

COUNTY OF INYO



INJURY AND ILLNESS

PREVENTION PLAN

12/01/09

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COUNTY OF INYO'S INJURY AND
ILLNESS PREVENTION PLAN

***"NO ASSIGNMENT IS SO CRITICAL THAT TIME
CANNOT BE TAKEN TO DO IT SAFELY"***

SECTION I: POLICY STATEMENT

It is the goal of the County of Inyo to:

- A. Establish guidelines and procedures for the maintenance of an on-going Injury and Illness Prevention Plan in compliance with State and Federal laws and regulations;
- B. Decrease the number of safety and health related accidents, injuries, property damage and losses throughout the County thereby reducing the pain, suffering and associated costs of employee injury and illnesses and reducing the liability exposure due to harm of members of the public; and
- C. Decrease operating costs through conservation of County property, equipment and facilities.

The County recognizes that a good safety and health program is the key to meeting this goal and that it is the responsibility of the County, department heads and officials, supervisors and employees, to maintain a good safety and health program to control economic losses.

SECTION II: RESPONSIBILITIES

A. **County**: It shall be the responsibility of the County to:

1. Provide safe working conditions for its employees. Under no circumstances will the risk of serious injury or death of employees be considered an acceptable risk.
2. Give prime consideration to safety in the design of buildings, facilities and the specifications for equipment.

B. **Risk Manager**:

1. The Risk Manager shall have the authority to, and be responsible for, implementing the Injury and Illness Prevention Program.
2. The Risk Manager shall assist departments in developing safety and accident prevention programs and training designed to meet the specific needs for each department.

C. **Department Heads**: It shall be the responsibility of Department Heads to:

1. Ensure departmental compliance with County policies and procedures, including those set forth in the Injury and Illness Prevention Program;
2. Ensure that safety training within their department is developed and carried through;
3. Ensure that materials, equipment and machines to be used in their department are hazard free or that adequate control measures have been provided. They must make certain that equipment, tools and machinery are being used as designed and are properly maintained; and
4. Ensure departmental compliance with applicable Federal, State or CalOSHA regulations.

D. **Supervisors**: It shall be the responsibility of supervisors to:

1. Keep abreast of safety and health regulations affecting the operations they supervise;
2. Encourage the proper attitudes toward safe job performance in themselves and in their subordinates;
3. Train and instruct employees under their direction in general safe and healthy work practices and provide specific instructions with respect to hazards specific to each employee's job assignment;

4. Require all employees to comply with the Occupational Safety and Health Standards and all rules, regulations and orders applicable to his/her own actions and conduct;
5. Set an example that employees can follow;
6. Make sure appropriate protective equipment and clothing is utilized by employees under their direction;
7. Give clear and concise job instructions;
8. Conduct frequent inspections (at least semi-monthly) to detect equipment in need of repair, replacement, lubrication and cleaning;
9. Correct unsafe and unhealthful conditions within their power;
10. Cooperate with Risk Management in investigating promptly and thoroughly every accident to determine cause and to prevent recurrence; and
11. Report immediately to the nearest District Office of the Division of Occupational Safety and Health, (559) 445-5302 reportable injures in accordance with subsection A. 2. Of Section IV: Incident/Loss Reporting and Investigation.

E. **Employees:** It shall be the responsibility of all employees to:

1. Develop and exercise safe work habits in the course of their work to prevent injuries to themselves, their co-workers, and to preserve and protect the County's materials, equipment and facilities;
2. Discontinue any specific activity that the employee feels or knows could lead to injury, illness or damage to property, and promptly seek guidance from his/her supervisor regarding the operation;
3. Keep work areas clean and orderly at all times;
4. Use and/or wear all personal protective clothing and equipment needed for a particular job;
5. Observe safe operating procedures for all equipment;
6. Follow proper lifting procedures at all times;
7. Make sure all guards and other protective devices are in proper condition and in their proper place prior to operating any equipment or machinery;

8. Complete any training programs the County deems appropriate and maintain current certification in mandatory training programs required for his/her job class;

9. Report to his/her supervisor the existence of any activity, behavior or unsafe condition that could cause injury or illness to others or damage property;

10. In accordance with Section VI: Employee Hazard Report Program, report previously unrecognized hazards that could cause employee injury/illness or death, damage to County property or injury/accident to members of the public on County property;

11. Promptly report any occupational injury, illness or property damage to the Risk Manager and his/her supervisor; and

12. Comply with the reporting and investigations requirements set forth in Section IV: Incident/Loss Reporting and Investigations.

SECTION III: HEALTH, SAFETY AND LOSS CONTROL INSPECTIONS:

A. **Purpose:** The purpose of periodic health, safety and loss control inspections is to identify any risks or occupational health and safety concerns and to correct them, thereby reducing the risk of accident, injury and other forms of loss.

B. **Policies:**

Periodic inspections are performed according to the following schedule:

1. When new substances, processes, procedures or equipment which present potential new hazards are introduced into the workplace;
2. When new, previously unidentified hazards are recognized;
3. When occupational injuries and illness occur; and
4. Whenever workplace conditions warrant an inspection.

The County cooperates with the Federal or State government in any Occupational Safety and Health Administration (OSHA) related inspections of the County. The Risk Manager or his/her designee shall accompany OSHA personnel on any inspections.

Employees shall assist and cooperate in all inspections to ensure that all areas are reviewed and that all hazards are identified.

C. **Procedures:**

1. **Risk Manager Inspections:** Inspections shall be conducted in a manner designated by the Risk Manager, drawing upon the assistance of staff or consultants, as needed. Risk Manager inspections may address any area of loss control. Upon written notice to correct from the Risk Manager, responsible department heads will have two weeks from receipt to advise the Risk Manager of what action has been taken or will be taken to remove identified hazards.

2. **Department Inspections:** Each Department Head or his/her designee will conduct an in-house self-inspection and evaluation of their facilities and equipment, utilizing applicable inspection forms (attached hereto as Exhibit 1) when any of the criterion are met in Section B. Policies 1 – 4. Each item will be completed with a corrective date noted for any "No" answers.

(a) The individual completing the inspection must sign and date said form. The department shall maintain a copy of the report and the original sent to the Risk Manager.

(b) The necessary actions shall then be taken to remove all "No" responses by the corrective date.

3. **OSHA Inspections:** In the event a State or Federal OSHA inspector visits a County facility or job site, the Risk Manager shall be notified as soon as possible. In accordance with law, these inspections may be made on a "no notice" basis. The affected County department head or supervisor shall:

(a) Notify the Risk Manager and invite him/her to accompany the State or Federal Inspector on the inspection tour when any County building or other facility is being inspected;

(b) Record violations detected by the Inspector for advance planning purposes;

(c) In the event of receipt of a citation, ensure that it is posted on a bulletin board nearest to the violation until it has been abated;

(1) If the violation is a minor housekeeping problem, the Deputy Director of Building Services will request to have the area cleared or otherwise modified to comply with standards;

(2) If abatement of the citation will require more extensive work, the Maintenance Superintendent will coordinate with appropriate personnel to determine if the job can be done within the abatement period or if an extension of time will be needed.

(d) Ensure that when correction of a violation can be accomplished within the abatement period, it is done without delay;

(e) Notify the Risk Manager and County Administrator when modifications require the expenditure of funds so that appropriate action can be taken;

(f) Prepare any requests for extensions needed indicating why it is needed and how long the delay will be, with a copy to the Risk Manager;

(g) Prepare timely requests for a variance or for a hearing when the citation is questionable and should be aggrieved; and

(h) Upon actual completion of corrective action, certify by date and signature at the bottom of the citation form that each violation has been abated. Mail form to the State with a copy to the Risk Manager.

SECTION IV: JOINT LABOR/MANAGEMENT SAFETY COMMITTEE.

The County shall provide a safe and healthful workplace for the County and its employees and establish a Health and Safety Committee, which shall consist of:

A. Six employees chosen by the Association from Public Works, the Road Department, the Sheriff's Department, Solid Waste and two employees selected at large from the remaining departments.

B. Six management representatives selected by the County from the safety sensitive departments, which representatives shall also be designated the departmental safety representatives for their respective departments.

C. The Risk Manager, as a de facto member of the Committee.

The Committee shall:

A. Meet not less than quarterly.

B. Coordinate the meetings with the Risk Manager.

C. Consider safety and health hazards that have been brought to its attention and make recommendations to reduce or eliminate those hazards to the Risk Manager. The Risk Manager may direct those recommendations that cannot be addressed by the Risk Manager to the County Administrator and ultimately the Board of Supervisors, if necessary.

SECTION V: INCIDENT/LOSS REPORTING AND INVESTIGATION:

This policy shall govern general and specific procedures to be followed in incidents resulting in bodily injury or property damage from: 1) industrial accidents; 2) vehicular accidents; 3) incidents involving property; and 4) liability claims.

