

BOARD OF SUPERVISORS, COUNTY OF SIERRA, STATE OF CALIFORNIA

**RESOLUTION ADOPTING THE AMENDED SIERRA
COUNTY INJURY AND ILLNESS PREVENTION POLICY**

Resolution 2023-010

WHEREAS, on February 1, 2022, the Board of Supervisors adopted Resolution 2022-009 revising the Injury and Illness Prevention Policy to update the COVID-19 addendum; and

WHEREAS, as The California Department of Public Health, and the CAL OSHA Emergency Standards continue to update procedures and practices, Sierra County has updated the Injury and Illness Prevention Policy to reflect these changes and continue compliance.

NOW, THEREFORE, BE IT RESOLVED that the Sierra County Board of Supervisors, County of Sierra, State of California does hereby adopt the attached Sierra County Injury and Illness Prevention Policy as amended.

ADOPTED by the Board of Supervisors of the County of Sierra on the 7th day of February 2023, by the following vote:

AYES: Supervisors Adams, Heuer, LeBlanc, Roen, and Dryden

NOES: None

ABTAIN: None

ABSENT: None

COUNTY OF SIERRA



SHARON DRYDEN, CHAIR
BOARD OF SUPERVISORS

ATTEST:



HEATHER FOSTER
CLERK OF THE BOARD

APPROVED AS TO FORM



DAVID PRENTICE
COUNTY COUNSEL

SIERRA COUNTY



INJURY & ILLNESS PREVENTION PROGRAM (I.I.P.P.)



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

TABLE OF CONTENTS

	<i>Page</i>
I. Policy Statement	01
II. Responsible Parties	01
III. Safety Recognition, Compliance & Discipline	02
IV. Safety Communication	03
V. Reporting - Hazards, Injuries, Incidents & Near Misses (Remediation)	4-5
VI. Investigation - Hazards, Injuries, Incidents & Near Misses	5-6
VII. Inspections / Evaluation System	07
VIII. Training in Health & Safe Work Practices	7-8
IX. Recordkeeping / Documentation	08
X. Appendix A (<i>Contacts</i>)	09
1. Department Head Listing	09
2. Department Safety Representative (DSR) Listing	10
XI. Appendix B (<i>Forms</i>)	11
1. Heat & Illness Prevention Program	12
2. Code of Safe Practices	13-14
3. Cal/OSHA Reportable Injury Form	15
4. Incident Hazard Form	16
5. Public-Involved Incident / Accident Form	17-18
6. Supervisor's Report Form	19
7. Inspection Form – <i>Office</i>	20-21
8. Inspection Form – <i>Shop</i>	22-24
9. Safety Training Record	25-26
10. Automobile Accident Form	27-30
11. COVID-19 Addendum	31-39

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

I. POLICY STATEMENT

Sierra County is committed to preventing injuries and illnesses, as well as providing a safe and healthy workplace. To achieve this goal, Sierra 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. Sierra 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 and The Safety Officer are responsible for implementing the provisions of this program. Any questions regarding the program should be directed to the Program Administrators.

B. Personnel Department:

Safety Officer:

Program Administrator Designee

- Promotes compliance of this 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/Personnel Department.
- Investigate incidents and injuries and provide a report to the Loss Prevention Specialist.
- 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 Manager and immediate supervisor of any incidents, injuries, and / or hazards immediately.
- Assure monthly safety trainings occur.

DI. 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* Personnel/Safety Officer.
- Participate in all safety activities including training and monthly safety meetings.

DII. SAFETY RECOGNITION, COMPLIANCE & DISCIPLINE

A. Employee Recognition:

- i. **Annual Safety Award for an Individual Employee** - Sierra 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 gift of appreciation prior to the end of the fiscal year.

AND/OR

- ii. **Annual Safety Award for an Entire Department** – Sierra 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 Manager and the DSR (Department Safety Rep) for the chosen department shall be presented with an award and gift of appreciation prior to the end of the fiscal year.

