

SCHOOL DISTRICT SAFETY: 20 KEY COMPONENTS

Presented By:

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Kenosha Unified School District**

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Services**

Community Insurance Corporation/WERMC

OBJECTIVES

Outline

Outline the 20 key components needed for a successful safety compliance program

Provide

Provide essential information on each key component

Provide

Provide examples of actual practices

Provide

Provide support materials and resources for additional information

POLLING QUESTION #1

- Does your district have a safety committee and how often do they meet each year?
- No
- Yes, annually
- Yes, quarterly
- Yes, more frequently than quarterly

DISTRICT SAFETY COMMITTEE MEMBERS

Safety Coordinator

Human Resources

Student Services

Building & Grounds

School Resource
Officer

District Nurse

Building
Administrators

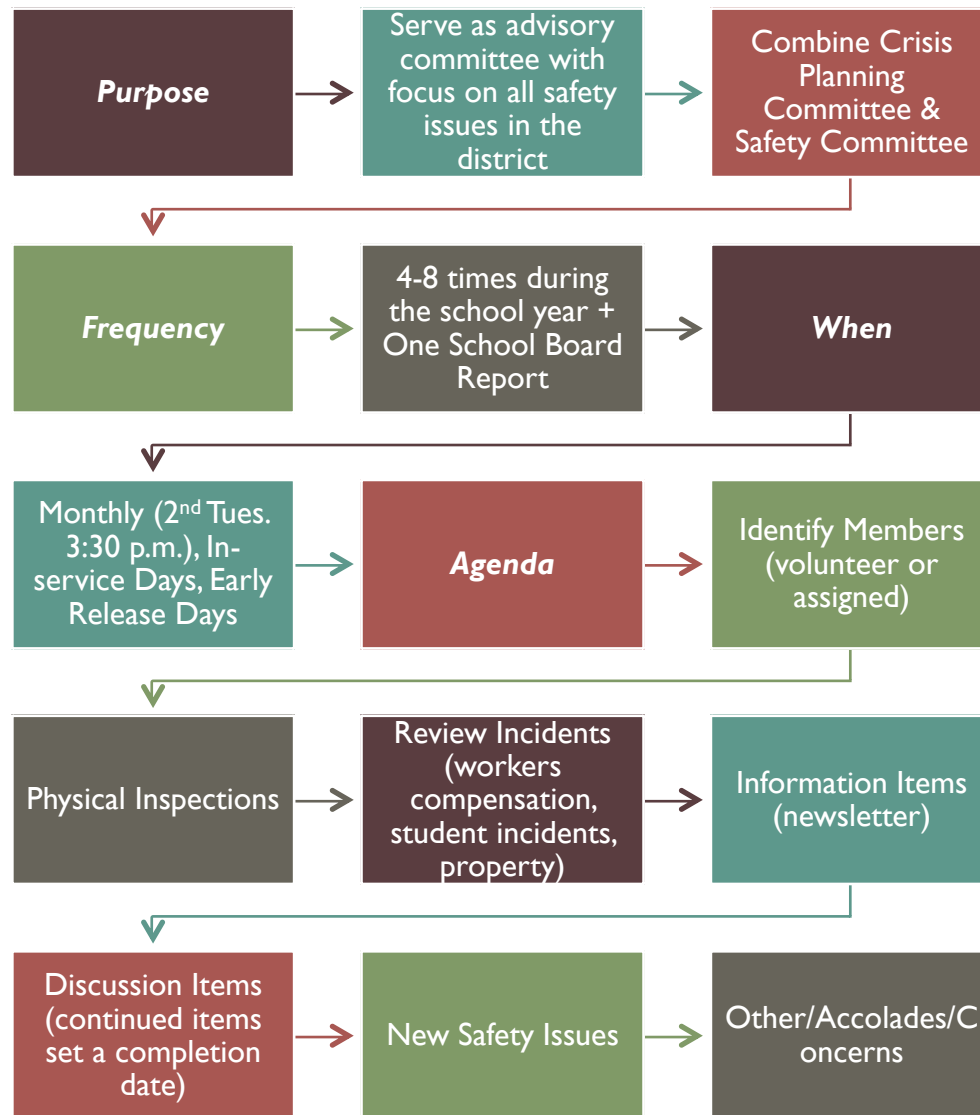
Employee Groups
Teacher, TA, Cooks,
Custodial, Secretary,
Bus Drivers, Tech Ed,
Phy Ed, Art, Theater

District Students

Local Fire Department

Insurance Company
Representative

COMMITTEE MEETINGS



2017 WISCONSIN ACT 143

- 2017 Wisconsin Act 143 requires public and private schools to submit the following information to the Office of School Safety annually:
 - Blueprints/Maps (floor plans and site plans) – once you original submitted you only need to resubmit buildings that had alterations.
 - School Safety Plans – Emergency Operating Procedures – Must be reviewed and approved by the School Board every three years
 - Dates of Safety Drills and Certification that the School Board Reviewed the Drill Evaluations
 - Safety Plan Training Records
 - Building Safety Assessments – law enforcement component to the assessment

OFFICE OF SCHOOL SAFETY

<https://www.doj.state.wi.us/office-school-safety/office-school-safety>

- Other Requirements (generally tied to the grants):
 - Full-time staff trained a minimum of 3 hours in Adverse Childhood Experiences (ACE) and Trauma Informed Care/Trauma Sensitive Schools (TIC/TSS)
 - All exterior entrances locked during the school day and any unlocked entrance monitored by a designated staff member
 - Have a written visitor protocol
 - 10% of full-time teaching staff and counselors attend a DOJ approved 12-hour Adolescent Mental Health Training program
 - Each school has a School Safety Intervention Team that includes a member of law enforcement, that at least one member attended the 12-hour training, and that at least one member attended Threat Assessment Training
 - That your schools participate in the Speak Up Speak Out confidential reporting tip line

