

OFFICE OF THE TREASURER
& TAX COLLECTOR

INJURY AND ILLNESS
PREVENTION PROGRAM

January 2023

DISCLAIMER

Although reasonable care has been taken in the preparation of this material, and information obtained from outside sources is considered to be reliable, there are no warranties, either expressed or implied, as to the accuracy of such information or the applicability of such information to any particular situation.

This document is presented with the understanding that the authors are attempting to provide a guide for the development of a written worksite Injury and Illness Prevention Program.

Any recommendations made are based upon current CAL-OSHA standards and requirements. We do not make any warranties, either expressed or implied, that your workplace is safe, healthful, or that it complies with all, laws, regulations, codes or standards.

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1. PEOPLE WITH AUTHORITY AND RESPONSIBILITY

The Department Personnel Officer and the Office of the Treasurer & Tax Collector Human Resources team has the authority and responsibility to implement THE INJURY AND ILLNESS PREVENTION PROGRAM for the San Francisco Office of the Treasurer & Tax Collector (TTX). The responsibilities of this assignment are documented in the "Responsibility" statement.

By nature of our company, we must assign the following people to share this authority and responsibility in the areas noted below:

- | | |
|--------------------|------------------------------|
| 1. Gerald Buss | Department Personnel Officer |
| 2. Wendy Leung | Senior HR Analyst |
| 3. Eric Louie | Senior HR Analyst |
| 4. Guillermo Tapia | Senior HR Analyst |

Subject: Responsibility of Injury and Illness Prevention Program for:
San Francisco Office of the Treasurer & Tax Collector

To: All Employees

In accordance with our policy to provide a safe and healthy working environment, I, Gerald Buss, Departmental Personnel Officer, will assume responsibility to develop, implement and maintain our company's Injury and Illness Prevention Program.

Specifically, this will include the following duties:

1. Develop rules of safe practices for each function of TTX operations.
2. Develop a system to encourage employees to report unsafe conditions.
3. Conduct a thorough investigation of each accidental occurrence, whether or not it results in an injury, to determine why it occurred and how to prevent recurrence.
4. Instruct supervisors in their safety responsibilities.
5. Develop a program of employee education into company policy and work practices.
6. Conduct scheduled periodic inspections of facilities, equipment, and work areas to identify and correct unsafe conditions and work practices.
7. Maintain records of training, periodic inspections, corrective actions, and accident investigations.

2.SYSTEM FOR ENSURING EMPLOYEE COMPLIANCE

To ensure that employees comply with safe and healthy work practices, TTX will implement the following:

A) Information to Staff

Information about the TTX IIPP will be provided to all new hires as part of the onboarding process. The existence of the TTX IIPP will be facilitated to current staff with the IIPP posted publicly to the Intranet at the TTX Center for staff access.

B) Disciplinary System

The failure of an employee to adhere to safety practices may cause an employee to be subject to disciplinary actions up to and including termination. In accordance with the information noted on the form and in conjunction with established City policy that all City employees are responsible for creating a safe and productive work environment, repeated violations may result in further discipline, up to and including termination of the employee.

SAFE PRACTICES

These rules help you make safety a regular part of your work.

WORK SAFELY --- Safety is everyone's business. Teach new employees safe work methods. Accidents can be prevented. Report all unsafe conditions immediately.

WHEN LIFTING --- Bend your knees, get a firm grip on the object, hold it close to your body, space your feet for good balance; now lift, using your strong leg muscles, not your weaker back muscles. Get help with heavy or bulky loads.

MATERIAL HANDLING --- Do not throw objects--always carry or pass them. Use hand trucks or other equipment when possible. Get help with heavy or awkward objects.

TRASH DISPOSAL --- Keep sharp objects and dangerous substances out of the trash can. Dispose of them in approved containers when available.

CLEAN UP --- Remove refuse promptly to prevent slips and tripping. The first person to see a spill or debris should pick it up or report it.

PREVENT FALLS --- Keep aisles, workplaces, and stairways clean, clear, and well lighted. Report slippery or faulty floor surfaces.

WALK--DON'T RUN --- Watch your step--wear safety shoes with slip resistant soles.

EXTINGUISHER --- Know where fire extinguishers are and know how to use them.

PREVENT INFECTION --- All punctures, cuts and scratches are dangerous--get first aid at once.

IF INJURED --- Report all injuries, no matter how slight.

HORSEPLAY --- Scuffling, practical jokes and tricks are not allowed.

DRUGS AND ALCOHOL --- Use of drugs and/or alcohol prior to or during working hours is prohibited.

SAFETY & HEALTH POLICY STATEMENT

The City and County of San Francisco values its employees and clients...

We in the City organization care about workplace safety because we care about our employees and the clients we serve. People work for the City because they choose a career in public service, and we take pride in providing services to our clients in a professional manner, with care and dignity.

...And will provide healthy, safe, and secure County facilities for them.