- iii. **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:

Resolution 2023-010

February 7, 2023

A. It is Sierra County's intent to ensure a safe work environment and safe work practices for all employees. Failure to observe the requirements of the county's Injury and Illness Prevention Program may result in disciplinary actions up to and including termination.

B. It is the Department Managers responsibility to ensure their employees know, understand, and follow established safety regulations described in the Injury and Illness Prevention Program. Violation of any aspect of this program will result in disciplinary action subject to the provisions of the employees respective Memorandum of Understanding.

C. Department Managers in conjunction with Personnel, shall reserve the right to determine disciplinary action as appropriate to a particular violation, including progressive or more severe discipline for egregious or repeated actions.

IV. SAFETY COMMUNICATION

It is Sierra 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 Sierra 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 the Safety Officer.

C. Employee Orientation: Each employee upon new employment is required to attend orientation, which includes receipt and an overview of the I.I.P.P. The employees DSR will provide more in depth training of that departments safety protocols.

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: The Courthouse basement has a bulletin board on which all safety communication is posted. Each location shall have their space, easily accessible to employees, where information is posted.

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 the Safety Officer by the end of each month.

b. County-Wide Safety Meetings: The employee safety committee is comprised of the department DSRs (department safety representatives), one representative from each County Department, meet quarterly. 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:** *Sierra County receives Safety Bulletins, Top Health Newsletters, and Top Safety Newsletters* from Trindel Insurance Fund. These monthly newsletter will provided to each employee through county email, inter-department mail and/or manual distribution. It shall also be posted on the safety bulletin board in the Courthouse basement. Announcements, safety education, hazards, recalls, and wellness education are contained here.
- I. **Email:** Safety issues are often shared via email to the involved or affected employees.

V. **REPORTING – Hazards, Injuries, Incidents & Near-Misses (Remediation)**

All accidents and injuries must be reported to your direct supervisor and the Safety Officer on the same day of the occurrence when possible.

A. **Purpose:** Sierra 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. Sierra County encourages employees to report without fear of reprisal any workplace hazards they identify.

B. **Reporting Procedure:**

For Serious Injuries:

Report immediately to Personnel (530-289-2879 or 530-565-5904) any injury resulting in:

- **Death,**
- **Serious Physical Harm**
- **Hospitalization**
- **Impairment**
- **Unconsciousness/Fainting**

Cal/OSHA must be notified within 8 hours of such injury, regardless of time or day of the week. The Safety Officer or Risk Manager shall report to Cal/OSHA. If the Safety Officer or Risk Manager is not available, the direct supervisor shall report to Cal/OSHA directly. (916) 263-2800 or FAX: (916) 263-2798 (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, the Safety Officer will follow up here.
- f. **Investigated By:** This is usually by the supervisor, Safety Officer 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.

3. **Remediation:** Sierra 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 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, the Safety Officer, and the Department Safety Representative.

The Immediate Supervisor or the Safety Officer 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 the Safety Officer **and** filed within the Personnel Department. A copy of the report shall be provided to the affected department if requested.

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” him or her 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:** Sierra County will prevent many hazards from occurring through semi-annual scheduled and documented self-inspections of each workplace. Semi-annual inspections will be performed by the Safety Officer. The semi-annual inspections may be conducted by the Department Safety Representative or the Department Manager if necessary.

B. **Vehicle and Power Equipment Inspections:** All Sierra 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 Sierra 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 should be discussed during Sierra County department safety meetings, other appropriate safety meetings and the County-wide Safety 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 HEALTH & 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 Sierra County Personnel Department shall maintain records of the following items:

1. **Inspections, Investigations and Evaluations Pertaining to Safety Issues:** Sierra 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. All departments will give any inspection reports by an outside agency to Personnel. 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.
2. **Training:** Sierra 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.
3. **Safety Committee Meeting Minutes:** Sierra County shall maintain prepared minutes of each department's monthly safety meetings and county wide safety meeting minutes. These minutes 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.
4. **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.

