The Health and Safety Team will then contact the nearest Cal/OSHA office. Immediately means as soon as practically possible, however no longer than 8 hours after knowledge of the incident.
- b. Promote a positive atmosphere of open communication regarding health and safety concerns, free from harassment, discrimination, and fear.
- c. Ensure employees have attended all periodic safety training and required regulatory training as designated by HSA policies, procedures, and guidelines.
- d. Report any facility related safety, health risks or concerns to the Building Manager.
- e. Review operations periodically to verify that they are being performed safely.
- f. Commend employees who perform tasks safely and coach employees when at risk behaviors are observed.
- g. Investigate and respond to safety risks reported by employees. Communicate with the Health and Safety Team and/or the Director of Operations as needed. Maintain and send all documentation if any to the Health and Safety Team.
- h. Report Cal/OSHA inspections immediately to the Program Director, the Health and Safety Team and the Health and Safety Hotline.
- i. Complete Incident Reports and Workers Compensation documentation on the same day/shift that an injury or illness is reported. Send Incident Reports and Workers Compensation documentation to the Office of Civil Rights (OCR).

## 3.4 Employees

- a. Comply with and promote departmental health and safety guidelines and policies.
- b. Observe and follow the Code of Safe Practices (Appendix C).
- c. Report any potential safety or health risk to their supervisor immediately, either verbally or in writing by using the Risk Communication Form (form 8030) found in Appendix D. A copy of the Risk Communication form must be forwarded to the HSA Health and Safety Team and the Operations/Facilities Division, via [HRhealthandsafety@sf.gov](mailto:HRhealthandsafety@sf.gov) and [HSAFacilities@sfgov.org](mailto:HSAFacilities@sfgov.org).
- d. Report all occupational injuries and illnesses to their Unit Supervisor or Section Manager immediately and provide supplementary information as requested.
- e. Correct hazardous conditions if possible and safe to do so (for example, clean-up of a spilled beverage).
- f. Ask for assistance or guidance on the safest way to do each task.
- g. Encourage other employees to work safely.
- h. Shall not undertake any task, use any tool, or operate equipment unless authorized to do so.
- i. Attend scheduled Health and Safety training meetings.
- j. Use and maintain personal protective equipment (PPE) required for safe job performance.
- k. Follow department policies related to security, including display of HSA identification badges upon entry to any HSA site.

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## 3.5 Building Managers

- a. If assigned, participate in the Health and Safety Committee.
- b. Conduct and document quarterly inspections and report any potential hazards using a Safety Inspection Checklist form (Appendix G) and send to the Health and Safety Team via [HRhealthandsafety@sf.gov.org](mailto:HRhealthandsafety@sf.gov.org) and to the Operations/Facilities Division via [HSAFacilities@sfgov.org](mailto:HSAFacilities@sfgov.org). See Section 6, Hazard Assessment, for additional information.
- c. Maintain a Deficiency Abatement Log (Appendix B) for servicing problems/issues that are identified as needing correction.
  - i. The Building Manager will be contacted by Unit Supervisors who have come across health and/or safety concerns related to the building (e.g. plumbing problems, or a hole in a wall). The Unit Supervisor and/or Building Manager shall contact the Operations/Facilities Division. For routine matters, an email should be sent to [HSAFacilities@sfgov.org](mailto:HSAFacilities@sfgov.org). More urgent concerns should be reported to the Health and Safety Hotline and to [HSAFacilities@sfgov.org](mailto:HSAFacilities@sfgov.org).
  - ii. Follow-up of all corrective actions is the responsibility of the Building Manager who will be in contact with the Operations/Facilities Division.
- d. Provide a copy of the Deficiency Abatement Log quarterly to the Health and Safety Team.
- e. Assure identified risks are corrected. This may include coordination with the Facilities/Operations Division.
- f. Ensure all required health and safety posters are posted and unobstructed.
- g. Maintain and post a Facility Fact Sheet (Appendix E).
- h. Coordinate with the Operations/Facility Division and/or the HSA Disaster Preparedness and Response Division on facility issues such as:
  - i. Emergency drills
  - ii. Security
  - iii. Facility access

## 3.6 Operations/Facilities Division

- a. Communicate with the HSA Industrial Hygienist regarding any new chemical substances being used in the workplace.
- b. Maintain and respond to requests from the Health and Safety Hotline.
- c. Track health and safety related requests to assure all requests are logged and resolved in a timely manner, and that originators of the requests are kept informed of the status.
- d. Notify Building Managers and Program Directors prior to initiating work related to health and safety in the building and provide:
  - i. A description of the type of work
  - ii. Any special needs for the work
  - iii. Any building disruptions
- e. Abate items summarized by the Health and Safety Team regarding Cal/OSHA citations as they pertain to facility issues.
- f. Assure contractors comply with all state and local codes and regulations.
- g. Assure environmental issues (e.g. lead and asbestos) are reviewed and sent to the Health and Safety team prior to the issuance or start of any work.

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- h. Require contractors to sample all suspected building materials for asbestos, and if applicable lead, prior to disturbing the material. Send all laboratory results to the HSA Health and Safety team.
- i. Assure all asbestos abatement is performed according to state and local regulations.
- j. Assure building fire suppression, alarm systems and egress methods comply with all applicable state and local codes and regulations.
- k. Obtain and maintain annual maintenance records for the HVAC systems; this is applicable to all buildings with forced-air HVAC systems.
- l. Maintain chemical manufacturer Safety Data Sheets (SDS) and ensure that all potentially toxic substances are handled and stored properly.
- m. Maintain a pest management program.
- n. Ensure compliance with the Code of Safe Practices (Appendix C) particularly as they pertain to manual work assignments (such as lifting) and physical organization of space (such as legal aisle widths, trip hazards, etc.).
- o. Coordinate facility issues such as:
  - i. Maintenance and repair of HVAC systems
  - ii. Asbestos notifications
  - iii. Incoming contractors' safety data sheets (SDSs) and safety notifications

## 3.7 Human Resources Health and Safety Office

- a. Complete the Occupational Injury and Illness and Workers' Compensation quarterly and annual reports and distribute them to the Health and Safety Committee, and other levels of management as appropriate.
- b. In conjunction with the Operations/Facilities Division, provide technical assistance in the abatement listed on Cal/OSHA citations as they pertain to facility issues, correspond with Cal/OSHA, and maintain all copies of correspondence.
- c. Maintain and provide Cal/OSHA Form 300 Log and Summary of Occupational injuries and illnesses for posting at all building locations.
- d. Assist with investigations of serious injuries and illnesses, including review of incident reports.
- e. Responsible for tracking issues for the Health and Safety Committee.
- f. The Industrial Hygienist (IH) shall provide technical assistance and support for development, implementation and maintenance of Cal/OSHA required plans and programs.
- g. Review Personal Protective Equipment (PPE) for employees as applicable. Enforce proper use and maintenance of PPE.
- h. The IH shall respond to Cal/OSHA violations and related complaints as assigned by the Health and Safety Manager.
- i. The IH shall consult on any concerns related to chemicals, asbestos, lead, and any other construction-related hazards.
- j. The Health and Safety team shall organize and/or conduct required Cal/OSHA trainings.

