

# **SAFETY MANUAL**

## **FOR**

# **CITY OF COTTONWOOD**

**Presented By:**  
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**Revision 9**  
**November 2008**

**Approved by Doug Bartosh, City Manager**

**Signed & Approved**

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**Signature**

**November 13, 2008**

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**Date**

# **CITY OF COTTONWOOD - SAFETY MANUAL**

(REVISION 9 – November 2008)

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## **SECTION: I. POLICY STATEMENT**

This manual is developed to establish safety policies for the City of Cottonwood. These policies are intended to enable and enhance the city safety program.

The City of Cottonwood recognizes it has a basic responsibility to provide a place of employment that is “free of recognized hazards” that may cause death or serious physical harm. The maintenance of a safe work environment is the responsibility of each Department Head, and every employee. The City’s Executive Safety Committee sets the following precepts, which shall be adhered to:

1. Because of the diversity of operations within the City it is impractical to develop a Safety Policy Manual that is applicable to all departments. Therefore, this manual, and the stated policies that follow, are generalized in nature.
2. Department Heads will be expected to develop a formal written Annex, which is applicable to their individualized operations. However, the objectives established in the following policy statements and the responsibilities of Management, Department Heads, Supervisors and employees are not to be compromised.
3. Copies of such documents are to become Annexes to this manual and each employee in the department should receive a copy from the Department Head.
4. Compliance with laws and standards relating to the occupational safety and health of City employees is an integral element of the City’s safety policy.
5. It is the responsibility of all supervisory staff and employees to ensure compliance with procedure established for the protection of employees against occupational hazards.
6. The Executive Safety Committee (ESC) shall be responsible for guiding management toward safety objectives through implementation of policy and procedural directives, and by offering consultation or recommendation when necessary. The Safety Awareness & Risk Management Committee (SARMC) shall be responsible for assisting the ESC in maintaining an up to date Safety/Risk Management program.

7. All employees are required to review this entire manual.
8. Department Heads are required to maintain written records, which document that their employees have read and understand both the City's manual and their departmental annex. Such records are to be included in the employee's personnel file that is maintained by the supervisor.

Examples of documentation forms appear in Section A of the Appendix.

### **SAFETY RESPONSIBILITY**

While safety is everyone's responsibility, control of the working environment and control of employee's actions fall directly under the City Manager's responsibility. Effective safety management starts with the City Manager and extends downward through the organization via regular lines of communication and control.

### **ACCOUNTABILITY**

Each department is accountable for and shall maintain records of:

1. Safety Education/Training. Example of a form appears in Section A of the Appendix.
2. Safety meeting minutes conducted.
3. Safety inspection reports. Annual inspection reports are to be turned into the Risk Manager for filing and passage to the City Manager.
4. Accident investigation.
5. Think, Practice, Teach, and Support the safety program.

### **DEPARTMENT HEAD RESPONSIBILITY**

Good safety performance is an essential factor in effective cost and quality control. Safety cannot be subordinate to other management interests, but must be considered an integral part of the entire operation.

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Department Heads are responsible for the completion of the various reports. They must be familiar with safety policies, communicate these to their subordinates, and enforce all safety procedures. They must ensure:

1. Safety has been built into each operation and procedure, taking into consideration employees, general public, and property which may be adversely affected.
2. Each employee is trained to recognize the hazards of his/her job and how to avoid accidents and resulting injury. Documentation of such training shall be maintained.
3. Each employee understands that they are expected to work safely, and that willful violations of safety procedures will not be tolerated.
4. All employees are actively involved in the safety program. An atmosphere wherein employees are encouraged to communicate openly about issues involving safety.
5. Prompt corrective disciplinary action is taken when unsafe acts or conditions are observed or reported.
6. Adequate personal protective equipment, shop safety equipment, protective devices, and related training are provided for tasks associated with daily operations.
7. All injuries are treated immediately, and that appropriate notification is made.
8. Prompt and thorough investigation of all accidents and completion of reports when required.
9. An annual department safety checklist is developed and updated. Periodic safety inspections of the work place and equipment are performed to reduce hazards. An annual department safety inspection is completed by the end of FY (June 30) and submits a copy to the Risk Manager by July 31. Periodic safety follow up inspection is performed noting corrective measures taken. Copies shall be maintained by the department with a copy sent to the Risk Manager.
10. Supervisors are held accountable for the application of the safety program.
11. Safety within each department is maintained by the proper assignment of personnel.



12. Assistance from the SARMC is requested on safety problems as needed.
13. Regular safety meetings are held.
14. An employee is appointed from their department to the SARMC.
15. A Safety Bulletin Board is established and updated.

### **EMPLOYEE RESPONSIBILITY**

Each employee must perform the duties associated with their job as safely as possible. Each employee should:

1. Learn the safe way to do the job following accepted practices; seek instructions from the supervisor when in doubt.
2. Always use the safety equipment provided, following instructions and established procedures.
3. Report any injury, no matter how slight, to the Supervisor immediately.
4. Report hazardous conditions and recommend corrective actions to the Supervisor immediately.
5. No participation in "horse play" or other unsafe activities.
6. Be familiar with and support the safety program.
7. Understand that safety violations may be cause for disciplinary actions, up to and including dismissal.
8. Keep the work area clean and obstruction free.
9. Keep tools, equipment, safety equipment and facilities in good repair.
10. Review at least weekly the department's Safety Bulletin Board.

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## **SECTION: II. SAFETY AWARENESS & RISK MANAGEMENT COMMITTEE (SARMC)**

### **POLICY**

The Safety Awareness & Risk Management Committee (SARMC) will be established and meet monthly. The Department Heads will appoint the members to the SARMC. The SARMC will appoint a chairperson from the appointed representatives to serve a one-year term. The Risk Manager will be a permanent member of the SARMC and serve as the secretary.

### **FUNCTIONS**

The SARMC will function as an advisory body to the Executive Safety Committee on matters dealing with citywide safety matters. They shall also act as the review and nomination committee for the quarterly and annual department safety awards. Their functions shall include but not be limited to:

1. Recommend updates to the City Safety Policy Manual and Department Annex for the ESC review and approval.
2. Develop annual & periodic Department safety inspection checklists.
3. Perform the annual safety inspections and periodic follow up safety inspections to assure noted safety discrepancies are corrected.
4. Identify & recommend safety training for department employees to the Department Head.
5. Identify & recommend citywide safety training to the ESC.
6. Assure the department's safety bulletin board is updated.
7. Receive and review safety recommendations from other department employees and present them to the Department Head and the SARMC if appropriate.
8. Perform Personnel Injury Review in accordance with the Employee Injury Review / Reduction Plan.

## **EMPLOYEE INJURY REVIEW / REDUCTION PLAN**

### **I. PURPOSE**

The purpose of this plan is to reduce personal injury accidents and abuse of safety standards. The Chairperson shall review all personal injury accidents and decide if the

injury needs to be reviewed by the SARMC based on the whether or not the injury is reportable and entered on the OSHA 300 Log. The SARMC review of the injury is to determine the cause and to recommend a procedure that might prevent this type of injury from reoccurring.

The findings of the SARMC review on each employee involved in an injury shall be presented to the Executive Safety Committee (ESC). The ESC shall utilize the SARMC review in determining what action they feel the Department Heads need to take to help prevent the reoccurrence of this type incident.

## **II. OBJECTIVE**

- A. SARMC shall review the injury at the next monthly meeting following the injury.
- B. The primary objective is to try and prevent future similar injuries.
- C. Report in writing to the ESC, the findings of the SARMC as to:
  - 1. How the injury occurred.
  - 2. Recommendations for corrective measures, additional training, and/or modification of equipment to the appropriate Department Head. No disciplinary recommendations will be made.

## **III. DEFINITIONS**

### A. Injury

An injury is considered work-related if an event or exposure in the work environment caused or contributed to the condition, or significantly aggravated a preexisting condition. Work-relatedness is presumed for injuries resulting from events or exposures occurring in the workplace, unless an exception specifically applies. The work environment includes the establishment and other locations where one or more employees are working or are present as a condition of employment.

### B. Year of Record

The year of record is based on the current calendar year.

#### **IV. COMMITTEE STRUCTURE**

The SARMC Chairperson shall serve as the chairperson for this review.

The Department Head's designated SARMC representatives shall serve as the reviewing members of the committee.

The review shall convene as part of the agenda for the regular monthly meeting of SARMC.

#### **V. COMMITTEE DUTIES**

- A. Reviewing of injuries involving City employees.
- B. Determining the cause of the injury.
- C. Making determination, after the study of reports, hearing of testimony from personnel (when necessary), and using appropriate materials for guidelines.
- D. Make recommendations for corrective actions if needed.
- E. Reporting findings in writing to the ESC.

#### **VI. DEPARTMENT HEAD RESPONSIBILITY**

Upon receipt of the minutes from the ESC meeting the Department Head shall review the direction provided by the ESC with the employee and/or with the other staff members. Action will be taken to implement corrective measures that might prevent this type of injury from reoccurring in this or any other Department.

#### **VII. SARMC INJURY REVIEW GUIDELINES**

- A. The SARMC shall review an employee injury in accordance with the OSHA standards.
- B. The Department Head and the employee will be notified in advance when the employee's accident will be reviewed.
- C. Each employee will be required to appear before the committee, and shall be given an opportunity to make a full explanation of the case.

- D. The committee shall make it's decisions based upon whether or not the employee was applying:
  - 1. Their responsibility, as stated by the City of Cottonwood Safety Policy Manual.
  - 2. Proper departmental operation procedures and policies.
  
- E. All ESC decisions shall be filed as part of the minutes of the ESC Quarterly Minutes, with a copy sent to the City Manager, the Risk Manager, and the appropriate Department Head.

## **SECTION: III. INDUSTRIAL INJURIES**

### **DEFINITIONS**

An industrial injury is a personal injury caused by an accident arising out of and in the course of employment.

Occupational illness is defined as an illness or a disease caused by certain hazardous conditions when there is a direct casual connection between the conditions under which the work is performed and the occupational illness or disease.

### **POLICY**

A Department Head must report any job-related injury to an employee to the City Manager or the Risk Manager within twelve (12) hours. An injury to an employee after normal business hours, weekends, holidays, etc. shall be reported to the supervisor and then to the City Manager or Risk Manager by the end of the next business day. Any life threatening injury or fatality must be reported immediately. Any employee's injury that requires professional medical attention must be reported to the Risk Manager immediately.

The Supervisor of the injured employee must ensure that the employee's medical needs are met, that the accident is investigated, that corrective actions are initiated (if required) and that the required reports are completed, in accordance with this manual. Examples of the forms are in Section A of the Appendix. How an employee's injury is handled will often influence the extent and nature of losses incurred. Provide for proper care of the injured employee and ensure adherence to Arizona Workers' Compensation Laws and OSHA regulations.

When an employee sustains a job related injury/illness they shall report the incident immediately to their Supervisor. Failure of the employee to do so on the day of the incident could result in denial of the claim.

An employee injured while off duty, who falsely claims an on-the-job industrial injury, or an employee or individual who collaborates a false claim, is committing a misdemeanor or felony and they will be subject to the full penalties provided by the law (ARS 23-1028).