XII. APPENDIX A (Contacts)

A. DEPARTMENT MANAGER LISTING

Assessor: Laura Marshall 530-289-3283

Auditor: Van Maddox 530-289-3286

Behavioral Health: Lea Salas 530-993-6746

Board of Supervisors:

District 1 -Lee Adams 530-289-3506

District 2 – Lila Heuer 916-580-5608

District 3 - Paul Roen 530-565-6048

District 4 - Terry LeBlanc 530-993-0247

District 5 - Sharon Dryden 530-913-9218

Building & Planning Tim Beals 530-289-3251

Environmental Health: Interim 530-993-6700

Clerk Recorder/Elections: Heather Foster 530-289-3295

County Counsel: David Prentice 530-691-0800

District Attorney: Sandra Groven 530-289-3269

Department of Transportation: Tim Beals 530-289-3251

Health & Human Services/PH: Interim 530-993-6700

Office of Emergency Services: Tim Beals 530-289-3251

Human Resources: David Prentice 530-289-2879

Information Technology: Jeremy Miller 530-289-2890

Planning: Tim Beals 530-289-3251

Probation: Chuck Henson 530-289-3277

Risk Manager: Van Maddox 530-289-3286

Sheriff: Mike Fisher 530-289-3700

Treasurer/Tax Collector: Van Maddox 530-289-3286

B. DEPARTMENT SAFETY REPRESENTATIVES (DSR)

Safety Officer Judi Behlke 530-289-2878

Auditor: Sean Ames 530-289-3273

Behavioral Health: Katie Russell 530-993-6720

Building and Planning: Bonnie Vierra 530-289-3201

Clerk Recorder: Teia Miller 530-289-3295

Dept. of Transportation: Chris Dorn 530-289-3201

District Attorney: Michelle Anderson 530-289-3277

Health & Human Services: Katie Russell 530-623-8215

Personnel: Judi Behlke 530-289-2879

Probation: Michelle Anderson 530-289-3277

Sheriff: Autumn Long- McGie 530-289-3700

Treasurer/Tax Collector Hannah Hough 530-289-3286

XIII. APPENDIX B (FORMS)

- 1. Heat & Illness Prevention Program**
- 2. Code of Safe Practices**
- 3. Cal/OSHA Reportable Injury Form**
- 4. Incident Hazard Form**
- 5. Public Incident/Accident Form**
- 6. Supervisor's Report Form**
- 7. Inspection Form – *Office***
- 8. Inspection Form – *Shop***
- 9. Safety Meeting Record**
- 10. Automobile Accident Form**
- 11. COVID-19 Addendum**

HEAT ILLNESS PREVENTION PROGRAM

The following department maintain a specific Heat Illness Prevention Program:

- The Department of Transportation

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

CODE OF SAFE PRACTICES

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

All 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 appropriate treatment.

All operations must be planned to prevent accidents and injuries.

A. GENERAL SAFETY RULES: For the protection and safety of all employees, the County of Sierra 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.

1. 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.
2. The Safety Officer 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).
3. Machines or equipment shall not be operated until employees are properly instructed on their operation.
4. 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.
5. Work shall be well-planned and supervised to forestall injuries in the handling of heavy materials and in working together with equipment.
6. 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.
7. 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.
8. All spilled oil, grease, water and other liquids must be wiped up immediately.
9. 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.
10. Any defective tool or equipment must be immediately reported. Any defective tool or equipment will not be used until repaired or replaced.
11. Failure by an employee to comply with the safety rules will be grounds for corrective disciplinary actions.
12. Specific Department Safety Rules, when applicable, will be posted in appropriate work areas.
13. No open flames in work areas unless associated with a required task.

14. 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):

1. Safety glasses, goggles and/or face shields will be worn where eye protection is required.
2. Safe shoes are required of all employees. Shoes with exposed heels, toes or archways will not be permitted in shop, maintenance or construction areas.
3. Where there is a danger of hair entanglement in moving machinery or equipment, a hair enclosure (cap, net or hat) must be worn.
4. 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:

1. Good Housekeeping must be practiced at all times.
2. Materials, equipment and supplies will be kept out of aisles.
3. Materials and supplies will not be stored against doors, exits, fire ladders or fire extinguishers.
4. Tools and other equipment will be returned to their proper storage area each time after use.
5. Tools will be kept dry; all spills will be wiped up immediately.
6. Trash and scrap will be thrown in proper waste containers.