LOCKOUT/TAGOUT-CFR 1910.147

Written Program

Departments: Maintenance, Custodians,
Transportation, Technical Education Classrooms

Identify multi-source energy equipment. Ex:
compressors

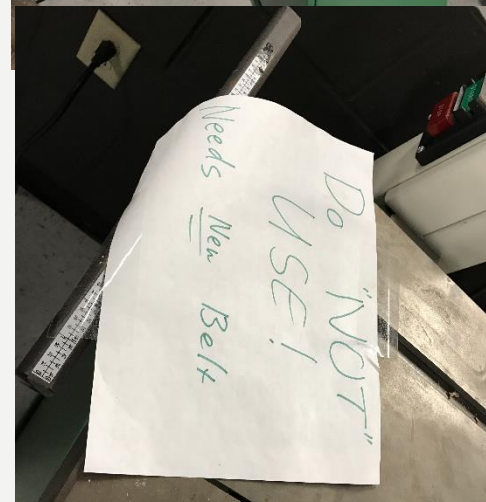
Train on procedures for lockout, work with employees
to properly lockout.

Notify other affected employees.

Purchase lockout equipment and tags

Check list

Annual Review





PERSONAL PROTECTIVE EQUIPMENT (PPE), CFR 1910.132

- Head-Feet-Hands-Eyes
- PPE Assessment
- Provide Proper Equipment
- Provide & Train Employees
- Included in Lesson Plan
- Train Students
- Students in art, science technical education, pools and theater programs
- Revise with changes

CONFINED SPACE ENTRY

- Definition:
 - (1) Is large enough and so configured that an employee can bodily enter and perform assigned work; and
 - (2) Has limited or restricted means for entry or exit (for example, tanks, vessels, silos, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry.); and
 - (3) Is not designed for continuous employee occupancy
 - Note: Head entering space can be considered “entry”
- Refer to OSHA guidelines for identification.



CONFINED SPACE ENTRY

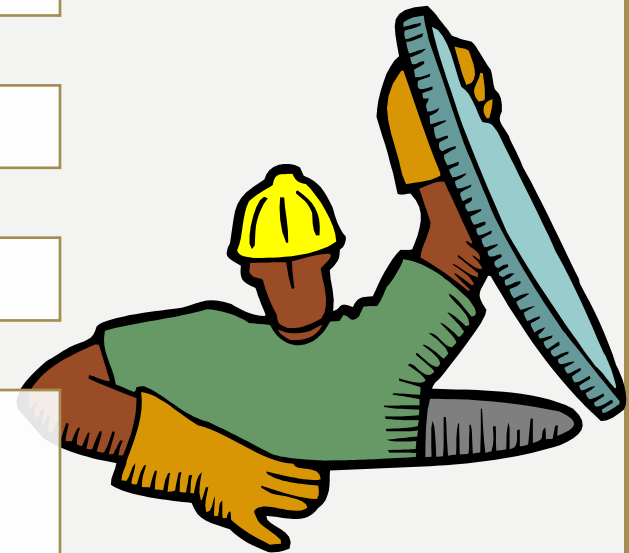
Identify, Label and Train

Develop and adopt a non-entry or entry policy.

If non-entry policy-restrict access!

If entry policy is adopted:

- All Confined spaces are permit required unless they are reclassified as non-permit or one allowing alternate entry procedures
- Purchase meter to measure CO, H₂S, explosive gases (LEL), oxygen content.
- Communication of Hazards and sharing of testing data with contractors



WISCONSIN SCHOOL INTEGRATED PEST MANAGEMENT (IPM)

- Pesticide use in Schools



CHEMICALS: PESTICIDE USE

- Regulated by DATCP: Wis. Admin. Code ATCP 29 - IPM Rule for Wisconsin School Districts
- Integrated Pest Management: Systematic approach to reduce pests
- Pesticide: Any substance designed to prevent, destroy, repel, or mitigate any pest (pests include: weeds, fungus, bacteria, mold, insects, rodents, animals, etc...)
- Examples: Ant baits, weed killers, round-up, raid
- Not included: Bleach, dish soap, OFF insect repellent, routine floor cleaners, pool maintenance, glue traps, etc...
- Requirements include:
 - Use of certified personnel (Turf & Landscape, Structural, etc...) to apply pesticide in school (Licensed if **“FOR HIRE/CONTRACTOR”**)
 - Recordkeeping “encouraged”
 - Posting of signs on both interior (at left) and exterior (at right).

PESTICIDE APPLICATION

PLEASE KEEP OFF



DO NOT REMOVE UNTIL SUNSET ON _____.

FOR ADDITIONAL INFORMATION ON THIS APPLICATION OR ANY FUTURE APPLICATIONS CALL (INSERT NAME AND TELEPHONE NUMBER OF COMMERCIAL APPLICATOR'S BUSINESS OR EMPLOYER.)

THIS SIGN REQUIRED BY THE DEPARTMENT OF AGRICULTURE, TRADE & CONSUMER PROTECTION (608)224-LAWN.

AREA TREATED WITH PESTICIDES

ON _____.