A. General Procedures For All Incidents:

1. Any time an incident causes injury that requires treatment by a physician, an Incident Report (attached hereto as Exhibit 2) shall be filed with the Risk Manager.

2. In the case of a fatality, or if an injury or illness requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation, or in which an employee suffers a loss of any member of the body, or suffers any serious degree of permanent disfigurement, (but does not include any injury, illness or death caused by the commission of a Penal Code violation or an accident on a public street or highway), the immediate Supervisor shall be responsible for immediately reporting the accident to the Risk Manager and the nearest District Office of the Division of Occupational Safety and Health, (559) 445-5302. The report shall include the following information, if available:

- (a) Time and date of accident.
- (b) Employer's name, address and telephone number.
- (c) Name and job title or badge number of person reporting the accident.
- (d) Address of site of accident or event.
- (e) Name of person to contact at site of accident.
- (f) Name and address of injured employee;
- (g) Nature of injury.
- (h) Location where injured employee was moved.
- (i) List and identify of law enforcement agencies present at accident site.
- (j) Description of accident and whether accident scene or instrumentality has been altered.

A written memorandum confirming the report shall be provided Risk Management.

3. Upon request of the County Counsel, through a form that preserves attorney/client privilege, the Risk Manager or his/her designee, shall investigate serious incidents as soon as possible after the incident has occurred. The depth of the investigation shall be commensurate with the severity of the incident.

4. All employees shall fully cooperate and assist in the investigation as needed.

5. Fact finding, not fault finding shall be emphasized in all investigative proceedings. However, discipline may be a necessary part of corrective action.

6. County employees involved in the incident and/or investigation shall not discuss details with anyone other than the immediate supervisor, Risk Manager, County Counsel, or law enforcement agency.

7. County employees shall refer any request for information, whether oral or written, regarding an incident that may result in liability to the County to Risk Management.

8. County employees shall not admit liability or state the County will take care of damages.

9. County employees shall report to his/her immediate supervisor(s) and Risk Management all incidents involving bodily injury or property damage as soon as possible and in no event later than the end of the immediate shift.

B. Specific Procedures:

1. **Industrial Injury** - In the event of an on-the-job injury to an employee of the County:

(a) The injured employee shall be provided with an Employee's Claim for Workers' Compensation Benefits within one (1) working day of notice or knowledge of the injury. Employee Claim Forms are available at the following locations:

Independence - Personnel Department
224 North Edwards
Independence, CA

Bishop - Risk Management
163 May Street
Bishop, CA

Tecopa - Community Center
P. O. Box 158
Tecopa, CA

It shall be the responsibility of the immediate supervisor to see that this form is provided in a timely manner. This form need not be provided an employee with a first aid only injury defined as a one-time treatment of minor scratches, cuts, burns or splinters.

(b) The immediate supervisor shall be responsible for notifying Risk Management (760) 872-2908 as soon as possible and in no event later than the end of the immediate shift. If the supervisor is unable to reach Risk Management, he/she shall report the injury to the Personnel Department.

(c) A Supervisor's Report of Accident (attached hereto as Exhibit 3) shall be completed by the injured employee's immediate supervisor and forwarded to Risk Management within 48 hours of the incident.

(d) The immediate supervisor shall be responsible for having employees who witnessed the injury complete the Employee Witness Report (attached hereto as Exhibit 4) and forward to Risk Management within 48 hours of the accident.

(e) An employee injured on the job shall receive full wages for the date of the injury.

(f) The immediate supervisor shall be responsible for reporting to the nearest District Office of the Division of Occupational Safety and Health any reportable injury in accordance with Section V, subsection A. 2.

2. **Vehicle Accident** - In the event of a vehicle accident:

(a) The driver of the vehicle shall complete the Vehicle Accident Report (attached hereto as Exhibit 5). Copies of this form shall be kept in all County vehicles. This form shall be forwarded Risk Management within 48 hours of the accident.

(b) All minor vehicular collisions (defined as collisions not resulting in bodily injury or serious property damage) involving County vehicles or personal vehicles used on County business shall be reported by the involved employee to his/her immediate supervisor as soon as physically able and in no event later than the end of the immediate shift. The immediate supervisor shall be responsible for notifying Risk Management within 48 hours of the incident.

(c) In the event of an accident that results in bodily injury or serious property damage, the driver of the vehicle shall notify Risk Management as soon as possible and in no event later than the end of the immediate shift.

(d) All collisions involving County vehicles or personal vehicles on official business will be reported to and investigated by the appropriate police agency.

(e) The involved employee, if physically able, shall call for a police officer. The employee shall also request that all parties and properties concerned remain at the scene of the accident if possible until a law enforcement representative has released them.

3. **Property Damage** - In the event of an incident which results in property damage to County property or property owned by third parties:

(a) The employee shall complete the Incident Report (Exhibit 2) and forward to Risk Management within 48 hours of the incident. If the incident results in serious property damage (over \$5,000) the employee shall notify Risk Management by telephone as soon as possible and in no event later than the end of the immediate shift.

4. **Liability Claims** - In the event of an incident, which may result in litigation against the County:

(a) The employee shall complete the Incident Report (Exhibit 2) and forward to Risk Management within 48 hours of the incident. In the event of a serious incident (death or serious injury to third party), Risk Management shall be contacted immediately by telephone.

SECTION VI: EMPLOYEE HAZARD REPORT PROGRAM

This policy is established to provide a means for individual employees to report (without fear of reprisal) previously unrecognized hazards, which could cause employee injury/illness death, damage to County property or injury/accident to members of the public on County property.

A. Responsibilities:

1. The Risk Manager shall maintain a supply of Employee Hazard Report forms (attached hereto as Exhibit 6) for use by employees.

2. Each Department Head shall be responsible for keeping an adequate supply of Employee Hazard Report forms in their departments.

3. Department Heads shall be responsible to initiate all necessary action to correct hazards reported in their area of responsibility.

B. Procedure:

1. **Employees** who report a hazard shall do so in accordance with the following:

a. Complete the form by describing the hazard and your recommended corrective action.

b. Give the completed forms to your supervisor for corrective action.

c. If corrective action is not considered satisfactory when the report is returned, request that it be elevated to the Risk Manager for review (appeal procedure).

2. **Supervisors** shall be responsible for all hazard reports submitted to them. Your responsibilities are:

a. Within 5 workdays, record on the form your analysis of the reported hazard and the corrective action taken.

b. If necessary, involve upper level supervisors and department management in hazard analysis or corrective action. Notify the reporting employee if response will be delayed and document the reason for the delay and the method of notification.

c. After action is completed, return a copy of the form to the reporting employee and forward the original to the Risk Manager. A copy should be retained in the department's file to be made available upon request.

SECTION VII: HAZARDOUS MATERIALS:

A hazardous material is one which by reason of being explosive, flammable, toxic, poisonous, corrosive, oxidative, irritative, radioactive, infectious or otherwise harmful is likely to cause illness, disease, impairment, disfigurement or loss of function of any part of the body, as well as symptoms and signs of significant adverse effects or damage to employees.

A. The Department Head shall be responsible for obtaining from manufacturers, producers or sellers all Material Safety Data Sheets (MSDS) on hazardous materials acquired by and used in their Department. The Department Head is also responsible to ensure copies of MSDS received by their departments are immediately forwarded to the Risk Manager for recordation and retention in the master file in accordance with OSHA regulations.

1. **Material Safety Data Sheets (MSDS):** No hazardous substance will be placed in use until Material Safety Data Sheets have been received and employee training has been conducted. The employee training must be documented by completing the Safety Training Report attached hereto as Exhibit 7. Copies of the Material Safety Data Sheets shall be retained by the user department for reference and display in the work areas.

(a) List Posted - A list of hazardous substances in use in the work area specifying the location and manner in which the MSDS's are available will be prominently posted on a bulletin board in major work areas.

(b) Reference Binders - Binders containing the MSDS's for hazardous substances shall be maintained by each department and prominently displayed in major work areas so that employees have access to them.

B. **Labeling:** The Department Head or his/her designee shall be responsible for ensuring that any hazardous substance placed in use is properly labeled with:

1. Identity of the hazardous substance;

2. Chemical and physical warnings;

3. Name and address of the manufacturer or supplier. If the hazardous substance is placed in another container, e.g., transfer container for use by your employees, the "new" container must be labeled with:

(a) Identity of the hazardous substance; and

(b) Chemical and physical warnings.

C. **Medical Records and Exposure Records:** In accordance with State regulations, the County shall retain exposure and medical records of employees exposed to toxic substances or harmful physical agents.

1. Access -- A present employee, a former employee, or an employee who has been assigned or transferred to a work area where exposure will or may take place, or the designated representative, are entitled to access all information relating to hazardous substances.

2. Medical Records Retention -- Each exposed employee's medical records shall be preserved and maintained by the County for the duration of employment plus thirty (30) years.

