

2024



COUNTY OF TRINITY

IIPP

Trinity County Illness & Injury Prevention Program (I.I.P.P.)

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Trinity County

Injury and Illness Prevention Program (I.I.P.P.)

I. POLICY STATEMENT

Trinity County is committed to preventing injuries and illnesses, as well as providing a safe and healthy workplace. To achieve this goal, Trinity County has adopted an Injury and Illness Prevention Program (I.I.P.P.).

II. RESPONSIBLE PARTIES

See section XII. Appendix A, for current names and contact information.

The responsibilities for safety and health are shared. Trinity County accepts the responsibilities for leadership of the safety and health program, for its effectiveness and improvement, and for the safeguards required to ensure safe conditions.

- A. Program Administrator:** The Risk Manager is responsible for implementing the provisions of this program. Any questions regarding the program should be directed to the Program Administrator or appropriate line manager.
- B. Human Resources Department:**

Risk Management: Program Administrator

- Promotes compliance of the I.I.P.P.
- Oversees safety trainings and meetings
- Identifies hazards/remediation
- Investigates all accidents
- Maintains files of safety communication/records
- Processes Workers' Compensation claims

C. Managers / Supervisors:

- Responsible for developing proper attitude toward safety and health in themselves and in those they supervise.
- Held accountable for the safety record of the employee(s) working under them.
- Provide a safe and healthy workplace by ensuring compliance of this I.I.P.P.
- Know which Cal/OSHA safety orders contained in Title 8 of the California Code of Regulations apply to their department and use them to identify potential hazards.
- Responsible for workplace equipment and personal, protective equipment (PPE). Management and Supervisors must assure that the operation of

workplace equipment is monitored, that routine preventative maintenance is conducted and PPE is reliable.

- Ensure safe work practices by employees and themselves.
- Assure employees are provided and use necessary PPE (Personal Protective Equipment).
- Scheduled inspections are a part of the routine duties of supervisors and managers.
- Must review all written inspection reports and should assist in prioritizing actions and verify completion of previous corrective actions.
- Identify and correct hazards; If the manager is unable to correct a hazard immediately, they shall sign the hazard, block it off or lock out/tag it and immediately report the workplace hazard to their supervisor and the Risk Management/Human Resources Department or Program Administrator.
- Investigate incidents and injuries and provide a report to the Risk Management.
- Promote and train employees in safety and health procedures.
- Participate in all monthly safety meetings.
- Participate in a minimum of 3 leadership/supervisory trainings per Trindel Insurance Fund's fiscal year (June 1st through May 31st).

D. Department Safety Representatives (DSR):

- Act as contact person in a department for all safety communication.
- Involved in all investigations, inspections, incident / hazard reporting and remediation of their department.
- Notify Department Head and immediate supervisor of any incidents, injuries, and / or hazards immediately.
- Assure monthly safety trainings occur.

E. Employees: All employees are required to comply with the provisions of this policy.

- Follow all Code of Safe Practices, including those specific to their department duties.
- If an employee identifies a hazard and it cannot be corrected immediately, the employee shall sign the hazard, block it off or lock it out and tag it and report it to their supervisor and Risk Management.
- Report all injuries, hazards and near misses on the incident/hazard forms immediately to their direct supervisor or DSR (department safety representative) and the Risk Management/Human Resources Department or the Program Administrator.
- Participate in all health and safety activities including training and monthly safety meetings.

III. SAFETY RECOGNITION, COMPLIANCE & DISCIPLINE

A. Employee Recognition:

- 1) **Annual Safety Award for an Individual Employee** - Trinity County shall recognize an employee for their high level of safety and health awareness in day-to-day tasks and participation in the loss prevention program.

This employee shall be presented with an award and certificate before the Board of Supervisors prior to the end of the fiscal year.

and/or

- 2) **Annual Safety Award for an Entire Department** - Trinity County shall recognize a department for its high level of safety and health awareness in day-to-day tasks and participation in the loss prevention program.

The Department Head and the DSR (Department Safety Rep) for the chosen department shall be presented with an award and certificate before the Board of Supervisors prior to the end of the fiscal year.

- 3) **Annual Performance Evaluations** shall reflect employee's safety awareness, practices and compliance.

B. Compliance: All employees are required to comply with the provisions of this policy.

C. Discipline: Trinity County reserves the right to discipline employees who knowingly violate Trinity County safety rules or policies. Disciplinary measures will include but not be limited to:

- **Minor offense** – verbal warning and, if needed, documented additional training, signed by the employee.
- **Severe or repeated violations** - written warning and documented training signed by the employee.
- **If verbal and written warnings do not prove sufficient** -suspension without pay.
- **If none of the above measures prove satisfactory and no other acceptable solution can be found** - Trinity County may have no choice but to terminate employment for those who continue to jeopardize their own safety and/or the safety of others.

IV. SAFETY COMMUNICATION

It is Trinity County's policy to maintain open communication between management and staff on matters pertaining to safety. Thoughts regarding safety are considered important and employee's active participation in Trinity County's safety program is encouraged.

