

***SOUTHWESTERN COMMUNITY COLLEGE DISTRICT  
(SWCCD)***

***INJURY AND ILLNESS PREVENTION PROGRAM (IIPP)***

Pursuant to Title 8, California Code  
of Regulations (CCR) 3203

**This document contains the following:**

Injury and Illness Prevention Program (IIPP) – Under Review for Edits  
District Emergency Operations Plan (EOP) – Under Review for Edits  
Workplace Violence Prevention Plan (WVPP) – Draft/Under Review

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## ***I. INTRODUCTION***

The Southwestern Community College District (SWCCD) Injury and Illness Prevention Program (IIPP) is established to provide a framework to ensure a safe and healthy work environment for all its employees.

SWCCD makes all reasonable efforts to:

1. Protect the health and safety of faculty, staff, and students.
2. Provide safe workplaces -academic, and administrative for faculty, staff, and students.
3. Provide information to faculty, staff, and students about health and safety hazards.
4. Identify and correct health and safety hazards and encourage faculty, staff, and students to report hazards.
5. Provide information and safeguards for those on campus regarding hazards arising from operations at Southwestern Community College District.

Per California Code of Regulations, [Title 8, Chapter 4, Subchapter 7, Section 3203](#), SWCCD has adopted an Injury and Illness Prevention Program (IIPP) which describes specific requirements for program responsibility, compliance, communication, hazard assessment, accident/exposure investigations, hazard correction, training, and record keeping.

Requirements outlined in this program are mandated by regulation where the word "**shall**" be used and are advisory in nature where the word "**should**" is used.

### ***IIPP Review***

- SWCCD is aware that the workforce, workplace, and workplace safety regulations may change over time. It is important that the IIPP remains viable regarding any future changes. Therefore, the Risk Management Director will be responsible for reviewing the IIPP

written plan at least once during the first year after implementation and then at least annually thereafter.

- The review will be to ensure that the written IIPP is appropriate for the SWCCD at the time of review and for any anticipated future changes. The Risk Management Director will be required to provide written notice to the SWCCD Vice President for Business and Financial Affairs that the review was conducted.
- The written notice will indicate at least one of the following:
  1. The IIPP was reviewed and is still appropriate for SWCCD
  2. The IIPP was reviewed; it appears the following changes should be made: (identify the proposed amendments)

## **II. GOALS**

Implementation of this program will accomplish several notable goals for SWCCD.

1. Protect the health and safety of employees and decrease the potential risk of disease, illness, injury, and hazardous exposures to SWCCD personnel.
2. Reduce workers' compensation claims and costs.
3. Improve efficiency by reducing the time spent replacing or reassigning injured employees to temporary modified work assignments, as well as reduce the need to find and train replacement employees to replace employees who cannot return to their duties.
4. Improve employee morale and efficiency as employees see that their safety is important to management.
5. Minimize the potential for penalties assessed by various enforcement agencies by maintaining compliance with Health and Safety Codes and Cal/OSHA standards.
6. SWCCD recognizes that as an employer it bears the responsibility for maintaining a safe and healthful work environment for all its employees. The District takes this responsibility seriously and will do all it can to meet this requirement.

### **III. RESPONSIBILITIES [\(Title 8 CCR §3203\(a\)\(1\)\)](#)**

The Risk Management Director of SWCCD has been designated by the Vice President for Business and Financial Affairs and will be responsible for developing and managing guidelines and procedures set forth under this IIPP. The Risk Management Director has the authority and responsibility for implementing the provisions of this program for Southwestern Community College District (SWCCD), 900 Otay Lakes Road, Chula Vista CA 91910.

All SWCCD management, to include The Higher Education Center at San Ysidro, The Higher Education Center at National City, The Higher Education Center at Otay Mesa and The Crown Cove Aquatic Center will be required to implement and adhere to policies and procedures of the IIPP as approved and set forth as SWCCD policy and procedures. All SWCCD employees are required to adhere to the policies and procedures and encouraged to provide constructive criticism of the IIPP in the interest that the program achieves the desired goal of employee safety and health.

#### **EHS Coordinator**

1. Communicate information on identified hazards, precautions and required corrective action to SWCCD and the community.
2. Assist supervisors by properly investigating and documenting all accidents and injuries.
3. Conducts periodic health and safety inspections and follow-up to ensure necessary corrective action is completed.
4. Maintain the records of inspection, hazard abatement, and training
5. Maintain Safety Posting on all campuses.
6. Assist in the development, implementation, and communication of Safety policies and programs
7. Acts as District representative for inspections by regulatory agencies
8. Assists in development, maintenance and training on disaster response and emergency preparedness affecting SWCCD.
9. Planning, organizing, and coordinating safety training
10. Preside over the Safety & Health Committee

### Department Administrators and Managers

Management is responsible, where appropriate, for specific elements of the Injury and Illness Prevention Program.

1. Managing the injury prevention efforts in their area of responsibility.
2. Providing the necessary means of ensuring a safe and healthy work environment for their staff.
3. Providing written documentation of employee training and instruction for employees in their area of responsibility.
4. Providing supervisors and employees with safety training and job instruction.
5. Managing safety discipline.
6. Ensuring compliance with Federal, State, and Local safety codes.
7. Participating in the investigation of disabling injuries.

### Supervisors

Supervisors have an integral role within the Injury & Illness Prevention Program. Supervisors are in constant and direct contact with their employees and can greatly influence safety attitudes and practices. It is essential that the supervisor set an example for employees regarding safety responsibilities.

The responsibilities for supervisors include:

1. Taking any reasonable action necessary to prevent injuries where an immediate danger exists.
2. Taking responsibility for safety of all employees under their supervision and for any employee not under their supervision but in the supervisor's work area.
3. Taking responsibility for the safety of all employees that may be in the work area.
4. Providing and maintaining a clean and hazard-free work area.
5. Providing safety orientation and job instruction of supervised employees.

6. Planning, conducting and documenting safety evaluations in assigned areas of responsibility.
7. Conducting regular planned safety meetings or “safety talks” with employees.
8. Conducting safety observations of employee safe work practices.
9. Developing and maintaining cooperative safety attitudes in employees through the application of approved methods or preventive and corrective discipline.
10. Maintaining emergency readiness.
11. Ensuring employees received prompt medical treatment for all injuries.
12. Ensuring employees are fit to work.
13. Conducting Accident/Injury Investigations.
14. Complying with Federal, State, and Local safety codes.

### **Employees**

Employees are charged with adhering to the Injury & Illness Prevention Program as directed by management. Employee responsibilities are listed below:

1. If you are unsure how to do any task safely, ask your supervisor.
2. Read and abide by all requirements of the Injury and Illness Prevention Program (IIPP).
3. Adhering to all safety rules and operating procedures established by the District.
4. Attend health and safety training.
5. Wearing appropriate personal protective equipment as required and provided by the District.
6. Inspecting and maintaining equipment for proper and safe operation.
7. Do not operate any equipment you have not been trained and authorized to use.
8. Report any safety hazards or defective equipment immediately to your supervisor.

9. Do not remove, tamper with, or defeat any guard, safety device or interlock.
10. Never use any equipment with inoperative or missing guards, safety devices or interlocks.
11. Reporting all injuries immediately.
12. Encouraging other workers to work in a safe manner.
13. Reporting all observed unsafe acts and conditions to their supervisor.
14. Reporting to work in an acceptable condition and not under the influence of alcohol or drugs.
15. Never engage in horseplay or fighting.
16. Participate in and actively support the safety program.

### **Employee Rights**

Employees have several rights with respect to occupational safety. These rights are listed below:

1. Employees have the right to request a copy of this plan.
2. Employees have the right to safe and healthful working conditions
3. Employees have the right to receive training in general safe work practices and specific training regarding hazards unique to any job assignment.
4. Employees have the right to refuse work that would violate a health and safety standard or order where such violation would pose a real and apparent hazard to their safety or health.
5. Employees have the right to watch the District monitor and measure harmful substances in the workplace that are subject to Cal/OSHA standards.
6. Employees have the right to be told by the District if they are being exposed to concentrations of harmful substances higher than the exposure limits allowed by Cal/OSHA standards.
7. Employees have the right to access and review Safety Data Sheets (SDS) for substances to which the employee may be exposed.
8. Employees have the right to see and copy records of exposure to toxic substances and harmful physical agents and medical records

maintained by the District and the records of exposure to toxic substances and harmful physical agents of employees with similar past or present jobs or working conditions.

9. Employees have the right to request an evaluation of the worksite by making a complaint about unsafe or unhealthful working conditions to CAL/OSHA.
10. Employees have the right to an employee representative accompanying District representatives and Cal/OSHA representatives on an evaluation.
11. Employees have the right to discuss privately with the Cal/OSHA representative during an inspection.
12. Employees have the right to see any citation the District receives posted at or near the place where the violation occurred.

### **Safety Committee**

1. The SWCCD Safety Committee is considered an important part of the overall system of communication. The committee will always include representation from management, classified personnel, and certificated personnel.

The Safety Committee has two primary functions. The first is communication between employees and management. The second function is monitoring the effectiveness of the District's Injury & Illness Prevention Program. The recommended committee make-up may include representatives from the following:

- A.** One or more administrator/department heads - designated by the Vice President for Business and Financial Affairs.
- B.** One or more confidential employees - designated by a representative bargaining unit.
- C.** One or more classified employees - designated by a representative bargaining unit.
- D.** One or more certificated employees - designated by a representative bargaining unit.

- E.** District Nurse - designated by the Vice President for Business and Financial Affairs.
  - F.** EHS Coordinator
- 2. Each area represented will also name an alternate member to ensure that all areas are fairly represented at each meeting and to ensure an adequate number of attendees at each meeting. The committee will be responsible for determining the minimum number of attendees to have a quorum.
- 3. Safety committee members who willfully neglect their duties or repeatedly fail to attend meetings may be subject to dismissal from the committee. The committee shall determine the number of unexcused absences from meetings which can result in dismissal from the committee.
- 4. SWCCD Safety Committee will do all things necessary to ensure that at least the following are met:
  - A.** The committee meets regularly, but not less than quarterly.
  - B.** Minutes or written records are prepared for each meeting showing the safety and health issues discussed. These records shall be made available to all affected employees using postings, newsletters, or other appropriate written materials. Records of the meetings are kept on file with the Risk Manager for at least 3 years.
  - C.** Minutes or records of Safety Committee meetings will be made available to the California Department of Industrial Relations should they be requested.
  - D.** Review the results of all periodic scheduled workplace inspections.
  - E.** Review reports of investigations of occupational accidents and causes of any incident resulting in injury, illness, or exposure to hazardous substances. Where necessary or appropriate, the

committee will submit suggestions to management for the prevention of future incidents.

- F.* Review investigations of alleged hazardous conditions brought to the attention of any committee member.
- G.* The Safety Committee will conduct its own site inspection and/or investigation when deemed necessary to assist in remedial solutions for hazardous conditions made known to any committee member.
- H.* Submit recommendations to assist in the evaluation of employee safety suggestions.
- I.* Communicate with the Department of Industrial Relations when requested by the Department to verify abatement action taken by SWCCD pursuant to Department citations.
- J.* Employees selected for membership on the Safety Committee shall be informed that they or the committee will not be held liable for any act or omission in connection with the Safety Committee.

#### **IV. COMPLIANCE [\(Title 8 CCR §3203\(a\)\(2\)\)](#)**

- All employees are responsible for using safe work practices, for following all directives, policies, and procedures, and for assisting in maintaining a safe work environment.
- Management is responsible for ensuring that all safety and health policies and procedures are clearly communicated and understood by all employees. Managers and supervisors are expected to enforce the rules fairly and uniformly.

#### **District Compliance**

SWCCD is committed to providing all employees a safe and healthy work environment. The District is also committed to providing all necessary personal protective equipment and safety training to employees at no cost to the employees. The District maintains an open-door policy allowing all employees to communicate any safety concerns. Furthermore, the District

is committed to adhering to all Federal, State, and Local safety regulations and will provide full cooperation with any outside safety agency during any inspection or audit.

### **Employee Compliance**

Occupational safety and health regulations and workplace practices are designed to reduce or eliminate employee occupational injuries and illnesses. Employee compliance with all rules and regulations is essential to maintaining a safe and healthy workplace.

Employees that have displayed an outstanding commitment to safety may be recognized through an employee recognition program. Conversely, employees that violate any safety policy, procedures, rules and/or regulations may be subject to disciplinary action.

### ***Disciplinary Action***

Employees found violating workplace safety practices or found jeopardizing the safety of any other employee may be subject to disciplinary action in accordance with existing Southwestern Community College District policy. Disciplinary action will only be taken for violations of known rules, regulations, work practices, or policies as approved by the SWCCD Vice President for Business and Financial Affairs. Any action taken will not violate employee rights under Cal/OSHA regulations and will be enforced in a non-discriminatory fashion.

## **V. COMMUNICATION [\(Title 8 CCR §3203\(a\)\(3\)\)](#)**

SWCCD recognizes that open, two-way communication between management and staff on health and safety issues is essential to an injury-free, productive workplace. Managers, Supervisors, and College Administrators are responsible for communication with all employees about occupational safety and health issues in a manner or form readily understandable by all employees. Employees are encouraged to inform their managers and supervisors about workplace hazards without fear of reprisal.

There are several means of communication to employees about the District's safety practices in its Injury and Illness Prevention Program. One means is through training of employees, either by in person training, online training, safety videos, safety talks, or seminars. The other means are through the dissemination of safety information, such as through Cal OSHA-required safety manuals such as the Injury and Illness Prevention Program or using posted or distributed safety information. The system of communication regarding safety and health at SWCCD is designed to facilitate a continuous flow of safety and health information between management and staff.

All managers and supervisors are responsible for communicating with all workers about occupational safety and health in a form readily understandable by all workers. All workers are required to report occupational injuries and illnesses to their supervisor immediately. Our communication system includes:

- Direct one-on-one communication
- Training programs
- Posted or distributed safety information
- District Safety Committee
- District Environmental Health and Safety

#### VI. *HAZARD ASSESSMENT* [\(Title 8 CCR §3203\(a\)\(4\)\)](#)

Periodic inspections to identify and evaluate workplace hazards shall be performed by college managers/supervisors and EHS Coordinator.

Periodic inspections are performed according to the following schedule:

- When we initially establish our IIPP
- When new substances, processes, procedures, or equipment which present potential new hazards are introduced into our workplace
- When new, previously unidentified hazards are recognized

- When occupational injuries and illness occur; and
- Whenever workplace conditions warrant an inspection
- When permanent or part-time workers are hired or re-assigned to processes, operations, or tasks for which a hazard evaluation has not been previously conducted.

### **Outside Agencies**

Several outside agencies conduct random, regular, or periodic inspections at SWCCD campuses. They assist the District in achieving some of its inspection responsibilities. These include:

- Insurance carriers and brokers.
- Fire Marshal's Office.
- City Fire Department
- County Environmental Health Department.
- Air Pollution Control District (APCD)
- And best practices recommendations by the State office of Community Colleges and Office of Emergency Services and other public, private, or non-profit organizations

### **Record Keeping of Scheduled and Periodic Inspections**

Records of scheduled and periodic inspections to identify unsafe conditions and work practices shall be maintained for a minimum of one year. The records shall include:

- The name(s) of the person(s) conducting the inspection.
- Any descriptions of the unsafe conditions and work practices and
- The actions taken to correct the identified unsafe conditions and work practices.

### **The District's Anti-Reprisal Policy**

Employees and students shall not be discharged or discriminated against in any manner for bona fide reporting of health and safety hazards to SWCCD or to appropriate governmental agencies. Supervisors shall inform

employees and students of this policy and encourage reporting of workplace hazards to the management.

Supervisors shall conduct periodic safety inspections of their facilities, equipment, and projects to identify unsafe conditions and work practices. Records of these inspections and actions taken to correct any identified unsafe conditions shall be maintained by the appropriate manager or supervisor.

## ***VII. ACCIDENT/EXPOSURE INVESTIGATIONS***

Procedures for investigating workplace accidents and hazardous substance exposures include:

- Visiting the accident scene as soon as possible.
- 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.
- Recording the findings and corrective actions taken.

### **Additional Requirements for Reporting of Death or Serious Injury**

Death or serious injury or illness is defined as more than 24-hours' hospitalization for other than observation, permanent disfigurement, and loss of body part. All serious injuries or fatalities shall be reported to Cal-OSHA within 8 hours of serious injury or the District will be fined \$5000. The supervisor's shall contact Risk Management immediately to report all serious injuries. For serious injuries occurring after hours, the supervisor shall report the serious injury to the San Diego Regional Cal-OSHA office at (619) 767-2280 within 8 hours of the injury and advise Risk Management the call was made.

### ***VIII. HAZARD CORRECTION***

Unsafe or unhealthy work conditions, practices or procedures shall be corrected in a timely manner based on the severity of the hazards. Hazards shall be corrected according to the following procedures:

- When observed or discovered.
- When an imminent hazard exists that cannot be immediately abated without endangering employee(s) and/or property, we will remove all exposed workers from the area except those necessary to correct the existing condition. Workers necessary to correct the hazardous condition shall be provided with the necessary protection.

### ***IX. TRAINING AND INSTRUCTION***

All workers, including managers and supervisors, shall have training and instruction on general and job-specific safety and health practices. Training and instruction are provided as follows:

- When the IIP Program was first established.
- To all new workers, except for construction workers who are provided training through a construction industry occupational safety and health program approved by Cal/OSHA.
- To all workers given new job assignments for which training has not previously been provided.
- Whenever new substances, processes, procedures, or equipment are introduced to the workplace and present a new hazard.
- Whenever we are made aware of a new or previously unrecognized hazard.
- To supervisors to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed.
- To all workers with respect to hazards specific to each employee's job assignment.

**General workplace safety and health practices include, but are not limited to, the following:**

- Implementation and maintenance of the IIP Program.
- Emergency action and fire prevention plan.
- Provisions for medical services and first aid, including emergency procedures.
- Prevention of musculoskeletal disorders, including proper lifting techniques.
- Proper housekeeping, such as keeping stairways and aisles clear, work areas neat and orderly, and promptly cleaning up spills.
- Prohibiting horseplay, scuffling, or other acts that tend to adversely influence safety.
- Proper storage to prevent stacking goods in an unstable manner and storing goods against doors, exits, fire extinguishing equipment and electrical panels.
- Proper reporting of hazards and accidents to supervisors.
- Hazard communication, including worker awareness of potential chemical hazards, and proper labeling of containers.
- Proper storage and handling of toxic and hazardous substances, including prohibiting eating or storing food and beverages in areas where they can become contaminated.

**X. *EMPLOYEE ACCESS TO THE IIIP***

Our employees – or their designated representatives - have the right to examine and receive a copy of our IIIP. This will be accomplished by using either of the following two methods:

1. Provide access in a reasonable time, place, and manner, but in no event later than five (5) business days after the request for access is received from an employee or designated representative.
  - a. Whenever an employee or designated representative requests a copy of the Program, we will provide the requester a printed copy

- of the Program, unless the employee or designated representative agrees to receive an electronic copy of the Program.
- b. One printed copy of the Program will be provided free of charge. If the employee or designated representative requests additional copies of the Program within one (1) year of the previous request and the Program has not been updated with new information since the prior copy was provided, we may charge reasonable, non-discriminatory reproduction costs for the additional copies.
2. Provide unobstructed access through a company server or website, which allows an employee to review, print, and email the current version of the Program. Unobstructed access means that the employee, as part of their regular work duties, predictably and routinely uses the electronic means to communicate with management or coworkers.

## ***XI. RECORDKEEPING***

Record keeping of essential data is important as it documents critical activity taking place as part of the Injury and Illness Prevention Program. Record keeping will be mandatory for the following:

- A. Workplace Inspections.
- B. Employee Occupational Safety and Health Training.
- C. Occupational Injuries and Illnesses.

The Risk Manager will be responsible for ensuring that all relevant records are completed and kept as required by this IIPP and/or Cal/OSHA. Procedures for Workers' Compensation Record Keeping are contained in the IIPP and establishes SCCD's plan to ensure the following:

- A. Workplace inspection records shall be kept for all scheduled and periodic inspections.
- B. Personnel records shall be kept for all Safety and Health Training provided for each employee.

- C. All recordable occupational injuries and illnesses in accordance with CAL/OSHA requirements shall be maintained. In addition, records shall be maintained at the site of injury.

All records will be maintained by SWCCD for at least five (5) years following the end of the year to which they relate. Should any employee work less than one year for the college, SWCCD may at its option provide records of training to that employee upon termination in lieu of maintaining records within SWCCD as long as the transfer is documented.

[illegible]

[illegible]

## Report of Employee Illness/Injury

Name of Witness:		District Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Title:		Work Site Location:	
Contact Phone Number:			
Name of Injured Employee:		Site:	
Job Title:			
Date of Injury/Illness:		Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Site and Exact Location of Accident:			

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Report Completed by	Title
Signature	Date

## APPENDIX D: Title 8 CCR 3203

### Subchapter 7. General Industry Safety Orders

#### Group 1. General Physical Conditions and Structures Orders

##### Introduction

### **§3203. Injury and Illness Prevention Program.**

(a) Effective July 1, 1991, every employer shall establish, implement, and maintain an effective Injury and Illness Prevention Program (Program). The Program shall be in writing and, shall, at a minimum:

(1) Identify the person or persons with authority and responsibility for implementing the Program.

(2) Include a system for ensuring that employees comply with safe and healthy work practices. Substantial compliance with this provision includes recognition of employees who follow safe and healthful work practices, training and retraining programs, disciplinary actions, or any other such means that ensures employee compliance with safe and healthful work practices.

(3) Include a system for communicating with employees in a form readily understandable by all affected employees on matters relating to occupational safety and health, including provisions designed to encourage employees to inform the employer of hazards at the worksite without fear of reprisal. Substantial compliance with this provision includes meetings, training programs, posting, written communications, a system of anonymous notification by employees about hazards, labor/management safety and health committees, or any other means that ensures communication with employees.

Exception: Employers having fewer than 10 employees shall be permitted to communicate to and instruct employees orally in general safe work practices with specific instructions with respect to hazards unique to the employees' job assignments as compliance with subsection (a)(3).

(4) Include procedures for identifying and evaluating workplace hazards including scheduled periodic inspections to identify unsafe conditions and work practices. Inspections shall be made to identify and evaluate hazards:

(A) When the Program is first established.

Exception: Those employers having in place on July 1, 1991, a written Injury and Illness Prevention Program complying with previously existing section 3203.

(B) Whenever new substances, processes, procedures, or equipment are introduced to the workplace that represent a new occupational safety and health hazard; and

(C) Whenever the employer is made aware of a new or previously unrecognized hazard.

(5) Include a procedure to investigate occupational injury or occupational illness.

(6) Include methods and/or procedures for correcting unsafe or unhealthy conditions, work practices and work procedures in a timely manner based on the severity of the hazard:

(A) When observed or discovered; and,

(B) When an imminent hazard exists, which cannot be immediately abated without endangering employee(s) and/or property, remove all exposed personnel from the area except those necessary

to correct the existing condition. Employees necessary to correct the hazardous condition shall be provided the necessary safeguards.

(7) Provide training and instruction:

(A) When the program is first established.

Exception: Employers having in place on July 1, 1991, a written Injury and Illness Prevention Program complying with the previously existing Accident Prevention Program in Section 3203.

(B) To all new employees.

(C) To all employees given new job assignments for which training has not previously been received.

(D) Whenever new substances, processes, procedures, or equipment are introduced to the workplace and represent a new hazard.

(E) Whenever the employer is made aware of a new or previously unrecognized hazard; and,

(F) For supervisors to familiarize themselves with the safety and health hazards to which employees under their immediate direction and control may be exposed.

(8) Allow employee access to the Program.

(A) As used in this subsection:

1. The term “access” means the right and opportunity to examine and receive a copy.

2. The term “designated representative” means any individual or organization to whom an employee gives written authorization to exercise a right of access. A recognized or certified collective bargaining agent shall be treated automatically as a designated representative for the purpose of access to the Program.

3. The term “written authorization” means a request provided to the employer containing the following information:

a. The name and signature of the employee authorizing a designated representative to access the Program on the employee's behalf.

b. The date of the request.

c. The name of the designated representative (individual or organization) authorized to receive the Program on the employee's behalf; and

d. The date upon which the written authorization will expire (if less than one (1) year).