## 3.8 Health and Safety Committee

- a. Consists of representatives from the HSA divisions as determined by the HSA Deputy Director of Administration or designee.
- b. Be chaired by the Employee Health and Safety Manager.

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- c. Meet at least quarterly and more frequently as needed.
- d. Prepare and distribute meeting notices, agendas and minutes.
- e. Maintain meeting records for at least one (1) year.
- f. Review investigations of alleged hazardous conditions brought to the attention of any committee member. When determined necessary, the committee may conduct its own inspection and investigation to assist in remedial solutions.
- g. Review and resolve health and safety issues forwarded from Building Managers. For some issues, this may include review and approval of a plan of action that identifies responsible parties, appropriate resources as necessary, and target dates for completion.
- h. Verify actions taken to abate Cal/OSHA citations as requested by the California Division of Occupational Safety and Health (DOSH).

## 3.9 Disaster Preparedness and Response Division

- a. Participate in the Health and Safety Committee.
- b. Maintain the written EAP (Emergency Action Plan) and disseminate updated versions to the Health and Safety Team and the Operations/Facilities Division.
- c. Notify the Health and Safety Team and the Operations/Facilities Division of any deficient areas or situations in terms of disaster preparedness, and collaborate as needed.
- d. Maintain the EAP & Emergency Preparedness training-related records and provide to the Health and Safety Team if requested.
- e. Manage the identification and development of EAP-related trainings.

## 3.10 Security Guards

A private security company under contract with the Human Services Agency is responsible for maintaining security at most HSA properties. Facilities that are shared with other companies and organizations have security contracts with the other building occupants. The vendor is required to comply with contract provisions in order to maintain the highest possible level of security for employees and clients.

## 4. COMPLIANCE

- 4.1 Management is responsible for ensuring that all safety and health policies and procedures are communicated clearly and understood by all employees. Supervisors and lead staff are expected to enforce the rules fairly and uniformly.
- 4.2 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.
- 4.3 The following is HSA's system for ensuring that all employees comply with the rules and maintain a safe work environment:
  - a. Informing employees of the provisions of the IIPP;
  - b. Evaluating the safety performance of all employees;
  - c. Recognizing employees who perform safe and healthful work practices;
  - d. Providing training to employees whose safety performance is deficient;
  - e. Disciplining employees for failure to comply with safe and healthful work practices.
  - f. Providing quarterly Health and Safety Trainings.

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4.4 The Risk Communication Form 8038 in Appendix D is a tool that encourages the reporting and documentation of unsafe or unhealthy work conditions and situations. The form shall be:

- a. Used by employees to provide notification to management. Employees may submit these forms anonymously to their Supervisor, the Building Manager, or to the Health and Safety Team ([HRhealthandsafety@sf.gov.org](mailto:HRhealthandsafety@sf.gov.org)).
- b. Used by management to document verbally reported concerns, although the employee should be encouraged to personally complete the form.
- c. Easily accessible for employee use; available on the HSA intranet.
- d. Sent to the HSA Health and Safety Team and Operations/Facilities Division.

## 5. COMMUNICATION

Effective communication is an essential element of an IIPP. To ensure a safe, healthy and secure workplace, it is necessary to maintain open, two-way communication without fear of reprisal. Positive reinforcement for a job well done is as important as constructive criticism, or questioning to improve a situation. Either party may initiate communication, but it is especially important for management to help maintain their visibility in the workplace and to demonstrate their commitment to employees in improving health and safety in the workplace. HSA uses the following methods to encourage flow of health and safety information between management and employees:

- a. New employee orientation includes an overview of Agency health and safety policies.
- b. Follow-through by supervisors to ensure effectiveness.
- c. Workplace-specific safety and health training.
- d. Health and Safety Committee meetings held on a quarterly basis – or, more frequently if deemed necessary by the presence of hazards or occurrence of injuries and illnesses.
- e. Effective communication of safety and health concerns between employees and supervisors, including language translation where appropriate.
- f. Posted safety information at each facility including:
  - i. Cal/OSHA poster, “Safety and Health Protection on the Job”
  - ii. Annual Cal/OSHA Form 300, “Log and Summary of Occupational Injuries and Illnesses” (mandatory posting from February 1<sup>st</sup> to April 30<sup>th</sup> each year)
  - iii. Any current Cal/OSHA citations and letters of alleged condition(s) (mandatory posting at the location listed on the citation or letter)
  - iv. Notice of worker’s compensation carrier
  - v. “Access to Medical Records” poster
  - vi. Facility Fact Sheet (Appendix E)
  - vii. Facial Covering and Social Distancing Posters
- g. A system for employees to inform anonymously management about workplace hazards. Employees may submit concerns to the Agency Health and Safety Team on the Risk Communication Form (Appendix D).
- h. General safe work practices with respect to hazards unique to the employees' job assignment. Examples include vehicle safety and site-specific codes of safe work practices.

## 6. HAZARD/RISK ASSESSMENT

6.1 As-needed inspections to identify and evaluate workplace hazards shall be performed by the Health and Safety Team and/or Operations/Facilities Division. An inspection may occur:



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- a. When new substances, processes, procedures or equipment that present potential new hazards are introduced into the Agency workplace;
- b. When new, previously unidentified hazards are recognized;
- c. When occupational injuries and illnesses occur and warrant an inspection;
- d. When HSA hires and/or reassigns employees to complete a new task for which a hazard evaluation has not been previously conducted; and
- e. Whenever workplace conditions warrant an inspection.

Inspections may utilize applicable sections of the Risk Evaluation Checklist found in Appendix H, and any other effective methods to identify and evaluate workplace hazards.

## 7. ACCIDENT/EXPOSURE INVESTIGATIONS

The Health and Safety Team and/or Operations/Facilities Division shall investigate workplace accidents, hazardous substance exposures and near misses. The investigation will include:

- a. Visiting the scene as soon as possible;
- b. Interviewing affected employees and witnesses;
- c. Examining the workplace for factors associated with the accident, exposure, or near miss;
- d. Determining the causes of the accident, exposure, or near miss;
- e. Taking corrective action to prevent the accident, exposure, or near miss from reoccurring;
- f. Recording the findings and corrective actions.

## 8. HAZARD CORRECTION

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

- a. When observed or discovered; and
- b. When an imminent hazard exists which cannot be immediately abated without endangering employees and/or property.