- A. **Expressing Safety Concerns**: Employees may express any safety concerns or suggestions either during a safety meeting, individually to supervisors, or in writing on the Incident Hazard Form (see *Appendix B, Form B*).
- B. **Anonymity**: A safety concern or idea may be submitted anonymously through inter-department mail directly to Risk Management.
- C. **Employee Orientation**: Each employee upon new employment is required to attend orientation, which includes training on this I.I.P.P.
- D. **Emergency Communication**: This is department specific. Please refer to your department's code of safe practices and/or immediate supervisor.
- E. **Safety Bulletin Boards**: Each department has a bulletin board on which all safety communication is posted. This board shall be displayed in a universal location within the department.
- F. **Safety Meetings**:
 - a) **Employee Safety Meetings**: All employees shall be provided applicable and meaningful safety trainings on a monthly basis. An original signed roster and a copy or description of topic(s) covered shall be submitted to Risk Management within the first week of the following month.
 - b) **Safety Site Committee Meetings**: Members of these committees are appointed by Department Heads. Member representatives meet on a monthly basis to discuss safety issues pertaining to their department(s). A record of training will be prepared within 1 week of the meeting and shared with all employees within that department. The record shall be posted on the Safety Bulletin Board.
 - c) **Department of Transportation Committee**: Consists of the Director, Shop Foreman, Road Superintendent/Safety Officer, and three Crew Members at Large
 - d) **Health & Human Services Committee**: Consists of a representative from each unit in Health & Human Services Department.
 - e) **County-Wide Safety Meetings**: An equal mix of supervisors and DSRs (department safety representatives), one representative from each County Department, meet on the last Wednesday of every month. All injuries, incidents and hazards which occurred that month are reviewed and discussed to assure follow through in making corrections and to prevent repeated occurrences. Safety concerns are discussed and resolved. Also reviewed are department safety trainings and department inspections.
- G. **Incident Hazard Form**: Standard form on which a hazard, near miss, injury or incident can be reported. (Please refer to *section V. Hazard Identification/Reporting* for correct procedures. Form is available in Appendix B.)
- H. **Newsletter**: *Trinity County's "Safety & Wellness Newsletter"* This monthly newsletter is provided to each employee through county email, inter-department mail and/or manual distribution. It shall also be posted on safety bulletin boards within each department / building and will be posted on the Risk Management Bulletin Board outside of the Human Resources Office.

Announcements, safety education, hazards, recalls, and wellness education are contained here.

Email: Safety issues are often shared via email to the involved or affected employees.

V. REPORTING – Hazards, Injuries, Incident, Near-Misses & Remediation

All accidents and injuries must be reported to your direct supervisor and the Risk Management Department on the same day of the occurrence.

A. Purpose: Trinity County's Incident/Hazard reporting program provides a means for individual employees to report an injury or an incident, hazard or near-miss that could cause employee injury, illness, death or damage to County property. Trinity County encourages employees to report without fear of reprisal any workplace hazards they identify.

B. Reporting Procedure:

For Serious Injuries:

Report immediately to Risk Management (530) 623-8371 or (530) 623-8376 any injury resulting in:

- **Death,**
- **Serious Physical Harm**
- **Hospitalization**
- **Amputation**
- **Unconsciousness/Fainted from Heat Illness**

Cal/OSHA must be notified within 8 hours of such injury, regardless of time or day of the week. Risk Management or Human Resources shall report to Cal/OSHA. If the Risk Management or Human Resources are not available, the direct supervisor shall report to Cal/OSHA directly. (530) 224-4743 or FAX: (530)224-4747 (Please see Appendix B, Section 3.)

Incident/Hazard Form:

- a. **Section A:** Identify if reporting an injury, incident, near-miss or hazard by checking the appropriate box and complete this section by providing the date and time of incident, location, date reported, name of person this was reported to, and the affected department.
- b. **Section B:** Briefly describe incident
- c. **Section C:** List cause, if known
- d. **Section D:** If correction cannot be made immediately, list any suggested corrections. *Brainstorming within the effected department or at a safety meeting can prove to be extremely effective.*
- e. **Section E:** If correction has been made, document here including the date. If not, Risk Management will follow up here.

- f. **Investigated By:** This is usually by the supervisor, Risk Management and/or department safety representative.
 - g. **Signature spaces:** Both the DSR and the Department Head must sign to assure they have been made aware of the incident/injury or hazard.
- C. **Remediation:** Trinity County shall take all reasonably necessary steps to remedy a workplace hazard in a timely manner consistent with the health and safety standards in the industry. Hazards will be addressed according to their severity, with the most severe hazards receiving priority attention. All reported hazards, injuries, incidents & near misses are reviewed by the County-Wide Safety Committee which meets monthly. This committee assures remedies are completed on all reports, in a timely manner.

Matters which can be solved immediately will be addressed without delay. Depending upon the nature of the condition, steps to be taken may include, but are not limited to:

- a. Fixing defective equipment
- b. Implementing safer procedures
- c. Implementing other modifications or procedural safeguards
- d. Employee training

Employees are to cooperate fully and immediately with any investigation into an alleged workplace hazard and must comply without delay with any remedial action implemented by Trinity County.

