

SAFETY MANUAL

Lee County Employees, Elected and Appointed Officials

This handbook is intended to provide for the safety of county employees, volunteers, and the public, promote understanding of Lee County safety policies and to assure uniform administration of these policies throughout all County Departments and functions.



Adopted by the Lee County Board

00/00/2014

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ARTICLE I: INTRODUCTION

Section 1.1: Purpose

A safety program is designed to accomplish one primary purpose: **To Prevent Accidents.** Preventing accidents results in saving lives, eliminating human suffering, increasing efficiency of operations, and saving thousands of dollars for both employees and the general public of our County. A county safety program must provide not only for the safety of the County employees, but also for the safety of the public in regards to operations of the various departments. To be successful, the safety program must have continuous active support of all employees, particularly of those in supervisory positions. The “Push” for an effective safety program must come from the “Top” person in each division, department, section or crew to maximize employee support and participation. It should be pointed out that there is nothing new about the common sense and good judgment outlined in this manual because they have been in effect all the time. ***This manual has been published to provide written policies and procedures for the guidance of our personnel; however it is not intended to be in derogation of any existing collective bargaining agreements, or individual Department policies. Existing bargaining agreements and Department policies will take precedence when those agreements or policies are more stringent.***

Section 1.2: Applicability

All policies relating to inherent managerial policy apply to all Full Time, Part Time, and Short Term or Seasonal employees of Lee County, including, but not limited to County Board members, non-certified employees and certified collective bargaining unit employees. Any policy that relates to matters directly affecting wages, hours, and terms and conditions of employment shall be binding upon all non-collective bargaining unit employees and not binding upon certified collective bargaining units whereby the collective bargaining agreement shall govern. In the event of any inconsistency between this Handbook and the applicable bargaining unit contract, the bargaining unit contract shall govern.

[Add “volunteers” to include the Volunteer Corp?](#)

Section 1.3: Elements of an Effective Safety Program

An effective safety program includes, but is not limited to the following functions and responsibilities:

- (a) Assigning responsibilities to persons for safety activities.
- (b) Assigning personnel to jobs for which they are physically qualified to perform safely.
- (c) Making equipment, work areas, and working methods safe.
- (d) Searching out hazards and eliminating them immediately.

- (e) Establishing and maintaining employees' interest in safety.
- (f) Controlling work habits through adequate and effective supervision.
- (g) Providing proper protective equipment and making its use mandatory.
- (h) Educating and training employees as to the specific hazards of their jobs.
- (i) Investigating accidents to determine cause and taking necessary action to prevent reoccurrence.
- (j) Preparing and maintaining proper and complete accident records to permit evaluation of the safety program.
- (k) Adoption and enforcement of safety rules and safety practices.

Section 1.4: Safety Policy Statement

It is the policy of the County that accident prevention shall be considered of primary importance in all phases of operation and administration. It is the intention of upper management to provide safe and healthy working conditions and to establish and insist upon safe practices at all times by all employees. The prevention of accidents is an objective affecting all levels of our county and its operations. It is, therefore, a basic requirement that each Department Head make the safety of all employees an integral part of his or her regular management function. It is equally the duty of each employee to accept and follow established safety regulations and procedures.

Every effort will be made to provide adequate training to employees. However, if an employee is ever in doubt about how to do a job or task safely, it is his or her duty to ask a qualified person for assistance.

Employees are expected to assist management in accident prevention activities. Unsafe conditions must be reported immediately. Fellow employees that need help should be assisted. Everyone is responsible for the housekeeping duties that pertain to their jobs. The County is sincerely interested in the safety of its employees. It is the employee's responsibility to follow the rules of safety as established for their protection and to use the protective devices. Personal protection, periodic safety inspections of buildings and grounds and areas of responsibility, including hazard awareness and risk management shall be fundamental in our daily operations. Safety training will be implemented on a continuous basis to improve performance of duties and to enhance all employee conditions. Department Heads, Supervisors and superiors at all levels will continually promote safety and situational awareness.

All employees of the County will be expected to take care of themselves and each other. Under no circumstances, except emergency trips to the hospital, should an employee leave the work site without reporting an injury. When someone has an accident, everyone is hurt. Please work safely. Safety is everyone's business.

ARTICLE II: ACCOUNTABILITY FOR SAFETY

Section 2.1: Responsibilities for Safety Functions

(a) County Board.

- i. Overall responsibility for safety
- ii. Authorizes expenditures for safety
- iii. Approves safety policies as formulated by the Safety Committee
- iv. Proactive involvement in the safety program as recommended by the Safety Committee.

(b) Safety Committee.

- i. The Safety Committee will set policy for and provide oversight of the safety program for the County.
- ii. They shall work closely with Department Heads and Supervisors in formulating safety rules, policies, and procedures.
- iii. They shall assist departments in planning and conducting safety meetings and safety education courses.
- iv. They shall prepare and distribute reports to the Department Heads indicating effectiveness of the safety program.
- v. They shall make or supervise periodical inspection of work areas for the purpose of discovering unsafe conditions or unsafe practices and shall report any noted incident to the Department Head or Supervisor for corrective action.
- vi. They shall supervise the investigation of all accidents which result in lost time injuries.
- vii. They shall follow-up to ascertain that corrective action has been taken by Department Heads or Supervisors to prevent reoccurrence of accidents.

(c) Insurance Liaison.

- i. The Insurance Liaison acts as liaison between the insurance carrier and Department Heads and Supervisors.
- ii. He works closely with the Board, Department Heads, Supervisors and the Safety Committee to formulate safety rules, policies and procedures.
- iii. The Insurance Liaison maintains the accident record system for the County, receiving reports, forwarding applicable reports to the insurance carrier, and retaining appropriate reports in the County's files.

- iv. The Insurance Liaison oversees the OSHA record requirements including the posting of the OSHA Form 300A.
- v. The Insurance Liaison serves at the first point of contact for the Department of Labor Inspector. He accompanies the Inspector on an inspection, taking notes and recording what the inspector reviews, and providing any requested reports/records.

(d) Department Heads.

- i. The Department Heads will be responsible for the supervision of the safety program within his/her division.
- ii. They shall assure that employees are properly instructed regarding safe working methods and that Supervisors fulfill their assigned responsibilities in regards to safety instruction and supervision.
- iii. They shall assure that department safety meetings are scheduled and held as outlined.
- iv. They shall assure that required reports pertaining to injuries, vehicle accidents, and investigations are promptly prepared and forwarded.
- v. They shall encourage the reporting by employees of all unsafe acts, conditions, equipment, etc. and shall take necessary action to correct them.
- vi. They shall require all personnel to comply with safety rules, procedures, and policies, and shall take or recommend appropriate disciplinary action whenever deemed necessary.
- vii. They shall require their Supervisors to determine causes of accidents involving personnel or equipment under their supervision and to recommend measures to prevent similar accidents.

(e) Supervisors.

- i. Supervisors are responsible to their Department Head for the safety program so far as it pertains to personnel and equipment under their supervision. They are the key personnel of the safety program because they are in the best position to observe the work of their employees.
- ii. They shall give job instruction to subordinates with special emphasis on the hazards of their work to be performed.
- iii. Supervisors shall constantly watch for and immediately correct unsafe conditions and unsafe working practices, reporting to the Department Head those incidents which are beyond the scope of their authority to correct.
- iv. The Supervisor shall promptly inform their Department Head of all accidents involving personnel or equipment under their supervision and shall take immediate steps to investigate each accident to determine its cause.
- v. They shall assure that injured employees report to the doctor whenever they deem that medical treatment is necessary.

- vi. They shall enforce safety rules, policies, and procedures and shall require the wearing of protective equipment when necessary.
- vii. They shall constantly talk safety to their personnel and demonstrate, by their actions, that they consider safety important.
- viii. They shall inform all their personnel as to the responsibilities of employees as outlined.

(f) Employees.

- i. Each employee is responsible for their own safety, the safety of their fellow workers, and the safety of the general public with regards to their work.
- ii. An employee shall be required to follow safety work practices and to comply with applicable policies and procedures as a condition of employment.
- iii. An employee shall wear protective equipment such as goggles, hard hats, safety shoes, etc., whenever necessary.
- iv. An employee shall promptly inform their Department Head or Supervisor of any injury received while on the job, no matter how minor this injury is or whether or not medical treatment is required.
- v. An employee shall promptly inform their Department Head or Supervisor of any noted items of unsafe equipment, unsafe acts, or hazardous conditions.
- vi. An employee shall obtain specific instruction from their Department Head or Supervisor in all cases where conditions are not completely understood.

Section 2.2: Enforcement of Safety Standards

The County considers the safety of its employees to be very important. The Department Head or Supervisor has the responsibility to enforce the Safety Manual. Failure to follow the Safety Manual can result in discipline per the appropriate bargaining unit contract or Policy Handbook. Employees have the right to appeal the actions of the Department Head or Supervisor using the dispute resolution and grievance (complaint) procedures outlined in the appropriate bargaining unit contract or Policy Handbook.