(DATE AND TIME OF APPLICATION)

Do NOT REMOVE THIS SIGN FOR 72 HOURS FOLLOWING THIS APPLICATION

FOR INFORMATION ON THIS PESTICIDE APPLICATION, CONTACT

_____.

(CONTACT PERSON) (PHONE NUMBER)

ASBESTOS

Asbestos Hazard Emergency Response Act (AHERA)-1989

K-12 Public and Private Schools

- Including 4K, charter, alternative and leased space

Assign Designated Person

- Annual registration in October

Initial Inspection/Three year Re-Inspections/Six Month Surveillance

Training

- Two Hour for All Custodial Maintenance Staff
- 16-Hour for any staff who disturbs asbestos

Notification

- Annual Parent/Guardian Notice
- Contractor Notification

Operations and Maintenance

- Waste Manifests
- O&M vs. Planned Abatement

Response actions

Recordkeeping – Management Plan

Pre-Renovation Survey

POLLING QUESTION #2

- **Has your district performed any lead testing?**
- We have performed testing in our water supply/drinking fountains
- We have performed XRF testing for lead paint
- Both a and b
- We have not performed any testing for lead

LEAD

▪ Water

- Wisconsin Proposed Legislation in 2019
 - LRB 19-3539: Requires sampling of all schools on public and private water systems
- Wisconsin Proposed Legislation in 2020
 - Assembly Bill 476: Failed to Pass
- EPA Lead & Copper Proposed Rule in 2021
 - Trigger Level of 10 ppb
 - Test 20% of schools per year
- Safe Drinking Water Act (SDWA)
 - Well Operator Certification is required
 - Private Well NTNC Systems that serve >25 persons
 - Sample per WDNR Schedule
<15 ppb

LEAD

▪ Paint

- EPA Lead Renovation, Repair & Painting Program: Began April 22, 2010
- DHS 163 Regulations
- Need for Certification & Work Practices are based on:
 - Building
 - Pre-1978, children <6 years of age
 - Definition of Renovation Work
 - Lead Hazard Reduction Activity-Rare
 - Routine Renovation-Common
 - Disturbance of 6ft² per room or 20ft² exterior
 - Window Replacement regardless of quantity
- Assume painted surfaces are lead or test by certified lead inspector
 - XRF Sampling or Chip Sampling
- Notification
- Certified Lead Company
- Certified Lead Renovator
- Work Practices
 - Notifications, Training, Documentation
- Cleaning Verification
 - Use cleaning cloths and compare to cleaning verification card
- Recordkeeping
 - Minimum of 3 years

MERCURY REGULATION EFFECTING SCHOOLS

DPI Chapter 118.07(4m)

- Effective October 2010
 - No school board, private school, or charter school may knowingly do any of the following:
 1. **Purchase** or **use** free-flowing elemental mercury for any purpose.
 2. **Purchase** or **use** a mercury-containing compound or an instrument or measuring device that contains mercury Effective January 1, 2012
 3. No schools may knowingly **store** free-flowing elemental mercury, store a mercury-containing compound or an instrument or measuring device that contains mercury.



INDOOR ENVIRONMENTAL QUALITY

Wisconsin Act 96 IEQ Model Plan

- Implement Plan February 2013

See:

<http://dpi.wi.gov/sms/ieqhome.html>

Management Plan Requirements:

- 1. Mission Statement
- 2. Role of the IEQ Coordinator
- 3. Communication
- 4. Reporting
- 5. Addressing IEQ Findings
- 6. IEQ Policies
- 7. Procedures for Maintenance and Facility Operations
- 8. Construction and Renovation
- 9. Staff Responsibilities for Maintaining Good IEQ
- 10. Prevention of IEQ Problems

OCCUPATIONAL EXPOSURE TO HAZARDOUS CHEMICALS IN LABORATORIES

- Chemical Hygiene Plan coordinated by Chemical Hygiene Officer (CHO)
- Training of Science Staff
- Annual Fume hood testing, must exceed 100 linear feet per minute with hood sash set at 18"
- This regulation presents the greatest liability to your district pertaining to Health and Safety
- Recent focus of DSPS inspections



RESOURCES

Wisconsin Department of Safety & Professional Services

- <http://dsps.wi.gov/>

www.osha.gov

State of WI Risk Management Website

https://doa.wi.gov/Pages/AboutDOA/DEO_Safety-and-Loss-Control.aspx

- Enter keyword: Safety and Loss Control
- Sample Programs
- Newsletters
- Governor's Executive Order #194
- Regulatory checklists
- Manuals/guidelines
- Webcasts
- Tools for Safety Meetings/Discussions
- PowerPoint presentations, handouts, etc.



STATE OF WISCONSIN

Department of Safety & Professional Services
4822 Madison Yards Way
Madison WI 53705

Division of Industry Services
PO Box 7302
Madison, WI 53707-7302

Email: dsps@wisconsin.gov
Web: <https://dsps.wi.gov>

*The Department of Safety and Professional Services is excited to announce a new online injury and illness reporting system. This online system allows public employers to submit their yearly injury and illness summary through the internet. The State of Wisconsin requires that **by March 1st of every year**, all public employers submit a summary of their previous year's injuries and illnesses. This summary was previously submitted on form SBD-10710.*

Public Sector employers, please visit the D^SP^S [Electronic Safety and Licensing Application \(eSLA\)](#) to enter, review and submit your previous year's injury and illness summary. After submitting your information you will receive a confirmation email which contains a printable version of the injury and illness summary which must be posted in your workplace from February 1st through April 30th.

Fatality: To a public sector employee fatality or hospitalizations of 3 or more employees, contact the department at (608) 445-6558 or (608) 267-9420 during regular business hours. After hours, please call Wisconsin Emergency Management after-hours incident reporting at 1 (800) 943-0003 ext. 2 for assistance

This will be the first item often asked for during a D^SP^S inspection!

<https://dsps.wi.gov/Documents/Programs/PublicSafety/SBD10710Packet.pdf>

RECORDKEEPING ONLINE PROGRAM



MINE SAFETY TRAINING

UNIFORM DWELLING CODE PERMITS

UDC PERMIT SEARCH

UDC MUNICIPAL LOGIN

INSPECTOR LOOK-UP

PUBLIC LOOK-UP

LOG IN

**eSLA requires Google Chrome browser to work properly. Please download Google Chrome browser to continue. [Click Here to download](#)

First Time eSLA User

Create Account

If you currently hold or previously held a credential or have conducted business with the Department, please create an account by clicking here.

