SAFETY POLICY

ALL STAFF:

It is the policy of (your company) that accident prevention shall be considered of primary Importance in all phases of operation and administration. It is the intention of our Management to provide safe and healthy working conditions and to establish and instill safe practices at all times by all employees. The prevention of accidents is an objective affecting all levels of our company and its operations.

We strive to maintain a safe place to work and to employ safe workers, it is your responsibility to conduct your work in a safe, responsible manner, immediately report all accidents occurring on company premises and job sites to your supervisor.

We have established the following rules:

• Alcohol or drug use on the job is prohibited at all times,

• Removal and bypassing guards on any machine/equipment is prohibited. If you need additional equipment or modifications, contact your supervisor immediately.

• Seat belts are required for drivers and passengers in company vehicles and in personal vehicles used on business.

• Advise your supervisor of any hazardous conditions or safety concerns you may have.

• Report all injuries to your supervisor immediately, no matter how minor.

• Your supervisor must authorize non-emergency treatment for accidents, prior to treatment.

Office Staff

AGGRESSION CONTROL PROCEDURES

1. If you perceive no immediate physical threat:
   a. Notify other staff members and have a stand-by to render assistance.
   b. State clearly who you are, what you can do to help and what your time limits are as a staff member.

2. If you perceive the possibility of severe physical injury:
   a. Assume a non-threatening physical posture and voice tone.
   b. State in clear concise terms what you want the individual to do.
   c. State what you can do to help.
   d. Speak with authority.
e. Make direct commands.
f. Set a time limit. At the end of set time, seek assistance from a staff member.

3. If you are assaulted:
   a. Discontinue care; leave the area.
   b. Report assault to your supervisor.
   c. Do not return alone. Bring assistance with you.

4. Breaking up an altercation:
   a. Do not attempt to break it up alone.
   b. Call for help from staff members or call security.
   c. Stay out of the immediate area.
   d. Wait for help from at least one other person. Do not intervene alone.

GENERAL RULES:
All Staff
Ergonomics
1. Take periodic rest breaks from repetitive or prolonged activities by standing up and stretching.
2. Use a chair that is padded, is stable, mobile, swivels and allows operator movement. Adjust your seat height so your knees are about the same level as your hips.
3. Sit straight up in your chair, and if needed, use a footrest that has an adjustable height.
4. Keep wrists and hands in a straight position while keystroking by keeping forearms parallel to the floor and elbows at your sides. Avoid reaching more than 18 inches for work items.

Housekeeping
1. Do not place materials such as boxes or trash in walkways and passageways.
2. Mop up water around drinking fountains and drink dispensing machines immediately.
3. Do not store or leave items on stairways.
5. Do not block or obstruct stairwells, exits or accesses to safety and emergency equipment such as fire extinguishers or fire alarms.
6. Straighten or remove rugs and mats that do not lie flat on the floor. Ensure non-slip mats are placed correctly and cleaned properly.

Lifting Procedures
1. Plan the move before lifting; ensure that you have an unobstructed pathway.
2. Test the weight of the load before lifting by pushing the load along its resting surface.
3. If the load is too heavy or bulky, use lifting and carrying aids such as hand trucks, dollies, pallet jacks and carts, or gets assistance from a co-worker.
4. If assistance is required to perform a lift, coordinate and communicate your movements with those of your co-worker.
5. Position your feet 6 to 12 inches apart with one foot slightly in front of the other.
6. Face the load.
7. Bend at the knees, not at the back.
8. Keep your back straight.
9. Get a firm grip on the object using your hands and fingers. Use handles when they are present.
10. Hold the object as close to your body as possible.
11. While keeping the weight of the load in your legs stand to an erect position.
12. Perform lifting movements smoothly and gradually; do not jerk the load.
13. If you must change direction while lifting or carrying the load, pivot your feet and turn your entire body. Do not twist at the waist.
14. Set down objects in the same manner as you picked them up, except in reverse.
15. Do not lift an object from the floor to a level above your waist in one motion. Set the load down on a table or bench and then adjust your grip before lifting it higher.
16. Never lift anything if your hands are greasy or wet.
17. Wear protective gloves when lifting objects that have sharp corners or jagged edges.