The safety and wellbeing of our employees and clients is primary to our mission of providing quality services. Our facilities will be environments where important public services can be conducted in a safe and healthful manner. Employees will be provided the appropriate equipment and training to ensure that they can perform their jobs safely.

Safety is everyone's responsibility...

Every City employee must recognize the need to care for their personal safety and the safety of their co-workers and clients. As employees we must be diligent in following safety procedures and practices, wearing protective gear when appropriate, helping co-workers when necessary to safely accomplish certain tasks, and in general keeping a watchful eye for hazardous or unsafe conditions. Hazards may never be eliminated in the workplace, but if each of us embraces safety as our personal responsibility, many injuries will be prevented.

...And the City supports and encourages employees to identify and resolve safety problems.

As part of assuming this individual responsibility for safety, every employee is empowered to both identify and seek solutions to safety problems in their workplace. In our organization, employees are expected to act proactively to bring safety issues forward. When they do so, they will be supported and not subject to retaliation.

Response to safety concerns will be given the highest priority at every level of City government.

When safety concerns are identified it is expected that resolution of those concerns will be a priority task at the lowest level of the organization empowered to solve the problem. In each instance, actions will be guided by the intent of these Safety Goals, which is to demonstrate the caring and concern we have for our employees and clients. Safety is to be given the highest priority throughout the organization. When safety concerns are raised, a response is expected.

Signature

Title

Date

3.SYSTEM FOR COMMUNICATION

Communication with all employees on matters of safety and health in a form readily understandable will be done. The following are methods that may be used:

<u>METHODS</u>	<u>YES/NO</u>	<u>FREQUENCY</u>
Safety Posters	Yes	As needed.
Written Handouts	Yes	As needed Individual
Employee Contact	Yes	As needed.
Online	Yes	Always

Workplace hazards and unsafe work practices or environments should be reported to a supervisor or TTX HR.

EMPLOYEE SAFETY INFORMATION FORM

This form is for use by employees who wish to provide a safety suggestion or report an unsafe workplace condition or practice.

Description of Unsafe Condition or Practice _____

Causes or Other Contributing Factors _____

Employee's Suggestion for Improving Safety _____

Has This Matter Been Reported to the Area Supervisor? Yes No

Please email or hand-deliver this report to Human Resources.

Employee Name (Optional) _____

Section _____ Date _____

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

The employer will investigate any report and advise the employee who provided the information or the workers in the area of the employer's response.

4. PROCEDURES TO IDENTIFY AND EVALUATE HAZARDS

In order to identify and correct workplace hazards, periodic safety inspections will be conducted of all worksites, materials, company vehicles and procedures on an as-needed basis.

An inspection will take place when the injury & illness prevention program is first established. These inspections will be conducted by TTX HR. Inspections will be completed using the "Hazard Checklists". The form will be noted to identify safety hazards, unsafe conditions, and work practices as well as their priority for attention. The date the hazard is abated, and the corrective measures taken, will also be noted on the form.

Additionally, unscheduled inspections will take place whenever any new substance, process, procedure, or equipment is introduced into the workplace. An inspection, investigation and adoption of appropriate safeguards will take place whenever a new or previously unrecognized hazard is noted.

Results of the inspections will be reviewed by TTX HR and addressed according to priority. Minor safety hazards, unsafe conditions and work practices identified by each inspection will be corrected as soon as possible. Serious safety hazards, unsafe conditions, and work practices and those presenting an "imminent danger" to employees will be abated immediately. Failing this, all employees shall be removed from the sight of the imminent hazard until said hazard is corrected.

Records of these inspections shall be retained by TTX HR for a period of no less than three years after the date of the inspection, and permanently, if physical storage conditions permit.

5. PROCEDURES FOR INVESTIGATION

All work-related accidents will be investigated by the appropriate employee's immediate supervisor or TTX HR in a timely manner.

Minor incidents and "near accidents" will be investigated as well as serious accidents. Investigating work related accidents will provide information regarding accident prevention as well as pointing out "trends" which indicate problems that need to be corrected. The investigation will determine what factors, conditions, and/or practices contributed to the accident, but is not intended as a vehicle for assigning "blame" for the accident.

Accidents will be investigated using the "Supervisor's Report of Accident" form according to the following principles:

- A) Accident scene will be visited as soon as possible--while facts are fresh and before witnesses forget important details.
- B) If possible, the injured will be interviewed at the scene of the accident and "walked" through a re-enactment.
- C) All interviews will be as private as possible. Witnesses will be interviewed one at a time. Everyone who has knowledge of the accident will be interviewed even if they did not actually witness it.
- D) Signed statements will be taken in cases where facts are unclear or there is an element of controversy.
- E) Details will be documented graphically using sketches, measurements, diagrams, and photos as needed.
- F) The investigation will focus on causes and hazards. The cause of the accident, and not just the injury, will be investigated.
- G) Every investigation will conclude with an action plan for preventing the accident in the future.
- H) Where a third party or defective product contributed to the accident, all evidence will be saved.