(B) The employer shall provide access to the Program by doing one of the following:

1. Provide access in a reasonable time, place, and manner, but in no event later than five (5) business days after the request for access is received from an employee or designated representative.

a. Whenever an employee or designated representative requests a copy of the Program, the employer shall provide the requester a printed copy of the Program, unless the employee or designated representative agrees to receive an electronic copy of the Program.

b. One printed copy of the Program shall be provided free of charge. If the employee or designated representative requests additional copies of the Program within one (1) year of the previous request and the Program has not been updated with new information since the prior

copy was provided, the employer may charge reasonable, non-discriminatory reproduction costs (per Section 3204(e)(1)(E)) for the additional copies. or,

2. Provide unobstructed access through a company server or website, which allows an employee to review, print, and email the current version of the Program. Unobstructed access means that the employee, as part of his or her regular work duties, predictably and routinely uses the electronic means to communicate with management or coworkers.

(C) The Program provided to the employee or designated representative need not include any of the records of the steps taken to implement and maintain the written Program.

(D) If an employer has distinctly different and separate operations with distinctly separate and different Programs, the employer may limit access to the Program (or Programs) applicable to the employee requesting it.

(E) The employer shall communicate the right and procedure to access the Program to all employees.

(F) Nothing in this section is intended to preclude employees and collective bargaining agents from collective bargaining to obtain access to information in addition to that available under this section.

(b) Records of the steps taken to implement and maintain the Program shall include:

(1) Records of scheduled and periodic inspections required by subsection (a)(4) to identify unsafe conditions and work practices, including person(s) conducting the inspection, the unsafe conditions and work practices that have been identified and action taken to correct the identified unsafe conditions and work practices. These records shall be maintained for at least one (1) year; and

Exception: Employers with fewer than 10 employees may elect to maintain the inspection records only until the hazard is corrected.

(2) Documentation of safety and health training required by subsection (a)(7) for each employee, including employee name or other identifier, training dates, type(s) of training, and training providers. This documentation shall be maintained for at least one (1) year.

EXCEPTION NO. 1: Employers with fewer than 10 employees can substantially comply with the documentation provision by maintaining a log of instructions provided to the employee with respect to the hazards unique to the employees' job assignment when first hired or assigned new duties.

EXCEPTION NO. 2: Training records of employees who have worked for less than one (1) year for the employer need not be retained beyond the term of employment if they are provided to the employee upon termination of employment.

EXCEPTION NO. 3: For Employers with fewer than 20 employees who are in industries that are not on a designated list of high-hazard industries established by the Department of Industrial Relations (Department) and who have a Workers' Compensation Experience Modification Rate of 1.1 or less, and for any employers with fewer than 20 employees who are in industries on a designated list of low-hazard industries established by the Department, written documentation of the Program may be limited to the following requirements:

A. Written documentation of the identity of the person or persons with authority and responsibility for implementing the program as required by subsection (a)(1).

B. Written documentation of scheduled periodic inspections to identify unsafe conditions and work practices as required by subsection (a)(4).

C. Written documentation of training and instruction as required by subsection (a)(7).

Exception No. 4: Local governmental entities (any county, city, city and county, or district, or any public or quasi-public corporation or public agency therein, including any public entity, other than a state agency, that is a member of, or created by, a joint powers agreement) are not required to keep records concerning the steps taken to implement and maintain the Program.

Note1: Employers determined by the Division to have historically utilized seasonal or intermittent employees shall be deemed in compliance with respect to the requirements for a written Program if the employer adopts the Model Program prepared by the Division and complies with the requirements set forth therein.

Note2: Employers in the construction industry who are required to be licensed under Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code may use records relating to employee training provided to the employer in connection with an occupational safety and health training program approved by the Division, and shall only be required to keep records of those steps taken to implement and maintain the program with respect to hazards specific to the employee's job duties.

(c) Employers who elect to use a labor/management safety and health committee to comply with the communication requirements of subsection (a)(3) of this section shall be presumed to be in substantial compliance with subsection (a)(3) if the committee:

(1) Meets regularly, but not less than quarterly.

(2) Prepares and makes available to the affected employees, written records of the safety and health issues discussed at the committee meetings and, maintained for review by the Division upon request. The committee meeting records shall be maintained for at least one (1) year.

(3) Reviews results of the periodic, scheduled worksite inspections.

(4) Reviews investigations of occupational accidents and causes of incidents resulting in occupational injury, occupational illness, or exposure to hazardous substances and, where appropriate, submits suggestions to management for the prevention of future incidents.

(5) Reviews investigations of alleged hazardous conditions brought to the attention of any committee member. When determined necessary by the committee, the committee may conduct its own inspection and investigation to assist in remedial solutions.

(6) Submits recommendations to assist in the evaluation of employee safety suggestions; and

(7) Upon request from the Division, verifies abatement action taken by the employer to abate citations issued by the Division.

Note: Authority cited: Sections 142.3 and 6401.7, Labor Code. Reference: Sections 142.3 and 6401.7, Labor Code.

**Cal/OSHA District Offices**

**SWC INJURY AND ILLNESS PREVENTION PROGRAM APPROVAL**

Reviewed by	Date
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**Keenan**

Reviewed by	Date
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**SWC Director of Facilities, Operations & Planning**

Approved by	Date
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**SWC Director of Procurement, Central Services & Risk Management**

Approved by	Date
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**Assistant Superintendent/Vice President  
for Business and Financial Affairs**

***SOUTHWESTERN COMMUNITY COLLEGE DISTRICT***

**RESPIRATORY PROTECTION PROGRAM**

Date Revised: June 2024

*Technical and Code Driven Revisions are Under Review and  
Will be Revised by end of July 2024*

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1910.134

## **I. INTRODUCTION**

There are multiple state and federal regulations that govern the occupational use of respiratory protection. The purpose of this document is to establish procedures to ensure regulatory compliance, and safe and effective use of respiratory protection equipment by Southwestern Community College District (SWCCD) personnel. However, the primary objective of the SWCCD Respiratory Protection Program is to prevent and control diseases which may be caused by exposure to hazardous atmospheres through the following:

- The elimination of hazardous atmospheres wherever possible through the implementation of effective control measures; and
- Where adequate control measures are not feasible, or while such measures are being implemented or evaluated, the use of respiratory protection to ensure exposures to hazardous atmospheres do not exceed applicable exposure limits.

## **II. PURPOSE**

Many operations may contaminate the air with harmful airborne levels of dusts, fogs, fumes, mists, gasses, smokes, sprays, vapors, or may involve oxygen-deficient atmospheres. These harmful air contaminants can enter the breathing zone and cause occupational injuries or illnesses to employees working in such atmospheres; therefore, it is essential that exposure to harmful air contaminants be controlled.

The primary objective is to prevent air contamination. The prevention of harmful air contaminants shall be accomplished by engineering controls whenever feasible. Examples of engineering controls may include:

- Enclosure or segregation of the operation
- General or dilution ventilation
- Local or removal ventilation
- Substitution with less toxic substances

Whenever engineering controls are not feasible or do not achieve full compliance to permissible exposure limits or threshold limit values, administrative controls, when practicable, should be implemented.

Administrative controls may include such items as work practices and time allotted to hazardous exposures.

Respiratory protective equipment should be used to prevent or reduce exposure to harmful air contaminants only under the following conditions:

- when feasible engineering and administrative controls fail to reduce harmful exposures to employees to a safe level.
- during the time necessary to install or implement feasible engineering controls.
- while maintenance is being performed on hazardous exhaust ventilation, or in emergencies.

### III. COMPLIANCE

This policy applies to all employees and external contractors who are employed by or operate on the campus of Southwestern Community College District.

**The Respiratory Protection Program will be based on the requirements of:**

- [California Code of Regulations \(CCR\), Title 8, Section 5144;](#)
- [29 Code of Federal Regulations, Part 1910.134;](#)

### IV. PLAN REVIEW

To ensure that the written Respiratory Protection Plan remains a viable working document that reflects the current needs and status of the District, the Plan will be reviewed annually by the Program Administrator.

### V. RESPONSIBILITIES

#### **Program Administrator**

The Facilities Director is the program administrator, with the Maintenance, Facilities, Health and Safety Coordinator as a designee, and both have responsibility for implementing and maintaining the Respiratory Protection Plan. The program administrator will be responsible for the management of this program and for ensuring that all aspects of this program are followed.

The Program Administrator will be responsible for:

- Identifying those employees who may need respiratory protection.
- Selecting and providing the proper type (s) of respiratory protection based on employee exposure.
- Providing medical evaluations and fit testing for respirator users; and
- Providing training to those employees required to use respirators.
- Maintaining records required by the program.
- Evaluating the program.
- Updating written programs, as needed.

### **Supervisors**

Supervisors are responsible for ensuring that the respiratory protection program is implemented in their areas. In addition to being knowledgeable about the program requirements for their own protection, supervisors must also ensure that the program is understood and followed by the employees under their responsibility.

Duties of the supervisor include:

- Ensuring that employees under their supervision (including new hires) have received appropriate training, fit testing, and annual medical evaluation.
- Ensuring the availability of appropriate respirators and accessories.
- Enforcing the proper use of respiratory protection when necessary.
- Ensuring that respirators are properly cleaned, maintained, and stored according to the respiratory protection plan.
- Ensuring that respirators fit well and do not cause discomfort.
- Continually monitoring work areas and operations to identify respiratory hazards.
- Coordinating with the Program Administrator on how to address respiratory hazards or other concerns regarding the program.

### **Employees**

Each employee has the responsibility to wear his or her respirator when and where required and in the way they were trained.

Employees must also:

- Care for and maintain their respirators as instructed and store them in a clean sanitary location.

- Inform their supervisor immediately if the respirator no longer fits well and request a new one that fits properly.
- Inform their supervisor of any respiratory hazards that they feel are not adequately addressed in the workplace and of any other concerns that they have regarding the program.

## VI. DEFINITIONS

**Air-purifying respirator** means a respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element.

**Air-supplying respirator** means a respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere and includes supplied-air respirators (SARs) and self-contained breathing apparatus (SCBA) units.

**Emergency** means any occurrence such as, but not limited to, equipment failure, rupture of containers, or failure of control equipment that may or does result in an uncontrolled significant release of an airborne contaminant.

**Employee exposure** means exposure to a concentration of an airborne contaminant that would occur if the employee were not using respiratory protection.

**End-of-service-life indicator (ESLI)** means a system that warns the respirator user of the approach to the end of adequate respiratory protection, for example, that the sorbent is approaching saturation or is no longer effective.

**Filter cartridge or air purifying element** means a component used in respirators to remove solid or liquid aerosols from the inspired air.

**Filtering facepiece (dust mask)** means a negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium.

**Fit factor** means a quantitative estimate of the fit of a particular respirator to a specific individual, and typically estimates the ratio of the concentration of a substance in ambient air to its concentration inside the respirator when worn.

**Fit test** means the use of a protocol to evaluate the fit of a respirator qualitatively or quantitatively on an individual. (See also Qualitative fit test QLFT and Quantitative fit test QNFT.)

**High efficiency particulate air (HEPA) filter** means a filter that is at least 99.97% efficient in removing monodisperse particles of 0.3 micrometers in diameter. The equivalent NIOSH 42 CFR 84 particulate filters are the N100, R100, and P100 filters.

**Immediately dangerous to life or health (IDLH)** means an atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere.

**Negative pressure respirator (tight fitting)** means a respirator in which the air pressure inside the face piece is negative during inhalation with respect to the ambient air pressure outside the respirator.

**Oxygen deficient atmosphere** means an atmosphere with an oxygen content below 19.5% by volume.

**Physician or other licensed health care professional (PLHCP)** means an individual whose legally permitted scope or practice (i.e., license, registration, or certification) allows him or her to independently provide, or be delegated the responsibility to provide, some or all of the health care services required by this program.

**Positive pressure respirator** means a respirator in which the pressure inside the respiratory inlet covering exceeds the ambient air pressure outside the respirator.

**Powered air-purifying respirator (PAPR)** means an air-purifying respirator that uses a blower to force the ambient air through air-purifying elements to the inlet covering.

**Pressure demand respirator** means a positive pressure air-supplying respirator that admits breathing air to the face piece when the positive pressure is reduced inside the face piece by inhalation.

**Qualitative fit test (QLFT)** means a pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.

**Quantitative fit test (QNFT)** means an assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

**Respiratory inlet covering** means that portion of a respirator that forms the protective barrier between the user's respiratory tract and an air-purifying device or breathing air source, or both. It may be a face piece, helmet, hood, suit, or a mouthpiece respirator with a nose clamp.

**Self-contained breathing apparatus (SCBA)** means an air-supplying respirator for which the breathing air source is designed to be carried by the user.

**Service life** means the period that a respirator, filter or sorbent or other respiratory equipment provides adequate protection to the wearer.

**Supplied-air respirator (SAR) or airline respirator** means an air-supplying respirator for which the source of breathing air is not designed to be carried by the user.

**Tight-fitting face piece** means a respiratory inlet covering that forms a complete seal with the face.

**User seal check** means an action conducted by the respirator user to determine if the respirator is properly seated to the face.

## **VII. RESPIRATOR TYPES - USE and LIMITATIONS**

### **A. Air-Purifying Respirators (APRs)**

Air-purifying respirators have filters, cartridges, and/or canisters that remove contaminants by passing the ambient air through the air-purifying element before it reaches the user. The maximum contaminant concentration against which an APR will protect is determined by the design efficiency, capability of the filter, and the facepiece-to-face seal on the user. Since APRs use filters and do not provide uncontaminated air separate from the surrounding atmosphere, it is crucial to know what contaminants are present and their relative concentrations. APRs do not protect users against oxygen-deficient atmospheres or chemical absorption through exposed skin, and shall not be used in unknown, oxygen deficient or IDLH atmospheres.

## Negative Pressure APRs

Negative pressure APRs are tight-fitting respirators which use the negative pressure created inside the respirator facepiece when a user inhales, to draw ambient air through an air-purifying element to remove contaminants. It is important that negative pressure APRs be fit tested to ensure proper fit, because poor fit may allow contaminants to be drawn around the seal unfiltered and into the mask. Due to this feature users of tight-fitting negative pressure respirators shall not have any facial hair which interferes with the respirator-to-face seal. Additionally, negative pressure air-purifying respirators may cause pulmonary strain and/or discomfort to the user due to breathing resistance caused by the filtration media, therefore it is important that users are medically cleared and in good health. The three main types of negative pressure APRs used on campus are:

### 1. Filtering Facepiece Respirators (Dust Masks)

**Use** - Filtering facepiece respirators also known as 'dust masks', are typically designed to reduce inhalation exposure to low hazard particulate contaminants such as wood dust, animal dander, and some bioaerosols.

**Limitations** - Because filtering facepiece respirators generally have poor respirator-to-face sealing properties they offer only limited contaminant protection. Additionally, their design makes it difficult for users to perform respirator seal checks to ensure proper fit prior to use. If respirator fit is not adequate, contaminant leakage around the respirator-to-face seal may occur. Filtering facepiece respirators do not provide protection against gases, vapors, or oxygen deficient atmospheres, and shall not be used for protection against highly toxic contaminants.

### 2. Half-facepiece Elastomeric APRs

**Use** - Half-face respirators are typically equipped with High Efficiency Particulate Air (HEPA) filters, gas/vapor cartridges, or a combination of the two. It is very important that the proper filter or cartridge is selected for use based on the contaminant type.

**Limitations** – Air-purifying respirators can only be used for specific contaminants which are based on the filter/cartridge type.

Furthermore, cartridges must be replaced regularly as they may become saturated over time. The wearer should leave an area immediately if he or she detects an odor, experiences nose or throat irritation, or if breathing becomes difficult.

### **3. Full-facepiece Elastomeric APRs**

**Use** - Full face respirators typically provide more protection than half-masks because their shape allows a better respirator-to-face seal. They also protect the user's eyes from irritating chemicals or particulate atmospheres.

**Limitations** - Air-purifying full face masks have the same limitations for use as half-mask respirators. Additionally, standard eyeglasses interfere with the mask-to-face seal; therefore, individuals who require corrective lenses may need to acquire special lenses for use with the mask. Contact the EH&S Program Administrator for assistance with, or questions about, obtaining special lenses for respirator use.

## **Positive Pressure APRs**

Positive pressure APRs are typically known as powered air-purifying respirators (PAPRs). PAPRs use a blower to create positive pressure inside the respirator face and can be either tight or loose fitting.

### **1. Tight-fitting PAPRs**

**Uses** – This PAPR has an elastomeric facepiece made of rubber or silicone. It has filters and a blower that operate as they do on a loose-fitting facepiece PAPR. Because this PAPR has a tight-fitting facepiece, it must be fit tested.

**Limitations** - Tight-fitting PAPRs have the same limitations as other air-purifying respirators. Additionally, they can be bulky and cumbersome due to the need for a motor and battery pack which is usually worn on the user's belt.

## **2. Loose-fitting PAPRs**

**Use** – This is a loose-fitting facepiece powered air-purifying respirator, or PAPR. Since it is loose-fitting, it does not need to be fit tested and can be used by workers with facial hair. Tight-fitting respirators may cause issues for people with facial hair, glasses, or facial prosthetics. These problems can be greatly reduced or eliminated using a PAPR. PAPRs use a blower to force ambient air through the air-purifying elements and into the user's facepiece creating a positive pressure in the facemask or loose-fitting hood.

**Limitations** - They can be bulky and cumbersome due to the need for a motor and battery pack which is usually worn on the user's belt.

## **B. Atmosphere Supplying Respirators (ASR)**

Atmosphere-supplying respirators supply users with breathing air from a source independent of the work environment. The maximum contaminant concentration against which an atmosphere supplying respirator will protect is determined by the facepiece type and design. When using these devices, it is important to ensure that the location of the air tank is not near a source of carbon monoxide or other contaminants, and that Grade D air is supplied as described by the compressed gas association. Departments wanting to utilize ASR units must notify the EH&S Program Administrator prior to use and are responsible for ensuring all requirements of use are met. The two most common types of ASRs are:

### **1. Airline Atmosphere Supplying Respirators**

**Use** - Supplied-air respirator (SAR) or airline respirator is an atmosphere-supplying respirator for which supply air is provided by an external, fixed compressed gas source or compressor

**Limitations** - The wearer's movements are restricted by the hose and they must return to a respirable atmosphere by retracing their route of entry. In addition, supply hoses may become severed or pinched, or the external compressed gas source may fail.

## 2. Self-Contained Breathing Apparatus (SCBA)

**Use** - Self-contained breathing apparatus (SCBA) is an atmosphere-supplying respirator for which the breathing air source is contained within a portable compressed gas cylinder designed to be carried by the user.

**Limitations** - The air supply in a SCBA cylinder is normally rated for a specified limited time; however, heavy exertion and stress will increase breathing rates and may deplete the air in less than the rated time. For this reason, most units come with built-in alarms which alert the user when the air supply is low. Additional limitations are their weight and bulk, their limited service-life, and the need for specialized training for their maintenance and safe use.

## VIII. WHEN and WHERE RESPIRATORS are WORN

When it is clearly impracticable to remove harmful air contaminants at their source by feasible engineering or administrative controls or by meeting the general requirements of mechanical ventilation systems, or when emergency protection against occasional and/or relatively brief exposure is needed, the District will provide approved respiratory protective equipment. Employees exposed to such hazards will be required to wear the District approved equipment.

Respiratory hazards are classified as:

- Oxygen deficiency.
- Gasses and vapors; and
- Dust, fumes, and mists.

There are different types of respiratory protection for each type of hazard. The nature and concentration of specific contaminants are the primary factors to consider when selecting a respirator. Safety Data Sheets (SDS) provide information about the physical and chemical properties of the respiratory hazard, and many cases recommend the type of respirator to be used. If you are in doubt of the type of respirator to use, ask your supervisor. In some cases, air samples will need to be taken to determine the exact contaminant, and the concentration level.

## **IX. RESPIRATOR SELECTION**

- The respiratory protective devices must be certified by NIOSH per 42 CFR Part 84
- All respirators selected will be certified by the National Institute for Occupational Safety and Health (NIOSH) and will be used in compliance with the conditions of its certification.
- In selecting the correct respirator for a given circumstance, the respiratory hazard, IDLH atmospheres, assigned protection factors, and respirator limitations will be considered.

## **X. MEDICAL EVALUATION**

Employees who are required to wear respirators must pass a medical exam before being permitted to wear a respirator on the job. Employees are not permitted to wear respirators until a physician has determined that they are medically able to do so. Any employee refusing the medical evaluation will not be allowed to work in an area requiring respirator use. Medical evaluations are provided by a Physician, or other Licensed Healthcare Professional (PLHCP) at a location determined by Human Resources of Southwestern Community College. Prior to examination, the employee will be asked to complete a comprehensive medical questionnaire that will be reviewed during the examination process. Southwestern Community College Human Resources will provide the PLHCP with a copy of this Respirator program if requested. In addition, the following information is provided for each:

- A summary of the employee's exposure to a hazardous substance.
- His or her work area or job title.
- Proposed respirator type and weight.
- Length of time required to wear a respirator.
- Expected physical workload (light, moderate, or heavy).
- Potential temperature and humidity extremes; and
- Any additional protective clothing required.

After an employee has received clearance and starts to wear his or her respirator, additional medical evaluations will be provided under the following circumstances:

- Employees report signs and/or symptoms related to their ability to use a respirator, such as shortness of breath, dizziness, chest pains, or wheezing.
- A physician informs the Program Administrator that the employee needs to be reevaluated.
- Information from the program, including observations made during fit testing and program evaluation, indicates a need for reevaluation.
- A change occurs in workplace conditions that may result in an increased physiological burden on the employee.

All examinations and related questionnaires are to remain confidential between the employee, HR, and the physician.

Records of medical evaluations shall be preserved for at least the duration of employment plus thirty (30) years, and shall be maintained in accordance with section CCR, Title 8, Section 3204.

## **XI. MEDICAL EVALUATIONS FOR STUDENTS**

Unless specifically noted in the section “Medical Evaluations for Students” or “Fit Testing for Students”, all elements of the SWCCD Respiratory Protection Program shall apply to students including but not limited to; inspection, maintenance, cleaning, storage, training, documentation, and record keeping.

This section is designated to document how students in the Fire Technology Program and/or Basic Fire Academy are required to comply with CCR, Title 8, Section 5144, Appendix C “OSHA Respirator Medical Evaluation Questionnaire”.

Students in the Fire Academy and/or Fire Science Technology program who are required to wear respirators (self-contained breathing apparatus [SCBA]) must pass a medical exam before being permitted to wear a respirator. Students are not permitted to wear respirators until a physician or other licensed health care professional (PLHCP) has determined that they are medically able to do so.

Any student refusing the medical evaluation will not be allowed to train in any area requiring an SCBA and therefore would be eliminated from the program. The instructor of record is responsible for identifying the students who need to be fit tested and therefore need to

have a medical exam.

SWCCD Fire Technology Program utilizes Safewest, which provides an online questionnaire for medical clearances. Student's responses to this questionnaire are strictly confidential and shared only with a contracted medical team. The Program Director will not be able to view student responses and will only receive notice of pass or fail.

1. Students will be required to pay a \$35.00 fee to Student Services prior to receiving a login and password to the Safewest website.
2. Once verification of payment is received the student will be given access with username and password.
3. A unique version of the questionnaire will be generated once the student enters name and identifying information.
4. Once started, the student will have 30 minutes to complete the questionnaire. When the student has answered all the questions and successfully submitted the questionnaire, they will be taken to a page with their results, and any additional steps needed.
5. During the exam if there are any questions or issues, they may call (844) 837-8767 during normal business hours 7:00 AM – 3:00 PM.
6. If the student has a completely clear medical history, they will be approved right away. Those students who receive immediate approval shall print out and take the completed medical clearance back to the Program Director via the Instructor of Record.
7. The student will get a record and printable card emailed to them within 48 hours to the same address they enter on the medical evaluation.
8. If review is needed, generally within 24 hours the student will either have an approval, or a notice that they need to call and speak with clinical staff and provide more information. The entire process could take up to 48 hours. Students who are referred to follow-up must do so in a swift manner without delay.
9. Medical clearances are valid for one year
10. Safewest will maintain student medical records for 30 years
11. If a student cannot be approved via the Safewest medical evaluation questionnaire process, and is issued a "deferred" result, that student is responsible for finding a healthcare provider for further evaluation. The Program Director can provide recommendations. The

student should inform the provider that based on their health history, they have been directed to obtain further evaluation for respirator use, and that they need an OSHA-compliant written approval to wear an SCBA for firefighting.