Vehicle Safety

Motor Vehicle Records:
Periodically, not to exceed annually, review the driving history of all employees authorized to operate vehicles in the course of their employment with your company by obtaining current motor vehicle reports (MVR). At a minimum, your company should obtain Motor Vehicle Reports (MVR) at hire and annually for each driver.

Driver Reference Checks:
Conduct reference checks to include driving performance as a standard part of your new employee selection practice whenever the prospective employee will be authorized to operate vehicles in the course of their employment with your company. The results of your reference checks should be documented as part of your fleet management practices.

Lack of Policy or Procedures for Minimum Driving Experience Requirement:
Implement a minimum driving experience requirement of at least 5 years as part of your selection criteria before hiring drivers or authorizing employees to operate vehicles in the course of their employment with your company.

Driver Performance Capabilities:
- Motor vehicle record reviews to identify accidents and violations
- Additional assessments as needed to assure continues safe performance such as reaction times and visual / auditory acuity
- Knowledge of company driver safety procedures

Acceptable MVR Criteria:
Develop written driver history acceptance standards for all drivers for the past 3 full years of driving history. The following acceptability criteria should be used as a model in developing your own minimum acceptability criteria:

1. Maximum of either 2 moving violations or 2 accidents or combination thereof
2. No suspension or revocation of driving privileges
3. Driver has been licensed for more than 3 years
4. No serious violations as follows:
   - Speeding over 20 MPH of posted speed limit
   - Leaving the scene of an accident
   - Reckless driving
   - Driving under the influence of drugs or alcohol
   - Driving while intoxicated
   - Refusing a drug / alcohol test
   - Negligent homicide arising from the use of a motor vehicle
   - Using a motor vehicle for the commission of a felony
   - Racing on public roads
   - Driving with a suspended license
   - Fleeing and Eluding

OFFICE SAFETY

General Rules
1. Do not stand on furniture to reach high places.
2. Use the ladder or step stool to retrieve or store items that are located above your head.
3. Do not jump from ladders or step stools.
4. Do not block your view by carrying large or bulky items; use the dolly or hand truck or get assistance from a fellow employee.
5. Do not throw matches, cigarettes or other smoking materials into trash baskets.
6. Do not tilt the chair you are sitting in. Keep all chair legs on the floor.
7. Do not kick objects out of your pathway; pick them up or push them out of the way.

Doors
1. Keep doors in hallways fully open or fully closed.
2. Use the handle when closing doors.

Files
1. Open only one file cabinet drawer at a time. Close the filing cabinet drawer you are working in before opening another filing drawer in the same cabinet.
2. Put heavy files in the bottom drawers of file cabinets.
3. Use the handle when closing drawers and files.
**Sharp Objects**
1. Store sharp objects, such as pens, pencils, and letter openers or scissors in drawers or with the tips pointing down in a container.
2. Carry pencils, scissors and other sharp objects with the tips pointing down.

**Paper Cutter/Shredder**
1. Position hands and fingers on the handle of the paper cutter before pressing down on the blade.
2. Keep the paper cutter handle in the closed or locked position when it is not being used.
3. Do not use paper-cutting devices if the finger guard is missing.
4. Do not place your fingers in or near the feed of a paper shredder.

**Staplers**
1. Point the ejector slot away from yourself and bystanders when refilling staplers.
2. Keep fingers away from the ejector slot when loading or testing stapling devices.
3. Use a staple remover, not your fingers, for removing staples.

**Electrical**
1. Do not use frayed, cut or cracked electrical cords.
2. Do not plug multiple electrical cords into a single outlet.
3. Do not use extension or power cords that have the ground prong removed or broken off.
4. Use a cord cover or tape the cord down when running electrical cords across aisles, between desks or across entrances or exits.

**Fans**
1. Do not use fans that have excessive vibration, frayed cords or missing guards.
2. Do not place floor type fans in walkways, aisles or doorways.

**Stairs**
1. Use the handrails when ascending or descending stairs or ramps.
2. Do not store or leave items on stairways.
3. Do not run on stairs or take more than one step at a time.