**REPORTING PROCEDURES–Action & Responsibility**

<u>Nature of Incident</u>	<u>Action to be Taken</u>	<u>Responsibility</u>
Incident with no injury (Near Miss)	1. Report incident to immediate Supervisor	Employee
	2. Investigate the incident and take corrective action	Supervisor
	3. Document and retain accident information	Supervisor
Injury/Illness requiring in-house first aid only	1. Report incident to immediate Supervisor	Employee
	2. Obtain first aid immediately	Employee/Supervisor
	3. Investigate the incident and take corrective action	Supervisor/Dept. Head
	4. Complete “Supervisor’s Report of Industrial Injury” & “Incident Report”. File with Risk Manager	Supervisor/Dept. Head
	5. Complete OSHA Log	Risk Mgr.
	6. Forward report of injury to insurance carrier.	Risk Mgr.
Injury/Illness requiring outside medical treatment	1. Report incident to a Supervisor immediately	Employee
	2. Obtain immediate first aid	Employee/Supervisor

	3. Make arrangement for Transportation to and treatment at City Physician or a medical facility	Supervisor/ Dept. Head
	4. All claims may (and back injuries shall) require verification by a City physician	Dept. Head/ Risk Manager
	5. Contact treatment facility, obtain report and investigation	Supervisor/ Dept. Head
	6. Investigate the incident and take corrective action	Supervisor/Dept. Head
	7. Complete the "Supervisor's & Employer's Reports of Industrial Injury" and City Incident Report and send to the Risk Manager	Supervisor/ Dept. Head
	8. Complete OSHA Log	Risk Mgr.
	9. Bring doctor's release form to Department Head upon return to work and send copy to the Risk Manager	Employee/ Dept. Head
	10. Submit any medical bills and doctor's reports to Risk Manager	Employee/ Dept. Head
	11. Forward all reports to insurance carrier	Risk Mgr.
Injury with Lost Time	1. Same procedures as	Employee/



	Employee injury requiring outside medical treatment through step eight	Supervisor/ Dept. Head/ Risk Mgr.
	2. Upon return to work submit doctor's release to Department Head	Employee
	3. Implement appropriate duty with doctor's concurrence and send copy of action to the Risk Manager	Dept. Head
	4. Upon return to work, notify Risk Manager	Dept. Head
	5. Notify Risk Manager of number of days of lost time from work and number of days on restrictive duty	Supervisor/ Dept. Head
	6. Enter lost/restrictive work days into OSHA Log. Follow-up reports as necessary	Risk Manager
Life-threatening injury or fatality	1. Contact emergency service through 911 system immediately	Any Employee
	2. Obtain or provide immediate first aid	Any Employee
	3. Report to City Manager and Risk Manager immediately	Dept. Head/ Supervisor
	4. Request Cottonwood	Risk Manager

- Police Department initiate an investigation.
- |  |                           |
|--|---------------------------|
| 5. Investigate the incident and take corrective action   | Dept. Head/<br>Supervisor |
| 6. Forward "Supervisor's & Employer's Reports of Industrial Injury" along with the Incident Report to Risk Manager within 24 hours | Dept. Head/<br>Supervisor |
| 7. Refer all medical provider inquiries to Risk Manager  | Dept. Head/<br>Supervisor |
| 8. Refer all news media inquiries to Dept. Head  | Any Employee              |
| 9. Provide reports to OSHA and the insurance carrier   | Risk Manager              |

### **REPORTING PROCEDURES: Industrial Injuries/Occupational Illness**

#### **The Law**

The Arizona Workmen's Compensation Law, in Section 23-1061, Subdivision E, requires that within ten (10) days after receiving notice of a job related accident (injury/illness), the employer shall inform his insurance carrier and the commission on such forms as may be prescribed by the Commission.

#### **Reporting Of Industrial Injuries/Occupational Illness**

Regardless of the degree of injury/illness, the employee shall report its occurrence to the Supervisor immediately thereafter. If they are unable to locate their Supervisor, they should contact the Department Head. Any employee who fails to do this shall be subject to disciplinary action up to and including termination.

A. Reporting Injuries/Illnesses Requiring Treatment by a Doctor

1. Employer's Report of Industrial Injury

- a. The Department Head shall ensure that all information required to complete the form be furnished to his office within seventy-two (72) hours.
- b. Each Department Head shall be responsible for completing the entire form and forwarding it directly to the Risk Manager within five (5) calendar days of the incident. The Risk Manager shall then be required to submit this form to the Industrial Commission within ten (10) calendar days of the incident.
- c. Details required on the form are essential for completing transactions with the insuring company and the Industrial Commission. Forms submitted only partially filled out would be returned to the originating office for completion.
- d. An addendum to the Employer's Report of Industrial Injury shall be made whenever space on that form does not allow for a clearly understood and complete description of the incident.

2. Supervisor's Investigation Report

The Supervisor shall thoroughly investigate the cause of each injury/illness occurring within their area of operations and prepare a written report of their findings and recommendations. An addendum to the Employer's Report of Industrial Injury shall be made whenever space on that form does not allow for a clearly understood and complete description of the incident. This report shall be forwarded to the Risk Manager within five (5) calendar days from the date of injury/illness.

3. Supervisor's Report of Industrial Injury

The Supervisor shall complete this report and submit it through the Department Head who is to sign as the Reviewing Manager and submit this form to the Risk Manager within seventy-two (72) hours from the date of injury/illness.

4. City of Cottonwood Incident Report

The supervisor is to complete this form and forward through the Dept. Head to the Risk Manager along with the Supervisor's Report of Industrial Injury.

5. City of Cottonwood Employee Accident Form

The employee or the Supervisor shall complete this form for the employee if he/she is not capable of doing so and forward it through the Dept. Head to the Risk Manager within five (5) calendar days from the date of Injury.

B. Reoccurrence of a Disability from a Previous Injury

1. Should an employee experience recurrence of a previously reported industrial injury, they shall report it to their Department Head immediately.
2. The Department Head shall call the Risk Manager to determine if the claim is open or closed.
  - a. If the claim is still open, the employee shall go to the doctor who treated them before and advise the doctor that they require further treatment for a previous industrial injury.
  - b. If the claim is closed, it is the employee's responsibility to petition the Industrial Commission of Arizona to have it reopened.
3. On any recurrence of a previous closed claim injury, the employees themselves must, according to law, initiate action with the Industrial Commission of Arizona (ICA) to have their case re-opened.
4. The employee must obtain a Petition to Re-Open form from the ICA. The doctor will be required to furnish substantiating information; this may be mailed in separately. The important action is to get the petition to ICA without delay.
5. CONSIDERATION of benefits will not begin until the ICA receives the petition. If the petition is not filed, there will be no compensation of medical benefits. (If assistance is needed, contact the Risk Manager.)

C. Accident Compensation Time

1. Time lost because of a new injury/illness is compensable when the insuring company determines it is a valid claim within the meaning of the Workmen's Compensation Law.
2. Time lost because of a recurrence of a previous closed claim injury/illness is compensable only when the disability is confirmed as a recurrence by the treating physician and when the Petition to Re-Open form has been received and approved by the ICA.
3. Supervisory and Dept. Head personnel shall be responsible for closely monitoring time lost by their employees and provide this information to the Risk Manager by:
  - a. Ensuring that the employee has been given a signed disability slip by the treating physician.
  - b. Periodically checking on the progress of recovery.
  - c. Ensuring that the employee returns to work on the date the physician releases him/her. Any disability claimed in excess of that indicated by the doctor shall be considered unauthorized, and the employee shall be carried on a leave-without-pay status and subject to disciplinary action.
  - d. Making every attempt to put the employee to work on **MODIFIED WORK STATUS** (light duty) when authorized by the treating physician. The treating physician, noting the essential functions of the job the employee can approve a **MODIFIED WORK STATUS**. This modified work status will remain in effect until the treating physician authorizes the employee to return to normal duty.

D. Payroll Activity

An employee injured on the job and determined by the ICA to be unable to perform their work shall be placed on Workman's Compensation (WC).

1. Workman's compensation, except for payment of medical expenses, shall not be paid for the first seven (7) days after injury or illness. If the disability extends beyond that seven-day period, Workmen's Compensation shall begin on the eighth day. If the disability continues beyond the thirteenth day, compensation shall be computed and made retroactive to the date of injury or illness. All employees receiving paid sick leave must remit any funds received under Workmen's Compensation to the City.
2. While on Workmen's Compensation, an employee shall earn vacation and sick leave credits for six months. If the employee returns to work, these vacation and sick leave credits are retained. If the employee must resign, the vacation and sick leave credits earned during this time frame are lost.

### **Investigation of Industrial Injuries**

The Supervisor or Department Head of the injured employee shall, as soon as possible after the injury has occurred, investigate each industrial injury. The following procedures shall be adhered to as closely as possible:

- A. Consider the nature of the accident versus your knowledge of the circumstances involved. Do not hesitate to request the assistance of the City's emergency personnel (police/fire) if necessary.
- B. Check the scene
  1. Begin by examining where the injury occurred.
  2. Reconstruct, as closely as possible, the chain of events leading up to the injury. Attempt to determine the events that caused the injury.
  3. Draw a diagram of the location, if it will be helpful in arriving at a conclusion. Sketch in machinery, equipment and any other nearby physical objects, together with the places where witnesses were standing.
  4. PHOTOGRAPHS AND DOCUMENTATION SHOULD BE TAKEN WHEN POSSIBLE.
- C. Write It Down
  1. Make notes of all facts that may relate to the cause of the injury.

2. Write down any procedure used, misuse of equipment or other factors not in accordance with published work rules or safety policies.
3. Write down any unsafe conditions in work area, defective tools or faulty equipment.
4. Write down other items such as the date and time of your investigation, the lighting conditions, the weather conditions (if pertinent), a description of supplementary evidence, and conversations having a bearing on the case.

D. Collect the Evidence

If an injury or near miss occurs FOR ANY REASON, INCLUDING faulty machine parts, structures or HUMAN ERROR, it is essential to determine what failed and why.

Any evidence shall be retained until the cause of the incident is determined and resolved.

E. Interview Witnesses

If the Police Department is not available at the incident, it is important to immediately interview witnesses at the scene or as soon as possible thereafter. Keep a written record of the interview but do not take written statements from the witnesses.

**Industrial Injury Review by the Executive Safety Committee (ESC)**

Any industrial injury which results in loss of work for up to a week, or a serious First Aid case which necessitates extended light duty for the employee, or any near accident deemed serious by the Department Head, shall be reviewed by the ESC.

## **SECTION: IV. JOB SAFETY TRAINING**

### **POLICY**

Supervisors shall ensure that a newly hired, newly assigned or reassigned employee thoroughly knows all the safe job procedures. They must be trained to include a discussion of techniques and procedures for safety. Indoctrination of employees concerning hazard identification, and accident investigation and reporting is vital. All employees shall be required to attend training sessions on general safety and may be required to attend other specialized safety training for certain job classifications. The four-point method of job instruction has been found best: Preparation, Presentation, Performance and Follow-up.

### **METHODS**

- A. Preparation
  1. Put employee at ease.
  2. Define the job and find out what they already know about it.
  3. Review safety policies.
  4. Provide thorough explanation of approved and safe procedures, hazard identification, accident investigation and reporting.
  5. Emphasize safe operation of equipment, machines and hazards associated with the job.
  