VI. INVESTIGATION – Hazards, Injuries, Incidents & Near-Misses

The purpose of investigations is to determine the cause of an accident or incident and prevent further occurrences. It is not to point blame at anyone.

An unbiased approach is necessary to obtain objective findings. Investigations will be done by the supervisor, if possible, Risk Management and the Department Safety Representative.

The Immediate Supervisor or Risk Management will conduct an investigation into each reported employee injury to determine if a workplace hazard exists. Additionally, an investigation can be made of all “near misses.”

A written report or finalized incident hazard form adequately identifying the cause(s) of the accident or near-miss occurrence shall be completed by Risk Management and kept on file within the department. A copy of the report shall be provided to the affected department.

Questions to ask in an accident investigation:

1. **What happened?** The investigation should describe what took place that prompted the investigation: an injury to an employee, an incident that caused a production delay, damaged material or any other conditions recognized as having a potential for losses or delays.

2. **Why did the incident happen?** The investigation must obtain all the facts surrounding the occurrence: what caused the situation to occur; who was involved; was/were the employee(s) qualified to perform the functions involved in the accident or near miss; were they properly trained; were proper operating procedures established for the task involved; were procedures followed, and if not, why not; where else this or a similar situation might exist, and how it can be corrected.
3. **What should be done?** The person conducting the investigation must determine which aspects of the operation or processes require additional attention. It is important to note that the purpose here is not to establish blame, but to determine what type of constructive action can eliminate the cause(s) of the accident or near miss.
4. **What action has been taken?** Action already taken to reduce or eliminate the exposures being investigated should be noted, along with those remaining to be addressed. Any interim or temporary precautions should also be noted. Any pending corrective action and reason for delaying its implementation should be identified. Also document how the corrective action will prevent reoccurrences, as well as, improve overall operation.

Tips for an effective investigation:

1. Visit the accident / incident scene at the earliest moment possible, while facts are fresh and before witnesses forget important details.
2. If possible, interview the injured worker at the scene of the accident and “walk” with them through a re-enactment.
3. All interviews should be conducted as privately as possible. Witnesses shall be interviewed one at a time. Also, speak with anyone who has knowledge of the accident or incident, even if they did not actually witness it.
4. Request signed statements in cases where facts are unclear or there is an element of controversy.
5. Document details graphically. Use sketches, diagrams, and photographs as needed. Take measurements when appropriate.
6. Focus on causes and hazards. Develop analysis of what happened, how it happened and how it could have been prevented. Determine what caused the accident itself, not just the injury.
7. Every investigation should include an action plan. How will such accidents/ incidents be prevented in the future?

8. If a third party or defective product contributed to the accident, save any evidence. It could be critical to the recovery of claims costs.
9. Respond to reporting parties within 30 days with the action that has been or will be taken.

VII. INSPECTIONS / EVALUATION SYSTEM

A. Facility Inspections:

Trinity County will prevent many hazards from occurring through semi-annual scheduled and documented self-inspections of each workplace. At least one semi-annual inspection will be performed by Risk Management. The second semi-annual inspection will be conducted by the Department Safety Representative, or individual as directed by the Department Head.

January & July: Cannabis/Planning
General Services
Solid Waste – Weaverville Facility & Transfer Sites

February & August: Probation Department
Sheriff Department – Weaverville, Hayfork, Animal Control

March & September: Library – Weaverville, Hayfork
Building & Development Services – Main Office

April & October: Courthouse
Natural Resources
Dept. of Transportation – Admin Office, Yards & Transit

May & November: Health & Human Services
Behavioral Health Services

B. Vehicle and Power Equipment Inspections:

All Trinity County vehicles and individual power equipment will be inspected daily by their operators. Inspection forms are available from supervisors for documenting inspections.

C. Vehicle and Power Equipment Maintenance Inspections:

All Trinity County vehicles and individual power equipment maintenance inspections shall be the responsibility of the assigned departments. Record of all maintenance inspections shall be kept within the assigned department.

D. Results of Inspections:

Inspection results will be discussed during Trinity County department safety meetings, appropriate safety site-committee meetings and the County-Wide Safety and Risk meetings. Employees are encouraged to discuss and bring forward their ideas and thoughts regarding any safety items mentioned or of concern to them.

VIII. TRAINING IN HEALTHY & SAFE WORK PRACTICES

In order to reduce the risk of employee injury, each employee must understand general safe and healthy work practices and any work hazards specific to the employee's job assignment, and any precautions necessitated by these hazards. Supervisors must be aware of the safety and health hazards facing the employees under their direct supervision.

All County employees, including managers and supervisors, will receive training and instruction on general and job specific safety and health practices. Training and instruction will be provided as follows:

- When the IIPP is first implemented.
- To new employees during their initial orientation.
- To all employees assigned to a new position for which they have not previously been trained.
- Whenever new potentially hazardous substances, processes, procedures or equipment are introduced into the workplace.
- To supervisors to familiarize themselves with the health and safety hazards to which their staff may be exposed.
- To all employees with respect to hazards specific to their job assignments.
- Whenever the County is made aware of a new or previously unrecognized hazard.
- Every effort will be made to provide adequate training to employees. However, if an employee is ever in doubt about how to do a job safely, it is their duty to ask a qualified person for assistance and training.