**LADDERS AND STEP LADDERS**
1. Read and follow the manufacturer's instructions for proper setup & ladder use. Inspect the ladder regularly.
2. Do not use ladders that have loose rungs, cracked or split side rails, missing rubber foot pads, or are otherwise visibly damaged.
3. Keep ladder rungs clean and free of grease. Remove buildup of material such as dirt or mud.
4. Do not use a metal ladder on rooftops nor within 50 feet of electrical power lines.
5. Do not place ladders in a passageway or doorway without posting warning signs or cones that detour pedestrian traffic away from the ladder. Lock the doorway that you are blocking and post the sign "Detour".
6. Allow only one person on the ladder at a time.
7. Face the ladder when climbing up or down it.
8. Maintain a three-point contact by keeping hands and one foot or both feet and one hand on the ladder at all times when climbing up or down the ladder.
9. When performing work from a ladder, face the ladder and do not lean backward or sideways from the ladder.
10. Do not stand on the top two rungs of any ladder.
11. Do not stand on a ladder that wobbles, or that leans to the left or right.
12. When using a ladder, extend the top of the ladder at least 3 feet above the edge of the landing.
13. Secure the ladder in place by having another employee hold it.
14. Do not move a rolling ladder while someone is on it.
15. Do not place ladders on barrels, boxes, loose bricks, pails, concrete blocks or other unstable bases.
16. Do not carry items in your hands while climbing up or down a ladder.
17. Do not try to "walk" a ladder by rocking it. Climb down the ladder, and then move it.
18. Do not use a ladder as a horizontal platform.

**FIRST AID PROCEDURES**

**EMERGENCY PHONE NUMBERS**

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety Coordinator</td>
<td></td>
</tr>
<tr>
<td>First Aid</td>
<td></td>
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<tr>
<td>Ambulance</td>
<td></td>
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<tr>
<td>Medical Clinic</td>
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<td>Poison Control</td>
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<tr>
<td>Fire Department</td>
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<tr>
<td>Police</td>
<td></td>
</tr>
<tr>
<td>Clinic Address</td>
<td></td>
</tr>
</tbody>
</table>

*Minor First Aid Treatment*

First aid kits are stored in the front office and in the employee lounge. If you sustain an injury or are involved in an accident requiring minor first aid treatment:

- Inform your supervisor.
- Administer first aid treatment to the injury or wound.
- If a first aid kit is used, indicate usage on the accident investigation report.
- Access to a first aid kit is not intended to be a substitute for medical attention.
- Provide details for the completion of the accident investigation report.

*Non-Emergency Medical Treatment*

For non-emergency work-related injuries requiring professional medical assistance, management must first authorize treatment. If you sustain an injury requiring treatment other than first aid:

- Inform your supervisor.
• Proceed to the posted medical facility. Your supervisor will assist with transportation, if necessary.
• Provide details for the completion of the accident investigation report.

*Emergency Medical Treatment*
If you sustain a severe injury requiring emergency treatment:

• Call for help and seek assistance from a co-worker.
• Use the emergency telephone numbers and instructions posted next to the telephone in your work area to request assistance and transportation to the local hospital emergency room.
• Provide details for the completion of the accident investigation report.

*First Aid Training*
Each employee will receive training and instructions from his or her supervisor on our first aid procedures.

**FIRST AID INSTRUCTIONS**

In all cases requiring emergency medical treatment, immediately call, or have a co-worker call, to request emergency medical assistance.

**WOUNDS:**

Minor: Cuts, lacerations, abrasions, or punctures

• Wash the wound using soap and water; rinse it well.
• Cover the wound using clean dressing.

Major: Large, deep and bleeding

• Stop the bleeding by pressing directly on the wound, using a bandage or cloth.
• Keep pressure on the wound until medical help arrives.

**BROKEN BONES:**

• Do not move the victim unless it is absolutely necessary.
• If the victim must be moved, "splint" the injured area. Use a board, cardboard, or rolled newspaper as a splint.

**BURNS:**

**Thermal (Heat)**

• Rinse the burned area, without scrubbing it, and immerse it in cold water; do not use ice water.
• Blot dry the area and cover it using sterile gauze or a clean cloth.

**Chemical**

• Flush the exposed area with cool water immediately for 15 to 20 minutes.
EYE INJURY:

Small particles
- Do not rub your eyes.
- Use the corner of a soft clean cloth to draw particles out, or hold the eyelids open and flush the eyes continuously with water.

Large or stuck particles
- If a particle is stuck in the eye, do not attempt to remove it.
- Cover both eyes with bandage.

Chemical
- Immediately irrigate the eyes and under the eyelids, with water, for 30 minutes.