12. The provider will have their own forms and procedures for evaluation. If approved, the student should provide written documentation directly to the Program Director via the Instructor of Record.

13. Additional medical evaluations may be necessary if:

- (A) A student reports medical signs or symptoms that are related to ability to use a respirator;
- (B) A PLHCP, instructor, or the respirator program administrator informs the director that an student needs to be reevaluated;
- (C) Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for student reevaluation; or
- (D) A change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on a student.

## **XII. FIT TESTING**

Before any District employee is required to use a respirator (negative or positive pressure facepiece), the employee must be fit tested with the same make, model, style, and size of the respirator to be used. After the initial fit test, subsequent fit testing will be conducted annually for those employees required to use respirators.

Fit tests will be administered using OSHA-accepted qualitative fit test (QLFT) or quantitative fit test (QNFT) protocol. Fit testing of air supplying respirators (SCBA) will be performed in the negative pressure mode regardless of the mode of operation.

Qualitative fit testing will be performed with Isoamyl Acetate, irritant smoke, or an aerosol saccharin solution.

Quantitative fit testing, when used, will be performed with a Porta-Count or similar instrument.

The District will select and provide the appropriate respirator based on the respiratory hazards to which the employee will be exposed. Respirator selection must ensure that employee exposure will not exceed published Permissible Exposure Limits (PEL), Threshold Limit Values (TLV), or Short-Term Exposure Limits (STEL). All respiratory equipment must be NIOSH approved and used in compliance with manufacturer's instructions.

**Facial Hair.** OSHA DOES NOT allow for an employee to wear a tight-fitting respirator if facial hair comes between the sealing surface or interferes with the valve function.

### **XIII. FIT TESTING FOR STUDENTS**

This section is designated to document how students in the Fire Technology Program and/or Basic Fire Academy are required to comply with CCR, Title 8, Section 5144, Appendix A "Fit Testing Procedures"

Fit testing is required for SWC students who are required to wear respirators as part of their training. Students will be fit tested with the make, model, and size of respirator they will wear. The type of test required is the **Quantitative fit test (QNFT) which** assesses the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

The Program Director or their designee will arrange fit tests. Fit testing will occur at the following frequency:

1. Prior to being allowed to wear any respirator with a tight-fitting face is annual, or sooner if there's issues with the respirator fitting, change in physical condition that could affect respirator fit.
2. When there are changes in the student's physical condition that could affect respiratory fit (i.e., substantial weight loss/gain)
3. Annually
4. The director shall conduct an additional fit test whenever the student reports, or the instructor, PLHCP, or program administrator makes visual observations of changes in the student's physical condition that could affect respirator fit. Such conditions include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.

The Program Director shall establish a record of the quantitative fit tests administered to a student including:

1. The name or identification of the student tested.
2. Type of fit test performed.
3. Specific make, model, style, and size of respirator tested.
4. Date of test; and the fit factor and strip chart recording or other recording of the test results for QNFTs.

#### **XIV. FIT CHECKS**

Employees will be required to perform fit checks before fit testing and each time the respirator is put on before entering a hazardous area. Fit checks assure that the facepiece has an air-tight seal against the users' face. Two fit checks will be performed as part of the fit check procedure.

##### **These are:**

**Positive pressure fit check** - performed by placing the heel of the hand over the exhalation valve cover, pressing lightly, and exhaling gently. The facepiece should bulge slightly with no air leaks detected between the face and facepiece; and

**Negative pressure fit check** - performed by placing the palms of both hands over the filter holes or inhalation valves and gently inhaling for 5 to 10 seconds. The facepiece should collapse slightly with no air leaks detected between the face and facepiece.

If air leakage is detected for either of the two checks, then 1) the respirator should be repositioned on the face; 2) the straps tension should be readjusted; or 3) the respirator should be changed.

#### **XV. ATMOSPHERES IMMEDIATELY DANGEROUS TO LIFE OR HEALTH (IDLH)**

Atmospheres immediately dangerous to life or health (IDLH) are those atmospheres that pose an immediate threat to life, would cause irreversible health effects, or impair an individual's ability to escape. The only District employees that may foreseeably be exposed to an IDLH atmosphere would be District Personnel trained and equipped to provide effective emergency rescue. In instances where IDLH atmospheres are encountered the following shall apply:

- Only trained and equipped District employees may enter spaces/areas.
- The only approved respirator will be a full-face pressure demand SCBA.
- A minimum of two persons, equipped with SCBAs must be on the job.
- A minimum of one person, equipped with SCBA must be available as a standby.
- Communication (visual, voice, signal line) must be maintained between all individuals present.
- The standby person must be trained and equipped to provide effective emergency rescue.

## **XVI. BREATHING AIR QUALITY and USE**

### **General Requirements**

Breathing air couplings shall be incompatible with outlets for non respirable worksite air or other gas systems. No asphyxiating substance shall be introduced into breathing air lines. Compressed oxygen shall not be used in atmosphere-supplying respirators that have previously used compressed air. Oxygen concentrations greater than 23.5% shall only be used in equipment designed for oxygen service or distribution. Only breathing gas containers marked in accordance with the NIOSH respirator certification standard, 42 CFR part 84 shall be used.

### **Breathing Air Quality**

Local protocols and procedures shall be established and maintained to ensure compressed air, compressed oxygen, liquid air, and liquid oxygen used for respiration meets the following specifications:

- Compressed and liquid oxygen shall meet the United States Pharmacopoeia requirements for medical or breathing oxygen; and
- Compressed breathing air shall meet at least the requirements for Grade D breathing air described in ANSI/Compressed Gas Association Commodity Specification for Air, G-7.1-1989, to include:

- i. Oxygen content (v/v) of 19.5-23.5%.
- ii. Hydrocarbon (condensed) content of 5 milligrams per Cubic meter of air or less
- iii. Carbon monoxide (CO) content of 10 ppm or less.
- iv. Carbon dioxide content of 1,000 ppm or less; and
- v. Lack of noticeable odor.

## **XVII. RESPIRATOR INSPECTION AND MAINTENANCE**

- All respiratory equipment will be inspected under the following schedule:
- Before and after each use by the wearer
- After cleaning and disinfection

After each use, but at least monthly for respirators not routinely used which are kept ready for emergency use.

Any damage noted by the inspection should be reported to the supervisor immediately. Respirators found damaged or defective will be immediately removed from service and will not be returned to service until properly repaired.

## **XVIII. RESPIRATOR CLEANING AND MAINTENANCE**

The respirator user will be responsible for cleaning and sanitizing respirators as frequently as necessary to ensure sanitary protection is provided to the wearer. Respiratory protective equipment that may be used by more than one individual will never be passed from one person to another until it has been cleaned and sanitized.

Respirator cleaning is to be done in accordance with the manufacturer's recommendations. However, as a minimum guideline, each respirator should be cleaned in a mild soap solution, double rinsed and air dried prior to storage. The Program Administrator will ensure that all cleaning and maintenance guidelines are followed.

## **XIX. RESPIRATOR STORAGE**

After cleaning, inspection, and air drying, the respirator shall be stored to protect against dust, sunlight, extreme temperatures, excessive moisture, or damaging chemicals. Respirators placed at workstations for emergency use will only be stored in clearly marked compartments or containers designed

for that purpose and will be located where they are quickly accessible. Routinely used respirators may be placed in plastic bags and stored in cabinets, lockers, or toolboxes, provided that the facepiece and exhalation valve rest in a normal position and their functioning will not be impaired by the elastic setting in an abnormal position. Cartridge filters may also be stored in plastic bags, but separately from the clean respirator.

Air-purifying respirators that are not in use shall be stored in a plastic “Zip-Lock” bag and placed inside the original container or other substitute container.

## **XX. TRAINING**

To ensure proper respirator selection, use, maintenance and storage, the District will provide all employees required to wear respiratory protection with education and training. The education and training will consist of the following:

- Fit test/Medical evaluations
- Selection, use and limitations of respirators
- Proper inspection and donning of the respirator
- Fit checks: how to do and frequency
- Procedures to follow if an atmosphere immediately hazardous to life or health is encountered
- How to care for, maintain, and store the respirator

## **XXI. REFRESHER TRAINING**

Refresher training for employees required to use respiratory protection will be conducted annually.

## **XXII. DOCUMENTATION AND RECORDKEEPING**

The Program Administrator will ensure that the following records are kept as part of the District Respiratory Protective Equipment Program:

- Employee education and training documentation
- Fit testing results
- Medical approvals
- Workplace air monitoring results when applicable

**Note:** The original records will be retained by the Health and Safety Coordinator.

**Voluntary Respirator Use: Appendix D Sec. 1910.134**

Some Southwestern Community College District (SWCCD) employees, students, or affiliates may choose to use filtering facepiece respirators, also referred to as N95 or N99 disposable dust masks, on a voluntary basis during a pandemic, activities that involve exposures to low-level, non-hazardous nuisance dust or other similar particulate. According to the SWCCD Respiratory Protection Program and Occupational Safety and Health Administration (OSHA) regulations, SWCCD must provide you with the following information if you wear a filtering facepiece respirator voluntarily. The following information is copied from the OSHA Respiratory Protection Standard and pertains to the voluntary use of respirators. After reading the information below, please complete the section at the end of this form.

Appendix D to Sec. 1910.134 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator's limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.

4. Keep track of your respirator so that you do not mistakenly use someone else's respirator. The filtering facepiece respirator you have elected to use is approved, when fitted properly, for use against nuisance non-hazardous particulates (e.g., fiberglass, sheet rock dust, sawdust, dirt, pollen, animal dander). It will not provide protection from any chemical vapors such as those associated with spray paints or solvents. It is not intended for use during work that may involve exposure to airborne asbestos fibers, silica dust, or lead dust. Work you perform that may involve airborne asbestos fibers, silica dust, or lead dust should be reviewed by the EHS Coordinator before the project proceeds. If you have questions concerning any of this information, please call the EHS Coordinator Office at 619.482.6589.

**Please complete the section below and email to EHS Coordinator, James Lee at: [jlee@swccd.edu](mailto:jlee@swccd.edu)**

<b><u>NAME (print):</u></b>	<b><u>Job Classification:</u></b>
<b><u>Department:</u></b>	<b><u>Supervisor:</u></b>

<b><u>Location of use:</u></b>
--------------------------------

<b><u>Reason for using dust mask (describe nature of work, specific location, and type of dust):</u></b>
----------------------------------------------------------------------------------------------------------

<b><u>I have read and understood the information provided above:</u></b>
<b><u>Signature:</u></b>
<b><u>Date:</u></b>

## APPENDIX A-F

### A. OSHA FIT TESTING PROCEDURES

<http://www.dir.ca.gov/title8/5144a.html>

### B. OSHA USER SEAL CHECK PROCEDURES

[http://www.dir.ca.gov/title8/5144b\\_1.html](http://www.dir.ca.gov/title8/5144b_1.html)

### C. RESPIRATOR CLEANING PROCEDURES

[http://www.dir.ca.gov/title8/5144b\\_2.html](http://www.dir.ca.gov/title8/5144b_2.html)

### D. MEDICAL EVALUATION QUESTIONNAIRE

<http://www.dir.ca.gov/title8/5144c.html>

### E. RESPIRATOR SELECTION

<http://www.dir.ca.gov/title8/5144.html>

### F. APPENDIX F: VOLUNTARY RESPIRATOR USE Appendix D to Sec. 1910.134

<https://drive.google.com/file/d/1O29BuOCP2Vz4aSgP1e1oDL9oFaLEcLqe/view?usp=sharing>

**SWC RESPIRATORY PROTECTION PROGRAM APPROVAL**

<b>Reviewed by</b>	<b>Date:</b>
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**Keenan**

<b>Approved by</b>	<b>Date:</b>
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**SWC Director of Facilities, Operations & Planning**

<b>Approved by</b>	<b>Date:</b>
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**SWC Director of Procurement, Central Services & Risk Management**

<b>Approved by</b>	<b>Date</b>
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**Assistant Superintendent/Vice President  
for Business and Financial Affairs**

# **SOUTHWESTERN COMMUNITY COLLEGE DISTRICT**

## ***HAZARD COMMUNICATION PROGRAM (HAZCOM)***

Pursuant to Title 8, California Code  
of Regulations (CCR) 5194

Date Revised: June 2024

Technical and Code Driven *Revisions are Under Review and  
Will be Revised by end of July 2024*

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## I. INTRODUCTION

This written Hazard Communication Program is to establish guidelines and policies to ensure that all members of Southwestern Community College District (SWCCD) are apprised of the chemical hazards to which they may be exposed to and to provide a foundation of knowledge to permit employees to make informed decisions about these materials. This program has been developed to comply with Federal and State Hazard Communication Regulations by providing employees who use, or who may be exposed to, hazardous substances the necessary information to safely work with those substances. This program has been developed and implemented as required under the [California Code of Regulations Title 8, Section 5194](#). This Hazard Communication Program applies to all faculty, staff, students, visitors, and volunteers.

The District's Hazard Communication Program is designed to:

- Reduce the likelihood of injury or illness to employees by implementing specific procedures to identify and evaluate the chemical hazards in the workplace.
- Inform and train employees on those hazards.
- Ensure that all individuals at risk are adequately informed about the chemicals used and stored in their workplaces.
- Outline procedures for all employees working with hazardous chemicals.

## II. SUMMARY OF HAZARD COMMUNICATION REGULATIONS

The Hazard Communication Regulations were established to ensure the identification of hazards associated with substances used in the workplace, and the communication of that information to employers

and to all affected employees through a comprehensive hazard communication program. This program includes information on Safety Data Sheets (SDS), labeling, health hazards, physical hazards, employee information and training and warning concerning any hazardous substance present in the workplace. The regulations require every employer to have a written Hazard Communication Program available to its employees and to any contracted personnel working at the facility. The regulations also require that an employee training program be implemented to ensure that the information is communicated to and understood by the employees.

The Hazard Communication Regulations apply to any hazardous substance known to be present in the workplace to which employees may be exposed under normal working conditions or in a reasonably foreseeable emergency.

### **Federal Regulations**

Hazardous Substance Information Act (1980) This regulation known as the “Right-to-Know” law requires employee training in the handling and use of hazardous materials and requires manufacturers to provide to the purchaser (user) Safety Data Sheets on all products. The purchaser (user) is required to make those SDS available to all employees. OSHA Hazard Communication Standard (1985) OSHA Title 29, Subpart Z, part 1910.1200 This regulation applies to all employees exposed to hazardous substances in the workplace and ensures that employees have the right to know the identities and hazards associated with those substances.

### **State Regulation**

California Code of Regulations, Title 8, Chapter 4, Subchapter 7, Article 110, Section 5194. This regulation requires employers who use or store hazardous substances to obtain specific information about those substances from the manufacturers and communicate that information to their employees. Communication of the information is to be in the form of a

comprehensive hazard communication program, including employee training, with information on Safety Data Sheets, container labeling and other forms of warning about the hazardous substances in their workplace.

### III. AUTHORITY CITATIONS

California Code of Regulations, Title 8, § 339	California Code of Regulations, Title 8, § 3204
California Code of Regulations, Title 8, § 5194	National Fire Protection Association, NFPA 704
California Fire Code, Title 24, Part 9, Chapter 50	Code of Federal Regulations, Title 29, § 1910.1200
Code of Federal Regulations, Title 29, § 1910, Subpart Z	

### IV. RESPONSIBILITIES

The EHS Coordinator will serve as the Districts Hazard Communication Program facilitator. Each supervisor will implement the program and serve as the Department program coordinator. The supervisors will consult and work with the EHS Coordinator to establish proper implementation of the Hazard Communication Program.

To ensure effective implementation of this program, all personnel designated to carry out specific responsibilities are expected to know and understand the procedures outlined in this document and the specific contents of this Hazard Communication Program for their assigned facility.

#### PROGRAM ADMINISTRATOR

The EHS Coordinator shall update this program as appropriate and will be responsible for the distribution of the updated program to Executive Leadership on each campus. The Facilities Director will also be responsible for verifying that the Safety Data Sheets (SDS's) are maintained at each of

the District's campuses, centers and facilities and will coordinate with the Department Managers to ensure that those employees have received appropriate hazard communication training.

The EHS Coordinator shall ensure the following:

- Develop and maintain the campus Hazard Communication Standard Program.
- Review and evaluate the effectiveness of the Hazard Communication Program at least annually and update as necessary.
- Provide support and assistance for managers/supervisors in implementing the Hazard Communication Program elements.
- Evaluate the adequacy and consistency of chemical safety-related training.
- Upon request, assist in locating SDS's for campus departments.
- Act as technical expert in Hazard Communication.
- Conduct periodic audits and inspections to determine compliance status with Hazard Communication policies.
- Remain current on Hazard Communication regulatory issues and communicate any changes to campus organizations.
- Provide copies of the written Hazardous Communication Program upon demand by department employees, or a representative from the local, state, or federal agency.
- Notify supervisors of non-compliance to the Hazard Communication Standard or other safety policies or practices.
- Maintain training records for employees. These records must include date, location, facilitator, list of attendees and description or outline of the material covered in the training session. These records must be retained for a minimum of 3 years and must be readily available to regulatory or inspectors upon request.

**DEAN/SUPERVISOR/MANAGER**

The Dean/Supervisor/Manager has the primary responsibility for providing a safe work environment and for ensuring compliance with all elements of the Hazard Communication Standard Program within their own assigned work area. While these responsibilities can be delegated to other individuals within the work area, the Dean/Supervisor/Manager must ultimately assure that the duties are performed safely. If any responsibilities are delegated to other department personnel, the Dean/Supervisor/Manager must ensure that the designee is properly trained to carry out the designated task. The Supervisor must:

- Maintain departmental compliance to the campus written Hazard Communication Plan.
- Ensure proper labeling of chemicals in the work area.
- Ensure the chemical inventory in the work area is updated as needed or at least annually.
- Ensure that copies of SDSs, for all hazardous chemicals in the work area, are current and made available to employees.
- Ensure all training requirements are met; new employees receive initial Hazard Communication training, Bi-annual refresher training, and additional training when new chemical hazards are introduced into the work area.
- Identify non-routine tasks and ensure employees receive training in performing tasks safely.
- Provide regular Hazard Communication inspections and housekeeping inspections, including inspection of emergency equipment.
- Correct or submit SERVICENOW Request for correction of any unsafe conditions identified within the work area through either self-audits or inspections.
- Maintain compliance with federal, state, and local regulations related to the use of hazardous chemicals.
- Inform employees of: Any operations in their work area where hazardous chemicals are present; the location and availability of the

written Hazard Communication Plan; the chemical inventory; SDSs; and the requirements of the Hazard Communication Standard.

- Maintain training records for their employees. These records must include date, location, facilitator, list of attendees and description or outline of the material covered in the training session. These records must be retained for a minimum of 3 years and must be readily available to regulatory or inspectors upon request.

## **EMPLOYEES**

Each employee is responsible for the safe use, storage, and handling of hazardous chemicals in the workplace. The employees must:

- Follow campus safety practices, and policies included in the Hazard Communication Standard Program.
- Learn and understand in advance about the physical and health hazards of the chemicals you work with.
- Report incidents involving chemical spills, exposures, work-related injuries and illnesses, or unsafe conditions to immediate supervisor.
- Attend all safety training as required by the Supervisor.
- Review chemical labels for hazard warnings.
- Review SDSs prior to using a chemical for the first time, then reviewing periodically thereafter as necessary.
- Ensure proper labeling of chemicals in your workplace.
- Dispose of hazardous waste according to College procedures.
- Ensure all secondary containers are labeled properly.

## **EMPLOYEES' RIGHTS**

Employees have several rights with respect to occupational safety. These rights are listed below:

- Employees have the right to request a copy of this plan.
- Employees have the right to safe and healthful working conditions.

- Employees have the right to receive training in general safe work practices and specific training regarding hazards unique to any job assignment.
- Employees have the right to be told by the District if they are being exposed to concentrations of harmful substances higher than the exposure limits allowed by Cal/OSHA standards
- Employees have the right to request an evaluation of the worksite by making a complaint about unsafe or unhealthful working conditions to Cal/OSHA.
- Employees have the right to an employee representative accompanying District representatives and Cal/OSHA representatives on an evaluation.
- Employees have the right to discuss privately with the Cal/OSHA representative during an inspection.
- Employees have the right to see any citation the District receives posted at or near the place where the violation occurred.

## **STUDENTS**

While students are not specifically covered under the provisions of the regulations due to their non-employee status, students shall be made aware of chemical health and safety hazards in laboratories. Blatant disregard for provisions of this program will result in dismissal from the laboratory or other areas where chemicals are present.

## **SAFETY COMMITTEE**

The SWC Safety Committee is composed of College administrators, faculty, and staff. The Safety Committee will:

- Review compliance with campus policies and recommend methods to promote compliance.
- Periodically review the campus Hazard Communication Standard Program, and other plans, for effectiveness and compliance.

- Collaborate with other institutional committees to assure that chemical safety concerns are properly addressed.
- Provide a forum for the campus community to raise concerns regarding the safe use, handling, and disposal of chemicals.
- Provide technical support to the departments covered by the Hazard Communication Program.
- Conduct periodic safety reviews and inspections.

## **V. PROPOSITION 65**

A clear and reasonable warning must be given to all individuals prior to any exposure to any listed chemical that can cause cancer, birth defects, or other reproductive harm. Under Proposition 65, warnings are required for consumer product exposures, occupational exposures, and environmental exposures.

Proposition 65 warnings for such exposures on SWC campus and centers will be communicated by one, or a combination of, the following:

- A warning on a product label
- A warning or sign posted conspicuously in the workplace
- A warning that complies with the California “Hazard Communication Regulation” (T8CCR5194).

Managers are responsible for obtaining updates of chemicals listed on the Proposition 65 site and providing new information to affected employees. When new chemicals are added to the Proposition 65 list, warning requirements take effect 12 months from the date of listing. Use the following link for Proposition 65 list updates:

[http://oehha.ca.gov/prop65/prop65\\_list/Newlist.html](http://oehha.ca.gov/prop65/prop65_list/Newlist.html)

## **VI. LIST OF HAZARDOUS SUBSTANCES**

Department Managers and Supervisors will prepare and keep a list of all known hazardous chemicals present in their workplace that are in use or storage and, at the same time, verify that they have the most current safety data sheets (SDSs). The product identifiers listed will match those on the

corresponding container labels and SDSs. Specific information on each noted hazardous chemical can be obtained by reviewing the corresponding label and SDS.

The Hazardous Substance List will contain the following information:

- Chemical Name
- Manufacturer/Supplier Name
- Health/Fire/Reactivity Rating
- Chronic/Carcinogenic Hazard

## VII. HAZARDOUS SUBSTANCE IN THE WORKPLACE

### Determining a Hazard - What is a Hazardous Substance?

A hazardous substance is defined as any substance or combination of substances which, because of its quantity, concentration, or chemical, physical or infectious characteristics pose a health hazard or a physical hazard or is found in the hazardous substance list prepared under Federal and State authority (Labor Code Section 6382). Containers of these substances are required to display a hazard warning identifying the health hazards and physical hazards of the contents.

A hazardous substance becomes hazardous waste when it is no longer of personal or commercial use and, thus, is only suitable for disposal. The Code of Federal Regulations (CFR) defines a hazardous waste as one either having definitive characteristics or one that is “listed” as a hazardous waste. The CFR characteristics of a waste include: **ignitability** – the ability of waste to catch fire; **corrosivity** – the ability of waste to weaken or destroy; **reactivity** – a waste’s response to humidity, shock, temperature changes, etc.; **toxicity** – the degree to which a tested waste contains a high concentration of certain toxic chemicals.

## VIII. DEFINITIONS OF HAZARDS

- A **health hazard** is defined as any substance for which there is statistically significant evidence, based on studies performed under established scientific principles, that acute (immediate) or chronic (long term) health effects may occur in employees who are exposed

to it. An acute exposure occurs when a person is exposed to a larger than acceptable concentration of a chemical over a short time. A chronic exposure is the result of exposure to a smaller concentration of a chemical over a longer period.

