
City of Vernon Workplace Injury & Illness Prevention Program



SAFETY PROGRAM

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CHAPTER 1

INTRODUCTION

SAFETY POLICY

The purpose of this Workplace Injury & Illness Prevention Program is to establish general methods and procedures for developing and maintaining a program of accident prevention throughout the operations of the City of Vernon.

In carrying out these purposes, this program has as its specific objectives the prevention of physical injury, disability, sickness, loss of work, fatalities and destruction or damage to property of the City. As an additional objective, it also includes the prevention of accidents involving the citizens or property within the City of Vernon.

A common and sympathetic interest exists between the City's management and employees in the maintenance of an adequate and effective accident prevention program. The promotion of this common interest is furthered and extended through close cooperation.

The procedures that follow anticipate that such cooperation will be established and maintained at all times between management, its employees and employee associations.

PROCEDURES

The general procedures to be followed are divided into three parts as follows:

1. Eliminate unsafe structures, installations, working conditions, acts of individuals, and unsafe automotive and other equipment.
2. Organize and supervise a program of safety information and training among the employees to teach:
 - a. The correct use of tools and equipment.
 - b. Safe work methods.
 - c. Safety precautions.
 - d. Application of safety rules for accident prevention.
 - e. Proper use of safety devices.
 - f. Safety orientation of new employees.
3. Maintain records of accidents and safety performance. Investigate and analyze all accidents, prepare reports for management and submit recommendations for preventative measures.

ORGANIZATION

The organization of the safety program utilizes all existing channels of authority within the City of Vernon. In addition to these established channels, a supplementary organization has been set up with specific responsibility for the safety program as follows:

The Director of Human Resources is the Safety Officer and serves under the direction of the City Administrator in all functions in connection with this program. The Director of Human Resources

shall serve as an advisor to the Safety Committee.

Safety Coordinator: Safety Coordinators will be department safety representatives. They will be responsible for reporting unsafe conditions to their respective Department Heads and the Director of Human Resources.

Safety Committee: The Safety Committee will consist of the Director of Human Resources, and Safety Coordinators. The Committee will be responsible for the overall operation of the safety program. The Safety Committee shall meet once each month at a regularly scheduled date and time.

Tailgate (department) Meetings. These meetings will provide the Safety Coordinator with the opportunity to impress upon personnel the necessity of making accident prevention an essential part of the job. Tailgate meetings shall be held biweekly at a regularly scheduled date and time as mandated. If not mandated, Tailgate meetings may be held as needed.

RESPONSIBILITY

Director of Human Resources

The Director of Human Resources has the authority and the responsibility for implementing and maintaining this IPP Program for the City of Vernon. The Director of Human Resources is responsible for the development, organization, coordination and implementation of safety programs and safety education. Responsibilities also include work site inspections, hazard reduction and/or elimination, accident/injury investigation, reporting and management.

The Director of Human Resources will advise the City Administrator as well as Department Heads, supervisors and employees of unsafe conditions, problems related to accident prevention and recommendations for loss control. The Director of Human Resources will not fulfill obligations of administrators or supervisors relative to providing safe work environments, necessary equipment, training as well as inspections in the interest of accident prevention. The Director of Human Resources will prepare a monthly loss analysis report to the City Administrator, City Council and Department Heads.

Department Head

The Department Head is responsible for fulfillment of departmental goals and objectives as well as health and welfare of each employee in the department. In the adopted safety policy, the highest priority has been placed on employee safety, which, therefore becomes the responsibility of the respective administrator. It is normal practice for supervisors to be delegated the authority to carry out safety policy in his or her department; but the responsibility for meeting objectives and the protection of employees in performance of their assignments cannot be transferred.

Supervisors

Supervisors are responsible for implementing and maintaining the IPP Program in their work areas and for answering workers questions about the IPP Program. A copy of this IPP Program is available from each manager and supervisor. Supervisors will assume the responsibility of thoroughly instructing their personnel in the safe practices to be observed in their work situations.

They will consistently enforce safety standards and requirements to the utmost of their ability and authority. Supervisors will act positively to eliminate any potential hazards within the activities under their jurisdiction and they will set the example of good safety practice in all spheres of their endeavors. The principal duties of supervisors in discharging responsibilities for safety are as follows:

1. Enforce all safety regulations in effect and make employees aware that violations of safety rules will not be tolerated.
2. Make sure all injuries are reported promptly and all accidents are reported even if injury is not apparent.
3. Conduct a thorough investigation of all accidents and take necessary steps to prevent recurrence through employee safety education, operating procedures or modification of equipment.
4. Provide employees with complete safety instructions regarding their duties prior to the employee actually starting to work.
5. Conduct regular safety checks of the area, including a careful examination of all new and relocated equipment before it is placed in operation.
6. Properly maintain equipment and issue instructions for the elimination of fire and safety hazards.
7. Continuously inspect for unsafe practices and conditions and promptly undertake corrective action.
8. Develop and administer an effective program of good housekeeping and maintain high standards of personal and operational cleanliness throughout all operations.
9. Provide and maintain safety equipment and protective devices for each job based on knowledge of applicable standards or on recommendation of the Department Head and/or Director of Human Resources.
10. Conduct tailgate meetings for safety education at biweekly intervals, allow discussion period for employees to express their concerns, ask questions, etc.
11. Give full support to all safety procedures, activities and programs.

Employee

Each employee, as part of the comprehensive safety and loss prevention program, is expected to place safe work practices and identification of unsafe conditions in their highest priority while performing their daily tasks. Each employee's safety commitment must include, but is not limited to the following:

1. Using safety equipment which has been provided in performing his/her daily work assignments.
2. Wearing the prescribed uniform and safety shoes as required. Wearing any and all safety

apparatus as required by the job.

3. Not operating equipment or using tool for which training or orientation has not been received.
4. Warning supervisors and co-workers of unsafe conditions or practices they are engaged in which could lead to or cause an accident.
5. Reporting defective equipment, including vehicles, immediately to a supervisor and filing repair orders per departmental policy.
6. Reporting dangerous or unsafe conditions that exist in the work place as well as throughout the city. This would include defective sidewalks, broken curbs, hanging limbs, loose handrails, open manholes, sunken basins and sewers, missing signs, etc.
7. Reporting of all injuries and accidents regardless of severity.
8. Taking care not to abuse tools and equipment, so that these items will be in usable condition for as long as possible as well as to ensure that they are in the best possible condition while being used.

COMPLIANCE

All workers, including managers and supervisors, are responsible for complying with safe and healthful work practices. Our system of ensuring that all workers comply with these practices includes the following checklist:

- ✓ Informing workers of the provisions of the City of Vernon IIP Program
- ✓ Evaluating the safety performance of all workers.
- ✓ Recognizing employees who perform safe and healthful work practices.
- ✓ Providing training to workers whose safety performance is deficient.
- ✓ Disciplining workers for failure to comply with safe and healthful work practices.

CHAPTER 2

ADMINISTRATIVE PROCEDURES

COMMUNICATION

All managers and supervisors are responsible for communicating with all workers about occupational safety and health in a form readily understandable by all workers. Our communication system checklist encourages all workers to inform their managers and supervisors about workplace hazards without fear of reprisal.

