



SANTA BARBARA CITY COLLEGE

2026

INJURY and ILLNESS

PREVENTION PROGRAM

(IIPP)

INJURY & ILLNESS PREVENTION PROGRAM

(IIPP)

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AP 6800 Health and Safety

This procedure addresses the responsibilities of District employees if they believe unsafe work conditions have or are occurring in the workplace.

It is the responsibility of all employees to immediately report any unsafe working conditions, emergencies, threats or acts of violence, crisis or conflict, or any other behavior which deliberately hurts or harms another person in the workplace to their immediate supervisor, the Campus Safety and Emergency Response Department, and/or local law enforcement. Such reports will be promptly and thoroughly investigated.

In the event of an emergency that threatens life or property and demands an immediate response of police, fire or medical personnel, employees shall immediately report by first dialing 911, thereby notifying law enforcement, then notifying their immediate supervisor or the Campus Safety and Emergency Response Department.

RESPONSIBILITIES

The Superintendent/President shall establish administrative procedures to ensure the safety of employees and students on District sites.

IIPP Coordinator / Risk Manager

The Risk Manager is responsible for implementing the IIPP, coordinating district wide efforts and overseeing the implementation of all district safety regulations, policies and procedures.

Site Managers

All employees on the district's management staff (refer to Appendix A) are considered Site Managers. It is the district's policy that each Site Manager makes the safety of employees an integral part of their regular management function.

Site Managers are responsible for:

- § Implementing and maintaining the IIPP in their work areas
- § Maintaining a safe and healthful workplace
- § Conducting safety inspections
- § Answering employee questions about the IIPP
- § Providing copies of the IIPP as needed

Employees

It is the duty of each employee to follow established safety regulations and procedures.

Employees are responsible for:

- § Participating in accident prevention
 - § Reporting unsafe conditions
 - § Assisting fellow employees that need help
 - § Accountability for general housekeeping pertaining to their jobs
- § Reporting to management any injury that occurs on the job, no matter how minor, as soon as possible.

All others under the purview of this IIPP must comply with the provisions of the program and health and safety regulations, promptly report unsafe activities and conditions to management, and actively participate in health and safety training and other related activities.

COMPLIANCE

The Superintendent/President of the district, through the IIPP Coordinator/Risk Manager, will implement a system or systems to ensure that all employees comply with workplace safety and health practices.

The system or combination of systems will include any one or combination of the following:

1. Training and retraining programs – Upon being hired and at required intervals throughout their employment, all employees will be informed of the provisions of the IIPP and trained in both general and job-specific safe practices. If unsafe practices are observed, the employee will be retrained to ensure they comply with the district’s safe work practices.
2. Board policies and administrative procedures – Board and administrative procedures pertaining to safety have been published.
3. Performance monitoring by Site Managers – As required by this IIPP, Site Managers will monitor ongoing performance and participation through the performance appraisal process.
4. Employee recognition and disciplinary measures - Site Managers are encouraged to recognize employees who perform safe and healthful work practices. However, disciplinary action in compliance with existing District policies and collective bargaining agreements may be used to ensure that employees follow safe work practices and do not jeopardize the safety of other employees, students or visitors.
5. Documentation of safety procedures – health and safety procedures and practices, when developed and approved, shall be documented and disseminated as deemed necessary by the appropriate IIPP Coordinator / Risk Manager.

COMMUNICATION

All district employees are encouraged to discuss occupational health concerns and to report any unsafe conditions to either the IIPP Coordinator/Risk Manager or their Site Manager without fear of reprisal. All communication regarding occupational health and safety shall be presented in a format readily understandable by all employees.

Communication of health and safety work practices and procedures is achieved through the implementation of any one or combination of the following:

1. Training Programs:

Upon being hired, employees will receive an initial safety orientation through their Site Manager, which will identify the importance of safety at the Santa Barbara Community College District

and the current policies and procedures. Additionally, employees will receive job-specific training by their Site Manager as needed and at necessary intervals.