The term “health hazard” refers to any substance which is a toxin, a carcinogen, a reproductive toxin, an irritant, a corrosive, a sensitizer, a hepatotoxin, a nephrotoxin, a neurotoxin, or an agent which acts on the hemotopoietic systems, or an agent which acts to damage the lungs, skin, eyes or mucous membranes.

- A **physical hazard** describes a substance for which there is scientific evidence that it is a combustible liquid, compressed gas, flammable, explosive, organic peroxide, oxidizer, pyrophoric, unstable (reactive) or water reactive.
- **Carcinogens** are substances known to produce cancer in humans. There are currently less than 25 substances in this category. Several others are ‘suspect’ carcinogens and should also be considered hazardous.
- **Irritants** are substances that, as their name suggests, cause irritation, such as skin rash and irritation of the eyes and lungs.
- **Corrosives** are substances like strong acids and bases that can eat right through other substances, such as clothing. In contact with the body they can cause serious burns. Many corrosives break down into poisonous gases, making them doubly hazardous.

## **IX. LABELS AND OTHER FORMS OF WARNINGS**

The Hazard Communication Standard requires the use of a workplace labeling system for identifying hazardous materials. Manufacturers, importers, and distributors of chemicals are required to label all containers. Container labels are typically the first and most available source of the potential hazards of a substance. A stock container is the original container that is received directly from a vendor. The container may be metal, glass, or plastic depending on the substance. Chemicals should be kept and

stored in the container supplied by the manufacturer. In the event a chemical must be repackaged due to damage or sub-sampling, the new container shall be compatible with the material and the label shall include all the required elements.

Every container label must contain the following:

- Product identifier
- Signal word
- Hazard statement(s)
- Pictogram(s)
- Precautionary statement(s)
- Name, address, and telephone number of the manufacturer or importer
- Labels must be legible, permanently displayed, and written in English.

If the manufacturer's label is missing any of the above noted information, the individual who receives the chemical must supplement the label to satisfy all the requirements.

- Information can be found on the Safety Data Sheet
- Labels on chemicals received prior to June 1, 2016 shall have the appropriate signal word, hazard statement, pictograms, and precautionary statements permanently affixed.
- The container shall also have a permanent label attached stating "Received before June 1, 2016."

Each chemical shall be marked with the date received and the initials of the individual who received the chemical. The Department using the material must revise the labels within six (6) months of being notified by the manufacturer of any changes in the hazard classification of the material. The labels are not to be removed or defaced, containers that have been emptied of their original contents shall have the word "Empty" written across the label and discarded.

## **X. SECONDARY CONTAINERS**

Secondary containers are containers used to supply smaller amounts of chemicals from bulk containers to more than one location, such as instructional laboratories or custodial closets.

- Secondary containers must be of similar material and quality to the original.
- Secondary containers for flammable and volatile chemicals must provide the same level of vapor containment as the original container.
- If not, they must be stored in a chemical fume hood or other properly ventilated location.

Secondary containers must be labeled with the name of the chemical or common name, in English.

- Employees who speak other languages may request the name be written in their language, but the English label must be retained.
- The concentration of the chemical shall also be noted, if appropriate.

Secondary containers must also be labeled with

- Pictogram(s) and/or other applicable hazard warnings.
- Date chemical was transferred into the container.

## **XI. TRANSFER CONTAINERS**

A transfer container is used to transport chemicals from a properly labeled container to a point of use. The container is typically smaller than the original container to allow for easier handling.

A portable transfer container is not subject to the labeling requirements if the contents are:

- Under the constant control of the individual who transferred the chemical
- Are used within one work shift of being dispensed
- Are used only by the individual who dispensed the chemical.

If any of these criteria are always not met, the container is subject to the secondary container labeling requirements noted above.

Transfer containers for flammable and volatile chemicals must have a means to prevent vapors from escaping the container.

## **XII. SAFETY DATA SHEETS (SDS)**

Department Managers are responsible for obtaining SDS (usually provided by vendor) used by their department, reporting them to the EHS Coordinator, and reviewing them for new and significant health and safety information and passing those changes on immediately to the affected employees by additional training sessions, posting of memos or other means of communication.

Safety Data Sheets (SDS) contain information regarding health and safety on a specific hazardous substance. SDSs are produced by the chemical manufacturer, importer, or distributor and are in a standardized, 16-section format.

The 16-sections are described below:

- 1. Identification:** Identifies the chemical on the SDS, contact information of supplier, recommended use of chemical
- 2. Hazard(s) Identification:** Identifies the hazards of the chemical with appropriate warnings including hazard classification, signal word, statement, pictograms, and descriptions
- 3. Composition/Information on Ingredients:** Identifies the ingredients contained in the product including impurities and stabilizers
- 4. First-Aid Measures:** Describes the initial care that should be given by untrained responders

5. **Fire-Fighting Measures:** Provides recommendations for fighting a fire caused by the chemical.
6. **Accidental Release Measures:** Provides recommendations on the appropriate response to spills, leaks, or releases including containment and cleanup practices to prevent or minimize exposure
7. **Handling and Storage:** Provides guidance on the safe handling practices and conditions for safe storage of chemicals
8. **Exposure Controls/Personal Protection:** Indicates the exposure limits, engineering controls, and personal protective measures that can be used to minimize worker exposure
9. **Physical and Chemical Properties:** Identifies physical and chemical properties associated with the substance or mixture
10. **Stability and Reactivity:** Describes the reactivity hazards of the chemical and the chemical stability information (reactivity, stability, other)
11. **Toxicological Information:** Identifies toxicological and health effects information or indicates that such data are not available
12. **Ecological Information:** Provides information to evaluate the environmental impact of the chemical(s) if it were released to the environment.
13. **Disposal Considerations:** Provides guidance on proper disposal practices, recycling or reclamation of the chemical(s) or its container, and safe handling practices.
14. **Transport Information:** Provides guidance on classification information for shipping and transporting of hazardous chemical(s) by road, air, rail, or sea.
15. **Regulatory Information:** Identifies the safety, health, and environmental regulations specific for the product that is not indicated anywhere else on the SDS.
16. **Other Information:** Indicates when the SDS was prepared or when the last known revision was made.

Unless listed as an exemption, all chemical and preparations are required to have an SDS on file.

Copies of SDS's are to be kept in a binder in a readily accessible location to the employee's work area, no barriers can be between the employees work area and the storage location of the SDSs. Barriers would include locked doors, computer/web access availability or other impeding situations. SDSs may also be provided online via Keenan SDS Online.

- A copy of the departmental chemical inventory must be included in each SDS Binder to serve as an index. Hazardous substances shall be listed in alphabetical order by chemical/common name.

Original SDS shall be maintained within each department in binder(s) located in the area where the chemicals are used or stored. All SDS for hazardous substances that are no longer used within the department and have been removed from the chemical inventory will be archived and filed for at least thirty (30) years.

### **XIII. EMPLOYEE INFORMATION AND TRAINING**

All District employees must be provided with the necessary information to perform their duties safely when using hazardous substances. Employees that are exposed to or potentially exposed to chemicals, as determined by each supervisor, are required to attend training on the Hazard Communication Program. The District shall provide employees with effective information and training on hazardous substances in their work area at the time of their initial assignment, and whenever a new hazard is introduced into their work area. Information and training may relate to general classes of hazardous substances to the extent appropriate and related to reasonably foreseeable exposures of the job.

#### XIV. TRAINING FREQUENCY

Initial Hazardous Communications training shall be conducted for all employees prior to the start of employment and use of hazardous materials.

Refresher training shall be conducted

- Bi-Annually\*
- When new chemicals are introduced into the workplace
- When new hazards are identified for existing chemicals.

**\*OSHA has no requirement on how often employees must be retrained, but they state that there must be a firm understanding of the Hazard Communication polices. Therefore, refresh training should be done every other year.**

#### XV. TRAINING CONTENT

Training will consist of the following:

- Informing employees of the Hazard Communication Standard's requirements.
- Explanation of SDS and how to read them.
- Explanation of workplace labels and the labeling system.
- Informing employees of measures, they can take to protect themselves from the hazards, including work practices, engineering controls, personal protective equipment, etc.
- Informing employees in methods and observations that may be used to detect the presence or release of hazardous substances in the work area.
- Informing employees of the physical, health, simple asphyxiation, combustible dust, and pyrophoric gas hazards, as well as hazards not otherwise classified, of the chemicals in the work area, and the measures they can take to protect themselves from these hazards.

- Explanation of the labels received on shipped containers, workplace labeling systems, safety data sheet and how employees can obtain and use the appropriate hazard information.

## **XVI. HAZARDOUS NON-ROUTINE TASK**

In the event an employee is to perform a non-routine task involving chemicals, the supervisor shall meet with them prior to starting the task. The meeting shall be documented, and the supervisor shall

- Discuss the process to be performed.
- Inform the employees of the hazards.
- Allow the employees to review the SDSs for the chemicals involved, including the contents of unlabeled pipes.
- Allow the employees to ask questions

## **XVII. CONTRACTOR / SUBCONTRACTOR**

Contractors or subcontractors whose employees may be exposed to hazardous materials while working on District property shall be notified of the presence of such products and the location of the SDS's. District contractors or subcontractors will also be informed of the manufacturers' suggested protective measures, the District's Hazard Communication Program, and the location of SDS's.

Alternatively, District employees should be notified of any chemical used by a contractor or subcontractor which could affect the work environment. District employees should be informed of the manufacturer's suggested protective measures and be supplied with a copy of the SDS for that substance. For any Contractor / Subcontractor, the District will ensure that they as employers have a Hazard Communication Program, or that they are given a copy of the District's program for their work on District locations.

## **XVIII. CHEMICAL INVENTORY AND STORAGE**

New and existing containers shall be dated when received and added to the inventory. The oldest materials must be used first. Materials shall be stored as recommended by the manufacturer, including the use of flammable materials cabinets, as needed. Containers shall be properly labeled, using warning signs, as needed. Materials must be segregated so that incompatible materials are not stored together. SDS will be requested from the manufacturers and vendors of these materials and supplied to the EHS Coordinator.

## **XIX. CAMPUS / CENTERS LABORATORIES**

An up to date inventory for all chemicals covered by [8 CCR 5194](#) will be kept with the MSDS binder in the immediate area where the chemicals are used or stored. If multiple locations are used for the use of storage of covered chemicals, the supervisor will maintain a master inventory list of all chemicals under their control. The master list and SDS binders will be maintained by the supervisor in the supervisor's office, storeroom, etc.

A chemical inventory will be compiled for all laboratories District Wide and will be kept in the District Facilities office. Each campus and center laboratory will maintain an up to date inventory of all chemicals used in the specific laboratory along with the corresponding SDS's. A copy of the inventory shall be available and stored along with the MSDS's. All campuses and centers have adopted Chemical Hygiene Plans (CHP) in conformance with the [California Code of Regulations, Section 5191 \(8 CCR 5191\)](#). HazCom training requirements of [8 CCR 5194](#) are separate and distinct from the requirements for training on the Chemical Hygiene Plan and SDS's required by [8 CCR 5191](#).

## **XX. RECORDS**

- All SDSs for hazardous substances that are no longer used in the District will be removed from the database or physical files thirty (30) years after it was last used by the District.

- SDSs for chemicals that are no longer in use by a Department can be removed from their local storage location after five (5) years.
- Employee training records shall be maintained for a minimum of three years.

**SWCCD EHS 1002 HAZARD COMMUNICATION PROGRAM  
APPROVAL**

Reviewed by	Date
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**Keenan**

Reviewed by	Date
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**SWC Director of Facilities, Operations & Planning**

Reviewed by	Date
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**SWC Director of Procurement, Central Services & Risk Management**

Reviewed by	Date
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**Assistant Superintendent/Vice President  
for Business & Financial Affairs**

# **SOUTHWESTERN COMMUNITY COLLEGE DISTRICT**

## ***BLOODBORNE PATHOGENS: EXPOSURE CONTROL PROGRAM***

Pursuant to Title 8, California Code  
of Regulations (CCR) 5193

Date Revised: June 2024

Technical and Code Driven *Revisions are Under Review and  
Will be Revised by end of July 2024*

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## I. PURPOSE

The Bloodborne Pathogens Exposure Control Program (BBPP) has been developed by Southwestern Community College District (SWCCD) to promote safe work practices for employees in an effort to reduce occupational exposure, including but not limited to Hepatitis Viruses B and C (HBV and HCV) and Human Immunodeficiency Virus (HIV) via potentially contaminated blood and other bodily fluids (bloodborne pathogens) as outlined in the [California Code of Regulations \(CCR\) Title 8, Section 5193](#) and [OSHA 29 CFR 1910.1030](#).

The objectives of this Program are to protect SWCCD employees from the health hazards associated with bloodborne pathogens, and to provide the appropriate treatment and counseling should an employee be exposed to bloodborne pathogens. SWCCD acknowledges that there are safe work practices that should be followed when working with, or if exposed to, bloodborne pathogens. These include but are not limited to the following:

- Instituting appropriate safe work practice controls to minimize or eliminate employee exposure to bloodborne pathogens.
- Being responsible in following safe work practices to minimize exposure to bloodborne pathogens.
- Never underestimating the risk of exposure to bloodborne pathogens.

To ensure that the Program is kept current, it will be reviewed and updated as follows:

- At least annually.
- Whenever new or modified work tasks or procedures are implemented which may affect occupational exposure to employees.
- Whenever an employee is exposed to a bloodborne pathogen.

The Program is available for review by employees at any time. A copy of the Program is located on the SWCCD website.

## II. RESPONSIBILITY

All employees of SWCCD affected by this procedure are responsible for working safely and maintaining an effective Exposure Control Plan to reduce exposure to HBV and HIV to the maximum extent feasible.

### **Program Coordinator**

The Program Coordinator is responsible for ensuring that college policies and practices are implemented, employees are provided a safe and healthful workplace and that operations are following the Blood

borne Pathogens Exposure Control Program and applicable federal, state, and local regulations and standards. The duties of the Program Coordinator include, but are not limited to the following:

- Working with Administrators, Division Deans, and other managers to administer the policies or practices required to support the effective implementation of this Program.
- Responsible for providing guidance, resources, and assistance with development of department-specific guidelines.
- Following requirements in accordance with Cal OSHA for implementing an effective program.
- Working with other members of the College staff to ensure that adequate training, review, and implementation of the Program are being completed.
- Implementing suitable education/training programs for employees.
- Maintaining an up-to-date list of District personnel requiring this training as well as maintaining the appropriate documentation showing the training was completed; and
- Reviewing the training programs with College Safety Committee on a regular basis to ensure that the Program includes the appropriate new information and that it is being effectively presented and utilized to the employees.

### **Deans, Directors and Supervisors**

- Assures compliance with all aspects of the Exposure Control Plan. This includes assuring that all safe practices and work procedures described herein are followed by employees under his/her supervision.

- Ensures that a copy of the Exposure Control Plan is accessible to employees

## **Employees**

It is the responsibility of employees to review and acknowledge receipt of the Bloodborne Pathogens Exposure Control Program and implement its elements including:

- Understanding what tasks, they perform that may have occupational exposure to bloodborne pathogens.
- Receiving and reading this Bloodborne Pathogens Exposure Control Program.
- Completing and signing all required documents, including immunization forms, if needed.
- Reviewing and acknowledging receipt of information regarding the Hepatitis B vaccination series.
- Actively participating in bloodborne pathogens training sessions when presented by the District as required by Cal OSHA.
- Following all work practices in accordance with established District safety policies and post-exposure protocol.
- Following good personal hygiene habits.

## **Contractors**

Contractors working on SWCDD campuses must meet all regulatory requirements established in T8 CCR 5193.

### **III. DETERMINATION OF POTENTIAL AREAS OF EXPOSURE**

Infectious materials are defined as follows:

(a) human body fluids: blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as in an emergency response;

(b) any unfixed tissue or organ (other than intact skin) from a human (living or dead).

(c) any of the following:

(1) cell, tissue, or organ cultures from humans or experimental animals.

(2) blood, organs, or other tissues from experimental animals.

(3) culture mediums or other solutions when it is difficult or impossible to determine content or contamination.

#### IV. EXPOSURE RISK DETERMINATION

SWCCD has determined, by job occupation, those employees who may be at risk of occupational exposure to blood or other potentially infectious material.

Exposure risks are categorized as regular exposure (Category I), occasional exposure (Category II), or non-exposure (Category III). These occupations are assigned in one of the categories listed herein.

- **Category I:** Employees regularly exposed to blood or other potentially infectious material.
- **Category II:** Employees occasionally exposed to blood or other potentially infectious material.
- **Category III:** Employees not exposed to blood or other potentially infectious material.

Tasks and procedures in which exposure to bloodborne pathogens can potentially occur were identified as: blood drawing and injections, sterilizing and disinfecting instruments, clinical laboratory procedures, biology laboratory procedures, wound care, law enforcement, emergency response, and direct patient/child care (including diapers, handling sharps, and handling contaminated clothing).

#### V. UNIVERSAL PRECAUTIONS

Universal precautions are an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens. Our District sites observe the practice of “universal

precautions” to prevent contact with blood and other potentially infectious materials. As a result, all body fluids as well as instruments, environmental surfaces, materials, laboratory waste and other articles with potential to be contaminated with blood or other body fluids, shall be treated as if they are infectious for HIV, HBV, HCV and other bloodborne pathogens. Universal precautions include hand washing, gloving (and other personal protective equipment), and clean-up techniques used by the District.

## VI. ENGINEERING CONTROLS AND WORK PRACTICES

Whenever possible, engineering controls should be used as the primary method to reduce worker exposure to harmful substances. The preferred approach in Engineering Controls is to be used, to the fullest extent feasible, intrinsically safe substances, procedures, or devices. Substitution of a hazardous procedure or device with one that is less risky or harmful is an example of this approach. After the potential for exposure has been minimized by engineering controls, work practices and personal protective equipment can achieve further reductions.

**Engineering controls** serve to isolate or remove the bloodborne pathogen hazard from the workplace. Examples include hand washing facilities (or antiseptic hand cleansers and towels or antiseptic towelettes); needle recapping devices; sharps containers; self-sheathing needles; disposable platforms for lancet devices; and infectious waste bags.

**Work practice controls** are those which have been implemented to prevent the spread of infectious diseases. They reduce the likelihood of exposure by altering the way tasks are performed. Examples include: not allowing needle recapping; hand washing; not eating, drinking or applying make-up in areas where there may be infectious materials present; wearing appropriate personal protective equipment; proper disinfecting of equipment and work areas; and use of sharps engineered to prevent injury.

Examples of engineering and work practices that will be followed District wide:

- Hand washing and washing of skin and eyes. All employees must wash their hands as soon as possible after removing gloves or any other personal protective equipment (PPE) such as gowns, protective eyewear, and masks with appropriate hand cleaner available.

- Contaminated needles and other contaminated sharps shall not be recapped or removed, with one exception: Recapping or needle removal, if necessary, shall be accomplished using a mechanical device or a one-handed technique. Shearing or breaking of contaminated needles is prohibited.
- Immediately, or as soon as possible after use, contaminated sharps shall be placed in appropriate containers until properly processed. Containers will be:
  - Puncture resistant.
  - Labeled and color-coded in accordance with this Exposure Control Plan.
  - Leak-proof on the sides and bottom.
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a possibility that exposure may exist.
- Food and drink must not be kept in refrigerators, freezers, shelves, cabinets, or on countertops where blood or other potentially infectious materials are present.
- All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- When handling specimens of blood, tissue, and other potentially infectious material the following rules will be observed when handling these types of materials:
  - All potentially infectious materials will be placed in containers designed to prevent leakage.
  - Universal precautions will always be observed.
  - Containers that contain such materials will be properly labeled.
  - When the potential exists for the specimen to puncture the primary container, the primary container will be placed inside a secondary container that is puncture resistant.
- Equipment, which may become contaminated with blood or other potentially infectious materials, must be examined prior to performing any servicing and be decontaminated as necessary.

## **VII. PERSONAL PROTECTIVE EQUIPMENT (PPE)**

When occupational exposure exists, appropriate PPE, such as gloves, gowns, masks, eye protection, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices, will be provided to the employee. It is the District's responsibility to provide proper PPE training and every designated employee who is issued PPE is expected to follow procedures.

## **VIII. HANDLING INFECTIOUS WASTE**

It is important that surface areas and equipment be kept clean and sanitary. The following practices should be followed to aid in the elimination of potential exposure hazards:

- If equipment or its protective covering becomes contaminated, isolate, tag, and follow departmental procedures
- All equipment and environmental surfaces must be cleaned and decontaminated or removed after contact with blood or other potentially infectious material.
- Regulated waste other than sharps is required to be placed in a red biohazard container labeled with the appropriate biohazard warning label
- When containers are not located within the immediate area, a red waste disposal bag from the biohazard kit may be used.
- Inspect and decontaminate any bins, pails or other similar receptacles that may become contaminated.
- Discard contaminated sharps immediately in containers provided for such. Containers shall be located as close as possible to the work area where the sharps are used, maintained in an upright position, and replaced routinely to not become overfilled.
- When containers are not located within the immediate area, biohazard kits should be used. Notify appropriate personnel for disposal
- The Director of Facilities is responsible for the collection and handling of the District sites' regulated waste and for keeping written records of regulated offsite waste disposal

## **IX. COMMUNICATION OF HAZARDS TO EMPLOYEES**

### **Labels and Signs**

- Warning labels will be affixed to containers of regulated wastes, refrigerators and freezers containing blood or other potentially infectious material, and other containers used to store or transport blood or other potentially infectious materials.
- Labels will include the biohazard symbol and will be fluorescent orange or orange red with lettering or symbols in a contrasting color.
- Red bags or red containers may be substituted for labels.
- Regulated waste that has been decontaminated need not be labeled.

## **X. EMPLOYEE TRAINING**

Bloodborne Pathogen Training shall be provided as follows:

- Employees identified as having a Category 1 exposure risk shall obtain initial and annual bloodborne pathogen training.
- Employees identified as having a Category 2 exposure risk shall receive a minimum of initial training.
- Specific employee training will be determined/identified by Management. This training will be designed to address department and task specific compliance and BBP prevention requirements.
- Employees attending or receiving training mandated by this Program shall sign attendance sheets

## **XI. RECORDKEEPING**

### **Medical Record**

SWCCD Human Resources department will establish and maintain an accurate record for each employee with occupational exposure that will include:

- The name and social security number of the employee.
- A copy of the employee's hepatitis B vaccination status including the dates and any medical records relative to the employee's ability to receive the vaccination

- A copy of all results of examinations, medical testing, and follow-up procedures as required and noted in the section “Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-Up,”
- A copy of the information provided to the healthcare professional.
- Blood borne pathogen occupational exposure and investigation records are to be retained by SWCCD Human Resources for a period of duration of employment plus 30 years; and all medical information and records, verbal and written, concerning the occupational exposure of District employee will not be disclosed or released to anyone without the employee’s written consent except as required by law.

### **Training Records**

Training records must include the following information:

- Dates of training sessions.
- The contents and/or summary of the training sessions.
- The names and job titles of all persons in attendance
- The name of person(s) conducting the training.

Training records are maintained in the employee's personnel file, in the office of the employee's department head, and in the Risk Manager’s office.

## **XII. HEPATITIS B VACCINATIONS, POST EXPOSURE & FOLLOW-UP**

The Hepatitis B vaccine and vaccination series is available to all employees (at no cost to the employee) who have occupational exposure, and post exposure evaluation and follow-up to all employees who have had an exposure incident. Medical evaluations and procedures are performed by or under the supervision of a licensed physician, or by or under the supervision of another licensed healthcare professional.

Hepatitis B vaccination will be available after the employee has received appropriate training required herein, and within 10 working days of initial assignment.