Our communication system includes the following checklist of items:

- ✓ New worker orientation including a discussion of safety and health policies and procedures.
- ✓ Review of our IIP Program.
- ✓ Training programs.
- ✓ Regularly scheduled safety meetings.
- ✓ Posted or distributed safety information.
- ✓ A system for workers to anonymously inform management about workplace hazards.
- ✓ Our department communicates with and instructs employees orally about general safe work practices and hazards unique to each employee's job assignment.

GENERAL PROCEDURES

Under the direction of the Human Resources Director, administrative procedures shall be established for the following:

1. The Safety Committee shall meet once each month. Meeting date and time may be changed by a consensus of the committee but no less than one meeting each month is required.
2. Department Heads will allocate time for their Safety Coordinators to conduct Tailgate meetings within their departments. These meetings will be conducted as required by law.
3. A written record of the minutes of the Safety Committee and department or unit safety meetings shall be made. A copy of such minutes will be made and forwarded to Human Resources Department.
4. Prompt written response of action(s) taken on reports from Human Resources Director and/or recommendations submitted by the Safety Committee.
5. Effective accident investigation.
6. Action against individual violators of safety rules and practices.
7. Safety training programs for employees and supervisory personnel.
8. Complaints from employees concerning a possible injury or potential illness.
9. Inspections, audits and a periodic review of all premises, equipment and materials. Recommendations may be categorized as follows:

- a. Immediate Action- those items which pose imminent danger or which require only modest expenditures of time and material, and can be accomplished by the person having direct responsibility.
- b. As Soon As Possible - those items which require the assistance of another department, routine maintenance items, hazards which may lead to possible serious injury and those requiring a modest expenditure of time and money.
- c. As Schedule Permits - those items which are temporarily acceptable but will require correction.
- d. Pre-planning Necessary - recommendations requiring new programs, equipment or process

Documentation

Action on any of the above shall be documented in all instances.

CalOSHA POSTING, REPORTING AND RECORD KEEPING REQUIREMENTS

1. Posting Requirements

CalOSHA poster must be posted in a prominent place. This poster states the intent and coverage of CalOSHA and the responsibilities of employers and employees to maintain a safe and healthful working environment.

2. Reporting

All fatal accidents, serious injuries, and catastrophes involving five or more employees that require hospitalization for more than 24 hours, must be reported immediately to the Department of Industrial Relations and in no case more than 24 hours of occurrence.

3. Record Keeping

Records shall be made and maintained in accordance with CalOSHA requirements. The official records will be kept by the Human Resources Director.

4. Inspections

The CalOSHA inspector usually will arrive unannounced. Refer the inspector to the Director of Human Resources.

CHAPTER 3

SAFETY COMMITTEE

COMMITTEE ORGANIZATION

Representation on the Safety Committee shall be as follows:

1. All City departments will be represented by a Safety Coordinator.
2. Committee members shall serve for two years or until replaced by the Department Head.
3. The Director of Human Resources may be the Chairperson.
4. One of the committee persons may be designated as vice-chairperson who will chair the meetings in the absence of the chairperson.
5. Chairperson may appoint a secretary to record the minutes of the meetings.
6. Chairperson may appoint sub-committees and members as required with approval of the City Administrator.

MEETINGS

The Safety Committee shall meet monthly at a regularly scheduled date and time. Meetings should not extend beyond one and one-half hours and should normally be of one-hour duration or less depending on the business to be conducted.

COMMITTEE MEETING PROCEDURES

Committee meeting procedures are as follows:

1. Start of meeting - Chairperson (date and time).
2. Roll call - record members present and absent.
3. Introduction of visitors, if any.
4. Review minutes of previous meetings and approve or amend.
5. Unfinished business (reports from committees).
6. Review of accidents and recommendations to prevent recurrence.
7. New business (recommendations, suggestions, hazardous situations).
8. Other business, if any.

9. Announcement of next meeting, date, time and place.
10. Adjourn meeting (time).

SCOPE OF COMMITTEE ACTIVITIES

The Safety Committee recommends matters of policy such as training needs and methods, safety equipment, rules and practices, etc. They may review accident reports and statistics; and project future plans for the advancement of the safety program through the basic elements: engineering, education and enforcement.

SUB-COMMITTEES

Safety Inspection Committee-responsible for the coordination of City-wide annual and specialized inspections. This committee may function at the department level.

SUPERVISORS INJURY REPORTS

The Department Head will review every injury/accident of an employee within his/her department and recommend action to prevent recurrence, whenever possible. A copy of the recommendations will be forwarded to the Director of Human Resources and City Administrator for further action.

RECOMMENDATIONS, SUGGESTIONS AND HAZARDOUS SITUATIONS

Committee members are encouraged to bring all safety matters to the attention of the affected Department Head for correction prior to being brought up at a Committee meeting.

Every recommendation, suggestion or reported hazardous situation shall be assigned for action and reported to the Committee person where the situation exists. However, there may be situations when the Chairperson may have to contact management on a particular problem or where the services of the Director of Human Resources may be required. In no case shall new business be brought up and recorded without an assignment of responsibility.

The Safety Committee person who has been assigned a project will do the necessary research and/or contact the Department Head for appropriate action.

CHAPTER 4

SAFETY INSPECTION

PURPOSE

The purpose of this part of the program is to eliminate unsafe structures, installations, working conditions and equipment.

PROCEDURES FOR LOCATING HAZARDS

1. Periodic inspections will be conducted to recognize and correct unsafe working conditions, acts and environmental hazards on or about facilities of the City, as follows:
 - a. Supervisors must maintain a continuous visual inspection of locations, equipment, tools, personal protective devices and working conditions under their supervision.
 - b. Safety Coordinators will conduct periodic inspections of departments they represent.
 - c. Employees will report all possible hazards and/or safety problems to the supervisor.
 - d. The Human Resources Director may inspect facilities and working conditions and submit his/her findings and recommendations to management.

PROCEDURES TO ELIMINATE OR CORRECT HAZARDS

Unsafe or unhealthy work conditions, practices or procedures shall be corrected in a timely manner based on the severity of the hazards. Hazards shall be corrected according to the following procedures:

1. The supervisor responsible makes corrections whenever it is within his/her authority to do so.
2. If corrections are beyond the authority of the supervisor responsible, he/she prepares a request for correction and submits it through established channels for approval.
3. In the event the recommended corrections are of an urgent nature, verbal approval is obtained from the proper authority, followed by the written request for approval.
4. If correction cannot immediately be made and danger to human life and property is imminent, the equipment will be taken out of service and "tagged" to prohibit its use or the operation will be stopped until such time as the hazard is either removed or corrected.

When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, we will remove all exposed workers from the area except those necessary to correct the existing condition. Workers who are required to correct the hazardous condition shall be provided with the necessary protection.

5. If the possible hazard and/or problem does not pose an imminent danger to human life or property, the employee shall:
 - a. Notify the supervisor of the problem
 - b. Complete the "Report of Safety Problem" form (Exhibit A).

