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DATE: 1 November 2011
TO: All Employees
FROM: Mr. Lannie L. Corbin, City Manager
RE: Safety Policy

It is the policy of the City to provide a safe and healthy work environment for the protection of our most vital resource, our employees. The safety of employees is of the greatest interest to all levels of management and supervision, ranking in importance above production, quality, costs and service.

The City's basic philosophy is that all personal injuries can be prevented. While the ultimate responsibility for a safe and healthy work environment is the City Manager's, the responsibility is shared throughout the organization. For example, department heads are responsible for their departments, supervisors are accountable for the safety of their groups, and all individuals must contribute to their own safety. All employees, at every level, are expected to accept responsibility for their own safety and for the safety of those with whom they work.

The City's objective is to reduce the number of injuries and work-related illnesses to an absolute minimum, with the goal of zero accidents and injuries each year. There is no place in the City's organization for an unsafe employee.

This City will maintain a vigorous safety and injury prevention program at each location and will allocate the necessary resources to assure a safe and healthful work environment.

Lannie L. Corbin, City Manager
Niceville, Florida
PURPOSE

1. Safety Program

   The purpose of the Safety Program is to establish a system to insure the safety and health of every City employee. By providing a safe work place and by working safely, each employee’s ability to earn a gainful living is protected as is the City’s ability to deliver services to citizens in an efficient manner.

2. Safety Manual

   The purpose of the Safety Manual is to provide management levels of the City’s work force assistance in implementing and maintaining a safety program within their respective area of operation. As changes and new development occur affecting the safe operations of the City, revisions will be made to this manual as needed.

OBJECTIVES

The objective of the Safety Program is prevention of accidents. An accident, as referred to in this manual, is any unplanned event that produces unintended personal injury, equipment damage, or property damage. When an accident occurs, chance is largely the determining factor as to degree of loss. Therefore, prevention of all accidents must be the objective rather than only those where the potential for serious loss is most apparent.

Other than “Acts of God”, accidents are preventable and the result of cause related to unsafe and inefficient procedures or methods, unsafe physical conditions, unsafe equipment, unsafe personal acts and usually one or more of these factors in combination.

Since accidents usually result from the same deficiencies that adversely affect productivity, costs, employee relations and public relations, the safety record is a reliable guide to the general effectiveness of supervision.

The City of Niceville will achieve safe working conditions by:

1. Pursing a continuous inspection effort to all City facilities, vehicles, and work procedures to identify and correct hazardous working conditions and practices.

2. Investigating and reviewing all accidents involving City employees and property to determine the cause of the accident and to outline preventive measures.

3. Providing adequate job training and continuing safety instruction to all employees.

4. Developing reasonable, practical, and safe job procedures for City operations and continuously reviewing them for improvement.

5. Establishing protective equipment guidelines for employees and requiring its use.
RESPONSIBILITIES

DIRECTORS

All department heads have full authority to, and total responsibility for, maintaining safe and healthful working conditions within their jurisdiction whether it be in the field, in the shop, or in the office. Although personnel exposure to hazards varies widely from department to department, it is expected that an unrelenting effort will be directed toward controlling injuries, collisions, liabilities and waste of materials in each, therefore, all department heads shall:

1. Insure that policies and procedures set forth herein are adhered to by all personnel under their direction.

2. Provide leadership and positive direction essential in maintaining loss prevention policies as a prime consideration in all operations.

3. When necessary, devote a portion of staff meetings to a review of departmental losses (accidents) and to discuss plans to bring about more positive loss reduction. This will vary with the frequency and severity of losses and the degree of hazardous operations involved in each department.

4. Demonstrate a personal concern in departmental losses by interviewing directly or through a responsible representative, each worker and his/her supervisor who has:

   A. Lost work time from an occupational type injury because of negligence.

   B. Been involved in a vehicular collision because of failure to comply with traffic laws.

SUPERVISORS

The full potential of effective prevention can only be realized when supervisors cooperate without reservation in all phases of the Safety Program. Their close contact with the work environment and the people performing the work make them the best qualified to translate safety principles into accident prevention on the job. They must know each job they supervise to recognize hazardous situations. They must constantly sell the wisdom of observing safety procedures established for their work force and the use of prescribed protective equipment. They must enforce the safety procedures and rules that apply to the work they supervise. The following is a list of safety obligations for supervisors.

1. Provide continuing safety instruction while issuing daily work assignments to focus attention upon the potential hazards and changes in work conditions and procedures.
2. Continuously observe and evaluate work conditions and work procedures to detect and correct unsafe conditions and practices.

3. Promptly investigate accidents and complete required reports.

4. Be receptive to, and encourage employees to report unsafe practices and conditions and to submit practical suggestions for correction.

5. Participate in training courses designed to increase their professional knowledge and safety supervision principles and techniques.

6. Maintain high standards in housekeeping and sanitation in the work environment.

7. Inspect his/her immediate assigned work areas for the purpose of correcting unsafe conditions or acts and the reporting to accountable supervision of those conditions or acts which cannot be corrected within the scope of their authority.

8. Refer to the Personnel Plan, Disciplinary Actions Table, when supervisory action is being considered.

EMPLOYEES

It is the responsibility of each employee to carry out the City’s loss prevention and safety programs, while continuing to develop safe work habits. Employees must protect themselves, the City, City equipment, fellow workers and the public, and must adhere to the following:

1. Follow all Safety Policies and procedures.

2. Exercise care in their daily course and scope of work.

3. Prevent injuries to themselves, fellow workers and the public.

4. Operate only machines or equipment they have been fully trained to operate.

5. Wear required Personal Protective Equipment (PPE) as assigned.

6. Take an active part in the City’s Safety Program.

7. Promptly report to his/her supervisor all unsafe equipment and tools, or hazardous conditions which may exist.

8. Use only tools and equipment prescribed for the specific job.

9. Comply with the City’s Drug Free Workplace policy.
SECTION A
SAFETY COMMITTEE

I. Safety Committee Organization

Safety Committee membership shall be representative of as many employee groups as possible to lend experience and work knowledge to committee meetings. Committee membership shall include non-supervisory employees from the general work force.

Membership terms will be staggered with the appointment of one or two new members annually. Rotation of membership is important to a safety committee because it helps retain a dynamic point of view. Members will be appointed by their respective Department heads on the basis of technical and leadership qualities.

A safety committee has been established to recommend improvements to our workplace safety program and to identify corrective measures needed to eliminate or control recognized safety and health hazards. The safety committee will consist of the following.

1. Chairman (Safety Director)
2. Secretary (appointed by Safety Director)
3. One (1) representative from each department or division, depending on size.
4. One (1) assigned alternate from each department/division in the event that permanent members are absent.

The Safety Director will request from each department one representative and one (1) alternate. These individuals will be recommended to the City Manager for final approval. The Safety Director will serve as Chairman. Committee members shall serve for a two (2) year term (minimum one (1) term). The Safety Director will act as liaison between the City Manager and the Safety Committee.

II. SCOPE OF COMMITTEE ACTIVITIES

The activities of the safety committee shall encompass all areas of loss prevention, including potential losses from fire, employee injury, crime, and vehicle operation. Its jurisdiction shall include the areas of safety training and education, machine guarding, new processes and/or operations, fire prevention and control, occupational health, personal protective equipment, premises security, traffic routing, and other areas involving loss prevention and control.
III. COMMITTEE MEETINGS

A fixed time and place for committee meetings shall be established and member attendance shall be mandatory.
The frequency of committee meetings shall normally be quarterly; however, frequency of accidents, special projects, or other committee business may demand that the committee meet more frequently.

IV. DUTIES OF COMMITTEE OFFICERS

Chair: The committee chair will call regular and special meetings, chair all meetings and conduct them in an orderly manner according to the agenda prepared by the secretary and will work as a communication coordinator between employees, supervisors, and management.

Secretary: The secretary will call meetings as directed by the chair, make up the agenda, prepare reports on inspection recommendations and claims and prepare minutes of each meeting.

V. AGENDA

The regular agenda of safety committee meetings will including a review of the minutes of prior meetings for approval by members, reviewing lost time and accident injuries and illnesses reported, reviewing hazard survey reports and recommendations and other business as instructed by the chair.

(SAMPLE AGENDA FOUND ON THE FOLLOWING PAGE)
AGENDA
SAFETY COMMITTEE MEETING

Date of Meeting:
Time of Meeting:
Location of Meeting:
Members Present:
Guests Present:

I. Call to order by chair of committee

II. Minutes of last meeting distributed by secretary, approval requested

III. Discussion, resolution of any old business

IV. Review of accident, injury, and/or property loss reports since last meeting

V. Discussion of safety measures, revision to policy or recommendations regarding accident, injury, property loss prevention.

VI. Other Old Business reports

VII. New Business

A. Introduction of guests and topics

B. Call for new business from committee members

C. Discussion of new business items, recommendations, action requests, and or research assigned to committee member(s).

VIII. Call for adjournment
Employee injuries are caused by unsafe physical conditions, unsafe or incorrect working practices, or a combination of the two. Facility and equipment inspections are two primary means of identifying accident causes and determining safeguards to eliminate or reduce hazard(s) before an accident occurs. These inspections should not be limited to a search for unsafe physical conditions, but also should address unsafe working practices by employees.

The inspections should be constructive in nature and corrective actions should be taken promptly to demonstrate management's interest in the safety program.

The inspections or surveys should be conducted as follows:

A. Supervisors will conduct a formal inspection (monthly) of their department or work area to identify and correct unsafe physical conditions and/or unsafe working practices.

These inspections should be documented in writing by using the “Self-Inspection Checklist” located in this manual see PAGE 58. Copies of the checklist should be forwarded immediately to the Department Head and the Safety Director.

Prior to conducting the inspection, supervisors should review the accident investigation reports for all accidents that have occurred since the prior inspection. These reports will help identify hazards that should be examined during the inspection.

The previous inspection checklist also should be reviewed and any item that appears on this prior report that has not yet been completed should be indicated as a "repeat" on the current inspection checklist.

Supervisors should have employees accompany them on a rotating basis during the inspection to provide ongoing safety training.

B. All supervisors and employees should be aware that they are to conduct informal "inspections" on a continual basis and report any hazards to their superiors as soon as they are noted.