An employee may initially decline the hepatitis B vaccination. Should the employee decide, later to accept the hepatitis B vaccination, it will be provided at that time. Should an employee decline to accept the hepatitis B vaccination when offered, the employee **must sign the statement in Appendix A.**

Following a report of an exposure incident, a confidential medical evaluation and follow-up will be immediately available to the employee. This evaluation and follow-up will include:

- Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred.
- Identification and documentation of the source individual, unless it is established by the District that identification is infeasible or prohibited by state or local laws.
- The source individual's blood will be tested as soon as feasible, and after consent is obtained, to determine HBV and HIV infectivity. If consent is not obtained, the District will establish that legally required consent cannot be obtained.
- The source individual's blood will be tested as soon as feasible, and after consent is obtained, to determine HBV and HIV infectivity. If consent is not obtained, the District will establish that legally required consent cannot be obtained.
- When the source individual is already known to be infected with HBV or HIV, repeat testing is not necessary.
- Results of the source individual's testing will be made available to the exposed employee.
- Collection and testing of blood for HBV and HIV serological status.
  - The exposed employee's blood will be collected as soon as feasible and tested after consent is obtained
  - If the employee consents to baseline blood collection but does not give consent at that time for HIV serologic testing, the sample must be preserved for at least 90 days. If within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as soon as feasible.
- Post-exposure prophylaxis will be provided when medically indicated as recommended by the U.S. Public Health Service.
- Counseling and the evaluation of reported illnesses will also be provided as medically indicated.
- Information to be provided to the healthcare professional will include:
  - A copy of Federal Regulation 1910.1030
  - A description of the exposed employee's duties as they relate to the exposure incident.

- Documentation of the route(s) of exposure and circumstances under which exposure occurred
- Results of the source individual's blood testing, if available
- All medical records relevant to the appropriate treatment of the employee, including vaccination status, which are the District's responsibility to maintain.
- The Human Resources Department will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. (Limitations of the healthcare professional's written opinion, evaluation, and follow-up will be in accordance with Federal Regulation 1910.1030).

## **Appendix A: Hepatitis B Vaccination Information & Consent/Refusal Form**

### **The Disease**

Hepatitis B (HBV) is a viral infection, affecting as many as 12,000 workers who were infected because of exposure on the job. HBV starts as an inflammation of the liver, with symptoms resembling the flu, including fatigue, nausea, loss of appetite, stomach pain and perhaps yellowing of the skin. Without vaccination shots, exposure to hepatitis B may produce symptoms within two weeks to six months following exposure. Most people with hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Some people may develop chronic active hepatitis and cirrhosis of the liver. HBV also appears to be a causative factor in the development of liver cancer. Vaccinations, however, have proven effective in the prevention of the disease.

### **The Vaccine**

The hepatitis B vaccine is a synthetic, noninfectious subunit of the hepatitis B surface antigen, produced in yeast cells. It has been extensively tested for safety and efficacy in large-scale clinical trials with human subjects. Full vaccination protocol requires 3 doses of vaccine over a 6-month period. A high percentage (96%) of healthy people who receive the 3 doses of vaccine achieve protective levels of surface antibody. There is no evidence that the vaccine has ever caused hepatitis B. However, persons who have been recently exposed to HBV before receiving the vaccine may go on to develop the disease despite immunization. The duration of immunity is unknown currently.

### **Special Precautions**

The vaccine is contraindicated in people with hypersensitivity to yeast. It is not known whether the vaccine can cause fetal harm when administered to pregnant women. It is also not known whether this drug is excreted in human milk, as many drugs are. It is recommended, therefore, that caution should be used when administering this drug to a pregnant or nursing woman. It should only be administered when the risks of not receiving it are greater than the risk associated with the drug.

### **Possible Side Effects**

The hepatitis B vaccine is generally well-tolerated, with the incidence of side effects very low. A few individuals experience tenderness and redness at the injection site. Low grade fever may occur. Rash, nausea, joint pain and tenderness, and mild fatigue may also be noted. The possibility exists that more serious side effects may be identified with widespread use. No serious side effects have been reported with the vaccine to date.

If you have any questions about Hepatitis B or the HBV vaccine, call the Campus Nurse or speak with your healthcare physician/ provider.

**Consent**

I have read the Hepatitis B information provided about the disease and treatment. I have had the opportunity to ask questions and to understand the benefits and risk of the vaccination. I understand I must receive 3 doses of vaccine during a 6-month period to achieve maximum protection. However, as with all vaccines, there is no guarantee that I will become immune or that I will not experience side effects. I understand I should NOT receive this vaccine if:

1. I have an allergy to yeast (e.g. bread)
2. I have had a previous hypersensitivity to this vaccine, and/or
3. I have a fever or a medical condition causing me to be immunocompromised. And for women:
4. If I am pregnant, planning a pregnancy or breast feeding during this vaccination period, or if I become pregnant while receiving this vaccine series, I will notify my obstetrician and the Student Health Service immediately.

I understand that this vaccine injection series is being offered due to potential risk of occupational exposure to HBV and that the injections are being administered for a job-related reason and not for purposes of providing general health care. In addition, this vaccine is only part of the protection needed for safe job performance.

I understand that if I should terminate employment before completing the series, the college is not obligated to provide future vaccines. I understand it is my responsibility, and I agree to make arrangements to complete the series with inoculations at 1 and 6 months after the initial dose.

### **Refusal**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination currently. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I have read the preceding statement about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of the Hepatitis B vaccine and do not wish to receive this vaccine. I request that it not be given to me.

### **Please check (√) one of the following:**

- ☐ I have been immunized against Hepatitis B.  
(A written confirmation of immunity is required).
- ☐ I do not have written proof of immunity. I need the antibody test repeated.
- ☐ Yes, I would like to receive the Hepatitis B vaccine.
- ☐ I refuse to be vaccinated at this time.

Date:

Employee Social Security Number:

Employee Signature:

Employee Name- PRINT:

Employee Job Title:

Date:

Supervisor's Signature:

Supervisor's Name - PRINT:

**APPENDIX B: TRAINING AND INFORMATION**

Southwestern Community College District (SWCCD) will ensure that all employees with occupational exposure participate in a training program. Training will be provided as follows:

1. At the time of initial assignment to tasks where occupational exposure may take place.
2. At least annually thereafter.
3. When changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. Additional training may be limited to addressing the new exposures created.
4. Will include material appropriate in content and vocabulary to educational, literacy, and language of employees.
5. The person conducting the training will be knowledgeable in the subject matter covered by the elements contained in the training program, as it relates to the workplace.

**TRAINING MATERIAL AND CONTENTS WILL INCLUDE:**

1. An accessible copy of the regulatory text of this procedure and an explanation of its contents.
2. A general explanation of the epidemiology and symptoms of blood borne diseases.
3. An explanation of the modes of transmission of blood borne pathogens.
4. An explanation of SWCCD's Exposure Control Plan and how an employee may obtain a copy of the written plan.
5. An explanation of appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
7. Information on the types, proper uses, location, removal, handling, decontamination, and disposal of personal protective equipment.
8. An explanation of the basis for selection of personal protective equipment.

9. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
12. Information on the post-exposure evaluation and follow-up that SCCD is required to provide for the employee following an exposure incident.
13. An explanation of the signs and labels and/or color-coding required.
14. An opportunity for interactive questions and answers with the person conducting the training session.

**APPENDIX C: EXPOSURE CATEGORIES BY JOB OCCUPATION****CATEGORY 1.** Tasks That Involve Exposure to Blood, Body Fluids, or Tissues.

NURSE PRACTITIONER

POLICE OFFICER

NURSING INSTRUCTOR

CUSTODIAN

PHYSICIAN

NURSE

MICROBIOLOGY INSTRUCTOR

CUSTODIAL SUPERVISOR

LAB TECHNICIAN

PLUMBER

ATHLETIC TRAINER

LIFEGUARD

**CATEGORY 2.** Tasks That Involve No Exposure to Blood, Body Fluids, Or Tissues, But Employment May Require Performing Unplanned Category I Tasks.

PSYCHOLOGIST

PSYCHOLOGIST

ASSISTANT CHIROPRACTOR

UTILITYWORKER

CHILD DEVELOPMENT CENTER TEACHER

CLERICAL WORKER

CHILD DEVELOPMENT CENTER DIRECTOR

POLICE CADET

CHILD DEVELOPMENT CENTER SECRETARY

EQUIPMENT ATTENDANT

## APPENDIX D: UNIVERSAL PRECAUTIONS

### Blood and Body Fluids Infection Control Procedures

Universal blood and body fluid precautions should be used routinely for ALL places wherever there is a potential for exposure to blood or other body fluids, secretions, excretions, and tissues. Be familiar with the infection control procedures within your department.

**NEEDLES & SHARP INSTRUMENTS** – The greatest risk of exposure to HBV and HIV is through needle sticks and cuts with sharp instruments. Never break, bend or re-cap a used needle or other instrument. Dispose of needles and sharp instruments in puncture-resistant containers designed for their disposal. Handle all sharp instruments and broken glass with extreme caution. Immediately report any cut or needle stick to your immediate supervisor.

**WASH HANDS** – Routine handwashing is a basic infection control procedure. Hands always should be washed before and after contact with each patient. Wash hands with soap under a steady stream of water for about 10 seconds.

**WEAR GLOVES** – Latex gloves always should be worn whenever patients are examined and you may be exposed to their blood, body fluids, secretions, excretions, tissues, or mucous membranes. Wash hands before putting on gloves and after gloves have been removed. Gloves should be used when cleaning soiled instruments, surfaces, and when handling linens soiled with blood or body fluids or when cleaning up spills of blood or body fluids. Housekeeping personnel may use standard rubber gloves.

**WEAR GOWNS** – Protective gowns or aprons should be worn when there is a potential for blood or body fluid splatters or spraying.

**WEAR GOGGLES** – Protective eye wear, such as goggles, should be worn when there is a potential for blood or body fluid splatters or spraying.

**WEAR MASKS** – Generally, masks are unnecessary when in casual contact with patients, but should be used when there is a potential for blood or body fluid splatter or spraying. HIV and HBV are blood borne and are not spread through the air. Masks also should be worn if the patient is on respirator.

**CLEAN UP SPILLS** – Spilled or splattered blood and body fluids should be cleaned up immediately. Use of a daily fresh solution of household bleach and water (1:10 dilution) is adequate and gloves should be worn. Some instruments require special disinfectants. Check departmental policy.

**LAUNDRY** – Standard hospital laundry detergents and wash cycles are sufficient for linens contaminated with blood and body fluids. Handle linens and patient clothing with gloved hands when they are soiled with blood or other body fluids, secretions, and excretions. Check departmental policy regarding bagging and labeling of patient laundry.

**DISHES & UTENSILS** – Standard hospital dishwashing is sufficient and special handling is not indicated. Gloves should be worn only if dishes and utensils are visibly soiled with blood or body fluids. Gloves are not indicated when serving patient food.

**HOUSEKEEPING** – Standard hospital housekeeping procedures are adequate for routine daily cleaning of patient rooms. Routine cleanup of patient rooms following discharge or transfer is adequate unless there is visible contamination with blood or body fluids.

**CASUAL CONTACT** – Casual contact with patients does not pose a risk of infection with HIV or HBV. Handshaking, touching, talking, visiting and other casual contact with patients does not require any special infection control procedures since HIV and HBV are not spread through casual contact.

## APPENDIX E: DEFINITIONS

**Blood borne Pathogens:** Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include but are not limited to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

**Contaminated:** The presence or the reasonable anticipated presence of blood or other potentially infectious substances/materials on an item or surface.

**Contaminated Laundry:** Laundry that has been soiled with blood or other potentially infectious substances/materials or may contain sharps.

**Contaminated Sharps:** Any contaminated object that can penetrate the skin including, but not limited to needles, scalpels, broken glass, broken capillary tubes and ends of dental wires.

**Engineering Controls:** Controls that isolate or remove the blood borne pathogens hazard from the workplace. Examples: Sharps disposal containers, self-sheathing needles, etc.

**Exposure Incident:** A specific eye, mouth, other mucous membrane, non-intact skin or potential contact with blood or other potentially infectious substances/materials that result from the performance of an employee's duties.

**Occupational Exposure:** Reasonable anticipated skin, eye, mucous membrane or other potential contact with blood or other potentially infectious substances/materials that may result from the performance of an employee's duties.

**Other Potentially Infectious Substances/Materials:**

- The following human body fluids: Semen, vaginal secretions, cerebrospinal fluids, synovial fluids, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, anybody fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids (such as in emergency response).
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
- HIV-containing cell or tissue cultures, organ cultures and HIV or HBV contaminating culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV.

**Parenteral:** Piercing mucous membranes or the skin barrier through such events such as needle sticks, human bites, cuts, and abrasions.

**Personal Protective Equipment:** Specialized equipment worn by an employee for protection against a hazard. General work clothes are not intended to function as protection against a hazard and are not considered personal protective equipment.

**Regulated Waste:** Liquid or semi-liquid blood or other potentially infectious substances/materials, contaminated items that would release blood or other potentially infectious substances/materials in a liquid or semi-liquid state if compressed, items that are caked with dried blood or other potentially infectious substances/materials and are capable of releasing these substances/materials during handling, contaminated sharps and pathological and other micro-biological waste containing blood or other potentially infectious substances/materials. Includes “medical waste” as regulated by California Health and Safety Code, Chapter 6.1.

**Universal Precautions:** Is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV or other blood borne pathogens.

**Work Practice Controls:** Controls that reduce the likelihood of exposure by altering the way a task is performed. (Example: Prohibiting recapping of needles by two-handed technique.)

**SWCCD EHS 1003 BLOODBORNE PATHOGEN EXPOSURE CONTROL  
PROGRAM APPROVAL**

Reviewed by	Date
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**Keenan**

Approved by	Date
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**SWC Director of Facilities, Operations & Planning**

Approved by	Date
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**SWC Director of Procurement, Central Services & Risk Management**

Approved by	Date
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**SWC Assistant Superintendent/Vice President**

**For Business & Financial Affairs**



# **SOUTHWESTERN COMMUNITY COLLEGE DISTRICT**

## **DISTRICT EMERGENCY OPERATIONS PLAN (EOP)**

**Linda Hernandez, Director of Procurement, Central  
Services & Risk Management**

**Marco Bareno, Chief Safety Officer  
June 30, 2024**

## **CREDITS**

**Southwestern Community College District**

### **Acknowledgements**

*All participating Individuals will be listed once the final plan is presented and approved*

### **Consulting Services**

Keenan & Associates

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## SECTION ONE

### Introduction

#### Promulgation

The District Emergency Operations Plan addresses the responsibilities of Southwestern Community College District in emergencies associated with natural disaster, human-caused emergencies and technological incidents. It provides a framework for coordination of response and recovery efforts within the District in coordination with local, State, and Federal agencies. The Plan establishes an emergency organization to direct and control operations at all locations during a period of emergency by assigning responsibilities to specific personnel or positions.

The District Emergency Operations Plan:

- Conforms to the State-mandated Standardized Emergency Management System (SEMS) and Federal-mandated National Incident Management System (NIMS) and effectively coordinates emergency response at all levels in compliance with the Incident Command System (ICS) and Comprehensive Preparedness Guide (CPG) 101.
- Establishes response policies and procedures, providing Southwestern Community College District with clear guidance for planning purposes.
- Describes and details procedural steps necessary to protect lives and property.
- Outlines coordination requirements.
- Provides a basis for ongoing unified training and response exercises to ensure compliance.

#### Approval

The Southwestern Community College District Emergency Operations Plan was approved by Governing Board resolution on June 13, 2017.

Superintendent/President Approval:

Dr. Kindred Murillo

6-15-17  
Date

#### Requirements

The Plan meets the requirements of the City of Chula Vista, City of San Diego, City of National City, and City of Coronado policies on emergency response and planning, the Standardized Emergency Management System (SEMS), and the National Incident Management System (NIMS). **Appendices** to the Plan identify primary and support roles of the District and campuses in incident response and after-incident damage assessment and reporting requirements.

## **SECTION TWO**

### **Purpose & Scope**

#### **Purpose**

The purpose of the District Emergency Operations Plan is to protect the safety and welfare of the staff, students, and visitors in the District's campuses and to ensure the preservation of public property under the jurisdiction of Southwestern Community College District.

#### **Scope**

The Scope encompasses all District campuses as well as coordination with leased satellite locations. It addresses a broad range of major emergencies that may significantly impact one or more District locations. Such events include earthquake, tsunami, hazardous materials emergencies, floods, terrorism, landslides, wildfires, acts of violence, communicable diseases, bomb threats, and pests.

Campus administrators have the responsibility to make every effort to ensure the safety of their students and staff in an emergency, whether it is an earthquake, a flood, or an act of terrorism. State and federal laws require the development of emergency plans and training staff in emergency response procedures.

The principles of California's SEMS are incorporated in this plan and District personnel must be trained in how the system works. The District Emergency Operations Center (EOG) and campuses must also conduct SEMS mandated trainings and exercises. Periodic training will also be available to help orient new employees and provide refresher training to current employees.

The American Red Cross (ARC) may request access to District locations for use as shelters following a disaster. ARC prefers to use locations in damaged areas to set up their sheltering facilities, and local governments may request the use of District campuses for the same purposes. This requires close cooperation between District and campus officials and the ARC or local government representatives, and should be planned and arranged for in advance within the Logistics Section of the Campus Command Team and District emergency response organization.

## **SECTION THREE**

### **Objectives**

#### **The objectives of the plan are to:**

- Protect the safety and welfare of students, staff, visitors, and buildings.
- Provide for a safe and coordinated response to emergencies.
- Protect the District's facilities and properties.
- Enable the District to restore normal conditions with minimal confusion in the shortest time possible.
- Provide for interface and coordination between campuses and the District EOC.
- Provide for interface and coordination between District locations and the City or Operational Area EOC.
- Provide for the orderly conversion of District locations for use as American Red Cross shelters, when necessary.
- Provide for updating the Plan and fulfilling training and exercise mandates.

## SECTION FOUR

### Definitions

#### Incident

An *incident* is an occurrence or event, either human-caused or caused by natural phenomena, that requires action by emergency response personnel to prevent or minimize loss of life or damage to property and/or natural resources. Incidents may result in extreme peril to the safety of persons and property and may lead to, or create conditions of disaster. Incidents may also be rapidly mitigated without loss or damage. Although they may not meet disaster level definition, larger incidents may call for managers to proclaim a "Local Emergency".

Incidents are usually a single event that may be small or large. They occur in a defined geographical area and require local resources or, sometimes, mutual aid. There is usually one to a few agencies involved in dealing with an ordinary threat to life and property and to a limited population. Usually, a local emergency is not declared and the jurisdictional EOG is not activated. Incidents are usually of short duration, measured in hours or, at most, a few days. Primary command decisions are made at the scene along with strategy, tactics, and resource management decisions.

#### Disaster

A *disaster* is defined as a sudden calamitous event bringing great damage, loss, or destruction. Disasters may occur with little or no advance warning. An example would be an earthquake or a flash flood. A disaster may develop from one or more incidents, such as a small brush fire into a major wildfire or a hazardous materials release growing into a large-scale response.

Disasters are either single or multiple events that have many separate incidents associated with them. The resource demand goes beyond local capabilities and extensive mutual aid and support are needed. There are many agencies and jurisdictions involved including multiple layers of government. There is usually an extraordinary threat to life and property affecting a generally widespread population and geographical area. A disaster's effects last over a substantial period of time (days to weeks) and local government will proclaim a Local Emergency. Emergency operations centers are activated to provide centralized overall coordination of jurisdictional assets, departments, and incident support functions. Initial recovery coordination is also a responsibility of the EOG.

## **SECTION FIVE**

### **Regulations**

#### **National Incident Management System (NIMS)**

A comprehensive incident response system developed by Homeland Security at the request of the President of the United States, March 1, 2004. NIMS requires that all local governments (including special districts) conform with standardized organizational systems, and maintain identified training competencies.

#### **Standardized Emergency Management System (SEMS)**

The Standardized Emergency Management System (SEMS) is the group of principles developed for coordinating State and local emergency response in California. SEMS provides for a multiple level emergency organization and is intended to structure and facilitate the flow of emergency information and resources within and between the organizational levels; the field response, local government, operational areas, regions and the State management level. The organizational responses of these various agencies adhere to the same set of standards - those of the Incident Command System.

#### **Comprehensive Preparedness Guide 101 (CPG 101)**

CPG 101 provides guidance for developing emergency operations plans. It promotes a common understanding of the fundamental of risk-informed planning and decision making to help planners examine a hazard or threat and produce integrated, coordinated, and synchronized response plans. The goal of CPG 101 is to assist in making the planning process routine across all phases of emergency management and for all homeland security mission areas. The recent update to CPG 101 places a greater emphasis on engaging the "whole community" - to include those with access and functional needs, children, and those with pets and service animals.

#### **Incident Command System (ICS)**

The Incident Command System (ICS) was developed by the fire services to provide a common language when requesting personnel and equipment from others, and utilizes common tactics when responding to emergencies in the field or an EOC. The system is designed to minimize the problems common to many emergency response efforts -- duplication of efforts -- by giving each person a structured role in the organization, and each organization its piece of the larger response. For a District, ICS begins at the field level with the field responders (College Police, Facilities, Nursing) and campuses using the system to organize a staff response to the event in the field. College Police will act as the lead for the District in coordinating with external emergency response units to form an Incident Command or Unified Command, depending on the nature of the emergency. Since College Police will operate out of the established Incident or Unified Command Post, their role in the EOC or on Campus Command Teams will be limited.

ICS is a standard, on-scene, all-hazard incident management concept. ICS is a proven system that is in use throughout the country for incident management by firefighters, rescuers, emergency medical teams, and hazardous materials teams. ICS represents organizational "best practices" and has become the standard for incident response.

Another critical benefit to ICS is its flexibility. The modular organization of the JCS allows responders to scale their efforts and apply the parts of the ICS structure that best meet the demands of the incident. In other words, there are no hard and fast rules for when or how to expand the JCS organization. Many incidents will never require the activation of Planning and Intelligence, Logistics, or Finance and Administration Sections, while others will require some or all of them to be established. A major advantage of the JCS organization is the ability to fill only those parts of the organization that need full-time attention. For some incidents, and in some applications, only a few of the organization's functional elements may be required. However, if there is a need to expand the organization, additional positions exist within the JCS framework to meet virtually any need.

ICS is organized around five components that are described below:

### **Management Section**

The Management Section is responsible for overall policy, direction, and coordination of the emergency response effort in the EOC. The Management Section is also responsible for interacting with each other and others within the EOC to ensure the effective function of the EOC organization.

### **Operations Section**

The Operations Section is responsible for coordinating all operations in support of the emergency response and for implementing action plans. This section includes response teams that work toward reduction of the immediate hazard, mitigating damage, and establishing control and restoration of normal operations.

### **Planning & Intelligence Section**

The Planning and Intelligence Section is responsible for collecting, evaluating, and disseminating information; maintaining documentation; and evaluating incoming information to determine the potential situation in the not-too-distant future. This section also coordinates the development of Action Plans for implementation by the Operations Section.

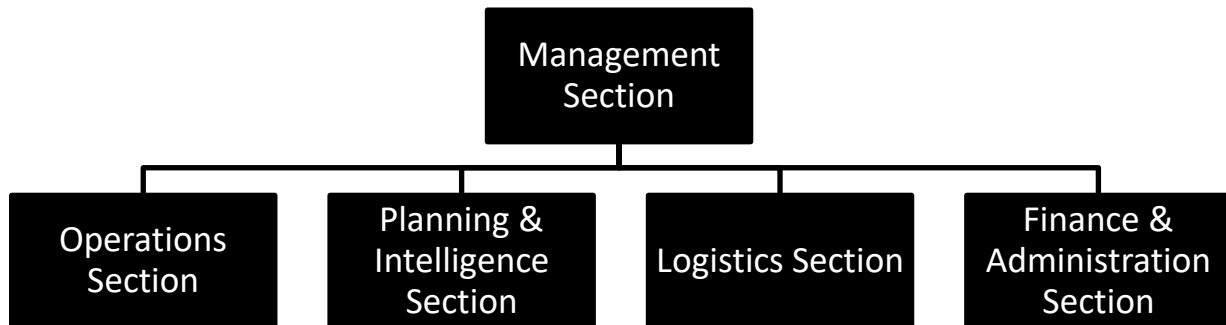
### **Logistics Section**

The Logistics Section is responsible for providing all types of support for the emergency response operation. This section orders all resources from off-site locations and provides facilities, services, personnel, equipment, and materials.

### **Finance & Administration Section**

The Finance and Administration Section is responsible for accounting and financial activities such as establishing contracts with vendors, keeping pay records, and accounting for expenditures. This section is also responsible for all other administrative requirements and acts as the clearinghouse for documentation during the recovery phase.