INSPECTION SCHEDULE

Periodic inspections are performed according to the following schedule:

1. When we initially established our IIP Program.
2. When new substances, processes, procedures or equipment which present potential new hazards are introduced into our workplace.
3. When new, previously unidentified hazards are recognized.
4. When occupational injuries and illnesses occur; and
5. Whenever workplace conditions warrant an inspection.

REPORT OF SAFETY PROBLEM

Date of Inspection: _____ **Person Conducting Inspection:** _____

Unsafe Condition or Work Practice: _____

Corrective Action Taken: _____

Date of Inspection: _____ **Person Conducting Inspection:** _____

Unsafe Condition or Work Practice: _____

Corrective Action Taken: _____

Date of Inspection: _____ **Person Conducting Inspection:** _____

Unsafe Condition or Work Practice: _____

Corrective Action Taken: _____

When Corrected Supervisor signature: _____ **Date** _____

CHAPTER 5

TRAINING AND INSTRUCTION

All workers, including managers and supervisors, shall have training and instruction on general and job-specific safety and health practices. Training and instruction is provided:

1. When the IIP Program is first established;
2. To all new workers, except for construction workers who are provided training through a construction industry occupational safety and health training program approved by Cal/OSHA;
3. To all workers given new job assignments for which training has not previously provided;
4. Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard;
5. Whenever the employer is made aware of a new or previously unrecognized hazard;
6. To supervisors to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed; and
7. To all workers with respect to hazards specific to each employee's job assignment.

General workplace safety and health practices include, but are not limited to, the following:

1. Implementation and maintenance of the IIP Program.
2. Emergency action and fire prevention plan.
3. Provisions for medical services and first aid including emergency procedures.
4. Prevention of musculoskeletal disorders, including proper lifting techniques.
5. Proper housekeeping, such as keeping stairways and aisles clear, work areas neat and orderly, and promptly cleaning up spills.
6. Prohibiting horseplay, scuffling, or other acts that tend to adversely influence safety.
7. Proper storage to prevent stacking goods in an unstable manner and storing goods against doors, exits, fire extinguishing equipment and electrical panels.
8. Proper reporting of hazards and accidents to supervisors.
9. Hazard communication, including worker awareness of potential chemical hazards, and proper labeling of containers.

10. Proper storage and handling of toxic and hazardous substances including prohibiting eating or storing food and beverages in areas where they can become contaminated.

SAFETY TRAINING CHECKLIST

Each department has the responsibility of providing on-the-job training to each employee on the topics that will permit the employee to do his job safely and efficiently. This training shall include:

- ✓ Orientation to departmental and City-wide safety and work rules.
- ✓ Procedures for reporting on-the-job injuries
- ✓ Workers' Compensation process
- ✓ City requirements for use of vehicles
- ✓ Reporting of Unsafe Conditions

In addition, specialized training must be offered in the use of tools and equipment in order to maximize the capabilities of the equipment as well as to prolong its usable life and to prevent accidents.

Every employee is expected to request instruction in those tasks or pieces of equipment with which they are not familiar.

JOB SAFETY ANALYSIS (JSA)

A Job Safety Analysis is a structured outline used to train and review procedures in a manner that highlights the key points and hazards in each task. It is recommended that the Job Safety Analysis be prepared for each special function where many people are trained regularly to do the job and where the potential for serious injury exists.

JOB SAFETY ANALYSIS (JSA)

JOB INSTRUCTION TRAINING (JIT)

A. Definitions:

1. Job Safety Analysis: A procedure that identifies hazards or potential accidents in each step of a job, and develops solutions that will eliminate or guard against hazards.
2. Job Instruction Training: A technique for on-the-job instructors when teaching a person how to perform a particular task.

B. Job Safety Analysis Procedure

1. Select the job to be analyzed
Priority for selection
 - a. Frequency of injuries

- b. Potential for severe injury
 - c. Newly established jobs
 - d. Jobs where changes have been made
2. Break down the job
- a. List steps in sequence
 - b. Not too detailed
 - c. Not too general
 - d. Technique of making JSA
 - (1). Select the right person to observe
 - (2). Brief the employee on the purpose
 - (3). Observe the employee performing the job
 - (4). Record each step in the breakdown
 - (5). Check the breakdown with the operator
3. Identify hazards and potential accidents
- a. Environmental hazards (mist, fumes, dust, etc.)
 - b. Potential accidents (slip, trip, strain, etc.)
4. Develop solutions to eliminate hazards
- a. Change existing conditions
 - b. Find a new way to do the job
 - c. Different tools, materials, equipment or location
5. The JSA should be developed by the operator and the supervisor

C. Job Instruction Training Procedure

- 1. Planning the training
 - a. Inventory present skills
 - b. Analyze the need for training

2. How to instruct - the four-step method (JIT)
 - a. Prepare the worker
 - (1). Put the employee at ease
 - (2). Define the job
 - (3). Place in the correct position
 - b. Present the operation
 - (1). One step at a time
 - (2). Tell and show each step
 - (3). Stress each key point
 - c. Try out performance
 - (1). Have employee perform the task
 - (2). Have employee explain each key point
 - (3). Make sure he/she understands
 - d. Follow-up
 - (1). Put employee on his/her own
 - (2). Designate to whom the employee goes for help
 - (3). Check frequently
 - (4). Encourage questions

CHAPTER 6

WORK-RELATED INJURY AND ILLNESS

PROCEDURES – TIME OF INJURY

1. Report the injury to your supervisor immediately. If the injury is serious and no supervisor is present, get medical attention first.
2. Secure approval from your supervisor, the Department Head, or Human Resources Department.
3. A Work Status Report form must be completed by physician and returned to the Human Resources Department.

MODIFIED WORK

1. If restrictions are placed upon the injured employee, the treating physician shall notify Human Resources Department of said restrictions either by phone or in writing.
2. If the Department Head and/or Supervisor determines that no modified work assignment is available, the employee shall remain off work until one becomes available or released to full duty
3. Employees are responsible for notifying their supervisors prior to any absence from home beyond two days.
4. Modified work assignments are the responsibility of the department head and supervisor.

LOST TIME

1. The treating physician must authorize all time off from work. The certification of time off may be subject to concurrence by a City physician.
2. It is the employee's responsibility to return doctors notes for all time off. Any time off not supported by documentation shall be charged against the employee's benefit time (i.e., vacation, comp, time, etc) or considered unpaid leave at the discretion of the Department Head.

FOLLOW-UP VISITS

1. Employees are required to attend all scheduled follow-up visits.
2. If an appointment cannot be kept, it is the employee's responsibility to cancel and/or reschedule a minimum of 24 hours in advance.
3. Failure to comply with the above may result in a monetary expense to the employee if it

is charged to the City by the treating physician.

PHYSICIANS

1. Employees should be treated at the City's designated industrial medical clinic unless an Industrial Injury Physician Pre-Designation Form is on file in the employee's personnel file.
2. In the event of serious injury the employee should call 911 and have paramedic treat and transport.