C. All employees should inspect their work equipment at the beginning of each work shift to make certain everything is in safe operating order. All defective equipment should be tagged "Out of Service" until the appropriate repairs are made.
SECTION C
SAFETY AND HEALTH TRAINING

I. The purpose of safety and health training is to teach employees how to work safely, reduce injuries, and keep workers' compensation cost down. Safety and health training should include at a minimum:

A. Safety orientation on rules, policies, and job specific procedures for employees new to the work or work environment.

B. Job specific training for employees before they perform assigned work, and

C. Periodic retraining of employees on workplace safety, policies, and procedures.

II. Safety training should begin when a new worker is hired. New employees are open to ideas and information about the way the city operates. The timeliness of instruction is a key issue in the orientation program. New employees are significantly more prone to work-related accidents because of their inexperience, unfamiliarity with procedures and facilities, and over-zealousness to do a good job. There are also significant numbers of injuries to employees with four to six years experience. This can be attributed to either a change in work duties or worker complacency. Overconfident employees are more prone to taking chances and short-cutting safe work procedures. These issues must be covered in an ongoing training program to help reduce the number of accidents. **Supervisors and employees must complete the Employee Safe Working Practices Agreement at PAGE 63.**

The following topics are suggested as part of the orientation program:

*City organization and departmental goals.

*City Manager Safety Policy statement.

*Safety and health policy.

*Emergency response procedures, i.e. fire, emergency spills, etc.

*Accident reporting procedures.

*Medical facilities, first-aid, fire protection and prevention.

*Department or job specific safety requirements such as: Personal Protective Equipment requirements, machine guarding requirements, or the use of ladders.
The supervisor shall be current with the information presented to the new employee so as not to contradict existing city policy. It is the supervisor's responsibility to reinforce the training program and enhance the information by demonstrating how it will apply to the worker's job specific assignment. The supervisor can enhance this information by conducting an introductory tour of the department, pointing out hazardous materials and identifying the protection provided through personal protective equipment and control measures.

Safety programs should be offered: 1) to all new or transferred employees; 2) when new information, equipment or processes are introduced, updated or revised; 3) when employee performance needs upgrading; 4) or when employee interest in safety needs reinforcement.

SECTION D
NEW/TRANSFER EMPLOYEE SAFETY ORIENTATION

All new and transferred employees shall receive proper safety orientation from their immediate supervisor in the safe performance of their assigned duties. This shall include all written and unwritten generally known safety rules, standards, and directives. The employee should be checked at frequent intervals, asked about any problems that may have arisen, and reminded of safe practices. Any tendency to overlook safety procedures should bring a prompt and vigorous warning.
The purpose of an accident investigation is to identify the causes of the accident or injury and develop remedies to prevent recurrence (this does not include first aid incidents). Every accident deserves an investigation. Near-miss accidents that might have caused death or injury are equally important and should be investigated. (*Supervisor’s Accident Investigation Report – PAGE 61*)

**I. SUPERVISOR RESPONSIBILITIES**

A. To establish the facts for future reference and records.
B. To determine the accuracy of the employee statement or report of the accident.
C. To correct problems, conditions, or practices that led to the accident.
D. To obtain information for use in improving the City's safety policy, rules, training and education.

**II. STEPS TO FOLLOW**

A. Preserve the scene. Don't move key materials or elements involved in the accident until the investigation has been completed.
B. Conduct interviews of the injured, witnesses, or other involved parties.
C. Take notes and be specific in descriptions.
D. Do not editorialize or interpret remarks, just record the facts.
E. Photograph the area/equipment for future reference and documentation.

**III. ANALYZE THE DATA**

A. How could the accident have been prevented?
B. What must be done to prevent recurrence?
C. Did an outside party contribute to the accident?

**IV. RETAIN KEY INFORMATION**

A. File reports, witness statements, photographs of the accident scene, etc
B. Keep key accident elements (i.e., broken tools, scaffold board) as evidence.
C. Provide copy of the report to the Safety Director.

**CAUTION!!!!** Accident investigations should produce recommendations aimed at a remedy. The word "careless" should never be proposed as the cause of an accident. If you conclude that a worker was careless, you can only recommend that the employee be more careful in the future. Nonspecific instructions have little benefit.
I. PURPOSE/INTENT

The purpose of the Accident Review Board is to review all accidents resulting in injury or damage involving City employees. The Board will review the supervisor’s accident report plus other pertinent information and either concur or recommend further assessment by the Dept Head. Note: the City Manager may waive the ARB process in situations where deemed unnecessary.

II. DEFINITIONS

Chargeable Offense – An offense which results in a penalty.

Negligence – The individual responsible for the act or action had a duty; that duty was violated. The violation was the cause of the accident. Damages resulted.

Non-chargeable Offense – An offense which resulted in a finding of no-fault.

Recklessness – Act or actions which demonstrate a lack of care or caution marked by total disregard for standard policy when person should realize the consequences.

Simple Fault – employee made a mistake or used poor judgment. The accident is one that posed minimum danger to life and property.

III. POLICY/PROCEDURES

(A) The Accident Review Board will consist of appointed members: two from the Department of Public Works, one from the Police Department, one from the Library, and one from the Fire Department. They will elect, among themselves, a Chairman. Board members will serve for one calendar year. Based on circumstances regarding the employee, the City Manager may make temporary adjustments to Board membership due to a close personal friendship or family relationship with subject employee. The Safety Director will serve as administrator/ advisor.

(B) The Accident Review Board will meet as needed or at such times as they deem necessary at a time and place set by the Chairman of the Board. Typically, the conference room in the main administration building will be used.

(C) The Safety Director is responsible for forwarding copies of all accident reports involving City employees to the Accident Review Board immediately after the occurrence. The Board will normally convene NLT the 2nd workday after the investigation report is completed and submitted to the Safety Director.
Amended 12-28-11

(D) The Accident Review Board’s meetings will consist of going over the facts of the accident for review and may include interviewing the employee involved and witnesses, if needed. Questions will be asked and each Review Board member will keep notes as to his/her assessment of the employee’s non-chargeable offense, simple fault, negligence, or recklessness. The Board discusses the incident and may review other City accidents involving that employee within the last three (3) years.

(E) Assessments of the Accident Review Board will be forwarded to the individual Department Head. The Department Head will then make the final determination as to any disciplinary action or whether no penalty will be given. The Department Head will then obtain concurrence from the City Manager who retains final approval authority.

(F) The Board will meet with employees during their respective work hours as needed. Attendance is voluntary. Any employee who is not working during that time and wishes to be present may do so on his own time.

(G) Attendance of witnesses is optional. They will be notified of the time and place and purpose of the Accident Review Board. Their attendance, when not working is their own time.

(H) If needed, each Department Head will provide one alternate substitute who can serve on the Accident Review Board in the event that one permanent member is absent.

(I) A quorum is necessary for voting on the Accident Review Board as to decisions on determining fault and assessing recommended action to the Dept Head. The Chairman will only vote when it is necessary to break a tie.

(J) The Human Resources Department will serve as an advisor for all actions taken.

(k) Note: for all Safety related accidents the following Discipline Guidelines will be utilized.
IV. DISCIPLINE GUIDELINES

The following guidelines are provided for Department Head consideration/action. Non-preventable accidents/injuries, as determined by the ARB, are not part of these guidelines.

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<th>SIMPLE FAULT</th>
<th>NEGLIGENCE</th>
<th>RECKLESSNESS</th>
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<td>1st Accident</td>
<td>Documented Counseling</td>
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<td>or Letter of Reprimand</td>
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SECTION G
PROPERTY/EQUIPMENT DAMAGE

When property or equipment, including vehicles, is damaged or stolen, it must be reported to the Department Supervisor. A formal investigation by the supervisor should follow within 24 hours. An accident report should also be completed and forwarded to Human Resources and the Safety Director.

I. VEHICLE ACCIDENT REPORTING:

1. When an employee is involved in a collision while operating a city or personal vehicle while conducting City business, he/she must call the law enforcement agency having jurisdiction to the scene for investigation.

2. The supervisor of the employee must also investigate the collision and complete the appropriate ACCIDENT REPORT within 24 hours. The Supervisor must not interfere with law enforcement's investigation. Accident Investigation Report is available on page 61.

II. CITIZEN/PUBLIC ACCIDENTS

General liability accidents involving clients or the general public must be reported to the Human Resources office and Safety Director within 24 hours of the time the incident occurs. However, when there is serious injury, it must be reported by telephone immediately with written reports issued as follow-up within 24 hours. The City is required to report to OSHA any incident or health hazard that results in one or more fatalities or the hospitalization of three or more employees within 8 hours of the occurrence.

III. NON-EMPLOYEE INJURY IN CITY FACILITY OR ON CITY PROPERTY

Employees or supervisors witnessing or being notified of a non-employee injury in a City facility or on City property will comply with the following:

1. If requested, obtain medical assistance for any injured parties.

2. Notify a supervisor if one is not present.

3. In the case of a child, notify the parent immediately.

4. Make no statements of guilt or responsibility for an accident.

5. Complete the Citizen Accident Report form with copy to the Safety Director and Finance Dept.
SECTION H
CITY VEHICLES

I. VEHICLE EQUIPMENT:
The City will ensure that all vehicles contain the appropriate equipment and visual and audible warning devices as required by Federal or State Law or as mandated by safety regulations.

* Each vehicle will contain a first aid kit
* Each vehicle will contain a fire extinguisher
* Back up alarms as required on all heavy duty and other City vehicles
* Rotary or flashing lights as required on City vehicles
* Reflective orange cones

Keys shall be removed from City vehicles except when the driver of that vehicle is on an emergency call such that response to the call would be hindered by having to remove the keys. A vehicle which contains equipment will be locked anytime it is unattended. Vehicles without equipment will be locked when parked overnight. Except for Police and firefighting vehicles, **reflective orange cones** must be used when no work-zone set up is in place. In this situation, the reflective cone must be placed on the payment at the back of the City vehicle when parked on a public street and removed prior to moving the vehicle.

II. SUPERVISOR RESPONSIBILITIES:

1. Ensure that employees do not drive City vehicles without a valid State of Florida License or Commercial Driver License with endorsements as required, and are familiar with state driving rules and regulations.

