INJURY AND ILLNESS PREVENTION PROGRAM

National Seating & Mobility 302 Innovation Drive. Suite 500 Franklin TN 37067 (Multiple locations in the State of CA, see list below) Karen Shell, Director of Compliance kshell@nsm-seating.com 615-595-1115 ext 0209 **RESPONSIBILITY FOR OUR IIPP** (Title 8 California Code of Regulations §3203(a)(1)) Our workplace's Injury and Illness Prevention Program (IIPP) administrator is1: Karen Shell, Director of Compliance kshell@nsm-seating.com 615-595-1115 ext 0209; also Human Resources at HR@nsm-seating.com IIPP Administrator's Name, Job Title, and Contact Information (business address, phone numbers) The responsibilities of our IIPP Administrator include (check all that apply): $|\times|$ Preparing and updating our workplace's IIPP. igwedge Implementing the provisions in our IIPP. Making sure accidents, injuries, illnesses and exposures in our workplace are investigated. Conducting regular workplace inspections for hazard identification. igwedge Taking action to mitigate identified hazards. \nearrow Providing health and safety training to employees. Instituting a Health and Safety Committee. Establishing procedures for employee reporting of workplace hazards, accidents, injuries, illnesses and general safety concerns. Other: Other: All employees have been told who is in charge of health and safety in our workplace. INJURY AND ILLNESS INVESTIGATIONS (Title 8 CCR §3203(a)(5)) Investigations of workplace accidents, injuries, illnesses and hazardous substance exposures will be conducted by: Branch/Location Managers in conjunction with Human Resources/Insurance **Carrier Case Managers** Our procedures for investigating accidents, injuries and illnesses and hazardous substance exposures include: $|\times|$ Visiting the scene as soon as possible. 1 $\boxed{\times}$ Interviewing injured employees and witnesses. 1

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 Determining the cause(s) of the accident/exposure.¹ ☐ Taking corrective action to prevent the accident/exposure from reoccurring.¹ ☐ Identifying and addressing the underlying factors that may have contributed to the incident. ☐ Investigating "near miss" incidents when they occur. ☐ Recording the findings and actions taken. ☐ Taking photos of the accident scene and the employee(s) involved. ☐ Other:
HAZARD ASSESSMENT / INSPECTION (Title 8 CCR §3203(a)(4))
Periodic inspections to identify and evaluate hazards in our workplace will be performed by the following individual(s): Managers at each location, Operations and Compliance all perform periodic inspections.
Periodic inspections are <u>always</u> performed according to the following schedule:
 Whenever new substances, processes, procedures or equipment are introduced into our workplace that present potential new hazards.¹ Whenever new, previously unidentified hazards are recognized.¹ Whenever occupational injuries and illnesses occur.¹ Whenever workplace conditions warrant an inspection.¹ When we hire and/or reassign permanent or intermittent employees to processes, operations, or tasks for which a hazard evaluation has not been previously conducted.¹ Other times:
HAZARD CORRECTION (Title 8 CCR §3203(a)(6))
Unsafe or unhealthy work conditions, practices or procedures will be corrected in a timely manner based on the severity of the hazards, including:
When a hazard is observed or as soon as it is discovered. ¹
When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, we will remove all exposed employees from the area except those necessary to correct the existing condition. Employees who are required to correct the hazardous condition will be provided with the necessary protection and training. ¹
We have plans/policies (which are attached) for addressing the following specific hazards we

We have plans/policies (which are attached) for addressing the following specific hazards we have identified in our workplace.

<u>A location specific list is created for each branch. See template attached.</u> (list of hazards, for example, chemicals, noise, workplace violence, etc.)

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•		for addressing these hazards are attached) Each location has a specific plan; is attached.
COIV	IMUNI	CATION WITH EMPLOYEES ABOUT SAFETY (Title 8 CCR §3203(a)(3))
nealtl	-	es are responsible for communicating with their employees about occupational fety hazards and protections in a manner that is easily understandable by all
\boxtimes	We ha	ave a communication system that includes all of the following checked items:
		New employee orientation including a discussion of safety and health policies and procedures and a review of our Injury and Illness Prevention Program. ¹ A system for employees to anonymously inform management about workplace hazards without fear of reprisal. ¹ This system involves: reporting to the externa Hotline.
		Posted or distributed safety information. ¹ Regularly scheduled safety meetings. Our safety meetings are held on the following schedule: <u>Each location meets on a schedule appropriate for their branch, monthly at a minimum Our safety meetings are held more frequently as deemed necessary by the creation of hazards or the occurrence of injuries and illnesses.</u>
		Other methods we use to ensure communication with and involvement of employees include: Company newsletter, Intranet, Company email
		Our workplace elects to use a labor/management health and safety committee to meet the communication requirements of the IIPP standard. As required, our committee meets regularly (at least quarterly), prepares written records of the safety and health committees' meetings, reviews results of the periodic scheduled inspections, reviews investigations of accidents and exposures and makes suggestions to management for the prevention of future incidents, reviews investigations of alleged hazardous conditions, and submits recommendations to assist in the evaluation of employee safety suggestions.
ΓRΑΙ	NING A	AND INSTRUCTION (Title 8 CCR §3203(a)(7))
specif		s, including supervisors, are provided training and instruction on general and joby and health practices. Training and instruction are provided according to the edule:
	To all	our IIPP was first established. 1 new employees. 1 employees given new job assignments for which training has not previously been $\det.^1$

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 whenever new substances, processes, procedures, or equipment are introduced into our workplace and represent a new hazard.¹ Whenever anyone is made aware of a new or previously unrecognized hazard.¹ To supervisors to familiarize them with the safety and health hazards to which employees under their immediate direction and control may be exposed.¹ To all employees about the hazards specific to each employee's job assignment.¹ Other:
We provide training to employees and supervisors on topics such as but not limited to: <u>Safe</u> <u>lifting, vehicle safety, Infection Control, Fire Safety</u>
The following is a description of how our training is conducted: <u>Training is provided primarily through our Learning Management System online</u>
EMPLOYEE COMPLIANCE WITH SAFETY PROCEDURES (Title 8 CCR §3203(a)(2))
Management is responsible for ensuring that all safety and health policies and procedures are clearly communicated and understood by all employees. Supervisors and lead personnel are expected to enforce the rules fairly and uniformly.
All of our employees, including supervisors, are responsible for complying with safe and healthful work practices. Our system of ensuring that all employees comply with these practices includes all of the following checked practices. ¹
 ☑ Informing employees of the provisions of our IIPP.¹ ☑ Recognizing employees who perform safe and healthful work practices.¹ This recognition is accomplished by: ☑ Fair and consistent disciplining of employees who fail to comply with safe and healthful work practices.¹ The following outlines our disciplinary process: Progressive disciplinary action per our Human Resource policy, beginning with a documented verbal session up to and including termination depending on the nature of the violation. ☑ Evaluating the safety performance of all employees ☑ Providing training to employees whose safety performance is deficient ☑ Other systems we have in place to ensure compliance with safety practices:
The responsibilities of all employees include the following checked practices:
 ☑ Reporting unsafe conditions, work practices or accidents to their supervisors or the site safety coordinator(s) immediately. ☑ Following safe work practices. ☑ Using appropriate personal protective equipment (PPE) as instructed by their supervisors. ☑ Other:

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RECORDKEEPING AND DOCUMENTATION (Title 8 CCR 3203(b))

\boxtimes	Our workplace has more than ten employees and so maintains the following records to help us effectively implement our IIPP: (If you have checked this box, the following documentation is required.)					
		Records of scheduled and periodic inspections (to identify unsafe conditions and work practices, including the names of the person(s) conducting the inspection, the unsafe conditions and the work practices that have been identified, as well as the action(s) taken to correct the identified unsafe conditions and work practices). These records are maintained for at least one (1) year. ¹				
		Documentation of our safety and health training for each worker, including their name, training date(s), types of training and the name(s) of our training provider(s). ¹				
	we ma	orkplace has fewer than ten workers, including managers and supervisors, and so intain inspection records only until the hazard is corrected and only maintain a instructions to workers with respect to their job assignments when they are first or assigned new duties.				
		e a local government entity (county, city district or other public agency) and are ore not required to keep written records of the steps taken to implement and				

The master copy of this IIPP can be found at: <u>Compliance Department files and on the Company intranet</u>

Other copies of the IIPP can be found at: (Paper copies are not provided so that we can ensure the posted copies are appropriately updated and available on the intranet.

California Branch Locations:

11	Anaheim	1650 S Sinclair ST	Anaheim	CA	92806-5927	(714) 939-9322	(714) 939-9323	Anaheim@nsm-seating.com
26	Bakersfield	4705 New Horizon Blvd Ste 7	Bakersfield	CA	93313-2369	(661) 833-3340	(800) 401-9768	Bakersfield@nsm-seating.com
8	Chatsworth	16509 Arminta St	Van Nuys	CA	91406-1745	(818) 718-1771	(818) 718-1662	Chatsworth@nsm-seating.com
40	Fairfield	2850 Cordelia Rd Ste 150	Fairfield	CA	94534-1655	(707) 399-0106	(707) 399-0169	Fairfield@nsm-seating.com
36	Fresno	4980 E University Ave Ste 114	Fresno	CA	93727-1659	(559) 252-4396	(559) 252-4507	Fresno@nsm-seating.com
22	Hayward	2462 Tripaldi Way	Hayward	CA	94545-5017	(510) 856-4001	(510) 856-0462	SanLeandro@nsm-seating.com
188	Martinez	825 Arnold Dr Ste 112	Martinez	CA	94553-6837	(925) 313-5770	(925) 313-5799	Martinez@nsm-seating.com
130	Redding	1240 Redwood Blvd	Redding	CA	96003-1964	(530) 243-1330	(844) 846-4156	Redding@nsm-seating.com
70	Redlands	350 Alabama St Ste C	Redlands	CA	92373-8099	(909) 335-6047	(909) 798-4907	Redlands@nsm-seating.com
38	Sacramento	3651 Business Dr Ste 120	Sacramento	CA	95820-2176	(916) 383-8501	(916) 383-8589	Sacramento@nsm-seating.com
25	San Diego	4235 Ponderosa Ave Ste A	San Diego	CA	92123-9701	(858) 689-7070	(858) 689-7071	SanDiego@nsm-seating.com
19	San Jose	1190 Dell Ave Ste L	Campbell	CA	95008-6614	(408) 920-0390	(855) 778-5663	SanJose@nsm-seating.com
178	Santa Barbara	310 Pine Ave Ste A	Goleta	CA	93117-3735	(805) 967-0070	(805) 967-4770	SantaBarbara@nsm-seating.com
39	Santa Rosa	3535 Industrial Dr Ste B1	Santa Rosa	CA	95403-2039	(707) 575-6188	(707) 575-6198	SantaRosa@nsm-seating.com
18	Stockton	4515 S B St	Stockton	CA	95206-3956	(209) 954-9311	(209) 954-9536	Stockton@nsm-seating.com
958	West Region Processing Center	25186 Hancock Ave, Suite 100	Murrieta	CA	92562-5998	(844) 816-9098	(866) 450-0223	

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EOP Template including Hazard Identification:



HAZARD VULNERABILITY ASSESSMENT AND RESPONSE PLAN WORKSHEET

Branch Name/Number:	
Emergency Coordinator: _	

The following activities will help your branch prepare for potential emergencies that could occur in your location. When the worksheet is completed, you will have the information needed for an Emergency Operations plan that will guide you in the event of such an emergency. Involve everyone in your location in filling out the worksheet. Participating in the planning will help everyone know and understand what part they play in continuing operations in an emergency.

EMERGENCY COORDINATOR

One person at each location should be designated as the Emergency Coordinator which, in most cases, will be the branch manager. For this location, the Emergency Coordinator is:

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HAZARD VULNERABILITIES: TYPES OF EMERGENCIES

Weather/Natural Disasters/Hazards

Type of Event	Rank by
Influx of Potentially Infectious Clients	
Fire	
Power Outages	
Data Loss	
Threat of Physical Violence	
Tornadoes	
Earthquakes	
Tsunamis	
Heavy Rains/Flooding	
Ice Storms/Blizzards	
Hurricanes	
Wildfires	
Hazardous Material Spills	
Terrorist Attack	
Riots	
Plane/Train crash	
Carbon Monoxide – exposure to unsafe levels	
Other:	

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INFLUX OF POTENTIALLY INFECTIOUS CLIENTS

Review of Potential Infectious Diseases
List of diseases endemic to the area or that are increasing in occurrence:
Source(s) of information to be monitored:
Response to influx:
Notify all employees of potential risk.
Continue NSM's Infection Control procedures.
Increase the use of Personal Protective Equipment, as needed. Emergency
Coordinator will notify employees of what PPE to use in what situation.
 Follow all infectious disease protocols instituted as part of a public health emergency,

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EVACUATION PLAN/MEETING PLACE

Branch Name/Number
Person/position responsible for clearing clients from the building:
Person/position responsible for calling 911:
Exit routes (attach evacuation diagrams, which should be posted in each room of your locations):
Meeting Place:
Person/position responsible for head count:
Person/position authorized to clear building for re-entry:
For incidents occurring outside normal business hours, person/position responsible for notifying employees of action plan:

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THREAT OF VIOLENCE CHECKLIST

Branch Name/Number				
Report any threatening phone calls, emails, crimes, and/or suspicious activity to Compliance at 615-595-1115 ext 0209 or 423-756-2268 ext 0540 and notify your supervisor. Write down the message or email in its entirety and note your perceptions of the threat. Record the phone number or email address from which the threat was received.				
Phone number/email address making the threat:				
Threatening Phone Calls - Listen without interrupting until the caller has finished, noting the following:				
 Caller's Voice – Male/Female, Adult/Child, Loud/Quiet, Calm/Angry, Accent (what kind?) 				
 Background Sounds - Animal Noises, Static, Bar Sounds, Motors, Street Noises, Music, Traffic Noises, Factory Machinery, Office Machinery, Train/Aircraft, House Noises, Office Noises, TV, Radio, Kids Crying, PA System, Other Voices 				
Was the caller reading from a script?				
Was the caller's voice/phone number/email address familiar?				
 If someone in particular is mentioned in the threat, note: Name of the person being threatened Why they are being threatened 				

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Threatening Email

Suspicious Packages - Call 911 immediately

Do not touch suspicious packages.

Look for and note:

- Restricted markings such as confidential, personal, etc.
- Excessive postage
- No return address
- Foreign mail

Armed or Threatening Intruder

Your safety is the first priority. The following procedures are recommended but take whatever action is available that will keep you safe.

- If you are able to safely exit the building, do so. Call 911 immediately.
- If unable to exit the building, look for a safe and secure hiding area, if possible. Stay hidden until you can make contact with emergency personnel.
- If the intruder is causing death or physical injury to others and you are un-able to run or hide you may choose to assume a prone position and lay as still as possible.
- Pamain calm to you can give an accurate description of the person or person(s). Note

Person Completing the Report:

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EMERGENCY CONTACT INFORMATION

Employee/Home Office List

Location Contact List	Use this list to create a phone tree.					
Employee	Position	Primary	Secondary			
Kaiser Contact						
Home Office Contacts						
	RVP					
	RAD/AVP					
Matt Pierce	Compliance	615-497-6115				
Karen Shell	Compliance	615-595-1115 ext 0209				
	ІТ	866-457-1254				

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EXTERNAL LIST

External Contact List	This is a list of non-location contacts			
Person/Agency	Number	Contacted by:		
Landlord				
Police, non-emergency				
Electric Company				
Gas Company				
Cable/Internet Company				
City/County/Local Government				
Poison Control	1-800-222-1222			
National Response Center	1-800-424-8802			
Kaiser Contact				
Other				

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LIST OF ALTERNATE PROVIDERS

(Other vendors, preferably other NSM locations, who could provide service to our clients in the event our services are postponed or cancelled.)

Alternate Providers	Contact Number

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EMERGENCY CONSIDERATIONS - RECOVERY OPERATIONS

The answer to each question will guide you to the next step.				
Is this during regular hours?	Yes – evacuate if needed. Follow phone tree. Decide if business should close. If leaving is unsafe, remain in location until travel is cleared.	No – activate phone tree. Determine whether opening the next day is feasible.		
Is the building intact and usable?	Yes – remain open or open as close to regular hours as possible	No – do not attempt to enter, contact RVP for direction		
Is travel possible?	Yes – continue services as possible. Leave notice for clients and employees on location door with direction if opening is not feasible.	No – remain where you are, wait for direction		
Is power available?	Yes – continue normal operations	No – use flashlights to exit safely, if needed.		
Is phone service available?	Yes – continue operations or call clients to reschedule if needed	No – locate alternate communications (email, cell phone, texting)		
Is cell service available?	Yes – communicate regularly	No – locate alternate communications (email, texting, land lines)		
Is text messaging available?	Yes – use as needed for alternate communication	No – locate alternate communications (email, cell phones, land lines)		

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If phones, email and texting are unavailable, monitor local media as possible for updated information regarding the emergency.

Your own safety is first! If you are unable to travel, or to safely perform your duties, contact the Emergency Coordinator or others in the phone chain for information.

Is data accessible?	Yes – continue operations	No – arrange alternate access with RVP/IT
Can client appointments be kept?	Yes – continue operations	No – call clients to reschedule or have RVP arrange contact
Will service resume the same day?	Yes – continue operations	No – call clients to reschedule or have RVP arrange contact
Is client equipment accessible?	Yes – resume repairs/delivery when possible or transfer to alternate location	No – arrange replacement or cancellation with RVP
Kaiser operations:		
Will service to Kaiser clients be disrupted?	Yes – contact your Kaiser representative to inform them of the disruption and the business continuity plan.	No – continue normal operations/business continuity plan

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Are Emergency Shelters available?	Yes – as time permits, visit Shelters to assist with any clients housed there	No – continue normal operations/business continuity plan
Other:		
Have you received advance notification of an impending disaster?	Yes – stock vans with a supply of single and dual mode battery chargers, batteries, solid drive wheel and pneumatic tires, power and manual loaners as available	No – continue normal operations/business continuity plan
Other: (Discuss with staff what other considerations are unique to your location and what the response should be.)		

Once the worksheet has been completed, discuss any other possible situations with all staff, including those who work remotely. Brainstorm possible reactions and add them to your plan.

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Role play to make sure everyone understands what they should do in different situations. Present examples and ask for a response from each employee. Use this information to complete your final plan. Once you're comfortable that your plan will be effective and that everyone understands how they fit into the plan, submit the worksheet and lists to the Compliance Department, along with an EOP In-service Attendance Report signed by each employee.

A copy of the worksheet and lists should be emailed to each employee, along with a reminder of where the plan is posted in the location. This will ensure that everyone has a copy of the plan and access to the printed copy.

After the Planning:

To be certain that our plan actually allows us to be safe and to continue to operate in the event of an emergency, the plan will need to be tested each year. You or your representative at each location will assign an emergency situation — **one that will test the plan completely** - and perform a drill. The point is to make certain all of your plan is effective, even in extreme circumstances. Everyone, including those who work remotely, will be expected to respond to the drill just as they would to a real emergency.

Following the completion of the drill, the **Emergency Post-Event Review/Drill** document will be completed by you and your staff and forwarded to the Compliance Department. The drill should give you the opportunity to test all components of the plan and to identify any areas of weakness. Any flaws in the plan will be addressed and the plan will be modified for future events.

If your location experiences an actual emergency and has to activate the plan, filling out the **Emergency Post-Event Review/Drill** document for your real-life response will serve as your drill as long as it involved using adequate portions of your plan.

Remember, being prepared will help NSM continue to provide safe, quality care to our clients, even in the event of an emergency.

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