REPORTING REQUIREMENTS

1. If an employee is injured on the job beyond first aid give him/her the DWC Form 1 (Rev. 1194) Employee's Claim For Workers' Compensation Benefits within 24 hours of date you are informed. This may be handed to the employee or mailed regular mail but must be done within 24 hours of date you learn he/she has been injured (See Exhibit B).
2. Complete the On The Job Injury log indicating employee's name, injury date, date you were informed of the injury, date you provided the DWC Form 1, date the DWC Form 1 was returned to you and the employee's signature that he/she did receive the DWC Form 1. If employee is unavailable to sign for the form, the supervisor may sign indicating that employee is unavailable (See Exhibit C).
3. Complete the Supervisor's Report of Accident (See Exhibit D).
4. Employer's Report of Occupational Injury or Illness (Form 5020). Complete this form only if the injury is other than first aid. If in doubt, complete Form 5020 and send to Human Resources Department. Workers Compensation staff will make the determination (See sample at the end of this section, Exhibit E). This form must be completed by the injured employee's supervisor.

REPORTING REQUIREMENTS FOR FIRST AID INJURIES

Injuries where there is no lost time beyond the date of injury or the injury requires no medical treatment beyond first aid.

1. Complete the Supervisors Report of Accident/Exposure. Exhibit D
2. Complete the Employer's Report of Occupational Injury or Illness Form 5020. Exhibit E
3. Send both forms to Human Resources Department.

Exhibit B – DWC1 Form

State of California
 Department of Industrial Relations
 DIVISION OF WORKERS' COMPENSATION



Estado de California
 Departamento de Relaciones Industriales
 DIVISION DE COMPENSACIÓN AL TRABAJADOR

WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la Division de Compensación al Trabajador al (800) 736-7401 para oír información gravada. En la hoja cubierta de esta forma esta la explicación de los beneficios de compensación al trabajador.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee—complete this section and see note above Empleado—complete esta sección y note la notación arriba.

- Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____
- Home Address. *Dirección Residencial.* _____
- City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
- Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.
- Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* _____
- Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* _____
- Social Security Number. *Número de Seguro Social del Empleado.* _____
- Signature of employee. *Firma del empleado.* _____

Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.

- Name of employer. *Nombre del empleador.* City of Vernon
- Address. *Dirección.* 4305 Santa Fe Avenue, Vernon, CA 90058
- Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
- Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
- Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
- Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* _____
- Insurance Policy Number. *El número de la póliza de Seguro.* _____
- Signature of employer representative. *Firma del representante del empleador.* _____
- Title. *Título.* _____
- Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

Employer copy/Copia del Empleador Employee copy/ Copia del Empleado

Empleador: Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

Claims Administrator/Administrador de Reclamos Temporary Receipt/Recibo del Empleado

**CITY OF VERNON
ON THE JOB INJURY LOG**

EMPLOYEE NAME	DATE OF INJURY	DATE SUPERVISOR NOTIFIED OF INJURY	DATE DWC FORM 1 PROVIDED	DATE DWC FORM 1 RETURNED	EMPLOYEE SIGNATURE

IN THE EVENT OF AN ON THE JOB INJURY

Give claim form (DWC Form 1) to injured employee within 24 hours of date you are informed of the injury. This must be handed to the employee or mailed regular mail with 24 hours.
Do not wait for the employee to return the form but complete log as usual, and send to Risk Management. If employee does not sign log, supervisor may sign and state that employee was unavailable for signature.

It is not necessary that the DWC Form 1 be returned, only that it is provided to the employee. When and if the employee does return the form send to Risk Management.

c:\Safety\Onthejobinjury\logmay2004

SUPERVISOR'S REPORT OF ACCIDENT/EXPOSURE

1. Name of injured _____ Job title _____ Sex MALE FEMALE

2. Department _____ Supervisor _____

3. Address where accident _____

4. What was employee doing when injured?

5. Names of witnesses _____

6. How did accident / exposure occur? _____

7. If exposure, product / chemical involved? _____

8. Duration of exposure: ___ hrs. ___ min. UNKNOWN

9. Object or substance that directly injured employee?

10. Nature of injury or illness and part of body affected?

11. Date of injury/illness/exposure _____ Time _____

12. Has employee returned to work? NO YES Date Returned _____

13. Who gave first aid, if any? _____

14. Did the employee go to the doctor? NO YES Treatment was offered but refused.

Doctor's name: _____

15. Did employee commit an unsafe act? Explain

16. Explain factors that could have contributed to the accident (improper attitude, physical impairment ie., eyesight, hearing, fatigue, etc., or lack of knowledge or skill)

17. What have you personally done to prevent similar accidents?

EMPLOYEE _____ DATE _____

SUPERVISOR _____ DATE _____

DEPARTMENT HEAD _____ DATE _____

Exhibit E – Form 5020

State of California EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS		Please complete in triplicate (type if possible) Mail two copies to:		OSHA CASE NO.
Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers compensation benefits or payments is guilty of a felony.		California law requires employers to report within five days of knowledge every occupational injury or illness which results in lost time beyond the date of the incident OR requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be reported immediately by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.		FATALITY <input type="checkbox"/>
EMPLOYER	1. FIRM NAME	1a. Policy Number Emp. ID# -		Please do not use this column
	2. MAILING ADDRESS: (Number, Street, City, Zip)	2a. Phone Number		
	3. LOCATION if different from Mailing Address (Number, Street, City and Zip)	3a. Location Code Dept Code -		OWNERSHIP
	4. NATURE OF BUSINESS; e.g., Painting contractor, wholesale grocer, sawmill, hotel, etc.	5. State unemployment insurance acct.no		
6. TYPE OF EMPLOYER: <input type="checkbox"/> Private <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> School District <input type="checkbox"/> Other Gov't, Specify: _____				INDUSTRY
7. DATE OF INJURY / ONSET OF ILLNESS (mm/dd/yy)	8. TIME INJURY/ILLNESS OCCURRED _____ AM _____ PM	9. TIME EMPLOYEE BEGAN WORK _____ AM _____ PM	10. IF EMPLOYEE DIED, DATE OF DEATH (mm/dd/yy)	OCCUPATION
11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. DATE LAST WORKED (mm/dd/yy)	13. DATE RETURNED TO WORK (mm/dd/yy)	14. IF STILL OFF WORK, CHECK THIS BOX: <input type="checkbox"/>	
15. PAID FULL DAYS WAGES FOR DATE OF INJURY OR LAST DAY WORKED? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. SALARY BEING CONTINUED? <input type="checkbox"/> Yes <input type="checkbox"/> No	17. DATE OF EMPLOYER'S KNOWLEDGE /NOTICE OF INJURY/ILLNESS (mm/dd/yy)	18. DATE EMPLOYEE WAS PROVIDED CLAIM FORM (m/m/dd/yy)	SEX
19. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS if available, e.g., Second degree burns on right arm, tendonitis on left elbow, lead poisoning				AGE
20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City, Zip)		20a. COUNTY	21. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input type="checkbox"/> No	DAILY HOURS
22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g., Shipping department, machine shop.			23. Other Workers injured or ill in this event? <input type="checkbox"/> Yes <input type="checkbox"/> No	DAYS PER WEEK
24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Acetylene, welding torch, farm tractor, scaffold				WEEKLY HOURS
25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Welding seams of metal forms, loading boxes onto truck.				WEEKLY WAGE
26. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, e.g., Worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY				COUNTY
27. Name and address of physician (number, street, city, zip)			27a. Phone Number	NATURE OF INJURY
28. Hospitalized as an inpatient overnight? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes then, name and address of hospital (number, street, city, zip)			28a. Phone Number	PART OF BODY
			29. Employee treated in emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29 (b)(6)-(10) & 14300.35(b)(2)(E)2. Note: Shaded boxes indicate confidential employee information as listed in CCR Title 8 14300.35(b)(2)(E)2*.				SOURCE
30. EMPLOYEE NAME		31. SOCIAL SECURITY NUMBER	32. DATE OF BIRTH (mm/dd/yy)	EVENT
33. HOME ADDRESS (Number, Street, City, Zip)			33a. PHONE NUMBER	SECONDARY SOURCE
34. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	35. OCCUPATION (Regular job title, NO initials, abbreviations or numbers)		36. DATE OF HIRE (mm/dd/yy)	EXTENT OF INJURY
37. EMPLOYEE USUALLY WORKS _____ hours per day, _____ days per week, _____ total weekly hours		37a. EMPLOYMENT STATUS <input type="checkbox"/> regular, full-time <input type="checkbox"/> part-time <input type="checkbox"/> temporary <input type="checkbox"/> seasonal	37b. UNDER WHAT CLASS CODE OF YOUR POLICY WHERE WAGES ASSIGNED	
38. GROSS WAGES/SALARY \$ _____ per _____		39. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (e.g. tips, meals, overtime, bonuses, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Completed By (type or print)		Signature & Title		Date (mm/dd/yy)
* Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.35), to others for the purpose of processing a workers' compensation or other insurance claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30). CCR Title 8 14300.40 requires provision upon request to certain state and federal workplace safety agencies.				