2. Establish driving requirements for personnel to fully adhere to and check their compliance.

3. Establish firm policies on disciplinary action that will be taken against employees and their supervisors who show a disregard for good driving practices and assure it is applied consistently.

4. Ensure that all vehicles are maintained properly for safe operation and that unsafe vehicles are not driven until safety violations are corrected.

5. Establish daily inspection of assigned vehicles for safety discrepancies, malfunctions, signs of abuse, unreported damage and uncleanliness and have repairs made as soon as possible.
6. Be responsible for the training of each employee in all operations required of employee. All training will be documented as to the date and person teaching employees. Documentation will continue until such time as the supervisor considers the employee fully trained.

7. Observe the driving practices of employees and see that corrective action is taken immediately when unsafe driving conditions are observed.

8. Review each collision and unsafe driving report with the employee to emphasize management’s intolerance of irresponsible driving habits.

9. Ensure that only trained and authorized personnel be allowed to operate City vehicles, special purpose vehicles, and trucks. (An employee shall not operate any vehicle until she/he has satisfactorily demonstrated his/her complete familiarity with operating instructions, vehicle limitations, emergency procedures and be able to pass an operator’s check out test to the satisfaction of the supervisor.) This shall be documented by the supervisor.

III. EMPLOYEE RESPONSIBILITIES:

1. Inspect the vehicle before operation and report any deficiencies.

2. Report evidence of accident damage to his or her supervisor before operating the vehicle or leaving the area.

3. Report an unsafe vehicle to his or her supervisor immediately. The vehicle shall not be driven until repairs are made.

4. Follow defensive driving practices which are established for the protection of themselves and fellow employees.

5. Call the appropriate law enforcement agency to investigate all collisions involving City vehicles and report details to the supervisor immediately.

6. Use safety belts at all times and ensure that all passengers use safety belts.

7. Obey all safety and warning signs at all times.

8. Refrain from using personal cell phones or City provided cellular phones while operating City vehicles or equipment. Use of City cell phones is limited to emergency response personnel on official business. Caution should be exercised, on incoming or outgoing communication by City employees, by carefully stopping in a safe area to communicate or waiting for a safer time to respond.
SECTION I
INJURY AND ILLNESS CONTROL

I. INSTRUCTION: To eliminate accidents, it is mandatory that each supervisor thoroughly instruct workers on the hazards that exist and ensure that they understand the methods of doing each job safely when such hazards cannot be eliminated.

II. WORK RULES: It is essential that the supervisor use published work rules which define each hazardous task that the employee is responsible for and define the correct work procedures for its safe accomplishment.

   Work rules shall be written, distributed to all employees, and maintained on file for periodic review. This becomes a document to assist the supervisor in instructing the employees in the safe method of performing their job and what protective equipment will be required. It also provides each employee with a source of information that can be use for occasional review.

III. EMPLOYEE OPERATING PROCEDURES

   Job safety is the responsibility of each individual employee. Job safety is often applying common sense to a situation. Use good common sense and stay alert on the job.

   A. All injuries, no matter how slight, must be reported to your supervisor immediately and documented on the First Report of Injury or Illness form.

   B. Submitting false or fraudulent information when reporting an injury is a felony and will be cause for dismissal and denial of medical and wage loss benefits.

   C. Employees under the influence of drugs or alcohol on the job will be subject to immediate discharge.

   D. Employees taking prescribed medication should advise the supervisor prior to the start of the shift.

   E. If you feel ill or emotionally upset due to personal problems, discuss your situation with your supervisor before starting or continuing work.

   F. Report any unsafe condition to your supervisor immediately, regardless of whether the unsafe condition directly affects you.

   G. If at any time you are not sure how to perform the job you have been asked to do,
STOP AND CHECK WITH YOUR SUPERVISOR. This is for your safety and for that of your fellow workers.

H. Do not start or operate any equipment without proper authority and safety instruction. Never operate a piece of equipment when guards or other safety devices are not in place.

I. Use the correct method of lifting objects. Lift with your legs, not your back. If a load is too heavy or awkward, ask for assistance. (See attached back pain chart)

J. Do not attempt to repair or tamper with equipment that is not working properly. Report the condition to your supervisor immediately.

K. Do not smoke in areas which are not specifically designated as smoking areas.
REDUCING BACK PAIN INJURIES

A large number of injuries involve improper lifting of heavy or oversized objects. Also, save yourself some back pain by sitting in a chair with proper back support.

Safe Lifting Techniques

- Size up/test load.
- Avoid heavy loads – split into smaller loads or ask for help.
- When lifting, bend knees to take pressure off the back.
  - Consciously firm up abdominals when lifting.
- Never twist. A weight belt can make a big difference.
The purpose of personal protective equipment is to provide a barrier or shield between employees and potential hazards that may be present in the workplace, or to isolate employees from such hazards. Employees are required to wear personal protective equipment appropriate for tasks that they will perform. **It is the responsibility of each department to ensure that required PPE is provided and that employees have been trained in the proper use and function.**

### I. BASIC TYPES OF PROTECTIVE EQUIPMENT

1. **Hard hats** to protect the head against falling objects, bump hazards or electrical conductors.
2. **Goggles, face shields, or safety glasses** to guard against airborne debris, dust, flying particles, chips, chemicals, heat, or injurious rays.
3. **Ear plugs or ear muffs** to guard against prolonged exposure to noise exceeding sound tolerance levels defined by law.
4. **Protective clothing** such as gloves, aprons, and safety shoe/boots to protect against wounds or abrasions.
5. **Masks and other forms of respiratory protection.**
6. **Back brace supporters** for employees in positions that require lifting and bending.
7. **Proper work clothing** that is suitable for the job.
8. **High-Visibility safety apparel when working in traffic areas.**

The types of PPE listed herein should not be considered as an all inclusive list. Other types of PPE may be required depending on the type of work being performed and the type of conditions or employee exposure.

### II. HEAD PROTECTION

Supervisors shall determine if employees should wear appropriate head protection when working at or visiting Department/Division work sites where there is a possible danger of head injuries. Hard hats, if determined necessary by the supervisor, must meet the requirements for protection as outlined by the American National Standards Institute (ANSI). Head protection may be appropriate in the following work sites and operations:
1. Tree trimming or cutting operations that require the use of a chain saw;
2. While working under over-head construction/maintenance work;
3. Sign work;
4. While working around equipment with moving or working parts over shoulder height;

Head protection shall be inspected regularly by the employee and turned in to their supervisor for replacement immediately when found defective. Head protection is considered defective if it is cracked or otherwise damaged, faded, modified, or not equipped with an inner suspension liner.

III. EYE & FACE PROTECTION

Supervisors shall ensure all employees wear appropriate eye and face protection where their eyes and face are exposed to hazards. These hazards could range from flying particles, sprays or splashes from corrosive materials or chemicals. Eye and face protection must be worn by all employees in the following operations:

1. Acetylene burning, cutting, and welding;
2. Electric (ARC) welding;
3. Abrasive blasting;
4. Chemical handling;
5. Grinding;
6. Spot welding;
7. Tree trimming, brush cutting;
8. During the use of any lawn mower equipment (mowers, blowers, edgers, etc.);
9. Sandblasting or air cleaning operations;
10. Operation of concrete saw (use of dust mask required as well).

Employees whose vision requires the use of corrective lens/spectacles while engaged in operations that involve eye hazards shall wear eye protection that can be worn over the prescription glasses without interference.
The supervisor shall require an employee to wear appropriate eye or face protection when in their judgment the work activity being performed presents a condition capable of causing injury to the employee’s eyes and face.

Dirty or scratched lenses may provide another hazard from reduced visibility and should be cleaned or replaced immediately.

IV. **HAND PROTECTION**

Supervisors shall ensure all employees wear appropriate hand protection when their hands are exposed to hazards. Gloves should be worn when handling hot, cold, abrasive, caustic, infectious, or any other hard to handle materials.

Employees should not wear rings, metal, bracelets, and other jewelry when working around machinery. Jewelry increases the danger of electrical shock and can cause fingers or hands to be badly injured.

V. **HEARING PROTECTION**

Employees shall be required to wear hearing protection in designated work areas or operations where the Department Director/Division Manager has determined that the noise levels could be hazardous to the employee’s hearing (noise levels exceeding 85dBA).

VI. **WORK BOOTS**

Employee work boots are the responsibility of the individual.

VII. **HIGH-VISIBILITY SAFETY APPAREL**

All high-visibility safety apparel shall meet the requirements of the International Safety Equipment Association (ISEA) and the American National Standards Institute (ANSI) (107-2004). The apparel background (outer) material color shall be either fluorescent orange-red or fluorescent yellow-green. The retro-reflective material shall be orange, yellow, white, silver, yellow-green, or a fluorescent version of these colors and shall be visible at a minimum distance of 1,000 feet. Apparel includes, but is not limited to, clothing such as vests, tee-shirts, shirts, jackets, trousers, etc.
Class 2 garments are intended for use in activities where greater visibility is necessary during inclement weather conditions. Garments in this class also cover employees who perform tasks that divert their attention from approaching traffic, or put them in close proximity to passing vehicles. Examples of employees who use Class 2 garments include roadway construction and utility employees, school crossing guards, emergency response and law enforcement personnel, trash and recycling operations.

Class 3 garments provide the highest level of visibility, and are intended for employees who face serious hazards and often have high task loads that require attention away from their work. Garments for these employees should provide enhanced visibility to more of the body, such as the arms and legs.

Department/Division employees working in a right-of-way or travel way of traffic shall wear ANSI/ISEA Class 2 apparel. Employees operating machinery or equipment in which loose clothing could become entangled during operation shall wear fitted high-visibility safety apparel. For employees acting as traffic flaggers; for daytime activities shall wear ANSI/ISEA Class 2 apparel. For nighttime activities, flaggers shall wear ANSI/ISEA Class 3 apparel.
SECTION K  RESPIRATOR PROGRAM

In an effort to control those occupational diseases caused by breathing air contaminated with harmful dusts, fogs, fumes, mists, gases, smokes, sprays, or vapors, the primary objective shall be to prevent atmospheric contamination. This shall be accomplished as far as possible by accepted engineering control measures (for example, enclosure or confinement of the operation, general and local ventilation, and substitution of less toxic materials). When effective engineering controls are not feasible, or while they are being instituted, appropriate respirators shall be used pursuant to the following requirements:

GENERAL REQUIREMENTS OF THE PROGRAM

Respirators shall be selected on the basis of hazards to which the worker is exposed.