IX. RECORDKEEPING / DOCUMENTATION

The Trinity County Risk Management Department shall maintain records of the following items:

A. Inspections, Investigations and Evaluations Pertaining to Safety Issues:

Trinity County shall maintain records of scheduled inspections (both internal and any performed by an outside federal, state, county or district agency), accident investigations and hazard evaluations to identify unsafe conditions and workplace practices. These records will describe the person(s) conducting the inspections or investigations, the unsafe conditions and work practices that have been identified, the action taken to correct these conditions and practices and the date of such action. These records shall be maintained for 1 year as a hard copy and up to 5 years electronically.

B. Training:

Trinity County shall maintain documentation of safety and health training attended by each employee, including the employee's name or other identifier, the employee's signature, training dates, training topics, and training providers. This documentation will be maintained for 1 year as a hard copy and up to 5 years electronically.

C. Safety Committee Meeting Records:

Trinity County shall maintain a record of monthly safety site committee meetings and as well as a record of County-Wide safety meetings. These records shall include: Committee name, date of meeting, attendees' names, injuries / incidents / hazards discussed, remediation, inspections. This documentation will be maintained for 1 year as a hard copy and up to 5 years electronically

D. Cal OSHA Required Records:

These shall include but not limited to Cal OSHA 300 forms, medical exposure records, and injury reports. This documentation will be maintained for 5 years.

X. APPENDIX A

1. DEPARTMENT HEAD LISTING

(D)- Deputy Director

(S)- Superintendent

Ag. Commissioner:	Angela Blanchard	530-623-1326
Assessor:	Shanna White	530-623-1257
Auditor:	Christine Gaffney	530-623-1317
Behavioral Health Services:	Connie Smith	530-623-1362
Board of Supervisors:		
District 1 -	Ric Leutwyler	530-623-1217
District 2 -	Jill Cox	530-623-1217
District 3 -	Liam Gogan	530-623-1217
District 4 -	Heidi Carpenter-	
	Harris	530-623-1217
District 5 -	Dan Frasier	530-623-1217
Cannabis:	Drew Plebani	530-623-1354
Child Support Services:	Bennett Hoffman	707-441-3262
Clerk, Recorder, Assessor/ Elections:	Shanna White	530-623-1257
Community Development	Ed Prestley (D)	530-623-1354
-Building	Cody Smith	530-623-1354
-Environmental Health	Kristy Anderson	530-623-1459
- Planning	Ed Prestley	530-623-1354
- Cannabis	Drew Plebani	530-623-1354
-Natural Resources	David Colbeck	
County Administration Officer:	Trent Tuthill	530-623-1382
-Library	Kacy Guill (D)	530-623-1373
-Solid Waste	Diane Rader (D)	530-623-1326
-General Services	Mike Webster (S)	530-623-1217
County Counsel:	Margaret Long	530-623-1382
District Attorney:	David Brady	530-623-1304
Department of Transportation:	Panos Kokkas	530-623-1365
-Airports		
-Transit		
Health & Human Services:	Liz Hamilton	530-623-1265
-OES:	Philip Simi	530-623-1116
-Veterans Services	Jennifer Dobbs	530-623-3975
Human Resources:	Laila Cassis	530-623-8376
Information Technology:	Michael Singleton	530-623-1217
Probation/Juv. Detention/Collect:	Ruby Fierro	530-623-1204
Sheriff:	Tim Saxon	530-623-2611
-Jail		
-Animal Control		
Treasurer/Tax Collector:	Terri McBrayer	530-623-1251

2. DEPARTMENT SAFETY REPRESENTATIVES (DSR)

Administration, Human Resources, I.T.	Kyle Rehg	530-623-1325
Agriculture, Weights & Measures	Angela Blanchard	530-623-1356
Auditor	Samantha Bauman	530-623-1317
Behavioral Health Services	Amber Mandolfo	530-623-8290
Community Development -Building/EHS	Zach Anderson	530-623-1354
-Cannabis/Planning	Vidette Mayer	530-623-1351
Clerk/Recorder/Assessor/Elections	Kristin Halliday	530-623-1215
Dept. of Transportation/Transit/Airports	Christine Siverts	530-623-1365
District Attorney	Shelly Floerke	530-623-1304
General Services	Ivan Klang	530-623-1319
Health & Human Services/OES/Veteran Services	Leah Albin-Rupert	530-623-8276
Library	Andrea Samara	530-623-1373
Probation/Collections/Juvenile Detention	Ethan Atterberry	530-623-1204
Sheriff/Jail/Animal Control	Robbi Wilson	530-623-8193
Solid Waste	Diane Rader	530-623-1326
Treasurer/Tax Collector	Angie Phillips	530-623-1251

3. HEAT ILLNESS PREVENTION PROGRAM

The following departments maintain a specific Heat Illness Prevention Program:

- The Department of Transportation
- General Services
- Solid Waste
- Health & Human Services – Employment Services

Refer to the department's specific Code of Safe Practices.