3. Exposure Reporting -- The immediate supervisor of an employee exposed to a hazardous substance shall be responsible for immediately notifying by telephone the Risk Manager. The supervisor shall prepare a written report within two (2) working days after occurrence.

4. Definition of exposure or exposed: Employee subjection to a toxic substance or harmful physical agent in the course of employment through any route of entry (inhalation, ingestion, skin contact or absorption, etc.), and includes past exposure and potential exposure, but does not include situations where the toxic substance or harmful physical agent is not used, handled, stored, generated, or present in the workplace in any manner different from typical non-occupational situations.

D. **Information and Training:** The Department Head or his/her designee shall initiate employee training and information programs on specific hazardous substances used in County work places.

1. Information: The source document for identification of substances shall be the list of hazardous substances published by the State Director of Industrial Relations (attached hereto as Exhibit 8). The source document for training and education shall be the Materials Safety Data Sheets. When MSDS's are not available for a substance, the Department Head or his/her designee shall immediately request a MSDS from the manufacturer (sample letter attached hereto as Exhibit 9). The Department Head, at his discretion, may direct that training be conducted using the information on the label.

2. Training: All employees shall be trained by the Department Head or his/her designee within ten days of assignment to a job where hazardous substances are used or where new substances are introduced. Employees shall be informed of:

- operations in their work area where hazardous substances are present;
- location and availability of the Injury and Illness Prevention Programs which contains the hazard communication program;
- methods and observations that may be used to detect the presence or release of a hazardous substance in the work area;

- physical and health hazards of substances in the work area and the measures employees can take to protect themselves from these hazards, including specific procedures the department has implemented to protect employees such as appropriate work practices, emergency procedures and personal protective equipment;
- explanation of the labeling system and MSDS and how employees can obtain and use the appropriate hazard information;
- emergency procedures for accidental spills, fire disposal and first aid;
- the right to personally receive information if exposures occurs;
- the right of designated representatives or physicians to receive information.

3. Request for Information: Employees and their designated representatives have the right to access relevant exposure and medical records. A written request for such access shall be provided to said employee's department head who shall coordinate with Risk Management in providing the information. Nothing in this section shall affect existing legal and ethical obligations concerning the maintenance and confidentiality of employee medical information.

SECTION VIII: TRAINING

A. Appropriate training benefits far outweigh the time and cost and are essential to maximize the skills and knowledge of employees. The Department Head shall be responsible for assessing the training needs of all employees under his/her direction. Training shall be provided:

- 1) To all new departmental employees;
- 2) To all employees given a job assignment for which they have not previously received training. If the position is supervisory, such training shall include a familiarization with hazards and risks faced by employees under their direction;
- 3) To all employees whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard;
- 4) Whenever the Department receives notification of a new or previously unrecognized hazard; and
- 5) Periodically to all employees in general workplace safety, job specific hazards and/or hazardous materials as applicable.

B. In addition to on-going job specific training provided by a department head or his/her designee, additional training programs provided include, but are not limited to:

- 1) Adult CPR, Infant and Child CPR, and Community CPR courses provide training in how to deal with respiratory emergencies such as choking that can lead to cardiac arrest and how to give first aid for a cardiac emergency.
- 2) Standard First Aid courses provide training in helping people in emergencies, including, but not limited to: rescue breathing for adults, CPR for adults, how to control bleeding and give first aid for shock, burns, eye and nose injuries, bites, stings, fractures and diabetic emergencies.
- 3) Back Safe Program provides training in proper lifting, twisting, bending and carrying techniques.
- 4) "Tailgate" Safety Sessions: Cal/OSHA regulations require "tailgate" safety sessions for specified employees. In accordance with these regulations, "tailgate" safety sessions shall be conducted every ten (10) days. The topics for such sessions shall be pertinent to the risks the employees face.
- 5) Driver Awareness instruction is designed to build employees' and volunteers' safety awareness of safe driving habits, both on and off the job.

C. The County requires employees to successfully complete, and maintain certification in, any training program mandated by Federal or State statutes or regulations. It is the department head's responsibility to ensure compliance with applicable Federal or State statutes or regulations. The County, through the Risk Manager, may require employees to successfully complete any additional training deemed appropriate.

D. All training programs provided shall be documented by completion of the Safety Training Report (Exhibit 7). The Department shall retain the original of the Safety Training Report and a copy provided to Risk Management.

SECTION IX: PERSONAL PROTECTIVE EQUIPMENT AND CLOTHING

A. Effective personal protection is essential for employees who may be exposed to potentially hazardous substances or operations, or who perform jobs that have an inherent injury potential. Employees shall utilize proper personal protective equipment and clothing as deemed appropriate by their supervisor. The County shall supply the following items:

1. Hard hats;
2. Reflective clothing;
3. Sound suppressors;
4. Face shields and goggles;
5. Respirators;
6. Gloves;
7. Rubber boots; and
8. Safety shoes - Employees who are required to wear safety shoes as set forth in Exhibit 10 and who have been reimbursed for the cost of such safety shoes shall wear them at all times. Failure to wear safety shoes may result in discipline.

B. The Sheriff's Department provides personal protective equipment for its employees as set forth in the current Memorandum of Understanding between the County and Deputy Sheriff's Association.

SECTION X: VEHICLE FLEET SAFETY POLICY

The operation of vehicles is required in many aspects of local government employment. The purpose of the Vehicle Fleet Safety Policy is to ensure that acceptable standards of proficiency and safety are maintained by each public official, department head, and employee who operates a vehicle on County business. For the purposes of Section X, the term "employee" shall include any public official, department head or employee.

A. Responsibilities:

1. Selection of employees who will be required to drive full or part-time shall be done with care and coordinated between the Personnel Department and department head.
2. Motor Vehicle Records Check: The Personnel Department may run a Motor Vehicle Records Check on any employee or volunteer driving a vehicle on County business. Vehicle Operator Records shall be maintained by the Personnel Department.
3. The Motorpool director shall coordinate County Vehicle Fleet Safety and Loss Control programs with the Risk Manager.
4. The Motorpool director shall be responsible for the maintenance and repair of motorpool vehicles and shall coordinate the maintenance and repair of departmental vehicles with the department head or his/her designee.

B. Guidelines for Use of Vehicles by Employees:

1. Only County officials and employees may operate County vehicles.
2. Authorized Persons: No unauthorized person shall be allowed to either operate or ride in County vehicles. Transporting family members in County vehicles shall be allowed only when the family member is accompanying an employee on official out-of-County business and only upon the prior written approval of the Department Head and County Administrator. This provision does not prevent the transportation of independent contractors or members of the public in County vehicles when such transportation is provided in accordance with a specific County program and for a public purpose (e.g., IMAAA and Health & Human Services transporting members of the public to medical appointments).
3. All vehicles used for County business shall be operated in a safe and economical manner. County vehicles shall not be used for activities that may damage the vehicles.
4. Driver's License: All drivers shall have a valid California or Nevada Driver's license for the vehicle operated.
5. Motor Vehicle Laws: All applicable motor vehicle laws shall be adhered to. The driver shall pay fines or penalties levied for violations for which the driver is directly responsible.

6. Seat Belt Use: All County-owned vehicles shall be equipped with seat belts and restraint systems. Private vehicles being used on County business shall also be equipped with seat belts. All persons in a County vehicle or in a private vehicle being used on County business must use seat belts any time the vehicle is in motion. The driver of the vehicle is responsible for ensuring that all occupants of the vehicle are wearing seat belts before the vehicle is put into motion.

7. Personal Liability: Employees may be held personally liable for damage to County equipment and other penalties may be assessed if damage occurs to a County vehicle through negligence or illegal activity. Employees may also be held personally liable when, outside the course and scope of their employment, they cause damage to other persons or property while driving a County vehicle.

8. Keys shall not be left in unattended vehicles, even when parked in secured enclosures.

9. Personal property such as radios or air conditioners shall not be attached to a County vehicle.

10. All vehicle collisions or property damage accidents will be reported and investigated as per policy.

11. County vehicles shall be used for official use only.

12. Vehicles will be operated only when they are in safe operating condition. Each employee driving a vehicle on business shall inspect the vehicle to ensure that the vehicle is in sound operating condition. A checklist (attached hereto as Exhibit 11) is included in each vehicle.

13. Any employee performing work which requires the operation of a County vehicle must notify his/her immediate supervisor in those cases where his/her license is expired, suspended or revoked and/or is unable to obtain an occupational permit from the State Department of Licensing. Failure to report shall be cause for disciplinary action.

14. No employee shall drive a County vehicle unless certified to operate it by the employee's supervisor.

15. Insurance Requirements for Personal Vehicle Use: Any employee using a personal vehicle on County business shall be required to maintain auto liability insurance with minimum coverage levels of \$300,000 combined single limit or \$100,000/person \$300,000/occurrence for bodily injury liability and property liability. In the event of a non-preventable vehicle accident or an accident in which the County employee is not at fault, the County will reimburse the employee's personal deductible to a maximum of \$250.00.