### **SEMS/ICS EOC Organization Chart**



### **Emergency Operations Documents**

#### **District Emergency Operations Plan**

Update and maintenance of the District Emergency Operations Plan is the responsibility of College Police and should consist of the following:

- A thorough review of the plan should be conducted annually.
- Updates shall be distributed every year as needed or when there are significant changes.
- This Plan is a management tool. It supports, and is integrated with, Campus Emergency Plans, and the EOC Manual.

#### **District Emergency Operations Center Manual**

Update and maintenance of the EOC Manual is the responsibility of the College Police Department and should consist of the following:

- A thorough review of the Manual should be conducted annually.
- After-Action Reports should be prepared following every training, exercise, or real event involving the EOC.
- There should be a dedication to continuous improvement.

### **Campus Emergency Plans**

Each District-owned location is required to comply with SEMS regulations. To reduce the burden of developing and updating individual disaster plans, and to provide standardization, the District provided Campus Incident Commanders with a Campus Emergency Plan template. This, in no way, is meant to limit what is contained in individual Campus Emergency Plans, but serves as a guide outlining minimum requirements for compliance and compatibility with other emergency documents impacting District locations.

## **Training & Exercises**

### **Training**

This Plan is consistent with the Standardized Emergency Management System (SEMS) and National Incident Management System (**NIMS**) guidelines. The guidelines provide standardized training modules with competency requirements for each level of activation and responsibility. Training is a key component to ensure successful emergency operations. The Human Resources Department is responsible for maintaining SEMS/NIMS Training Compliance Records.

The Campus Incident Commander will coordinate annual training for all staff with assignments identified in the site's Campus Emergency Plan. Within 30 days of assignment, all new staff members will receive a basic orientation. The orientation can simply involve major concepts of SEMS and ICS, key evacuation locations, review of position checklists, and the location of important resources.

**All staff that may be assigned to participate in emergencies in the District's EOC, Campus Command Team, or Field Response Department must maintain minimum training competencies pursuant to SEMS/NIMS regulations. In addition, SEMS identifies the need for an Executive Course for those individuals working in executive management or elected positions but does not regularly fill command or management roles at incidents or in the District's EOC.**

The following table identifies which courses are required for EOC staff, Campus Command Team members, and Field Response Department personnel (College Police, Facilities, Nursing). Course descriptions are located below the table.

<b>Training Requirements</b>				
	District Executives	EOC	Campus Command Team	Field Response Department Personnel
SEMS Executive Course	<b>X</b>			
SEMS Introduction		<b>X</b>	<b>X</b>	<b>X</b>
SEMS EOC Course		<b>X</b>		
NIMS 700		<b>X</b>	<b>X</b>	<b>X</b>
ICS 100		<b>X</b>	<b>X</b>	<b>X</b>
ICS 200		<b>X*</b>	<b>X*</b>	<b>X*</b>
ICS 300				<b>X*</b>
ICS 400				<b>X*</b>
Specialized Training			<b>X*</b>	<b>X*</b>

**SEMS Executive Course**

The course focuses on the role of executive leadership (Governing Board and Cabinet) during a major emergency. The training will be offered as a facilitated 2-hour course.

**SEMS Introductory Course (self-study or facilitated course):**

This course is required for staff with EOC or field response assignments. In other words, if you are assigned a role in the facility's Campus Emergency Plan or if it's likely you may participate in any field (outside the EOC) response activities, you should attend. The course provides a basic understanding of the Standardized Emergency Management System (SEMS) and consists of three self-study modules with an optional test and should take 1-2 hours to complete.

**SEMS Emergency Operations Center (EOC) Orientation Course:**

This course is required for staff with a response assignment in the EOC. The course provides an overview of the District Emergency Operations Plan and an introduction to the various roles in the EOC. The training will be offered as a facilitated 8-hour course.

**NIMS 700 National Incident Management System - An Introduction (self-study or facilitated course):**

On February 28, 2003, President Bush issued Homeland Security Presidential Directive-5. HSPD-5 directed the Secretary of Homeland Security to develop and administer a National Incident Management System (NIMS). NIMS provides a consistent nationwide template to enable all government, private-sector, and nongovernmental organizations to work together during domestic incidents. *(Note: As NIMS training requirements change, the Plan should be updated.)*

**ICS 100 Incident Command System Introduction (self-study or facilitated course):**

This course is required for staff with an identified role in a major emergency. The course introduces the concepts of an ICS organization, basic terminology, and roles and responsibilities related to managing an incident in the field. EOC staff, Campus Command Team members, and Field Response Department personnel (e.g. College Police and Facilities) are required to take this course. This course consists of one self-study module with an optional test.

**ICS 200 Incident Command System Basic (self-study or facilitated course):**

This course is required for staff with **supervisory responsibilities** (Section Coordinators) within the EOC, Campus Command Team, or Field Response Department. ICS 200 is designed to enable personnel to operate efficiently during an incident or event within the Incident Command System.

## **ICS 300 Incident Command System Intermediate and ICS 400 Incident Command System Advanced:**

These courses are for high-level members of emergency response organizations. The only staff likely to require these courses are the highest members of the College Police Department (e.g. Chief, Lieutenants) who could be expected someday to serve as the Incident Command of a public safety Incident Command Post.

### **Specialized Training:**

In addition to the SEMS/NIMS requirements identified above, the District mandates that Search & Rescue training be provided to Command Team Search & Rescue Buddy Teams and Field Response Department personnel. Also, that First Aid & Medical training is provided to Command Team First Aid & Medical Buddy Teams. One example of this type of training would be CERT (Community Emergency Response Team) Training. The specialized training will ensure that the personnel will be familiar with the equipment and protocols associated with their positions.

### **Additional Field Response Training Standards**

At the field response level, the use of SEMS/NIMS is intended to standardize the response to emergencies involving multiple jurisdictions or multiple agencies. SEMS/NIMS require emergency response agencies to use the Incident Command System as the basic emergency management system. In California, this requirement specifies that when more than two response agencies are involved, the Incident Command System will be used (e.g. College Police, Facilities, City Fire Departments). Compliance with this requirement can be accomplished by incorporating ICS into the daily functions of the emergency response departments, or to maintain expertise in the system through training.

## **Exercises**

### **Drills**

Campuses are required to complete certain drills related to safety compliance. *Note: It is the responsibility of the District Risk Manager and campus administrators to comply with California Education Code, OSHA, local fire code, and any other regulations pertaining to the conduct of routine safety drills (i.e. fire drills, evacuation drills). It's important to note that campuses occupied by K-12 students are required to conduct monthly fire drills with the goal of evacuating all K-12 buildings and areas quickly and in an orderly fashion, as well as accounting for all people in the facility. Campuses occupied by K-12 students are also required to conduct annual earthquake "duck/cover/hold drills.*

### **Tabletop Exercises**

#### **District EOC**

The primary and alternate staff with assigned positions in the EOC should participate in annual Tabletop Exercises in order to become familiar with the applied theory of the Incident Command System, practice roles and responsibilities, and practice

coordinating with outside entities. The Exercises should include tests of all functions and sections within the EOC and be based on credible hazard scenarios.

### Campuses

All District employees with emergency management response assignments should participate in one facilitated Tabletop Exercise annually. This is a discussion-based, guided review of policies and procedures. Scenario topics should vary to address a variety of incidents and conditions.

### **Functional Exercise**

The District EOC and campuses should conduct at least one functional exercise annually, simulating an actual incident or disaster. This serves to practice policies, procedures and decision-making skills. The exercise can involve one location, or coordinated with additional locations or outside agencies. At the conclusion of the functional exercise, an after-action report should be prepared and distributed during a lessons-learned workshop involving all that participated in the exercise.

### **Full-Scale Exercise**

A Full-Scale Exercise is a field based multi-agency, multi-jurisdictional, multi-organizational activity that tests many facets of preparedness. They focus on implementing and analyzing the plans, policies, procedures, and cooperative agreements developed in discussion-based exercises and honed in previous, smaller, operations-based exercises. In Full-Scale Exercises the reality of operations in multiple functional areas presents complex and realistic problems that require critical thinking, rapid problem solving, and effective responses by trained personnel. During Full-Scale Exercises, events are projected through a scripted exercise scenario with built-in flexibility to allow updates to drive activity. These exercises are conducted in a real-time, stressful environment that closely mirrors real events.

<b>District-Wide Four-Year Exercise Cycle</b>					
<b>Task#</b>		<b>Year1</b>	<b>Year2</b>	<b>Year3</b>	<b>Year4</b>
<b>1.0</b>	<b>District EOC Exercises</b>				
1.1	District EOC Tabletop Exercise	X	X	X	X
1.2	District EOC Functional Exercise	X	X	X	X
1.3	District EOC Full-Scale Exercise with the Field Response Departments and/or Campus				X
<b>2.0</b>	<b>Campus Command Team Exercises</b>				
2.1	Command Team Tabletop Exercise	X	X	X	X
2.2	Command Team Functional Exercise	X	X	X	X
2.3	Command Team Full-Scale Exercise				X
<b>3.0</b>	<b>Field Response Department Exercises (College Police, Facilities Maintenance, Nursing)</b>				
3.1	Field Response Department Discussion/Tabletop Exercise	X	X	X	X
3.2	Field Response Department Full-Scale Exercise				X (included in Task 1.3 above)

### **Communication Tests**

Southwestern Community College District should test all communication systems and protocols at least once a year, and after significant changes in the system. Directories and procedures in the Checklists should be updated after each test.

## **SECTION SIX**

### **Response Levels**

#### **Response Levels**

Response Levels are used to describe the type of event in terms of the area affected, the extent of coordination or assistance needed, and the degree of participation expected from the District. Response Levels are closely tied to Emergency Proclamations issued by local governments.

#### **Level 1 - A Minor or Moderate Incident**

A minor to moderate incident, where local resources are adequate and available. A Local Emergency may be proclaimed depending on the situation. This level of emergency response occurs when an emergency incident, e.g., gas leak, sewer back-up, assaults, bomb threat, toxic spill, medical emergency, shooting, etc., occurs at a single location. A Level 1 requires Campus Incident Commanders to implement guidelines in the Campus Emergency Plan.

#### **Level 2 - A Moderate to Severe Emergency**

A moderate to severe emergency, where resources are not adequate and mutual aid may be required on a regional or even State-wide basis. The City of Chula Vista or County of San Diego may proclaim a Local Emergency and a State of Emergency may be declared. This level of response occurs when multiple sites and/or multiple events occur and local emergency responders are working in concert with Southwestern Community College District.

#### **Level 3 - Major Disaster**

A major disaster, where resources in or near the impacted area are overwhelmed and extensive State and/or Federal resources are required. A Local Emergency will be proclaimed, a State of Emergency will be declared and a Presidential Declaration of an Emergency or Major Disaster will be requested.

The District Emergency Operations Plan is based on a Level 3 event and a full emergency response by the District. However, only those sections of the response organization that are required to address the situation at the time will be activated. For example, a Level 1 emergency occurring at one location may require minimal activation of the Plan, where more serious situations may require additional activation.

## **Response Levels**

### **Level 1: Minor to Moderate Incident**

Campus Incident Commanders activate their Emergency Plan. Communicate with College Police and Local Emergency Responders (911).

College Police Dispatch informs Chief of Police who informs the Superintendent/President.

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### **Level 2: Moderate to Severe Emergency**

Campus Incident Commanders are in charge of on-scene response and directing the Campus Command Team. Communicate with College Police, Local Emergency Responders, and District EOC.

District EOC partial to full activation. Coordinates with City EOC and County Operational Area EOC.

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### **Level 3: Major Disaster**

Campus Incident Commanders are in charge of on-scene response and directing the Site Command Team. Communicate with College Police, Local Emergency Responders, and District EOC.

District EOC full activation. Coordinates with City EOC or County Operational Area EOC.

## **SECTION SEVEN**

### **Emergency Management Phases**

#### **General Information Regarding Emergencies**

Some emergencies will be preceded by a build-up or warning period, providing sufficient time to warn the population and implement mitigation measures designated to reduce loss of life and property damage. Other emergencies occur with little or no advance warning, thus requiring immediate activation of the emergency operations plan and commitment of resources. All employees must be prepared to respond promptly and effectively to any foreseeable emergency, including the provision and use of mutual aid.

Emergency management activities during peacetime and national security emergencies are often associated with the phases indicated below. However, not every disaster necessarily includes all indicated phases.

#### **Mitigation Phase**

Mitigation is perhaps the most important phase. Although the District has no control over some of the hazards that may impact it, such as earthquakes, they can take actions to minimize or mitigate the impact of such incidents. As an example, locations in earthquake-prone areas can mitigate the impact of a possible earthquake by securing bookcases and training students and staff in what to do during an actual event. Here are some other examples of mitigation activities:

- Connect with community emergency responders to identify local hazards.
- Review the last safety audit to examine buildings and grounds.
- Encourage staff to provide input and feedback into the crisis planning process.
- Review incident data.
- Determine major problems at the various campuses with regard to student crime and violence.
- Conduct an assessment to determine how these problems - as well as others- may impact your vulnerability to certain crises.

#### **Preparedness Phase**

The preparedness phase involves activities taken in advance of an emergency. These activities develop operational capabilities and responses to a disaster. The District Emergency Operations Plan identifies checklists detailing personnel assignments, policies, notification procedures, and resource lists. Personnel charged with responsibility to carry out these activities are acquainted with their duties through trainings and exercises. Other examples of preparedness efforts could include:

- Determine what crisis plans exist in the community.
- Identify all stakeholders involved in crisis planning.
- Develop procedures for communicating with staff, students, families, and the media.

- Establish procedures to account for students during a crisis.
- Gather information that exists about each location, such as maps and the location of utility shutoffs.
- Identify the necessary equipment that needs to be assembled to assist staff in a crisis.

## **Response Phase**

**Pre-Impact:** Learn to recognize an approaching disaster where actions can be taken to save lives and protect property. Warning systems may be activated and resources may be mobilized, EOC may be activated and evacuation may begin.

**Immediate Impact:** Emphasis is placed on saving lives, controlling the situation, and minimizing the effects of the disaster. Incident Command Posts and EOC may be activated, and emergency instructions may be issued.

**Sustained:** As the emergency continues, assistance is provided to victims of the disaster and efforts are made to reduce secondary damage. Response support facilities may be established. The resource requirements continually change to meet the needs of the incident.

Other response activities may include:

- Determine if a crisis is occurring.
- Identify the type of crisis that is occurring and determine the appropriate response.
- Activate the Incident Command System.
- Ascertain whether an evacuation; reverse evacuation; lockdown; or shelter-in-place needs to be implemented.
- Maintain communication among all relevant staff.
- Establish what information needs to be communicated to staff, students, families, and the community.
- Monitor how emergency first aid is being administered to the injured.
- Decide if more equipment and supplies are needed.

## **Recovery Phase**

The goal of recovery is to return to learning and restore the infrastructure of the District's facilities as quickly as possible. Often, recovery begins while the emergency response is still underway. Staff must be trained to deal with the emotional impact of the crisis, as well as to initially assess the emotional needs of students, staff, and responders. Additional examples of recovery activities include:

- Strive to return to learning as quickly as possible.
- Restore the physical buildings and facilities, as well as the greater neighborhood surrounding the campus.
- Monitor how staff is assessing students for the emotional impact of the crisis.
- Conduct debriefings with staff and first responders.
- Capture "lessons learned" and incorporate them into plan revisions and trainings.

## **SECTION EIGHT**

### **Emergency Organization Overview**

#### **Southwestern Community College District**

##### **Policies Governing Emergency Preparedness and Response**

The safety of students is paramount. All actions taken shall bear this in mind as well as the safety and well-being of employees.

If a disaster occurs during operating hours, college students will be encouraged to follow the direction of faculty or staff. Young students will remain under the supervision of campus authorities until released. In the event closure is considered prudent, the following notifications shall be made as soon as a closure decision is made:

- Governing Board
- District personnel
- Local area media
- Police, fire, and other agencies
- State & Federal legislators and other officials
- City of Chula Vista, City of National City, City of San Diego, and City of Coronado
- County of San Diego Office of Emergency Services and Office of Education
- Local hospitals and County of San Diego Emergency Medical Services

Since District personnel are expected to assist in post-disaster care of students, arrangements for the care of their own family should be prearranged in order to permit discharge of this emergency responsibility.

Each location will have a designated Campus Incident Commander who shall supervise the planning and implementation of their Campus Emergency Plan.

The Campus Incident Commander shall prepare a list of staff to be assigned specific emergency response roles as outlined in this plan. Each Campus Incident Commander shall conduct a survey of certificated and classified personnel to determine each employee's status in terms of first aid training, disaster preparedness training, and other emergency experience and training. Records will be kept current as changes of personnel occur. Copies of records will be kept on file in the Campus Incident Commander's office, and a copy will be forwarded to the College Police.

Students may be included in planning and implementation of the Campus Emergency Plan. Sports teams, clubs, and other student organizations should be encouraged to become sources of leadership among their peers in first aid and disaster preparedness & response.

Emergency notifications will be managed through various resources including the Emergency Blue Poles and the Mass Notification System. Details on both systems are discussed in detail in the EOC Manual (attached separately).

### **District Disaster Response Assumptions**

**All District emergencies are reported to the College Police (directly or via local jurisdiction's dispatch) who informs the Superintendent/President's Office and other pertinent administrators.**

District facilities and campuses may implement their respective Campus Emergency Plan independent of the District Emergency Operations Plan.

Depending on the severity and scope of the emergency, and its effect on individual facilities and campuses, the Campus Emergency Plan and its Campus Command Team may or may not be activated.

The Campus Command Team will be partially or fully activated, as deemed necessary, by the Campus Incident Commander. The Incident Command System is designed to be adaptable and flexible, allowing for anything from one-position to each position being fully staffed.

When a local emergency is proclaimed by the Superintendent/President (and later ratified by the Governing Board), the District's policies and procedures outlined in this plan become effective.

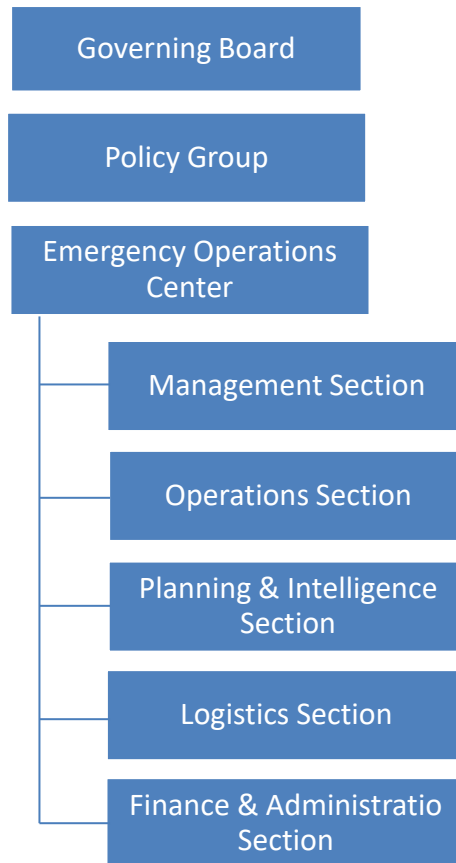
### **Overall Emergency Structure**

SEMS requires that all public agencies use the five designated functions to serve as the basis for organizing emergency planning and response. Southwestern Community College District emergency response organization is based on these functions. There is a chain of command with two alternates named for every position in a section.

### **Emergency Response Organization**

#### **District Emergency Organization Chart**

A major emergency requires command, control and coordination from several levels. The District's Emergency Response Organization consists of 3 subgroups including the Governing Board, Policy Group, and the EOC staff. Each subgroup is discussed below.



### **Role of the Governing Board**

As elected representatives of the District, it's critical that the Governing Board be kept informed of important milestones throughout an emergency. It's equally important that the Board continue to meet on a scheduled and announced basis and to provide updates to the media, as coordinated through the Policy Group.

### **Role of the Policy Group**

At all times, the Superintendent/President has responsibility for overall management of the District. During times of emergency, the Superintendent/President (or designee) serves as the Director of Emergency Services and the Chair of the Policy Group. The Director of Emergency Services is a legal designation required of all public jurisdictions. As Director of Emergency Services, it is the Superintendent/President's role to:

- Delegates responsibility for uniform planning and execution of details of the disaster preparedness program for the District.
- Ensure the establishment of communication between the campuses and the District EOG.

- Directs each Campus Incident Commander to prepare and publish plans for their campus including procedures for emergency or disaster situations.
- Requires that prescribed training and exercises be funded and delivered.
- Requires that campuses maintain first aid and search/rescue equipment along with other emergency supplies.
- Ensures safe storage of District records.
- Informs the public about the District's emergency program, and their responsibilities and participation in the plan for community's care, if required.
- May delegate responsibility for overall management to one of the Vice Presidents.

The Policy Group also includes the members of the Cabinet: Assistant Superintendent/Vice President Student Affairs, Assistant Superintendent/Vice President Academic Affairs, Assistant Superintendent/Vice President Assistant Superintendent/Vice President Business & Financial Affairs. The purpose of the Policy Group is to advise on policy-related matters (e.g. closing campuses) and to stay informed on the status of emergencies and recovery. The Policy Group authorizes significant expenditures necessary for response and recovery activities and serves as the link between the Governing Board and the EOC. The Policy Group also declares a District Emergency when appropriate.

### **Role of the Emergency Operations Center**

The EOC is the location from which centralized management of an emergency response is performed. The use of an EOC is a standard practice in emergency management.

The **EOC Director** and key decision-making personnel operate from the EOC during the emergency response, establishing policy and priorities. It serves as the central point for information gathering, processing, and dissemination; coordination of all Southwestern Community College District emergency operations, and coordination with other agencies and the City of Chula Vista, City of National City, City of San Diego, City of Coronado, or the San Diego County Operational Area EOC. The District EOC is partially or fully activated by the EOC Director, according to the requirements of the situation.

The EOC is organized according to SEMS, based on ICS, as noted earlier in this plan. The EOC Director and Section Coordinators serve as the managers of the EOC.

Unless otherwise specified, the EOC should not be providing tactical direction to the various incidents that are being conducted at the campuses. Instead, the role of the EOC is to coordinate with and support activities in the field while keeping the Policy Group up-to-date.

### **Emergency Operations Center (EOC) Manual**

The District EOC Manual describes the EOC structure and provides the position checklists.

See Attachment 2 for the District EOC Manual (under separate cover).

### **Explanation of the EOC**

#### **EOC Activation**

Activation of the District EOC means that at least one District official implements SEMS as appropriate to the scope of the emergency and the District's role in response to the emergency. The District EOC is activated when routine use of resources needs support and/or augmentation. The District official implementing SEMS may function from the EOC or from other locations depending on the situation.