For example, a spilled beverage should be cleaned up as quickly as possible. However, other accidents, such as a large plumbing leak, will require that the employees notify their Unit Supervisor who is responsible for notifying the Building Manager. The Unit Supervisor and/or Building Manager shall contact the Health and Safety Team and the Operations/Facilities Division.

Follow-up of all corrective action plans is the responsibility of the Building Manager and is an important part of the injury prevention process. Outstanding or unresolved issues should be brought to the attention of the Operations/Facilities Division, the Health and Safety Team and/or the Health and Safety Committee.

## 9. REPORTING OCCUPATIONAL INJURIES AND ILLNESSES

### 9.1 Notification

Employees shall report occupational injuries or illnesses to their Unit Supervisor as soon as possible following the occurrence or knowledge of occurrence of the incident.

- a. In the case of injuries that do not require immediate emergency treatment, the employee will report the injury to their Unit Supervisor, if possible, prior to seeking medical treatment at the SFGH or Kaiser OHS, other approved clinics, or their predesignated personal physician.

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- b. In the case of injuries that do require immediate emergency medical treatment, employees must inform the Unit Supervisor as soon as possible. Unless they are medically unable to do so, employees must inform their Unit Supervisor on the same day/shift of the injury.
- c. In the case of potential occupational illnesses, employees shall report the illness to their Supervisor.

## 9.2 Medical Treatment

The Unit Supervisor shall assist employees in obtaining prompt medical treatment of occupational injuries and illnesses, as necessary. See Appendix I.

- a. Call 911 for an ambulance if the employee's condition is serious or immediately life threatening.
- b. For non-life threatening injuries the supervisor and/or the employee should call the CCSF Injury Reporting Hotline that is staffed 24 hours a day by nurses. The Injury Reporting Hotline number is 1-855-850-2249. The nurse can advise the employee regarding appropriate medical treatment and is available to assist the employee and/or supervisor with the WC forms.
  - i. See Appendix I for current information on treatment locations, contacts and hours of operation.
- c. If the employee's condition is not immediately life threatening, the Unit Supervisor should arrange for the employee's safe transport to a designated treatment facility. Employees should not drive themselves to treatment. Arranging for a ride through a taxi or other a paid ride options are acceptable and the employee should be advised to submit the expense to the workers compensation claims examiner.

## 9.3 Documentation

On the same day/shift of an employee or a Unit Supervisor having knowledge of an occupational injury or illness, the Unit Supervisor (not the employee) shall complete the following forms and send to the Human Resources Office of Civil Rights (OCR) via e-mail at [HSACivilRights@sfgov.org](mailto:HSACivilRights@sfgov.org), or interoffice mail. Copies of each form are available on the HSA Intranet.

- a. Complete a Supervisors Incident Investigation (SIIR) form.
- b. Complete an Employer's Report of Occupational Injury or Illness Form (form 5020). Note: If all the details of the incident are not known due to the employee's unavailability or cannot be obtained quickly, submit the form with as much information as possible. A written supplement may be submitted as soon as the information is available.
- c. Complete the employer's section of the Employee Claim for Workers' Compensation Benefits Form (Form DWC-1) and have the employee complete their section.
- d. Incident forms do not have to be completed prior to the employee seeking medical treatment.

The SIIR, 5020 and DWC-1 must be completed regardless of the severity of the injury or illness. These forms must be completed whether or not the employee wants to receive worker's compensation benefits.

Employees must provide OCR ([HSACivilRights@sfgov.org](mailto:HSACivilRights@sfgov.org)) with a copy of the Attending Physician's Report, or equivalent, after each visit to a medical facility. OCR will provide a release slip for the Unit Supervisor's record.

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## 9.4 Fatal/Catastrophic Event

In the event of a fatality or serious occupational injury or illness, the Unit Supervisor shall notify OCR, the Employee Health and Safety Team, and the Program Manager to ensure the nearest Cal/OSHA office is contacted immediately. Immediately means as soon as practically possible, but no more than 8 hours after the employer knows of the incident.

A serious injury or illness means any injury or illness occurring in a place of employment or in connection with any employment which:

- a. Requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation; or
- b. An employee suffers a loss of any member of the body, or
- c. An employee suffers any serious degree of permanent disfigurement, but does not include any injury or illness or death caused by the commission of a Penal Code violation, except violation of Section 385 of the Penal Code or an accident on a public street or highway. Penal Code Section 385 refers to work near high voltage wires and/or overhead conductors.

The Program Director, the Director of Operations, and/or Employee Health and Safety Manager shall also immediately call the Deputy Director of Administration. If the Deputy Director is not available, the Unit Supervisor shall contact the Deputy Director of the program.

9.5 Resource Contact List: Appendix K contains a list of names and numbers as a resource directory.

## 10. CAL/OSHA INSPECTIONS AND CITATIONS

Any employee receiving notification of a Cal/OSHA inspection will notify their immediate supervisor and the Health and Safety Hotline. The Supervisor/Manager will:

- a. Notify the Employee Health and Safety Team and/or the Operations/Facilities Division of the impending inspection and request an appropriate staff member to be present during the inspection.
  - i. If the employee's immediate supervisor is not immediately available, the employee must notify the Director of Operations and/or the Employee Health and Safety Team.
- b. Accompany the Cal/OSHA representative on the inspection or assign a designee, who will take notes of the inspection and provide records as requested.
  - i. If arrival of the Employee Health and Safety Team staff member and/or an Operations/Facilities Division staff member is anticipated, a delay in the start of the inspection should be requested from the Cal/OSHA representative.

If Cal/OSHA issues a citation, corrective action to abate a Cal/OSHA citation will be initiated and completed as soon as possible, with input from the Employee Health and Safety Team and/or the Operations/Facilities Division.

The Health and Safety Team will correspond with Cal/OSHA, and maintain all copies of correspondence in the Health and Safety Team.

Following an inspection or correspondence by Cal/OSHA, the Health and Safety Team and/or the Operations/Facilities Division shall also:

- a. Inform the Deputy Director of Administration and the Director of Human Resources of any citations received.
- b. Assure that a copy of the citation is forwarded to the Building Manager and posted on a Bulletin Board for a period of three (3) days or until the risk has been abated, whichever is longer.

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## 11. EMERGENCY PREPAREDNESS

All HSA occupied properties, with the support of the Building Manager, shall implement the written EAP (Emergency Action Plan), prepared by the HSA Disaster Preparedness and Response Division.

The Disaster Preparedness and Response Division will organize and initiate employees training on the components of the EAP that apply to their building or program. Employees are responsible for participating in the safe and orderly evacuation in the event of an emergency. If necessary, as in the case for some staff in the Operations/Facilities Division, they will be informed to continue to perform critical operations. All new or transferred employees will be trained upon initial assignment of their building's evacuation procedures and emergency functions, if applicable. The Disaster Preparedness and Response Division will notify the Health and Safety Team and the Operations/Facilities Division whenever the EAP has changed or been updated.