- B. Presentation

Clearly explain and illustrate each important safety aspect of the job.
  
- C. Performance
  1. Have employee do their job safely; coach them while they work.
  2. Have employee explain each key safety point as they do the job.
  3. Make sure they understand.
  
- D. Follow-up
  1. Put employee on their own.
  2. Designate to whom they report for assistance.
  3. Check frequently; encourage questions.
  4. Taper off extra coaching and follow-up closely.



## **SECTION: V. PERSONAL PROTECTIVE EQUIPMENT (PPE)**

### **POLICY**

The supervisor and/or Department Head shall specify the designation and use of Personal Protection Equipment (PPE) for all jobs that have a potential for injury. The City shall provide PPE specified as mandatory on hazardous jobs; Supervisors and employees shall be fully accountable for its use and condition. The City shall provide safety footwear and safety eyewear when required.

### **TYPES OF EQUIPMENT**

The listed equipment shall be worn when the potential exists for injury:

1. Hard hats.
2. Goggles, face shield or safety glasses.
3. Ear plugs or ear muffs.
4. Respirators and self-contained breathing apparatus.
5. Safety footwear.
6. Life jackets/life lines.
7. Reflective vests or bright clothing.
8. Other protective clothing or equipment as may be required by a particular job.

### **MANDATORY USE OF PERSONAL PROTECTIVE EQUIPMENT**

When the use of PPE has been specified, its use shall be mandatory.

Supervisors and employees shall be held accountable for employees allowed to work without compliance. The quarterly review of injuries by the ESC shall place emphasis on those injuries that resulted from failure to use protective equipment.

NOTE: City employees assigned to inspect or work at construction sites or other areas under the jurisdiction of other employers shall comply with any additional safety regulations established by those employers.

### **PROPER DRESS FOR WORK**

Each employee shall wear clothing suitable to the job they are performing at all times. Suitable clothing means clothing that will minimize potential for injury. Department Heads may have the need for safety policies restricting facial hair, hair length, jewelry, etc.

Individuals required to wear breathing devices in toxic atmospheres shall successfully complete fit testing annually.

Exceptions to proper dress for medical or religious reasons will be submitted to the Department Head for approval.

### **SPECIAL EQUIPMENT RESPONSIBILITY**

The Department Heads shall be responsible for assuring that their employees who require special equipment in order to perform their work are issued the necessary equipment and trained in the use of that equipment. The employees shall be responsible for maintaining and using this equipment.

### **PRESCRIPTION SAFETY GLASSES**

As part of the City's Safety Policy, the City will provide the necessary prescription safety glasses to the following departments or others as approved by the Department Head. The Maintenance, Streets, Wastewater, Police, and Fire Department are specifically covered by this policy.

### **PROCEDURES**

- Select employees based on vision impairment for the work requirement
- Employee shall obtain a current eye examination prescription and provide it to the Department Head or his designated representative. Only a prescription less than one (1) year old will be accepted. If the employee does not have a current prescription they shall be responsible for obtaining one. The current employee benefits program does not provide coverage for eye examinations unless the employee has signed up for the voluntary vision program.
- The type of glasses and frames have been specified with and shall be obtained from either of the VSP providers, Fornara Eye Center, 199 S. Candy Lane, Suite #2 (634-2883) or ClearVision, 294 W. HWY 89A, Suite 114 (634-7200), Cottonwood, AZ 86326. The employee shall let the provider know that they are coming in for City

approved prescription safety glass when setting up an appointment.

- Replacement will be every three (3) year cycle or as determined on a case by case basis by the Department head, unless damaged on the job or if a prescription change is significant requiring new glasses.
- Eyeglasses damaged during non-work periods shall be the employee's responsibility to replace.
- Self-Contained Breathing Apparatus (SCBA) or respirator corrective lens pop-in glasses are covered by this policy. Inserts shall be furnished by the respective department to receive lenses from the provider.

#### FUNDING & IMPLEMENTATION

- The funding for these prescription safety glasses shall come out of the respective department's budget. The City shall fund no more than \$125.00 per employee. This funding shall cover the cost for single vision or bifocal lenses, and frames. The employee will have the option to upgrade the frames, obtain a scratch warranty, and obtain photo gray or transition lenses, but will pay for any upgrades themselves.

## **SECTION: VI. FIRST AID TRAINING**

Employees shall be trained in First Aid and/or CPR if required by their job description or Department Head.

## **SECTION: VII. PROCUREMENT OF TOOLS & EQUIPMENT**

(Heavy Equipment, Safety & Protective Equipment, Vehicles, etc.)

Detailed specifications for the design, purchase and use of these items shall be fully developed by Supervisors and approved by the Dept. Head of the users. Input by the users should be encouraged. Emphasis shall be placed on the inherent safety consideration used in design, quality, durability and uniformity of each item. In addition, all machines and equipment shall be in conformance with the standards specified in the Federal and State Occupational Safety and Health Act.

## **SECTION: VIII. HAZARD ASSESSMENT**

### **CITY LIABILITY**

Liability claims resulting either directly because of some action by a City employee or indirectly because of an unsafe condition of City facilities can constitute a significant financial drain upon City capital. Liability potential can be kept within reasonable limits when efforts are directed toward identifying and eliminating the causes. It shall be the responsibility of all employees to include such efforts as an integral part of their everyday duties. Employees are encouraged to bring to the attention of the appropriate Supervisor/ Department Head any safety hazards involving City streets, property or equipment.

### **CITY FACILITY INSPECTIONS**

Annual and periodic follow-up inspections, and procedures for correction and control provide a method of identifying existing or potential hazards in the work place, and eliminating or controlling them. Hazard control is the heart of an effective injury and illness prevention program.

If hazards occur or recur, this reflects a breakdown in the hazard control system. The hazard control system is the basis for developing safe work procedures and injury/illness prevention training.

A qualified person must make the required hazard assessment survey of your establishment when first developing your injury and illness prevention program. This survey provides the basis for establishing your hazard assessment and control system. The survey produces knowledge of hazards that exist in the work place, and conditions, equipment, and procedures, which could be potentially hazardous.

Department Heads responsible for facilities shall ensure thorough inspections are conducted at a frequency determined to be adequate for controlling defects, but not less than annually. Facility inspection checklists are to be developed by each department for their area of responsibility. Should an incident occur wherein a person suffers injury or property damage that prompts a claim against the City, a Notice of Claim needs to be completed by the person(s) involved. An Incident Report is to be completed by the department. The original copy of these forms must be forwarded to the Risk Management office as soon as possible after the incident. See Section A of the Appendix for copies of forms, which will need to be completed and turned in depending on the injury/claim.

SAFETY INSPECTION  
CORRECTIVE ACTION PLAN

Account \_\_\_\_\_ Date of Inspection \_\_\_\_\_

<u>DISCREPANCY</u>	<u>CORRECTIVE ACTION</u>	<u>BY WHOM</u>	<u>TARGET DATE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## JOB SAFETY ANALYSIS

Date Prepared \_\_\_\_\_

Prepared by \_\_\_\_\_

Reviewed by \_\_\_\_\_

Task: \_\_\_\_\_

File Number \_\_\_\_\_

WHAT TO DO	HOW TO DO IT	KEY POINTS

## SAFETY EDUCATION

TOPIC:

DATE:

TIME:

The following employees attended this safety education session:

PRINTED NAME

SIGNATURE

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____

(Retain in Records for 2 years)

Instructor's Signature \_\_\_\_\_



## SAFETY HAZARD CHECKLIST

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Inspected by: \_\_\_\_\_

1.

2.

3.

4.

5.

## SAFETY HAZARD CHECKLIST

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Inspected by: \_\_\_\_\_

1.

2.

3.

4.

5.

## **SECTION: IX. HAZARD COMMUNICATION PROGRAM**

This occupational safety and health standard, commonly referred to as the “Right to Know” is intended to comprehensively address the issue of evaluating potential chemical hazards, and communicating information concerning these hazards and appropriate protective measures to employees. This standard will preempt any legal requirements of a state, or political subdivision of a state, pertaining to this subject.

The City has developed a Hazardous Communication Program Manual (Section D of the Appendix) to inform, educate, and train all employees working directly or indirectly with chemicals, of the health hazards associated with chemicals they may come in contact with during their work shift.

Regardless of what type chemicals are being used the requirements of the City of Cottonwood Hazardous Communications Program must be strictly enforced by management. The Department Head must document the training each employee receives using the City of Cottonwood EMPLOYEE’S RIGHT TO KNOW FORM as well as assuring the HAZARDOUS CHEMICALS/MATERIALS form and HAZARD COMMUNICATION “SELF HELP CHART’ BY LOCATION are current for their department. A copy of these documents is to be provided to each employee, and with a copy submitted to the Risk Manager for inclusion into City’s master file.

A copy of the Material Safety Data Sheet (MSDS) for all the hazardous chemicals used/stored by each department shall be maintained in a MSDS binder and kept in a location in the shop area for quick reference. Do not destroy any MSDS sheets even if the material identified is no longer in use. You will need to maintain these forms in a separate binder.

## **SECTION: X. MOTOR VEHICLE SAFETY**

### **POLICY**

The safe operation of vehicles is essential in conducting City business. This applies to all employees who operate City-owned, leased, or personal vehicles in the conduct of their employment by the City. This chapter sets forth the safety, maintenance, inspections, accident reporting, and operational procedures for the use of all City vehicles.

### **DEPARTMENT HEAD RESPONSIBILITIES** (Regarding motor vehicle safety)

Department Heads are responsible for the following:

- A. Create a driver's screening process appropriate to the department to include items such as the following:
  - 1. Obtain a copy of employee driver's license
  - 2. If use of a motor vehicle is an essential function in performance of his/her job duties, a driver's license history of moving violations may be required. This inquiry shall be conducted through the Human Resources Manager, with all findings to be kept in the Supervisor's personnel file of the employee.
  - 3. The Risk Manger annually will share with Department Heads information obtained from the City's insurance carrier of employees' driver's license history. Department Heads will take the necessary action based on information provided to assure the employee is qualified, authorized and appropriately trained to operate the vehicle they need to perform their job.
  
- B. Create a written vehicle safety, maintenance, and inspection program. Maintenance shall conform to manufacturer's recommendations while under warranty and shall be regularly maintained thereafter.

### **VEHICLE ACCIDENT REPORTING & REVIEW**

Any employee involved in an accident while driving a City vehicle shall adhere to the following procedures:

- 1. Obtain pertinent data of other party involved, i.e. name, address, license number, etc.