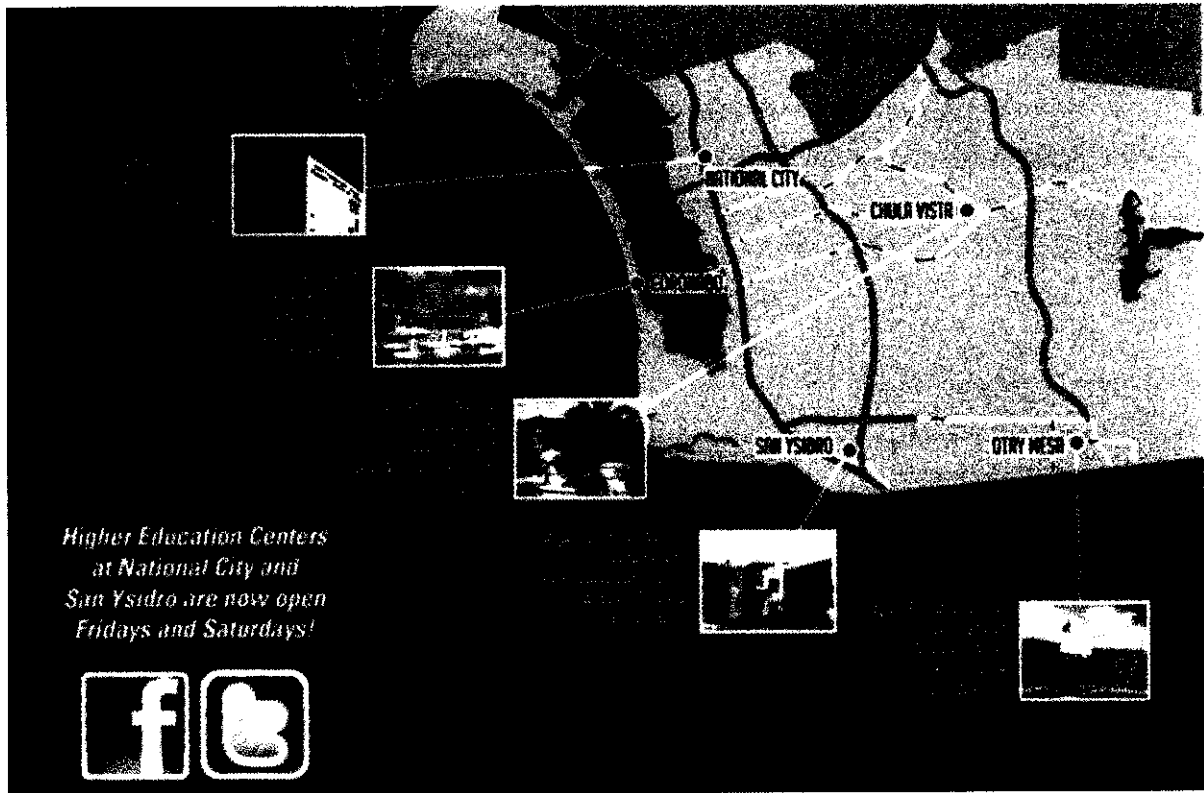
An activated EOC may be partially or fully staffed to meet the demands of the situation. The District maintains four EOC staffing levels that can be applied to various situations. Activation criteria are listed below:

<b>EOC Activation Levels</b>				
<b>Level</b>	<b>Conditions</b>	<b>EOC Duties</b>	<b>Activation</b>	<b>Staffing</b>
<b>NONE</b>	1. None	1. Maintenance	1. None	1. No actions.
<b>Level 0</b>	1. No potential severe weather 2. Some international tension 3. Some national or local tension 4. Slightly increasing probability of hazard	1. Monitor world, national, regional, and local news and monitor regional weather forecasts and space forecasts.	1. None	1. No actions.
<b>Level 1</b>	1. Serious increase in international tension 2. Possibility of local unrest 3. Severe weather watch is issued 4. Situational conditions warrant 5. Small incidents involving one facility 6. Earthquake advisory 7. Flood watch	1. Continuous monitoring of event 2. Check & update all resource lists 3. Distribute status and analysis to EOC personnel 4. Receive briefing from field personnel as necessary	1. Only basic support staff or as determined by EOC Director	1. EOC Section Coordinators review Plan and Guidelines and check readiness of staff and resources.
<b>Level 2</b>	1. Small scale civil unrest 2. Situational conditions warrant 3. Severe weather warning issued 4. Moderate earthquake 5. Wildfire affecting specific areas 6. Incidents involving 2 or more facilities 7. Hazardous materials evacuation 8. Imminent earthquake alert 9. Major scheduled event	1. Continuous monitoring of event 2. Initiate EOC start-up checklist 3. Facilitate field personnel 4. Provide status updates to EOC personnel	1. Staffed as situation warrants and liaison to other agencies 2. Primary EOC personnel will be available and check-in regularly	1. Briefings to Superintendent and Board 2. EOC begins full operation

<b>Level 3</b>	<ol style="list-style-type: none"> <li>1. International crisis deteriorated to the point that widespread disorder is probable</li> <li>2. Acts of terrorism (biological, technical, other) are imminent</li> <li>3. Civil disorder with relatively large scale localized violence</li> <li>4. Hazardous conditions that affect a significant portion of the District</li> <li>5. Severe weather is occurring</li> <li>6. Verified and present threat to critical facilities</li> <li>7. Situational conditions warrant</li> <li>8. Major emergency in the District</li> <li>9. Major earthquake</li> </ol>	<ol style="list-style-type: none"> <li>1. Brief arriving staff on current situation</li> <li>2. Facilitate EOG staff</li> </ol>	<ol style="list-style-type: none"> <li>1. As determined by the Emergency Manager</li> <li>2. EOG essential and necessary staff</li> <li>3. Key department heads</li> <li>4. Required support staff</li> </ol>	<ol style="list-style-type: none"> <li>1. As situation warrants</li> </ol>
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## SECTION NINE

### Southwestern Community College District Facilities Map



## **SECTION TEN**

### **Hazard Identification**

#### **Disaster Risks**

##### **Major Earthquake**

Earthquakes are sudden releases of strain energy stored in the earth's bedrock. The great majority of earthquakes are not dangerous to life or property either because they occur in sparsely populated areas or because they are small earthquakes that release relatively small amounts of energy. However, where urban areas are located in regions of high seismicity, damaging earthquakes are expectable, if not predictable, events. Every occupant in San Diego County assumes a certain level of seismic risk because the County is within an area of moderate seismicity. Several major active faults exist in San Diego County, including the Rose Canyon, La Nacion, Elsinore, San Jacinto, Coronado Banks and San Clemente Fault Zones. The Rose Canyon Fault Zone is considered by many geologists as to be part of the Newport-Inglewood Fault Zone, which originates to the north in Los Angeles, and the Vallecitos and San Miguel Fault Systems to the south in Baja California. The Rose Canyon Fault Zone extends inland from La Jolla Cove, south through Rose Canyon, along the east side of Mission Bay, and out into San Diego Bay. The Rose Canyon Fault Zone is considered to be the greatest potential threat to San Diego as a region, due to its proximity to areas of high population.

Historic documents record that a very strong earthquake struck San Diego in 1862, damaging buildings in Old Town and opening up cracks in the earth near the mouth of the San Diego River. That quake was estimated at a Magnitude 6.0 on the Richter Scale. The strongest recently recorded earthquake in the County was a Magnitude 5.3 that occurred on July 13, 1986 on the Coronado Banks Fault, 25 miles west of Solana Beach. The most recent earthquake felt in the County was the Easter Sunday (April 4, 2010) Mexicali Magnitude 7.2 event. Ongoing field and laboratory studies suggest the following maximum likely magnitudes for local faults: Rose Canyon (6.2-7.0) Coronado Banks (6.0-7.7), Elsinore (6.5-7.3), and San Clemente (6.6-7.7).

The major effects of earthquakes are ground shaking and ground failure. Flooding may be triggered by dam failures resulting from an earthquake, or by seismically induced settlement or subsidence. Any movement beneath a structure, even on the order of an inch or two, could have catastrophic effects on the structure and its service lines. All of these geologic effects are capable of causing property damage and, more importantly, risks to life and safety of persons.

Liquefaction is another secondary impact associated with earthquakes. Liquefaction is the phenomenon that occurs when ground shaking causes loose soils to lose strength and act like viscous fluid. Liquefaction is not known to have occurred

historically in the County, although liquefaction has occurred in nearby Imperial Valley in response to large earthquakes (Magnitude 6.0 or greater).

<b>Earthquakes</b>		
<b>Descriptive Title</b>	<b>Richter Magnitude</b>	<b>Intensity Effects</b>
<b>Minor Earthquake</b>	<b>1 to 3.9</b>	<b>Only observed instrumentally or felt only near the epicenter.</b>
<b>Small Earthquake</b>	<b>4 to 5.9</b>	Surface fault movement is small or does not occur. Felt at distances of up to 20 or 30 miles from the epicenter. May cause structural damage.
<b>Moderate Earthquake</b>	<b>6 to 6.9</b>	Moderate to severe earthquake range; fault rupture probable.
<b>Major Earthquake</b>	<b>7 to 7.9</b>	<b>Landslides, liquefaction and ground failure triggered by shock waves.</b>
<b>Great Earthquake</b>	<b>8 to 8+</b>	<b>Damage extends over a broad area, depending on magnitude and other factors.</b>

### **Landslide**

Landslides occur when masses of rock, earth, or debris move down a slope. Landslides are influenced by human activity (mining, construction) and natural factors (geology, precipitation, and topography). Frequently they accompany other natural hazards such as floods and earthquakes.

Landslides are present throughout the coastal plain of the County and can also occur in the granitic mountains of East San Diego County.

Schools near fault rupture zones, in hilly areas subject to landslides or in liquefaction zones should have special measures for coping when the effects of these hazards are added to shaking damage.

### **Flooding**

A flood occurs when excess water from snowmelt, rainfall, or storm surge accumulates and overflows onto a river's bank or to adjacent floodplains. Floodplains are lowlands adjacent to rivers, lakes, and oceans that are subject to recurring floods. Most injury and death from flood occurs when people are swept away by flood currents, and property damage typically occurs as a result of inundation by sediment-filled water. Average annual precipitation in San Diego County ranges from 10 inches on the coast to approximately 45 inches on the highest point of the County's mountain region, and 3 inches in the desert east of the mountains.

Several factors determine the severity of floods, including rainfall intensity and duration. A large amount of rainfall over a short time span can result in flash flood conditions. A sudden thunderstorm or heavy rain, dam failure, or sudden spills can cause flash flooding. Flash floods in the County range from the stereotypical wall of

water to a gradually rising stream. The central and eastern portions of the County are most susceptible to flash floods where mountain canyons, dry creek beds, and high deserts are the prevailing terrain.

Between 1950 and 1997, flooding prompted 10 Proclaimed States of Emergency in the County. Historically, flooding in the County has occurred during the season of highest precipitation or during heavy rainfalls after long dry spells. The areas surrounding the river valleys in all of San Diego County are susceptible to flooding because of the wide, flat floodplains surrounding the riverbeds, and the numerous structures that are built in the floodplains. Seven principle streams originate or traverse through the region.

FEMA defines flood risk primarily by a 100-year flood zone, which is applied to those areas with a 1% chance, on average, of flooding in any given year. These high hazard areas are generally concentrated within the coastal areas, including bays, coastal inlets and estuaries. Major watershed areas connecting the local mountain range to the coastal region also contain 100-year flood hazard areas.

Structures located near rivers and in floodplains should have pre-planned evacuation routes and safe areas.

### **Hazardous Materials**

Hazardous Materials releases can occur at facilities or along transportation routes. Such releases, depending on the substance involved and type of release, can directly cause injuries and death and contaminate air, water, and soils. While the probability of a major release at any particular facility or at any point along a known transportation corridor is relatively low, the consequences of releases of these materials can be very serious.

Hazardous materials can include toxic chemicals, radioactive materials, infectious substances, and hazardous wastes. Numerous facilities in the County generate hazardous wastes in addition to storing and using large numbers of hazardous materials. There are a total of 13,034 sites with permits to store and maintain chemical, biological and radiological agents, and explosives in the County. In situations where large refineries, petroleum or toxic waste storage facilities, large manufacturers or numerous gas stations are near a facility or campus, evacuation routes and shelter-in-place drills should be conducted regularly.

### **Fire**

A structural fire hazard is one where there is a risk of a fire starting in an urban setting and spreading uncontrollably from one building to another across several city blocks, or within hi-rise buildings.

A wildfire is an uncontrolled fire spreading through vegetative fuels and exposing or possibly consuming structures. They often begin unnoticed and spread quickly. Naturally occurring and non-native species of grasses, brush, and trees fuel

wildfires. A wildland fire is a wildfire in an area in which development is essentially nonexistent, except for roads, railroads, power lines and similar facilities. A Wildland/Urban Interface Fire is a wildfire in a geographical area where structures and other human development meet or intermingle with wildland or vegetative fuels. Significant development in San Diego County is located along canyon ridges at the wildland/urban interface. Areas that have experienced prolonged droughts or are excessively dry are at risk of wildfires.

Wildland fires have prompted 7 Proclaimed States of Emergency in the County between 1950 and 2003. San Diego County's largest and most damaging wildfire (Cedar Fire) in history occurred in October 2003. Several fires burned at the same time throughout the County, burning over 392,000 acres in the urban areas and the backcountry. The fires destroyed 2,668 residential and commercial structures, with costs exceeding \$450 million. Not that many years later, the Witch Fire started on October 21, 2007. Several fires burned at the same time throughout the County, burning over 347,312 acres in the urban areas and backcountry. The Witch Fire was the second largest fire in history of San Diego County with 1,650 residential and commercial structures destroyed.

Structures located anywhere near the Wildland/Urban Interface must incorporate evacuation planning into their Site Emergency Plans. Fire drills and fire evacuation routes should be pre-planned and practiced with transportation vehicles and shelter locations pre-planned.

### **Terrorism**

Terrorism is defined as "the unlawful use of force and violence against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives."

Recently, the federal government's Department of Homeland Security has placed a great deal of attention on "weapons of mass destruction" (WMD). Following is a list of the categories of WMD weapons: chemical, biological, radiological, nuclear, and explosive.

Given San Diego's proximity to an international border and the prevalence of military establishments and entertainment facilities, the region is considered to be a high risk in terms of terrorism.

In the aftermath of the September 11, 2001, terrorist attacks, educational facilities need to evaluate the potential impact of acts of terrorism directly on their campuses. In some cases, their proximity to local primary targets may increase their vulnerability to terrorists.

### **Bomb Threats**

San Diego County experienced numerous bomb threats to educational facilities, government buildings, religious sites, and commercial facilities over the years.

**Aircraft Crash**

On September 25, 1978, San Diego was the scene of one of the worst air disasters in the United States. A mid-air collision between a Cessna and a Pacific Southwest Airlines Boeing 727 caused both planes to crash into the neighborhood of North Park. A total of 144 lives were lost including 7 people on the ground.

The region is home to a wide range of public, private, and military airports. Several of the District's campuses are located in close proximity to both public and military air transportation facilities.

**Violence**

In 1984, a gunman opened fire in a San Ysidro McDonald's restaurant, killing 21 people.

Santana High School in 2001 was the scene of a student shooter who caused the deaths of 2 students and injured 13.

Granite Hills High School was the scene of yet another student shooter in 2001 resulting in injuries to 2 teachers and 3 students.

## SECTION ELEVEN

### Glossary

#### **Terms**

All Clear Alarm: Continuous audio alarm that signals the end of evacuation when conditions are acceptable for reentry of buildings.

Assembly Areas: Designated meeting areas for students, employees, and visitors during emergency evacuation of all Southwestern Community College District buildings and auxiliary sites.

Chain of Command: A series of command, control, executive, or management positions in hierarchical order of authority.

Command Post: For major incidents requiring extended, complex, multi-agency response, emergency response officials will typically establish a command and control location in a building or vehicle near the event.

Disaster Service Workers: All public employees in California are subject to such emergency or disaster activities as may be assigned by their supervisors or by law.

Drop Cover, and Hold: Shelter position under tables or desks or other protected places away from overhead fixtures, windows, high cabinets, and bookcases, for immediate individual protection during an emergency.

Emergency Plan Diagram: Diagram of each building of Southwestern Community College District facility or campus with marked exits, evacuation routes, and assembly areas, for use in the event of an emergency evacuation.

Emergency Evacuation Plan: Official procedures for evacuation of all effected students, employees and visitors to Southwestern Community College District buildings and auxiliary sites upon order of the Superintendent/President and/or upon building alarm system activation, in the event of an emergency.

Emergency Operations Plan: Plan to protect the safety and welfare of student, employees and visitors in the offices, schools, and programs operated by Southwestern Community College District and to assure the continued operation of the essential services of the District during a period of emergency.

Emergency Operations Center: A centralized location where the District can provide emergency management of the response to an emergency, including, but not limited to, logistical support, coordinating media relations, track fiscal issues, and coordinate recovery operations.

**Emergency Organization:** Organization to direct and control operations of the District's locations during a period of emergency with assigned responsibilities and tasks for planning, response, and recovery in emergency situations.

**Evacuation Plan:** An official plan for safe and orderly evacuation of District buildings.

**Fire Alarm:** Intermittent audio alarm that signals evacuation of buildings.

**Incident Action Plan:** An oral or written plan containing general objectives reflecting the overall strategy for managing an incident.

**Level I EOG Activation:** Minor to moderate emergency, such as major power outage, bomb threat, air pollution alert, isolated fire, or minor earthquake (no injuries or significant damage).

**Level II EOG Activation:** Moderate to severe emergency, such as major fire, moderate earthquake, bomb explosion (with injuries and/or structural damage).

**Level III EOG Activation:** Major disaster such as a catastrophic earthquake.

**Local Emergency Responder:** Public safety services provided by outside agencies, such as City of Chula Vista Police Department, Chula Vista Fire Department, medical or rescue services.

**National Incident Management System:** A comprehensive incident response system developed by Homeland Security at the request of the President of the United States, March 1, 2004.

**Campus Command Team:** Employee group assigned and trained to perform a specific emergency function, such as Public Information Officer, Medical & First Aid Team, or Search & Rescue Team.

**Standardized Emergency Management System (SEMS):** An emergency management system required by California law based on the Incident Command System.

**Campus Incident Commander:** The individual responsible for executing the Site Emergency Plan during an emergency. Typically this individual is the campus President or Site Administrator.

**Unified Command:** An organization established to oversee the management of multiple incidents being handled by JCS organizations in one location to ensure coordination in multi-jurisdictional situation.

## **Acronyms**

<b><u>ARC:</u></b>	American Red Cross
<b><u>DSR:</u></b>	Damage Survey Report
<b><u>DSW:</u></b>	Disaster Service Worker (All public employees)
<b><u>EOG:</u></b>	Emergency Operations Center
<b><u>FEMA:</u></b>	Federal Emergency Management Agency
<b><u>ICS:</u></b>	Incident Command System
<b><u>MACS:</u></b>	Multi-Agency Coordination System
<b><u>NIMS:</u></b>	National Incident Management System
<b><u>OES:</u></b>	Office of Emergency Services (City, County or State)
<b><u>PIO:</u></b>	Public Information Officer
<b><u>SEMS:</u></b>	Standardized Emergency Management System
<b><u>SIC:</u></b>	Campus Incident Commander

## **SECTION TWELVE**

### **Authorities and References**

#### **Federal**

##### **National Incident Management System (NIMS)**

The National Incident Management System (NIMS) is a comprehensive, national approach to incident management that is applicable at all jurisdictional levels and across all functional disciplines. California's special districts comply with NIMS by adopting the Standardized Emergency Management System, which includes the Incident Command System. ICS is being adopted nation-wide as the standard, all-hazard management concept to be practiced from the field level all the way up to the State and Federal levels.

##### **Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988**

The Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, as amended (the Stafford Act) was enacted to support State and local governments and their citizens when disasters overwhelm them. This law establishes a process for requesting and obtaining a Presidential disaster declaration, defines the type and scope of assistance available under the Stafford Act, and sets the conditions for obtaining that assistance.

##### **Federal Civil Defense Act of 1950**

The Federal Defense Act of 1950 created the Federal Civil Defense Administration that was attached to the Office of the President to provide a mechanism to monitor emergencies. It led to the Federal Disaster Relief Act which allowed the Federal Government to provide limited assistance to states during disasters. Civil Defense Planning was part of this program.

#### **State of California**

##### **California Emergency Services Act**

This Act (Chapter 7, Division 1, Title 2, California Government Code) provides the basic authorities for conducting emergency operations following a proclamation of Local Emergency, State of Emergency, or State of War Emergency by the Governor and/or appropriate local authorities, consistent with the provisions of this Act.

##### **California Government Code, Section 3100, Title 1, Division 4, Chapter 4**

The Code (Section 3100, Title 1, Division 4, Chapter 4) states that public employees are disaster service workers, subject to such disaster service activities as may be assigned to them by their superiors or by law. The term "public employees" includes all persons employed by the state or any county, city, city and county, state agency or public District, excluding aliens legally employed. The law applies to public school employees in the following cases:

When a local emergency is proclaimed.  
When a state of emergency is proclaimed.  
When a federal disaster declaration is made.

The law has two specific ramifications for District employees:

*It is likely that public school employees are pressed into service as Disaster Service Workers by their superiors, and may be asked to do jobs other than their usual duties for periods exceeding their normal working hours.*

*When pressed into disaster service, employees' Workers' Compensation Coverage becomes the responsibility of state government, but their overtime pay is paid by the school. These circumstances apply only when a local or state emergency is declared.*

California's Emergency Management Agency (Cal EMA) has stated that inadequately trained staffs render school officials potentially liable for acts committed or omitted by school staff during or after a disaster (Sub Sections 835-840.6). It requires that Special Districts be prepared to respond to emergencies using SEMS.

### **California Civil Code - Good Samaritan Liability**

This section of the Code (Chapter 9, Section 1799.102) provides for "Good Samaritan Liability" for those providing emergency care at the scene of an emergency. ("No person, who, in good faith and not for compensation, renders emergency care at the scene of an emergency, shall be liable for any civil damages resulting from any act or omission. The scene of an emergency shall not include emergency departments and other places where medical care is usually offered.")

### **California Emergency Plan**

Promulgated by the Governor, and published in accordance with the California Emergency Services Act, it provides overall statewide authorities and responsibilities, and describes the functions and operations of government at all levels during extraordinary emergencies, including wartime. Section 8568 of the Act states, in part, that "...the State Emergency Plan shall be in effect in each political subdivision of the state, and the governing body of each political subdivision shall take such action as may be necessary to carry out the provisions thereof." Therefore, local emergency plans are considered extensions of the California Emergency Plan.

### **Local**

### **City of Chula Vista Ordinances, Plan, and Resolutions**

As the Southwestern Community College District buildings are located within the boundaries of the City of Chula Vista, the District could be subject to the City Ordinances, Emergency Operations Plan and City Resolutions pertaining to emergency preparedness, response, recovery, and mitigation. If the City declares a

disaster, all District buildings within the City boundaries would be included in the declaration and may be eligible for possible reimbursement of emergency response-related funds.

### **County of San Diego Ordinances, Plan, and Resolutions**

Southwestern Community College District Emergency Operations Plan is part of the San Diego County Operational Area Emergency Operations Plan and could be subject to any County Ordinances, Operational Area Emergency Plans, or Resolutions pertaining to emergency preparedness, response, recovery or mitigation.

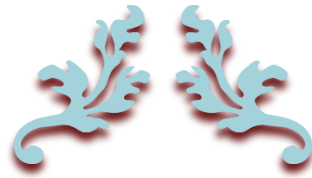
## **Emergency Plans and EOC Manual**

### **Emergency Plans**

Each campus in the District maintains a Campus Emergency Plan. In addition, the District maintains an Emergency Operations Plan to guide the actions of the overall District during times of major emergencies. The plans are based on a standardized format and are in compliance with the Standardized Emergency Management System and the National Incident Management System.

### **Emergency Operations Center Manual**

In the event of a major emergency that impacts one or more of the District's campuses, the Superintendent/President (or designee) has the authority to activate the District's EOC. The EOC Manual contains the protocols and position checklists that would guide the actions of staff members filling positions in the EOC.



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# WORKPLACE VIOLENCE PREVENTION PROGRAM

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Office of Procurement, Central Services & Risk Management



JULY 1, 2024

SOUTHWESTERN COMMUNITY COLLEGE DISTRICT  
900 Otay Lakes Road, Chula Vista, CA 91910

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*The Southwestern Community College District Workplace Violence Prevention Plan (WVPP) addresses the hazards known to be associated with the four types of workplace violence as defined by Labor Code (LC) Section 6401.9.*

## INTRODUCTION AND PURPOSE

Enacted in September 2023, California's groundbreaking workplace violence prevention law, SB 553/California Labor Code Section §6401.9 mandates that virtually all California employers develop and implement a written workplace violence prevention plan, provide annual employee training on the plan, and maintain log of workplace violence incidents.

This new CA law has extensive, specific requirements on what must be covered in the training, including:

- An employer's unique workplace violence prevention plan.
- Workplace violence hazards relevant to the specific jobs held by employees taking the training.
- All "definitions and requirements" of the law.

Southwestern Community College is committed to providing a safe work environment for faculty, staff, students, and visitors and prohibits violent behavior and threats of harm affecting the workplace. Such behavior violates both law and College policy and will not be tolerated.

***The Workplace Violence Prevention Plan (WVPP)*** or "***The Plan***" includes measures to help prevent and respond to acts or threats of violence in the workplace and designed to help support the College's commitment to safety and well-being of all employees and others at our facilities. The Plan provides corrective measures associated with the workplace violence hazards unique to the work areas and operations of the College. Workplace violence incidents severely impact not only the safety of campus community members, but also the open dialogue and free exchange of ideas intrinsic to higher education. Therefore, SWCC has established a policy of zero tolerance for violence against members of the College community.

## AUTHORITY

California Labor Code Sections 6401.7 and 6401.9. Section.