D. BLOODBORNE PATHOGENS EXPOSURE:

In the event of an incident or accident which may cause occupational exposure to blood or other body fluids follow procedures in the Sierra County Bloodborne Pathogen and Communicable Disease Policy AND :

1. Contact the appropriate emergency personnel for injured person(s).
2. Once incident has been addressed, use the appropriate universal precautions (i.e., gloves, face mask or shield, goggles).
3. Spilled body fluids should *not* be cleaned up without the appropriate protective equipment and materials specifically designated for such fluids.
4. Barricade the area using caution tape, cones, and signage.
5. Contact Safety Officer immediately.

CAL OSHA REQUIREMENTS OF A REPORTABLE INJURY

With regard to reporting to Cal/OSHA, a serious injury or illness is now defined as one involving:

- *Death
- *Inpatient hospitalization, regardless of length of time, for other than medical observation or diagnostic testing; amputation;
- *Loss of an eye
- *Serious degree of permanent disfigurement.

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

Human Resources/Safety Officer

(530) 289-2879/ 565-5904 or email jbehlke@sierracounty.ca.gov for Judi Behlke

If Human Resources/Safety Officer is not available please contact:

Risk Manager:

(530) 289-3286 or email auttc@sierracounty.ca.gov for Van Maddox

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.
Sacramento Division | Phone: (916) 263-2800 or Fax: (916) 263-2798

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 No. | *Injured's Address |
| *Employer (County of Sierra) | *Employers Address & Phone No. |
| *Nature of Injury | |
| *List & Identity of other Law Enforcement and other responding agencies present at the accident/event site. | |

D. **SIERRA COUNTY – INCIDENT/HAZARD REPORT**
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 your Supervisor and Human Resources/Safety Officer for further action.

SECTION A	
I am reporting a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Incident <input type="checkbox"/> NearMiss <input type="checkbox"/> Hazard	
Reported By (<i>Your name</i>):	
Reported To (<i>Supervisor's Name</i>):	
Department:	
Date & Time of Incident:	Date Reported:
Location:	
SECTION B	
DESCRIPTION (<i>Briefly describe incident</i>):	
SECTION C	
CAUSES (<i>Describe in detail the cause of the incident, if known</i>):	
SECTION D	
SUGGESTED CORRECTIONS (<i>Give suggestions for preventing reoccurrence</i>):	
Investigated By:	
Was a DWC-1 form provided to the employee? Yes <input type="checkbox"/> No <input type="checkbox"/>	
SECTION E	
CORRECTIVE ACTION (<i>What HAS been done to prevent this Incident/Hazard?</i>)	
Department Safety Representative Signature:	Date:
Department Head Signature:	Date:

SIERRA COUNTY
PUBLIC INCIDENT/ACCIDENT REPORT

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

(DO NOT ADMIT FAULT OR LIABILITY)

- To report accidents: First contact your supervisor and then report to:
Judi Behlke at 289-2879 or Van Maddox at 289-3286 on day of incident.
 - Send report immediately to Human Resources/Safety Officer
 - Please preserve any property damage & photographs for investigation!

Name of person making 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 minor child

Include info. On Address _____
Parent or guardian)

Phone # _____

Nature and Extent of Incident:

Was injured taken by ambulance? Yes _____ No _____

Name, Phone # _____
& Address of _____

SIERRA 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 H.