ARTICLE III: SAFETY PROGRAM STRUCTURE

Section 3.1: Executive Safety Committee

- (a) Appointment. The Executive Safety Committee shall be appointed by the County Board Chair bi-annually following the election of the County Board Chair.
- (b) Chair. The Chair of the Committee shall be elected by the members following the bi-annual appointment of the Committee by the County Board Chair.
- (c) Secretary. The Secretary of the Committee shall be elected by the members following the bi-annual appointment of the Committee by the County Board Chair.
- (d) Meetings.
 - i. Committee meetings shall be held quarterly on the second Tuesday of the month to correlate with the County Properties/Planning/Zoning Committee meeting date.
 - ii. Regular attendance is strongly encouraged. Members may select an appointee to attend a meeting in his/her place, with full voting privileges extended to the appointee.
 - iii. The secretary will send out notices of meetings to members before the scheduled meeting, along with an agenda, minutes of the last meeting, supporting material, as well as decisions of all appeals brought before the full committee to the employee and their Department Head.
- (e) Duties and Responsibilities.
 - i. Develop and recommend employee safety and health programs that may include education, training, incentive programs, etc.
 - ii. Discuss, formulate, and recommend safety policies and procedures.
 - iii. Strive to have approved safety and health recommendations placed into practice.
 - iv. Review vehicle accident and injury summary reports, and offer suggestions and recommendations to prevent their recurrence.
 - v. Encourage the participation of all County employees by helping them to understand that safety is the responsibility of everyone, not just a few.

Section 3.2: Accident/Injury Reporting, Policy and Procedure

- (a) Property Damage Accidents. All accidents involving damage to a vehicle being operated for County business shall be reported immediately to the employee's Department Head or Supervisor. Any required police reports are the employee's responsibility. Any other accident causing damage to publicly or privately owned property during official County business shall be reported to the employee's Department Head or Supervisor immediately.

- (b) **Injuries.** Staff receiving any type of injury while on duty, no matter how minor, shall submit an “**Employee Incident Report**” to the Department Head or Supervisor within 24 hours or as soon as possible following the injury/incident.
- (c) **Exam.** At the discretion of the Department Head or Supervisor, the employee may be required to submit to a physical and/or drug exam following an accident or injury. Refusal to comply with the physical and or/drug exam shall be subject to employee discipline, but taking the exam shall not operate to waive any objection or rights the employee may have.
- (d) **Reporting.** The following reports shall be completed by the designated individual, when applicable and are available at www.leecountyil.com on the Safety Committee page.
- i. The “**Employee Incident Report**” shall be completed by the employee involved in an accident and/or sustaining an injury within 24 hours or as soon as possible following the injury/incident. The Report shall include the date, time, place of accident/injury, how it occurred, type of injury (if applicable), and whether medical assistance was obtained.
 - ii. The “**Witness Statement**” shall be completed by any/all witnesses to any type of incident within 24 hours or soon as possible following the incident and retained by the Department Head.
 - iii. The “**Property Damage Incident Report**” shall be completed by the Department Head, Insurance Liaison or other individual involved with property damage. The Report shall be filed within 24 hours or as soon as possible with the Insurance Liaison.
 - iv. The “**Illinois Form 45: Employers First Report of Injury**” is completed by the Department Head and forwarded within 24 hours or as soon as possible to the Insurance Liaison for Claim processing.

Section 3.3: Safety and Health Training

Training is one of the most important elements of any injury and illness prevention program. Such training is designed to enable employees to learn their jobs properly, bring new ideas to the workplace, reinforce existing safety policies and put the injury and illness prevention program into action. Training is required for both Supervisors and employees alike. The content of each training session will vary, but each session will attempt to teach the following list:

- (a) The success of the injury and illness prevention program depends on the actions of individual employees as well as a commitment by the Department Heads and Supervisors.
- (b) Each employee’s Department Head and/or Supervisor will review the safe work procedures unique to that employee’s job, and how these safe work procedures protect against risk and danger.

- (c) Each employee will learn when personal protective equipment is required or necessary, and how to use and maintain the equipment in good condition.
- (d) Each employee will learn what to do in case of emergencies occurring in the workplace.

Section 3.4: Safety Orientation of New Employees

The Department Head or Supervisor will review safety rules and procedures with the new employee pointing out the possible hazards involved in doing the job. The new employee should be checked at frequent intervals, asked about any problems that may have arisen, and be reminded of safe practices. Any tendency to overlook safety procedures should bring a prompt and vigorous warning. The Department Head or Supervisor is responsible for the documentation of the employee's progress or need for re-training.

Section 3.5: Inspection Program

It is the responsibility of each Department Head to monitor the inspection program for their department.

The inspection program is designed to identify unsafe conditions/procedures and take necessary steps to correct them to prevent injuries and damage. If properly done, the inspection program is the most effective tool in managing the safety program. It serves to the employees as an illustration of the County's sincere attitude towards safety.

Inspections will be conducted by the insurance company. In addition, Department Heads can request an inspection of their department at any time.

ARTICLE IV: FEDERAL AND STATE COMPLIANCE

Section 4.1: US Department of Labor Occupational Safety & Health Administration and Illinois Department of Labor

(a) OSHA Reporting Guidelines. The US Department of Labor Occupational Safety and Health Administration (OSHA) require certain employers to prepare and maintain records of work-related injuries and illnesses. The Illinois Department of Labor enforces these guidelines and has the authority to issue citations and penalties for non-compliance.

- i. OSHA Form 300 – Log of Work Related Injuries and Illnesses.
 - 1) Records those work related injuries and illnesses that result in death, loss of consciousness, days away from work, restricted activity or job transfer, or medical treatment beyond first aid.
 - 2) Compiled by the appropriate Department Head or the Insurance Liaison.
 - 3) Supplemental records of each injury are maintained on “Illinois Form 45: Employers Report of Injury”.
 - 4) The accident data must be logged on the form within seven calendar days of the employer’s notification.
 - 5) The form must be retained by the appropriate Department Head or the Insurance Liaison for five years following the year to which they pertain.
- ii. OSHA Form 300A – Summary of Work-Related Injuries and Illnesses
 - 1) Annual summary of the work-related injuries or illness reported on the OSHA Form 300.
 - 2) Compiled by the appropriate Department Head or the Insurance Liaison.
 - 3) Must be posted in a location visible by employees no later than Feb. 1 of the year following the year covered by the form and keep it posted until April 30 of that year.
 - 4) The form must be retained by the appropriate Department Head or the Insurance Liaison for five years following the year to which they pertain.

(b) Guidelines for Handling an Illinois Department of Labor Inspection

- i. Under the Illinois Health and Safety Act, the Illinois Department of Labor is charged with the enforcement of safety and health guidelines as outlined in OSHA Standards 29 CFR 1910 and 1926. Other adopted rules and reference standards may come into play in the future. Local units of government should be prepared for handling a safety inspection by an Illinois Department of Labor Inspector.

In most instances a Department of Labor Inspector will check in with Administration of the County. However if the inspector shows up at an off-site facility, he/she should be directed to the County Board Chair's office and the Insurance Liaison should be notified.

- ii. Insurance Liaison. The Insurance Liaison should greet the Department of Labor Inspector and ask to know why the inspection is to take place. The Department of Labor is required to notify the County as to whether or not this is a target inspection or the result of an employee complaint. If an employee complaint has been filed, the County should request to see a copy of the complaint. The Insurance Liaison should be prepared to show the Department of Labor Inspector the County's OSHA 300 Log. This log should be maintained with the OSHA Form 45's. Other reference material the Insurance Liaison should have available are the Illinois Department of Labor Safety Standards and Safety Committee minutes, self-inspection reports, and other related information. The Department of Labor Inspector should request to see the OSHA 200 Form and may ask to see where the County keeps the Department of Labor standards. The other information could be shown to the Department of Labor Inspector to show goodwill and to outline some of the safety activities being undertaken by the County. However, showing the Department of Labor Inspector anything above and beyond the OSHA 300 Log and Form 45 is purely optional.

If the inspection is a result of an employee complaint, the inspector should be taken directly to the area of the complaint. The inspector need not be directed towards other areas not specifically outlined in the complaint. If the Inspector is there for a general survey, the Insurance Liaison and/or Department Heads and Supervisors should be courteous and show the inspector around the facilities.

During the inspection, the Insurance Liaison or designated representative should take notes and record what the inspector reviews. It may be beneficial to take photographs of those areas that the inspector cites for standards violations. Any hazards which could be corrected immediately should be done so and the Department of Labor Inspector should be questioned throughout the inspection. When entering various areas, employee representatives should be summoned to assist the inspector and Insurance Liaison in conducting the inspection. The insurance Liaison may ask that the appropriate Union designate a representative and an alternate.