C. General Vehicle Policies:

1. Driver's Awareness Training: The County may require that employees or volunteers driving vehicles on County business satisfactorily complete a driver's awareness class.

2. Hearing and Vision Test: The County may require that employees or volunteers driving vehicles on County business satisfactorily complete a yearly hearing and vision test and answer a medical questionnaire.

3. Storage of Vehicles: Except upon prior written approval of the County Administrator and Department Head, County vehicles shall be stored at either the Independence or Bishop yards. An employee may be granted permission to take a County vehicle home overnight when attendance at official County business takes place late at night after normal working hours or early in the morning prior to normal working hours. This policy shall not apply to those departments where alternative storage arrangements are necessary to promote public health and safety.

4. Each driver's privilege to operate a vehicle on official business extends only as long as the driver operates the vehicle in a safe and efficient manner. A record of at fault or "preventable" accidents shall be cause for appropriate disciplinary action.

5. Vehicles shall contain appropriate warning and safety devices as needed.

6. All vehicular accidents involving County vehicles or personal vehicles used on County business, no matter how minor, shall be investigated and reported promptly in accordance with Section V: Incident/Loss Investigations.

SECTION XI: VIOLENCE IN THE WORKPLACE - ANTI-VIOLENCE POLICY

The County is committed to providing a safe and secure working environment to its public officials and employees, and has established this anti-violence policy.

A. DEFINITIONS:

- *Workplace violence:* any incident in which any employee is abused, threatened, battered or assaulted at the workplace.
- *Abuse:* language that condemns or vilifies usually unjustly, intemperately, and angrily; or physical maltreatment.
- *Battery:* the unlawful touching of another without his/her consent.
- *Assault:* Any willful attempt or threat to inflict injury upon another person, when coupled with an apparent present ability so to do, and any intentional display of force such as would give the victim reason to fear or expect immediate bodily harm. An assault may be committed without actually touching, or striking, or doing bodily harm to the person of another (e.g., lifting a fist in a threatening manner);
- *Threat:* a communicated intent to inflict physical or other harm on any person or on property.
- *Intimidation:* to make timid or fearful; frighten; to compel or deter by or as if by threats. Such fear must arise from the willful conduct of the accused, rather than from some mere temperamental timidity of the victim; however, the fear of the victim need not be so great as to result in terror, panic or hysteria.

B. GENERAL POLICIES:

Any form of violence is not tolerated, whether obvious and overt, such as physical assault and verbal abuse; or subtle, such as intimidation and threatening body language that are more difficult to quantify. It is mandatory that employees report any instances or threats of workplace violence. Examples include, but are not limited to:

- A. Hitting or shoving an individual, or threatening to do so.
- B. Verbal abuse in person or by telephone, including voice mail.
- C. Written abuse by U.S. mail, intra- or inter-office mail, or by e-mail.
- D. Harassing surveillance or stalking.
- E. Unauthorized possession or implied use of firearms or any type of weapon.

F. Destruction or threat of destruction of County property.

G. Making either direct or veiled verbal threats of harm (i.e., predicting that bad things are going to happen to a co-employee or supervisor).

H. Words or actions that are extremely unusual, disruptive and/or completely inconsistent with the workplace.

Any violent act or threat against a person's life, health, family, or property, directly or indirectly, regardless of intent, made by or to any County employee is unacceptable. Such act, if caused by a County employee, will result in discipline, up to and including separation from County employment. This policy applies to all threats or acts of violence made on County property, owned or leased, or which arise out of County employment.

If a violent act results in an injury to a County employee, the County may report the incident to the appropriate law enforcement agency. Nothing in this policy shall be construed as prohibiting an employee from reporting an incident to a law enforcement agency.

C. PROCEDURE: In the event of an incident, the target employee shall, if possible:

1. *IMMEDIATE DANGER:* Dial 9-1-1 or 9-9-1-1 for emergency assistance. Employees are responsible for knowing how to summon emergency help from their particular offices.

2. *POTENTIALLY VIOLENT SITUATION:*

- (a) Stay calm;
- (b) Speak in a calm voice, businesslike, and clearly;
- (c) Be careful of your language - do not be verbally abusive;
- (d) Be non-threatening;
- (e) Keep a distance;
- (f) Attempt to position yourself so that office furniture or other objects separate you and the perpetrator;
- (g) Position yourself so that an exit route is accessible;
- (h) Do not touch the perpetrator;

- (i) Do not attempt to physically disarm a perpetrator holding a weapon;
- (j) Obey the perpetrator's orders when you are physically in danger.

3. POST INCIDENT:

(a) The target employee shall immediately notify their department head and Risk Management. If the employee's department head is the perpetrator, the notification shall be made only to Risk Management.

(b) A "Workplace Violence Report" (attached as Exhibit 12) shall be completed by the target employee and forwarded to Risk Management within twenty-four hours of the incident.

(c) Upon notification from the target employee and receipt of the "Workplace Violence Report", the Risk Manager shall conduct an investigation. The depth of the investigation shall be commensurate with the severity of the incident.

(d) The Risk Manager shall make a decision whether to convene the Threat Management Team for review and appropriate action. The Risk Manager may request assistance from one or more members of the Threat Management Team without convening the entire Team.

(e) The Risk Manager's findings may be put in writing. Copies of said findings will be provided to affected employees.

(f) To the extent possible, confidentiality of the facts and circumstances surrounding an incident of workplace violence will be maintained. All employees involved in the incident and/or investigation, whether the target employee, perpetrator or witnesses, shall not discuss the incident with anyone other than the Risk Manager, County Counsel, or Threat Management Team. Any requests for information, whether verbal or written, shall be referred to Risk Management.

D. THREAT MANAGEMENT TEAM:

1. The Threat Management Team comprised of the Risk Manager, Personnel Director and representatives from the County Counsel's Office, Sheriff's Department and Mental Health shall provide input into management, legal, security and psychological issues and shall make recommendations regarding discipline, counseling, fitness for duty exams and special security measures.

SECTION XII - ERGONOMICS

Ergonomics is the science of fitting workplace conditions and job demands to the capabilities of employees. Ergonomics principles are used to improve the “fit” between the worker and workplace using worksite evaluation, engineering controls, administrative controls and training.

A. DEFINITIONS:

Administrative Controls: Policies or work practices that prevent or minimize exposure to risk factors (i.e. job rotation, mini-breaks, varying work tasks, limiting overtime).

Engineering Controls: Improving the physical design of the workstation or work area, providing necessary equipment and accessories, changing the way a job is done, or adjusting the workstation layout and equipment.

Musculoskeletal Disorders, Repetitive Motion Injuries (RMIs): Clinically diagnosed repetitive injury of the muscles, tendons, ligaments, peripheral nerves, joints, cartilage, bones and/or supporting vessels in either the upper/lower extremities or back, which are associated with ergonomic risk factors and which are not the result of acute or instantaneous events.

Worksite Evaluation: Safety and health review that identifies jobs and workstations that may contain musculoskeletal hazards, the risk factors that pose the hazards, and the causes of the risk factors.

B. RESPONSIBILITIES

Department Heads and Supervisors:

1. Ensure implementation of the ergonomics program within their Department;
2. Provide corrective action as necessary and practical to modify or replace equipment, machinery and tools which are found to create RMIs;
3. To the extent feasible, ensure employees are provided with and use appropriate tools, equipment and materials that minimize the risk of RMIs;
4. Implement to the extent possible administrative controls to limit the risk of RMIs within their department;
5. Implement to the extent possible engineering controls to limit the risk of RMIs within their department.

Employees:

1. Follow procedure to ensure equipment is properly maintained in good condition;
2. Attend ergonomic training as required and apply the knowledge and skills acquired to actual job tasks or work activities;
3. Utilizing the Self Report of Pain and Discomfort form (attached as Exhibit 13), report signs and symptoms of RMIs and perceived work related hazards to supervision.
4. Report damaged, malfunctioning tools and equipment or materials to supervision.

C. WORKSITE EVALUATION:

1. Worksite evaluations shall be conducted when a job, process or operation has caused a RMI diagnosed by a licensed physician to more than one employee performing a job process or operation of identical work activity (e.g. word processing), and occurring within a twelve-month period.
2. Worksite evaluations shall be conducted when employees have reported signs and symptoms of RMIs to supervision.
3. Department Heads shall designate a supervisor responsible for conducting worksite evaluations within their department. Such supervisor shall work with the Risk Manager or his/her designee in conducting such evaluation.

D. TRAINING:

Employees shall receive training that includes:

1. The Ergonomics Program;
2. Exposures that have been associated with RMIs;
3. The symptoms and consequences of injuries caused by repetitive motion;
4. The importance of reporting symptoms and injuries to his/her supervisor;
5. Methods used to minimize RMIs.