The Disaster Preparedness and Response Unit will conduct emergency drills to test the effectiveness of the EAP and prepare staff in the event of a disaster. Building Managers will take part in the drills and will be responsible for notifying both the HSA Operations/Facilities Division and the Health and Safety Team in advance. The EAP states that the Disaster Preparedness and Response Unit will:

- a. Coordinate trainings necessary related to the implementation and execution of the EAP.
  - i. Trainings include: Floor Monitor training, first aid and CPR, and Stryker Evacuation Chair use.
- b. Update the appendix section of each HSA property's EAP, in conjunction with Building Managers.
  - i. The appendix will include, at a minimum, a description of the facility, Safe Refuge Area(s), identification of alarm system, fire suppression system, fire exits, and emergency lighting.
- c. Maintain and update, at least annually, the floor monitor roster for each building.
- d. Coordinate the essential functions covered by the floor monitors, including floor evacuations and sweeps, building and utility assessment, and light rescue.
- e. Prepare an annual report summarizing evacuation & drills conducted for Executive Management review.

Per the HSA IIPP, when an emergency is taking place, the Disaster Preparedness and Response Division will remove affected staff members from areas if health or welfare is endangered. The sequence of action for removal of employees is as follows:

- a. Advise HSA management staff of dangerous or deficient situations as needed.
- b. Temporarily relocate employees to a different work area until the risk is stabilized or abated.
- c. Allow employees to go home with the option of use of their own leave time (e.g., vacation or comp), subject to management approval.
- d. Allow employees to temporarily work at home, subject to job feasibility and the approval of the HSA Executive Director.

Note: In situations that may affect multiple work sites or have citywide implications (earthquake, wildfire, severe heat), more specific instructions may be issued from the Office of Emergency Services or the Mayor's Office. These instructions would supersede the provisions of this section, and may include provisions for employees to report to, and work at emergency work sites.

Participation of all employees in emergency response and preparedness activities (emergency drills, training, etc.) is expected.

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## 12. WORKPLACE VIOLENCE PREVENTION

The Human Services Agency has a zero tolerance policy for violence in the workplace. A Workplace Violence Prevention Plan has been developed and is located on the HSA Intranet. Employees have ready access to forms for reporting actual or potential workplace violence and have been instructed on how to make reports.

If reported incidents cannot be managed quickly by Unit Supervisors and Section Managers, Section Managers are instructed to contact the Management Response Team. It is a standing committee comprised of the Deputy Director of Administration, the Director of Human Resources, the Director of Operations, the Employee Health and Safety Manager, the Director of Program Integrity and Investigations, a representative of the City Attorney's office (if needed), and other managers as needed.

Incidents are generally resolved quickly, and information is communicated to management and to staff involved in the incident as appropriate.

## 13. PROTECTION FROM INFECTIOUS DISEASES

The Agency will take the following steps to prevent the spread of infectious diseases such as COVID-19, a respiratory illness thought to be spread through droplet transmission, according to the US Centers for Disease Control and Prevention (CDC):

- a. Require that employees fill out a daily health screening survey to assess COVID-19 symptoms;
- b. Immediately send employees home or to medical care, as needed, for COVID-19 symptoms such as frequent cough, fever, difficulty breathing, chills, muscle pain, headache, sore throat, recent loss of taste or smell or diarrhea.
- c. Ensure employees who are out ill with fever or acute respiratory symptoms do not return to work until all of the following occur:
  - i. At least 24 hours pass with no fever (without the use of fever-reducing medications) and no acute respiratory symptoms; and
  - ii. At least 10 days pass since the symptoms first appeared.
- d. Encourage employees to telework from home, when possible.
- e. Practice physical distancing by cancelling in-person meetings, using video or telephonic meetings, and maintaining a distance of at least 6 feet between persons at the workplace, when possible.
- f. Provide employees with facial coverings or encourage employees to use their own cloth facial coverings for use whenever employees may be in the workplace with other persons.
  - i. Facial coverings are not personal protective equipment (PPE), but combined with physical distancing of at least six feet, may help prevent infected persons without symptoms from unknowingly spreading COVID-19.
  - ii. The CDC recommends that the general public not use hospital-grade surgical masks or N95 respirators, in order for these critical supplies to be available to health care workers and first responders.
- g. Employees will avoid shared workspaces (desks, offices, and cubicles) and work items (phone, computers, other work tools, and equipment) when possible.
  - iii. If they must be shared, clean and disinfect shared workspaces and work items before and after use.
- h. Establish procedures to routinely clean and disinfect commonly touched objects and surfaces such as elevator buttons, handrails, copy machines, faucets, and doorknobs.

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The Agency is providing disinfectants that are EPA-approved for use against the virus that causes COVID-19 as follows:

- i. Providing EPA-registered disposable wipes or EPA-registered cleaning solution and paper towels for employees to wipe down commonly used surfaces before and after use.
  - ii. Following the manufacturer's instructions for all cleaning and disinfection products (e.g. safety requirements, PPE, concentration, contact time).
  - iii. Ensuring there are adequate supplies to support shifting needs for cleaning and disinfection practices.
- i. If an employee is confirmed to have COVID-19 infection:
    - i. A confirmed COVID-19 infection is a positive result from a laboratory-analyzed test.
    - ii. Identify employees who were in the areas occupied by the employee who had the confirmed infection.
    - iii. Inform them of their possible exposure to COVID-19 in the workplace and maintain confidentiality as required by the Americans with Disabilities Act (ADA).
    - iv. Temporarily close the general area where the infected employee worked until cleaning is completed.
    - v. Conduct deep cleaning of the entire general area where the infected employee worked and may have been, including breakrooms, restrooms and travel areas, with a cleaning agent approved for use by the EPA against COVID-19.
      - Any person cleaning the area should be equipped with the proper PPE for COVID-19 disinfection (disposable gown, gloves, eye protection, mask, or respirator if required) in addition to PPE required for cleaning products. See below for further information on PPE.
  - j. Advise employees to avoid non-essential travel if possible and check the CDC's online Traveler's Health Notices prior to travel.
  - k. To protect those employees with frequent contact with the public, arrange work and implement measures that account for the possibility that the public is a possible contamination source, including:
    - i. Conduct even more frequent cleaning and disinfection of surfaces touched by the public such as service counters and doors.
    - ii. Protect workers who have frequent interaction with the public with engineering controls such as Plexiglas screens or other physical barriers, or spatial barriers of at least six feet, if feasible.
    - iii. The Agency will require clients to wear facial coverings, unless otherwise noted by the Department of Public Health.
    - iv. Schedule work to allow frequent hand washing by employees handling items (such as debit cards) touched by members of the public.
    - v. Enforce physical distancing by limiting the number of clients in lobbies, training spaces and client waiting areas.
    - vi. Provide workers handling items touched by the public with PPE (i.e., disposable gloves).