CHAPTER 7

ACCIDENT INVESTIGATION AND ANALYSIS

ACCIDENT INVESTIGATION

Good accident investigation starts long before the accident happens and ends after the accident occurred. WE MUST KNOW THE CAUSE IF WE WANT TO CORRECT THE PROBLEM. If we use a step-by-step guideline process, investigations can be effective. First, look at the steps to accident investigation:

1. You must clearly understand the need to investigate
2. You must be prepared to do the investigation
3. Gather all the facts about the accident
4. Analyze the facts you gathered
5. Based on facts, develop your conclusions
6. Then analyze the conclusions
7. Document conclusions in a report
8. Make specific recommendations to get action
9. Sell your recommendations to get action
10. Follow-up on the recommendations to get compliance
11. Then critique your whole investigation
12. Follow-up again in the corrective action

Usually accident investigation only involves gathering facts about the accident and making conclusions. This is not enough. An investigator must get the big picture and prevent reoccurrences.

THE STEPS ARE:

1. THE NEED· Do you really want to prevent further accidents? Or are you just going through the process?
2. PREPARATION· If you wait until the accident happens it is too late for preparation. You need a pre-plan to follow and a few tools. The pre-plan should be short and only cover a few things.

YOUR PROGRAM SHOULD INCLUDE:

1. Prompt accident reporting system to let certain people know immediately.

2. Get emergency people to the scene as soon as possible.
3. Procedures to preserve evidence at the accident site.
4. Notify the investigator immediately.

The investigator should arrive at the scene prepared with procedure checklist, pen, paper, camera, tape, and proper clothing.

GATHER FACTS

When you go to the accident scene, expect to go to work, following your pre-plan. As you approach the accident site, evaluate what you see. Immediately notify Police and Fire if there is any question about the need for their involvement.

Look for potential risks to your safety before entering the area. Depending upon the type of accident, there may be continuing threats to your safety, such as moving debris, fire, chemical exposure, unstable structures, vehicular traffic or the potential for secondary explosions. Keeping yourself safe will help you to better serve those who might need you.

Once you have determined that it is safe for you to enter the area, assess the damage and the needs of people at the scene. If nobody is in charge, then take charge until someone can take over. Request additional personnel and resources as needed. Your first consideration should be to locate those in need of medical attention and provide assistance to them. Next, determine how large the accident area is and what might be necessary to protect the public from unnecessary involvement or exposure and to protect the scene as well.

If police or fire personnel are present or en route to the scene, do not move or touch debris or other evidence unless it is necessary to provide medical aid. Keeping the scene "intact" can be crucial to making a determination about how or why an accident occurred. Do not disturb any physical evidence without first preserving it by diagrams, photos, measurements, etc.

Once medical aid has been rendered (if necessary), attempt to gather information. Obtain statements from witnesses and other involved parties. This is a good time to get their names, addresses, phone numbers, driver's licenses and other information that will enable you to contact them at a later time. If vehicles are involved, obtain license plates, vehicle descriptions and insurance information. Photograph the scene from all directions. If possible, make a sketch of the scene and take measurements.

Prior to leaving the scene, be sure that you have all of the information you will need to complete a report on what happened, including the details of your involvement.

If you are organized and have a pre-plan, you will be better prepared to take the appropriate action.

ANALYZING THE FACTS

You have already mentally weighed the facts as you uncovered them, weigh all witness

statements for credibility and how they support the evidence. Include analysis of all facts gathered, including management and supervision procedures. As you analyze the facts search for more facts and contributing factors. **DOCUMENT EVERYTHING.** This will help to get the big picture.

CONCLUSIONS

Start to reach conclusions about what happened and what caused the accident. Write a statement on conclusions then turn back to analysis.

ANALYSIS

This step was ongoing up to now and has not really stopped. Next, get any additional information that you might need and analyze or discard it.

THE REPORT

This is where you put it together. You gathered information from the beginning to the end. You've analyzed it and reached conclusions. Start by just briefly telling what happened in narrative style, such as:

"On September 20, 1990, at 8:15 AM, in the Public Works Yard, a hydraulic 10-ton jack was being used to remove the dual rear wheels. The mechanic was seriously injured".

When you state the narrative, leave out information that is not relevant. Make recommendations that are supported in the report. Your report needs to be clear and concise. The reader must understand what happened. Do not include anything that is not needed. Pictures and diagrams must contribute meaning to the report, if not, leave them out.

RECOMMENDATIONS

The investigation is not done when the conclusions are made to the cause of the accident. Corrective action must be taken. Specific recommendations are needed for each cause factor or situation. This way management can easily determine whose responsibility it is to take corrective action. The best way, is to hold one person accountable for correction. On most accidents, you should have many specific recommendations for corrective action to straighten out the problems.

CORRECTIVE ACTION

The conditions and casual factors that allowed the accident to occur is the action step of investigation. Someone should demand corrective action to keep this accident from happening again. Accountability of action is in order. Sometimes corrective action is not easy to carry out. But if each recommendation is clear, you can take action to check up on each one of them.

FOLLOW THROUGH

Do not stop. Keep checking and follow up on the corrective action to see if the recommendation was corrected or implemented. If it is corrected, your investigation is still not finished.

CRITIQUE

In investigations, just like accidents, usually a lot of things are found wrong. Things can be found wrong with the way the investigation went, such as initial planning, gathering facts and analyzing them. In emergencies, these always show up, maybe you had a wrong phone number of a key witness. Now is a good time to critique the investigation process and take action so the same things do not happen again.