E. RECORDKEEPING:

Accurate records will be maintained by Risk Management of:

1. Reports from employees of symptoms of RMIs and any perceived work related ergonomic risks;
2. Ergonomic worksite evaluations conducted in the workplace;
3. Prevention or control measures implemented to prevent or minimize exposure to work related ergonomic risk factors; and
4. Training records.

SECTION XIII: EMERGENCY EVACUATION PROCEDURES

The following evacuation procedures can be used for a variety of events such as fire, bomb threat, and earthquake. It is the responsibility of all County personnel to be familiar with the general evacuation procedure for their location. During an evacuation, all County personnel must assist members of the public, visitors and contractors to exit the premises. The Inyo County Jail and Juvenile Detention Facility have implemented specific evacuation procedures for their facilities and personnel of those facilities must be familiar with those procedures.

A. Responsibilities (Department Head):

1. Department Heads shall be responsible for appointing an Evacuation Coordinator at each separate location. Department Heads and Evacuation Coordinators shall oversee the evacuation of their own department.
2. Department Heads shall be responsible for assessing whether any employee requires assistance in an evacuation. If an employee requires assistance, the Department Head shall assign at least two employees to assist in the event of an evacuation or other emergency that may occur.
3. Department Heads and/or the departmental Evacuation Coordinator are responsible for making sure all employees are accounted for at the assembly area. The assembly areas are set forth on Exhibit 14.
4. Department Heads are responsible for conducting emergency evacuation drills on an annual basis.

B. Responsibilities (Employees):

1. If an evacuation alarm sounds or it becomes necessary to evacuate due to smoke, a bomb threat, or other emergency, evacuate immediately in a safe and orderly manner and walk to your assembly area (Exhibit 14).
2. Know the location of the nearest emergency exit in all areas you may enter.
3. Assist any employee who is disabled.
4. Assist visitors who are on County property during emergencies.
5. Do not use elevators.
6. Stay assembled by department until further instructions are received.

SECTION XIV: BOMB THREAT PROCEDURE

A. Receiving a Bomb Threat by Telephone:

1. Remain calm and be courteous. Listen, do not interrupt the caller. Keep the caller talking. If the caller seems agreeable to conversation, ask questions like the following and write down his/her responses.
 - a. What kind of bomb or device is it?
 - b. How many devices did you place?
 - c. When will it/they go off? At a certain hour?
 - d. How much time remains until it goes off?
 - e. Where is it located?
2. Use the telephone checklist (Exhibit 15) to record information concerning the bomb threat. Provide this checklist to law enforcement when they arrive.
3. If possible, pass a note to another employee asking them to contact law enforcement while on the telephone with the individual making the bomb threat. If not possible, the employee receiving the bomb threat shall immediately contact law enforcement by dialing 9-911 or 911.
4. Evacuate the building in accordance with the Evacuation Procedure.
5. Re-enter the building ONLY AFTER clearance from law enforcement.

B. Receiving or Discovering a Suspicious Object or Package:

1. Letters and Parcel Bomb Recognition Points:
 - Foreign mail, airmail, and/or special delivery.
 - Excessive postage.
 - Handwritten or poorly typed address.
 - Incorrect titles or title but no name.
 - Misspellings of common words.
 - Oily stains, discolorations or odors.
 - No return address.
 - Excessive weight.
 - Lopsided or uneven envelope.
 - Protruding wires or aluminum foil.
 - Excessive security material such as masking tape, string, etc.
 - Visual distractions or ticking sound.
 - Marked with restricted endorsements such as "Personal" or "Confidential."
 - Parcel or letter that is left outside the door or placed in an office that cannot be identified and nobody knows where it came from.
2. Protocol:
 - Do not attempt to touch or move the object.
 - Notify law enforcement by dialing 9-911 or 911.
 - Do not change your environment (e.g., do not answer the telephone or turn lights off).
 - Evacuate the building in accordance with the Evacuation Procedure.
 - Re-enter the building ONLY AFTER clearance from law enforcement.

SECTION XV: ANTHRAX AND OTHER BIOLOGICAL AGENT THREATS:

A. Handling of Suspicious Packages or Envelopes

1. Identifying Suspicious Package or Envelope

Inappropriate or Unusual Labeling

- Excessive postage.
- Handwritten or poorly typed addresses.
- Misspellings of common words.
- Strange return address or no return address.
- Incorrect titles or title without a name.
- Not addressed to a specific person.
- Marked with restrictions, such as "Personal," "Confidential," or "Do not x-ray."
- Marked with any threatening language.
- Postmarked from a city or state that does not match the return address.

Appearance

- Powdery substance felt through or appearing on the package or envelope.
- Oily stains, discolorations, or odor.
- Lopsided or uneven envelope.
- Excessive packaging material such as masking tape, string, etc.

Other Suspicious Signs

- Excessive weight.
- Ticking sound.
- Protruding wires or aluminum foil.

If a package or envelope appears suspicious, DO NOT OPEN IT.

2. Protocol for Handling Suspicious Packages or Envelopes.

- Do not shake or empty the contents of any suspicious envelope or package.
- Do not carry the package or envelope, show it to others or allow other to examine it.
- Put the package or envelope down on a stable surface; do not sniff, touch, taste, or look closely at it or at any contents that may have spilled.
- Cover the envelope or package with anything (e.g., clothing, paper, trash can, etc.) and do not remove the cover.

- ❑ Alert others in the area about the suspicious package or envelope. Leave the area, close any doors, and take actions to prevent others from entering the area. If possible, shut off the ventilation system.
- ❑ WASH hands with soap and water to prevent spreading potentially infectious material to face or skin. Seek additional instructions for exposed or potentially exposed persons.
- ❑ Notify law enforcement, your supervisor, and the Risk Manager.
- ❑ If possible, create a list of persons who were in the room or area when this suspicious letter or package was recognized and a list of persons who also may have handled this package or letter. Give this list to your supervisor, Risk Manager and law enforcement agency.

3. Envelope or Package with Powder and Powder Spills Out onto Surface

- ❑ DO NOT try to clean up the powder. COVER the spilled contents immediately with anything (e.g., clothing, paper, trash can, etc.) and do not remove this cover.
- ❑ Leave the room and close the door, or section off the area to prevent others from entering.
- ❑ Wash your hands with soap and water to prevent spreading any powder to your face.
- ❑ Report the incident to law enforcement, your supervisor and Risk Management.
- ❑ Remove heavily contaminated clothing as soon as possible and place in a plastic bag or other container that can be sealed. This bag should be given to the emergency responders for proper handling.
- ❑ Shower with soap and water as soon as possible.
- ❑ If possible, list all people who were in the room or area, especially those who had actual contact with the powder. Give this list to Risk Management and law enforcement.

4. Evacuation Procedure

- ❑ All employees shall in a safe and orderly manner exit the building. However, employees shall remain in the vicinity of the building until released by Public Health and Law Enforcement.
- ❑ The employee(s) who handled the envelope or package or were in the immediate vicinity of the envelope or package shall exit the building in a safe and orderly manner, but shall separate themselves from other employees who were not in the immediate vicinity of the envelope or package. All employees shall not leave until released by Public Health and Law Enforcement.

SECTION XVI: HEAT ILLNESS PREVENTION:

These guidelines apply to employees that are exposed to environmental risk factors for heat illness.

A. DEFINITIONS:

- ❑ **Acclimatization:** Temporary adaptation of the body to work in the heat that occurs gradually when a person is exposed to it. Acclimatization peaks in most people within four to fourteen days of regular work for at least two hours per day in the heat.
- ❑ **Heat Illness:** A serious medical condition resulting from the body's inability to cope with a particular heat load, and includes heat cramps, heat exhaustion, heat syncope and heat stroke.
- ❑ **Environmental Risk Factors for Heat Illness:** Working conditions that create the possibility that heat illness could occur, including air temperature, relative humidity, radiant heat from the sun and other sources, conductive heat sources such as the ground, air movement, workload severity and duration, protective clothing and personal protective equipment worn by employees.
- ❑ **Personal Risk Factors for Heat Illness:** Factors such as an individual's age, degree of acclimatization, health, water consumption, alcohol consumption, caffeine consumption, and use of prescription medication that affect the body's water retention or other physiological responses to heat.
- ❑ **Preventative Recovery Period:** A period of time to recover from the heat in order to prevent heat illness.
- ❑ **Shade:** Blockage of direct sunlight. Canopies, umbrellas and other temporary structures or devices may be used to provide shade. One indicator that blockage is sufficient is when objects do not cast a shadow in the area of blocked sunlight. Shade is not adequate when heat in the area of shade defeats the purpose of shade, which is to allow the body to cool. For example, a car sitting in the sun does not provide acceptable shade to a person inside it, unless the car is running with air conditioning.