4. CODE OF SAFE PRACTICES

Trinity County will do everything possible to protect our employees from accidents, injuries and occupational disease while on the job.

Many departments have department-related Code of Safe Practices in addition to this general Code, available within their own departments.

Safety is a cooperative undertaking requiring an ever-present safety consciousness on the part of every employee.

If an employee is injured, positive and prompt action must be taken to see that the employee receives adequate treatment.

All operations must be planned to prevent accidents and injuries.

A. GENERAL SAFETY RULES:

- (a) For the protection and safety of all employees, the County of Trinity has established the following rules designed to prevent accidents and injuries. Compliance with these rules is mandatory. Documentation is made when these rules are distributed.
- (b) Employees shall report all accidents, injuries, occupational illnesses and unsafe conditions or practices at the time of occurrence to their immediate supervisor and shall complete an Incident Hazard Report Form.
- (c) Risk Management shall be informed of all accidents, injuries, occupational illnesses and unsafe conditions or practices at the time of occurrence by a supervisor or Department Safety Representative (DSR).
- (d) Machines or equipment shall not be operated until employees are properly instructed on their operation.
- (e) Horseplay, practical jokes, throwing things, running in aisles and stairways, unnecessary shouting, and any other acts that tend to have

an adverse influence on the safety or well-being of the employees are prohibited.

- (f) Work shall be well-planned and supervised to forestall injuries in the handling of heavy materials and in working together with equipment.
- (g) No one shall knowingly be permitted or required to work while his or her ability or alertness is so impaired by fatigue, illness, or other cause that might unnecessarily expose him, her or others to injury.
- (h) Employees should be alert to see that all guards and other protective devices are in proper places and adjusted and shall report deficiencies promptly to a supervisor.
- (i) All spilled oil, grease, water and other liquids must be wiped up immediately.
- (j) Areas in which maintenance is being performed will be blocked off and posted to prevent possible injury from falling objects or trip hazards. A barricaded or posted area will not be entered except by those performing the work.
- (k) Any defective tool or equipment must be immediately reported. Any defective tool or equipment will not be used until repaired or replaced.
- (l) Failure by an employee to comply with the safety rules will be grounds for corrective disciplinary actions.
- (m) Specific Department Safety Rules, when applicable, will be posted in appropriate work areas.
- (n) No open flames in work areas unless associated with a required task.
- (o) Employees shall not handle or tamper with any electrical equipment, machinery, air or water lines in a manner not within the scope of their duties, unless they have received proper instruction.

B. PERSONAL PROTECTIVE EQUIPMENT (PPE):

- (a) Safety glasses, goggles and/or face shields will be worn where eye protection is required.
- (b) Safe shoes are required of all employees. Shoes with exposed heels, toes or archways will not be permitted in shop, maintenance or construction areas.
- (c) Where there is a danger of hair entanglement in moving machinery or equipment, a hair enclosure (cap, net or hat) must be worn.
- (d) Personal Protective Equipment required when performing specific tasks will be worn and used as directed in each department's specific Code of Safe Practices.

C. HOUSEKEEPING:

- (a) Good Housekeeping must be practiced at all times.
- (b) Materials, equipment and supplies will be kept out of aisles.

- (c) Materials and supplies will not be stored against doors, exits, fire ladders or fire extinguishers.
- (d) Tools and other equipment will be returned to their proper storage area each time after use.
- (e) Tools will be kept dry; all spills will be wiped up immediately.
- (f) Trash and scrap will be thrown in proper waste containers.

D. BLOODBORNE PATHOGENS EXPOSURE:

- (a) In the event of an incident or accident which may cause occupational exposure to blood or other body fluids:
- (b) Contact the appropriate emergency personnel for injured person(s).
- (c) Once incident has been addressed, use the appropriate universal precautions (i.e., gloves, face mask or shield, goggles).
- (d) Spilled body fluids should **not** be cleaned up without the appropriate protective equipment and materials specifically designated for such fluids.
- (e) Barricade the area using caution tape, cones, and signage.
- (f) Contact Risk Management immediately.

XIII. Appendix B (Forms)

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Cal/ OSHA Requirements of a Reportable Injury

If an Employee is injured resulting in:

❖ **Death**

❖ **Serious Physical Harm**

*Hospitalization 24 hrs. +

*Permanent Disfigurement

❖ **Unconsciousness/ Fainted from Heat Illness**

Immediately call the following agencies in the order listed to report an injury:

Risk Management

Kyle Rehg - Risk Management Technician I

Phone: (530) 623-8371 Email krehg@trinitycounty.org

Laila Cassis- HR Director/ Risk Manager

Phone: (530) 623-8376 Email lcassis@trinitycounty.org

If Risk Management is not available, please contact:

Human Resources: (530) 623-1325

The nearest office of the California Division of Occupational Safety and Health (Cal/OSHA) must be notified immediately **(within 8 hrs.) including on weekends!**

You may leave this information on their voicemail or fax it if Cal OSHA is closed.

Redding Division | Phone: (530) 224-4743 or Fax: (530) 224-4747

The officer taking the call will ask you for the following information regarding the injury.