2. Refrain from moving the vehicle until instructed to do so by the police officer attending the accident.
3. Any accident involving City personnel or equipment must be reported to the Department Head immediately. Any motor vehicle accident, regardless of location or extent of damage, must also be reported immediately to the Police Department having jurisdiction of the accident scene.
4. The Department Head must: (a) Report any accident to the City Manager or Risk Manager within twelve hours or the next business day if the accident occurs on a weekend or holiday; (b) Ensure, within five (5) days of the accident, the Employee Vehicle Accident Report and Incident Report is completed and provided to the Risk Manager. The Risk Manager will then notify the Executive Safety Committee Chairperson. These reports are found in Section B of the Appendix.
5. Any accident in which an employee requires medical attention must be reported to the City Manager and Risk Manager immediately.
6. The Risk Manager will ensure that all required forms are complete and submitted to the City's insurance carrier.
7. For any serious injury or accident involving injury and/or damages to City personnel, equipment, vehicles, or buildings the Supervisor or Department Head shall request that the Police Department investigate the matter.
8. Upon request for an accident investigation, the Police Department will handle such investigation according to standard operating policies and procedures. A written report will be submitted to the City Manager with a copy to the Risk Manager within seven (7) working days.
9. Any accident occurring after normal working hours must be reported the morning of the next working day to the City Manager or Risk Manager.
10. Any serious accident involving damage and/or injury to City equipment, vehicles, buildings and/or personnel, occurring after normal working hours or weekends, must be reported immediately to the Department Head and City Manager.

### **MOTOR VEHICLE OPERATION PROCEDURES**

Department Heads shall ensure that employees are encouraged to practice safe driving while they are on duty. Disciplinary actions will be taken against employees and their Supervisors who show a repeated disregard for good driving practices. Safe driving practices can be accomplished by:

- Establishing internal safety requirements for personnel to adhere to and frequently check on their compliance.
- Personally reviewing vehicle accidents and reports and taking all the steps necessary to prevent a reoccurrence.
- Ensuring that all assigned vehicles are maintained for safe operation by periodic inspection of assigned vehicles for safety discrepancies.
- Ensuring that employees have the appropriate license, skills and training for the vehicle assigned.
- Ensuring that all employees are briefed and understand that the use of seat belts is mandatory while driving or riding in a City vehicle or private vehicle while performing City business.

## **CELL PHONE USE**

### **I. PURPOSE**

The purpose of this policy is to provide guidelines for employees who need to use personal or City supplied cellular telephones for City business purposes while operating a motor vehicle or other equipment.

### **II. OBJECTIVE**

- An employee's first responsibility is the safe operation of the motor vehicle or other equipment and the best practice is not to use cellular telephones while operating a motor vehicle or other equipment.
- Each employee that finds it necessary to use a cellular telephone for City business purposes while operating a motor vehicle or other equipment, however, is required to use a "hands-free" device.
- All cellular telephones should be within easy reach so that operators of motor vehicles or other equipment do not have to take their eyes off the road or tasks at hand.
- If ever there is a question as to whether and to what extent a cellular telephone may be used for City business purposes while operating a motor vehicle or other equipment, the employee should error on the side of caution and not use the cellular telephone in such a situation.

## **VARC OPERATING PROCEDURES**

### **I. PROPOSE**

The purpose of this committee is to reduce vehicle accidents and abuse of safety standards, and to reduce personal injury accidents. The Vehicle Accident Review Committee (VARC) Chairperson shall review all vehicle accidents. The Chairperson will decide if the accident needs to be reviewed by the entire VARC. Each Department Head whose employee was involved in an accident and is reviewed by the VARC shall utilize the VARC review in determining the disciplinary action they feel is needed to be imposed upon the employee involved in the accident. The VARC will review to determine if a vehicle accident is preventable.

### **II. OBJECTIVE**

- A. Convene as soon as possible within fourteen (14) days following the vehicle accident.
- B. Report in writing within fourteen (14) days, to the Department Head, the findings of the VARC as to:
  - 1. Determining if the accident was Preventable or Non-preventable
  - 2. Providing general recommendations as to corrective measures, additional training, and/or modification of equipment to the appropriate Dept. Head.
  - 3. Suggesting or not suggesting disciplinary action. The degree of discipline is not determined by the VARC.

### **III. DEFINITIONS**

#### **A. Vehicle Accident**

A vehicle accident is an incident involving City vehicles or motorized equipment while in transit wherein damage is done to the vehicles, equipment, private or public property, or injury occurs to persons involved. This also includes any circumstances wherein City employees are operating their personal vehicles during the conduct of their employment by the City.

B. Driving Probation

Driving probation is an additional disciplinary action that can be applied by the Department Head.

C. Year of Record

The year of record is the period of twelve months from the date of the most recent preventable accident. It automatically applies to every preventable accident, unless otherwise indicated.

#### **IV. COMMITTEE STRUCTURE**

The Executive Safety Committee (ESC) Chairperson shall serve as chairperson on the VARC, as a non-voting member.

The VARC shall consist of members from the City workforce that are not Department Heads. Members will be appointed by the ESC for one-year appointments, January 1 to December 31<sup>st</sup>. Their appointment shall take into consideration that their work hours must be conducive to the schedule of the VARC.

The VARC shall consist of one supervisor from the Police Department and two employees selected by the ESC. The police officer who investigated the accident shall not be a member of the VARC.

The VARC shall be convened via the ESC Chairperson, who will advise the appropriate members of VARC.

#### **V. COMMITTEE DUTIES**

- A. Review of accidents involving City vehicles or motorized equipment.
- B. Determine the cause of the accident.
- C. Determine whether or not the accident is preventable or non-preventable.
- D. Determination to be made after the study of reports, hearing of testimony from personnel (when necessary), and using appropriate materials for guidelines.

- E. Make recommendations for corrective actions if needed.
- F. Suggest whether the application of discipline is appropriate or not. In suggesting discipline, the degree of discipline is not of concern to the VARC.
- G. Report findings in writing to the Department Head.

## **VII. DEPARTMENT HEAD RESPONSIBILITY**

Upon receipt of the written report from the VARC, the Department Head will review the report with the employee.

Department Head and employee are both to note that the VARC suggestions for discipline/no discipline are to be considered as suggestions and not recommendations. Decisions on discipline are still solely the responsibility of the Department Head with the authorization of the City Manager, when required.

## **VII. VARC GUIDELINES**

- A. The VARC shall review vehicle accident reports and establish preventability by using the Transportation Laws of the State of Arizona and the standards established by the National Safety Council. If the available reports, which will be maintained by the Police Dept., do not provide enough background information, the committee may request further investigation.
- B. The Department Head and the employee will be notified in advance when the employee's accident will be reviewed.
- C. Each employee will be required to appear before the committee and shall be given an opportunity to make a full explanation of the case.
- D. The committee shall make it's decisions based upon whether or not the employee was applying:
  - 1. Their responsibility, as stated by the Transportation Laws of the State of Arizona. Citation information or judges' decisions shall not be considered a factor in the committee deliberations.
  - 2. Proper departmental operation procedures and policies.
  - 3. Defensive driving techniques and proper use of safety equipment.



- E. In cases where police officers and fire department personnel are involved in accidents during emergency operations of vehicles (Code-3) the accident will be referred for Department Head review only.
- F. All VARC decisions shall be maintained by the VARC Chairman with a copy sent to the City Manager, the Risk Manager, and the appropriate Department Head.
- G. A record of the employee's driving history may become a part of the future reviews conducted by the VARC.

### **VIII. DISCIPLINE CLASSIFICATION GUIDELINES**

The following guidelines are provided for Dept. Head disciplinary consideration. No limitations are implied to disciplinary consideration by these guidelines. Non-preventable accidents, as determined by the VARC, are not part of this guideline. The Dept. Head when determining the appropriate discipline shall consider previous accident history.

Accident Occurring Within One Year	Suggested Discipline Hierarchy
FIRST	Documented Counseling Oral Reprimand Written Reprimand One-day Suspension
SECOND	Oral Reprimand Written Reprimand Suspension up to Five (5) Days
THIRD	Written Reprimand Suspension up to Five (5) Days Demotion Dismissal
FOURTH	Dismissal

## **SECTION: XI. SLIPS AND FALLS**

### **POLICY**

Department Heads and employees have an equal responsibility in the prevention of falls by striving to maintain work areas free of conditions that are conducive to falls and by motivating employees to exercise care to prevent falls. The following checklist should be utilized to eliminate slip and fall hazards.

### **PREVENTION CHECKLIST**

Are floors maintained in a slip-resistant status?

Are employees trained and encouraged to call attention to conditions that creates opportunities for fall?

Do employees wear clothing and shoes appropriate for work conditions usually experienced?

Are slippery conditions caused by ice, snow, water or liquid spills corrected promptly?

Are parking lots and other ground areas kept as oil-free and clean as possible?

Are pits and holes refilled, covered or protected by barriers?

Are floors kept free from accumulations of materials or defects that produce tripping hazards?

Are aisles, walks and pathways kept open for traffic?

Are good housekeeping practices enforced; do employees clean as they go?

Are stairs well lighted and are tread surfaces slip-resistant?

Do ramp surfaces provide good traction and are handrails provided?

## **SECTION: XII. MATERIALS HANDLING**

Supervision, training and employee awareness are key elements in preventing most injuries that result from materials handling. A well applied preventive program can reduce the incidence of such injuries. The most common and costly ailments associated with improper handling of materials are strains/sprains and lower back injury. The best preventive measure is avoidance of circumstances leading to improper handling of materials.

A. Listed below are common factors involved in improper materials handling accidents:

- Incorrect lifting techniques
- Improper personal protective clothing/equipment
- Equipment in poor conditions
- Unsafe procedures
- Poor housekeeping
- Employee's physical condition

B. Preventive program consists of four components:

1. Job Review: City policy requires a written job description for each classified position. Each job description needs to be reviewed to assess the materials handling aspects of the job responsibilities. Job descriptions, which include materials handling, must include a statement to the effect: "Repeated bending, stooping and lifting will be required." When appropriate, weight ranges should be specified.
2. Job Design: This concept consists of structuring the job so that the employee can reasonably perform the work. When handling materials, the object is to minimize heavy lifting or handling heavy materials where possible. Job design should include:
  - a. Assignments of two or more people to move heavy objects if mechanical means are impractical.
  - b. Design of storage areas to place heavy items on mid-level shelves.
  - c. Provide an environment where proper lifting techniques can be applied.
  - d. Use appropriate size containers so that when full they will not be too heavy to carry.

### 3. Applicant Evaluation

Under current federal statutes (Americans with Disabilities Act) the City cannot conduct a medical examination or make an inquiry as to whether the applicant is an individual with a disability or as to the nature or severity of such disability.

The City's application for employment is void of any questions that address an applicant's medical history or conditions. An employer may ask job applicant questions about ability to perform specific job functions or duties but those questions cannot be phrased in the terms of a disability. Therefore, it is recommended that during the interview process, all prospective employees be asked questions that address the physical requirements noted on the job description i.e.: "Can you . . .?" etc.

Post-job offer medical inquiries can be much more specific. Department Heads are reminded that all employees must pass a post-job offer physical examination prior to being accepted for employment.

### 3. Training

Making employees aware of proper lifting and carrying is a critical factor in avoiding injures involving handling materials. Department Heads and Supervisors should demonstrate and have the employee perform proper lifting procedures.

## **SECTION: XIII. FIRE PROTECTION**

### **POLICY**

The Fire Department has the primary responsibility for fire protection. All City employees should be alert for conditions that could cause a fire and report their concerns to their Supervisor or Dept. Heads when they are identified. In the time period between reporting and arrival of fire equipment, only trained employees may participate in initial fire fighting activities.