The user shall be instructed and trained in the proper use of respirators and their limitations.

Respirators shall be regularly cleaned and disinfected. Those used by more than one worker shall be thoroughly cleaned and disinfected after each use.

Respirators shall be stored in a convenient, clean, and sanitary location.

Respirators used routinely shall be inspected during cleaning. Worn or deteriorated parts shall be replaced. Respirators for emergency use, such as self-contained breathing devices, shall be thoroughly inspected at least once a month and after each use.

Appropriate surveillance of work area conditions and degree of employee exposure or stress shall be maintained.

There shall be regular inspections and evaluations to determine the continued effectiveness of the program.

Persons shall not be assigned to tasks requiring use of respirators unless they have been determined to be physically able to perform the work and use the equipment. The respirator user's medical status shall be reviewed periodically.
RESPIRATORY PROTECTION

Pursuant to the requirements as set forth in the occupational safety and health standard (29CFR 1910.134) which establishes control techniques to be used for protecting employees from exposure to airborne contaminants, the following respiratory protection program is hereby adopted by the City of Niceville.

Each department supervisor is responsible for the immediate and effective implementation and enforcement of this program in its entirety as adopted.

No management nor supervisor implementation or enforcement responsibilities shall be compromised, delegated or reassigned.

The respective supervisor shall be directly responsible for the training and for the safety of the program.

Every employee that may be required to use a respirator either during normal work activities or in an emergency will be properly trained in the following subjects.

1. **WORKPLACE CONDITIONS**
   
   The nature of the hazard, whether it is in the form of a gas, dust, organic vapor, fumes, mist, oxygen deficiency, or any combination of these hazards.

2. **TYPES OF RESPIRATORY HAZARDS**
   
   The adverse health effects that may occur from exposure to the hazard, to include effects that may occur due to respirator leaks, failure, or improper selection.

3. **NATURE OF THE WORK**
   
   The type of job operation, the equipment or tools that will be used and any motion or travel the job requires which will affect the type of respirator selected.

4. **SELECTION OF RESPIRATORS**
   
   Employees will attend (hands on) training to know how to use the basic types of respirators to include the:

   A. Air purifying of filtering
   
   B. Air supplying
5. **FITTING OF RESPIRATORS**
   Training to include participation by employees.

6. **INSPECTING OF RESPIRATORS**
   Training to include participation by employees.

7. **CLEANING OF RESPIRATORS**
   Training to include participation by employees.

8. **STORAGE OF RESPIRATORS**
   Training to include participation by employees.

9. **MEDICAL EVALUATION**
   All employees assigned to Public Works who may be required to wear a respirator either
during normal work activities or in an emergency, will be required to have a medical
evaluation by a qualified physician to determine his/her ability to perform assigned duties
while wearing a respirator.
SECTION L
OSHA RECORD KEEPING

All employers, with few exceptions, must keep occupational injury and illness records for their employees. The Occupational Safety and Health Administration (OSHA) impose reporting requirements on nearly every workplace in the U.S. with eleven or more employees. The required forms include OSHA 300 Log and Summary of Injuries and Illnesses, discussed below, and the OSHA 301 form (or its equivalent).

The Occupational Safety and Health Act prescribe the following mandatory requirements:

**Posting Requirements:** The law requires that employees be informed of the job safety and health protection provided under the Act. All employers must post and maintain in a conspicuous place of major travel (time clock, employee bulletin boards) copies at each establishment of the OSHA Notice, *"Safety and Health Protection on the Job"*. 

**Recording Requirements:** Occupational injuries and illnesses must be recorded on LES Form SAF 300 Log and Summary of Occupational Injuries, Diseases, and Illnesses. A new Log must be kept for each calendar year for the period of January 1 to December 31. Each "recordable" injury and illness must be entered on the Log within six working days.

At the end of each calendar year, a summary of those entries on the 300 Log must be made for the calendar year. The law requires that the Summary (OSHA Form 300A) be posted "in the place or places where notices to the employees are customarily posted" for the period beginning February 1, and must remain in place until March 1, annually.

The 300 Log must list specific occupational injuries that result from a work-related accident or exposure involving a single incident in the work environment. Specifically, employers must list those occupational injuries that result in:

- Death (must be recorded regardless of the length of time between the injury and death)
- One or more lost workdays
- Restrictions of work or motion
- Loss of consciousness
- Transfer to another job because of the injury or job illness
- Medical treatment other than first aid
All occupational illnesses, regardless of severity, should be posted in the OSHA 300 Log. An occupational illness is an abnormal condition or disorder, other than one resulting from an occupational injury, caused by exposure to environmental factors associated with employment. Included under occupational illnesses are acute or chronic illnesses or diseases which may be caused by inhalation, absorption, ingestion or direct contact with toxic substances or harmful agents. All occupational illnesses must be recorded regardless of severity.

Each recordable occupational injury and illness must be logged on this form within six working days from the time the employer learns of it.

A Copy of the totals and information on the OSHA 300 form must be posted for the full month of February each year at each establishment wherever notices to employees are customarily posted. If no injuries or illnesses occurred during the year, zero must be entered on the totals line and the form posted.

Supplementary Record of Each Occupational Injury or Illness (Form #301): Retention of the Workers' Compensation First Report of Injury submitted to the insurance carrier is acceptable in lieu of OSHA Form #301, providing that the Form contains all items that are found on the OSHA Form #301.

Employers must report orally or in writing to the nearest OSHA office within 8 hours, any incident or health hazard that result in one or more fatalities or the hospitalization of three or more employees.

Record keeping forms must be maintained on a calendar year basis and kept for five years at the establishment. They must be made available to OSHA Compliance Officer upon request. They need not be sent to OSHA or any other agency.

Additional information regarding OSHA and safety literature for specific industries and exposures may be obtained from:

Occupational Safety and Health Administration
200 Constitution Avenue, N.W.
Washington, D.C.  20210
(202) 219-8271

Florida OSHA Offices:

Jacaranda Executive Ct. 1851 Executive Center Dr. 5807 Breckenridge Parkway
8040 Peters Rd. Bld H-100 Suite 227 Suite A
Ft. Lauderdale, FL 33324 Jacksonville, FL 32207 Tampa, FL 33610
(954) 424-0242 (904)232-2895 (813) 626-1177
SECTION M
ACCIDENT REPORTING – WORKERS COMPENSATION PROCEDURES

All accidents/injuries are to be reported as soon as possible to the Worker’s Compensation Coordinator, Carol Hughey, 729-4064, and a “First Report of Injury or Illness” form completed and filed. No matter how small it may seem, report it.

If you need immediate medical attention, report to Twin Cities Hospital. Afterwards, you are required to report the injury to the Worker’s Compensation Coordinator; bringing all paperwork provided by the hospital. If you have a first-aid type injury and it later becomes a medical or lost-time case, you need to contact the Worker’s Compensation Coordinator for further instructions.

Any lost work time as a result of an unreported injury will be charged as leave without pay. In addition, other actions may be taken as deemed appropriate.
SECTION N
GENERAL SAFETY RULES

1. Job safety is the responsibility of each individual employee. Job safety is often applying common sense to a situation. Use good common sense and stay alert on the job.

2. All injuries, no matter how slight, must be reported to your supervisor immediately.

3. Submitting false or fraudulent information when reporting an injury is a felony and will be cause for dismissal and denial of medical and wage loss benefits.

4. Employees under the influence of drugs or alcohol on the job will be subject to immediate discharge.

5. Employees taking prescribed medication should advise the supervisor prior to the start of the shift.

6. If you feel ill or are emotionally upset due to personal problems, discuss your situation with your supervisor before starting or continuing work.

7. Report any unsafe condition to your supervisor immediately, regardless of whether the unsafe condition directly affects you.

8. If at any time you are not sure how to perform the job you have been asked to do, STOP AND CHECK WITH YOUR SUPERVISOR. This is for your safety and for that of your fellow workers.

9. Do not start or operate any equipment without the proper authority and safety instruction. Never operate a piece of equipment when guards or other safety devices are not in place.

10. Do not attempt to repair or tamper with equipment that is not working properly. Report the condition to your supervisor immediately.

11. Any employee who is furnished safety equipment will be required to use such equipment.

12. Good housekeeping practices should be followed at all times. Housekeeping includes clean tools, dry floors, neat work areas, and properly arranged materials.

13. Use the correct method of lifting objects. Lift with your legs, not your back. If a load is too heavy or awkward, ask for assistance.

14. All electrical power tools and cords must have an operational third wire positive ground. Electrical tools and cords without positive grounding should not be used. Double insulated tools must be so marked.
15. Do not use flammable liquids, toxic materials, chemicals or acids unless authorized and instructed in the proper procedures.

16. Do not smoke in areas which are not specifically designated as smoking areas.

17. Wear seat belts at all times when riding in or operating a vehicle.

18. Obey all safety and warning signs at all times.

**Note:** After a complete review of the Safety Manual has been accomplished, the supervisor and employee must sign the Statement of Understanding found at *PAGE 64.*
HAZARD COMMUNICATION/
RIGHT TO KNOW

PURPOSE:
This policy establishes the basic requirements as set forth in Occupational Safety and Health Standard (29CFR 1910.1200), hazard communication/right to know, which states, employees have the right to know about the hazards you may encounter on the job and the ways to protect yourself.

The department supervisor is responsible for the immediate and effective implementation and enforcement of this program in its entirety.

PROCEDURES:

A. The department supervisor will establish requirements for the education and training of employees in the recognition, avoidance, and prevention of unsafe conditions and in learning the regulations applicable to his/her work environment to control or eliminate any hazard or other exposure to illness or injury.

B. Employees who are required to handle or use hazardous materials such as corrosive, explosive, flammable, radioactive, reactive, toxic, and other harmful substances shall be instructed regarding their safe handling, to include, the use of personal protective equipment, including respirators.