Accident reports shall be retained by TTX HR for a period of not less than three years after the accident and permanently, if physical storage conditions permit.

SUPERVISOR'S REPORT OF ACCIDENT

Employee's Name _____ DSW Number _____

Job Position/Title _____ Supervisor's Name _____

Date and time of accident _____ Location _____

Task being performed when accident occurred _____

Date and time accident reported to you _____

Name(s) of witnesses _____

Accident resulted in: Injury Fatality Property Damage

First aid given. Yes No Medical treatment required? Yes No Workdays lost _____

Describe how the accident occurred _____

What actions, events or conditions contributed most directly to this accident? _____

Could anything be done to prevent accidents of this type? If so, what? _____

(Use additional space, if needed.)

The Workers' Compensation Employer's Report of Occupational Injury or Illness (Form 5020) to be provided by the supervisor to Human Resources.

Workers' Compensation Claim Form (DWC 1) to be provided by Supervisor to the injured/ill employee upon report of incident.

Supervisor's Signature _____ Date _____

Employee's Signature _____ Date _____

I have had an opportunity to review, discuss and ask questions about the above information

EMPLOYEE'S REPORT OF ACCIDENT

(Accident report must be filled out as soon as possible after an accident.)

Employee's Name _____ Employee ID No. _____

Job Position/Title _____ Work Phone _____

Department of unit _____ Supervisor's name _____

Days off _____ Normal shift hours _____

Date and time of accident _____

Location _____

Date, time accident reported _____

Name(s) of witnesses) _____

Describe how the accident occurred

What part of the body was injured? _____

Describe the injury in detail _____

Date, time you first sought medical attention _____

Name of doctor and/or hospital _____

Could anything be done to prevent accidents of this type? _____

If so, what? _____

(Use additional space, if needed.)

Employee to provide original of the Workers' Compensation Claim Form (DWC 1) to Human Resources

Employee's Signature

Date

VEHICLE ACCIDENT REPORT
(page 1 of 2)

(Accident reports must be filed with your supervisor immediately after an accident.)

Unit or Dept. _____

Date of Accident _____ Time _____ AM/PM Time Called in _____ AM/PM

Driver's Name _____ Vehicle ID No. _____

Driver's Home Address

Street	City	State	Zip Code
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Driver's Home Phone _____

Driver's License No. _____ State _____ Exp. Date _____

Driver's Insurance Co. and Policy No. _____

Passengers? YES NO If yes Names and Addresses _____

Accident occurred on _____ near _____
street or route no. nearest intersection

Description of accident _____

Traffic control at scene of accident:

Police officer Signal Light Stop Sign Caution Sign

Other-specify _____ No control

VEHICLE ACCIDENT REPORT (page 2 of 2)

OTHER VEHICLE:

Other Driver's Name: _____

Vehicle Owner: _____

Address: _____
Street City State Zip Code

OTHER DRIVER INFORMATION

Home Phone: _____ Work Phone: _____

License No. _____ State _____ Exp. Date _____

Insurance Co. and Policy No. _____

Vehicle License Plate No. _____ State _____ Exp. Date _____

Vehicle ID No.(registration) _____

Passengers? YES NO If yes, Names and addresses _____

Pedestrians? YES NO If yes, Names and addresses _____

OTHER INFORMATION:

Police Dept. Contacted and Report No. _____

Citation Issued YES NO If yes, Describe _____

Witnesses: Names and Addresses _____

Was anyone injured or killed? YES NO If yes, Name(s) of injured persons or fatalities: _____

Hospital to which injured persons were taken _____

Employee's Name (print)

Employee's Signature Date

Supervisor's Name (print)

Supervisor's Signature Date

6. PROCEDURES TO CORRECT HAZARDS

The method and procedure to correct unsafe or unhealthy conditions, work practices and work procedures is detailed in Section 4. Timeliness of correction will be based on the severity of the hazard. This will include when a hazard is observed or discovered or if an imminent hazard exists. All exposed employees will be cleared from the area except those personnel necessary to correct it.

The person with authority and responsibility for correction of hazards, unsafe conditions and work practices is Gerald Buss, Departmental Personnel Officer.

Corrections of hazards will be made by the appropriate party.

7. PROCEDURES FOR TRAINING AND INSTRUCTION

New employees will receive a safety orientation from TTX HR during onboarding.

Employees will receive TTX IIPP information when:

- A) When program is first established.
- B) To all new employees

Keep all records necessary to validate compliance.

The injury and illness prevention program and the safety performance of those responsible for carrying it out will be reviewed every 12 months by TTX HR

8. RECORDKEEPING AND DOCUMENTATION

The following documents will be maintained within the department's IIPP Binder for at least the length of time indicated below:

1. Hazard Alert/Correction Forms
Retain for three (3) years.
2. Employee Job Safety Analysis forms
Retain for the duration of each individual's employment.
3. Worksite Inspection Forms
Retain for three (3) years.
4. Injury and Illness Investigation Forms
Retain for three (3) years.