2. Meetings:

Site Managers are encouraged to conduct regularly scheduled safety meetings or staff meetings where safety issues or topics will be discussed. These meetings are intended as a brief session to discuss one or more safety items and encourage open discussion between employees and management.

3. Anonymous Suggestion Boxes:

Anonymous suggestion boxes will be available for the purpose of receiving health and safety suggestions (refer to Appendix B). The boxes shall be located at the Cliff campus mailroom, the Cliff Facilities & Operations office, and both the Schott and Wake Campus offices.

An anonymous health and safety suggestion document is also available via a Google form which can be found on the Risk Management home page and in Appendix B.

4. Miscellaneous:

When appropriate, the District may use written communications such as inter-District memos, electronic media, envelope stuffers, newsletters and workplace postings to supplement the previously described systems and further communicate to employees on matters relating to workplace health and safety.

CAMPUS SAFETY COMMITTEE

The Campus Safety Committee shall be made up of the following positions:

- Vice President, Business Services (Chair)
- Director of Facilities & Operations
- Directory of Campus Safety & Emergency Response
- IIPP Coordinator/Risk Manager
- Faculty Representatives (4)
- Classified Staff Representatives (3)
- One Classified from a Satellite campus
- Association of Confidential Employees (1)
- Associated Student Body Representative
- Administrators/Managers (2)
- One Educational Programs Dean Liaison
- Environmental Health & Safety Consultant

- Additional periodic guests:
 - Food Services Manager
 - Custodial Supervisor

Cosmetology Academy Representative

The responsibilities of the Campus Safety Committee shall be to:

- § Conduct monthly meetings, except during summer months.
- § Review and update the IIPP as needed
- § Prepare a written agenda for the committee meetings and distribute to the appropriate people. Meeting minutes will be prepared by the committee chair and maintained for review by Cal OSHA (refer to Appendix C or similar document)
- § Review the results of the periodic, scheduled worksite inspections
- § Review investigations of occupational accidents and causes of incidents resulting in occupational injury, occupational illness, or exposure to hazardous substances, and where appropriate, submit suggestions to administration for the prevention of future incidents;
- § Review investigations of alleged hazardous conditions brought to the attention of any committee member. When deemed necessary by the committee, the committee may conduct its' own inspection and investigation to assist in remedial solutions
- § Review submissions and submit recommendations in response to employee safety suggestions; and
- § Upon request from Cal OSHA verify action taken by the College to abate citations issued by Cal OSHA.

HAZARD ASSESSMENT

Inspections will be performed by the Site Manager or by a competent observer. Inspections will be scheduled and can also be conducted on an as needed basis using the following criteria:

- § When the initial IIPP is established
- § When new substances, processes, procedures or equipment which present potential new hazards are introduced into the workplace
- § When new, previously unidentified hazards are recognized
- § When occupational injuries and illnesses occur
- § Whenever workplace conditions warrant an inspection

§ When a safety hazard is reported (inspections can be limited to the substance or process in question)

Findings and corrective actions will be reported on the “Hazard Assessment & Correction” form (refer to Appendix H)

WORKPLACE SAFETY INSPECTIONS (ONGOING)

Site Managers are responsible for ensuring workplace safety inspections are conducted semi-annually at approximately the third week of each semester for all general office/clerical/administration areas. High risk departments including Sciences, Automotive, Arts, Marine Diving Technology and HIT will complete monthly inspections. These inspections will be conducted with the following considerations:

1. If the Site Manager is unavailable an alternative shall be appointed in conjunction with the IIPP Coordinator/Risk Manager.
2. Inspections must be accomplished using check-off forms in Appendix F.
3. Copies of the completed check-off forms or other documents will be maintained by the Site Manager and shared electronically with the IIPP Coordinator/Risk Manager.