[DSPS CUSTOMER](#)

If you have never held a credential or conducted business with the Department, please create an account here.

[NEW DSPS CUSTOMER](#)

Existing eSLA Users

Login

*

* [👁](#)

[LOGIN](#)

[Forgot Password?](#)
[Forgot Email?](#)

How to Use eSLA - To set up your eSLA account, first complete section A below and then associate any business accounts following steps in section B. Once you complete the initial eSLA account setup in section A, log in as an existing user to the right of the eSLA Customer Portal page every time you return.

A. First-Time eSLA User Account Setup

Watch the [eSLA Customer Portal Log In](#) video for a quick walkthrough or complete the steps below.

If you have previously done business with the Department, follow the **Existing DSPS Customer** steps:

1. Go to the eSLA Customer Portal at <https://esla.wi.gov>.
2. Create a new account by selecting the **Existing DSPS Customer** button.

B. Adding a Business Account in eSLA

Watch the [Add a Business in eSLA](#) video for a walkthrough or complete the following steps:

1. Go to the eSLA Customer Portal at <https://esla.wi.gov>.
2. Log in to the right of the page under "Existing eSLA Users" by entering the **email** and **password** you used to create your account in section A above.
3. Hover over your name in the top right corner of the "Dashboard" page, and click **Manage Business**.

LOG COMPLETION

How to Fill Out the Log of Work-Related Injuries & Illnesses (10710A)

DPS Form 10710A						Year 2020		Dept of Safety & Professional Services														
Log of Work-Related Injuries and Illnesses						Establishment name Town of AEC		City Anywhere		State Wisconsin												
<p>According to SPS 332.205, you must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local DPS Inspector for help.</p>																						
Identify the person		Describe the case				Classify the case				Enter the number of days the injured or ill worker was:												
(A) Case No.	(B) Employer's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mm./day)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Check the "injury" column or check one type of illness:												
						Death	Days away from work		Remained at work		Away From Work (days)		On job transfer or restriction (days)									
							Job transfer or restriction		Other recordable cases													
(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)	(AA)	(AB)	(AC)
1	Mark Johnson	Street Crew	01/01	Dump truck in town parking lot	sprained ankle, fell while exiting truck	X				2	4											
2	Wendy Adams	Welder	02/01	Sign Shop	back strain from lifting box		X	X			5											
3	Ralph Borg	Farmer	02/14	Regal Park	poisoning from cutting brush				X													

Be as specific as possible. You can use two lines if you need

Revise the log if the injury or illness progresses and the outcome is more serious than you originally recorded for the case. Cross out, erase, or white-out the original entry if hard copy.



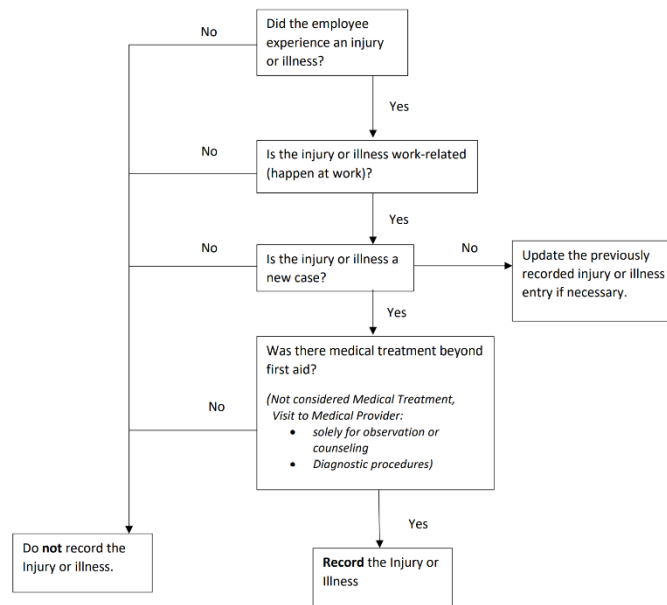
Choose **ONLY ONE** of these categories. Classify the case by recoding the most serious outcome of the case. Column G (Death) being the most serious and column J (Other recordable cases) being the least serious.

Note whether the case involves an injury or illness.

The **Log of Work-Related Injuries & Illnesses** is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the Log to record specific details about what happened and how it happened. If you need additional pages, photocopy the printout or insert additional pages in the spreadsheet.

RECORDABLE INJURY OR ILLNESS FLOWCHART

Should the Injury or Illness be recorded on the log?



What is first aid?

If the incident required only the following types of treatment, consider it first aid. Do NOT record the case if it involves only:

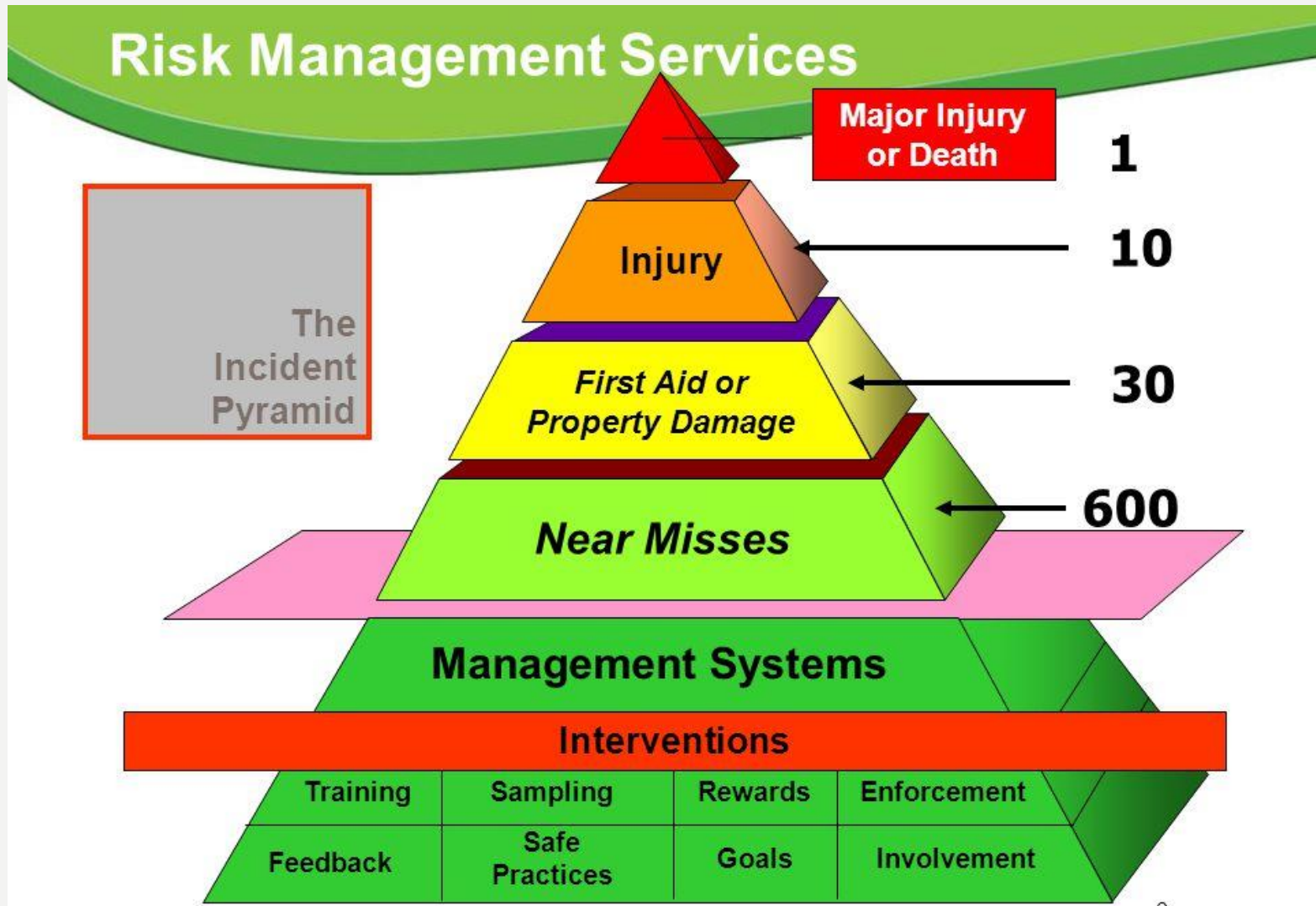
- Using non-prescription medications at nonprescription strength
- Administering tetanus immunizations
- Cleaning, flushing, or soaking wounds on the skin surface
- Using wound coverings, such as bandages, BandAids™, gauze pads, etc., or using SteriStrips™ or butterfly bandages
- Using hot or cold therapy
- Using any totally non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.
- Using temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or back boards)
- Drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters
- Using eye patches
- Using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye
- Using irrigation, tweezers, cotton swab or other simple means to remove splinters or foreign material from areas other than the eye
- Using finger guards
- Using massages
- Drinking fluids to relieve heat stress

POLLING QUESTION #3

- **Does Your District Conduct Accident Investigations?**
- **No**
- **Only on serious injuries for staff**
- **Only on serious injuries for staff and students**
- **On all staff injuries**
- **On all staff and student injuries**

INCIDENT INVESTIGATION

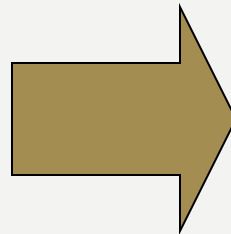
ELIMINATE UNSAFE ACTS - ELIMINATE LOSS



WHAT ARE SLIPS, TRIPS & FALLS?

Slip

A slip occurs when there is too little traction or friction between the shoe and walking surface.



Fall

A fall occurs when you are too far off balance.



Trip

A trip occurs when a person's foot contacts an object in their way or drops to a lower level unexpectedly, causing them to be thrown off-balance.



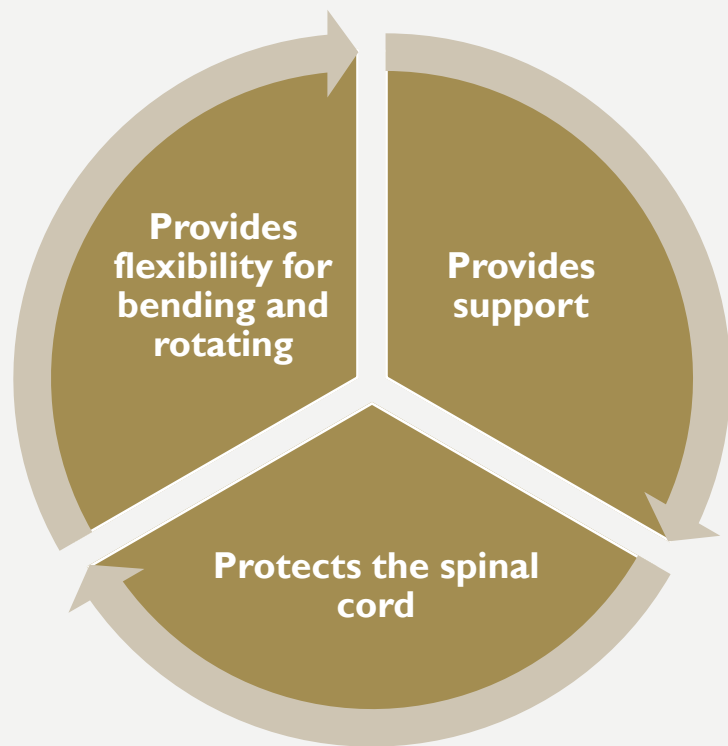
ERGONOMICS – SCIENCE OF FITTING JOBS TO PEOPLE

Improve	Improve Efficiency
Increase	Increase Production Capability
Reduce	Reduce Workplace Injuries
Lower	Lower Workers' Comp Costs
Reduce	Reduce Absenteeism



GUIDELINES FOR SAFE LIFTING

THE SPINE'S BASIC FUNCTIONS



MUSCULAR SKELETAL DISORDERS

- Musculoskeletal disorders (MSDs) are an injury or illness to soft body tissue such as:
 - **Muscles**
 - **Nerves**
 - **Tendons**
 - **Ligaments**
 - **Joints**
 - **Cartilage**
 - **Spinal Discs**



MSD

WORKSTATION ERGONOMICS

Adjustable Chairs
with lumbar support,
seat glide, adjustable
back rest, tilt

Ergonomic Mat



BLOODBORNE PATHOGENS, CFR 1910.1030 OF SPS 332

- Hepatitis B, C and HIV
- HBV & HCV can live in a dry environment for at least 7 days
- Identify at-risk employees
- Hepatitis C Fact Sheet
- Annual Training (include playground supervisors & first aid room providers)
- Offer Hepatitis B vaccination
- Exposure/follow-up
- Infectious waste procedures
- Maintain database
- Where are gloves and cleaning materials available?



Mode of Transmission	HBV	HIV
Blood	Yes	Yes
Semen	Yes	Yes
Vaginal Secretions	Yes	Yes
Saliva (from a bite)	Yes	No
Target in body	Liver	Immune
Risk after needlestick	6% - 30%	0.5%
High no. of viruses in blood	Yes	No
Vaccine available	Yes	No

HEPATITIS C

CHRONIC HEPATITIS C



Why Baby Boomers Should Get Tested

- Persons who are chronically infected with HCV may not be aware of their infection because they may not be clinically ill. Many of those infected don't find out that they have the disease until many years later when liver damage shows up during routine medical tests.
- 75% of all U.S. Positive HCV Cases are born between 1944-1964.
- Simple Blood Test!

Why should baby boomers get tested for Hepatitis C?

More than 75% of adults with Hepatitis C are Baby Boomers. Baby boomers are people born from 1945 through 1965.

- Baby boomers are five times more likely to be infected with Hepatitis C.
- Liver disease, liver cancer, and deaths from Hepatitis C are on the rise.

As baby boomers age, there is a greater chance that they will develop serious, life-threatening liver disease from Hepatitis C.

- Testing people in this generation will help them learn if they are infected and get them into lifesaving care and treatment.
- Early diagnosis and treatment can help prevent liver damage, cirrhosis, and even liver cancer.

Why do baby boomers have such high rates of Hepatitis C?

The reason that baby boomers have the highest rates of Hepatitis C is not completely understood. Most boomers are believed to have become infected in the 1970s and 1980s when rates of Hepatitis C were the highest. Since chronic Hepatitis C can go unnoticed for up to several decades, baby boomers could be living with an infection that occurred many years ago.

Hepatitis C is primarily spread through contact with blood from an infected person. Many baby boomers could have gotten infected from contaminated blood and

What should baby boomers know about Hepatitis C?

Hepatitis C is a liver disease that results from infection with the Hepatitis C virus. The disease can cause serious liver damage, liver cancer and even death. In fact, Hepatitis C is a leading cause of liver cancer and the leading cause of liver transplants for people with Hepatitis C.

- Often have no symptoms.
- Can live with an infection for decades without feeling sick.

Can be treated with medication.

CDC now recommends that anyone born from 1945 through 1965 get tested for Hepatitis C.

Is there a test for Hepatitis C?

Yes. There is a simple blood test to determine if a person has ever been infected with the Hepatitis C virus.

For more information

Talk to your health professional, call your health department, or visit www.cdc.gov/knowmorehepatitis.

RESPIRATORY PROTECTION

- Respirator assessment. Do you need a program?
- Conduct a hazard assessment-Some areas that may require respirators:
 - Asbestos O & M work, district painter, pool operator, auto body shop, pesticide applicators

Identify employees

- Create a written program;
- Medical Questionnaire (Non-asbestos)
- Annual physical (measure pulmonary function, chest X-ray-Asbestos only)
- Annual Fit testing
- Facial hair not permitted



Respirator vs. Mask

WI DSPS

Respirators-N95 &

COVID-19 March

27, 2020 Power

Point Presentation



RESPIRATOR - N95

- Evaluated, tested and approved by NIOSH
- Reduces wearer's exposure to particles including small particle aerosols and large droplets
- Tight fitting face seal
- Fit testing required
- User seal check required each time respirator is put on
- Filters out at least 95% of airborne particles including large and small particles
- When properly fitted and worn, minimal leakage occurs around respirator edges when user inhales
- Single use, or replacement if damaged, deformed or soiled






Mask

- Cleared by the U.S. Food and Drug Administration
- Fluid resistant and provides the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids. Protects the patient from the wearer's respiratory emissions.
- Loose-fitting
- No fit test required
- No user seal check required
- Does NOT provide the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection
- Leakage occurs around the edge of the mask when the user inhales
- Disposable

HEARING CONSERVATION

- **What does OSHA/Department of Safety and Professional Services (DSPS) say?**
- At 85 dB (8hr.TWA) (50% Dose)
 - Train employees
 - Make hearing protection available
 - Sample for noise levels
 - Baseline & Annual Audiograms
 - Notify employees of results
 - Enter Standard Threshold Shifts on OSHA/DSPS 300 Log
 - Departments: Technical Education, Music Rooms, Maintenance and Grounds Staff

HEARING PROTECTION

Type	Advantages	Disadvantages
Formable Ear Plugs (foam) 	<ul style="list-style-type: none"> -Cooler, more comfortable under hot conditions -Can readily dispose of after each use, inexpensive and small -Doesn't interfere with hair or glasses 	<ul style="list-style-type: none"> -Irritation to inner ear or introduce dirt into the canal -Sometimes fit problems especially small canals -Insertion method can vary protection levels
Reusable Ear Plugs (plastic) 	<ul style="list-style-type: none"> -Cooler, more comfortable under hot conditions -Washable, re-useable -Variety of sizes 	<ul style="list-style-type: none"> -Irritation to inner ear -some -Sometimes fit problems, may need different size per ear
Ear Muffs 	<ul style="list-style-type: none"> -Easy to use no fit problems -Generally provide greater protection 	<ul style="list-style-type: none"> -Not as effective if anything (hair, beards, glasses) breaks the seal -Heavier/Warmer than plugs

WHAT DOES OSHA/DSPS SAY?

- At 90 dB or more
(100% Dose)
 - We must keep levels at or below 90dB
 - Or require hearing protection that will lower noise levels to 90dB
- ❑ **NRR - Noise reduction rating**
- **DO NOT** Subtract the NRR from the noise level
 - **WRONG** (109 dB - 25 NRR = 84 dB)
- You must use the **“Safety Factor”** due to leaks in the seal, vibration & improper insertion
- **(NRR - 7) / 2** Example: NRR 25 $((25-7)/2=9)$
- **109db - 9 = 100dB**



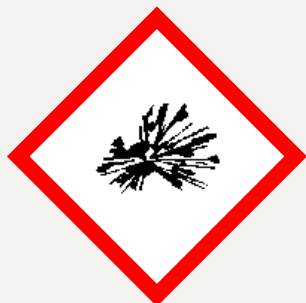
HAZARD COMMUNICATION, CFR 1910.1200 OR SPS 332.15

- Written Plan
- Program Coordinator
- Chemical Identification and Inventory (Maintenance, Science, Art, Pool, Technical Education, Theater)
- Safety Data Sheet (SDS)
- Training
- Labeling

SAMPLE LABEL		
CODE _____ Product Name _____	Product Identifier	
Company Name _____ Street Address _____ City _____ State _____ Postal Code _____ Country _____		
Emergency Phone Number _____	Supplier Identification	
Keep container tightly closed. Store in cool, well ventilated place that is locked. Keep away from heat/spark/open flame. No smoking. Only use non-sparking tools. Use explosion-proof electrical equipment. Take precautionary measures against static discharge. Ground and bond container and receiving equipment. Do not breathe vapors. Wear protective gloves. Do not eat, drink or smoke when using the product. Wash hands thoroughly after handling. Dispose of in accordance with local, regional, national, international regulations as specified. In Case of Fire, use dry chemical (DC) or Carbon dioxide (CO ₂) fire extinguisher to extinguish. First Aid If exposed call Poison Center. If on skin (or hair): Take off immediately any contaminated clothing. Wash skin with water.	Hazard Pictograms Signal Word Danger	
	Highly flammable liquid and vapor May cause liver and kidney damage	Hazard Statements
	Supplemental Information Directions for use _____ _____ _____ Fill weight: _____ Lit Number: _____ Gross weight: _____ Fill Date: _____ Expiration Date: _____	



GHS PICTOGRAMS



Unstable Explosives



Flammable Gases, Liquids, Solids



Oxidizing Liquids, Gases, Solids



Compressed Gases



Acute Toxicity



Corrosives



Health Hazard



Acute Toxicity – Skin & Eyes



Environmental Hazard

SDS – 16 CATEGORIES

1. Identification

2. Hazard(s) Identification

3. Composition/information on ingredients

4. First-aid measures

5. Fire-fighting measures

6. Accidental release measures

7. Handling and storage

8. Exposure controls/personal protection (PELs)

9. Physical and chemical properties

10. Stability and reactivity

11. Toxicological information

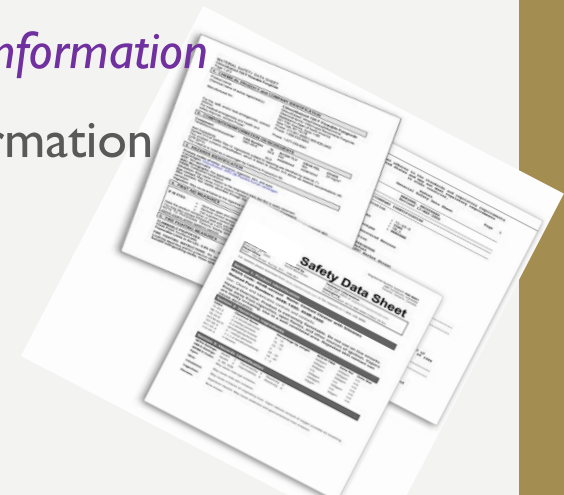
12. Ecological information

13. Disposal considerations

14. Transport information

15. Regulatory information

16. Other information



POLLING QUESTION #4

- **Does Your District Conduct & Document Playground Inspections?**
- **No**
- **Yes, annual inspections**
- **Yes, monthly inspections**
- **Yes, weekly inspections**

MANAGING YOUR PLAYGROUNDS SAFELY

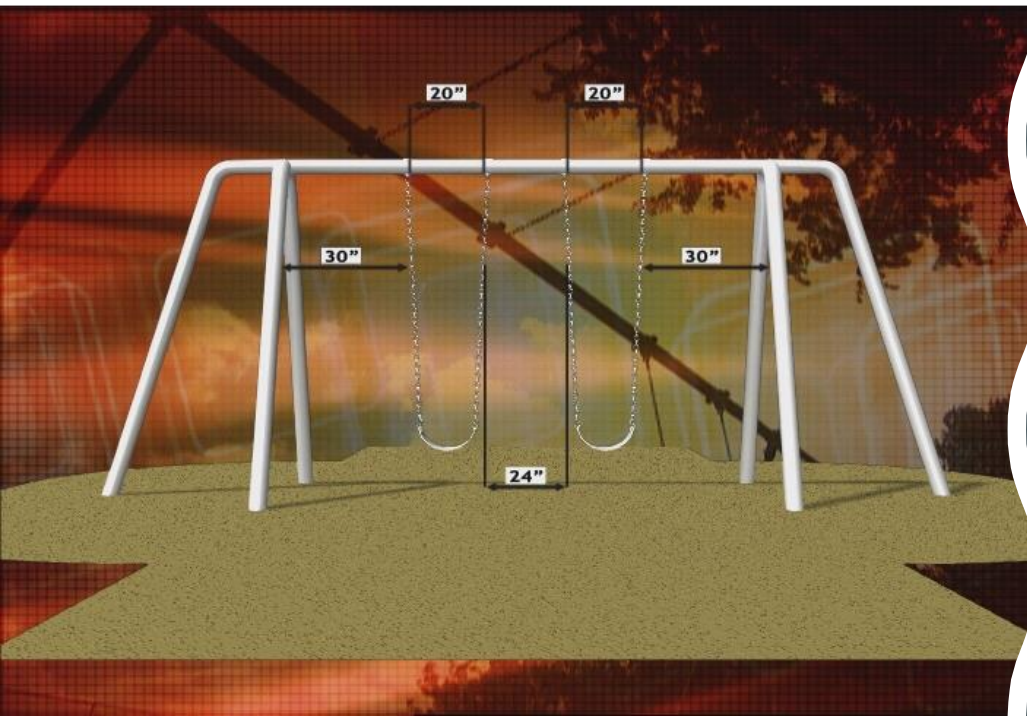
- CPSC–US Consumer Product Safety Commission (Pub. No. 325) Handbook for Public Playground Safety www.cpsc.gov
- ASTM–American Society for Testing & Materials F1487-21, www.astm.org
- **ADAAG Accessibility Guidelines**
http://www.ada.gov/2010ADAstandards_index.htm
- NPPS–National Program for Playground Safety
- www.playgroundsafety.org/
CPSI – Certified Playground Safety Inspector (conduct audit)
<https://www.nrpa.org/certification/CPSI/>
- **MUST BE AGE APPROPRIATE:** Pre K & Early Childhood play on 2-5 year old equipment only!





CAUSES OF PUBLIC PLAYGROUND INJURIES

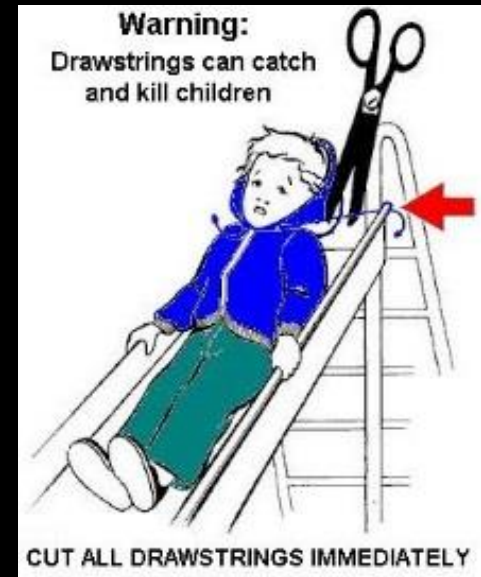
- 44% - Equipment Use & Supervision
- 36% - Poor Maintenance
- 10% - Improper Equipment
- 6% - Poor Installation
- 4% - Poor Layout
- Weekly Inspections Documented



FALLS ARE GREATEST CAUSE OF INJURIES

- 79% of all playground injuries are Falls
- Falls are the MOST COMMON cause of injury on PUBLIC Playgrounds
 - 68% are falls to surface
 - 10% are falls to other parts of the equipment
 - 1 % are falls to unknown

Strangulation is the Cause of Most Deaths!!!!



ASTM F1292 SURFACE MATERIAL & ASTM F1951 ADA ACCESSIBLE-CONTRACT WITH VENDOR & WARRANTY



Appropriate Surfacing

- Any material tested to ASTM F1292, including unitary surfaces, engineered wood fiber, etc.
- Pea gravel
- Sand
- Shredded/recycled rubber mulch
- Wood mulch (not CCA-treated)
- Wood chips



Inappropriate Surfacing

- Asphalt
- Carpet not tested to ASTM F129
- Concrete
- Dirt
- Grass
- CCA treated wood mulch

Table 2 – Minimum Compressed Loose-fill surfacing depths

Inches of	Loose-Fill Material	Protects to Fall Height (Feet)
6	Shredded/ recycled rubber	10
9	Sand	4
9	Pea Gravel	5
9	Wood Mulch (non-CCA)	7
9	Wood Chips	10

COMMUNITY RIGHT-TO- KNOW

- EPA, LEPC, SERB
- Annual Reporting of Chemicals Stored in Excess of 10,000 lbs..
- Reporting of Extremely Hazardous Substances
- Reporting Examples
 - Gasoline/Fuel Oil - 1,500 Gallons+
 - Chlorine in Excess of 100 lbs.
 - Salt (Road) in Excess of 10,000 lbs..
- Reporting Deadline - March 1st
- Reporting Fees

QUESTIONS & ANSWERS

Thank You for your Time!

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