DOUBLE CHECK

Nothing seems to get done the way it is supposed to. Double check every item that people were responsible for and follow up on what they said they were going to do to be certain it actually gets done. The same goes for your critique step. Frequently, a triple check or follow-up is needed to actually get things done.

SUMMARY

Many accidents do not justify a very extensive investigation. But you still must investigate if you want maximum accident prevention benefit. By following these steps you will do the investigation as thoroughly as possible.

EMPLOYER LEVEL INVESTIGATION

Investigate when an injury appears to be questionable, such as two or more employees are involved or there is a possible third party. This could include:

1. Monday morning injuries
2. Off-premise injuries
3. Injuries which are reported late
4. Injuries with unauthorized treatment
5. Injuries where there is a dispute as to the time, place and manner in which the accident occurred
6. Automobile accidents; generally
7. Special errand injuries
8. Injuries which occur en route to a second job site
9. Injuries which occur while an employee is driving his own car
10. Injuries which occur while an employee is driving to or from work
11. Injuries which occur while an employee is driving a vehicle

12. Injuries without witnesses
13. Injuries which are reported by very new or short term employees
14. Injuries which are reported by employees who have several prior claims
15. Injuries which fall under the five statutory defenses of:
 - a. INTOXICATION
 - b. SELF-INFLICTED INJURY
 - c. INITIAL PHYSICAL AGGRESSOR
 - d. OFF-DUTY RECREATIONAL ACTIVITY
 - e. SUICIDE

Make inquiries to supervisors. If appropriate talk to witness and witnesses and fellow employees. Ask around for information.

ACCIDENT/EXPOSURE INVESTIGATIONS CHECKLIST

Procedures for investigating workplace accidents and hazardous substance exposures include:

- ✓ Interviewing injured workers and witnesses
- ✓ Examining the workplace for factors associated with the accident/exposure
- ✓ Determining the cause of the accident/exposure
- ✓ Taking corrective action to prevent the accident/exposure from reoccurring and;
- ✓ Recording the findings and actions taken.

ACCIDENT INVESTIGATION

DATE:

DATE OF

ACCIDENT: TIME:

EMPLOYEE:

ACCIDENT CHARGEABLE:

DISCIPLINARY ACTION:

PREVENTION OF FUTURE INCIDENTS:

Respectfully Submitted,

Department Head

CHAPTER 8

AUTOMOTIVE ACCIDENTS

AUTOMOTIVE ACCIDENT PROCEDURES

Every employee driving, in control of, or responsible for any City-owned motor vehicle involved in an accident (NO MATTER HOW SLIGHT), must do the following:

1. Notify the Police Department to respond and make an accident report. They will be responsible for photographing involved vehicles. This rule applies whether on public or private property.
2. Notify your supervisor.
3. Under no circumstances will an employee sign any statements concerning their involvement in an automobile accident. You should report the facts of the accident only to the officer making the report.
4. The employee will immediately file a detailed written report of the accident with their supervisor.
5. The Department Head will review all accidents to determine preventability and responsibility.
6. The Department Head will forward their findings to the Finance/Risk Division for further action.
7. The glove compartment of each vehicle will contain materials relative to reporting procedures. Employee should complete information and return to Finance/Risk Division. Finance/Risk Division will issue a new packet for auto accident reporting.

**VEHICLE ACCIDENT
INVESTIGATION FORM**

DATE:

DATE OF ACCIDENT:

TIME OF ACCIDENT:

LOCATION:

EMPLOYEE:

ACCOUNT NUMBER:

DAMAGE:

VEHICLE:

SPECIAL REPORTS:

PURPOSE OF INVESTIGATION: Review all aspects of incident.
Report all findings and recommendations to the City Administrator and Finance/Risk Division.

AGENDA:

1. Primary cause of accident.
2. Is accident chargeable?
3. Will disciplinary action be recommended?
4. Prevention of future accidents.

CHAPTER 9

SAFETY AND HEALTH ENFORCEMENT

SAFETY AND HEALTH WORK PRACTICES ENFORCEMENT

GOAL: The elimination of on-the-job injuries due to equipment, materials, methods used, safety devices, and acts of individual employees.

To accomplish this goal, the department head and supervisor must make the employee conscious of the importance of safety to the employee, fellow employees, and City property.

1. The Human Resources Department will provide a workers' compensation loss analysis to each department head on a monthly basis. The department head will review the report and take whatever steps appropriate to curtail or eliminate workers' compensation injuries.
2. In the event of a work related injury, the employee will sign the Supervisor's Report of Accident (Exposure acknowledging the fact that he/she has read the report and agrees/disagrees with its content. The supervisor will counsel the employee on ways the injury/accident could have been prevented. Employee may submit a supplemental statement if he/she disagrees.
3. Injury/accident repeaters are employees who have had two or more on-the-job injuries within the preceding six months. Safety counseling will be conducted by the department head to discuss corrective action which may include but is not be limited to:

A verbal reprimand,

A letter of reprimand to the employee, a copy of which will be placed in his/her personnel file,

Suspension, and/or

Termination

All recommended corrective action will have prior approval by the City Administrator.

CHAPTER 10

OPERATIONS IN THE PUBLIC WAY

TRAFFIC CONTROLS/BARRICADES

Whenever operations are taking place in streets, parkways, sidewalks or other places where citizens as well as employees may be endangered, the Supervisor or crew leader on the work site is responsible for the safety of the public and completion of the job. He must spend ample time before, during and after the work to protect employees and the public from the hazards created by this work. The following procedures are to be followed:

1. If street work is to be done, preparations shall be made for traffic and pedestrian safety before work actually begins.
2. If traffic is affected by the operation, proper signage will be used to warn in advance of work area (construction ahead). Traffic control signs in and around the work area will be properly placed and maintained through the period when work or traffic obstructions exist.
3. Signage will be in accordance with the "State of California Department of Transportation Traffic Manual" and departmental policy.
4. Where barricades and signs are used overnight, before leaving, supervisors will examine the work area for proper placement of the barricades and signs at the end of the workday.
5. Lighted barricades or reflectorized cones will be used for overnight protection.
6. Where traffic must be periodically stopped or obstructed by workers or equipment in the traveled portion of the roadway, a flagman with protective vest will be used.
7. Department issued uniforms consisting of reflective vests shall be worn by all workers at or near the roadway or work site.
8. Flagmen will be used to slow or direct traffic where approach to work area does not provide adequate visibility by drivers.
9. Assistance in setting up signage or barricading is available at any time from the Community Service Department.
10. All plates used to cover holes in the street on a temporary basis will be spiked in place.
11. In any case where streets are significantly obstructed or closed for any period of time, the Police and Fire Departments will be notified of the situation and approximately how long the closure will be in effect.

PEDESTRIAN SAFETY

1. When pedestrian traffic is impeded by City operations, barricades, restrictive tape or rope, or other restraint will be used to protect the public from the work.
2. If pedestrian traffic must be routed into the street, protection from traffic will be provided by cones, barricades and signs, if necessary.
3. Holes in the sidewalk or parkway which will be left open shall be covered, whenever possible, along with perimeter protection. Every possible means of preventing accidental entry into the hole should be used.
4. Where an unusual situation exists that cannot be easily resolved, or when personal injury or damage to equipment or property occurs as a result of operations, contact the Supervisor immediately.