The district may periodically contract with outside safety consultants to supplement the in-house inspections. The party conducting the professional inspections must have professional qualification and safety expertise (*i.e.* Certified Safety Professional, a professional member of the American Society of Safety Engineers, or a registered Professional Engineer in safety with demonstrated experience at educational institutions) and must carry liability insurance. Copies of consultant’s inspection reports will be maintained for at least five (5) years and kept on file with the Site Manager.

ACCIDENT REPORTING & INVESTIGATIONS

All occupational injuries and illnesses will be investigated. The injured employee will complete the “Employee’s Report of Work Injury/Illness” form (refer to Appendix D) and submit it to their immediate supervisor (Site Manager).

The injured employee’s immediate supervisor (Site Manager) will document the injury or illness, complete the “Supervisor’s Report of Employee Injury or Illness” (refer to Appendix E) and submit it to the IIPP Coordinator/Risk Manager.

Findings will be reported to the IIPP Coordinator/Risk Manager who will conduct an investigation, if necessary. Procedures for investigating workplace accidents and hazardous substance exposures include:

§ Interviewing injured workers and witnesses

§ Examining the workplace for factors associated with the accident/exposure

§ Determining the cause of the accident/exposure

§ Taking corrective action to prevent the accident/exposure from reoccurring

HAZARD CORRECTION

Unsafe or unhealthy work conditions, practices or procedures shall be corrected in a timely manner. Correction of identified hazards will be prioritized and addressed based on the severity of the hazard(s) identified.

Employees will be protected from imminent hazards by any means possible to prevent them from exposure. When an imminent hazard has been identified exposed workers will be removed from the area except those necessary to correct the existing condition. Workers who are required to correct the hazardous condition shall be provided with the necessary protection and training.

When unsafe or hazardous conditions are corrected, the action taken will be recorded on the "Hazard Assessment and Correction Form" (refer to Appendix H) or other applicable District form, which shall be signed and dated by the individual who made the corrections. The completed "Hazard Assessment & Correction Form" will be kept for a minimum of 5 years as a record of the district's ongoing safety effort.

TRAINING AND INSTRUCTION

All employees shall receive training and instruction on general and job-specific health and safety practices.

Employee training may include the following elements:

§ All employees will receive training and instruction when the IIPP is first established. District-wide employee safety orientations will be conducted in order to train all existing employees on the provisions of this IIPP. The IIPP will be shared with all employees when modifications and revisions are made.

§ New employees will be introduced to the IIPP at the time of hire by Human Resources.

§ All employees will be trained with respect to hazards specific to each job assignment.

§ Site Managers will consult with the IIPP Coordinator/Risk Manager to develop training which addresses department and task specific compliance and accident prevention needs.

§ Employees given new job assignments will receive training which has not previously been provided.

§ Employees will receive training whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard, and whenever the employer is made aware of a new or previously unrecognized hazard.

§ Employees attending or receiving training mandated by the IIPP will sign attendance sheets and actively participate in training.

RECORDKEEPING

Records of hazard assessments and corrections, safety and hazard workplace inspections, safety meetings, accident investigations and health and safety training for each employee will be maintained for at least 5 years in accordance with the District's document retention policy.

The hazard assessment and correction records, the health and safety workplace inspections, and accident investigation records will identify the person conducting the inspection/activity, any unsafe conditions or practices identified, and the corrective action (s) taken to eliminate or control the hazard.

Health and safety training records shall include the name of the employees trained, date and type of training provided, and the provider of the training.

The Site Managers are responsible for ensuring records are generated, sent to the appropriate management, and maintained for their respective area of responsibility.