The Dept. Head shall be responsible for training each employee in fire prevention and essential precautions to prevent injury and property loss due to fire.

The Fire Department shall be responsible for establishing and providing an Employee Emergency Action Plan (EEAP) Guide for each Dept. Head to use in developing and implementing an EEAP for each of their facilities. The Dept. Head shall also be responsible for training all employees, covering those designated actions employers and all other employees need to know to comply with the EEAP. The elements of this plan shall be in compliance with OSHA Standard for General Industry 29 CFR Part §1910.38. The Fire Department shall be responsible for reviewing/approving the various departments EEAP and assist in providing employee EEAP training.

All fire-fighting equipment shall be kept in a ready condition and accessible at all times. Supervisors shall inspect fire-fighting equipment on an annual basis to insure proper conditions.

### **GENERAL PROCEDURES IN THE EVENT OF A FIRE**

1. Evacuate the building of all personnel. Only trained fire-fighting employees may use fire suppression equipment.
2. Notify the Fire Department by dialing 9-1-1.
3. Supervisors should select areas of assembly; all employees must be aware and trained to know of these locations. A roll call shall be taken to determine that all employees assigned to each location are present or accounted for.
4. Do not allow people to re-enter the building until cleared by the Fire Department.

## **FIRE SAFETY INSPECTIONS**

- A. Annual Inspections: To ensure compliance with fire safety and health standards, safety inspections will be conducted on an annual basis by the Department. Inspections will include all facilities, equipment, materials, tools, and work activities. Special emphasis will be placed on housekeeping, fire protection, and mechanical and electrical fire safety. The Fire Dept. shall assist in conducting this inspection in conjunction with their occupancy inspection plans throughout the City.
- B. Items for Evaluation: The following items will be evaluated during the annual inspection of all city facilities; however, these items serve as a guide for all employees, and when discrepancies are noted, they should be brought to the attention of a Supervisor or Department Head. Fire prevention is a responsibility of all employees.
1. Are exits unobstructed and well light?
  2. Are all designated exits unlocked?
  3. Do emergency lights operate properly?
  4. Are egress routes clear of obstructions?
  5. Are fire extinguishers properly mounted, easy to see, and easy to get to?
  6. Are all fire extinguishers tagged, noting current annual maintenance?
  7. Are extinguishers of proper size and type?
  8. Are all accumulations of refuse or rubbish removed from the premises?
  9. Is Combustible material stored away from heating equipment?
  10. Are bottled gas cylinders (inside and outside of building) properly supported and protected from physical damage (chained, caps on, etc.)?
  11. Is all heating equipment, including chimney, gas appliances, flues, smoke pipes and air ducts, in good condition and well maintained?
  12. Are the premises free of defective wiring or equipment?
  13. Are flexible extension cords used as a substitute for fixed wiring?
  14. Are covers for fuse, switch boxes, and electrical outlets and switches in place of secured?
  15. Are electrical panel boards unobstructed and accessible?
  16. Are Circuits on panel boards properly identified?
  17. Are approved containers and tanks used for the storage and handling of flammable, combustible, and hazardous liquids?

18. Are all flammable liquids kept in closed containers when not in use (e.g., parts cleaning tanks, pans, etc.)?
19. Are bulk drums of flammable liquids grounded and bonded to containers during dispensing.
20. Is liquefied petroleum gas stored, handled and used in accordance with safe practices and standards?
21. Are "No Smoking" signs posted on liquefied petroleum gas tanks?
22. Is the fire alarm system tested at least annually?
23. Is the automatic sprinkler system checked annually?
24. Do metal guards protect sprinkler heads when exposed to physical damage?
25. Is proper clearance maintained below sprinkler heads?
26. Are Dept. special conditions in high hazard areas within manufacturers recommended standards? Are these standards posted where all employees can see before entering these areas?

**Employee Acknowledgement Form**

I, \_\_\_\_\_, an employee of City of Cottonwood have a copy, read, and understand the New July 2007 City Safety Policy Manual and the Departments Safety Annex.

Employee's Signature: \_\_\_\_\_

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



**Volunteers & Temporary Employee Acknowledgement Form**

I, \_\_\_\_\_, an employee of City of Cottonwood have read and understand the New July 2007 City Safety Policy Manual and the Departments Safety Annex.

Employee's Signature: \_\_\_\_\_

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

## APPENDIX B

Industrial Injury & Vehicle Accident Required Reporting Forms for each Respective Incident. See following list of required paperwork for each respective incident.

(Forms available on COC web site: [www.ci.cottonwood.az.us](http://www.ci.cottonwood.az.us) – Employees Only)

## REQUIRED PAPERWORK FOR EACH RESPECTIVE INCIDENT

ROUTE IN THE FOLLOWING ORDER:	SUPERVISOR DEPARTMENT HEAD ADMINISTRATIVE COORDINATOR HUMAN RESOURCES OFFICE
REFERENCE:	COC SAFETY POLICY MANUAL & PERSONNEL OPERATIONS GUIDE (Forms available on COC web site: <a href="http://www.ci.cottonwood.az.us">www.ci.cottonwood.az.us</a> – Employees Only)

- I. EXPOSURE:**
  - INCIDENT REPORT (exhibit F)
  - SUPERVISORS REPORT (exhibit H)
  - EXPOSURE FORM (exhibit J-1)
  
- II. INJURY WITH NO PHYSICIAN TREATMENT (NOT INCLUDING EXPOSURE):**
  - INCIDENT REPORT (exhibit F)
  - SUPERVISORS REPORT (exhibit H)
  
- III. INJURY WITH PHYSICIAN TREATMENT AND/OR TIME LOST (NOT INCLUDING VEHICLE ACCIDENT):**
  - INCIDENT REPORT (exhibit F)
  - COC EMPLOYEE ACCIDENT REPORT (exhibit G)
  - SUPERVISOR REPORT (exhibit H)
  - NOTICE OF WC INSURANCE (exhibit I)
  - WORKERS COMP LONG FORM (exhibit J)
  - CITY PHYSICIAN IS DR.BINGHAM/Verde Valley Urgent Care & Occupational Medicine (VVUC & OM)@634-2574*
  
- IV. EQUIPMENT LOSS (NOT VEHICLE ACCIDENT RELATED):**
  - INCIDENT REPORT (exhibit F)
  
- V. VEHICLE ACCIDENT WITH NO INJURY:**
  - INCIDENT REPORT (exhibit F)
  - EMPLOYEE VEHICLE ACCIDENT REPORT (exhibit G)
  - NOTICE OF CLAIM (exhibit G-1) *Provide to other driver if NOT a City employee.*
  - POLICE REPORT (obtain from PD)
  
- VI. VEHICLE ACCIDENT WITH INJURY:**
  - INCIDENT REPORT (exhibit F)
  - EMPLOYEE VEHICLE ACCIDENT REPORT (exhibit G)
  - NOTICE OF CLAIM (exhibit G-1) *Provide to other driver if NOT a City employee.*
  - SUPERVISOR REPORT (exhibit H)
  - NOTICE OF WC INSURANCE (exhibit I)
  - WORKERS COMP LONG FORM (exhibit J)
  - POLICE REPORT (obtain from PD)*CITY PHYSICIAN IS DR.BINGHAM/Verde Valley Urgent Care & Occupational Medicine (VVUC & OM)@634-2574*

## APPENDIX C

Department Annex to Safety Manual

**APPENDIX D**

**CITY OF COTTONWOOD**

**HAZARD COMMUNICATION PROGRAM**

**Presented By:**  
**David L. Puzas**  
**Human Resources Manager**  
**1<sup>ST</sup> Edition**  
**May 3, 2004**

**Approved by Brian Mickelsen, City Manager**

**Signed**

**May 3, 2004**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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**Employee Acknowledgement Form**

I, \_\_\_\_\_, an employee of the City of Cottonwood, have a copy, read, and understand the New July 2007 City Hazard Communication Program.

Employee's Signature: \_\_\_\_\_

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

**Volunteers & Temporary Employee Acknowledgement Form**

I, \_\_\_\_\_, an employee of the City of Cottonwood, have a copy, read, and understand the New July 2007 City Hazard Communication Program.

Employee's Signature: \_\_\_\_\_

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

(Supervisor retains in Employee Personnel File)



## **Hazard Communication Program**

The purpose of this program is to ensure that potential hazards and hazard control measures for chemicals, materials and substances used by this City are understood by City Employees.

The Written program is available for employee review at any time. It is located in your Supervisor's office in the City of Cottonwood Safety Policy Manual, Appendix: Section D, or contact the Risk Manager.

A copy of the program will be provided to any employee or employee representative upon request.

### **Container Labeling:**

Department Head / Supervisor will verify that all containers received for use by the City will:

- Be clearly labeled as to the contents, matching identification on MSDS.
- Note the appropriate hazard warning.
- List the name and address of the manufacturer.

No containers will be released for use until the above data is verified.

### **Material Safety Data Sheets:**

Copies of MSDS's for all hazardous chemicals to which employees may be exposed will be kept in your department's "Right to Know Station" or Binder. The Supervisor will be responsible for ensuring that:

- MSDS's for the new and existing chemicals are available.
- MSDS's will be available for review to all employees during each work shift.
- Copies will be available on request.

### **Hazardous Chemicals / Materials Inventor and Self-Help Chart:**

This list contains all the chemicals known to be used by your department. The form will contain the common name or the chemical or hazardous material, the location where the chemical may be stored, and the total amount of the chemical stored. It also contains the

first-aid treatment requirement, the type of fire extinguishing media or equipment used, and the required protective equipment or clothing to be worn when it is in use by an employee (*Attachment 1*). This form will be stored in the department's "Right to Know Station" or Binder and maintained by the Supervisor.

### **Employee Training and Information:**

Each employee will be provided the following information and training before working in areas where hazardous chemicals exist. In addition, if a new hazardous material is introduced into the workplace, affected employees will be given new information and training concerning that material.

#### **Minimum Information Provided:**

1. All operations and locations in the work area where hazardous chemicals are present.
2. The location and availability of the written hazard communication program, including list(s) of hazardous chemicals used and related material safety data sheets (MSDS's).
3. The method the City will use to inform employees of potential hazards of non-routine tasks (jobs that are not routine for an individual because of infrequency, location or type).
4. Details of City Hazard Communication Program, including explanation of the labeling system, the material safety data sheets, hazardous chemicals and/or material list, hazard communications self help chart by location, and how to obtain and use the appropriate hazard information.

Upon completion of the training, each employee will sign an Employee's Right to Know Form acknowledging receipt of the written hazard communication program and related training (*Attachment 3*). The HAZCOM EMPLOYEE TRAINING FORM (*Attachment 4*) is to be used for annual or other general departmental HAZCOM training.

### **Hazardous Non-Routine Tasks:**

The Supervisor of employees that are required to do hazardous non-routine tasks, such as working in confined spaces, or cleaning of tanks must address how the employees doing the work will be informed about specific hazards to which they will be exposed, what personal protective equipment will be provided, and who will be responsible to oversee the operation or operations.