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 (<i>Describe in Detail</i>):			
Did employee go to the Doctor/Hospital?		YES NO	If Yes, Please List below
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? (<i>if any</i>):			
Recommended preventative action to take in the future to prevent reoccurrence?			
Supervisor's Signature:			Date:
Employer:			
DWC-1 Claim Form Provided?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Employee Declined

Trindel Insurance Fund

Resolution 2023-010
February 7, 2023

Office Walkthrough Inspection

Date		County	Sierra	Department	
Location		Inspect by:		DSR	

Item	Description	Corrective Action	C.A. Date
Emergency Communication (Postings, evacuation maps, SDS, etc.)			
Housekeeping (Clutter, cleanliness, storage, not blocking exits, etc.)			
Trip & Fall Hazards (Carpets, rugs, steps and stairways, cords, clutter, storage, etc.)			
Electrical (Extension cords, receptacles, GFIs, breaker panels, exposed or frayed wiring, appliances, etc.)			
Heating & Ventilation (Registers clean, filters, recirculation air, temperature, etc.)			
Lighting (Indoor, parking lots, etc.)			
Emergency Exits (Egress, signage, are lighted signs illuminated, lighting, etc.)			

Janitor Closet (Clutter, chemical & flammable)			
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storage, cleaning products, eye wash inspected monthly, SDS binder present Etc.)			
Exterior (Parking lots, sidewalks, walkways, etc.)			
Security (Public access, emergency communication, etc.)			
Rest Rooms			
Can an employee locate their IIPP? First Aid Kit Stocked – any expirations? Fire Extinguishers checked Misc.			

General Comments:

Inspected by:	
Signature	
Inspected by:	
Signature	
Dept Safety Rep.	
Signature	
Department Head	
Signature	

Trindel Insurance Fund

Resolution 2023-010
February 7, 2023

Maintenance Shop Safety Inspection

Date		County	Sierra	Department	
Location		Inspect by:		DSR	

Item	Description	Corrective action
Emergency Communication (Postings, evacuation maps, SDS, etc.)		
Housekeeping (Clutter, cleanliness, storage, not blocking exits, etc.)		
Trip & Fall Hazards (Carpets, rugs, steps and stairways, cords, clutter, storage, etc.)		
Electrical (Extension cords, receptacles, GFIs, breaker panels, exposed or frayed wiring, appliances, etc.)		
Compressed Air		
Power & Hand tools		
Welding area / equipment		
Hydraulic Press		
Oil Room		
Jacks / Hoists / Blocking		
Tire / Storage		

Shed		
Flammable Storage		
Steel / Cutting Edge storage		
Heating & Ventilation (Registers clean, filters, recirculation air, temperature, etc.)		
Lighting (Indoor, parking lots, etc.)		
Shop Exterior (Parking lots, sidewalks, walkways, etc.)		
Rest Rooms		
Eye wash station		
Yard		
First Aid Kit		
Fire Extinguishers: IIPP & Code of Safe Practices: SDS: Misc.:		

General Comments:

Inspected by:	
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Signature	
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Inspected by:	
Signature	
Dept Safety Rep.	
Signature	
Department Head	
Signature	

SIERRA COUNTY Safety Meeting Record

Resolution 2023-010
February 7, 2023

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 the next safety mtg.? | 6. Relevant topic other than above? |

Safety topic(s) discussed:

Action(s) needed to address safety topics discussed:

Comments:

Employees Present:

Resolution 2023-010
February 7, 2023

Print Name	Signature
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

If more space is needed attach additional sign in sheet.

Name of Person Making Making Report Name _____
 Home Address _____
 (Street & No.) (City or Town) (State)
 Business Address _____
 (Street & No.) (City or Town) (State)
 Home Phone No. _____
 Business Phone No. _____

Time, Type and Place of Accident Date of Incident/Accident _____ Time of Incident _____ A.M. P.M.
 Where did incident/accident happen _____
 Weather at time of incident/ accident _____
 Type of incident/accident (i.e., slip & fall, vehicles, etc.) _____

County Driver and Automobile (If Applicable) Department _____
 Make _____ Year _____ Type of Body _____ VIN: _____
 License _____
 Name of Driver _____ Age _____
 Address of Driver _____ Phone No. _____

Persons Injured

Name	Addresses	Phone No.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Nature and extent of injuries _____
 If medical aid was rendered, give name of doctor _____
 Where was injured taken _____
 (City)