# INJURY AND ILLNESS PREVENTION PROGRAM

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## 14. TRAINING AND INSTRUCTION

14.1 All employees, including management, supervisors, and lead staff shall have training and instruction on general and job-specific safety and health practices. Training and instruction shall be provided as follows:

- a. To all new employees;
- b. To employees given new job assignments for which training has not previously been provided;
- c. Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard;
- d. Whenever the HSA becomes aware of a new or previously unrecognized hazard;
- e. To supervisors to familiarize them with the safety and health hazards to which employees under their immediate direction and control may be exposed; and
- f. To all employees with respect to hazards specific to each employee's job assignment (e.g. infectious disease control and asbestos awareness).

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

- a. Explanation of the HSA IIPP, emergency action plan (EAP), fire protection plan, and measures for reporting any unsafe conditions, work practices, injuries and when additional instruction is needed.
- b. Provisions for medical services and first aid, including emergency procedures.
- c. Proper housekeeping, such as keeping stairways and aisles clear, work areas neat and orderly, and promptly cleaning up spills.
- d. Prohibiting horseplay, scuffling, or other acts that adversely influence safety.
- e. Proper storage to prevent stacking goods in an unstable manner; and storing materials and goods against doors, exits, for extinguishing equipment and electrical panels.

14.3 HSA provides specific instructions to all employees regarding hazards unique to their job assignment, to the extent that such information was not already covered in other training.

14.4 Provide training to protect against the spread of COVID-19, as detailed by the CDC and the San Francisco Department of Public Health (SFDPH) through their guidance documents and websites, and other infectious diseases:

- a. General description of COVID-19, symptoms, when to seek medical attention, how to prevent its spread, and the employer's procedures for preventing its spread at the workplace.
- b. How an infected person can spread COVID-19 to others even if they are not sick.
- c. How to prevent the spread of COVID-19 by using cloth facial coverings, including:
  - i. CDC guidelines that everyone should use cloth facial coverings when around other persons.
  - ii. How cloth facial coverings can help protect persons around the user when combined with physical distancing and frequent hand washing.
  - iii. Information that cloth facial coverings are not protective equipment and do not protect the person wearing a cloth face cover from COVID-19.
  - iv. Instructions on washing and sanitizing hands before and after using facial coverings, which should be washed after each shift.
- d. Cough and sneeze etiquette.

# INJURY AND ILLNESS PREVENTION PROGRAM

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- e. Washing hands with soap and water for at least 20 seconds, after interacting with other persons and after contacting shared surfaces or objects. Avoiding touching eyes, nose, and mouth with unwashed hands.
- f. Avoiding sharing personal items with co-workers (i.e., dishes, cups, utensils, towels).
- g. Providing tissues, no-touch disposal trashcans and hand sanitizer for use by employees.
- h. Safely using cleaners and disinfectants, which includes:
  - i. The hazards of the cleaners and disinfectants used at the worksite.
  - ii. Wearing PPE (such as gloves).
  - iii. Ensuring cleaners and disinfectants are used in a manner that does not endanger employees.

## 15. ACCESS TO RECORDS/RECORDS RETENTION

HSA has taken the following steps to implement and maintain this IIPP:

15.1 Quarterly inspections conducted by Building Managers for HSA properties using the Deficiency Abatement Log (Appendix B) and the Safety Inspection Checklist (Appendix G). Any potential workplace hazards (i.e., unsafe conditions and work practices that have been identified) and the any action(s) taken to correct them should be reported to the Health and Safety Team.

15.2 Employees have the right to access exposure records. Records may be obtained by providing a written request to the Employee Health and Safety Team.

15.3 Building Managers shall forward to the HR Health and Safety Team and maintain copies of the following records:

- a. Periodic risk evaluations and risk abatement
- b. Reports of unsafe/unhealthy work conditions
- c. Training records and safety meeting records
- d. Current Facility Fact Sheet

15.4 The Employee Health and Safety Team and OCR will maintain the following records:

- a. Occupational injury and illness records for at least five (5) years
- b. Incident investigation records for at least five (5) years
- c. Annual OSHA 300 Log for at least five (5) years

## 16 OTHER REQUIRED PROGRAMS

The California Division of Occupational Health and Safety requires other programs in addition to the IIPP. Cal/OSHA required programs at HSA include the Aerosol Transmissible Disease Program, the Asbestos Management Program, Emergency Action Plan, Fire Prevention Plan, Hazard Communication Program, and the Respiratory Protection Program. These plans are available on the HSA intranet in the Human Resources Health and Safety section.



# **APPENDIX A**

## **DEFINITIONS**

Issued: 6/01  
Revision 01: 6/07  
Revision 02: 8/19  
Revision 03: 06/20

# INJURY AND ILLNESS PREVENTION PROGRAM

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<b>DEFINITIONS</b>	
<b>CAL/OSHA</b>	California Occupational Safety and Health Administration, Department of Industrial Relations, Division of Occupational Safety and Health for the State of California. This state agency is responsible for promulgating and enforcing occupational health and safety standards.
<b>CAL/OSHA Recordable Incident</b>	Record those work-related injuries and illnesses that result in: death, loss of consciousness, days away from work, restricted work activity or job transfer, or medical treatment beyond first aid.
<b>CAL/OSHA Reportable Incident</b>	Any incident involving a serious injury or illness, or death of an employee occurring in a place of employment or in connection with any employment. Immediately means as soon as practically possible, however no longer than 8 hours after the employer knew of the incident.
<b>Deficiency Abatement Log</b>	Forms for Building Managers of HSA properties to keep track of building-related issues. They should be forwarded to the Operations/Facilities Division for resolution. The risk assessment code (RAC) indicating hazard severity and mishap probability must be noted on the log.
<b>Division of Occupational Safety and Health (DOSH)</b>	California Department of Industrial Relations, Division of Occupational Safety and Health
<b>IIPP</b>	Injury and Illness Prevention Program required under California Code of Regulations (CCR), Title 8. It is a written plan containing health and safety procedures that are not only documented in writing, but are put into practice on a day-to-day basis.
<b>Near Miss</b>	An event with the potential to produce a serious occupational injury or illness or significant property damage, which may or may not have produced work place disruption, but did not involve a recordable occupational injury or illness. Documentation of all near miss events is encouraged and expected.
<b>Occupational Injury/Illness</b>	Any illness or injury, physical or emotional, which occurs in the course of employment and arises because of an employee's work or working conditions.
<b>Personal Protective Equipment (PPE)</b>	Personal protective equipment includes hand, foot and head protection, protective clothing, and other equipment that helps protect the body from various hazards.
<b>Risk Assessment Codes (RAC)</b>	A risk assessment code indicates the severity of the risk associated with the deficiency or hazard.
<b>Serious Occupational Illness or Injury</b>	A serious injury or illness means any injury or illness which requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation; or an employee suffers a loss of any member of the body, or any serious degree of permanent disfigurement, or death.