APPENDIX A

Santa Barbara Community College District SITE MANAGER LIST

Risk Manager and Deputy Title IX Coordinator
Assistant Director - Admissions and Records
Assistant Controller
Chairs, Academic Departments
Chief Technology Officer
Coordinator, Community Education Center
Controller
Coordinator, Noncredit
Director, EOPS/CARE
Director, Dual Enrollment Programs
Coordinator, Foster Care Education
Associate Director, School of Extended Learning
Dean, School of Extended Learning
Deans, Educational Programs
Senior Director, Admissions & Records
Director, Athletics
Director, Auxiliary Services
Director, Facilities & Operations
Director, Financial Aid
Executive Director, Institutional Assessment, Research & Planning
Director, Library
Executive Director, Public Affairs & Communications
Director, Campus Safety & Emergency Response
Executive Director, Foundation for SBCC
Executive Vice President, Educational Programs
Food Services Supervisor
Facility Operations Manager
Director, Human Resources
Learning Resource Center Supervisor
Payroll Manager
Purchasing & Warehouse Manager
Director, Enrollment & Retention Services
Coordinator, Noncredit

Superintendent/President
Theatre Operations Supervisor
Vice President, Business Services
Vice President, School of Extended Learning
Vice President, Human Resources
Academic Counseling Center Supervisor
Security Supervisor
Equity Coordinator
Title IX & Gender Equity Coordinator
Coordinator, MESA Program
Student Finance Manager
Associate Dean
Director, Dual Enrollment Programs
Custodial Supervisor
Director, Adult Education Block Grant
Co-Director, Professional Development Center
Director, Orfalea Early Learning Center
Director, Entrepreneurship Program
Director, Regional Consortium

APPENDIX B

Anonymous Health & Safety Suggestion Form

SUGGESTIONS

YOUR CONCERN IS OUR CONCERN

DESCRIBE YOUR IDEA IN DETAIL

DESCRIBE THE BENEFITS DERIVED FROM YOUR IDEA

OTHER COMMENTS OR SUGGESTIONS

NAME

APPENDIX C

CAMPUS SAFETY COMMITTEE MEETING MINUTES FORM

DATE: ___/___/___

SANTA BARBARA COMMUNITY COLLEGE DISTRICT SAFETY COMMITTEE

MEETING HELD AT:

SITE:

ADDRESS:

NUMBER OF MEMBERS IN ATTENDANCE: _____

SIGNATURES OF MEMBERS ATTENDING:

HEALTH AND SAFETY ISSUES DISCUSSED:

ACCIDENTS REVIEWED:

DATE	INCIDENT	INJURIES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOLLOW-UP ACTION RECOMMENDED YES NO

IF YES, DESCRIBE: _____

REVIEW OF PAST RECOMMENDATIONS:

NEW SUBJECTS OR NEW HAZARDS REPORTED: YES NO

IF YES, DESCRIBE: _____

RECOMMENDED ACTION FOR NEWLY REPORTED HAZARDS:

<u>HAZARD</u>	<u>RECOMMENDATION</u>
_____	_____
_____	_____
_____	_____
_____	_____

EMPLOYEE SAFETY SUGGESTIONS SUBMITTED: YES NO

<u>SUGGESTION</u>	<u>RECOMMENDATION</u>
_____	_____
_____	_____
_____	_____
_____	_____

WORK SITE INSPECTIONS REVIEWED:

<u>DATE</u>	<u>LOCATION</u>	<u>COMMENTS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER COMMENTS: _____

NEXT SAFETY MEETING SCHEDULED FOR: _____

CONTENTS OR REPORT VERIFIED BY: _____
SIGNATURE

TITLE / DATE

Name(s) and address of any witness(es) to this incident:

What do you recommend for preventing this type of accident? (State the specific preventive measures that can be taken by employer and workers. Do not say: "By being more careful." _____)

Do you require or desire medical attention at this time? Will this injury require you to be off work?

Yes (If so, please obtain a Medical Treatment Authorization form.)

No (If not, please sign here.) _____

NOTE: If medical treatment is needed at a later date, please call.

I have received current information regarding my benefits (please initial). _____

I declare under penalty of perjury that the foregoing is true and correct.

