

PROGRAM

Injury & Illness Prevention Program (IIPP)

Location:
Effective Date:
Revision Number: 1

Purpose

This policy establishes what procedures will implement to prevent work-related injuries and illnesses at its facilities.

Scope

This policy applies to all employees. It also applies to vendors working on property. **(Note to program administrator: This policy should be thoroughly reviewed. Some elements may not apply to your operations. As such, remove any aspects that are not consistent with your program. In some cases, elements may need to be added. This administrator note should be deleted prior to finalizing the policy).**

POLICY GUIDELINES

Key Elements

The Injury and Illness Prevention Program (IIPP) establishes procedures around the following elements:

- Management commitment and responsibility assignment
- Employee safety communication
- Safety committees
- Employee safety procedure compliance
- Safety inspections
- Incident/accident investigations
- Hazard assessment and correction
- Safety training
- Recordkeeping

Management Commitment

's IIPP administrator, **[insert name of administrator here]**, has the authority and responsibility of implementing the IIPP.

Supervisors and managers also have the responsibility of implementing the IIPP in their areas. Management support of safety efforts is essential to the success of the IIPP.

Employee Safety Communication

Supervisors and managers are responsible for communicating safety and health information with their employees in a way that can be understood. Safety communications with employees can include the following:

- New hire safety orientation

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- IIPP reviews
- Training programs
- Safety meetings
- Toolbox talks
- Safety committee meeting minutes
- Reviews of safety inspection results (including corrections)
- Posted safety information
- Anonymous safety suggestions

Safety Committee

A safety committee gives employees a voice in our organization's safety program. It will operate under the following guidelines:

- The safety committee will be made up of volunteers.
- Front-line employees should make up at least 50% of the safety committee.
- The safety committee will meet monthly.
- The safety committee will elect a chairperson.
- Meeting minutes will be kept.
- The safety committee will assist in corrective action reviews of accidents.
- The safety committee will conduct hazard assessments (inspections).
- The safety committee will review employee safety suggestions/recommendations.

Employee Safety Procedure Compliance

Management is responsible for ensuring that employees follow safety policies and procedures. This includes the following:

- Performing safety inspections and incident/accident investigations
- Identifying and correcting safety hazards
- Evaluating safety performance
- Conducting behavior-based safety observations
- Recognizing safe practices of employees
- Addressing unsafe actions of employees through discipline and training

Safety Inspections

Safety inspections are critical for identifying unsafe conditions and acts. Employees conducting formal inspections may include supervisors, managers, safety committee members and any other trained employees. Inspections will, at minimum, be conducted at the following times:

- When the IIPP is established
- When new equipment, processes or hazards are introduced
- After accidents/incidents occur
- When a behavior-based safety observation indicates an inspection is needed

- When new hazards are identified
- Monthly by department

Accident Investigations

Identifying the root or underlying cause of accidents is critical to preventing recurrence. Accidents will be investigated by:

- Conducting a physical inspection of the workplace conditions and equipment
- Interviewing injured employee(s) and witnesses
- Reviewing applicable procedures, training records and other documentation
- Determining immediate causes as well as underlying or root causes
- Developing a corrective action plan that addresses root causes
- Following up to ensure corrective actions were effective

Hazard Correction

Hazards that are identified during inspections, behavior-based safety observations, employee reports or accident/incident investigations will be handled promptly.

If there is an imminent danger situation (e.g., a situation in which there is an immediate and high likelihood of severe injury or death), all employees will be removed from the area. Employees who must stay in the area to mitigate the hazard will be given the resources they need to safely correct the hazard.

Training

All employees, including front-line employees, supervisors, managers and senior leadership, need to have safety training. We will provide training:

- When this IIPP is established
- When new hires are onboarded
- When an employee is given a new job assignment and additional training is needed
- When we introduce new equipment, processes or chemicals
- When employees encounter a new hazard
- When a supervisor's employees may be exposed to a hazard

Training will cover **[delete any items that do not apply]**:

- IIPP elements and implementation
- Emergency action plans for applicable disasters
- Fire prevention plans
- First aid and medical services
- Housekeeping to prevent slips and falls
- Horseplay that could result in injury
- Storage of materials
- Hazard reporting
- Hazard communication
- Machinery safety

- Personal protective equipment
- Electrical safety
- Control of hazardous energy (lockout/tagout)
- Unsafe conditions and behaviors and how to identify them

Recordkeeping

(Depending on state regulations, some of these requirements may not be needed. However, as a best practice, follow all of these requirements.)

Records of hazard inspections will be documented with the following elements:

- The name of the inspector
- The unsafe conditions
- The unsafe behaviors
- What corrective actions were taken and the completion date

Records of safety training will be documented with the following elements:

- The name of the trainee
- The name of the trainer
- The dates of training
- The topics covered

Appendix

- Safety Committee Meeting Minutes Form
- Basic Investigation Form
- Incident Investigation Report Form
- Safety Training Log

Safety Committee Meeting Minutes

This form should be used to help you document safety committee minutes. Minutes should be kept for at least one year.

Meeting Date:

Location:

Chairperson:

EMPLOYEE MEMBERS PRESENT	MANAGEMENT MEMBERS PRESENT	MEMBERS ABSENT

Agenda (With Notes)

- I. **Read, approve and correct minutes from the previous meeting.**
 - o [Notes]
- II. **Cover any old business (e.g., share a progress report on items or hazards highlighted in previous meetings).**
 - o [Notes]
- III. **Cover any new business (e.g., task an individual with researching a new hazard).**
 - o [Notes]
- IV. **Review new incident reports.**
 - o [List action items and recommendations discussed.]
- V. **Describe any accident investigations conducted since the last meeting.**
 - o [Note whether you identified and corrected the cause of unsafe situations.]
- VI. **Discuss any other business.**
 - o [Describe.]