B. ACCLIMATIZATION: The ability to acclimatize varies among workers. Generally, individuals in good physical condition acclimatize more rapidly than those in poor condition. Approximately one week of gradually increasing the workload and time spent in the hot environment will usually lead to full acclimatization. On the first day the individual performs 50 percent of the normal workload and spends 50 percent of the time in the hot environment. Each day an additional 10 percent of the normal workload and time is added so that by day six, the worker is performing the full workload for an entire day. The exposure time should be at least two hours per day for acclimatization to occur.

C. PROVISION OF WATER: The County will provide access to potable drinking water for employees. When environmental risk factors for heat illness exist, water shall be provided in sufficient quantity at the beginning of the work shift to provide one quart per employee per hour for drinking for the entire shift (one gallon every four hours). Employees may begin the shift with smaller quantities of water if they have effective procedures for replenishment during the shift as needed to allow employees to drink one quart or more per hour. The frequent drinking of water shall be encouraged. Employees are also encouraged to begin drinking water prior to work.

D. ACCESS TO SHADE: Employees suffering from heat illness or believing a preventative recovery period is needed, shall be provided access to an area with shade that is either open to the air or provided with ventilation or cooling for a period of no less than five minutes. Such access to shade shall be permitted at all times. Examples of shade areas are offices or shop buildings or vehicles with air conditioning. When working in remote areas where shade is not readily available, supervisors shall ensure that vehicles with operative air conditioners are available at the remote worksite or an alternative device (canopy, umbrella) is available at the remote worksite.

E. HEAT ILLNESS SYMPTOMS AND FIRST AID:

1. Heat Cramps

- Symptoms: Painful spasms, usually in leg and abdominal muscles; heavy sweating.
- First Aid: Get the victim to a cooler location. Lightly stretch and gently massage affected muscles to relieve spasms. Give sips of up to a half glass of cool water every 15 minutes (do not give liquids with caffeine or alcohol). Discontinue liquids if victim is nauseated.

2. Heat Syncope

- Symptoms: Faintness, dizziness, headache, increased pulse rate, restlessness, nausea, vomiting, brief loss of consciousness.
- First Aid: Get the victim to lie down in the shade or cool area, elevate the feet, drink fluids, and refrain from vigorous activities.

3. Heat Exhaustion:

- Symptoms: Heavy sweating, but skin may be cool, pale or flushed. Weak pulse. Normal body temperature is possible, but temperature will likely rise. Fainting or dizziness, nausea, vomiting, exhaustion and headaches are possible.
- First Aid: Get victim to lie down in a cool place. Loosen or remove clothing. Apply cool, wet clothes. Fan or move victim to air-conditioned place. Give sips of water if victim is conscious. Be sure water is consumed slowly. Give half a glass of cool water every 15 minutes. Discontinue water if victim is nauseated. Seek immediate medical attention if vomiting occurs.

4. Heat Stroke:

- Symptoms: High body temperature (105+); hot, red, dry skin; rapid, weak pulse; and rapid shallow breathing. Victim will probably not sweat unless victim was sweating from recent strenuous activity. Possible unconsciousness.
- First Aid: Call 911 or emergency medical services immediately or immediately get the victim to a hospital. Delay can be fatal. Move victim to a cooler environment. Remove clothing. Try a cool bath, sponging, or wet sheet to reduce body temperature. Watch for breathing problems.

F. TRAINING: Training in the following topics shall be provided to all supervisory and non-supervisory employees who have exposure to environmental risk factors for heat illness.

- Environmental and personal risk factors for heat illness;
- The County's policy for dealing with heat illness;
- The importance of frequent consumption of small quantities of water, up to 4 cups per hour under extreme conditions of work and heat;
- The importance of acclimatization;
- The different types of heat illness and the common signs and symptoms of heat illness;
- The importance of immediately reporting to the employer, directly or through the employee's supervisor, symptoms or signs of heat illness in themselves or in co-workers;
- The procedures for responding to symptoms of possible heat illness;
- Procedures for contacting emergency medical services and if necessary for transporting employees to a point where they can be reached by emergency medical services;
- How to provide clear and precise directions to the worksite.

In addition to the training set forth above, supervisors who are assigned to the supervision of employees working in the heat, shall be trained regarding the procedures necessary to implement the heat illness policy and the procedures the supervisor is to follow when an employee exhibits symptoms consistent with possible heat illness including emergency response procedures.

SECTION XVII: DISCIPLINE

Appropriate disciplinary action may be imposed upon an employee whenever reasonable cause exists justifying such disciplinary action. Any disciplinary action warranted shall be in accordance with the Personnel Rules and Regulations of the County of Inyo. The employee retains the right to challenge the disciplinary action through the regular grievance procedure.

General Office Safety Inspection

Department: _____ Location: _____

Inspector: _____ Date: _____

Area Inspected	Yes	No	N/A	Corrective Date
1. OSHA posters displayed in prominent location.				
2. Emergency telephone numbers posted where they can be found readily.				
3. First Aid Kit available and adequately supplied.				
4. Fire extinguishers property maintained, located and installed.				
5. Emergency evacuation traffic routes identified.				
6. All work areas clean and orderly.				
7. Toilet and wash areas clean and sanitary.				
8. Work areas adequately illuminated.				
9. Walkways free of obstructions.				
10. Exit signs adequately lighted.				
11. Exit doors that are kept locked provided with emergency openings from inside.				
12. Material stored above shoulder level is secured to prevent toppling.				
13. No tools or storage items placed where they can fall on employees.				
14. No uneven or defective floors.				
15. Carpeting is flat, without tears, ridges or humps.				
16. Materials stored in places that don't block aisles.				
17. Stored goods don't obstruct lights or sprinkler heads.				
18. No overloading of extension cords.				
19. Extension cords/power strips – 3 pronged, max. 25-ft./circuit breaker shut off type.				
20. Extension cords/power strips not coupled (piggy backed)				
21. Extension cords inspected for external defects (loose parts, deformed and missing pins or damage to outer jacket or insulation) and evidence of potential internal damage (such as pinched or crushed outer jacket).				

OTHER: _____

Safety Inspection – Shop/Maintenance

Department: _____ Location: _____

Inspector: _____ Date: _____

Area Inspected	Yes	No	N/A	Corrective Date
1. OSHA posters displayed in prominent location.				
2. Safety signs/warnings posted where appropriate.				
3. First aid kit available and adequately stocked.				
4. Emergency telephone numbers posted where they can be found readily.				
5. Emergency evacuation traffic routes identified.				
6. All work areas clean and orderly.				
7. Fire extinguishers available and inspected monthly.				
8. Combustible scrap, debris and waste stored safely and removed from work areas promptly.				
9. Safety meetings held periodically.				
10. Safety training records maintained.				
11. Operating permits and records up-to-date.				
12. Toilet and wash areas clean and sanitary.				
13. Work areas adequately illuminated.				
14. Walkways free of obstructions.				
15. Exit signs adequately lighted.				
16. Exit doors that are kept locked provided with emergency openings from inside.				
17. Material stored above shoulder level is secured to prevent toppling.				
18. No tools or storage items placed where they can fall on employees.				
19. No uneven or defective floors.				
20. Materials stored in places that don't block aisles.				
21. Extension cords inspected for external defects (loose parts, deformed and missing pins or damage to outer jacket or insulation) and evidence of potential internal damage (such as pinched or crushed outer jacket).				
22. In exterior work, extension cords marked "for exterior use" are used.				
23. All extension cords of at least 14 AWG wire.				
24. Portable equipment inspected before use for defects.				
25. Defective or damaged equipment removed from service.				
26. Attachment plugs and receptacles are not connected or altered to prevent grounding.				
27. Adapters that interrupt grounding not used.				
28. Only electrical equipment and cords approved for use near water or conductive liquids are used in such locations.				