C. Only those employees qualified by training, experience, or certified in on the job training under proper supervision are permitted to handle hazardous materials.

D. The department supervisor will furnish employees with instruction on the nature and effects of each hazardous substance that is present in the workplace. Such instruction shall be either in written form or in training programs, as may be appropriate and shall be in non-technical language, but may be generic to the extent appropriate and related to the job, such instruction shall include but not be limited to:

1. The chemical name and any common names, used for a hazardous substance to which an employee may be exposed under normal operating conditions.

2. The location of the hazardous substance in the work place.

3. Appropriate first aid treatment and antidotes in the event of improper
exposure or overexposure to the hazardous substance.

4. The proper and safe handling of the hazardous substance.

5. The health effects of the hazardous substance as described in the relevant material safety data sheet.


7. The procedures for cleanup of leaks and spills of the hazardous substance.

8. The potential for flammability, explosion, and reactivity of the hazardous substance.

E. The department supervisor will be sure that material safety data sheets for each chemical in the workplace are available and are readily accessible at all times when employees are in the work area.

F. The department supervisor will require employees to read the labels on hazardous substances prior to using them.
THE CONTROL OF HAZARDOUS ENERGY

LOCKOUT/TAGOUT

PURPOSE:

This procedure establishes the minimum requirements as set forth in the Occupational Safety and Health Standard (29CFR 1910.147), the control of hazardous energy. To insure that all machinery and/or energy sources are locked out or tagged out before employees perform any servicing or maintenance where the unexpected energization of start-up of this machine or equipment or release of stored energy could cause injury.

Types of energy and hazards:

1. Electrical
2. Mechanical
3. Hydraulic
4. Pneumatic
5. Chemical
6. Thermal
7. Any other type of energy that applies to your shop.

The department supervisor is responsible for the immediate and effective implementation and enforcement of this program in its entirety.

All employees will be instructed in the safety significance of the lockout/tagout procedure to include new or transferred employees, and other employees whose work operations are or may be in the area of the lockout/tagout procedure.

The department supervisor shall be responsible for the training and safety of each employee who is required to perform maintenance or servicing of any machinery or equipment.

All employees are required to comply with the restrictions and limitations imposed upon them during the use of lockout/tagout in accordance with this procedure. All employees, upon observing a machine or piece of equipment which is locked out or tagged out to perform servicing or maintenance shall not attempt to start, energize or use that machine or equipment.
Each department supervisor shall be responsible for listing all names and job titles of affected employees authorized to lockout/tagout.

**LOCKOUT/TAGOUT PROCEDURE:**

1. Notify all affected employees that servicing or maintenance is required on a machine or equipment and that the machine or equipment must be shut down and locked out or tagged out to perform the servicing or maintenance.

2. The authorized employee shall refer to the City procedure to identify the type and magnitude of the energy that the machine or equipment utilizes, shall understand the hazards of the energy and shall know the methods to control the energy.

3. If the machine or equipment is operating, shut it down by the normal stopping procedure (depress stop button, open switches, close valve, etc.).

4. Deactivate the energy isolating devices so that the machine or equipment is isolated from all energy sources.

5. Lockout and/or tagout the energy isolating device with assigned locks or tags, and additional safety measures where possible.

6. Stored or residual energy (such as that in capacitors, springs, elevated machine members, rotating flywheels, hydraulic systems; and air, gas, steam, or water pressure, etc.) must be dissipated or restrained by methods such as grounding repositioning, blocking, bleeding down, etc.

7. Ensure that the equipment is disconnected from the energy source by first checking that no personnel are exposed, then verify the isolation of the equipment by operating the switch or other normal operating controls or by testing to make certain the equipment will not operate.

**CAUTION:** Return operating controls to neutral or off position after verifying the isolation of the equipment.

8. The equipment or machine is now ready for the lockout/tagout device. Any machinery or equipment that will accept a locking device will be locked out and tagged. All others will be tagged out. You can start servicing or maintenance as required.

**PROCEDURE INVOLVING MORE THAN ONE PERSON:**

In the preceding steps, if more than one individual is required to lockout or tagout equipment, each shall place his/her own personal lockout/tagout device on the energy isolating device. When an energy isolating device cannot accept multiple locks or tags, other types of devices such as a hasp may be used. A single lock may be used to lockout the machine or equipment with the key being
placed in a lockout box or cabinet which allows the use of multiple locks to secure it. Each employee will then use his/her own lock to secure the box or cabinet. As each person no longer needs to maintain his/her lockout protection that person will remove his/her lock from the box or cabinet.

All equipment will be locked out or tagged out to protect against accidental or inadvertent operation when such operation could cause injury to personnel. Do not attempt to operate any switch valve or other energy isolation device where it is locked or tagged out.

**RESTORING EQUIPMENT TO SERVICE:**

When the servicing or maintenance is completed and the machine or equipment is ready to return to normal operating condition, the following steps shall be taken:

1. Check the machine or equipment and the immediate area around the machine or equipment to ensure that nonessential items have been removed and that the machine or equipment components are operationally intact.

2. Check the work area to ensure that all employees have been safely positioned or removed from the area.

3. Verify that the controls are in neutral.

4. Remove the lockout/tagout device and re-energize the machine or equipment.

5. Notify affected employees that the servicing or maintenance is completed and the machine or equipment is ready for use.

These procedures give you the tools you need to work safely around hazardous energy sources. It is up to each of us to guard our own health and life by putting these rules into action.
AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROGRAM

The City of Niceville is committed to saving lives through implementation of model emergency cardiovascular programs in the City. Defibrillators are designed to deliver an electrical shock that will disrupt or stop the heart’s dysrhythmic electrical activity. This gives the heart a chance to spontaneously reestablish an effective rhythm on its own.

The Niceville Fire Department will be responsible for the following:

1. Placement of AEDs within the public sector.
2. Tracking AED placement within the private sector.
3. Training for City employees.
4. Training for private business, if requested.
5. Maintenance of AEDs within the City of Niceville public sector.

The City of Niceville’s ultimate goal is to increase public awareness and the number of AEDs in the public and private sectors.
CONFINED SPACE SAFETY PROGRAM

The following Confined Space Safety Program is hereby approved by the City Manager of the City of Niceville, Florida to comply with the provisions as set forth in the Florida Statutes, Chapter 440.56, the Florida Workers' Compensation Law, "Safety Rules and Provisions; Penalty" and the minimum requirements as set forth in the Occupational Safety and Health Standard (29CFR 1910.146).

The department supervisor is responsible for the immediate and effective implementation and enforcement of this program in its entirety as adopted.

Each subordinate supervisory employee shall share joint and general responsibility in the implementation and the enforcement of this program in accordance with his/her level of authoritative position.

No management nor supervisory implementation or enforcement responsibilities shall be compromised, delegated or reassigned.

The respective supervisor or foreman shall be directly responsible for the training and for the safety of the entire operation.

Every employee that may be required to enter a confined space shall be properly trained in all of the following subjects:

1. Potential hazards that could be confronted.
2. Safety precautions, emergency procedures and treatment for potential hazard exposure.
3. Proper testing and monitoring of confined space atmospheres.
4. Proper selection, fitting, use and limitations of self contained breathing apparatus.
5. Inspection, fitting and use of safety harnesses and life lines.
6. Cardiopulmonary (CPR) resuscitation and first aid.
7. Setting up and proper use of fresh air blowers and exhaust fans, proper ventilation procedures.
8. Traffic Control and jobsite protection.
9. Electrical, mechanical and isolation lock out procedures.

10. Decontamination of hazardous spaces.

11. Emergency entry and exit procedures including solo escapes.

12. Personnel protective clothing and equipment.

13. The confined space safety program total concept.

14. No smoking or heat producing devices allowed in a confined space or close proximity.

Proper training means that the training shall not be considered complete until by actual demonstration (by the employee); the Supervisor judges the employee has attained an acceptable degree of proficiency for entering and working in confined spaces.

All Water Services locations that are not designed for human occupancy, have limited access and egress, are underground, receive or have any degree of chemical or biological process taking place which releases or increases the atmospheric concentrations of toxic or combustible gases, or so designed that a person could become entrapped or injured shall be designated as a confined space and shall be subject to compliance with Florida Statue Chapter 8AS-15-HA 1969 hazardous atmospheres in confined spaces.

The concentration of toxic or combustible gases may not be high enough to cause physical harm, however the biological or chemical process taking place may use up the oxygen in the atmosphere and create an oxygen deficient atmosphere which will cause asphyxiation and death.

The following facilities are designated class "C" hazardous spaces:

1. All wastewater wet wells.

2. All space adjacent to any of the above that are not separated by a wall and provided with adequate mechanical ventilation (air flow exchange of 500 cu. ft. per min.)

3. All sewer lines.

4. All manholes.

5. All water well pump houses.

6. All underground metal and concrete can stations.

All class "C" hazardous spaces shall be identified by warning signs with the exception of manholes and sewers.
No entry shall be made into any class "C" hazardous space until the atmosphere has been tested with a gas detector that has been calibrated on a scheduled basis as recommended by the manufacturer.

A class "C" hazardous space is a potential hazard and does not require any modification of the standard safe working procedures and direct communication with workers from outside the confined space.

When the pre-entry atmosphere test for toxins, combustibles of oxygen deficiency exposes any concentrations or alarms, the specific location shall be made and all procedures required of a class "A" or "B" hazard shall be complied with prior to, during and after confined entry is made.

Class "B" hazard is when the gas detector gives the alarm of either oxygen deficiency (16.19% to 19.4%), or excess concentration of 25%, or toxic alarm concentration 10-19%. The space is dangerous, but not immediately life threatening. The facility shall be ventilated and the atmosphere cleaned to acceptable limits before any person is allowed to enter or to work inside the confined space.

In the event a rescue is required, one individual fully equipped with safety harness, life line, self contained breathing apparatus including positive pressure demand type face piece, visual or audio communications with outside workers, shall make the rescue. There shall be no routine work conducted in any class "A" or "B" hazardous atmospheres.

An oxygen deficiency below 16% or an excess of 25% any concentrations above 20% toxic or greater of the lower explosive limit shall upgrade any confined space to a class "A" hazard and the hazard is not a permit entry space. All permit entry requirements, rules and regulations must be complied with prior to during and after entry into a class "A" hazard space.