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VII. Review committee inspection reports.

- [List actions taken or recommendations discussed.]

VIII. Discuss items referred to your safety and health coordinator.

- [List items and recommended action.]

IX. Review your accident and illness prevention program.

- [Ask your committee whether it's working and if there are any recommended improvements.]

Date of Next Meeting:

Time:

Location:

Secretary:

Chairperson (Signature): _____

FORM

Basic Investigation Form

Name of Inspector:	Date of Inspection:
Area Inspected:	

Safety Hazard	Corrective Action	Date Completed	Initials

FORM

Incident Investigation Report

This form is designed to streamline the investigation process following an incident. Complete this to identify incident witnesses, the root cause of an incident and potential solutions to prevent similar incidents from occurring in the future.

The supervisor of the employee involved in the incident should complete this form thoroughly and within 24 hours after the event whenever feasible (some investigations may take longer).

SITE INFORMATION

<i>Company name:</i>		<i>Point of contact (name and title):</i>	
<i>Street address:</i>	<i>Phone number:</i>	<i>City/ZIP code:</i>	<i>Store number (if applicable):</i>

EMPLOYEE INFORMATION

<i>Name (first and last):</i>	<i>Employee job title:</i>
<i>Employee department:</i>	<i>Supervisor name and job title:</i>
<i>Body parts the employee claims were injured (check all that apply):</i>	<input type="checkbox"/> Arm <input type="checkbox"/> Face <input type="checkbox"/> Torso <input type="checkbox"/> Back <input type="checkbox"/> Feet <input type="checkbox"/> Legs <input type="checkbox"/> Buttock <input type="checkbox"/> Hands <input type="checkbox"/> Thighs <input type="checkbox"/> Chest <input type="checkbox"/> Head <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

INCIDENT INFORMATION

<i>Date:</i>	<i>Location of the alleged incident:</i>
<i>Time:</i>	

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<i>Manager on duty:</i>	<i>Date incident was reported:</i>
<i>Description of the incident (list any property damage if applicable):</i>	
If possible, have the employee recreate the incident.	

WITNESSES			
<i>Name:</i>	<i>Contact info (phone, email):</i>	<i>Address:</i>	<i>Employee?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Name:</i>	<i>Contact info (phone, email):</i>	<i>Address:</i>	<i>Employee?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Name:</i>	<i>Contact info (phone, email):</i>	<i>Address:</i>	<i>Employee?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

ROOT CAUSE ANALYSIS (CHECK ALL THAT APPLY)	
Contributing Actions	Contributing Conditions
<input type="checkbox"/> Use of safety devices <input type="checkbox"/> Use of PPE <input type="checkbox"/> Procedural issue <input type="checkbox"/> Speed of operation <input type="checkbox"/> Equipment condition <input type="checkbox"/> Lifting technique <input type="checkbox"/> Operator skill <input type="checkbox"/> Recapped needle <input type="checkbox"/> Material handling <input type="checkbox"/> Use of tools <input type="checkbox"/> Warning method <input type="checkbox"/> Type of clothing <input type="checkbox"/> Authorization issue <input type="checkbox"/> Awareness <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Housekeeping <input type="checkbox"/> Exposure <input type="checkbox"/> Condition of surface <input type="checkbox"/> Noise <input type="checkbox"/> Ergonomic issue <input type="checkbox"/> Chemicals <input type="checkbox"/> Guards/barriers <input type="checkbox"/> Fire/explosion hazard <input type="checkbox"/> Tools/equipment <input type="checkbox"/> Radiation <input type="checkbox"/> Sharp object <input type="checkbox"/> Lighting/temperature/ventilation <input type="checkbox"/> Inclement weather <input type="checkbox"/> Training <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

THE “WHY” ROOT CAUSE ANALYSIS

Repeatedly asking the question “Why?” can help you drill down to the root cause of an incident. For instance, if an employee slipped and fell, the line of questioning could go as follows:

- Why did they slip? Answer: The floor was wet.
- Why was the floor wet? Answer: It was raining and water pooled in the front of the building.
- Why did the water pool? Answer: The tiles are improperly graded, which creates stagnant water.

The scenario:

Why 1:

Why 2:

Why 3:

Why 4:

Why 5:

ROOT CAUSE NARRATIVE

Based on your analysis, describe what caused the incident:

POSSIBLE CORRECTIVE ACTIONS

- Isolate and guard the hazard Implement a procedure change Provide gloves Provide hard hats
- Automate a manual process Provide safety training Provide respirators Provide face shields
- Remove the hazard (redesign) Add signage and warnings Use safety glasses Use cut-resistant clothes
- Provide ventilation Improve housekeeping practices Provide safety shoes Use hearing protection
- Use new tools or equipment Provide lab coats Other _____ Other: _____

Corrective Action (Include at least one corrective action per every identified root cause.)	Responsible Individual	Expected Completion Date	Actual Completion Date

Report Completed By: _____

Date of Report: _____

's Safety Training Log

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SUBJECT: INSERT TRAINING PROGRAM HERE	DATE:	INSTRUCTOR:	LOCATION:
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The employees listed below have satisfactorily participated in and completed all requirements of the above training.

NAME (Print)	DEPARTMENT	NAME (Signature)	DATE

NAME (Print)	DEPARTMENT	NAME (Signature)	DATE