Area Inspected	Yes	No	N/A	Corrective Date
29. Portable electric ground fault interrupter available for use around wet or metallic areas.				
30. Power tools provided with point of operation guards.				
31. Electrical power tools grounded.				
32. Pneumatic powered tools equipped with automatic shut off when released from the operator's hand.				
33. Pieces of equipment provided with means to positively shut down the power source prior to repair or adjustment.				
34. Grinders securely mounted to avoid migrating or tipping.				
35. Transparent eye shield in place on machine.				
36. Work rest device adjusted correctly.				
37. Work rest no more than 1/8 inch from wheel.				
38. Work rest securely clamped.				
39. Speed of wheel within manufacturer's specifications.				
40. Two flanges, at least one-third the diameter of the wheel, securely mounted on each side of the wheel.				
41. Eye and face protection provided where necessary.				
42. Skin guards, hard hats, safety shoes, aprons, gloves, sleeves, etc. provided where necessary.				
43. Hearing protection provided and in use when appropriate.				
44. Eye wash facilities and showers provided where necessary.				
45. Personal protective equipment inspected regularly and replaced when necessary.				
46. Welders properly trained and certified.				
47. Hoses neatly stacked away from traffic Hoses neatly and damage.				
48. Hoses free of grease and oil.				
49. Equipment properly degreased before being welded.				
50. Grounding to welding machine checked before use.				
51. Standard replacement parts used.				
52. Manufacturer's safety labels and instructions in place on equipment.				
53. Helmets and leather aprons available and in use on welding jobs.				
54. Gloves and leggings available for use on welding jobs.				
55. Welding boot or area isolated from employee traffic.				
56. "Do Not Enter" signs posted at welding booth.				
57. Portable tinted screens or curtains surround welding area.				
58. Flammables removed from welding area and covered with fire blanket.				
59. Fire extinguishers available and carried to welding site before job starts.				
60. Welding area well ventilated.				
61. No cooling water, shielding gas, or engine fuel leaks.				
62. Compressed gas cylinders (full or empty) stored in designated area away from forklift traffic.				
63. Contents marked on all cylinders.				
64. Cylinders separated by contents.				
65. Straps or chains provided to keep cylinders upright.				
66. Valve protection caps hand tight on all cylinders not connected for use.				

Area Inspected	Yes	No	N/A	Corrective Date
67. Cylinders kept away from heat producing devices.				
68. Formal Forklift Driver training in place.				
69. Overhead guards in place where required.				
70. Exact replacements used as spare ballasts on trucks.				
71. Drivers slow going down ramps with load in up-ramp direction.				
72. Drivers spread forks to suit loads.				
73. Proper securing pins used to hold forks in place.				
74. Tilting load forward prohibited except when load is in deposit position over rack or stack of material.				
75. Drivers elevate load only when they are ready to stack it.				
76. Riders and passengers prohibited on trucks.				
77. Drivers give pedestrians the right of way.				
78. Drivers drive in reverse with large or bulky loads.				
79. Special driving precautions taken in wet or cold areas.				

INCIDENT REPORT

Guidelines: This report shall be completed by the person in charge at the time the incident occurred or was discovered. Information is to be recorded immediately and the form forwarded to Risk Management.

Name(s), Address(s), Telephone No.(s) of Person(s) Involved:

Date & Time of Incident: _____

Weather Conditions: _____

Specific Location: _____

Describe Incident in Detail: _____

What corrective measures or assistance (if any) did County Employees take:

Witnesses (Names and Addresses):

Reported By: _____ (Signature and Department) _____ (Date)

SUPERVISOR'S REPORT OF ACCIDENT

Name of Employee Injured: _____

Title/Occupation: _____ Department: _____

Date of Accident: _____ Time of Accident: _____

Nature of Injury: _____

Parts of Body Affected: _____

Describe Accident: a) location; b) equipment involved; c) what employee was doing;
d) cause of accident; and e) sequence of events leading up to accident:

Witnesses (name, address and telephone number):

Description of Medical Treatment Rendered (first aid, doctor's office, hospital):

Did Employee Return to Work yes no Time Returned:

Preventive Action Plan (Recommendations) _____

Date: _____

Supervisor Signature

EMPLOYEE WITNESS REPORT

Employee name: _____ Phone #: _____

Department: _____ Job Title: _____

Name of injured employee: _____

Did the injured person's actions contribute to the accident: yes no If yes, describe:

Date of accident: _____ Time of accident: _____

Location of accident: _____

Was weather a factor: yes no If yes, describe conditions: _____

Conditions of accident area: _____

Did any defects contribute to the accident: yes no If yes, describe conditions:

What precautions had been taken: _____

Did you see the accident: yes no If not, where were you when accident occurred:

Describe how accident occurred: _____

COMPLETE OTHER SIDE

Name of other witnesses: _____

Are you a personal friend or relative of injured: yes no

If yes, state relationship: _____

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

If more information is needed, use the space below.

VEHICLE ACCIDENT REPORT

DRIVER – In the event of an accident:

1. **DO NOT** discuss accident with anyone other than police.
2. **DO NOT** admit liability or fault.
3. **DO NOT** state the County will take care of damages.
4. **DO NOT** sign anything.
5. Complete this report and forward original to Risk Management: (a) within 24 hours if the accident causes bodily injury or serious property damage; or (b) within 48 hours in non-serious accidents.

Name of employee driving: _____ Vehicle No. _____

Department: _____ Phone #: _____

Date of accident: _____ Time of accident: _____

Location of accident: _____

Road width (2,3,4 or lanes): _____ Were lanes marked: yes no

Describe road conditions: _____

Describe weather conditions: _____

Description of accident: _____

COMPLETE OTHER SIDE

Driver information of other vehicle:

Name: _____

License Plate Number and State: _____

Driver's License Number and State: _____

Vehicle Make & Model: _____

Traffic controls present:

Police Signal Light Stop Sign

Caution Sign None Other

Injuries:

Employee injured: yes no If yes, describe injury: _____

Passenger's in employee's vehicle injured: yes no If yes, how many: _____

If yes, describe injury: _____

Occupants of other vehicle injured: yes no If yes, how many: _____

If yes, describe injury: _____

Pedestrians injured: yes no If yes, how many: _____

If yes, describe injury: _____

Date: _____ Signature: _____

HAZARD REPORT FORM

Employee: Complete form by describing hazard and your recommended corrective action.

Give the completed form to your supervisor for corrective action.

If corrective action is not considered satisfactory, request Risk Management Review.

Supervisor: Within five workdays, record on the form your analysis of the reported hazard and the corrective action taken.

If necessary, involve upper level supervisors and Department Head in hazard analysis or correction. Notify reporting employee if response will be delayed.

After action is completed, return a copy of the form to the reporting employee and a copy to the Risk Manager. Retain original report in your Department.

REPORTING EMPLOYEE:

Employee Name: _____ Title: _____

Date: _____ Signature: _____

Description of Hazard: _____

COMPLETE OTHER SIDE

Recommended Corrective Action: _____

SUPERVISOR:

Analysis and Corrective Action Taken: _____

Date: _____ Supervisor's Signature: _____

EMPLOYEE:

Corrective Action Acceptable.

Corrective Action Not Acceptable - Request Risk Management Review.

Date: _____ Employee's Signature: _____

Risk Management Recommendation: _____

California Code of Regulations, Title 8, Section 339.

Hazardous Substances List

Please refer to this website:<http://www.dir.ca.gov/title8/339.html>

Or contact Risk Management to request a copy at (760) 872-2908

Date: _____

(Name & Address of Manufacturer)

Re: Material Safety Data Sheet

Dear _____:

I would appreciate it if you would provide the undersigned, within twenty-five (25) days of the date of this letter, the most current Material Safety Data Sheet for the following chemical:

Please do not hesitate to call if you should have any questions.

Very truly yours,

(Signature & Department)

cc: Risk Management

JOB CLASSES REQUIRED TO WEAR SAFETY SHOES

1. Park and Campground Specialist
2. Park and Campground Helper
3. Mechanic
4. Building & Maintenance Supervisor
5. Building & Maintenance Worker
6. Road Superintendent
7. Road Maintenance Crew Supervisor
8. Mechanic Shop Supervisor
9. Road Maintenance Worker & Specialist
10. Heavy Equipment Mechanic
11. Equipment Operator
12. Supervisor, Integrated Waste Management
13. Solid Waste Mechanic/Equipment Operator
14. Solid Waste Gate Attendant
15. Field Assistant
16. Agricultural Biologist/Weights & Measures Specialist
17. Field Technician
18. Program Manager
19. Airport Technician
20. Airport Manager

DAILY VEHICLE CHECK – CIRCLE OF SAFETY

Guidelines: Did you circle this vehicle and check the following before starting? If not, do so now. These items are to be checked daily by each operator of this vehicle. Report defects to the Motorpool director and arrange for the necessary repairs.

1. Engine Oil
2. Radiator
3. Hood Latch
4. Tires
5. Backup Alarms (if applicable)
6. Brakes – Foot & Emergency
7. Wipers and Washers
8. Glass, including mirrors
9. Lights – Head lights, tail lights, turn signals, brake lights, revolving lights
10. Fuel Supply
11. Horn
12. Door Latches
13. Seat Belts

BEFORE BACKING, CHECK THE AREA TO THE REAR.

IS YOUR SEAT BELT FASTENED?

VIOLENCE REPORT FORM

TO THE TARGET EMPLOYEE: To the extent possible, your report will be treated confidentially, considered carefully and promptly investigated. No action will be taken against you for making your report so long as you believe the report is valid. Please complete the report as specifically as possible and forward immediately to Risk Management.

To: RISK MANAGEMENT

Date: _____

From (Name): _____

Job Title: _____ Department: _____

Who was the perpetrator (Supervisor, Co-Worker, Member of Public):

Name: _____ Relationship to you: _____

DESCRIBE INCIDENT: Be specific. Include date, location of all incidents. Add extra pages if necessary.