NECK AND SPINE INJURY:

- If the victim appears to have injured his or her neck or spine, or is unable to move his or her arm or leg, do not attempt to move the victim unless it is absolutely necessary.

HEAT EXHAUSTION:

- Loosen the victim's tight clothing.
- Give the victim "sips" of cool water.
- Make the victim lie down in a cooler place with the feet raised.
Section V.  

**ACCIDENT INVESTIGATION**

*Accident Investigation Procedures*

An accident investigation will be performed by the supervisor at the location where the accident occurred. The safety coordinator is responsible for seeing that the accident investigation reports are being filled out completely, and that the recommendations are being addressed. Supervisors will investigate all accidents, injuries, and occupational diseases using the following investigation procedures:

- Implement temporary control measures to prevent any further injuries to employees.
- Review the equipment, operations, and processes to gain an understanding of the accident situation.
- Identify and interview each witness and any other person who might provide clues to the accident's causes.
- Investigate causal conditions and unsafe acts; make conclusions based on existing facts.
- Complete the accident investigation report.
- Provide recommendations for corrective actions.
- Indicate the need for additional or remedial safety training.

Accident investigation reports must be submitted to the safety coordinator within 24 hours of the accident.
ACCIDENT INVESTIGATION REPORT

REPORT #

COMPANY: _______________________ ADDRESS:

1. Name of injured: ____________________________ S.S. #: __________________
2. Sex [ ] M [ ] F Age: ______ Date of accident: ____________
3. Time of accident: _____ a.m. _____ p.m. Day of accident: ______
4. Employee's job title: ____________________________
5. Length of experience on job: ______ (years) ______ (months)
6. Address of location where the accident occurred: ________________
7. Nature of injury, Injury type, and Part of the body affected: ____________________________
8. Describe the accident and how it occurred: ____________________________
9. Cause of the accident: ____________________________
10. Was personal protective equipment required? [ ] yes [ ] no Was it provided? [ ] yes [ ] no
   Was it being used? [ ] yes [ ] no If "no", explain. ____________________________
   Was it being used as trained by supervisor or designated trainer? [ ] yes [ ] no If "no", explain.
   ____________________________
11. Witness(es): ____________________________
12. Safety training provided to the injured? [ ] yes [ ] no If "no", explain. ____________________________
13. Interim corrective actions taken to prevent recurrence: ____________________________
14. Permanent corrective action recommended to prevent recurrence: ____________________________
15. Date of report _____________ 19
   Prepared by: ____________________________
   Supervisor (Signature) ____________________________ Date: ____________________________
16. Status and follow-up action taken by safety coordinator: ____________________________
INSTRUCTIONS FOR COMPLETING THE ACCIDENT INVESTIGATION REPORT

An accident investigation is not designed to find fault or place blame but is an analysis of the accident to determine causes that can be controlled or eliminated.

(Items 1-6) **Identification**: This section is self-explanatory.

(Items 7) **Nature of Injury**: Describe the injury, e.g., strain, sprain, cut, burn, fracture. **Injury Type**: First aid - injury resulted in minor injury/treated on premises; Medical - injury treated off premises by physician; Lost time - injured missed more than one day of work; No Injury - no injury, near-miss type of incident. **Part of the Body**: Part of the body directly affected, e.g., foot, arm, hand, head.

(Items 8) **Describe the accident**: Describe the accident, including exactly what happened, and where and how it happened. Describe the equipment or materials involved.

(Items 9) **Cause of the accident**: Describe all conditions or acts which contributed to the accident, i.e.,
   a. unsafe conditions - spills, grease on the floor, poor housekeeping or other physical conditions.
   b. unsafe acts - unsafe work practices such as failure to warn, failure to use required personal protective equipment.

(Items 10) **Personal protective equipment**: Self-explanatory

(Items 11) **Witness(es)**: List name(s), address(es), and phone number(s).

(Items 12) **Safety training provided**: Was any safety training provided to the injured related to the work activity being performed?

(Items 13) **Interim corrective action**: Measures taken by supervisor to prevent recurrence of incident, i.e., barricading accident area, posting warning signs, shutting down operations.

(Items 14) **Self-explanatory**

(Items 15) **Self-explanatory**

(Items 16) **Follow-up**: Once the investigation is complete, the safety coordinator shall review and follow-up the investigation to ensure that corrective actions recommended by the safety committee and approved by the employer are taken, and control measures have been implemented.