**APPENDIX B**  
**DEFICIENCY ABATEMENT LOG**



**APPENDIX C**  
**CODE OF SAFE PRACTICES**

# INJURY AND ILLNESS PREVENTION PROGRAM

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## GENERAL CODE OF SAFE PRACTICES FOR ALL EMPLOYEES at all HSA OFFICE SITES

It is the policy of the Human Services Agency that everything possible will be done to protect employees from accidents and illnesses at HSA sites. Safety is a cooperative undertaking that requires participation by every employee. The following code of safe practices applies to all HSA employees.

### General Safety Precautions

- Do not open more than one file cabinet drawer at a time. This can cause the cabinet to become unstable and susceptible to tipping.
- Store material inside a file cabinet so that the heaviest load is closest to the floor to avoid making it top heavy and unstable.
- Do not leave a file cabinet or desk drawers open. They could become a tripping or bumping hazard.
- Tall bookshelves must be bolted to the wall. Request assistance from the Operations/Facilities Division if you have one that is not bolted.
- Do not stack items precariously on top of file cabinets, lockers, shelves, or other high places.
- Work areas should be maintained in a neat, orderly manner. Trash and refuse must be thrown into proper receptacles.
- All spills must be wiped up promptly. If staff cannot clean them up easily, call the Operations/Facilities Division.
- Always use proper lifting techniques.
- Request assistance from the Operations/Facilities Division when you need to move anything that is heavy.
- Do not attempt to lift or push heavy items yourself.

### Safe Access and Egress

- Keep all aisles, corridors and emergency exits clear of boxes, files, furniture, and other items to prevent tripping hazards and to ensure speedy emergency access.
- Exits must be kept clear. They must be well lighted and unlocked during occupancy.
- Stairways must be kept clear of items that could be tripped over or that could create fire hazards or impede egress.
- Materials and equipment must not be stored against any doors or exits.

### Electrical Cords and Equipment

- Electrical cords must not be strung across rooms, cubicles, or passageways. They may become tripping hazards. In addition, wear and tear from walking on the cords may cause them to fray and become fire hazards. If you need help arranging your power supply, please contact the Operations/Facilities Division.
- Each circuit is wired for four employees and will support all assigned electrical equipment.
- Do not overload the circuit by adding extension cords to power strips. This will trip the circuit. Continuous tripping or overheating could cause an electrical fire.
- Be aware that the following equipment could cause an electrical overload:
  - Space Heater
  - Small refrigerator
  - Coffee Maker
  - Other small appliances not issued by HSA
- Microwaves may be used in common areas such as a breakroom or lunchroom. Small appliances such as food warmers and non-radiator heaters within work areas should only be for personal use and not widely shared. If a personal appliance appears to be used improperly or

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creates a hazard, the employee may be approached by a member of the Operations/Facilities Division, a Building Manager, and/or the Health and Safety Team and advised to remove the item.

- Appliances with frayed cords and/or showing signs of overheating should be removed or replaced.
- Turn off all heaters, fans and lights when you leave the office.

## **Preventing Slips, Trips and Falls**

- Wear comfortable footwear with a good sole to reduce leg and back strain and to help prevent slips, trips and falls.
- Clean-up or report spills as they are noticed.
- Be aware of your walking surface both indoors and outdoors.
- Use approved step stools and ladders in the workplace. Never stand on a chair.
- Use handrails when provided.
- Electrical cords, cables, boxes, and other items can create tripping hazards.
- Report uneven, defective flooring, worn spots in carpets, chipped tiles and worn stair treads to the Operations/Facilities Division.

## **Infectious Disease Protection**

- Avoid use of other employee's work items such as phones, computers, work tools (ex. staplers) when possible and if they must be shared, clean and disinfect shared work items before and after use.
- Provide employees with facial coverings or encourage employees to use their own facial coverings whenever employees may be in workplaces with other persons.
- Maintain social distancing with others, i.e. six feet apart.
- Engage in appropriate cough and sneeze etiquette.
- Wash hands with soap and water for at least 20 seconds after interacting with other persons and after contacting shared surfaces or objects.
- Avoid touching eyes, nose, and mouth with unwashed hands.
- Avoid sharing personal items with co-workers (i.e. dishes, cups, utensils, towels.)

## **Reporting Unsafe Working Conditions**

- Report unsafe or unhealthy working conditions to your supervisor immediately.
- Report hazardous conditions to the Health and Safety Hotline at 557-6400.
- If you have a complaint about unsafe working conditions, you have the right to file a complaint with the Health and Safety Team at [HRhealthandsafety@sfgov.org](mailto:HRhealthandsafety@sfgov.org).

## **Compliance**

- Employees are responsible for complying with this Code of Safe Practices.
- Supervisors are responsible for ensuring that these Safe Practices are followed.
- Failure to observe these Safe Practices could result in disciplinary action as described in the Personnel Policy and Procedures Handbook.

## **Non-Retaliation Policy**

- No employee will be retaliated against for reporting a health or safety violation.

**APPENDIX D**  
**RISK COMMUNICATION FORM**



# INJURY AND ILLNESS PREVENTION PROGRAM

## RISK COMMUNICATION FORM (Form 8030)

INITIAL REPORT      UPDATE REPORT OF [date]:

### To be completed by EMPLOYEE

Location:

**I have the following safety suggestion:**

**Description of Potential Risk/Hazard:**

**Suggested Action:**

I have discussed this potential risk/hazard with my supervisor:    Yes      No

My name may be revealed to my supervisor:    Yes      No

Name (Optional):

Phone No. (Optional):

Work Location:

Date:

Section Manager Name:

Phone No:

### To be completed by Section Manager

Evaluation Comments:

Corrective Action Taken:

Further Action Taken/Needed:

Section Manager Signature:

Date:

### Instructions for submission:

**Send the original to your Supervisor and to the Health and Safety Team. Make a copy for your records.**

The Section Manager will forward copies to the Health and Safety Team and employee filing the form if known. The Section Manager will maintain the document on file for 1 year from submittal or completion of changes.

**Safety Committee Use Only      Priority Assigned:**

**APPENDIX E**  
**FACILITY FACT SHEET**

# INJURY AND ILLNESS PREVENTION PROGRAM

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## FACILITY FACT SHEET TO BE POSTED ON FACILITY BULLETIN BOARDS

Your Building Manager for this facility is (*Name, location, phone, email*):

A copy of the Facility Emergency Plan is available at (*Location*):

The alarm system in this building is (*Type of sound[s], backup system type*):

### **Risk Communication Forms:**

- Are provided to employees for the reporting of unsafe conditions, actions or risks in the workplace.
- Are available on the HSA Intranet, and also in the HSA Injury and Illness Prevention Plan, Appendix D.
- Can be submitted anonymously either to your Supervisor, or the HSA Health and Safety Team ([HRhealthandsafety@sf.gov.org](mailto:HRhealthandsafety@sf.gov.org)), or the Building Manager.