CHAPTER 11

SAFETY REGULATIONS

PRINCIPAL CAUSES OF ACCIDENTS

We can eliminate unsafe actions and conditions, and thereby decrease the possibility of accidents, by gaining a better understanding of the common causes of accidents. The following list represents the ten principal causes of accidents:

Improper lifting
Material Handling
Slips and falls
Falling or flying Objects
Bumping into stationary objects
Improper tools or equipment
Failure to use protective equipment
Failure to observe rules and instructions
Improper work procedure
Poor Housekeeping

GENERAL SAFETY RULES

1. Fighting, horseplay and practical joking is prohibited.
2. No work shall be started in any unit, or any equipment, without the knowledge and consent of supervisor assigned.
3. An employee shall immediately report any unsafe conditions or practices to his supervisor.
4. All injuries occurring on the job, no matter how slight, must be reported to the supervisor immediately.
5. Running except for emergency purposes is prohibited.
6. Obey all warning signs; they are there for your protection.
7. Keep working areas clean and in an orderly condition. Equipment and material will be neatly arranged.
8. Be constantly on the alert for unsafe conditions and report such conditions to your supervisor.
9. Place airlines, cords, water hose, etc., so as to avoid tripping hazards.

10. Keep clear of suspended or swinging loads.
11. When carrying or handling material with others, make sure you understand each other to avoid injury that might be caused by unexpected shifting or dropping without warning.

OFFICE SAFETY

1. Every employee shall be responsible to see that his own desk and work area is clean and orderly. Pick up items such as pencils or paper clips and wipe up any spilled liquids. Good housekeeping is the key to a safe office environment.
2. Keep an eye open for loose or rough floor covering.
3. Be extra cautious when you come up to a door that can be pushed toward you. Take it easy when pushing one open and slow down when coming to a blind corner.
4. Haste when walking between desks results in bruises and falls. Watch out for electrical and telephone cords and keep them out of aisles. Electrical and telephone cords should not be under plastic floor mats.
5. All file, desk and table drawers shall be kept closed when not in use. As soon as you leave them, close them. Never open more than one file drawer at a time.
6. Overloading the top drawer or opening two drawers at the same time of unsecured file cabinets has caused many an injury and damage. If unfamiliar with a file cabinet, test the drawers and be careful not to pull them out too far if there is no locking device on them.
7. Furniture such as tables, desks and chairs must be maintained in good condition and free from sharp corners, projecting edges, wobbly legs, etc.
8. Tilting chairs can be a hazard when improperly used and care should be taken to assure that they are in good condition. Learn the limits. Be sure your chair is behind you before you sit down.
9. Never use chairs, desks or other office furniture as a makeshift ladder. Use a step ladder. Do not overreach and lose your balance.
10. Message spindles are a frequent source of puncture wounds to hands and other parts of the body. When used, the point shall be protected by a suitable blunt cover, or preferably, the point should be bent at a horizontal angle.
11. Keep paper cutter blades closed when not in use.
12. Pencils are safest when carried point down in pockets.

13. Scissors, paper cutters, glass and razor blades can cause painful injuries. Report such injuries at once and take precautions from infection.
14. Keep your hands clear of electric typewriter carriages while they are in motion.
15. Paper can cut and it hurts. Use a sponge or other wetting device for envelopes. Use rubber finger guards when working with stacks of paper.
16. Keep paper clips, thumb tacks and pins in a place where they cannot injure you. Keep razor blades or exacto blades covered. Even a little scratch can get infected.
17. Be sure equipment is grounded and the cord is in good condition. If a machine gives you a shock or starts smoking, unplug it and report it.
18. The City of Vernon maintains a non-smoking policy in the work environment.
19. Hot plates are not permitted.

CLOTHING AND SAFETY EQUIPMENT

1. Employees shall dress suitably for the work in which they are engaged. Wearing apparel that may contribute to injury or disability shall not be worn.
2. Employees shall not work with bare head, bare arms or exposed body parts in areas where they may be exposed to burns from corrosives, hot substances or hot equipment.
3. Minimum requirements for work shoes are substantially constructed shoes. The wearing of moccasins, tennis shoes, house slippers, thongs, etc. will not be permitted. Work boots are mandatory where foot hazards are apparent.
4. Certain working conditions and areas require the use of protective equipment, such as respirators, gas masks, face shields, goggles, etc. An employee so engaged shall use such protective devices and special wearing apparel as may be required.
5. Employees must be familiar with all protective devices and wearing apparel that they may be required to use. They shall make certain that such equipment is in good condition and adequate before it is used.
6. The proper type of goggles and/or face protection shall be used by employees while performing any of the following duties:
 - a. Operating pneumatic tools.
 - b. Using a hammer or other tools to remove scale, rust, paint, cinder, dust, etc.

- c. Using wire brushes or other tools to remove scale, rust, paint, cinder, dust, etc.
 - d. Using a grinding, polishing or burnishing wheel.
 - e. Sandblasting, paint spraying or power sanding.
 - f. Handling acids, hot liquids, caustics, or other corrosive substances.
 - g. Working around machinery or equipment where loose particles will endanger the eyes.
 - h. Welding and cutting.
7. Employees working with/or in the near vicinity of any hazardous material or substance including but not limited to chemicals, acids, solvents, grinding or polishing equipment, shall wear appropriate eye protection.
8. All employees using hazardous chemicals, etc must be familiar with the location and use of eye wash equipment.

TOOLS AND EQUIPMENT

- 1. Tools shall be kept in good condition and free from grease.
- 2. Tools shall not be thrown, dropped, laid on moving machinery, or left lying around when not in use.
- 3. Use the proper tool for the job.
- 4. When tools break, wear out or otherwise become dangerous to use, they will be replaced.
- 5. Keep impact tools free from mushroomed heads.
- 6. Power machinery and power tools shall be operated only by employees who are properly trained and assigned such duties.
- 7. All machinery and power tools shall be operated within their respective load and speed limits.
- 8. Power shall not be turned off or on without proper warning and caution to see that no person is exposed to danger.
- 9. No employee will ride a load or the blocks of any hoisting device.

10. Machinery guards shall be in place and properly adjusted before and while machinery is in motion. Missing or defective guards shall be reported immediately.
11. Machinery shall not be cleaned, adjusted or repaired while in motion.
12. Machinery and power tools shall be properly grounded.

MATERIAL HANDLING

1. Do not try to lift objects that are bulky or too heavy to lift comfortably; secure help.
2. Use the following technique to lift:
 - a. Get a firm footing.
 - b. Bend at the knees to grasp the object.
 - c. Keep the back straight and as nearly upright as possible.
 - d. Get a firm hold on the object.
 - e. Lift gradually by straightening the legs, keeping the back straight and upright.
 - f. Similar safe procedures will be followed when putting a load down.
3. Use power assist equipment where possible when material must be moved.
4. Store material in such a manner as to prevent collapsing or tipping.
5. Loads on forklifts, trucks, etc. shall be stable to prevent skips, slides, or tip overs.
6. Material will not be stored on top of lockers.
7. Use proper tools when opening boxes, barrels or other containers.