**Chemicals in Unlabeled Pipes:** “No Chemicals in Unlabeled Pipes exist in the City.”

**Informing Contractors:**

It is the responsibility of the Department Head and Supervisor to provide contractors and their employees with the following information:

1. Hazardous chemicals to which they may be exposed while on the job site.
2. Measures the employees may take to lessen the possibility of exposure.
3. Steps the City has taken to lessen the risks.
4. Where the MSDS's are for chemicals to which they may be exposed.
5. Procedures to follow if they are exposed.

**Contractors Informing Employers:**

Contractors entering this workplace with hazardous materials will supply the City with MSDS's covering those particular products the contractor may expose the City's employees to while working at the site. A “List of Hazardous Chemicals in This Workplace” and signed by the Senior Contractor Management Representative, will be provided to the City as soon as hazardous materials are brought onto the job site.

## Department Annex

*(Departments will attach their own appendix if required)*

### **ATTACHMENTS**

1. Hazardous Chemicals/Material Inventory and Self-Help Chart
2. Employee's Right to Know Form
3. Hazcom Employee Training Form
4. Location of Department's MSDS Notebook



**EMPLOYEE'S RIGHT TO KNOW FORM**

I, \_\_\_\_\_, an employee of City of Cottonwood, have attended the hazard communication program class, and have received information and training concerning the chemicals and/or hazardous materials I may be exposed to during my work shift. I have also been trained, instructed, and fitted with the proper respirator(s) used while working with the listed hazardous chemicals and/or materials on City property.

**SPECIFIC CHEMICALS AND/OR MATERIALS:**

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**SPECIFIC RESPIRATOR (S) TRAINED ON AND FITTED FOR:**

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I am aware of the proper way to use, store, and dispose of these chemicals. I have been instructed in the first-aid treatment, fire extinguishing media and the proper protective equipment and clothing used when using said chemicals and/or materials.

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date Employee signs

Attachment 3

HAZCOM EMPLOYEE TRAINING FORM

DEPARTMENT: \_\_\_\_\_

DATE: \_\_\_\_\_

DIVISION: \_\_\_\_\_

TIME: \_\_\_\_\_ A.M. / P.M.

SPECIFIC CHEMICAL (S):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RESPIRATOR (S) TRAINED ON:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

LOCATION: \_\_\_\_\_

EMPLOYEES ATTENDING CLASS AND DATE

PRINT NAME

SIGNATURE

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SUPERVISOR

DEPARTMENT HEAD



Attachment 4

## Department MSDS

Note the location for Departments MSDS Notebook:

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Note the date Department's MSDS Notebook as updated: \_\_\_\_\_

**APPENDIX E**

**BLOODBORNE PATHOGENS**

**EXPOSURE CONTROL POLICY/PLAN**

**Presented By:**  
**David L. Puzas**  
**Human Resources Manager**  
**1<sup>ST</sup> Edition**  
**May 3, 2004**

**Approved by Brian Mickelsen, City Manager**

**Signed** \_\_\_\_\_ **May 3, 2004**  
**Date:** \_\_\_\_\_

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## **POLICY**

The City of Cottonwood is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA Standard for Occupational Exposure to Bloodborne Pathogens 29CFR 1910.1030.

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

- Exposure determination
- Methods of exposure control
  - Universal precautions
  - Housekeeping
  - Laundry
  - Regulated Waste
  - Labels and signs
- Pre-Exposure Hepatitis Vaccination
- Post-Exposure evaluation and follow-up
- Administration of Post-Exposure evaluation and follow-up
- Procedures for evaluating circumstances surrounding an exposure incident
- Employee Training
- Recordkeeping
- Work Exposure to Bodily Fluids Poster

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

## **PROGRAM ADMINISTRATION**

Under the direction of the City Manager, the Department Heads and Managers are responsible for the implementation of the ECP. The Executive Safety Committee (ESC) with support from the Safety Awareness & Risk Management Committee (SARMC) will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact your department's SARMC representative or the Risk Manager with updates or new inputs.

Those employees who are determined to have occupational exposure to blood or Other Potentially Infectious Materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

The Department Heads and Managers will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red BioHazard waste trash bags as required by this standard. Your supervisor will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

Your supervisor in coordination with your Department Head will be responsible for ensuring that all medical actions and documentation required are performed and that appropriate employee health and OSHA records are maintained. All documentation will be forwarded to the Risk Manager for proper recordkeeping.

The Department Heads, Managers, and Supervisors will be responsible for training, documentation of training, and making the written ECP available to employees, ADOSH, and OSHA representatives upon request.

## PLAN

### 1. EMPLOYEE EXPOSURE DETERMINATION

The City has identified these employees whose jobs may have the likelihood of exposure to blood or body fluids as follows:

- |                         |  |
|-------------------------|--|
| <b>Level I:</b>         | Department Heads<br>Managers<br>Administrators<br>Administrative Staff<br>Clerical Staff   |
| <b>Level II:</b>        | Maintenance Employees<br>Wastewater Employees<br>Emergency Responders (Police Officers & Firefighters, Engineers, & Vol. FF)   |
| <b>Level I &amp; II</b> | These employees may be required, as a collateral duty, to respond and render first aid where <b>fresh blood or body fluids that may contain blood</b> are present from wounds or as spills.  |
| <b>Level II</b>         | These employees may have job tasks which require them to clean and dispose of blood or body fluid waste, handle contaminated clothing and equipment, handle and dispose of sharp items such as needles, blades of all types, broken glass, sharp metal/glass edged objects and BioHazard labeled trash bags or containers. |

When blood or body fluids are directly encountered (someone else's blood or body fluids gets directly on your skin or into your body), it shall be called an "**exposure incident**". Blood refers to fresh human blood as a residue (spills, spots, saturated fabric or earth, etc.) or from an open wound. Body fluids refers to the semen, vaginal secretions, spinal fluid, body discharges from the nose, eyes or ears containing blood, vomitus containing blood, amniotic fluid, contents of colostomy bags, and feces containing blood. Barrier protection (Universal Precautions) should be used at all times when blood or body fluids are encountered.

### 2. METHODS OF EXPOSURE CONTROL

1. Initial orientation and continuing education and training must be provided to all potentially exposed workers on the epidemiology, modes of transmission and prevention of HIV and other bloodborne infections and the use of universal precautions when responding to emergencies, performing first aid, handling "sharp" items which may be contaminated with fresh blood or body fluids and during clean-up and disposal procedures.
2. Each department shall identify and have a provision to provide equipment and supplies necessary to minimize the risk of infection with HIV and other bloodborne pathogens. Items shall be inventoried and

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replenished as necessary after an exposure incident (See Department's Identified List). **Note: These items can be part of the regular first aid kit on the premises or can be a separate BP Response kit.**

Personal Protective (Barrier) Equipment (PPE):

- a. Latex gloves
- b. Safety glasses, goggles or face shields
- c. Particle masks
- d. Disposable apron and sleeve protectors (or trash bags with sleeve protectors)
- e. Resuscitation device (CPR mask or mouth shield) (optional)

Cleanup and Disposal Equipment:

- a. BioHazard waste trash bags
  - b. BioHazard sharps disposal container (1 - 1 gal. or larger size)
  - c. Tongs
  - d. Whisk broom, dustpan and small shovel (1 each)
  - e. Disinfecting solution (1/4 c. chlorine bleach in 1 gallon water with proper label) or germicide, mixed as needed
- PPE location is to be identified to all employees by the Supervisor. The Supervisor will assure that the employees using the PPE adhere to recommended precautions and will, educate and train the employee, in the proper use and disposal of the PPE.
  - All employees using PPE must observe the following precautions:
    - Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
    - Remove PPE after it becomes contaminated, and before leaving the work area.
    - Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
    - Never wash or decontaminate disposable gloves for reuse.
    - Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
    - Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.
    - Used PPE may be disposed of in BioHazard trash bags and these bags are to be transported to the Hospital for proper disposal.

### UNIVERSAL PRECAUTIONS

All employees involved in first aid incidents or other job related tasks that involve an inherent potential for mucous-membrane or skin contact with fresh blood, body fluids, or tissues, or a potential for spills or splashes of them are to follow the Universal Precautions. Some examples are: responding to a first aid emergency involving an employee or private citizen on the premises, clean-up of an area where human waste or blood/semen/vaginal fluid soaked items may be present, clean-up of a crime scene after the completion of the police investigation, clean-up and disposal of drug use paraphernalia or needles, etc. **Use of appropriate protective measures are required for all City employees engaged in these tasks and similar tasks.** This includes management, maintenance and those whose collateral duty includes responding to emergencies and rendering first aid.

1. **Barrier protection at all times.**

All employees should use appropriate barrier protection to prevent skin and mucous-membrane exposure when contact with blood or other fluids is anticipated. Level II employees should consider carrying a pair of gloves and a particle mask with them.

**Disposable gloves should be worn for touching blood and body fluids, mucous-membrane, or non-intact skin of any person or for handling items on surfaces soiled with blood or body fluids.**

**Particle Masks and protective eye wear or face shield should be worn during large clean-ups or when performing tasks that are likely to generate splashes of blood or body fluids to prevent exposure to the mucous-membrane of the mouth, nose, eyes. Goggles are preferred which cover the entire eye area and eyeglasses, if worn.**

2. **Wash hands if contaminated with blood or other body fluids.** Hands should be washed immediately after gloves are removed. Always use an appropriate soap and a lot of water when washing hands.

3. **Avoid accidental injuries.** All employees should take precautions to prevent injuries caused by needles, broken glass, saw or knife blades, razor blades, sharp metal or glass edges and other sharp materials or devices when performing job tasks, when cleaning rooms and equipment, during disposal of trash and when cleaning up a blood or body fluid spill.

All sharp items should be picked up with **tongs** and placed in a **puncture-resistant container for disposal**. **Tongs should be cleaned and decontaminated after use.**

**Puncture-resistant containers** should be carried as part of a blood or body fluid clean up kit. Resistant labels should be used stating "Biological Waste" and there should be wording saying that the container is for "sharps", (i.e., razor blades, knives, needles, broken glass, etc.). Large items should be handled carefully. Get help if necessary. For disposal, wrap large items in several layers of newspaper and place in trash bag, and tape closed. Label BioHazard items when necessary.

4. **Avoid direct mouth-to-mouth resuscitation contact.** Call 911 first, and then alert the emergency response team or individual. If CPR is to be performed by a CPR trained person use a CPR mouth shield (if available) from the First Aid Kit. Discard as BioHazard Waste in an appropriate container after use.

5. **Employee skin conditions.** Employees who have open sores, fresh cuts, abrasions or weeping dermatitis should refrain from direct person contact until the condition is resolved. Follow all barrier precautions to assist in first aid or a clean up. (Gloves, sleeve protectors, smocks, etc.)

6. **Pregnant employees.** Pregnant employees should be especially familiar with, and strictly adhere to, precautions to minimize the risk of HIV or other infectious disease transmission.

7. **Minimize spills and spatters.** Care should be taken when handling sharps or waste to avoid contaminating the outside of the container and of any surrounding surfaces or clothing.

8. **Decontaminate all surfaces and devices after use.** (Examples are: rubber gloves, mop, broom, dustpan, trashcans, floors, carpets, counter tops, equipment, etc.) Chemical germicides that are approved for use as "hospital disinfectant" and are tuberculocidal (such as Lysol) when used at recommended dilutions can be used to decontaminate spills of blood and other body fluids. These are recommended for use on carpet. A diluted solution of hypochlorite (household) bleach and water (1:10 dilution or 1/4-c. bleach to 1 gallon of water) can also be used, especially for cleaning rubber gloves and tools. Check the labels on commercial products before use.