Other Driver/ Damage to Property Kind of property and extent of damage _____ Estimate of Damage \$ _____
of Others If automobile, make of car _____ Year/Model _____ License _____
 Driver's Lic. # _____ Insurance Co. name & policy # _____
 Name of Driver/Owner _____ Address _____
 Driver/Owner's phone number _____ Where can property be seen _____

Damage to your automobile Extent of damage to your automobile. (Please give full details) _____

Names and Addresses of Witnesses (Important)

Names	Addresses	Phone No.
_____	_____	_____
_____	_____	_____

Description of Accident Direction your automobile was going _____ Other automobile _____

(If applicable)

Resolution 2023-010
February 7, 2023

Rate of speed, your car _____ Other car _____

Number of persons in your car _____ Other car _____

Was roadway wet or dry _____ Paved _____ Dirt _____ Under construction _____

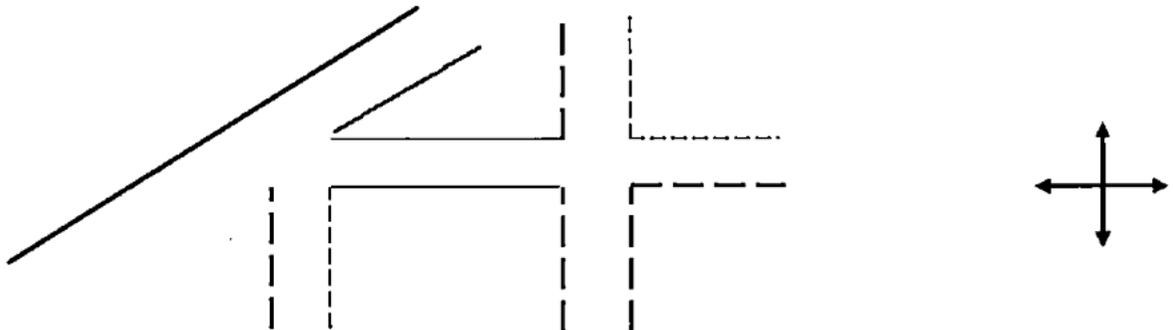
Was either automobile on the wrong side of the road, if so which automobile _____

Was either driver arrested _____ Did police investigate _____

If at night, were all lights on other automobile lit _____

Who was at fault for the accident, and why _____

Please give full details of accident.





SIERRA COUNTY COVID-19 ADDENDUM FOR THE INJURY & ILLNESS PREVENTION PROGRAM

UPDATED February 2023

Purpose:

It is the policy of Sierra County to protect the safety of our staff and to comply with Labor Code 6400 which requires that every employer must furnish employment and a place of employment that is safe and healthful for the employees therein.

Scope:

The policy applies to all Sierra County employees or volunteers that may be exposed to the Coronavirus because of the performance of their duties. Contained herein are general best practices for exposure prevention.

This addendum to the Injury and Illness Prevention Program (IIPP) is a framework applicable during a public health emergency.

About the Coronavirus (COVID-19):

There are many types of human Coronaviruses including some that commonly cause mild upper-respiratory tract illness. Covid-19 and its variants affect people in different ways. Infected people have a wide variety of symptoms reported with mild to severe illness. Symptoms may appear 2-14 days after an exposure to the virus. People with the symptoms listed below may have COVID-19.

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea, vomiting, or diarrhea

COVID-19 Transmission:

The virus that causes COVID-19 is thought to spread mainly through person to person through respiratory droplets produced when an infected person coughs or sneezes. Someone sharing the same indoor space, e.g., home, waiting area, airplane, etc., for a cumulative total of 15 minutes or more over a 24- hour period during an infected person's infectious period is considered a close contact.

Infection Prevention Measures:

Sierra County has established infection prevention measures to control or eliminate COVID-19 related hazards in the workplace. Anytime Cal Osha, CDC, or CDPH issue regulations or guidelines more restrictive than the measures listed below, it is required that the more restrictive measures be implemented in the workplace. Sierra County, to the extent possible, will implement the following procedures to mitigate exposure to COVID-19.