*Date of Injury

*Time of Injury

*Injured's Name, Age, DOB, & Phone #

*Injured's Address

*Employer (County of Trinity)

*Employers Address & Phone #

* Nature of Injury

*List & Identity of other Law Enforcement and other responding agencies present at the accident/event site.

INTERNAL USE ONLY



Instructions: Employees shall use this form to report all work-related injuries, illnesses, or near miss events (which could have caused an injury or illness) – *no matter how minor*. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to you Supervisor and Risk Management for further action.

SECTION A

I am reporting a work related: Injury Incident Near Miss Hazard

Reported By (*Your name*):

Reported To (*Supervisor's Name*):

Department:

Date & Time of Incident:

Date Reported:

Location:

SECTION B

DESCRIPTION (*Briefly describe incident*):

SECTION C

CAUSES (*Describe in detail the cause of the incident, if known*):

SECTION D

SUGGESTED CORRECTIONS (*Give suggestions for preventing reoccurrence*):

Investigated By:

Was a DWC-1 form provided to the employee? Yes No

SECTION E

CORRECTIVE ACTION (*What HAS been done to prevent this Incident/Hazard?*)

Department Safety Representative Signature:

Date:

Department Head Signature:

Date:



TRINITY COUNTY PUBLIC INCIDENT/ACCIDENT REPORT

(For incidents or accidents involving the public—to be filled out by County Employees – NOT the public).

- **To report accidents: First contact your supervisor and then report to: Kyle Rehg at (530) 623-8371 or Laila Cassis at (530) 623-8376 on day of incident.**
- **Send report immediately to the Risk Management office.**
- **Please preserve any property damage & photographs for investigation.**

Name of employee taking report: _____

Date of report: _____

Department: _____

Phone # _____

Date of Incident _____ Time _____ A.M. _____ P.M. _____

Where did incident happen?

Type of Incident? (i.e., slip & fall, etc.)

Persons Injured:

Name: _____

(If a minor or child, provide name of parent or guardian)

Address: _____

Phone # _____

Was injured taken by ambulance? Yes _____ No _____



TRINITY COUNTY SUPERVISOR'S REPORT OF EMPLOYEE INJURY

This form should be completed by supervisory/management staff to report all incidents, injuries, or illnesses sustained by agency staff. This form should also be completed to document any "near miss" situations. After completing this form, it should be attached to the "Incident /Hazard Report Form and sent to the Risk Management Department.

Name of Injured:

Date of Birth:

Job Title:

Date of Injury:

Time:

AM

PM

Date Reported:

Time:

AM

PM

Accident Location:

What was the Nature of Injury? (*Describe in Detail*):

Did employee go to the Doctor/Hospital?

YES

NO

Name of Medical Facility:

Address of Medical Facility:

Did Injured Leave Work?

Date:

Time:

AM

PM

Did Injured Return to Work?

Date:

Time:

AM

PM

Describe How Accident Occurred? What was the Employee doing Prior to event?

Names of Witnesses? (*If any*):

Recommended preventative action to take in the future to prevent reoccurrence?

Supervisor's Signature:

Date:

Employer:

DWC-1 Claim Form Provided?

Yes

No

Employee Declined

Trinity County



General Facility Inspection Form

Location:

Date:

Basic Life Safety	Yes	No	N/A
Are Exit Signs Illuminated & Visible?			
Are corridors & exits free from obstructions & unblocked?			
Any obvious damage to fire sprinklers?			
Are fire extinguishers easily accessible, checked monthly and operational? Serviced annually?			
Are fire extinguishers accessible withing 75ft?			
Are First Aid kits available and accessible?			
Are smoke alarms mounted and working?			
Are emergency exit maps posted prominently?			

General Office Safety	Yes	No	N/A
Is a copy of the IIPP and Code of Safe Practices available?			
Is there adequate walking and egress clearance? - 44" for corridors - 44" for stairways - 36" for aisles - 32" for doors			

Trip / Fall Hazards	Yes	No	N/A
Is the floor surface level and undamaged?			
Is the floor wet or slippery? (Are supplies and signs available for cleanup)			
Are carpeted areas clean and secured to the floor and free of worn or frayed seams?			
Is any equipment or supplies protruding into walkways?			
Are there cords or cables causing a tripping hazard?			
Are bookcases, shelves, racks and storage cabinets over 4 ft anchored to the wall?			
Are permanently used cords covered by runners when crossing walkways?			
Is a step stool or ladder available for staff?			
Is the steep stool or ladder stable and in good condition?			

General Office Safety	Yes	No	N/A
Is the workplace clean and orderly?			
Are aisles, doorways, and corners free of obstructions?			
Is lighting in work areas and walkways adequate?			
Are chairs in safe condition and are casters, rungs and legs in good working order?			
Is housekeeping being adequately maintained?			
Are SDS sheets available for office and housekeeping staff?			
Are Cal/OSHA required posters displayed in a conspicuous location?			
Are restrooms and breakrooms clean?			
Are carts, dollies, etc. available for use in transporting heavy objects and boxes?			