With large spills, the contaminated area should be flooded with a liquid germicide before cleaning then decontaminated with fresh germicidal chemical. At all times, gloves should be worn during the cleaning and decontaminating procedures. Refer this procedure to the Fire Department.

(Note: Studies have shown that HIV is **inactivated** rapidly after being exposed to commonly used chemical germicides at concentrations that are much lower than used in practice. Household bleach, embalming fluid and similar chemical germicides have been tested and found to completely inactivate HIV.)

### HOUSEKEEPING

Inside and outside building surfaces such as walls, floors and other surfaces are not associated with transmission of infections to the public or to employees. Therefore, extraordinary attempts to disinfect or sterilize these environmental surfaces are not necessary. However, cleaning and removal of soil should be done routinely. Good housekeeping practices will always be important.

### LAUNDRY

In the event that employee clothing becomes soiled as a result of an exposure incident, hygienic and common sense storage and processing of soiled clothing is recommended. Soiled items should be handled as little as possible and with minimum agitation. All soiled clothing should be bagged appropriately and separately in a leak proof bag, at the location where it was used. It should not be sorted or rinsed with regular laundry.

Employee clothing soiled with blood or body fluids should be placed and transported in appropriate bags that prevent leakage. A professional laundry is recommended if one is available. If not, they should be placed in a BioHazard trash bag and disposed of as hazardous material.

If a professional laundry is used they should be washed with detergent and water at least 71°C (160°F) for 25 minutes. If low-temperature (70°-158°F) laundry cycles are used, chemicals suitable for low-temperature washing at proper use concentration should be used. These special laundry products are available from a janitorial or hospital supply company. Check the label and use per instructions.

### REGULATED WASTE

Regulated waste is identified as those wastes with the potential for causing infection during handling and disposal, or for which some special precautions appear prudent. These items include collected blood or body waste, sharps and equipment that have been in contact with blood or body fluids. This waste will be placed in orange BioHazard sharps containers or bags. Small amounts (and possible source material) can be taken to the hospital for disposal if there has been an exposure incident. (Properly contained regular restroom trash is **not** infectious waste.) BioHazard Waste trash bags or containers are not to be placed in regular trash.



When possible, infectious waste can be sanitized with disinfecting solution (saturated with the bleach solution or a commercial product) and disposed in regular trash. Otherwise, infectious waste should either be incinerated or should be autoclaved before disposal in a sanitary landfill per all local, state and federal requirements. Contact the Fire Department for a special pickup of BioHazard Waste and sharps containers. For large amounts of waste, the Public Works Department will handle the BioHazard Waste through an approved waste hauler.

### **LABELS AND SIGNS**

Warning labels including the BioHazard symbol shall be affixed to containers of regulated waste or other potentially infectious materials and other containers used to store, transport or ship blood or other potentially infectious materials. These labels shall be fluorescent orange or orange-red or predominantly so with lettering or symbols in a contrasting color. Containers or bags used for blood or other potentially infectious materials shall be red in color and labeled with the BioHazard Symbol or the words "Infectious Waste".

### **3. PRE-EXPOSURE HEPATITIS A & B VACCINATION FOR ALL EMPLOYEES**

Hepatitis A & B Vaccination is offered at no cost to all employees whose jobs involve the risk of directly contacting blood and body fluids when performing a collateral duty. The pre-exposure vaccination is optional and may be accepted on a voluntary basis. All vaccinations will be administered according to standard medical practice by the City's Medical Provider (Verde Valley Occupational Medicine (VVOM)). All employees are encouraged to receive the vaccination unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) 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 in the employee's and VVOM medical file. A copy of the Hepatitis A & B Vaccination Declination may be found as Attachment 1.

Vaccination will be provided by the VVOM located at 411 S. 14<sup>th</sup> Street, Suite 101, Cottonwood, AZ 86326, 634-2574.

### **4. POST-EXPOSURE EVALUATION AND FOLLOW UP – (Confidential Distribution: Employee Medical File)**

All exposure incidents involving blood and body fluids must be reported on a First Aid/Exposure Incident Report, Attachment 2. If an employee is exposed to blood or body fluids through a needle stick, cut by a contaminated sharp item, or through a mucous membrane, the employee shall seek medical treatment at VVOM. The City will make available to the employee a confidential medical evaluation and follow up after the incident.

A Workers' Compensation "Employer First Report of Injury" shall be completed and forwarded to the insurance carrier, as well as any other reports required by the state, including the Arizona Industrial Commission report of significant exposure to blood and body fluids. Note: there will not be a compensable claim unless it is determined that the employee has contracted a bloodborne disease after the medical monitoring phase.

The Employee and/or Supervisor shall document the route of exposure, HBV and HIV status of the source material (if available) and the circumstances under which the exposure occurred. Source material or a blood

sample shall be collected for testing by the VVOM. The Employee or Supervisor will notify the Risk Manager to obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity: document that the source individual's test results were conveyed to the employee's health care provider.

The City's Medical Provider shall collect a blood sample from the exposed employee within 24 hours of the incident for determination of HIV/HBV status after obtaining consent from the exposed employee.

If the employee does not give consent for HIV serological testing during collection or blood for baseline testing, VVOM will preserve the baseline blood sample for at least 90 days. If the exposed employee elects to have the baseline sample tested during this waiting period, VVOM will perform testing as soon as feasible.

The City, through the VVOM, shall offer to repeat HIV testing to exposed employees six weeks post-exposure and on a periodic basis thereafter (12 weeks and 6 months after exposure, or as determined by the treating physician).

Follow up of the exposed employee shall include medical counseling, medical evaluation of any acute feverish illness that occurs within 12 weeks of exposure, and use of safe post-exposure measures as recommended by standard medical practice.

The City shall offer all post-exposure medical tests, medical evaluations, medical counseling and subsequent illness treatment (as stated above) at no cost to the employee. All such information shall be confidential.

## **5. ADMINISTRATION OF POST- EXPOSURE EVALUATION AND FOLLOW-UP**

The Risk Manager will ensure that the health care professional responsible for employee's hepatitis vaccination and post-exposure evaluation and follow-up is given a copy of this Policy/Plan and the OSHA's bloodborne pathogens standard.

The Risk Manager will ensure that the health care professional evaluating an employee after an exposure incident receives the following:

- A description of the employee's job duties relevant to the exposure incident
- Route(s) of Exposure (if available)
- Circumstances of exposure
- If possible, results of the source individual's blood test
- Relevant employee medical records, including vaccination status

The Risk Manager along with the Supervisor (if so determined by the Medical Provider) will provide the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

## **6. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT**

The Supervisor will complete a separate First Aid/Exposure Incident Report for each employee involved in the incident by the end of the work shift and turn it into the Department Head for review, and develop a Safety

Inspection Corrective Action Plan to eliminate or minimize future exposure. He will forward the original report to the Risk Manager who will document the incident in the First Aid and Exposure Incident Log. The evaluation of the circumstances surrounding the exposure incident should determine:

- Where and When?
- Who?
- What happened? (Including any engineering controls in use at the time)
- Subsequent Action Taken
- Who responded? (Listing the names of all persons who are involved in each incident)
- PPE used in the response

Pertinent Comments

- Name of Person completing report and signature plus date and title
- Name of Department Head who reviewed the report, signature plus date and title
- Risk Manager's documentation/completion of the necessary logs

The First Aid and Exposure Incident Log must be used to record minor first aid cases (which may or may not be reported to our insurance carrier). This LOG must be used to record all BLOOD or BODY FLUID EXPOSURES INCIDENTS, whether or not the persons involved receive further medical treatment. This LOG must be kept by the Risk Manager in a separate file and should be made available to employees at any time. NOTE: First Aid/Exposure Incident Reports shall be forwarded to and kept in a separate binder by the Risk Manager. A copy of the First Aid and Exposure Incident Log is located at *Attachment 3*.

The Supervisor will record and report all percutaneous injuries from contaminated sharps in the Sharps Injury Log and forward a copy to the Department Head and Risk Manager. A copy of the Sharps Injury Log is located at *Attachment 4*.

29 CFR 1910 1030, OSHA's Bloodborne Pathogens Standards, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from *contaminated* sharps. The purpose of the Log is to aid in the evaluation of devices being used and identify problem devices or procedures requiring additional attention or review. This Log must be kept in addition to the OSHA 300 Log. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years following the end of the year to which it relates. The Log must be kept in a manner that preserves the confidentiality of the affected employee. Upon completion of the calendar year all Department Head Sharps Injury Logs will be forwarded to the Risk Manager for retention.

## **7. EMPLOYEE TRAINING**

All employees who have occupational exposure to bloodborne pathogens will receive training conducted by a qualified trainer on an annual basis with periodic updates from their supervisor as the task/incident dictates. This training will include the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the standard
- An explanation of the City's ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident

- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the basis for PPE selection
- Information on the hepatitis A & B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs and labels and/or color coding required by the standard
- An opportunity for interactive questions and answers with the person conducting the training session.

Training materials for the City are available at the Risk Manager's Office.

## **8. RECORDKEEPING**

### **EMPLOYEE TRAINING RECORDS**

Training records are completed for each employee upon completion of training. The Supervisor will keep these documents for at least three years with a copy provided to the Risk Manager. The training records include:

- The date/s of the training session/s
- The contents or a summary of the training session/s
- The name/s and qualifications of person/s conducting the training
- The name/s and job title of the person/s attending the training session/s

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days upon request to the Supervisor.

### **MEDICAL RECORDS**

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records." These **confidential** records are kept in the employee's medical file located in the Finance Accountant/Benefits Coordinator's office for at least the **duration of employment plus 30 years** in the Finance/HR archives.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such request should be sent to the Accountant/Benefits Coordinator.

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### SHARPS INJURY LOG

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least:

- The date of the injury
- The type and brand of the device involved
- The department or work area where the incident occurred
- An explanation of how the incident occurred.

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

### SUPERVISOR'S & MANAGER'S INCIDENT DOCUMENTATION / RECORDKEEPING

The City offers the Hepatitis Vaccination series to any employee working where blood or body fluids were present within 24 hours of the incident. The Hepatitis Vaccination shall be offered at no cost to the employee. The Supervisor as well as the Risk Manager will notify employees that this offer is available to all.

Needle sticks and other injuries such as cuts and punctures from contaminated sharp objects or materials shall be included on the OSHA 300 Illness and Injury Log if medical treatment such as gamma globulin, hepatitis A & B immune globulin, or hepatitis A & B vaccine is prescribed and administered by licensed medical personnel.