At the closing conference, the inspector should review any violations. At this time, the County will have the opportunity to pose any objections to the citations. In addition, the Insurance Liaison or other designated representatives will be able to discuss and negotiate an abatement period for any hazards noted.

In summary, the following steps should be reviewed with, Department Heads, Supervisors, and other selected personnel.

- 1) Upon notification that the Department of Labor Inspector is onsite, the Inspector should be directed to the County Board Chair's office.
- 2) The Insurance Liaison or designated safety representative should be summoned.

- 3) The OSHA 300 Log, Illinois Form 45, and Department of Labor Standards should be made available.
- 4) The Insurance Liaison, area employee representatives, and/or Department Heads should be involved in guiding the inspector through facilities.
- 5) If the inspector is there regarding an employee complaint, the inspector should be guided directly to the area of complaint.
- 6) During the inspection, notes should be taken as to the inspector's comments and samples and/or photographs taken to record conditions at the time of the survey.
- 7) Additional activities, self-inspections, and other safety activities that the County is involved in could be shared with the inspector at the closing conference.
- 8) Provisions should be made for notification of other personnel if the Insurance Liaison or other designated safety representative is not available. Alternates for Insurance Liaison, Department Heads, or Supervisors should be determined.

Section 4.2: Hazard Communication Standard (HCS) (29CFR 1910.1200)

- (a) Purpose. The purpose of hazard substance communication is to establish procedures to comply with the OSHA Hazard Communication Standard. This is done by compiling a hazardous chemicals list, by using Safety Data Sheets (SDS), by ensuring that containers are labeled and by providing employees with training.

This program applies to all work operations where employees may be exposed to hazardous substances under normal working conditions or during an emergency situation.

The program will be reviewed and updated as necessary. The written program will be kept at the office with the SDS file and may be reviewed or copied by any employee.

Under this program, employees will be informed of the contents of the Hazard Communication Standard, the hazardous properties of chemicals with which they work, safe handling procedures, and measures to take to protect themselves from these chemicals. Employees will also be informed of the hazards associated with non-routine tasks and the hazards associated with chemicals in unlabeled containers.

- (b) Department Heads and/or Supervisors Are Responsible For:

- i. Ensuring all Hazardous Substance containers are labeled;
- ii. Requesting a SDS every time a Hazardous Substance is purchased;
- iii. Maintaining a SDS file for all such Hazardous Substances;

- iv. Training all new employees on the Right-to-Know and Hazardous Substances requirements.

(c) List of Hazardous Chemicals.

A list of all hazardous chemicals used in the facility will be kept and updated as necessary. The list of chemicals identifies all of the chemicals used in work areas. A separate list is available for each location. Each list shall also identify the corresponding SDS for each chemical.

(d) Safety Data Sheets (SDS).

SDS's provide the specific information concerning the chemicals used. The Department Head or Supervisor will maintain a binder with an SDS on every substance on the list of hazardous chemicals. The SDS will be a fully completed OSHA Form 174 or equivalent. The Department Head or Supervisor will ensure that each worksite maintains an SDS for hazardous materials at that location. SDS's will be made readily available during all shifts.

(e) Labels and Other Forms of Warning.

Labels, as defined in the HCS, are an appropriate group of written, printed, or graphic informational elements concerning a hazardous chemical that are affixed to, printed on, or attached to the immediate container of a hazardous chemical, or the outside packaging. The HCS requires chemical manufacturers, importers, or distributors to ensure that each container of hazardous chemical leaving the workplace is labeled, tagged or marked with the following information: product identifier; signal work; hazard statement(s); precautionary statement(s); and pictogram(s); and name address and telephone number of the chemical manufacturer, importer, or other responsible party.

The Department Head or Supervisor will ensure that all hazardous chemicals at the locations are properly labeled and updated as necessary. Labels should be marked with the following: product identifier; signal work; hazard statement(s); precautionary statement(s); and pictogram(s); and name address and telephone number of the chemical manufacturer, importer, or other responsible party.

If there are a number of stationary containers within a work area that have similar contents and hazards, signs will be posted on them to convey the hazard information. Written materials (SDS) that correspond with labeled containers will be made readily available to employees during their work shift.

If chemicals are transferred from a labeled container to a portable container that is intended only for immediate use, no labels are required on the portable container. Pipes or piping systems will not be labeled but their contents will be described in training sessions.

If an employee discovers an unlabeled container they suspect might contain a hazardous substance, they should immediately advise the Department Head or Supervisor. The Department Head or Supervisor shall review the container's label and the SDS for that substance. If appropriate, they shall prepare a hazardous substance label for that container.

(f) Training.

Everyone who works with or is potentially exposed to hazardous chemicals will receive training on the Hazardous Communication Standard and the safe use of those hazardous chemicals either by the Department Head or Supervisor. A program that uses both audio visual materials and classroom type training may be prepared for this purpose. Whenever a new hazard is introduced, additional training will be provided. Regular safety meetings will also be used as needed. Department Heads or Supervisors will be trained regarding hazards and appropriate protective measures so they will be able to answer questions from employees and provide daily monitoring of safe work practices.

The training plan will emphasize these items:

- i. Summary of the standard and written program;
- ii. Chemical and physical properties of hazardous materials (e.g., flash point, reactivity) and methods that can be used to detect the presence or release of chemicals;
- iii. Physical hazards of chemicals (e.g., potential for fire, explosion, etc.);
- iv. Health hazards, including signs and symptoms associated with exposure to chemicals and any medical condition known to be aggravated by exposure to the chemical;
- v. Procedures to protect against hazards (e.g., personal protective equipment required, proper use, and maintenance, work practices or methods to assure proper use and handling of chemicals);
- vi. Work procedures to follow to assure protection when cleaning hazardous chemical spills and leaks;
- vii. Instruction on how to read and interpret the information on both labels and SDS's and how employees may obtain additional information;

(g) Contractor Employees

- i. The appropriate Department Head or Supervisor will advise outside contractors in person of any chemical hazard that may be encountered in the normal course of their work on the premises, the labeling system in use, the protective measures to be taken, and the safe handling procedures to be used. They will also inform these individuals of the location and availability of SDS's. Each contractor bringing in chemicals on site must provide the County with the appropriate hazard information on these substances, including the labels used and the precautionary measures to be taken in working with these chemicals.

(h) Additional Information

- i. All employees, and their designated representatives, can obtain further information on this program, the hazard communication standard, applicable SDS's, and chemical information lists from their Department Head or Supervisor.

Section 4.3: Blood Borne Pathogens (1910.3000)

(a) Applicability.

(a)i. Reasonable Expectation of Exposure. Employees with a reasonable expectation of contact with bodily fluids are subject to the training requirements as outlined in 29CFR 1910.1030. Two employee groups within the County which have such a reasonable expectation are as follows:

i.1) The Public Health Nurses in the Health Department who provide vaccinations and possibly draw blood from clients.

2) The Sheriff's Deputies as First Responders to incidents within the County.

ii. Incidental Risk of Exposure. Employees in other County Departments that are trained in First Aid would have, at most, only incidental contact in the event of an injury involving bodily fluids of which blood is the most common. These employees should be trained in the following subjects:

1) Treatment of all bodily fluids as if contaminated;

2) Universal precautions such as the use of surgical gloves and disposal of used gloves in biohazard bags;

3) Importance of reasonable hygienic practices such as hand washing before and after administering first aid;

4) Clean up using a 5% solution of bleach and disposal of cleaning materials in a biohazard bags;

ii.5) Following the County's Exposure Control Plan if they believe that an exposure to bodily fluids has occurred to direct bodily fluid contact with broken or abraded skin or splashing into the eyes or mouth;

(b) Purpose. Our County is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, theThe following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to blood borne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Blood Borne Pathogens."

The ECP is a key document to assist the County in implementing and ensuring compliance with the standard, thereby protecting employees. This ECP includes:

- i. Determination of employee exposure;
- ii. Implementation of various methods of exposure control, including:
 - 1) Universal precautions

- 2) Engineering and work practice controls
 - 3) Personal protective equipment, and
 - 4) Housekeeping
- iii. Hepatitis B vaccination;
 - iv. Post-exposure evaluation and follow-up;
 - v. Communication of hazards to employees and training;
 - vi. Recordkeeping; and
 - vii. Procedures for evaluating circumstances surrounding an exposure incident.
- (c) Administrative Duties. The Department Head is responsible for the implementation of the ECP. The Department Head will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Those employees who are determined to have occupational exposure to blood or other potentially infectious materials must comply with the procedures and work practices outlined in this ECP.

Applicable departments will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The department will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

The Department Head will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.