## SCOPE

This Policy applies to all members of SWC, including faculty, staff, students, volunteers, contractors, vendors, guests, and visitors.

## RESPONSIBILITY

The WVPP administrator has the authority and responsibility for implementing the provisions of this plan for SWC.

Responsible Persons	Job Title/Position	WVPP Responsibility(ies)	Phone #	Email
Rosalinda (Linda) Hernandez	Director of Procurement, Central Services & Risk Management	Reviews, makes recommendations and updates for final updates and approval.	(619) 482-6557	rhernandez@swccd.edu

All managers and supervisors are responsible for implementing and maintaining the WVPP in their work areas and for answering employee questions about the WVPP.

## **SECTION 1: EMPLOYEE ACTIVE INVOLVEMENT**

SWC ensures the following policies and procedures to obtain the active involvement of employees and authorized employee representatives in developing and implementing the plan:

- Management will work with and allow employees and authorized employee representatives to participate in:
  - Identifying, evaluating, and determining corrective measures to prevent workplace violence.
  - Designing and implementing training
  - Reporting and investigating workplace violence incidents.
- Management will ensure that all workplace violence policies and procedures within this written plan are clearly communicated and understood by all employees. Managers and supervisors will enforce the rules fairly and uniformly.
- All employees will follow all workplace violence prevention plan directives, policies, and procedures, and assist in maintaining a safe work environment.
- The plan shall be in effect at all times and in all work areas and be specific to the hazards and corrective measures for each work area and operation.

## **SECTION 2: EMPLOYEE COMPLIANCE**

Our system to ensure that employees comply with the rules and work practices that are designed to make the workplace more secure, and do not engage in threats or physical actions which create a security hazard for others in the workplace, include at a minimum:

- Training employees, supervisors, and managers in the provisions of SWC Workplace Violence Prevention Plan (WVPP).
- Effective procedures to ensure that supervisory and nonsupervisory employees comply with the WVPP.
- Provide retraining to employees whose safety performance is deficient with the WVPP.
- Recognizing employees who demonstrate safe work practices that promote the WVPP in the workplace.
- Retrain employees who fail or do not follow WVPP practices or understand how to comply with the WVPP.

### SECTION 3: COMMUNICATION WITH EMPLOYEES

We recognize that open, two-way communication between our management team, staff, and other employers, about workplace violence issues is essential to a safe and productive workplace. The following communication system is designed to facilitate a continuous flow of workplace violence prevention information between management and staff in a form that is readily understandable by all employees, and consists of one or more of the following:

- New employee orientation includes workplace violence prevention policies and procedures.
- Workplace violence prevention training programs.
- Regularly scheduled meetings that address security issues and potential workplace violence hazards
- Effective communication between employees and supervisors about workplace violence prevention and violence concerns.
  - For example, ensure that supervisors and employees can communicate effectively and in the employees' first language.
- Posted or distributed workplace violence prevention information.
  - How employees can report a violent incident, threat, or other workplace violence concern to employer or law enforcement without fear of reprisal or adverse action.
    - *Employees can anonymously report a violent incident, threat, or other violence concerns.*
- Employees will not be prevented from accessing their mobile or other communication devices to seek emergency assistance, assess the safety of a situation, or communicate with a person to verify their safety. Employees' concerns will be investigated in a timely manner and they will be informed of the results of the investigation and any corrective actions to be taken.

#### **SECTION 4: COORDINATION WITH OTHER EMPLOYEES**

SWC will implement the following effective procedures to coordinate implementation of its plan with other employers and/or agencies to ensure that those employers/agencies and employees understand their respective roles, as provided in the plan.

- All employees will be trained on workplace violence prevention.
- Workplace violence incidents involving any employee are reported, investigated, and recorded.
- At a multiemployer worksite, SWC will ensure that if its employees experience workplace violence incident that SWC will record the information in a violent incident log and shall also provide a copy of that log to controlling employer.

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## SECTION 5: WORKPLACE VIOLENCE INCIDENT REPORTING PROCEDURE

SWC will implement effective procedures to ensure that:

- All threats or acts of workplace violence are reported to an employee's supervisor or manager, who will inform the WVPP administrator. If the employee's supervisor or manager is not available to report the incident, employee will report incident directly to the WVPP Administrator.

*Employees can report incidents to their supervisor, Human Resources, or through an anonymous hotline established for this purpose.*

- *Workplace Violence Reporting Hotline: (619) 216-6610.*

A strict non-retaliation policy is in place, and any instances of retaliation are dealt with swiftly and decisively. *See Administrative Policy 3435.*

## SECTION 6: EMERGENCY RESPONSE PROCEDURES

SWC has in place the following specific measures to handle actual or potential workplace violence emergencies:

- Effective means to alert employees of the presence, location, and nature of workplace violence emergencies by the following:
- SWC is in the process of attaining a Districtwide *Alarm system that will alert employees of emergencies. The current alarm system (blue poles) will also be examined, enhanced and expanded if needed. Currently under review.*
- SWC will have evacuation or sheltering plans outline in the Emergency Preparedness Plan.
- How to obtain help from staff, security personnel, or law enforcement. This information is outlined in the Emergency Preparedness Plan.

In the event of an emergency, including a Workplace Violence Emergency, contact the following:

Responsible Persons	Job Title/Position	WVPP Responsibility(ies)	Phone #	Email
Marco Bareno	Chief Safety Officer	Responsible for emergency response, hazard identification, and coordination with Police and Fire Departments.	(619) 482-6585	mbareno@swccd.edu
Ricardo Suarez	Sergeant	Responsible for emergency response, hazard identification, and coordination with Police and Fire Departments.	(619) 216-6785	rsuarez@swccd.edu
Benjamin Gess	Sergeant	Responsible for emergency response, hazard identification, and coordination with Police and Fire Departments.	(619) 216-6784	bgess@swccd.edu
James Lee	Environmental Health & Safety Coordinator	Conducts safety inspections, assists with the coordination and updates	(619) 482-6589	jlee@swccd.edu

		of emergency response procedures, and communicates, as needed, information about the plan.		
Rosalinda (Linda) Hernandez	Director of Procurement, Central Services & Risk Management	Reviews Policy and Procedure, recommends changes and provides guidance Districtwide.	(619)482-6557	rhernandez@swccd.edu

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## SECTION 7: WORKPLACE VIOLENCE HAZARD IDENTIFICATION AND EVALUATION

The following policies and procedures are established and required to be conducted by SWC to ensure that workplace violence hazards are identified and evaluated:

- Inspections shall be conducted when the plan is first established, after each workplace violence incident, and whenever the employer is made aware of a new or previously unrecognized hazard.
- Review all submitted/reported concerns of potential hazards:
  - *Daily or weekly review of all submitted and reported concerns.*
  - *Workplace Violence Hazards suggestion box*
  - *Online form for reporting workplace violence hazards*
  - *Voicemail inbox*

### Periodic Inspections

Periodic inspections of workplace violence hazards will identify unsafe conditions and work practices. This may require assessment for more than one type of workplace violence. Periodic Inspections shall be conducted no less than once a year per area Districtwide and as new areas are erected and occupied.

Periodic inspections to identify and evaluate workplace violence and hazards will be performed by the following designated personnel in the following areas of the workplace:

Specific Person Name/Job Title	Area/Department/Specific location
Linda Hernandez	Districtwide
Aurora Ayala	Districtwide
James Lee	Districtwide
Keenan (at the Direction of the District)	Districtwide

Inspections for workplace violence hazards include assessing:

- The exterior and interior of the workplace for its attractiveness to thieves.
- The need for violence surveillance measures, such as mirrors and cameras.
- Procedures for employee response during a robbery or other criminal act, including our policy prohibiting employees, who are not security guards, from confronting violent persons or persons committing a criminal act.
- Procedures for reporting suspicious persons or activities.
- Effective location and functioning of emergency buttons and alarms, if installed.
- Posting of emergency telephone numbers for law enforcement, fire, and medical services.
- Whether employees have access to a telephone with an outside line.

- Whether employees have effective escape routes from the workplace.
- Whether employees have a designated safe area where they can go to in an emergency.
- Adequacy of workplace security systems, such as door locks, entry codes or badge readers, security windows, physical barriers, and restraint systems.
- Frequency and severity of threatening or hostile situations that may lead to violent acts by persons who are service recipients of our establishment.
- Employees' skill in safely handling threatening or hostile service recipients.
- Effectiveness of systems and procedures that warn others of actual or potential workplace violence danger or that summon assistance, e.g., alarms or panic buttons.
- The use of work practices such as the "buddy" system for specified emergency events.
- The availability of employee escape routes.
- How well our establishment's management and employees communicate with each other.
- Access to and freedom of movement within the workplace by non-employees, including recently discharged employees or persons with whom one of our employees is having a dispute.
- Frequency and severity of employees' reports of threats of physical or verbal abuse by managers, supervisors, or other employees.
- Any prior violent acts, threats of physical violence, verbal abuse, property damage or other signs of strain or pressure in the workplace.
- Other procedures may be identified and evaluated to be a part of this list/process, this will be determined by the need of each area and as it is requested.

## SECTION 8: PROCEDURES TO CORRECT WORKPLACE VIOLENCE HAZARD TIMELY

Workplace violence hazards will be evaluated and corrected in a timely manner. SWC will implement the following effective procedures to correct workplace violence hazards that are identified:

- If an imminent workplace violence hazard exists that cannot be immediately abated without endangering employee(s), all exposed employee(s) will be removed from the situation except those necessary to correct the existing condition. Employees necessary to correct the hazardous condition will be provided with the necessary protection.
- All corrective actions taken will be documented and dated on the appropriate forms.
- Corrective measures for workplace violence hazards will be specific to a given work area.
- *Make the workplace unattractive to robbers by:*
  - *Improve lighting around and at the workplace.*
  - *Post of signs notifying the public that limited cash is kept on the premises and that cameras are monitoring the facility.*
  - *Utilize surveillance measures, such as cameras and mirrors, to provide information as to what is going on outside and inside the workplace and to dissuade criminal activity.*
  - *Hire security guards and have them patrol the workplace interior and perimeter.*
  - *Install security surveillance cameras in and around the workplace.*
  - *Provide workplace violence systems, such as door locks, violence windows, physical barriers, emergency alarms and restraint systems by:*
    - *Ensure the adequacy of workplace violence systems.*
    - *Post emergency telephone numbers for law enforcement, fire, and medical services*
    - *Control, access to, and freedom of movement within, the workplace by non-employees, include recently discharged employees or persons with whom one of our employees is having a dispute.*
    - *Install effective systems to warn others of a violence danger or to summon assistance, e.g., alarms or panic buttons.*
    - *Ensure employees have access to a telephone with an outside line. Provide employee training/re-training(refreshers) on the WVPP, which could include but not limited to the following:*
      - *Recognizing and handling threatening or hostile situations that may lead to violent acts by persons who are service recipients of our establishment.*
      - *Ensure that all reports of violent acts, threats of physical violence, verbal abuse, property damage or other signs of strain or pressure in the workplace are handled effectively by management and that the person making the report is not subject to retaliation by the person making the threat.*
      - *Improve how well our establishment's management and employees communicate with each other.*
      - *Procedures for reporting suspicious persons, activities, and packages.*

- *Provide/review employee, supervisor, and management training on emergency action procedures.*
- *Ensure adequate employee escape routes.*
- *Increase awareness by employees, supervisors, and managers of the warning signs of potential workplace violence.*
- *Ensure that employee disciplinary and discharge procedures address the potential for workplace violence.*
- *Establish a policy for prohibited practices.*
- *Limit the amount of cash on hand and use time access safes for large bills.*
- *Provide procedures for a "buddy" system for specified emergency events.*

## SECTION 9: PROCEDURES FOR POST INCIDENT RESPONSE AND INVESTIGATION

After a workplace incident, the WVPP administrator or their designee will implement the following post-incident procedures:

- Visit the scene of an incident as soon as safe and practicable.
- Interview involved parties, such as employees, witnesses, law enforcement, and/or security personnel.
- Review security footage of existing security cameras if applicable.
- Examine the workplace for security risks associated with the incident, including any previous reports of inappropriate behavior by the perpetrator.
- Determine the cause of the incident.
- Take corrective action to prevent similar incidents from occurring.
- Record the findings and ensuring corrective actions are taken.
- Obtain any reports completed by law enforcement.
- The violent incident log will be used for every workplace violence incident and will include information, such as: **[See Appendix B]**
  - The date, time, and location of the incident.
  - The workplace violence type or types involved in the incident.
  - A detailed description of the incident.
  - A classification of who committed the violence, including whether the perpetrator was a client or customer, family or friend of a client or customer, stranger with criminal intent, coworker, supervisor or manager, partner or spouse, parent or relative, or another perpetrator.
  - A classification of circumstances at the time of the incident, including, but not limited to, whether the employee was completing usual job duties, working in poorly lit areas, rushed, working during a low staffing level, isolated or alone, unable to get help or assistance, working in a community setting, or working in an unfamiliar or new location.
  - A classification of where the incident occurred, such as in the workplace, parking lot or other area outside the workplace, or other area.
  - The type of incident, including, but not limited to, whether it involved any of the following:
    - Physical attack without a weapon, including, but not limited to, biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting.
    - Attack with a weapon or object, including, but not limited to, a firearm, knife, or other

object.

- Threat of physical force or threat of the use of a weapon or other object.
- Sexual assault or threat, including, but not limited to, rape, attempted rape, physical display, or unwanted verbal or physical sexual contact.
- Animal attack.
- Other.
- Consequences of the incident, including, but not limited to:
  - Whether security or law enforcement was contacted and their response.
  - Actions taken to protect employees from a continuing threat or from any other hazards identified as a result of the incident.
  - Information about the person completing the log, including their name, job title, and the date completed.
  - Reviewing all previous incidents.
  - *Support and resources, such as counseling services, are provided to affected employees. These resources may include referrals to counseling services, information about our Employee Assistance Programs (EAP), and time off work if necessary.*

Ensure that no personal identifying information is recorded or documented in the violent incident log. This includes information which would reveal identification of any person involved in a violent incident, such as the person's name, address, electronic mail address, telephone number, social security number, or other information that, alone or in combination with other publicly available information, reveals the person's identity.

## SECTION 10: TRAINING AND INSTRUCTION

All employees, including managers and supervisors, will have training and instruction on general and job-specific workplace violence practices. These sessions could involve presentations, discussions, and practical exercises. Training and instruction will be provided as follows:

- When the WVPP is first established.
- Annually to ensure all employees understand and comply with the plan.
- Whenever a new or previously unrecognized workplace violence hazard has been identified and when changes are made to the plan. The additional training may be limited to addressing the new workplace violence hazard or changes to the plan.

SWC will provide its employees with training and instruction on the definitions found on page 1 of this plan and the requirements listed below:

- The employer's WVPP, how to obtain a copy of the employer's plan at no cost, and how to participate in development and implementation of the employer's plan.
- How to report workplace violence incidents or concerns to the employer or law enforcement without fear of reprisal.
- Workplace violence hazards specific to the employees' jobs, the corrective measures SWC has implemented, how to seek assistance to prevent or respond to violence, and strategies to avoid physical harm.
- The violent incident log and how to obtain copies of records pertaining to hazard identification, evaluation and correction, training records, and violent incident logs.
- Opportunities SWC has for interactive questions and answers with a person knowledgeable about the SWC plan.
- *Other strategies to avoid/prevent workplace violence and physical harm can be found in the Districts Injury & Illness Prevention Plan (IIPP) and the Emergency Operations Plan (EOP), the strategies include:*
  - *How to recognize workplace violence hazards including the risk factors associated with the four types of workplace violence.*
  - *Ways to defuse hostile or threatening situations.*
  - *How to recognize alerts, alarms, or other warnings about emergency conditions and how to use identified escape routes or locations for sheltering.*
  - *Employee routes of escape.*
  - *Emergency medical care provided in the event of any violent act upon an employee.*
  - *Post-event trauma counseling for employees desiring such assistance.*

*Employers must use training material appropriate in content and vocabulary to the type of position or trade that may need specialized training or equipment.*

## **SECTION 11: EMPLOYEE ACCESS TO THE WRITTEN WVPP**

SWC ensures that the WVPP plan shall be in writing and shall be available and easily accessible to employees, authorized employee representatives, and representatives of Cal/OSHA at all times. This plan is a living document which will undergo continuous review to ensure accuracy and clear direction to all employees Districtwide.

- *Whenever an employee or designated representative requests a copy of the written WVPP, we will provide the requester with a printed copy of the WVPP, unless the employee or designated representative agrees to receive an electronic copy.*
- *We will provide unobstructed access through a company server or website, which allows an employee to review, print, and email the current version of the written WVPP. Unobstructed access means that the employee, as part of their regular work duties, predictably and routinely uses the electronic means to communicate with management or co-employees.]*

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## **SECTION 12: RECORD KEEPING**

SWC will:

- Create and maintain records of workplace violence hazard identification, evaluation, and correction, for a minimum of five (5) years.
- Create and maintain training records for a minimum of one (1) year and include the following:
  - Training dates.
  - Contents or a summary of the training sessions.
  - Names and qualifications of persons conducting the training.
  - Names and job titles of all persons attending the training sessions.
- Maintain violent incident logs for minimum of five (5) years.
- Maintain records of workplace violence incident investigations for a minimum of five (5) years.
  - The records shall not contain medical information per subdivision (j) of section 56.05 of the Civil Code.
  - All records of workplace violence hazard identification, evaluation, and correction; training, incident logs and workplace violence incident investigations required by LC section 6401.9(f), shall be made available to Cal/OSHA upon request for examination and copying.

### **SECTION 13: EMPLOYEE ACCESS TO RECORDS**

The following records shall be made available to employees and their representatives, upon request and without cost, for examination and copying within **15 calendar days of a request**:

- Records of workplace violence hazard identification, evaluation, and correction.
- Training records.
- Violent incident logs.

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## **SECTION 14: REVIEW AND REVISION OF THE WVPP**

The SWC WVPP will be reviewed for effectiveness:

- At least annually.
- When a deficiency is observed or becomes apparent.
- After a workplace violence incident.
- As needed.

Review and revision of the WVPP will include the procedures listed in the EMPLOYEE ACTIVE INVOLVEMENT section of this WVPP, as well as the following procedures to obtain the active involvement of employees and authorized employee representatives in reviewing the plan's effectiveness:

- Review of SWC's WVPP should include, but is not limited to:
  - Review of incident investigations and the violent incident log.
  - Assessment of the effectiveness of security systems, including alarms, emergency response, and security personnel availability (if applicable).
- Review that violence risks are being properly identified, evaluated, and corrected. Any necessary revisions are made promptly and communicated to all employees. [These revisions could involve changes to procedures, updates to contact information, and additions to training materials.]

## **SECTION 15: EMPLOYER REPORTING RESPONSIBILITIES**

As required by California Code of Regulations (CCR), Title 8, Section 342(a). Reporting Work-Connected Fatalities and Serious Injuries, SWC will immediately report to Cal/OSHA any serious injury or illness (as defined by CCR, Title 8, Section 330(h), or death (including any due to Workplace Violence) of an employee occurring in a place of employment or in connection with any employment.

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**Name & Title Authorizing WVPP**

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**Signature**

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**Date**

## **APPENDICES:**

Appendices A and B follow this page:

Appendix A: Definitions

Appendix B: Violent Incident Log

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## Appendix A: Definitions

1. **Emergency** - Unanticipated circumstances that can be life threatening or pose a risk of significant injuries to employees or other persons.
2. **Engineering controls** - An aspect of the built space or a device that removes a hazard from the workplace or creates a barrier between the employee and the hazard.
3. **Log** - The violent incident log required by LC section 6401.9.
4. **Plan** - The workplace violence prevention plan required by LC section 6401.9.
5. **Serious injury or illness** - Any injury or illness occurring in a place of employment or in connection with any employment that requires inpatient hospitalization for other than medical observation or diagnostic testing, or in which an employee suffers an amputation, the loss of an eye, or any serious degree of permanent disfigurement, but does not include any injury or illness or death caused by an accident on a public street or highway, unless the accident occurred in a construction zone.
6. **Threat of violence** - Any verbal or written statement, including, but not limited to, texts, electronic messages, social media messages, or other online posts, or any behavioral or physical conduct, that conveys an intent, or that is reasonably perceived to convey an intent, to cause physical harm or to place someone in fear of physical harm, and that serves no legitimate purpose.
7. **Workplace violence** - Any act of violence or threat of violence that occurs in a place of employment.
8. **Workplace violence** includes, but is not limited to, the following:
  - a. The threat or use of physical force against an employee that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury.
  - b. An incident involving a threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury.
  - c. The following four workplace violence types:
    - **Type 1 violence** - Workplace violence committed by a person who has no legitimate business at the worksite, and includes violent acts by anyone who enters the workplace or approaches employees with the intent to commit a crime.
    - **Type 2 violence** - Workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors.
    - **Type 3 violence** - Workplace violence against an employee by a present or former employee, supervisor, or manager.

- **Type 4 violence** - Workplace violence committed in the workplace by a person who does not work there, but has or is known to have had a personal relationship with an employee.

**Workplace violence** does not include lawful acts of self-defense or defense of others.

9. **Work practice controls** - Procedures and rules which are used to effectively reduce workplace violence hazards.

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## Appendix. B: Violent Incident Log

This log must be used for every workplace violence incident that occurs in our workplace. At a minimum, it will include the information required by LC section 6401.9(d).

The information that is recorded will be based on:

- Information provided by the employees who experienced the incident of violence.
- Witness statements.
- All other investigation findings.

All information that personally identifies the individual(s) involved will be omitted from this log, such as:

- Names
- Addresses – physical and electronic
- Telephone numbers
- Social security number

Complete Date of Incident:	_____
Time the Incident Occurred:	_____ AM or PM (Please Circle)

Location(s) of Incident	Workplace Violence Type (Indicate which type(s) (Type 1, 2,3,4)
[Enter location(s) where the incident occurred]	[Enter the workplace violence type(s)]

Check which of the following describes the type(s) of incident, and explain in detail:

**Note:** It's important to understand that "Workplace Violence Type" and "Type of Incident" have separate requirements. **For this part of the log, "Type of Incident" specifically refers to the nature or characteristics of the incident being logged.** It does not refer to the type of workplace violence.

- Physical attack without a weapon, including, but not limited to, biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting.
- Attack with a weapon or object, including, but not limited to, a firearm, knife, or other object.
- Threat of physical force or threat of the use of a weapon or other object.
- Sexual assault or threat, including, but not limited to, rape, attempted rape, physical display, or unwanted verbal or physical sexual contact.
- Animal attack.
- Other.

Explain: *[Provide a detailed description of the incident and any additional information on the violence incident type and what it included. Continue on separate sheet of paper if necessary.]*

Workplace violence committed by: *[For confidentiality, only include the classification of who committed the violence, including whether the perpetrator was a client or customer, family or friend of a client or customer, stranger with criminal intent, coworker, supervisor or manager, partner or spouse, parent or relative, or other perpetrator.]*

Circumstances at the time of the incident: *[write/type what was happening at the time of the incident, including, but not limited to, whether the employee was completing usual job duties, working in poorly lit areas, rushed, working during a low staffing level, isolated or alone, unable to get help or assistance, working in a community setting, or working in an unfamiliar or new location.]*

Where the incident occurred: *[Where the incident occurred, such as in the workplace, parking lot or other area outside the workplace, or other area.]*

Consequences of the incident, including, but not limited to:

- Whether security or law enforcement was contacted and their response.
- Actions taken to protect employees from a continuing threat or from any other hazards identified as a result of the incident.

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Were there any injuries? Yes \_\_\_\_\_ or No \_\_\_\_\_

Please explain – Provide description of the injury(ies):

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Were emergency medical responders other than law enforcement contacted, such as the Fire Department, Paramedics, On-site First-aid certified personnel? Yes \_\_\_\_\_ or No \_\_\_\_\_.

If yes, explain below:

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Did the severity of the injuries require reporting to Cal/OSHA? Yes \_\_\_\_\_ or No \_\_\_\_\_  
If yes, document the date and time this was done, along with the name of the Cal/OSHA representative contacted.

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A copy of this violent incident log needs to be provided to the employee. Indicate when it was provided and to whom.

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This violent incident log was completed by:

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[Name of person completing this log]

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[Job Title of person completing this log]

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[Signature of person completing this log]