**APPENDIX F**  
**SAMPLE SAFETY MEETING/TRAINING**  
**DOCUMENTATION**



**APPENDIX G**  
**SAFETY INSPECTION CHECKLIST**

# INJURY AND ILLNESS PREVENTION PROGRAM

## Quarterly Safety Inspection Form for Building Managers

Inspections help identify potential problems before they result in accidents or violations. Please submit a copy to your Program Director and to the Health and Safety Team.

<b>LOCATION:</b>	<b>NAME:</b>
<b>DATE:</b>	<b>PHONE:</b>
<b>SIGNATURE OF BUILDING MANAGER:</b>	

### General Work Environment

- Yes  No Good housekeeping in office areas free from trip hazards
- Yes  No Chairs and tables in good repair
- Yes  No Work areas are adequately illuminated
- Yes  No Materials stored in shelves, not on top of shelves, with heaviest items stored low
- Yes  No Bookshelves and file cabinets (above 60 in.) are secured to the wall
- Yes  No File drawers are not overfilled

### Floors and Walkways

- Yes  No Walkways are kept clear and free of trip hazards
- Yes  No Non-slip mats or slip free coatings are used in wet areas to prevent falls
- Yes  No Stairways are clear
- Yes  No All exits are kept free of obstructions
- Yes  No Walls, ceilings, and floors are free from open holes or other damage

### Fire Safety

- Yes  No Fire exits are clearly marked and illuminated
- Yes  No Employees are trained in emergency procedures and operations
- Yes  No Fire extinguishers and alarms are located conspicuously and unobstructed
- Yes  No Fire doors (doors to isolate hallways, stairwells, etc.) are unobstructed
- Yes  No 18 inch clearance is maintained below sprinkler heads
- Yes  No Doors which could be mistaken for exits are marked, "NOT AN EXIT."

### Electrical Hazards

- Yes  No Electrical cords in good condition (not fraying or other defects)
- Yes  No Electrical cords are not run under mats
- Yes  No Extension cords are not daisy chained (plugged into another power strip)
- Yes  No Power strips are not daisy chained (plugged into another power strip)
- Yes  No Electrical panels are unobstructed

### Sanitation and Housekeeping

- Yes  No Waste containers are well maintained, leak proof, and emptied regularly
- Yes  No Toilet and washing facilities are clean and sanitary
- Yes  No Kitchen areas and appliances are clean and food products are stored appropriately
- Yes  No Cleaning Protocols are being followed related to shared office equipment and tools, per COVID-19 precautions.
- Yes  No Cleaning Protocols are being followed related to commonly touched surfaces such as elevator buttons, handrails, and doorknobs, per COVID-19 precautions.

### Security

- Yes  No ID badges are visibly worn or available for inspection

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Yes  No All unidentified packages or suspicious activities are reported to Security





**APPENDIX H**  
**RISK PRIORITIZATION/ASSESSMENT**

# INJURY AND ILLNESS PREVENTION PROGRAM

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## RISK ASSESSMENT CODES

Each deficiency must be assigned a risk assessment code (RAC) that indicates the hazard severity and mishap probability. The RAC is expressed as a single number (1, 2, 3, 4, or 5). Each number is an expression of the risk associated with the deficiency or hazard.

RAC =1	Critical; high risk
RAC =2	Serious, fairly high risk
RAC=3	Moderate risk
RAC=4	Minor risk
RAC=5	Negligible risk

The RAC is derived by using the matrix below:

	Mishap Probability					Comments
	Category	A	B	C	D	
Hazard Severity	I					
	II					
	III					
	IV					

### *Hazard Severity:*

The hazard severity is based on an assessment of the worst consequence that may result from the deficiency. The consequence could be injury, illness, and/or property damage. Hazard severity categories are assigned according to the following criteria:

- Category I     **Catastrophic:** May cause death or loss of a facility
- Category II    **Critical:** May cause severe injury, severe illness, or major property or environmental damage
- Category III   **Marginal:** May cause minor injury, minor illness, or minor property or environmental damage
- Category IV    **Negligible:** Properly would not affect employee health and safety, but is still a Cal/OSHA or EPA violation.

### *Mishap Probability:*

This is the probability that the hazard will result in a mishap. This assessment is based on factors such as location, employee exposure, and duration. The mishap probability is assigned on the following criteria:

- Category A    **Likely** to occur immediately or within a short period of time
- Category B    **Probably** will occur in time
- Category C    **May** occur in time
- Category D    **Unlikely** to occur

**APPENDIX I**  
**REPORTING WORKPLACE INJURIES AND**  
**ILLNESSES (SIIR, DWC-1, 5020)**

# INJURY AND ILLNESS PREVENTION PROGRAM

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## REPORTING WORKPLACE INJURIES AND ILLNESSES

### Incident Reporting Procedures for ALL EMPLOYEES

1. Employees who are unconscious or who have suffered serious injury shall be transported by ambulance.
2. All other workplace injuries or illnesses should be reported to your supervisor **immediately** and prior to seeking medical treatment. If the injury requires emergency treatment, your supervisor should be notified as soon as possible.
3. If it is an exposure to blood, body fluids, or other infectious agents you still need to notify your supervisor immediately.
4. If the workplace injury is not serious or immediately life threatening employees are encouraged to call the Workers Compensation Injury Reporting Hotline to obtain immediate advice regarding the illness or injury at 1-855-850-2249.
5. Complete the employee's portion of the **Employee's claim for Workers' Compensation (DWC-1) Form** and return the form to your supervisor as soon as possible. (The supervisor is required to provide this form to you within the same day and shift of your notification.)
6. Go to one of the CCSF Medical Provider Network (MPN) clinics for your initial treatment. After initial treatment you will have the choice of any provider within the MPN. You may see treatment with your pre-designated physician only after the claims adjustor has determined that your pre-designated physician qualifies and meets all parameters.
7. Provide the Health and Safety Team with a copy of the primary treating physician's progress report after each visit to a medical facility.

#### ***For injuries occurring during normal business hours:***

##### **SFGH Occupational and Health Service**

Building 9, 2<sup>nd</sup> Floor  
(Intersection of 23<sup>rd</sup> and Utah Streets)  
Hours: 7:30 a.m. to 4:30 p.m., Mon-Fri  
Telephone: (415) 206-8998

##### **AT&T Park – St. Francis Health Center**

24 Willie Mays Plaza  
Hours: 7:30 a.m. to 5:30 a.m., Mon-Fri  
Telephone: (415) 972-2249

##### **St. Francis Treatment Room**

1199 Bush Street, Suite 160  
Hours: 7:30 a.m. to 5:30 p.m., Mon-Fri  
Telephone: (415) 353-6305

##### **Kaiser Occupational Health Clinic**

601 Van Ness Avenue, Suite 2008  
(corner of Van Ness and McAllister, 2<sup>nd</sup> fl.)  
Hours: 8:30 a.m. to 5:00 p.m., Mon-Fri  
Telephone: (415) 674-7000

#### ***For injuries occurring after normal business hours:***

##### **SFGH Emergency Department**

1001 Potrero Avenue  
Telephone: (415) 600-0600

##### **Kaiser Permanente Medical Center Urgent Care Clinic**

2238 Geary Blvd., 3rd Floor S.E.  
Hours: 5:00 p.m. to 9:00 p.m.

##### **California Pacific Medical Center Davies Campus**

Emergency Department  
Castro and Duboce Streets

##### **Kaiser Permanente Emergency Department**

2200 O'Farrell Street at Baker  
Hours 9:00 p.m. to 8:00 a.m.  
Telephone: (415) 202-2000

##### **Saint Francis Memorial Hospital**

1100 Bush Street, between Hyde and  
Leavenworth  
Telephone: (415) 353-6300

# INJURY AND ILLNESS PREVENTION PROGRAM

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## ***Incident Reporting Responsibilities for SUPERVISORS***

1. Arrange for transportation for an injured employee to obtain medical treatment as necessary:
  - An ambulance should be called if the employee's condition is immediately life threatening.
  - If not life threatening, arrange for employee transportation to the designated treatment center, for example by taxicab. An employee, in general, should not drive themselves.
2. Obtain the following forms from the HSA Intranet, your Program Director/ Manager, Building Manager or the Office of Civil Rights (OCR):
  - Employee's Claim For Workers' Compensation (DWC-1)
  - Employer's Report of Occupational Injury or Illness (5020)
  - Supervisor Incident Investigation Report (SIIR)
3. Provide the employee with the Employee's Claim for Workers' Compensation (DWC-1) within the same date and shift of their notification of a work/injury/illness, and ask them to return it promptly. If the employee is not reachable, please refer the matter to OCR.
4. Complete the Employer's section of the Employee's Claim for Workers' Compensation (DWC-1) form. If the employee is unavailable or has not returned the form, fill out the employer section of the form, make a copy of the form for submittal, and provide/mail the original form to the employee. You can submit this fully completed form when and if it is returned by the employee to you.
5. Complete the Employer's Report of Occupational Injury or Illness Form (5020) within the same date/shift of notification.
6. Complete the Supervisor Incident Investigation Report (SIIR) within the same day/shift of notification.
7. Submit all three aforementioned incident forms to OCR within the same day and shift.
8. Employees must provide the Human Resources OCR with a copy of the primary treatment physician's progress report after each visit to a medical facility. OCR will then provide a release slip for the Supervisor's records. Supervisors must store these documents in a confidential, locked file cabinet or in a digital file with limited access.

**APPENDIX J**  
**RESOURCE DIRECTORY WITH NAMES AND**  
**NUMBERS**

# INJURY AND ILLNESS PREVENTION PROGRAM

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## RESOURCE DIRECTORY

<b>Health and Safety Hotline</b>	415-557-6400
<b>HSA Employee Health and Safety Manager</b>	415-557-5712
<b>HSA Industrial Hygienist</b>	415-557-5954
<b>Poison Control Center – 24 hours</b> Overdoes, exposure, medical management	800-876-4766
<b>Cal/OSHA</b> For reporting serious injuries/illnesses/fatalities	415-972-8670
<b>San Francisco Fire Department</b> Business Office	911 415-558-3200
<b>San Francisco Police Department</b> Non-emergency dispatch	911 415-553-0123
<b>Pacific Gas and Electric</b>	800-743-5000
<b>SF PUC (Water Department)</b> 24 hour emergency	415-554-3155 415-554-3444
<b>SF Public Works</b> Side Walk Repair Illegal dumping	415-554-6920 415-554-5810 415-28-CLEAN

**In the event of any major emergency**, call Trent Rhorer, Executive Director or Dan Kaplan, Deputy Director of Administration, who will represent the Department

Trent Rhorer	415-557-6541
Dan Kaplan	415-557-5641



**APPENDIX K**  
**SUMMARY OF RECORDS ACCESS UNDER**  
**Ca/OSHA REGULATION 3204**

# INJURY AND ILLNESS PREVENTION PROGRAM

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## SUMMARY OF RECORDS ACCESS

Cal/OSHA standard (California Code of Regulations, Title 8, section 3204) provides that these requirements are only applicable to employee exposure or medical records pertaining to employees exposed to “toxic substances or harmful physical agents.”\*

**EVERY employee who has been exposed to a toxic substance or harmful physical agent has the right to review (examine and/or copy) the following:**

1. **Medical Records:** May be requested from SFGH OHS. Contact the Public Health Department at 206-8998 for further details.
2. **Exposure Records – The following types of exposure records may be requested from the Health and Safety Team:**
  - Employee exposure levels, tables of exposure levels and associated methodology, calculations and background data relevant to interpretation of results
  - Summaries of findings, e.g. summaries of industrial hygiene monitoring reports
  - Records of exposure measurements on other employees with similar duties, or on employees on jobs to which the requesting employee is being transferred. The identities of other employees should be removed to assure privacy.
  - General exposure records, i.e. area samples.
3. **Safety Data Sheets (SDSs) for chemicals to which the employee was potentially exposed, if applicable**
4. **Cal/OSHA Form 300 “Log and Summary of Occupational Injuries and Illnesses”**

**Records DO NOT INCLUDE the following types of materials:**

- Insurance records, health insurance claims, or voluntary employee assistance program records if maintained separately from the employer’s medical program and records
- Additional industrial hygiene report information, e.g. introduction, recommendations or discussions
- Records created solely in preparation for litigation which are protected from discovery under applicable rules of procedure or evidence

**Note:** Under this standard, whenever a record has been provided previously without cost to an employee or designated representative, the employer may charge reasonable, non-discriminatory administrative costs (i.e., search and copying expenses but not including overhead expenses) for additional copies of the record which were previously provided without cost to an employee or designated representative.

\*Cal/OSHA defines toxic substances or harmful physical agents as follows: “Toxic substance or harmful physical agent is any chemical substance, biological agent (bacteria, virus, fungus, etc.), or physical stress (noise, heat, cold, vibration, repetitive motion, ionizing and non-ionizing radiation, hypo- or hyperbaric pressure, etc.) which is regulated by any California or federal law or rule; is listed in the latest printed edition of the National Institute for Occupational Safety and Health (NIOSH) Registry of Toxic Effects of Chemical Substances (RTECS); has yielded positive evidence of acute or chronic health hazard in human, animal or other biological testing conducted by, or known to, the employer; or is the subject of a SDS kept by or known to the employer which indicates that the material may pose a hazard to human health.