Trinity County

Yard/ Shop Inspection Form



Location:

Date:

Emergency Communication	Yes	No	N/A
Labor Law Posters Current			
Evacuation Maps Posted			
300A Log Posted & Current			

Housekeeping	Yes	No	N/A
Is there clutter?			
Is the shop clean?			
Are ice machines cleaned?			
Refrigerator Cleaned?			
General cleanliness of shop?			

Trip/ Fall Hazards	Yes	No	N/A
Rugs in good condition?			
Steps/ Stairs in good condition?			
Excessive storage?			

Compressed Air	Yes	No	N/A
Is the permit current?			
Properly mounted to floor?			

Power & Hand Tools	Yes	No	N/A
Are all safety guards on?			
In good working condition?			
Locked/Tagged if inoperable?			

Welding Area/ Equipment	Yes	No	N/A
Is signage posted?			
PPE available?			

Hydraulic Press	Yes	No	N/A
In good working condition?			
Warning Signage Posted?			
PPE available?			

Jacks/Hoists/Blocks	Yes	No	N/A
In good working condition?			

Steel/ Cutting Edge Storage	Yes	No	N/A
In good working condition?			

Electrical	Good	OK	Bad
Extension Cords			
Receptacles			
GFI's			
Breaker Panels			
Exposed or Frayed Wires			
Appliances			

Heating & Ventilation	Yes	No	N/A
Are vents clean?			
Are filters clean/ changed regularly?			
Working properly?			

Lighting	Yes	No	N/A
Interior			
Exterior			

Emergency Exits	Yes	No	N/A
Illuminated/ Reflective			
Egress/ Signage			

PPE	Yes	No	N/A
Availability			
Storage			
First Aid Kit Available?			
Mask/Respirator Available?			
Hard Hats			
Fall Protection			
Reflective Vests			
Safety Gloves			
Safety Glasses			

Eye Wash	Yes	No	N/A
Cleanliness/ Pressure			
Signage			

Trinity County



Jail Inspection Form

Location:

Date:

Emergency Communication	Yes	No	N/A
Labor Law Posters Current			
Evacuation Maps Posted			
300A Log Posted & Current			
Emergency Exit signs illuminated?			
Emergency exit signage and egress present?			

Housekeeping	Yes	No	N/A
Is there clutter?			
General Cleanliness			
SDS Binder present?			
Supplies stored properly?			

Trip/ Fall Hazards	Yes	No	N/A
Rugs in good condition?			
Steps/ Stairs in good condition?			
Excessive storage?			

Compressed Air	Yes	No	N/A
Is the permit current?			
Properly mounted to floor?			

Power & Hand Tools	Yes	No	N/A
Are all safety guards on?			
In good working condition?			
Locked/Tagged if inoperable?			

Welding Area/ Equipment	Yes	No	N/A
Is signage posted?			
PPE available?			

Hydraulic Press	Yes	No	N/A
In good working condition?			
Warning Signage Posted?			
PPE available?			

Oil Room	Yes	No	N/A
Cleanliness?			
Oil Spills Present?			
Hazardous Spill Procedures			

Electrical	Good	OK	Bad
Extension Cords			
Receptacles			
GFI's			
Breaker Panels			
Exposed or Frayed Wires			
Appliances			

Heating and Ventilation	Good	OK	Bad
Vent cleanliness?			
Filter conditions?			
Working properly?			

Jacks/Hoists/Blocks	Yes	No	N/A
In good working condition?			

Lighting	Yes	No	N/A
Interior			
Exterior			

Steel/Cutting Edge Storage	Good	OK	Bad
In good working condition?			

Restrooms	Yes	No	N/A
Cleaned and maintained?			

Yard	Good	OK	Bad
Condition?			

Eye wash station	Yes	No	N/A
Signage is posted			
Access is not blocked?			
Proper pressure and cleanliness?			



TRINITY COUNTY SAFETY MEETING RECORD

Department: _____ Date: _____

Conducted by: _____ Location: _____

Safety meeting topics (in order of priority):

1. Injuries since last meeting
2. Property Damage since last meeting
3. Near-Misses since last meeting
4. Identified hazards
5. What will we be doing until next safety meeting?
6. Relevant topic other than above?

Safety topic(s) discussed:

Action(s) needed to address safety topics discussed:

Comments:

Employees Present:

Print Name	Signature
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	

If more space is needed attach additional sign in sheet.

Forward Original to: Risk Management

Retain a Copy for department training records.

Trinity County

Vehicle Accident Form

PLEASE BE DETAILED AS POSSIBLE WHEN COMPLETING FORM

**Name of Person
Making Report:**

Name: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

Business Address: _____

City: _____ State: _____ ZIP: _____

**Details of
Incident:**

Date of Incident: _____ Time of Incident _____ AM _____ PM

Location of Incident: _____

Weather at time of Incident: _____

**Driver
Information:**

Name of Driver: _____

Department: _____

License Number: _____

Address of Driver: _____

Phone Number: _____ Age of Driver: _____

**Vehicle
Information:**

Make of Vehicle: _____

Model of Vehicle _____

VIN: _____ License Plate: _____

Year of Vehicle: _____

**Witness
Information:**

Name of Witness: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Name of Witness: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