The Department Head or Supervisor will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

(d) Methods of Implementation and Control

- i. Universal Precautions. All employees will utilize universal precautions.
- ii. Exposure Control Plan. Employees covered by the blood borne pathogens standard shall receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting the Department Head. If requested, an employee will be provided with a copy of the ECP free of charge and within 15 days of the request.

The Department Head is responsible for reviewing and updating the ECP to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans must also:

1. Reflect changes in technology that eliminate or reduce exposure to blood borne pathogens.

2. Document consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure. The Department Head is responsible for documenting all devices considered.
- (e) Engineering and Work Practice Controls. Engineering and work practice controls will be used to prevent or minimize exposure to blood borne pathogens. The specific engineering controls and work practice controls used are listed below:
- i. All bodily fluids of another shall be considered contaminated or potentially infectious material and protective procedures shall be followed when handling such material or assisting any individual.
 - ii. All employees are required to report any exposure incident as soon as feasible and no later than the end of the shift during which the exposure occurred.
 - iii. Any employee involved in emergency first aid procedures shall follow the guidelines for universal precautions and use all personal protective equipment as required.

The Safety Committee will identify the need for changes in engineering control and work practices through solicitation of input from managerial and non-managerial employees, as well as evaluate the need for new procedures or new products on an ongoing basis.

- (f) Personal Protective Equipment (PPE). PPE is provided to employees at no cost to them. Training is provided by the Department Head or Supervisor in the use of the appropriate PPE for the tasks or procedures employees will perform. The types of PPE available to employees are as follows: gloves, eye protection, respiratory protection, etc.

PPE is located in assigned areas, if not directly issued to an employee. Additional personal protective equipment can be obtained from the Department Head or Supervisor. All employees using PPE must observe the following precautions:

- i. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials.
- ii. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

In work areas where there is reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets or counter tops or bench tops where blood or other potentially infectious materials are present.

- (g) Handling used PPE. Employees whose clothing comes into contact with bodily fluids of an unknown nature as a result of work related activities shall be considered contaminated. This may include civilian clothing, uniforms or personal protective equipment.

- i. If a garment is penetrated by blood or other potentially infectious materials, the employee shall immediately or as soon as possible, and before reporting to another job assignment, report back to the facility and remove the garment and place it in a red biohazard bag for laundering by the employer.
 - ii. Soiled/contaminated laundry as described above shall be washed following normal laundry cycles and the clothing manufacturers guidelines for laundering.
 - iii. Personnel involved in the bagging, transport and laundering of contaminated clothing shall wear protective gloves.
 - iv. Boots and leather goods may be brush scrubbed with soap and hot water to remove contamination.
 - v. Disposable personal protective equipment such as gloves, gowns and face shields or masks shall be placed in special waste containers marked BIOHAZARD.
- (h) Housekeeping. Regulated waste is placed in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels section), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling other regulated waste is:

- i. Used equipment from an emergency incident shall be bagged and transported to the designated cleaning area. Burn boxes designated for contaminated equipment must have the biohazard symbol.
- ii. All infectious waste shall be placed in red infectious waste bags.
- iii. A specific area for cleaning contaminated equipment will be used separate from areas used for any food preparation.
- iv. This area shall not be used for the cleaning of SCBA face pieces.
- v. The area must be conspicuously marked with limited access to prevent accidental exposures.
- vi. Equipment will be disinfected following any contamination by a potentially infectious substance by using an approved disinfecting solution applied with either a spray bottle applicator or liquid applied by a sponge. Personnel will utilize personal protective equipment during the entire application and cleaning.
- vii. Initial clean-up of blood or other potentially infectious materials shall be followed with the use of an approved hospital disinfectant chemical germicide that is tuberculocidal or a solution of 5.5 percent sodium hypochlorite (household bleach) diluted 1:10 with water.
- viii. All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as at the end of the work shift if the surface may have become contaminated since the last cleaning.

- ix. Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.
 - x. Broken glassware that may be contaminated is picked up using mechanical means, such as a brush and dust pan.
- (i) Labels. Department Heads or Supervisors will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify their Department Head or Supervisor if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.
- (j) Hepatitis B Vaccination. For applicable departments, the Department Head, Supervisor or other qualified instructor will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability. The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless:
- i. Documentation exists that the employee has previously received the series,
 - ii. Antibody testing reveals that the employee is immune, or
 - iii. Medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept by the Department Head. The "*Hepatitis B Vaccine Declination*" form is available in the appendix of this manual. Vaccination will be provided by an approved health care provider.

- (k) Post-exposure Evaluation and Follow-Up. An immediately available confidential medical evaluation and follow-up will be conducted. Following the initial first aid (clean the wound, flush eyes or other mucous membranes, etc.), the following activities will be performed:
- i. Following an employee's report of an exposure incident, the employee may immediately have a medical evaluation and any follow-up evaluations recommended by the physician. All such reports shall be confidential.
 - ii. As required by OSHA regulation, medical records on all HBV and/or HIV, immune evaluations, and exposure records shall be maintained.
 - iii. Exposure records shall include documentation of route of exposure, circumstances of exposure, identification and documentation of source individual if feasible and medical monitoring of exposed employee.
 - iv. The Department Head shall keep and maintain all such records in a strictly confidential manner.

- v. The source individual's blood shall be tested for HBV and HIV as soon as feasible but only with the prior consent of the individual. If the source individual is already known to be infected with HBV or HIV, then testing is not necessary for the known infection.
- vi. Results of the source individual's testing shall be made available to the exposed employee along with regulations concerning disclosure of the identity and infectious status of the source individual.

The exposed employee's blood shall be collected as soon as feasible and then tested after consent is obtained. The employee should consent to an immediate baseline blood collection, but may refuse to permit HIV serologic testing. In such cases, the sample shall be preserved for at least 90 days to permit the employee to elect to have the baseline sample tested.

- (l) Administration of Post-Exposure Evaluation and Follow-Up. The Department Head and/or Supervisor ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's blood borne pathogens standard.

The Department Head and/or Supervisor are responsible for ensuring the health care professional evaluating an employee after an exposure incident receives the following:

- i. A copy of the OSHA regulation and all information regarding the employee's duties;
- ii. Exposure and prior employment medical information on HIV and HBV procedures and medical records.

The Department Head provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

- (m) Procedures for Evaluating the Circumstances Surrounding an Exposure Incident. The Department Head and/or Supervisor will review the circumstances of all exposure incidents to determine if proper precautions were taken when completing the task or if revisions are needed in standard operating procedures. If it is determined that revisions need to be made, the Department Head will ensure that appropriate changes are made to this ECP.
- (n) Employee Training. All employees who have occupational exposure to blood borne pathogens receive training conducted by the Department Head, Supervisor or other qualified instructor.

All employees who have occupational exposure to blood borne pathogens receive training on the epidemiology, symptoms, and transmission of blood borne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- i. Contents of the standard;
- ii. This exposure control policy;
- iii. Types of controls available and use of protective equipment;

- iv. The Hepatitis B vaccination program;
- v. Emergency procedures;
- vi. Post exposure procedures;
- vii. Contaminated materials, clothing control, and laundering disposal procedures.

(o) Recordkeeping

- i. Training Records. Training records are completed for each employee upon completion of training. These documents will be kept for at least three years by the appropriate department. The training records include dates, attendees, program content and instructors.

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Department Head or Supervisor.

- ii. Medical Records. Medical records are maintained for each employee with occupational exposure in accordance with OSHA Standard 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records." The Department Head is responsible for maintenance of the required medical records. These confidential records are kept for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the Department Head.

- i. OSHA Recordkeeping. An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the Insurance Liaison.

Section 4.4: Personal Protective Equipment (PPE) (1910.132)

- (a) Purpose. The objective of the Personal Protective Equipment (PPE) Program is to protect employees from the risk of injury by creating a barrier against workplace hazards. Personal protective equipment is not a good substitute for good engineering or administrative controls or good work practices, but should be used in conjunction with these controls to ensure the safety and health of employees. Personal protective equipment will be provided, used, and maintained when it has been determined that its use is required and that such use will lessen the likelihood of occupational injury and/or illness.

When it is impractical or impossible to "engineer out" the source of the hazard, then it becomes necessary to place the "guard" on the worker. This is done by wearing approved personal protective apparel, such as hard hats, safety belts, safety goggles, traffic vests, face shields, gloves, aprons, toe guards, respirators, [body armor](#), etc. Department Heads and/or Supervisors shall ensure that all their employees are properly protected. Local dress codes may be established within a particular division or work area, and each employee is expected to know and follow these codes where applicable.

Once appropriate safety equipment has been issued to an employee, that employee is responsible for having the equipment on the job site at all times. Any person reporting to work without the required safety equipment will not be allowed on the job site until such equipment is obtained. The employee may be subject to disciplinary action.