Signature of employee _____ Date report completed: _____

This report must be submitted to the RiskManager within one working day.
A-209, Extension 2266

APPENDIX E

SANTA BARBARA COMMUNITY COLLEGE DISTRICT

SUPERVISOR'S REPORT OF EMPLOYEE INJURY OR ILLNESS

NAME OF INJURED: _____

JOB TITLE: _____ DATE OF BIRTH: _____

DEPARTMENT TITLE: _____

Date of Hire: _____ usually works _____ hrs/day _____ days/wk _____ hrs/wk

Salary/Wage _____

Employment status: _____ Any other employment outside of SBCC? _____
Regular full-time, hourly, etc. 12,11, 10-month

Home address: _____ Home phone: _____
Number Street City Zip

Date of Injury: _____ Day of week: _____ TIME OF DAY: _____ Time
employee began work: _____

Date last worked: _____ Date returned to work: _____ -OR- Still off work No lost
time

DATE REPORTED TO SUPERVISOR: _____ TIME:: _____

Claim form to employee: Y/N _____
If yes, give date

Specific injury and body part affected or illness: _____

(Example: cut right hand, first degree burns on left arm, etc.)

Where did injury happen: _____

What equipment, tools, materials, chemicals, was employee using? _____

What specific activity/task was the employee performing when injury/illness occurred? _____

Write details of how the incident occurred, state facts: _____

Did injured have medical aid? Yes No If yes,
where? _____

APPENDIX F
HEALTH & SAFETY WORKPLACE SAFETY INSPECTION FORM

Date: _____ Location: _____ Phone: _____

Supervisor: _____ Department: _____

Inspector: _____ Job Title: _____

ADMINISTRATION AND TRAINING

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Does the department have a copy of the Injury & Illness Prevention Plan accessible and in a central location?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Are all departmental safety training records current and maintained in a centralized file for easy access?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Have all the employees received a copy of the IIPP?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Does the department have emergency response procedures?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Does the department train on these procedures (i.e. conduct drills)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Are chemical products used in the office?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Are Safety Data Sheets maintained?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Are Cal/OSHA Information Posters, Emergency Evacuation Procedures and Accident and Injury Reporting Procedures posted?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Are semi-annual workplace inspections being performed and records maintained?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Have there been any employee accidents in this department?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Are there Accident Investigation Reports completed for each accident?

GENERAL SAFETY

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Are all exits, fire alarms, pull boxes, extinguishers, sprinklers, and fire notification devices clearly marked and unobstructed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Are all aisles/corridors unobstructed to allow unimpeded evacuations?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Is a clearly identified, charged, currently inspected and tagged, wall mounted fire extinguisher available within 75 feet of all work areas? (No empty wall hooks, charge needles in the red, missing plastic pin tabs or extinguishers on the floor.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Are ergonomic issues being addressed for administrative personnel using computers?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Is a fully stocked and current first aid kit available and do employees in the area know its location?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Are all cabinets, shelves, or furniture above 5 feet in height secured to prevent toppling during an earthquake?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Are all books, equipment and supplies stored so as not to fall during an earthquake? (Store heavy items low to the floor, shelf lips on shelves above work areas)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Is the office kept clean of trash and other recyclable materials?

APPENDIX G

See Facilities online work order at <https://sbcc.gofmx.com/login> and enter User Name and Password.

APPENDIX H

SANTA BARBARA COMMUNITY COLLEGE DISTRICT

HAZARD ASSESSMENT AND CORRECTION FORM

Date of Inspection:

Person Conducting Inspection:

Unsafe Condition or Work Practice:

Corrective Action Taken:

Date of Inspection:

Person Conducting Inspection:

Unsafe Condition or Work Practice:

Corrective Action Taken:

Date of Inspection:

Person Conducting Inspection:

Unsafe Condition or Work Practice:

Corrective Action Taken: