



Palm Springs Unified School District

# Environmental Impairment Support Program

Palm Springs Unified School District  
**ENVIRONMENTAL HEALTH  
MANAGEMENT PROGRAM**

**November 30, 2015**

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## Purpose

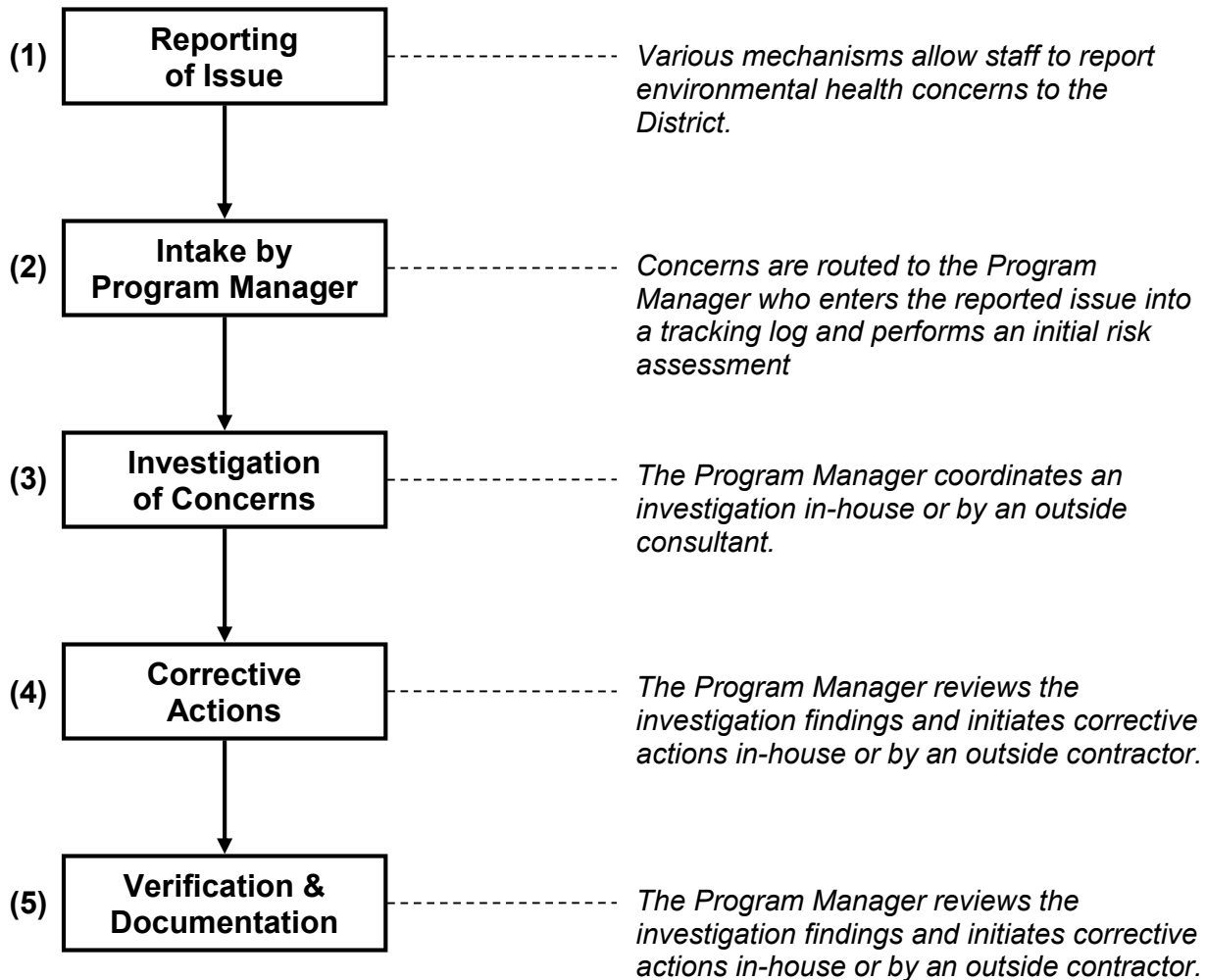
The purpose of this program is to define the PSUSD District protocols and provide guidance to staff for addressing various environmental health issues encountered at District properties. This may include any number of physical, chemical or biological issues encountered in the environment which have the potential to negatively impact human health. This program is not inclusive of all potential environmental health issues and is limited to those specifically addressed.

The Program Manager (identified below) is the primary person responsible for implementing and maintaining this program.

<b>Program Manager</b>	Renee Brunelle, Risk Manager Gregg Shoemaker, Director of Maintenance & Operations	760-883-2715 (Option 3) 760-322-4115 (Option 4)
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## Response Element

The District protocol for responding to environmental health issues to summarized in the flow chart below, followed by further discussion of each step:



## **1. Reporting of Issue**

- 1.1. Employees or other stakeholders may report environmental health issues to the District through the following mechanisms:
- a. On-line Work Order
  - b. Supervisor
  - c. Risk Management

## **2. Intake by Program Manager**

- 2.1. *Route concern to Program Manager.* When an environmental health concern is reported through one of the mechanisms listed above, the person managing the system must immediately forward the concern to the Program Manager.
- 2.2. *Manage issue resolution and communications.* The Program Manager records the concern in the "Incident Response Report" (see attached form Appendix A) which tracks issues from initial reporting to resolution. This Incident Response Report is retained for documentation purposes, in the course of managing resolution of the issue. The Program Manager ensures that there is appropriate communication with stakeholders at each stage of the process.
- 2.3. *Conduct an initial risk assessment.* The Program Manager performs an initial assessment to determine the appropriate level of response from a risk management standpoint (e.g., use of outside consultants, communications loop, legal involvement).

## **3. Investigation of Concerns**

- 3.1. *Characterize the nature and extent of occupant concerns.* This may be accomplished through one-on-one interviews for small issues, or through the use of an occupant survey for larger issues (see attached "Occupant Survey Form" Appendix A).
- 3.2. *Conduct an in-house investigation.* Conditions in the subject area are evaluated by an appropriately trained individual as defined by this program. The "Indoor Air Quality Inspection Checklist" and "Incident Response Report" (see attached "Indoor Air Quality Inspection Checklist Form" Appendix A). This form may be used to assist investigators in identifying and documenting potentially problematic conditions. Additional guidance on investigating various environmental health issues is included in Appendix B.
- B). Communicate preliminary findings with occupant.
- 3.3. *Conduct an outside investigation (if needed).* If the in-house investigation could not identify potential solutions to the issue, the services of a qualified outside environmental health consultant should be engaged. A list of pre-qualified consultants is included in Appendix B.

## **4. Corrective Actions**

- 4.1. *Determine corrective actions.* Based on the findings and recommendations of the in-house and outside investigations, the Program Manager determines what actions will be taken to attempt to resolve the issue. Guidance on selecting and implementing corrective actions for various environmental health issues is included in Appendix B.

4.2. *Implement corrective actions.* Complete the identified actions using in-house resources or outside contractors. Guidance on what actions may be completed in house are included in Appendix C. A list of pre-qualified contractors is included in Appendix B.

## 5. Verification & Documentation

5.1. *Confirm resolution of the issue.* Follow-up to ensure and document that the completed corrective actions have been successful in resolving the issue. The attached “Inspection Form” may be used for this purpose. If not the issue has not been resolved, return to the investigation stage and attempt to identify additional actions that can be taken.

5.2. *Complete an incident response report.* Record findings and corrective actions as indicated in the attached “Incident Response Report” form. Ensure that all related data (e.g., photos, reports, forms, etc.) are attached.

5.3. *Retain documentation.* File the completed incident response report and associated documents for potential future use. Documents are stored at Risk Management Office and District Maintenance and Operations Department.

## Prevention Element

Beyond the response and training elements included in this program, the District implements the programs to help minimize the potential for environmental health concerns to occur.

## Training Element

In order to support proper implementation of the provisions of this program, training is conducted on an annual basis as indicated in the table below. A trained individuals are listed in the attached “Training Log” and training records are maintained at Risk Management Office and District Maintenance and Operations Department.

Audience	Content	Documentation & Compliance
Program Manager	How to manage and resolve environmental health issues, including common hazards, investigative methods, corrective actions and prevention strategies.	<ul style="list-style-type: none"> <li>In-person or live web session.</li> <li>SCR-sponsored session or training by an appropriately qualified environmental health professional (e.g., CIH, CIAP, etc.).</li> <li>Documented attendance.</li> </ul>
In-House Responder	How to conduct in-house investigations and common in-house corrective actions. Includes a review of response procedures, forms and issue response guidelines.	<ul style="list-style-type: none"> <li>In-person or live web session.</li> <li>Training by the Program Manager or their designee.</li> <li>Documented attendance with copy of presentation materials.</li> </ul>
All Employees	When and how to report environmental health concerns. Preventative work practices to help avoid environmental health issues.	<ul style="list-style-type: none"> <li>Training will be provided through Keenan Safe Schools Online Training.</li> </ul>

## Environmental Health Management Program

### Appendices A: Forms

1. Occupant Survey Form
2. Incident Response Report
3. Indoor Air Quality Inspection Checklist

## Environmental Health Management Program Occupant Survey Form

In order to help resolve and prevent indoor air quality (IAQ) concerns in your work area, please complete this form as accurately and in as much detail as possible, even if you are not experiencing any symptoms. Attach additional sheets if more space is needed.

Please return this form to: Maintenance & Operations Department Attn: Lizette Festa Administrative Assistant

Date: \_\_\_\_\_ Name (optional): \_\_\_\_\_

Location/Room #: \_\_\_\_\_

**Describe any symptoms or discomfort you are experiencing:**

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**Do you associate your symptoms with any particular times of the day/week or any other events?**

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**Do you have any observations about building conditions that might need attention or might help explain your symptoms (e.g., temperature, humidity, drafts, stagnant air, odors)?**

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**Do you have any other comments or questions?**

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# Environmental Health Management Program Incident Response Report

Date: \_\_\_\_\_ Author: \_\_\_\_\_

Date Reported: \_\_\_\_\_ Incident Tracking #: \_\_\_\_\_

Incident Location: \_\_\_\_\_

**Documentation:**

- Occupant Survey Forms
- Inspection Forms
- Consultant Reports
- Occupant Observations Logs
- Photos
- Contractor Reports/Invoices

**Reported Concerns:**

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**Investigation Actions/Findings:**

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**Corrective Actions Taken:**

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**Follow-Up Actions/Findings:**

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**Additional Comments:**

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## Environmental Health Management Program Indoor Air Quality Inspection Checklist

Date: \_\_\_\_\_ Inspector: \_\_\_\_\_

Incident Tracking #: \_\_\_\_\_ Location: \_\_\_\_\_

*Using a separate inspection form, document and comment on each item below that is marked as "not acceptable".*

### Exterior

	Inspected	Acceptable	Not Acceptable
1) Rain gutters and general drainage away from the building.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Sprinklers do not impact the side of the building.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) No excessive landscaping or dirt against the building.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Adequate ventilation of the building crawlspace (vents not blocked).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Walk off mats in use at exterior entrances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Ventilation unit on and being run continuously when occupied.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Outdoor air intake free from obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Air flowing into the outdoor air intake.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Outdoor air intake dampers functional and properly set.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Area around outdoor air intake free of excessive vegetation, dirt, moisture, bird nests/droppings, or other contaminants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Potential pollution sources in the vicinity of the outdoor air intake (e.g., trash dumpsters, vehicle exhaust, maintenance activities, plumbing/other vents).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Cooling coil is clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Drip pan is clean and draining properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Filters fit tightly, are the appropriate efficiency, and are in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Insulation within unit is in good condition (i.e., not damaged and frayed).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Exhaust fan outlets free from obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Building Interior

17) Area is free of objectionable odors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) Evidence of moisture intrusion (e.g., stained ceiling tiles, carpets, walls, under sinks).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) Evidence of microbial growth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20) Room is generally clean without excessive dust loading.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21) No food products stored in the room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22) Trash receptacles clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23) Evidence of pest infestation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24) Chemical products are properly stored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25) Areas with office reproduction equipment are well ventilated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26) Animal habitats well maintained and not located near ventilation system components.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Using a separate inspection form, document and comment on each item below that is marked as "not acceptable".*

	Inspected	Acceptable	Not Acceptable
27) Drain traps are full of water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28) Discomfort due to drafts or direct sunlight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29) Supply and return air vents clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30) Supply and return air vents free from obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31) Air flowing out of supply vents and into return vents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32) Thermostat set to desired temperature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33) Ventilation system providing desired temperature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34) Ventilation system providing desired humidity range (30-60%).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35) Ventilation system providing adequate outside air (carbon dioxide less than 1,000 ppm).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36) Exhaust fans installed as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37) Exhaust fans operational (air flowing in).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38) Combustion equipment properly vented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>General</b>			
39) Preventative work practices being followed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40) Preventative maintenance programs being implemented (records kept and field verified).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41) Occupants have accurate knowledge regarding IAQ issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42) Recent renovation or maintenance activities in the area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43) Recent use of pesticides in the area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44) New cleaning products in use by janitorial staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45) Complaints associated with janitorial activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46) New furnishings or equipment in the area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Environmental Health Management Program  
Appendices B: Pre-Qualified Vendors

1. Pre-Qualified Vendors List



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