**PERMIT ENTRY SYSTEM REQUIREMENTS:**

When it is necessary for compliance with the permit entry program, a permit shall be prepared by the respective department. The permit shall have provisions for recording the following specifics and shall be tailored to meet the needs of the specific department.

1. Address and specific identification of the confined space.

2. Specific description of the work that is to be done.

3. The person requesting the permit and the person issuing the permit.

4. Specific description of the hazards that may be encountered and specific actions to be taken to protect against the hazards.

5. Check off list for employee training, personnel protective equipment, tools, rescue equipment and ventilation system.
6. Specific crew assignments.

7. Lights and communication equipment.

8. Traffic control and jobsite safety.


10. Atmosphere testing and continuous monitoring.

11. Lock outs, isolation or additional protective procedures.

12. Step by step procedure approval.

13. Atmospheric concentration readings throughout the operation.

When the permit has been issued the Supervisor shall follow the Confined Space Safety Program explicitly and will provide the supervisory leadership to complete the permit entry project as safely and as expediently as practical.

All permit entry files, training records and permits must be kept on file a minimum of 5 years from the date of the last training, inspection, test maintenance or entry.

**CONFINED SPACE VENTILATION PROCEDURES:**

Underground Sewer Lines and Manholes:

All underground sewer lines and manholes will be tested for hydrogen sulfide, methane gas contamination and oxygen deficiency before permitting any person to enter. The gas detection will continue to be monitored as long as workers are in the lines or manhole.

Spaces that have been detected as contaminated, or without sufficient oxygen, shall be ventilated and prepared before any employee is permitted to enter. The following procedures shall be used in providing proper ventilation:

A. The term atmospheric contamination exceeds acceptable limits mean the gas detector unit gives an alarm; the atmosphere is beyond acceptable limits. With indicator type detectors, the permissible limits shall be between 19.5% and 25% Oxygen concentration. Hydrogen sulfide and Methane concentration shall not exceed 20 parts per million.

B. All manhole covers both upstream and downstream shall be removed. Structures over any manhole shall be opened for ventilation. Appropriate traffic cones, barricades or markers shall be put in place prior to starting the work to protect both the workers and the general public. Should contamination of the atmosphere
remain above accepted limits, the following shall be accomplished.

C. An air supply free of carbon monoxide, oil vapor and oil mist shall be used to provide fresh air circulation into the sewer line or manhole. The standard trailer mounted or stationary air compressors are not considered as approved by OSHA and they will not be used. 500 cu. ft. per minute required.

D. A fresh air blower shall be placed in position to direct the fresh air into the manhole or sewer line. Do not permit internal combustion engine exhaust near the blower, or upwind of the blower.

E. An exhaust blower shall be positioned to remove the atmospheric contamination from the sewer line or manhole. The discharge of the inlet fresh air blower and the intake of the exhaust blower shall be positioned so as to maintain a circular type air exchange within the sewer line or the manhole. Should contamination of the sewer line or the manhole remain above accepted limits, the following procedures shall be used.

F. Bypass pumps shall be used to bypass the flow of sewage around the manhole or the sewer line. Pipe plugs shall be used to completely isolate the upstream and the downstream lines from the work area while artificial air ventilation continues to remove the contamination.

G. No employee shall be permitted to enter, nor work in any sewer line or manhole in which the atmospheric contamination exceeds acceptable limits. Entry into a contaminated sewer line or manhole shall be only for the purpose of emergency rescue of another employee, and shall be accomplished with the use of a complete self contained breathing apparatus, or line fed fresh air pack, body harness and lifeline being used by the rescuer.

H. Larger line shall be evacuated by the manual operation of the adjacent pumping stations. Coordination between the pumping station operator and the sewer crew shall be by direct radio contact.

Prior to the work start, the pumping station operator shall determine the safe length of time the particular station can remain off and shall inform the sewer crew foreman of this time limit.

The sewer crew foreman shall plan his work assignment in accordance with the limited time available during the pumping station shut down.

When the sewer crew is ready to actually begin work, the station operator shall be notified. The station operator shall pump the wet well down to its lowest level and shut down all sewage pumps and notify the sewer crew foreman that the pumps are off.

The sewer crew shall begin work as soon as the flow subsides.
The station operator shall radio the sewer crew foreman when one half (½) of the available time has expired and thereafter in ten minute increment intervals. Five minutes prior to required start up time, the station operator shall radio the sewer crew to get all personnel out of the sewer line or manhole.

The sewer crew foreman shall insure that all personnel are out of the sewer line or the manhole and shall notify the pumping station operator.

The pumping station operator shall not start up the sewage pumps until notified that the members of the sewer crew have exited the sewer line or the manhole.

**NOTICE:**

**IN ACCORDANCE WITH FLORIDA STATUTES:**

ONLY EMERGENCY WORK SHALL BE PERMITTED WHERE CONDITIONS REQUIRE THE USE OF APPROVED SELF-CONTAINED BREATHING APPARATUS OR HOSE MASK WITH APPROVED OIL FREE, CARBON MONOXIDE FREE AIR SUPPLY. HYDROGEN SULFIDE REMOVAL FROM WASTEWATER WETWELLS AND PUMPING STATIONS.

**MANHOLE AND LIFT STATION ENTRY PROCEDURES:**

Pumping stations and wetwells that have been detected as having hazardous atmospheres shall be ventilated as follows:

1. Open all outside manhole covers, open all roll up doors and all windows.

2. Allow for natural ventilation for a minimum of at least one (1) hour.

3. Re-test the atmosphere. If still contaminated:

4. Wearing any approved self contained breathing apparatus, or line fed oil and carbon monoxide free air supply and a full face shield breathing face piece with positive pressure demand type supply, using a steam jenny wash down the entire facility. Remove all garbage cans, containers and other non-structural items and materials from the facility.

5. Following the complete washing down of the facility use a clean air type forced air blower to force in outside air into the facility, and in conjunction with the forced air into the facility, use an exhaust blower to discharge the inside air from the facility.

6. Re-test the atmosphere and continue the blower and the exhaust procedures until the atmosphere reaches safe and acceptable limits.
7. Continue the atmosphere testing as long as employees are required to work inside of the facility.

8. Under no circumstances will an employee be permitted to remain inside of any confined space facility in which the atmosphere does not test safe within the guidelines of safe atmosphere.

9. Entry into a contaminated atmosphere shall be permitted only for the purpose of rescuing an employee and full protection including safety harness and life line shall be worn by the rescuer.
EXPOSURE CONTROL PLAN

This Bloodborne Pathogens Exposure Control Plan (ECP) has been developed in accordance with and as required by the OSHA standard 29 CFR 1910.1030 Bloodborne Pathogens.

The ECP is found in the City Safety Manual. On an annual basis the ECP will be reviewed and update as required.

This ECP is designed to eliminate or minimize employee exposure to bloodborne pathogens. Bloodborne pathogens are 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).

Employees covered by this standard are those who have a reasonably anticipated skin, eye, mucous membrane, or parenteral (piercing mucous membrane or skin) contact with blood or other potentially infectious materials (OPIM) that may result from performance of their job duties.

Some examples of OPIM are cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, semen, vaginal secretions, and any body fluids visibly contaminated with blood.

I. EXPOSURE DETERMINATION

The City has made an exposure determination concerning which employees may incur an occupational exposure to blood or OPIM. This determination was made without regard to the use of personal protective equipment (PPE).

Employees in the following positions have job responsibilities, which include a reasonable anticipated exposure to blood or OPIM. If contamination ever occurs, complete attached Infectious Exposure Form.

- Assistant Fire Chief
- Assistant Recreation Director
- Building Official
- Children’s Park Manager
- Code Enforcement Officer
- Crossing Guard
- Director of Public Works
- Electrical Installer Repairman
- Electrical Foreman
- Fire Chief
- Firefighter
- Fire Inspector
- Groundskeeper
- Heavy Equipment Operator
- Lead Water Operator
- Meter Reader
- Parks Foreman
- Police Chief
- Police Detective
- Police Lieutenant
II. METHODS OF COMPLIANCE

A. Universal Precautions

All employees are required to utilize “Universal Precautions” which is an approach to infection control that treats all human blood and certain body fluids as if they were infected with bloodborne pathogens. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

Since there is no way for an employee to know for certain if wastewater is in fact infectious for bloodborne pathogens, universal precautions must be used by employees for all activities involving contact with wastewater. Supervisors of employees covered by this standard are responsible for ensuring that employees observe universal precautions.

B. Work Practice Controls

Work practice controls shall be used as the primary method to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

Employees are responsible for the proper use and routine care of the health safety devices provided for their protection. Items which are in need of repair or replacement shall be reported to the employee’s supervisor for attention.
Some examples of work practice controls are:

Hand washing.
* Skin washed immediately after contamination with wastewater, blood, or removal of PPE.
* Use of antiseptic hand cleaners.
* Treatment and covering of areas of employee’s skin which are abraded, lacerated, chapped, irritated or otherwise damaged to prevent direct contact with wastewater or blood.

Prohibition of rag removal by bare hands.
Prohibition of mouth pipetting.
Prohibition of food or drink storage in areas where wastewater or blood is present.
Prohibition of eating, drinking, smoking, application of cosmetics or lip balm, handling of contact lenses in areas where blood or wastewater are present.
Decontamination of contaminated equipment prior to service or shipping.

C. **Needles & Other Sharps**

In areas where needles and other sharps have been encountered or suspected, only mechanical means will be used to remove the sharps.

D. **Washing of Hands and Skin**

Hand washing is the single most important means of preventing the spread of infection.

Employees shall wash their hands and other affected skin immediately or as soon as possible:

- After removal of gloves or other personal protection equipment.
- After each contact with wastewater.
- After handling potentially infectious materials.
- After cleaning or decontaminating equipment.
- After using the bathroom.
- Before wiping nose, mouth or eyes after contact.
- Before eating.
- Before and after handling or preparing food.

Washing of skin with soap and water shall be done for a minimum of 10 to 15 seconds. The use of friction while washing skin aids in mechanically removing microorganisms.