Every possible effort will be made by management to select protective clothing and equipment that is acceptable for comfort, appearance and utility and still afford the desired protection.

This program addresses eye, face, head, foot, and hand protection. Separate programs exist for respiratory and hearing protection since the need for participation in these programs is established through industrial hygiene monitoring.

The Personal Protective Equipment Program includes:

- i. Responsibilities of Department Head, Supervisors, and employees;
- ii. Hazard assessment and PPE selection;
- iii. Employee training;
- iv. Recordkeeping requirements.

(b) General Clothing Requirements. Employees are required to dress appropriately for their particular job responsibilities.

(c) Responsibilities.

- i. Department Heads and/or Supervisors. Department Heads and/or Supervisors have the primary responsibility for implementation of the PPE Program in their work area. This involves:
 - 1) Providing appropriate PPE and making it available to employees;
 - 2) Ensuring employees are trained on the proper use, care and cleaning of PPE;
 - 3) Maintaining records on PPE assignments and training;
 - 4) Supervising staff to ensure that the PPE Program elements are followed and that employees properly use and care for PPE;
 - 5) Ensuring defective or damaged equipment is immediately replaced.
- ii. Employees. The employee is responsible for following the requirements of the PPE Program. This involves:
 - 1) Wearing the PPE as required;
 - 2) Attending required training sessions;
 - 3) Caring for, cleaning, and maintaining PPE as required;
 - 4) Informing the Department Head and/or Supervisor of the need to repair or replace PPE.

(d) Protective Devices. All personal protective clothing and equipment will be of safe design and construction for the work to be performed and shall be maintained in a sanitary and reliable condition. Only those items of protective clothing and equipment that meet NIOSH or ANSI (American National Standards Institute) standards will be procured or accepted for use. Newly purchased PPE must conform to the most current ANSI standards as per OSHA PPE regulations. For example:

- i. Eye and Face Protection ANSI Z87.1-1989;
- ii. Head Protection ANSI Z89.1-1986;
- iii. Foot Protection ANSI Z41.1-1991;
- iv. Hand Protection. There are no ANSI standards for gloves, however, selection must be based on the performance characteristics of the glove in relation to the tasks to be performed.

Careful consideration will be given to comfort and fit of PPE in order to ensure that it will be used. Protective devices are generally available in a variety of sizes. Care should be taken to ensure that the right size is selected.

ARTICLE V: FLEET SAFETY

Section 5.1: Operation of County Equipment/Vehicle

- (a) Purpose. The operation of County vehicles or any moveable County equipment on the roadways and streets is indispensable in conducting County business, and a loss of any vehicle due to accident and/or abuse will adversely affect the overall mission capability of the County. This policy provides employee guidelines for the use of County equipment/ vehicles.
- (b) Policy.
- i. Compliance with Federal, State, and Local Laws. All drivers of County vehicles, and those using their personal vehicle in pursuit of County business, shall comply with all applicable Federal, State, and Local laws. All County drivers should keep themselves abreast of any changes in State law and County policies regarding driving, such as the seat belt requirements.
 - ii. Driver's License. No employee shall be directed to operate a vehicle for which he does not have the appropriate classification of driver's license. This is a minimum requirement and in no way restricts departments from being more restrictive in their use in demands to operate heavy equipment and proper skills. Any employee who operates a County vehicle, (or those who use their personal vehicle while conducting County business), is required to report suspension or revocation of his driver's license to his Supervisor or Department Head. Supervisors are required to report this to the Department Head and the Insurance Liaison.
 - iii. Driving under the influence. No person shall drive or be required or permitted to drive a County owned vehicle while under the influence of any alcoholic beverage or narcotic drug. Employees who are taking prescription drugs which may cause drowsiness, affect the safety of the individual or others, shall receive authorization from their Department Head or Supervisor before operating equipment or driving a vehicle while on duty with the County.
 - iv. Accountability for Actions. Since all County drivers are working for the public, they should remember that they are being observed by same and will be held accountable for their actions. County vehicles are easily identified as such, and thus they constitute a direct reflection upon the County. By demonstrating courteous and considerate driving habits, and the safe operation of county vehicles, employees can reflect well upon the county and build good public relations. Therefore, employees should always make every effort to avoid incidents which may aggravate citizens, and to apply the principles of defensive driving to prevent accidents and avoid endangering citizens.
 - v. Employees shall not use County vehicles and/or equipment for personal use unless specifically authorized by his/her Department Head or Supervisor who maintains authority to specify the terms and conditions for such use, as well as its duration.

Section 5.2: Use of Private Vehicle for Business

- (a) Purpose. This policy provides guidelines for the authorized use of an employee's personal vehicle for County business when a County-owned vehicle is not available or practical.
- (b) Policy.
- i. Using an employee's personal vehicle for County business shall be authorized by the Department Head or Supervisor.
 - ii. Employees using his/her personal vehicle for County business are subject to the same rules/guidelines identified in *Section 5.1: Operation of County Equipment/Vehicle*.
 - iii. Each employee who is required to use his/her personal automobile for County business must have and maintain auto liability coverage on the personal automobile used for County business.

Section 5.3: Motor Vehicle Accidents.

- (a) Report to Supervisor or Department Head. Any accidents involving county vehicles (including private, rented, or leased vehicles used on official business) must be reported to the driver's Department Head or Supervisor. If the driver is unable to make a report, another employee who knows the details of the accident must make the report.
- (b) Accident Responsibility. It is Lee County's policy that employees should not admit to responsibility for vehicle accidents occurring while on official business. It is important that such admissions, when appropriate, be reserved for the County Insurance Liaison and its insurance carrier.
- (c) Exchange of Information. The law requires that each driver involved in a vehicle accident must show his/her license on request by the other party. Be sure to obtain adequate information on the drivers involved as well as on the owner of the vehicles. Names, addresses, driver's license numbers, vehicle descriptions, and registration information are essential. In addition, a description of damages is needed for completion of accident reports. If the accident is investigated by off-site police agencies, request that a copy of the police report be sent to the Insurance Liaison, or obtain the name and department of the investigating officer.
- (d) Accident Reporting. The driver of any county vehicle involved in an accident must notify local law enforcement and complete a Motor Vehicle Accident Report. A copy of the Motor Vehicle Accident Report shall be submitted to his/her Department Head or Supervisor within one work day of the accident. The Insurance Liaison will receive copies of all accident reports and will prepare any required OSHA reports.
- (e) Unattended vehicle or other property. In case of collision with an unattended vehicle (or other property), the driver of the moving vehicle is required by law to notify the other party and to exchange information pertaining to the collision. If unable to locate the other party, leave a note in, or attached to, the vehicle (or other property) giving the driver's name, address, and vehicle license number.

ARTICLE VI: EMPLOYEE SAFETY AND HEALTH

Section 6.1: General Safety Rules

The following guidelines are general in nature and should help employees carry out responsibilities safely. It is not a complete list and could be amended by need or suggestion as well as specific to the department.

- (a) Report and take care of injuries at once. Small cuts and scratches can become infected unless care was immediate.
- (b) Work at a safe, sane pace.
- (c) Do not attempt to give first aid to an injured person unless trained to do so. Do not move a seriously injured person unless absolutely necessary. Call 911 immediately.
- (d) Obey all warning tags and signs on equipment. Read instruction manuals or seek instruction **before** operating any machine or equipment.
- (e) Do not horseplay on the job. Workers' Compensation coverage benefits could be negated for horseplay related injuries.
- (f) The use or possession of intoxicating beverages or narcotics on the job is prohibited.
- (g) Correct all unsafe conditions or report them to the Department Head or Supervisor.
- (h) Keep work areas clean and orderly at all times. Good housekeeping can help prevent accidents.
- (i) Use the correct tools and equipment for the job.
- (j) Wear proper safety equipment such as eye and ear protection and hard hats as specified by policy.
- (k) Be considerate and concerned at all times for the safety of fellow workers and the general public.
- (l) Obey safety rules and practices and take an active part in the safety of co-workers. Remind co-workers if they are working unsafely.

Section 6.2: Illness and Injury Control/Prevention

In addition to the Loss Control methods cited in this manual, there are several types of policies and/or procedures that can be implemented to help reduce the possibility of occupational illnesses and injuries. These policies and procedures are discussed briefly in this section.

- (a) Physical Examination. A physical examination or medical authorization should be required in the following instances:
- i. An injured employee who has recently received medical attention should have medical approval before he/she returns to work.
 - ii. An employee who has been absent from work for 5 or more days, or the applicable number of days per the appropriate bargaining contract, should have medical authorization before he/she returns to work.
 - iii. Incumbents of critical occupations should be re-examined on a periodic schedule. The results and findings of the physical examinations either for pre-placement, annual or reevaluation should be treated as confidential. Information should not be provided to anyone outside the normal processing agencies involved in hiring or an individual without the individual's expressed written consent.
- (b) Physical Fitness. The physical fitness of employees is a prime requisite in preventing a significantly large number of personal injuries. All employees should be encouraged to seek regular physical activity.
- (c) First-Aid Treatment for Sick or Injured Employees. All injuries or illnesses will be reported. However, other than for very minor cuts or scratches, the Department Head or Supervisor should send the injured or ill employee(s) for first-aid or medical treatment.