COMPLETE OTHER SIDE

What effect did this conduct have on you: _____

List any witnesses to the incident:

Name: _____ Department/Title: _____

Name: _____ Department/Title: _____

Name: _____ Department/Title: _____

List evidence (if any) to the incident. (Letters, memos, voice mail tapes, etc.)

What other facts may be helpful to our investigation:

Date: _____ Signature: _____

SELF-REPORT OF PAIN AND DISCOMFORT

Employee Name: _____

Date: _____

For each body part, describe how your current pain or discomfort, and indicate the intensity.

Neck	
How Often?	How Much?
<input type="checkbox"/> Never	<input type="checkbox"/> No Discomfort
<input type="checkbox"/> Occasionally	<input type="checkbox"/> Discomfort
<input type="checkbox"/> Frequently	<input type="checkbox"/> Pain
<input type="checkbox"/> Constantly	<input type="checkbox"/> Severe Pain

Upper Back	
How Often?	How Much?
<input type="checkbox"/> Never	<input type="checkbox"/> No Discomfort
<input type="checkbox"/> Occasionally	<input type="checkbox"/> Discomfort
<input type="checkbox"/> Frequently	<input type="checkbox"/> Pain
<input type="checkbox"/> Constantly	<input type="checkbox"/> Severe Pain

Shoulders (R/L)	
<input type="checkbox"/> Never	<input type="checkbox"/> No Discomfort
<input type="checkbox"/> Occasionally	<input type="checkbox"/> Discomfort
<input type="checkbox"/> Frequently	<input type="checkbox"/> Pain
<input type="checkbox"/> Constantly	<input type="checkbox"/> Severe Pain

Lower Back	
<input type="checkbox"/> Never	<input type="checkbox"/> No Discomfort
<input type="checkbox"/> Occasionally	<input type="checkbox"/> Discomfort
<input type="checkbox"/> Frequently	<input type="checkbox"/> Pain
<input type="checkbox"/> Constantly	<input type="checkbox"/> Severe Pain

Elbows (R/L)	
<input type="checkbox"/> Never	<input type="checkbox"/> No Discomfort
<input type="checkbox"/> Occasionally	<input type="checkbox"/> Discomfort
<input type="checkbox"/> Frequently	<input type="checkbox"/> Pain
<input type="checkbox"/> Constantly	<input type="checkbox"/> Severe Pain

Hips/Legs (R/L)	
<input type="checkbox"/> Never	<input type="checkbox"/> No Discomfort
<input type="checkbox"/> Occasionally	<input type="checkbox"/> Discomfort
<input type="checkbox"/> Frequently	<input type="checkbox"/> Pain
<input type="checkbox"/> Constantly	<input type="checkbox"/> Severe Pain

Forearms (R/L)	
<input type="checkbox"/> Never	<input type="checkbox"/> No Discomfort
<input type="checkbox"/> Occasionally	<input type="checkbox"/> Discomfort
<input type="checkbox"/> Frequently	<input type="checkbox"/> Pain
<input type="checkbox"/> Constantly	<input type="checkbox"/> Severe Pain

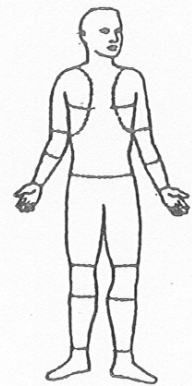
Knees (R/L)	
<input type="checkbox"/> Never	<input type="checkbox"/> No Discomfort
<input type="checkbox"/> Occasionally	<input type="checkbox"/> Discomfort
<input type="checkbox"/> Frequently	<input type="checkbox"/> Pain
<input type="checkbox"/> Constantly	<input type="checkbox"/> Severe Pain

Wrists (R/L)	
<input type="checkbox"/> Never	<input type="checkbox"/> No Discomfort
<input type="checkbox"/> Occasionally	<input type="checkbox"/> Discomfort
<input type="checkbox"/> Frequently	<input type="checkbox"/> Pain
<input type="checkbox"/> Constantly	<input type="checkbox"/> Severe Pain

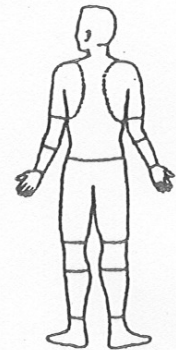
Ankles/Feet (R/L)	
<input type="checkbox"/> Never	<input type="checkbox"/> No Discomfort
<input type="checkbox"/> Occasionally	<input type="checkbox"/> Discomfort
<input type="checkbox"/> Frequently	<input type="checkbox"/> Pain
<input type="checkbox"/> Constantly	<input type="checkbox"/> Severe Pain

Hands (R/L)	
<input type="checkbox"/> Never	<input type="checkbox"/> No Discomfort
<input type="checkbox"/> Occasionally	<input type="checkbox"/> Discomfort
<input type="checkbox"/> Frequently	<input type="checkbox"/> Pain
<input type="checkbox"/> Constantly	<input type="checkbox"/> Severe Pain

Eyes (Dry / Sore / Blurred)	
<input type="checkbox"/> Never	<input type="checkbox"/> No Discomfort
<input type="checkbox"/> Occasionally	<input type="checkbox"/> Discomfort
<input type="checkbox"/> Frequently	<input type="checkbox"/> Pain
<input type="checkbox"/> Constantly	<input type="checkbox"/> Severe Pain



Front

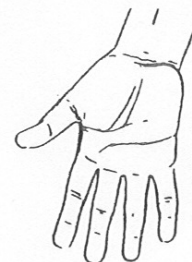


Back

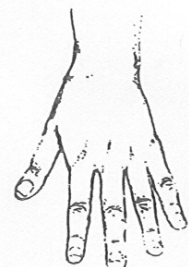
Onset of Symptoms: _____

Current Medications/Treatments: _____

Previous Medical History: _____



Front



Back

ASSEMBLY AREAS

Bishop Offices

Bishop May Street Offices, Probation,
INET, Health & Human Services
(One Stop, Grove Street, Progress House,
IMAAA), Library

Bishop City Hall Offices, WIC, District
Attorney, Child Support, County
Services Building (South Street)

Airport Offices

Assembly Area

Bishop City Park

City of Bishop Parking
Lot (behind J.C. Penney)

Search & Rescue Building

Independence Offices

All

Assembly Area

Johnson Field, Market
Street

Lone Pine:

All

Assembly Area

Lone Pine Park

Big Pine

All

Assembly Area

Mendenhall Park

BOMB THREAT CHECKLIST FOR PHONED THREATS
(To be completed after contacting Law Enforcement)

QUESTIONS TO ASK:

1. When is the bomb going to explode? _____
2. Where is it right now? _____
3. What does it look like? _____
4. What will cause it to explode? _____

EXACT WORDING OF THE THREAT:

Name of person receiving call: _____ Time: _____ Date: _____			
Caller's Identity:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Adult <input type="checkbox"/> Juvenile	Approximate Age _____
Origin of call (if you can tell or ask):	<input type="checkbox"/> Local <input type="checkbox"/> Long Distance	<input type="checkbox"/> Booth	<input type="checkbox"/> Internal (from within building)
Vocal characteristics:	<input type="checkbox"/> Loud <input type="checkbox"/> Soft <input type="checkbox"/> Pleasant	<input type="checkbox"/> High Pitch <input type="checkbox"/> Deep <input type="checkbox"/> Raspy	<input type="checkbox"/> Intoxicated <input type="checkbox"/> Other
Speech:	<input type="checkbox"/> Fast <input type="checkbox"/> Slow <input type="checkbox"/> Distinct	<input type="checkbox"/> Distorted <input type="checkbox"/> Nasal <input type="checkbox"/> Slurred	<input type="checkbox"/> Stutter <input type="checkbox"/> Lisp <input type="checkbox"/> Other
Language:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Foul <input type="checkbox"/> Other
Accent:	<input type="checkbox"/> Local <input type="checkbox"/> Not Local	<input type="checkbox"/> Regional <input type="checkbox"/> Foreign	<input type="checkbox"/> Other
Manner:	<input type="checkbox"/> Calm <input type="checkbox"/> Angry <input type="checkbox"/> Emotional <input type="checkbox"/> Laughing	<input type="checkbox"/> Rational <input type="checkbox"/> Irrational <input type="checkbox"/> Belligerent <input type="checkbox"/> Righteous	<input type="checkbox"/> Coherent <input type="checkbox"/> Incoherent
Background Noises:	<input type="checkbox"/> Machinery <input type="checkbox"/> Trains <input type="checkbox"/> Street <input type="checkbox"/> Office Machines	<input type="checkbox"/> Quiet <input type="checkbox"/> Music <input type="checkbox"/> Voices <input type="checkbox"/> Party Atmosphere	<input type="checkbox"/> Bedlam <input type="checkbox"/> Animals <input type="checkbox"/> Other