- The continued use of video and/or telephonic meeting when feasible.
- Sierra County will post notices, signage and/or instructions in each worksite of current masking and distancing requirements, to be displayed in common areas for employees and the public when required.
- Require employees to self-screen every day before reporting to work.
- Instructing employees to stay home when feeling sick.

- Employees who become symptomatic of COVID-19 while at work will be asked to leave the workplace and may be required to have a negative test before returning to work.
- Sierra County will adhere to state guidance and local public health agency recommendations regarding the arrangement of office and workplace furniture to maintain physical distance as much as possible.
- Employees with medical conditions or co-morbidities that put them at an increased risk of COVID-19 are encouraged to contact their supervisor to initiate the Interactive Accommodation Process if needed.
- Require all employees to use approved face coverings in the workplace when required to do so by the California Department of Health or by the Cal Osha Emergency Temporary Standards.
- Allow all employees to wear a face covering if they choose to regardless of vaccination status without fear of retaliation.
- Sierra County shall provide approved face coverings to all employees if requested.
- To the extent supplies are available for distribution, employees will have access to appropriate hygiene products, such as hand sanitizer and soap in the workplace.
- The county will regularly evaluate workplaces for compliance with this addendum.

Employee Responsibilities:

During the COVID-19 public health emergency, Sierra County employees have a collective responsibility to ensure the safety of all people in the workplace, and to comply with county policies and the current local health guidelines to mitigate the impacts of COVID-19 to themselves and anyone visiting the worksite. Employees are required to report any new symptoms of illness to their supervisor immediately upon onset or as soon as possible within 24 hours. Other responsibilities include the following:

- Employees may substitute in person meetings with video or telephonic meetings if feasible.
- Employees must continue to self-screen for COVID-19 symptoms prior to arriving at work each day.
- Employees **must stay home if they are sick**, follow public health agency guidelines, and contact their supervisor and the Personnel Department to report COVID-19 symptoms or a diagnosis of COVID-19.

- Employees who test positive for COVID-19 must not return to work until 24 hours have passed without a fever (without the use of fever reducing medication), symptoms are improving, and at least 5 days have passed since the symptom onset, with a time and date stamped negative test. If on day 5 the employee is symptomatic or tests positive, they will be directed to isolate for an additional 5 days or until test results are negative. Employees who return to work on or after day 6 must wear a face covering for a total of 10 days.
- Employees are encouraged to clean and disinfect shared spaces and items before and after use.
- Employees are granted time to wash hands with soap and water for at least 20 seconds and/or use hand sanitizer after interacting with people and after contacting shared surfaces or objects.
- Employees shall cover coughs and sneezes and avoid touching eyes, nose, and mouth with unwashed hands.
- Employees are encouraged to avoid sharing personal items with coworkers such as dishes, cups, utensils, or towels.
- Employees shall participate in all COVID-19 workplace investigations when requested.

Personal Protective Equipment (PPE)

PPE shall be used to minimize risk of exposure to COVID-19. The type of PPE used will vary based on the level of precautions required by the employee's job tasks and risks of infection. The Department Manager or designee is responsible for:

- Determining PPE required for department staff
- Providing staff with required PPE
- Ensuring staff is trained on effective use of the PPE, including the donning, and removing of PPE.

Responding to Confirmed or suspected COVID-19 Cases

- Determining when the COVID-19 case was last in the workplace, and if possible, the date of testing and onset of symptoms.
- Determining which employees may have been exposed to COVID-19 through a close contact.
- Providing written notification to all employees (and, if applicable, their union representatives) and independent contractors who were at the worksite at the same time as the COVID-19 case during the high-risk exposure period of any potential exposures within one business day (and notifying any other employer who has potentially exposed employees in the workplace).
- Making COVID-19 testing available to potentially exposed employees at no cost and during working hours, except for asymptomatic employees who recently recovered from COVID-19 within 30 days.
- Excluding COVID-19 cases from the workplace until they are no longer an infection risk following the CDPH's guidance for isolation and quarantine.
- Investigating the exposure, whether workplace conditions could have contributed to the risk of exposure, and what corrections would reduce exposure.