If an employee has been injured on the job and requests to leave work to go home, the Department Head or Supervisor will inform the employee to go immediately to the hospital or physician's office to have the injury evaluated. If the doctor, who the employee has been sent to for treatment, feels that the employee is unable to return to his/her regular job but can perform some part(s) of the job without aggravating his/her injury, the Supervisor will request permission from the Department Head to allow the employee to return to work.

The family of an employee who is severely ill or injured should be notified promptly by the employee's Supervisor. The Department Head should be notified immediately of all disabling and potentially disabling injuries.

- (d) Emergency Medical Treatment. In the event of a serious injury requiring immediate medical treatment, administer first-aid as necessary and call for an ambulance. The facility nearest the accident scene should be used. Also, the County should maintain a current listing of local hospitals and medical centers that have 24-hour full emergency treatment facilities.
- (e) First Aid/CPR. Even though emphasis is placed on the prevention of accidents and injuries, accidents do occur. Prompt, knowledgeable and proper treatment of injuries can prevent minor injuries from being major ones and most importantly, can save lives.

The following first aid rules are established:

- i. Each Department Head shall designate two employees to receive first-aid training and CPR instruction. The Department head may designate other staff members to receive the training. Appropriate certification shall be maintained.

- ii. First-aid kits will be maintained in all County buildings and on County vehicles where necessary.
 - iii. Department Head or Supervisors are required to check first-aid supplies on a periodic basis. Minimum amounts of each item must be maintained. Department Head or Supervisors shall order supplies through regular purchasing channels.
 - iv. Employees will notify their Department Head or Supervisor after each use of first-aid supplies.
 - v. Minor medical treatment for cuts, scratches, etc., may be given by the Department Head, Supervisor or a crew leader, if trained.
 - vi. In many cases, an injured employee that needs professional medical attention can be transported to the hospital by the means of a County vehicle. However, in some cases, it is important that the injured employee be transported by ambulance with a qualified medical attendant available. If there is any doubt in the mind of the Department Head, Supervisor or lead man in charge, Emergency 911 should be called (if using a County extension, dial 9-911). The following conditions would definitely indicate ambulance service:
 - 1. Employee unconscious or apparently in shock.
 - 2. Any apparent fracture.
 - 3. Any apparent serious back injury.
 - 4. Any hemorrhaging.
 - 5. Symptoms of internal injury.
 - vii. All animal bites, because of the possibility of rabies, should receive prompt medical attention by a physician. Where practical, an attempt should be made to confine the animal.
 - viii. All injuries, no matter how minor, are to be reported to the Department Head or Supervisor. Injury report forms shall be completed as per Section 3.2: Accident/Injury Reporting, Policy and Procedure.
- (f) Environmental Hazards. It is important that each department be able to recognize, understand, and work effectively and safely with hazardous materials. Occupational health hazards are preventable, but if they are not controlled, they may lead to conditions that cause legally compensated illnesses. Hazardous materials could impair the health of employees enough to make them lose time from work or to work at less than full efficiency. Illinois has enacted "Right-to-Know" legislation regarding employee hazard communication. The basic intent of these acts is to ensure that employees are made aware of the toxic substances in the workplace.

Section 6.3: Transitional Duty Policy

- (a) Purpose. The purpose of establishing a transitional duty policy is to provide temporary duty/work for employees who are temporarily disabled and cannot be assigned to

regular duty but maintain the ability to perform another form of productive work/duty. The duties to be performed by the employee on transitional duty status will always be bona fide work that will be limited in duration and intended for employees who are expected to return to full duty in the near future, but no later than 3 months (with an option to extend the status upon review).

- (b) Eligibility. Eligible candidates for transitional duty must be currently employed by the county and be temporarily disabled. Temporary disability is defined as the lack of ability to perform all aspects of the essential functions of the employee's regular position for a period of time which is generally less than 3 months.

Transitional duty will be required for all employees who have been disabled as a result of a work related injury, provided there is bona fide, productive work available and medical approval is obtained by the County. In the case of a work related injury, the employee will keep in constant contact with his/her Department Head or immediate Supervisor in regard to his/her medical condition and the projected commencement date for the Transitional duty assignment. Should an employee who has been disabled as a result of a work related injury refuse a viable transitional duty assignment, workers compensation payments will then cease.

- (c) Physician's Role. An eligible employee must be released to return to transitional duty by his/her treating physician. The eligible employee must bring a letter to the Department Head from his/her treating physician that details the following:

- i. The length of time that the employee is expected to remain on transitional duty;
- ii. The exact nature of the work (including duties/limitations) that the employee can and cannot perform;
- iii. The date of the next scheduled re-examination to determine any change in the employee's physical status;
- iv. A medical opinion as to whether the employee's current disability is permanent or temporary in nature.

The employee must provide the above mentioned information in writing prior to assignment to transitional duty and after each re-examination while on transitional duty status. The appendix of this manual contains a sample "TRANSITIONAL DUTY GUIDELINES FORM". The County may consult a physician in regard to an employee's placement on or removal from transitional duty status. The County's consulting physician will have the final advisory opinion on an employee's transitional duty status.

- (d) Types of Duty/Work. Projects or tasks assigned to an eligible employee for transitional duty must be legitimate, ongoing, and productive work which does not consist of "manufactured" or "busy" work. Any transitional duties shall not be construed as creating a new or permanent position.

An eligible employee who is released by the County's and/or their treating physician to return to transitional duty shall be directed by his/her Department Head or immediate Supervisor as to their job duties and responsibilities under this transitional duty status. These transitional duties must be within any restrictions enumerated by the treating physician and/or the County's consulting physician.

Transitional duty can involve, but is not limited to, work assignments to areas other than the eligible employee's regular duty station, division or department. The eligible employee may be assigned to an entirely different division or department. Coordination of placement of eligible employees into transitional duty will be through the employee's immediate Supervisor in conjunction with the Department Head.

Use of transitional duty is designed to benefit the employees and the employer. Department Heads are encouraged to outline departmental procedures regarding transitional duty for present and future situations.

If no transitional duties are available or, should any alternative duties become unavailable in the future, the eligible employee will be so informed and may be returned to disability leave status.

Availability, assignment and continuation of transitional duty will always be at the discretion of the employee's Department Head in accordance with the guidelines set forth in this policy.

- (e) Scheduling. Eligible employees assigned to transitional duty will be scheduled through the immediate Supervisor, in conjunction with the appropriate Department Head. Transitional duty assignments shall not be in derogation of any existing collective bargaining agreements. However, transitional duty schedules may vary from the employee's regular work schedule or hours. Transitional duty may be for part-time hours, in which case the employee will be paid on a part-time basis and, if applicable, Workers' Compensation wages will be applied to make up the difference in hours for the employee's regularly scheduled work week.
- (f) Administrative Review. An employee assigned to transitional duty will be subject to an Administrative Review at the end of every 30 calendar days. Included in this meeting will be the employee, the immediate Supervisor, the Department Head or his/her designee, and the appropriate collective bargaining unit representative, if requested by the employee. This review will consist of an evaluation of the employee's physical status to determine the employee's ability to perform the transitional duty and of the availability of legitimate work. If it is determined that the transitional duty assignment is not meeting the restrictions detailed by the County's consulting physician or the employee's treating physician or the needs of the County, the transitional duty assignment will be terminated and the employee returned to disability status.

Section 6.4: Ergonomics and Office Safety Program

- (a) Policy. The purpose of this program is to inform interested persons, including employees, that the county is committed to improving our employees' comfort and well-being by identifying and correcting ergonomic risk factors on the job. This program applies to all work operations. The Safety Committee manages all safety and health programs for the County. They review the ergonomics program and provide guidance, as needed.

The County has implemented the ergonomics program at all County sites, to address the problem of Musculoskeletal Disorders (MSDs). MSDs have become an issue of increasing concern because they continue to rise in occurrence.

The goal of the ergonomics program is to prevent the occurrence of work-related musculoskeletal disorders by controlling or eliminating the risk factors which cause them. The program ensures that all affected employees are aware of job-related risk factors and provides information and solutions to eliminate them. The County promotes continuous improvement for efficiency, comfort, and well-being of all employees through a team effort of management and employee involvement.

Recommendations for improving the ergonomics program can be made to the Safety Committee. The Safety Committee is committed to the success of the program and encourages all constructive criticism or suggestions. The Committee strives for clear understanding, safe and efficient work practices, and involvement in the program from every level of the County.