**Other Party
Information:**

Name of Other Party: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ Driver's License: _____
Make of Vehicle: _____
Model of Vehicle: _____ Year of Vehicle: _____
VIN: _____
License Plate: _____ State: _____
Name of Insurance Company: _____
Policy Number: _____
Estimate of Damage: \$ _____
Description of Damage to Vehicle: _____

Description of Damage to Property: _____

**Persons
Injured:**

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____
Description of injury: _____

Was medical aid rendered: _____
Name of medical facility injured was taken: _____
Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____
Description of injury: _____

Was medical aid rendered: _____
Name of medical facility injured was taken: _____

**Description
of Incident:**

Direction county vehicle was going: _____

Direction other vehicle was going: _____

Speed of county vehicle: _____ Other vehicle: _____

Condition of roadway: _____ Paved _____ Dirt _____ Under Construction

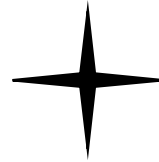
_____ Wet _____ Dry _____ Fog _____ Snow

If at night, were all vehicle lights operational: _____

Details of accident: (Be detailed as possible listing directions and give street names if applicable)

Diagram (please draw diagram how incident occurred):

Make sure to give
Street Names



Indicate what
direction was
North

Please return completed forms to Risk Management

Phone: (530) 623- 8371 or (530) 623-1325

email: krehg@trinitycounty.org

Addendum

COVID-19 Disease Control & Prevention

In order for the Cal/OSHA COVID-19 Prevention Non-Emergency Standards to continue to be consistent with public health guidelines, this order revises the infectious period definition for isolation and exclusion purposes. CDPH continues to monitor evolving science and data related to COVID-19 infections and assesses conditions on an ongoing basis. California will remain vigilant and continue to mitigate the spread and impact of COVID-19 disease on populations at highest risk for severe disease. Therefore, consistent public health definitions informing COVID-19 disease control and prevention measures remain necessary at this time.

As declared by the State Public Health Officer of California:

1. All individuals should follow the recommendations in the When and Why to Wear a Mask issued by the California Department of Public Health. This will continue to be monitored for scientific evidence and epidemiological data and will amend this guidance as needed by the evolving public health conditions and recommendations issued by the federal Centers for Disease Control and Prevention (CDC) and other public health authorities.

2. For the purposes of the California Department of Public Health's recommendations for persons infected with or exposed to COVID-19 and during outbreaks, the following definitions apply:

- **Close Contact**

- In indoor spaces 400,000 or fewer cubic feet per floor (such as homes, clinic waiting rooms, airplanes, etc.), a close contact is defined as sharing the same indoor airspace for a cumulative total of 15 minutes or more over a 24-hour period (for example, three separate 5-minute exposures for a total of 15 minutes) during a confirmed case's infectious period.
- In large indoor spaces greater than 400,000 cubic feet per floor (such as open-floor-plan offices, warehouses, large retail stores, manufacturing, or food processing facilities), a close contact is defined as being within 6 feet of the confirmed case for a cumulative total of 15 minutes or more over a 24-hour period during the confirmed case's infectious period.

Spaces that are separated by floor-to-ceiling walls (e.g., offices, suites, rooms, waiting areas, bathrooms, or break or eating areas that are separated by floor-to-ceiling walls) must be considered distinct indoor airspaces.

- **Confirmed Case**

- A person who has received a positive result of the presence of SARS-CoV-2 virus as confirmed by a COVID-19 viral test or clinical diagnosis.

- **Infectious Period***. For the purpose of isolation and exclusion of confirmed cases, the “Infectious Period” is defined as:
 - For symptomatic confirmed cases, from the day of symptom onset until 24 hours have passed with no fever, without the use of fever-reducing medications, AND symptoms are mild and improving.
 - For asymptomatic confirmed cases, there is no infectious period for the purpose of isolation or exclusion. If symptoms develop, the criteria above will apply.

* The potential infectious period is 2 days before symptoms began or the positive test date (if no symptoms) through 10 days after symptoms began or testing positive.

- **Outbreak.** For the purposes of defining an outbreak in non-healthcare settings, such as to determine when employee COVID-19 cases are part of an exposed group, the following definition shall apply:
 - At least three COVID-19 cases during a 7-day period.

3. The California Department of Public Health will continue to offer public health recommendations and guidance related to COVID-19 based on the scientific evidence and epidemiological data. It is strongly encouraged individuals follow such guidance to keep themselves, their families, and their communities healthy.

4. This Order supersedes the June 20, 2023, State Public Health Order, March 3, 2023, State Public Health Officer Order, the June 8, 2022, State Public Health Officer Order, the August 28, 2020, State Public Health Officer Order, the July 13, 2020, State Public Health Officer Order, the May 7, 2020, State Public Health Officer Order, and the March 19, 2020, State Public Health Officer Order.

5. This Order goes into effect on January 9, 2024, at 12:01 a.m.

6. This Order is issued pursuant to Health and Safety Code sections 120125, 120140, 120175, 120195 and 131080 and other applicable law.



Tomás J. Aragón, M.D., Dr.P.H.
Director & State Public Health Officer
California Department of Public Health