Exclusion Requirements for Employees Who Test Positive for COVID-19 (Isolation)

The following requirements apply to all employees, regardless of vaccination status, previous infection, or lack of symptoms:

- Employees who test positive for COVID-19 must be excluded from the workplace for at least 5 days.
- Isolation can end and employees may return to the workplace after day 5 if fever free for 24 hours, symptoms are resolving, and have produced a date and time stamped photo specimen collected on day 5 or later showing negative.
- If an employee is unable or chooses not to test and their symptoms are not present or are resolving, isolation can end, and the employee may return to the workplace after day 10.

- If an employee has a fever, isolation must continue, and the employee may not return to work until the fever resolves.
- If an employee's symptoms other than fever are not resolving, they may not return to work until their symptoms are resolving or until after day 10 from the positive test.
- Employees must wear face coverings around others for a total of 10 days after the positive test, especially in indoor settings.

Employees Who Are Exposed to Someone with COVID-19

- Exposed employees must test within three to five days after their last close contact. Persons infected within the prior 30 days do not need to be tested unless symptoms develop.
- Employees must wear face coverings around others for a total of 10 days after exposure. Please refer to the section in this FAQ on face coverings for additional face covering requirements.
- If an exposed employee develops symptoms, they must be excluded pending the results of a test.
- If an exposed employee who develops symptoms is unable to test or choosing not to test, they must be excluded until 10 days after the date of symptom onset.
- If an exposed employee tests positive for COVID-19, they must follow the isolation requirements above.

Employees are strongly encouraged to get vaccinated and boosted.

The Personnel Department will notify employees who may have been exposed to COVID-19 of the potential exposure within one business day. COVID-19 testing shall be made available at no cost to all employees who have been identified as having a possible exposure. All confidential medical information will be preserved and protected pursuant to the Confidentiality of Medical Information Act (CMIA).

Procedures for cleaning and disinfecting following a confirmed COVID-19 case:

- Temporarily close the general area where the infected employee worked until cleaning is completed.
- If possible, open outside doors and windows and use ventilating fans to increase air circulation in the area. Wait 24 hours or as long as practicable to clean and disinfect area.
- Conduct deep cleaning of the entire general area where the infected employee may have worked and may have been, including breakrooms, restrooms, and travel areas such as hallways, with a cleaning agent approved for the use against the Coronavirus.
- Custodial employees cleaning the area must be equipped with the proper PPE for COVID-19 disinfection.

Communication

Communication between employees and Sierra County on matters relating to COVID-19 mitigation and response is an important aspect to ensure employee safety while in the workplace. Therefore, Sierra County has established a communication system through the Personnel Department that is intended to:

- Provide a single point of contact for the Department Manager and all supervisory staff; and
- Comply with the California Assembly Bill 685 notice and reporting obligations for COVID-19 workplace exposure.

All employees are encouraged to report to their Department Manager or Supervisor potential exposure to COVID-19, concerns regarding COVID-19 mitigation practices, or possible COVID-19 hazards in the workplace.

The Department Manager shall contact the Personnel Department who will triage the report and notify essential personnel for an appropriate response.

Training

Sierra County will provide employee training on this addendum along with training and instruction on the following subjects:

- The general description of COVID-19 and the symptoms associated.
- Sierra County's COVID-19 prevention policies and procedures.
- COVID-19 related benefits, including leave rights and options that may be available to employees.
- Information about the transmission of the virus that causes COVID-19 and

Information about effective prevention measures, including requirements for the use of face coverings, hand washing and general hygiene.

Recordkeeping

The Sierra County Personnel Department will keep all records related to COVID-19 cases in the workplace, including exposure reports, investigative reports, and notices. To the extent required, the Personnel Department shall provide access of authorized persons to such report and records, including the following:

- Records of cases of COVID-19 reported to the local health department.
- Records of disabling work related COVID-19 illness reported to Cal Osha.
- Records of employee notice and training on this addendum.
- Records of close contact tracing of all COVID-19 cases in the workplace.
- Records of COVID-19 cases, with employee identifying information removed, provided to employees and employee organizations.