- (b) Injury/Medical Management. All employees are encouraged to immediately report to their Department Head or Supervisor any symptoms of discomfort that may be associated with their job duties. The Department Head or Supervisor is responsible to recommend transitional work or medical evaluation for injured or ill employees.

Department Heads or Supervisors record and file written reports from the first observation of illness or injury through all subsequent follow-up activities. They are also responsible to forward information about the worker injury or illness for recording on the OSHA 300 Injury and Illness Form.

Every work procedure that causes a worker injury or illness will be investigated and reported. This documentation provides vital information for the identification of job related risk factors so that the problems can be corrected before other injuries occur.

After an injured employee has been treated, status reports from the treating physician(s) should detail limitations employees may face, or if they are eligible to return to full duty.

- (c) Office Safety. Office work is more dangerous than is commonly supposed, and many accidents occur during the performance of ordinary office routines. Therefore, it is important that certain safety rules be observed in offices, just as they are in other work areas.

- (d) Office Safety Rules and Regulations.

- i. Keep desk and work areas clean and orderly.
- ii. Report loose or rough floor covering to the Department Head or Supervisor.
- iii. All file, desk, and table drawers shall be kept closed when not in use. Never open more than one file drawer at a time.
- iv. Furniture such as tables, desks, and chairs must be maintained in good condition and free from sharp corners, projecting edges, wobbly legs, etc.
- v. Tilted chairs can be hazardous when improperly used and therefore, care should be taken to assure that they are in good condition. Learn the limits. Be sure the chair is behind you before you sit down.
- vi. Never use chairs, desks, or other furniture as a makeshift ladder. Use a stepladder.

- vii. When a message spindle is used, a suitable blunt cover shall protect the point, or preferably, the point should be bent at a horizontal angle.
- viii. Keep the blades of paper cutters closed when not in use.
- ix. Keep pencils pointed down when carrying them in pockets.
- x. Keep hands clear of electric typewriter carriages while they are in motion.
- xi. Use a sponge or other wetting device for envelopes. Use finger guards when working with stacks of paper.
- xii. Be sure equipment is grounded and that the cords are in good condition. If a machine gives a shock or starts smoking, unplug it and report it immediately.

ARTICLE VI: EMPLOYEE DISSEMINATION/ACKNOWLEDGEMENT

Each Department Head shall be responsible for reviewing the Safety Manual with each employee. Each employee must sign an acknowledgement form indicating the employee has received and reviewed a copy of Safety Manual. This acknowledgement form shall be kept in the employee's personnel file. All new hires will receive the instruction on the Safety Manual as part of his/her orientation.

**Employee Safety Manual
Acknowledgement Form**

I, as an employee of Lee County, hereby acknowledge the receipt of the **Lee County Administrative Safety Manual**.

Also, I acknowledge that it is my responsibility as an employee of Lee County to read and follow the policies outlined in the Lee County Administrative Safety Manual. I understand that failure to observe the rules of the **Safety Manual** may result in possible disciplinary action or termination.

Print Name _____

Signed _____ Date _____

Witness _____ Date _____

ADMINISTRATIVE NOTE TO DEPARTMENT HEAD:

Two copies should be made of this form. The original should be kept in employee's file, one copy should stay with the Department Head, and the remaining copy returned to the employee to be kept in this handbook.

Forms

Forms are included in the manual for illustrative purposes only. Contact your Department Head or Insurance Liaison Chris Henkel for the approved forms. Contact Information for Chris Henkel:

*Chris Henkel, Insurance Liaison
112 E. Second Street
Dixon, IL 61021
(815)288-3643
chenkel@countyoflee.org*

Confirmation of Transitional Duty/Return to Work Status is completed by the employee when returning to work following an injury or illness.

Employee Incident Report is completed by the employee [and submitted to the Supervisor or Department Head](#) within 24 hours or as soon as possible following an injury/incident. [The Supervisor or Department Head completes his/her section of the report and submits it to the Insurance Liaison within 48 hours or as soon as possible following an injury/incident. ~~and retained by the Department Head.~~](#)

Hepatitis B Vaccine Declination (Mandatory) is completed by the employee that declines the hepatitis B vaccination, and retained by the County Officer/Department Head.

Illinois Form 45: Employers First Report of Injury is completed by the Department Head and forwarded within 24 hours or as soon as possible to the Insurance Liaison for claim processing. (Required by Gallagher Bassett Services to process an employee injury claim.)

Medical Authorization (Medical Records Release Form) is completed by the injured party only upon request of the insurance claims adjuster.

Non – Employee Injury Report is completed by the injured party (other than a county employee) and filed with the County Insurance Liaison within 24 hours or as soon as possible following the injury/incident.

OSHA Form 300 – Log of Work Related Injuries and Illnesses is a US Department of Labor Occupational Safety and Health Administration (OSHA) form to be compiled and retained by the Insurance Liaison. This form lists every work-related death, injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. This form is available on the US Department of Labor website at www.osha.gov.

OSHA Form 300A – Summary of Work-Related Injuries and Illnesses is a US Department of Labor Occupational Safety and Health Administration (OSHA) form compiled by the Insurance Liaison. This annual summary of work-related injuries or illnesses must be posted by Feb. 1 of the year following the year covered by the form and keep it posted until April 30 of that year. This form is available on the US Department of Labor website at www.osha.gov.

Property Damage Incident Report is completed by the Department Head, the Insurance Liaison or other individual involved with property damage and filed within 24 hours or as soon as possible with the Insurance Liaison.

~~**Supervisor's Investigation Report** is completed by the Supervisor or Department Head following an incident and filed with the Insurance Liaison within 48 hours or as soon as possible following the incident.~~

Transitional Duty Guidelines Form is completed by the employee's Physician when returning to work following an injury or illness. Specifies what, if any work restrictions the employee shall follow.

Witness Statement is completed within 24 hours or as soon as possible by any/all witnesses to any type of incident and retained by the Department Head or Insurance Liaison.



**HEPATITIS B VACCINE DECLINATION
(MANDATORY)**

www.leecountyil.com

To be completed by the employee that declines the hepatitis B vaccination and retained by the County Officer/Department Head.

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.

_____	_____
Print Employee's name	County Department
_____	_____
Employee Signature	Date
_____	_____
Dept. Head or Supervisor's Signature	Date

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ILLINOIS FORM 45: EMPLOYER'S FIRST REPORT OF INJURY				<i>Please type or print.</i>	
Employer's FEIN	Date of report	Case or File #	is this a lost workday case?		
			Yes	No	
Employer's name		Doing business as			
Employer's mailing address			Employer's email address		
Nature of business or service			SIC code		
Name of workers' compensation carrier/admin.		Policy/Contract #	Self-insured?		
			Yes	No	
Employee's full name			Birthdate		
Employee's mailing address			Employee's e-mail address		
Gender	Marital status	# Dependents	Employee's average weekly wage		
Male Female	Married Single				
Job title or occupation			Date hired		
Time employee began work	Date and time of accident		Last day employee worked		
If the employee died as a result of the accident, give the date of death.		Did the accident occur on the employer's premises?			
		Yes No			
Address of accident					
What was the employee doing when the accident occurred?					
How did the accident occur?					
What was the injury or illness? List the part of body affected and explain how it was affected.					
What object or substance, if any, directly harmed the employee?					
Name and address of physician/health care professional					
If treatment was given away from the worksite, list the name and address of the place it was given.					
Was the employee treated in an emergency room?			Was the employee hospitalized overnight as an inpatient?		
Yes No			Yes No		
Report prepared by	Signature	Title and telephone #	Email address		
<p>Please send this form to: ILLINOIS WORKERS' COMPENSATION COMMISSION 4500 S. SIXTH ST. FRONTAGE RD SPRINGFIELD, IL 62703</p> <p>By law, employers must keep accurate records of all work-related injuries and illness (except for certain minor injuries). Employers shall report to the Commission all injuries resulting in the loss of more than three scheduled workdays. Filing this form does not affect liability under the Workers' Compensation Act and is not incriminatory in any way. This information is confidential. IC45 8/12</p>					



Medical Authorization

www.leecountyil.com

To be completed by the injured party only upon request of the insurance claims adjuster.

Authorization for Medical Records and Communication Release

By this form or copy thereof, I _____, hereby authorize any licensed physician, chiropractor, medical practitioner, hospital, clinic or other related medical or medically related facility, insurance company or other organization, institution, or person, that has any records or knowledge of my mental or physical health, history, condition or well-being, to supply such information to my employer, its insurer, claims administrator, rehabilitation or medical management consultant or attorneys.

I specifically authorize any treating physician or medical care provider to communicate orally or in writing with my employer, its insurer, claims administrator, rehabilitation or medical management consultant or attorneys as to my care and treatment and as to any other issues including diagnosis, prognosis, causal connection or care and treatment to my work injury or duties and ability to work. In conjunction with this, I also authorize any treating physician or medical provider to review any additional medical records provided to them.