Employees, Supervisors, Managers, and Department Heads will comply with the following procedures for any Exposure Incident:

- Employee will report incident to the Supervisor immediately
- Employee/Supervisor will immediately determine the possible cause and obtain immediate first aid
- Supervisor/Dept. Head will make arrangement for exposed employees to be transported to and treatment by the City's Medical Provider or to a medical facility
- Dept. Head/Risk Manager will obtain verification from the City Physician that Exposure treatment for this incident is required
- Supervisor will investigate the incident; complete a separate First Aid/Exposure Incident Report involving the presence of blood and body fluids before the end of the work shift when the incident occurred and process the report to the Dept. Head for review. The Dept. Head will take any corrective action to prevent future incidents as required/possible and document the corrective action taken on the Safety Inspection Corrective Action Plan. He will then forward the original report to the Risk Manager.
- Employee/Supervisor/Dept. Head will complete all the following reports and submit the originals to the Risk Manager as soon as possible after the incident; Supervisor's Report of Industrial Injury, Notice of Worker' Compensation Insurance and Designated Medical Provider, Employer's Report of Industrial Injury, Risk Management "Incident Report", and Report of Significant Work Exposure to Bodily Fluids & (if necessary) the Addendum to ICA Report of Significant Work Exposure to Bodily Fluids Report

- Risk Manager will assure the completeness of the reports, submit them to the appropriate authorities, and complete the necessary Logs for documenting the exposure incident
- Risk Manager will maintain the original copy of all documentation as required.

A copy of the required reports not contained as an attachment to this ECP can be found in the City of Cottonwood Safety Policy Manual, Appendix: Section A., 3.

### **9. WORK EXPOSURE TO BODILY FLUIDS POSTER**

The attached posters (*Attachments 5 & 6*) are provided for posting on all departments employee bulletin boards. These posters are required to be displayed by the Industrial Commission of Arizona. The posters, ICA Form 04-615-01, are provided in English and Spanish, and their purpose is to inform employees of their right to file a workman's compensation claim if they become HIV-positive as a consequence of exposure to blood or other potentially infectious materials in the workplace. Additional copies may be reproduced from the attachments.

**NOTE: Questions concerning the reporting of exposure incidents and subsequent medical treatment should initially be directed to the Risk Manager and then to the Workers' Compensation Insurance carrier (Southwest Risk Services), the State Industrial Commission or the local ADOSH Consultation Division Office.**

To obtain a complete up to date copy of the referenced regulations, 29 C.F.R. 1910.1020 and 1910.1030 you can drop by the Risk Manager's officer or go to the following government website, [www.osha.gov](http://www.osha.gov), then to Featured Sites-Occupation Safety & Health Administration, Laws & Regulations, Standards, Text Search and type in 1910.1020 or 1030 and the entire regulation will be available for your review.

## City of Cottonwood

### Bloodborne Pathogens Exposure Control Plan

#### **Hepatitis A & B Vaccination Declination**

I \_\_\_\_\_ understand that due to my occupational exposure to body fluids or other potential infectious materials, I may be at risk of acquiring Hepatitis A & B virus infection. I have been given the opportunity to be vaccinated with the Hepatitis A & B vaccine, at no charge to myself. However, I decline Hepatitis A & B vaccination at this time. I understand that by declining these vaccines, I continue to be at risk of acquiring Hepatitis A & 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 A & B vaccine, I can receive the vaccination series at no charge to me.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**FIRST AID/EXPOSURE INCIDENT REPORT**

**Instructions:** Fill-in, circle or check correct information regarding the First Aid Response and/or Blood or Body Fluid Exposure Incident. This report must be completed by the end of the work shift when the incident occurred by the person responding or the immediate supervisor. It is to be turned into the Department Head for review, then forwarded (the original) to the Risk Manager who will document the incident in the OSHA 300 Log (if required) and the First Aid and Exposure Incident Log.

**Where and When?** Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm  
Location \_\_\_\_\_  
Location on Premises \_\_\_\_\_

**Who?** Name of Injured/Exposed \_\_\_\_\_ Male ( ) Female ( )  
Department \_\_\_\_\_ Title \_\_\_\_\_  
Supervisor \_\_\_\_\_

**What Happened** Type of Injury/Exposure \_\_\_\_\_  
Cause/Source of Injury/Exposure \_\_\_\_\_

**Subsequent Action Taken** ( ) Referred to Clinic ( ) Sent to Hospital  
( ) Returned to Work ( ) Sent Home  
( ) Refused Treatment ( ) Other (explain) \_\_\_\_\_

**Who Responded?** Name \_\_\_\_\_ Dept. \_\_\_\_\_  
(List the names of ALL Name \_\_\_\_\_ Dept. \_\_\_\_\_  
persons who are involved Name \_\_\_\_\_ Dept. \_\_\_\_\_  
in each incident.) Name \_\_\_\_\_ Dept. \_\_\_\_\_

**PPE** Describe Personal Protective Equipment used in the response \_\_\_\_\_

**Comments** \_\_\_\_\_

**Person** Name \_\_\_\_\_ Date \_\_\_\_\_

**Completing** Dept & Title \_\_\_\_\_

**Dept. Head's** Name \_\_\_\_\_ Date \_\_\_\_\_

**Review** Dept & Title \_\_\_\_\_

**Risk Mgr's Documentation** Is this an Exposure Incident as defined by OSHA Yes ( ) No ( )  
Has this exposure incident been noted on the OSHA 300 Log Yes ( ) No ( )  
Has this exposure incident been noted on the First Aid & Exposure Incident Log Yes ( ) No ( )







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## WORK EXPOSURE TO BODILY FLUIDS NOTICE TO EMPLOYEES

Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) & Hepatitis C

Employees are notified that a claim may be made for a condition, infection, disease, or disability involving or related to the Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), or Hepatitis C within the provisions of the Arizona Workers' Compensation Law, and the rules of The Industrial Commission of Arizona. Such a claim shall include the occurrence of a significant exposure at *work*, which generally means contact of an employee's ruptured or broken skin or mucous membrane with a person's blood, semen, vaginal fluid, surgical fluid(s) or any other fluid(s) containing *blood*. AN EMPLOYEE MUST CONSULT A PHYSICIAN TO SUPPORT A CLAIM. Claims cannot arise from sexual activity or illegal drug use. }

Certain classes of employees may more easily establish a claim related to HIV, AIDS, or Hepatitis C if they meet the following requirements:

1. The employee's regular course of employment involves handling or exposure to blood, semen, vaginal fluid, surgical fluid(s) or any other fluid(s) containing blood. Included in this category are health care providers, forensic laboratory workers, firefighters, law enforcement officers, emergency medical technicians, paramedics and correctional officers.

2. NO LATER THAN TEN (10) CALENDAR DAYS after a possible significant exposure which arises out of and in the course of employment, the employee reports in writing to the employer the details of the exposure as provided by Commission rules. Reporting forms are available at the office of this employer or from the Industrial Commission of Arizona, 800 W. Washington, Phoenix, Arizona 85007, (602) 542-4661 or 2675 E. Broadway, Tucson, Arizona 85716, (520) 628-5188. If an employee chooses not to complete the reporting form, that employee may be at risk of losing a prima facie claim.

3. NO LATER THAN TEN (10) CALENDAR DAYS after the possible significant exposure the employee has blood drawn, and NO LATER THAN THIRTY (30) CALENDAR DA YS the blood is tested *for* HIV OR HEPATITIS C by antibody testing and the test results are negative.

4. NO LATER THAN EIGHTEEN (18) MONTHS after the date of the possible significant exposure at work, the employee is retested and the results of the test are HIV positive or the employee has been diagnosed as positive for the presence of HIV, or NO LATER THAN SEVEN (7) MONTHS *after* the date of the possible significant exposure at *work*, the employee is retested and the results of the test are positive *for* the presence of Hepatitis C or the employee has been diagnosed as positive *for* the presence of Hepatitis C.

**KEEP POSTED IN CONSPICUOUS PLACE  
NEXT TO WORKERS' COMPENSATION NOTICE TO EMPLOYEES**

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EXPOSICION A FLUIDOS CORPORALES EN EL TRABAJO  
AVISO A LOS EMPLEADOS

Re: El Virus de la Inmunodeficiencia Humana (VIH).  
Sindrome de la Inmunodeficiencia Humana Adquirida (SIDA) y Hepatitis C

Se le notifica a los empleados que se puede hacer una reclamacion par una condicion, infeccion, enfermedad o incapacidad relacionada con o derivada del Virus de Inmunodeficiencia Humana (VIH), del Sindrome de Inmunodeficiencia Adquirida (SIDA), o Hepatitis C con las provisiones de la Ley de Compensacion para los Trabajadores de Arizona y las Reglas de la Comision Industrial de Arizona. Tal reclamacion debe incluir el suceso de una exposicon importante en el trabajo, la que par lo general significa contacto de alguna ruptura de la piel o mucosa del empleado con la sangre, semen, fluido vaginal fluido quirurgico o cualquier otro fluido de una persona que contenga sangre. **EL EMPLEADO DEBE CONSULTAR A UN MEDICO PARA CONFIRMAR SU RECLAMACION.** Las reclamaciones no pueden resultar de actividad sexual ousa ilicito de drogas.

Ciertas clases de empleados pueden establecer mas facilmente una reclamacion relacionada con el VIH, SIDA o Hepatitis C si reunen los requisitos siguientes:

1. El curso regular del empleo del empleado requiere el manejo de o la exposicion a sangre, semen, fluido vaginal, fluido quirurgico o cualquier otro fluido que contenga sangre. Incluidos en esta categoria son los proveedores de cuidados de la salud, trabajadores de laboratorios forenses, bomberos, agentes policiales, tecnicos medicos de emergencia, paramedicos y agentes correccionales.

2. **NO MAS DE DIEZ (10) DIAS DE CALENDARIO** despues de una posible exposicion importante que resulta de y en el curso de su trabajo, el empleado reporta a su patron par escrito los detalles de la exposicion como lo proveen las reglas de la Comision. Las formas de repone estan disponibles en la oficina de este patron o de la Comision Industrial de Arizona, 800 W. Washington, Phoenix, Arizona 85007, (602) 542-4661 02675 E. Broadway, Tucson, Arizona 85716, (520) 628-5188. Si un empleado elige no llenar la forma de reporte, ese empleado carre el riesgo de perder una reclamacion de prima facie.

3. **NO MAS DE DIEZ (10) DIAS DE CALENDARIO** despues de una posible exposicion importante el empleado va a que le saquen sangre, y **NO MAS DE TREINTA (30) DIAS DE CALENDARIO** la sangre es analizada para **VIH O HEPATITIS C** par medic de amilisis de anticuerpos y el analisis resulta negative.

4. **NO MAS DE DIECIOCHO (18) MESES** despues de la fecha de la po sible exposicion importante en el trabajo, el empleado es examinado nuevemente y los resultados del analisis son positivos par VIH o el empleado ha side diagnosticado como positive par la presencia de VIH, o **NO MAS DE SIETE (7) MESES** despues de la fecha de la posible exposicion importante en el trabajo, el empleado es examinado nuevemente y los resultados del analisis son positivos par la presencia de Hepatitis C o el empleado ha side diagnosticado como positive par la presencia de Hepatitis C.

**MANTENER FIJO EN UN LUGAR SOBRESALIENTE JUNTO AL A VISO A LOS  
EMPLADOS SOBRE COMPENSACION PARA TRABAJADORES**

ESTE AVISO HA SIDO APROBADO POR LA COMISION INDUSTRIAL DE ARIZONA PARA USO DE LAS ASEGURADORAS  
ICA Form 4-615-01