Using a rotating motion, apply friction to all surfaces of hands and wrists, including backs of hands, between fingers and around and under nails; interlace fingers and rub up and down while washing. Use of a nail brush is recommended. Turn on the faucet using a clean paper towel so as not to recontaminate your hands. Apply hand cream after frequent hand washing to prevent skin irritation and breakdown.

If soap and water are not immediately available, a waterless cleanser may be used and washing with soap and water is to be done as soon as possible.

Flushing of mucous membranes and/or rinsing of mouth with water immediately or as soon as feasible after contact of these areas with blood or wastewater are required.
The City shall provide hand washing facilities which are readily accessible to employees. Where it is not feasible to provide hand washing facilities, such as, in vehicles or in the field, the City shall provide antiseptic towelettes or antiseptic hand cleaner.

E. **Work Area Restrictions**

Eating, drinking, smoking, handling contact lenses or applying cosmetics or lip balm is prohibited in work areas where there is a reasonable likelihood of exposure to infectious materials.

Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, on counter/bench tops or other work areas where blood or OPIM are present.

All procedures involving blood or wastewater shall be conducted in a manner which will minimize splashing wastewater, spraying, splattering and generation of droplets of blood or wastewater.

F. **Sampling Wastewater**

Samples of wastewater shall be placed in a container or package that prevents leakage. The container shall be labeled.

G. **Contaminated Equipment**

Equipment which may become contaminated with blood or wastewater shall be examined prior to servicing or shipping and shall be decontaminated as necessary. If decontamination is not feasible, a biohazard label must be attached to the equipment indicating which portions remain contaminated.

The supervisor shall be responsible for informing affected employees, servicing representatives and/or manufacturer prior to handling, servicing or shipping so that appropriate precautions can be taken.

Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures.

H. **Housekeeping and Decontamination**

The work site, whether stationary (lift station maintenance) or mobile (work truck, police vehicle, fire vehicle etc.), shall be maintained in a clean and sanitary condition. Departments shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the types of procedures being performed in the area.

All equipment and work surfaces shall be cleaned as soon as possible after contamination with blood or wastewater. Employees shall wear appropriate PPE to ensure that there is no contact of blood and/or wastewater. At a minimum, gloves shall be worn.

All spills of blood and wastewater shall be promptly cleaned up using an EPA approved germicide such as a 1:10 solution of household bleach and water using gloves. Ground spills will be covered with lime/chlorine.

If splashing is anticipated, protective eyewear shall be worn as well as an impervious suit that provides an effective barrier to splashes.

Decontaminate with an appropriate germicide or a solution of 1:10 household bleach and water.
I. **Personal Protective Equipment**

Personal protective equipment (PPE) such as gloves, face shields, masks, eye protection, etc., provides a barrier between you and bloodborne pathogens. PPE shall be provided by the City at no cost to the employees.

Gloves are the most widely used form of PPE. Disposable latex or nylon gloves are frequently used. If an employee is allergic to nylon or latex gloves, the City will provide hypoallergenic gloves, glove liners, powderless gloves, or another alternative.

Since gloves can be torn or punctured, you must bandage all cuts, abrasions or other open skin prior to donning gloves.

Disposable gloves shall be removed as soon as possible after contamination or when they are torn or punctured. Hands should be washed after gloves are removed. Never wash or decontaminate disposable gloves for reuse.

Utility gloves may be decontaminated and reused as long as the integrity of the glove is not compromised. Utility gloves that are cracked, peeling, torn or punctured may not be decontaminated or reused.

Follow this procedure to safely remove gloves:

- With both hands gloved, peel one glove off from top to bottom and hold it in the gloved hand.
- With the exposed hand, peel the second glove from the inside, pulling the second glove over the first glove.
- Dispose of the glove bundle in a biohazard waste bag or container.
- Wash hands and forearms thoroughly.

When there is a potential for exposure to blood or wastewater splashes, sprays, splatter or droplets, eye, mouth and nose protection must be worn. Examples of this type of protection are goggles and masks, glasses with solid side shields, and masks or chin length face shields.

More extensive coverings such as sewer suits, aprons and shoe covers shall be worn when gross contamination is expected such as during a force main break.

It is the employee’s responsibility to wear the appropriate PPE when performing tasks that have the potential for exposure to blood and wastewater and to request replacement PPE when needed.

Supervisors shall ensure that employees comply with the requirement to wear PPE and that adequate supplies of PPE are available for employee use.

Under rare and extraordinary circumstances employees may temporarily and briefly decline to use PPE in a specific instance where in their professional judgment, the use of PPE would have prevented the delivery of public safety services or would have posed an increased hazard to the employee or co-workers.

The employee’s decision to decline the use of PPE shall be made on a case-by-case basis only and is in no way to be applied generally to a particular work area or task. The supervisor must approve exceptions to PPE.
Employees who make such a decision shall be required to explain in writing their reasons for taking this course of action. This explanation shall accompany their Exposure Report and/or Accident and Notice of Injury Report.

The supervisor shall thoroughly investigate and document the incident and determine what, if any, changes can be instituted to prevent such occurrences in the future.

III. HEPATITIS B VACCINATION

All employees who have been identified as having a reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from performance of their job duties shall be offered a hepatitis B vaccine series at no cost to the employee.

The vaccine series shall be made available to the employee after training in bloodborne pathogens and within ten working days of their initial assignment to a position that has reasonable anticipation of exposure to blood or other OPIM unless the employee has previously received the vaccine series or the vaccine is contraindicated for medical reasons.

The hepatitis B vaccine is a noninfectious, yeast based vaccine given in three injections in the arm. It is prepared from recombinant yeast cultures, rather than human blood or plasma. Thus, there is no risk of contamination from bloodborne pathogens, nor is there any chance of developing HBV from the vaccine.

The second injection should be given one month after the first, and the third injection six months after the initial dose.

More that 90% of those vaccinated will develop immunity to the hepatitis B virus. To ensure immunity, it is important for individuals to receive all three injections. At this point it is unclear how long the immunity lasts, so booster shots may be required at some point in the future.

The HBV vaccine will be administered by a licensed health care professional.

Employees who decline to accept this vaccine when offered are required to sign the declination form (see page 58). Employees who initially decline the vaccine may request it at any time in the future.

The City may offer at no cost to employees a prevaccination antibody screening to determine if they are immune to HBV prior to offering them the HBV series. If the antibody screening is offered, employees may decline it without prejudice and request the vaccine series.

IV. POST-EXPOSURE EVALUATION AND FOLLOW-UP

Employees are required to immediately document bloodborne pathogen exposure incidents. An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or wastewater.

Reporting an exposure incident immediately permits timely medical follow-up. Immediate medical intervention can forestall the development of hepatitis B and enable the tracking of potential HIV infection.

Prompt reporting can also prevent the spread of bloodborne infection to others and helps the City to evaluate the exposure circumstances to try to find ways to prevent future exposures.
Employees who experience an exposure incident shall immediately wash/flush the affected area and report the exposure to their supervisor. The supervisor/superintendent or Dept Head shall make a determination whether an exposure did actually occur. Dept Heads may appoint an Infectious Control focal point if they choose but it is not required.

If the determination is that an exposure did occur, the employee and supervisor will contact the Workers’ Comp Representative and seek immediate medical attention.

A Supervisor’s Accident Investigation Form and the Infectious Exposure Form shall be completed and processed as soon as possible to the Safety Director.

A medical evaluation and follow-up shall include the following:

- Documentation of the routes of exposure and circumstances under which the exposure occurred.
- Permission for and collection and testing of the exposed employee’s blood for HIV and HBV serological status.
- Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service. This may include a recommendation for Immune Serum Globulin, Hepatitis B Immune Globulin, Hepatitis B Vaccine, or Zidovudine (AZT).
- Counseling for the exposed employee.
- Evaluation of exposed employee’s reported illnesses, if any.

The City shall provide the authorized health care provider with the following information:

- Copy of the OSHA standard 1910.1030 Bloodborne Pathogens.
- Description of the exposed employee’s duties as they relate to the exposure incident.
- Documentation of the route of exposure and the circumstances under which the exposure occurred.
- All medical records which the City has the responsibility to maintain of the employee including vaccination status.

The City shall obtain and provide the employee with a copy of the evaluating health care provider’s written opinion within 15 days of completion of the evaluation.

This written opinion shall be limited to the following information:

- Whether Hepatitis B vaccination is indicated and if employee received vaccination.
- That employee has been informed of results of the evaluation.
- That employee has been told about any medical conditions resulting from exposure to blood or OPIM, which require further evaluation or treatment.
- All other findings and diagnoses shall remain confidential and not be included in the written report.

V. MEDICAL RECORDKEEPING

The City shall maintain records for each employee with a reported occupational exposure to blood or wastewater as required by the OSHA standard for Bloodborne Pathogens.
The record shall include the following:

Name and Social Security number of the employee.
Copy of the employee’s Hepatitis B status including the dates of all the Hepatitis B vaccinations and any medical records relative to the employee’s ability to receive the vaccination.
Copy of the health care provider’s written opinion of the medical evaluation.
Copy of the information provided to the health care professional as required for medical evaluation.

The employee’s medical record shall be kept confidential and may not be disclosed or reported without the employee’s express written consent except as required by law.

The City shall maintain these records for the duration of the employee’s employment plus 50 years.

VI. TRAINING

Training shall be provided to employees with an occupational exposure to bloodborne pathogens when first assigned to tasks with an occupational exposure and annually thereafter.

The training shall include the following:

Explanation of the OSHA bloodborne standard and the fact that a copy is accessible to employees.
General explanation of the epidemiology and symptoms of bloodborne disease.
Explanation of the modes of transmission of bloodborne pathogens.
Explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM.
Use and limitations of methods that will prevent or reduce exposure including engineering controls, work practices, and PPE.
Explanation of the basis for selection of PPE.
Information on the Hepatitis B vaccine and a statement that the vaccination is free of charge.
Information on the appropriate actions to take in an emergency involving blood and other OPIM.
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.
Explanation of the signs and labels and/or color coding required.
An opportunity for interactive questions and answers with the person conducting the training session (typically the supervisor or other training official).