A photocopy of this authorization shall be as valid as the original. This release shall remain valid for the length of my claim.

Name (please print)

Address (street, city, zip code)

Signature

Date signed

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Non-Employee Injury Report

www.leecountyil.com

To be completed by Injured Party within 24 hours or as soon as possible following the incident and filed with the Lee County Insurance Liaison Chris H, 112 E. Second Street, Dixon, IL 61021.

Name: _____ Soc. Sec. # _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: (____) _____ - _____ Alt. Phone #: (____) _____ - _____

Date of Incident: _____ Time of Incident: _____ am pm

Location of Incident: _____ (Please describe location in detail.)

Explain what happened, including the reason for being in the area of the incident:

Describe the injury: _____

What was the injury or illness? _____

Was medical attention sought? Yes No

If yes, date you first sought medical attention: _____

Medical Facility _____ City _____

Physician _____ Phone # (____) _____ - _____

Describe Medical Attention: _____

Prior Workers' Compensation claims or major injuries? Yes No

If yes, please explain: _____

I understand that by signing this report, I am verifying that all of the above statements are true and correct.

Signature _____ Date _____ Time _____

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PROPERTY DAMAGE INCIDENT REPORT

www.leecountyil.com

To be completed by the County Officer/Department Head, Insurance Liaison, or other individual involved with property damage and filed within 24 hours or as soon as possible following the property damage with Insurance Liaison, Chris Henkel, 112 E. Second Street, Dixon, IL 61021.

Name of person filing the report: _____

Department Head Insurance Liaison Other _____

Home Phone #: _____ Alternate Phone #: _____

Date of Incident: _____ Time of Incident: _____ am pm

Property/Equipment damaged in the incident: _____

Specific location of the Incident: _____

Description of the Incident: _____

Was anyone injured? Yes No If yes, what is the name of the injured party and describe the injury to the best of your knowledge: _____

Witnesses to the Incident:

Name: _____ Phone #: (____) _____ - _____

Name: _____ Phone #: (____) _____ - _____

Note: Witness Statements need to be completed by each witness present.

Preparer's Signature

Date

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Employee Incident Report

www.leecountyil.com

This form must be completed and submitted to your Supervisor or Department Head within 24 hours or as soon as possible following an injury or incident. The Supervisor or Department Head must complete the form and file it with the Insurance Liaison within 48 hours or as soon as possible following the incident.

E M P L O Y E E T O C O M P L E T E	PART 1: EMPLOYEE INFORMATION			
	<i>Last Name</i>		<i>First Name</i>	
	<i>Job Title</i>		<i>Work Phone</i>	<i>Home Phone</i>
	<i>Supervisor Name (Last, First)</i>		<i>Title</i>	<i>Work Phone</i>
			Work Schedule:	Bargaining Unit:
			<input type="checkbox"/> Full-time	<input type="checkbox"/> Yes
			<input type="checkbox"/> Part-time	<input type="checkbox"/> No
	PART 2: INCIDENT DESCRIPTION			
	<i>Date of Incident</i>		<i>Time of Incident</i>	<i>Location of Incident</i>
	Resulted in employee injury/illness?	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<i>Description of Injury/ Illness (type of injury/ illness & body part, e.g. sprained rt. ankle, severe cut on left thumb):</i>	
Incident details--				
<i>Specific task being performed at time of incident:</i>				
<i>Step-by-step events leading up to the incident:</i>				
<i>Equipment/ tools involved:</i>				
<i>Materials being handled:</i>				
<i>Other relevant details:</i>				
			Continued on attached sheet: <input type="checkbox"/>	
<i>Witness Name(s)/Phone Number(s):</i>				
<i>Employee Signature**</i>		<i>Date</i>		
_____		_____		

----- *Supervisor to complete next page* -----



Employee Incident Report

www.leecountyil.com

Employee Last Name:

PART 3: ADDITIONAL INCIDENT INFORMATION
Supervisor Comments (additional information on nature of incident details, etc.) Note: If claim as submitted appears to be suspicious please notify your senior manager. Examples include: reported at start of shift; strain or sprain to back with no physical evidence of injury; employee vague about circumstances; supplemental information gathered indicates injury possibly not work-related.

Guidance: If treatment beyond first aid required then employee is to be transported by a supervisor or an ambulance to the clinic for evaluation and treatment. Once treatment and evaluation is completed then the employee will be transported back to their work.

If the employee is cleared to operate their personal vehicle then he/she will be allowed to leave the worksite. If the employee is impaired to the point that it is unsafe to operate their personal vehicle then the employee will have to obtain an alternative means to return home.

PART 4: POSSIBLE CAUSAL FACTORS

Process/ environment-related: (Check all that possibly apply)

- Housekeeping
- Work procedure, or lack of
- Repetitive motion
- Tool/ equipment condition
- Tool/ equipment availability
- Personal protective equipment availability
- Workstation/ area setup
- Flooring/ ground
- Lighting
- Ventilation
- Other:

Personnel-related: (Check all that possibly apply)

- Tool/ equipment use or selection
- Level of support/ assistance
- Awkward posture(s)
- Personal protective equipment use
- Following of procedure/ instruction
- Level of attention to task
- Work pacing
- Other:

POSSIBLE ROOT CAUSE(S): Factors contributing to the workplace condition(s)/ act(s) identified above
(Check all that possibly apply)

- Awareness of job hazards
- Level of training
- Level of inspection/ maintenance
- Level of communication
- Level of resources available
- Other:

Additional details: on possible cause(s):

Treatment details: Where was employee treated?

What is the initial status: Return to full duty with no restrictions; return to duty with restrictions; lost time injury. List restrictions if applicable:

PART 5: PLANNED FOLLOW-UP EFFORTS

Check all that possibly apply:

- Conduct ergonomic evaluation (01)
- Evaluate equipment/ facility condition (02)*
- Provide appropriate tool/ equipment (03)
- Provide personal protective equipment (04)
- Provide initial/ refresher training (05)
- Post safety signage in area (06)
- Review inspection and/or maintenance program (07)
- Review formal work procedure (08)
- Assess newly identified hazard(s) (09)
- Review as job performance issue (10)
- Other (11):

FOLLOW-UP ACTION:
 For each follow-up effort checked above, indicate its action code (# in parentheses) and describe the planned action. As actions are completed, record completion date, and initial the original copy for local recordkeeping purposes.

Action Code	Description of Planned Action	Date Completed	Supervisor Initial

Supervisor Signature** _____ Date _____

** Signing of this form does not constitute acceptance or assignment of individual fault



Transitional Duty Guidelines Form

www.leecountyil.com

To be completed by the employee's Physician when returning to work following an injury or illness and submitted to the County Officer/Department Head.

Employee Name: _____ Dept. _____

Social Security Number: _____ Date of Injury: _____

Description of Injury/Illness: _____

-----*The following must be completed by Physician*-----

1. _____ Fit for Duty (no restrictions), effective date: _____

2. _____ Restriction until (date): _____

Details of Restriction: _____

Considering these restrictions, can the employee be assigned to one of these following forms of Transitional Duty? If so, please check the one that best suits the type of work the employee can perform according to his/her injury.

Medium Work; May require occasional lifting up to 50 lbs., carrying loads up to 20 lbs., frequent tasks involving standing, walking, sitting.

Light Work; May require lifting up to 20lbs., some walking, standing, and/or pushing or pulling. Majority of work is sedentary.

Semi-Sedentary Work; May require lifting light items up to 10 lbs., sitting, minimal walking, answering phones.

Sedentary Work; Sitting, answering phones, computer work.

Cannot be assigned transitional duty at this time for a duration of _____ days.

3. Date of next evaluation: _____

4. Projected date Employee could be returned to Full Duty: _____

Attending Physician

Date

Address

Phone Number

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Witness Statement

www.leecountyil.com

To be completed by any/all Witnesses within 24 hours of the incident and filed with Lee County Insurance Liaison Chris Henkel, 112 E. Second Street, Dixon, IL 61021.

Witness Name: _____

Home Phone # (____) _____ - _____ Alternate phone # (____) _____ - _____

Address: _____

City _____ State _____ Zip Code _____

Name of Injured Party: _____

Date of Incident: _____ Time of Incident: _____ am pm

Please explain, in your words, what you saw:

- Where were you and what were you doing?
- How did the incident happen?
- How would you describe the appearance of the injured party?
- Describe the area in which the incident occurred.
- Who else was at the scene?
- What conversation took place?
- Did the injured party say anything to you?
- Any other information about the incident?

Please use the back of this sheet to continue your statement if necessary.

I understand that by signing this statement, I am verifying that all of the information contained herein is true and correct.

Witness Signature Date

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