Training records shall be kept by the employee’s department and shall include the date, outline or summary of the session, name and qualifications of the trainer, names and job titles of the persons attending the training.

Training records shall be maintained for three years from the date of the session. The City may use services of outside training agencies as needed for training.
INFECTIONOUS EXPOSURE FORM

Exposed Employee’s Name ________________________________________

Social Security # __________________ Home Phone ____________________

Sex ______ Age ______ Address ___________________________________

Suspected or Confirmed Disease _____________________________________

Transported to __________________________________________________

Date of Exposure __________________________________________________

Type of Incident (auto accident, trauma) ______________________________

What were you exposed to?

Blood ______ Tears ______ Feces ______ Urine ______ Saliva ______
Vomitus ______ Sputum ______ Sweat ______ Other ______

What part(s) of your body became exposed? Be specific ____________

________________________________________________________________

Did you have any open cuts, sores, or rashes that became exposed?
Be specific _________________________________________________________

________________________________________________________________

How did exposure occur? Be specific _________________________________

________________________________________________________________

________________________________________________________________

Did you seek medical attention? ______ yes ______ no

Where? __________________________________________ Date _________

Supervisor’s Signature ____________________________ Date __________

Employee’s Signature ____________________________ Date __________

Contact Workers’ Comp representative Date_____________________

57
OSHA 1910.1030 App A
Hepatitis B Vaccine Declination Form

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 at this time. 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 continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature: ____________________________ Date: _________________
The attached inspection checklist should be used as a general safety inspection checklist. While its use is mandatory, each department is encouraged to also utilize more in-depth checklists that meet individual organizational needs.

**SUPERVISORY GENERAL SAFETY MONTHLY SELF-INSPECTION CHECKLIST**

An essential part of loss prevention is the recognition and removal or correction of hazards. This checklist should serve as a tool, indicating those areas needing attention. A "NO" response to any question (except #5) indicates corrective action is necessary. Indicate areas that are not applicable (NA).

Department: _______________________________ Supervisor: ____________________________

Signature

Inspection Date: ______________

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<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
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</thead>
<tbody>
<tr>
<td>1. Fire extinguishers checked monthly (tag signed) for operational ability?</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
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<tr>
<td>2. Fire extinguishers mounted in readily accessible locations?</td>
<td>_____</td>
<td>_____</td>
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<tr>
<td>3. Are first aid kits properly stocked and readily accessible for emergencies?</td>
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<td>_____</td>
<td>_____</td>
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<td>4. Are employees reminded to use vehicle seat belts at all times?</td>
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<td>_____</td>
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<tr>
<td>5. Are employees allowed to stand on chairs, desk, drawers, or other improvised ladders?</td>
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<tr>
<td>6. Are non-slip surfaces provided on stairs?</td>
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<td>_____</td>
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<td>7. Are smoking restrictions (no indoor smoking) followed?</td>
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<td>8. Are heating elements (coffee makers, portable electric heaters) safely placed and inspected on a regular basis?</td>
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<td>_____</td>
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<td>9. Are portable heaters automatic shut-off….. if tipped over?</td>
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<td>10. Is damaged /malfunctioning equipment tagged “out of service”?</td>
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<td>11. Are emergency eyewashes provided in the required chemical areas?</td>
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<td>12. Are all cylinders properly secured to prevent tipping/falling?</td>
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<td>13. Have personnel working in high noise areas been trained in hearing conservation, i.e. ear plugs, and wear appropriate equipment?</td>
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<td></td>
<td>Question</td>
<td>YES</td>
<td>NO</td>
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<tr>
<td>14.</td>
<td>Is the required personal protective equipment (PPE) available and used?</td>
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<tr>
<td>15.</td>
<td>Flammable and combustible liquids properly stored?</td>
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<tr>
<td>16.</td>
<td>Are all employees using respiratory protection equipment properly trained?</td>
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<tr>
<td>17.</td>
<td>Portable power tools provided with constant pressure controls?</td>
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<tr>
<td>18.</td>
<td>Electrically powered equipment and tools double insulated or properly grounded?</td>
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<tr>
<td>19.</td>
<td>When required are employees wearing high-visibility reflective vests (class 2) per Safety Manual?</td>
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<tr>
<td>20.</td>
<td>Housekeeping good: aisles clear, storage organized, debris removed?</td>
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<tr>
<td>21.</td>
<td>All worksites maintained in a clean and sanitary manner?</td>
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<td>22.</td>
<td>All glass free of breaks or cracks?</td>
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<td>23.</td>
<td>Electric cords arranged in such a manner so as not to present a trip hazard?</td>
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<tr>
<td>24.</td>
<td>Walking and working areas free of slip, trip, or fall hazards and well-illuminated?</td>
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<tr>
<td>25.</td>
<td>Vehicle reflective orange cones are used at work sites that are not designated work-zones?</td>
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<tr>
<td>26.</td>
<td>When situations occur, are accidents, illnesses and injuries analyzed to determine if additional training is needed?</td>
<td></td>
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<tr>
<td>27.</td>
<td>Are employees trained/reminded on a regular basis of proper lifting techniques to help reduce back injuries?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>Are all accidents reported promptly? Do employees know who to report accidents to?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td>Are training safety meetings held with employees on a regular basis and properly documented on training form?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30.</td>
<td>Have new employees been briefed and properly trained on the requirements of the City Safety Manual?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
<tr>
<td>---</td>
<td>-----</td>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>31.</td>
<td>Are all equipment and vehicle parking areas inspected to detect leakage or fluid loss?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>32.</td>
<td>Are all spill kits and lockers properly stocked and readily available for use?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>33.</td>
<td>Are all material storage areas, i.e. fuel, oils, lubricants, chemicals, and pesticides checked for leakage and properly stored and protected?</td>
<td>___</td>
<td>___</td>
</tr>
</tbody>
</table>

New recommendations (include suggestions for implementing and/or compliance):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Comments:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Dept Head coordination ________________________________

COPY FORWARDED TO SAFETY DIRECTOR ________________ (date)
**Supervisor's Accident Investigation Report**

Name of injured: _________________________________  Employee: ____Yes ____No

Length of time with City  Job title  Name of Department
____________________  _______________________________  ________________________________

Location where accident occurred: _________________________________  Date of accident or illness: _________

City Premises: _____Yes____ No  What was provided:  First Aid_______ (or)  Medical treatment ________
Job site: _____Yes _______ No  Time of accident: ___________________

Was there any property damage? _____Yes _____No  If so, what property______________________________

What was employee doing when injury/illness occurred? ______________________________________________
____________________________________________________________________________________________

How did injury/illness occur? List all objects and substances involved: ______________________________________
____________________________________________________________________________________________

Part of body affected:________________________________ Any prior physical defects_____ Yes _____No
Nature and extent of injury/illness and property damaged (be specific) __________________________________
____________________________________________________________________________________________

**INDICATE IF ANY OF THE FOLLOWING CONTRIBUTED TO THE INJURY / ILLNESS**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Improper instruction</td>
<td>Failure to lockout</td>
<td>Unsafe arrangement or process</td>
</tr>
<tr>
<td>Lack of training or skill</td>
<td>Unsafe position</td>
<td>Poor ventilation</td>
</tr>
<tr>
<td>Operating without authority</td>
<td>Improper dress</td>
<td>Improper guarding</td>
</tr>
<tr>
<td>Horseplay</td>
<td>Improper protective equipment</td>
<td>Improper maintenance</td>
</tr>
<tr>
<td>Physical or mental impairment</td>
<td>Unsafe equipment</td>
<td>Inoperative safety device</td>
</tr>
<tr>
<td>Failure to secure</td>
<td>Poor housekeeping</td>
<td>Other</td>
</tr>
</tbody>
</table>

Was employee retrained in the appropriate use of proper safety procedures?  ____Yes ____No  ____NA

Supervisor signature  Date  Proposed Action

Department Head signature  Date  Recommended Action

City Manager signature  Date  Approved Action
THINK
SAFETY
IS EVERYONE'S JOB
EMPLOYEE SAFE WORKING PRACTICES AGREEMENT

As a condition of employment with the City of Niceville, I ________________________________ (Please print full name) do hereby agree to comply with the following safe working practices:

1. I agree to follow established departmental safety procedures.

2. I agree to report any work-related accident or injury to my supervisor and the Workers’ Compensation Representative as soon as it occurs.

3. If I need treatment for a work-related injury, I agree to:
   b. Only go to an EMPLOYER directed physician for necessary treatment.
   c. If my injury requires subsequent visits to doctors for treatment, I understand and agree I will inform my supervisor and provide the Human Resources Department with proper documentation.

4. Should any work-related injury constitute a medical emergency and/or a life threatening situation, I agree to seek medical treatment at Twin Cities Hospital. Notification of my supervisor and the Workers’ Compensation Representative will be accomplished at the earliest possible time after the emergency situation has been accommodated.

I understand that my involvement in any accident on the job may require my submittal to drug and/or alcohol testing. If my test is positive and confirmed, I understand that workers’ compensation benefits may be denied and that I will be subject to disciplinary procedures up to and including termination.

I understand that a failure on my part to follow the above procedures could result in denial of workers’ compensation benefits and disciplinary actions up to an including discharge.

I also understand that according to the rules and regulations for the State of Florida Workers' Compensation Law, my compensation benefits could be reduced for any injury which occurs because of failure to follow established safety procedures or failure to wear and utilize safety clothing and equipment if issued by my employer.

__________________________________________ _________________________
Employee Signature     Date

__________________________________________ _________________________
Supervisor Signature               Date
EMPLOYEE / SUPERVISOR STATEMENT OF UNDERSTANDING

EMPLOYEE:

I have read and understand the Safety Manual dated 1 November 2011 and will follow the rules and guidelines it contains.

Date________________________     Department: ___________________________________

Employee name (print) ________________________________________________________

Employee signature___________________________________________________________

SUPERVISOR:

I have instructed the above employee in the safe working practices for:

_____________________________________________________________________________

_____________________________________________________________________________

(Describe job, operation, activity)

Supervisor’s name (print) _________________________________________________________

Supervisor signature ___________________________ Date _________________________

When completed, a copy of this form must be sent to the Safety Director who will record completion and forward the form to Human Resources for placement in the employee’s personnel file.