ELECTRICAL

1. Electrical work and repairs shall be done by trained employees only.
2. Electrical cords shall not be spliced.
3. Circuits shall not be overloaded.
4. Fuses shall not be wired across, plugged, or replaced with higher amperage fuses.
5. Electrical equipment or lights shall not be altered except by authorized personnel.

6. All electrical equipment shall be properly grounded.
7. No material or equipment shall be stored or placed within 30 inches of any electric panel or controller.

HOUSEKEEPING

1. Good housekeeping is essential for efficient operation and prevention of accidents.
2. All areas shall be kept clean and free from trash and accumulation of waste materials.
3. Trash receptacles shall be used and emptied regularly.
4. Scrap metal shall be placed in separate but appropriate containers.
5. Oil-soaked rags shall be kept in containers with tight-fitting lids.
6. Containers shall be labeled as to what they contain.
7. Floors, working areas, and platforms shall be kept free of dangerous projections or obstructions and shall be maintained in good repair and reasonably free from oil.
8. Proper cleaning material and methods shall be used for the task.
9. Gasoline or other volatile liquids shall not be used for cleaning purposes.

AUTOMOTIVE

1. Movement of various pieces of mobile equipment and vehicles in and around sharp corners require, adherence to home motor traffic regulations. Return
2. All traffic signs, signals, speed limits, and road marking shall be okay.
3. Seatbelts shall be worn at all times when writing and or operating any vehicle.
4. Operators of motor vehicles shall have a current operators permit in their possession for the vehicle being driven. This does not apply to a mechanical must move a vehicle to and from parking areas to repair bays. However, supervisor shall ensure that the mechanic is qualified to operate the vehicle.
5. Courtesy and consideration is expected of all employees operating motor vehicles.

PORTABLE LADDERS AND WORK PLATFORMS

1. Inspect all ladders and work platforms before using them. Report any defects to your supervisor immediately.
2. Makeshift ladders or work platforms shall not be used.
3. When necessary to work overhead, use a ladder or work platform of sufficient length or height to be able to reach your work.
4. Work platforms of 30 inches or higher shall be provided with hand and guardrails.
5. Metal ladders shall not be used for electrical work.
6. Metal ladders shall be labeled with a warning, "Do Not Use For Electric Work."
7. Never use a ladder without safety feet suitable for the floor or ground it stands on. Exception: Stepladders.
8. Ladders shall be placed so that the base is placed from the wall or object 1/4 of the vertical distance from the bottom to the top support of the ladder.
9. Never place a ladder on another object such as a barrel or box to gain added height.
10. Tie or secure the ladder at the top where possible, and either tie or brace it at the bottom.
11. Be sure your shoes are not greasy, or otherwise slippery before you climb a ladder or work platform. When climbing or descending, face the ladder and use both hands. Do not reach out more than an arm's length ladder.
12. Never work from the top rung of a ladder.

PNEUMATIC TOOLS AND LINES

1. Use of compressed air on or about your body or the body of another is forbidden.
2. Use of compressed air or gases for blowing dust or chips from your body, clothing or work area is prohibited.
3. Attach air hoses only to compressed air lines.
4. Hoses shall be kept neatly coiled, when not in use, to prevent tripping hazards.
5. Turn off valves on airlines and tools when not in use.
6. Wear eye protection when using pneumatic tools and when cracking or opening valves.

7. Frequent inspections shall be made of all air lines and their connectors to insure that they can withstand the pressure. Defective air lines and connectors shall be removed from service.
8. Wear ear protection when required.

BURNING AND WELDING

1. Oxy-Acetylene Equipment
 - a. Only authorized and properly trained personnel shall be permitted to install or remove special fitting on oxygen and acetylene cylinders.
 - b. Oxy-acetylene equipment shall be used only by authorized employees.
 - c. Extreme caution shall be observed when handling oxygen and acetylene cylinders.
 - d. Safety caps shall be secured in place on all compressed gas cylinders when not in use.
 - e. Gas cylinders shall not be moved by means of magnets or slings.
 - f. Gas cylinders shall be used or stored in a vertical position and securely fastened to prevent them from tipping or falling over.
 - g. Oxygen and acetylene cylinders shall be stored at least 20 feet apart.
 - h. Oxygen and acetylene cylinders shall not be stored where they are subjected to unusual heat sources, oil or grease.
 - i. Empty cylinders shall be returned to their proper storage area.
 - j. Cylinders and personnel shall be protected from sparks and slag.
 - k. When burning or welding, make sure that sparks and flames shall not start a fire in nearby material.
 - l. Excess hose lengths shall be coiled or arranged to prevent tripping hazards.
 - m. When working overhead, enough hose shall be used so that cylinders may be kept on the ground or other secure location.

- n. Welders shall wear eye, face, hand, respiratory, foot and body protection as required.
 - o. Welding shall not be done in confined spaces without adequate ventilation or an approved type respirator.
2. Electric Welding
- a. Welding shall not be done without a shield fitted with filter glass of the proper shade.
 - b. Never look at a welding arc with the naked eye.
 - c. Welding screens or shields shall be set up between welders and other employees.
 - d. Eye protection shall be worn when chipping, scaling, and peening.
 - e. Material to be welded and all components including the welding machine shall be adequately grounded to a common grounding system.
 - f. The safety ground attached to the welding machine or transformer shall be connected to "ground" before equipment is energized.

CHEMICALS

1. Extreme care shall be exercised by all personnel handling or working with acids, caustics, solvents, petroleum products, or chlorine.
2. In mixing acid and water, always pour the acid into the water slowly. Never pour the water into the acid.
3. Handle tools carefully while working around acid or other chemicals to avoid dropping them which may cause a splash.
4. After tools have been used near corrosive chemicals, clean them thoroughly by neutralizing with lime baking soda.
5. Wear protective goggles, respiratory equipment, and protective clothing when the inhalation of fumes or hazardous substances or injurious bodily contact with acids or other corrosive materials may occur.
6. Wash out eyes with large quantities of clean water immediately if chemicals splash into them, and report to a doctor or emergency room immediately.
7. All spilled acids or caustics shall be cleaned up immediately. Spilled acid shall not be mopped up with organic materials such as sawdust, waste, or cloth. Use neutralizing agents

such as lime or baking soda. Clean up and properly dispose of residue.

8. Containers of injurious chemicals or hazardous substances shall be plainly labeled, indicating hazards and precautionary measures to be observed.
9. Only authorized personnel shall use pesticides, herbicides, fungicides, or any agricultural chemicals having critical toxicity.
10. Rules stating the proper safety equipment required shall be posted in the storage area of chemicals, hazardous substances, pesticides and herbicides.

EXCAVATIONS, STREET REPAIRS, SUB-SURFACE OPERATIONS, AND CONFINED SPACES

1. The foreman or person in charge of an excavation to a depth of five (5) feet or more shall see that it is effectively shored and guarded in accordance with the State Construction Safety Orders.
2. Excavated material shall be kept at least one (1) foot from excavations of less than five (5) feet in depth and two (2) feet from the edge of deeper excavations.
3. The foreman or person in charge of an excavation to a depth of five (5) feet or more shall provide a sturdy ladder for access. The ladder shall be placed within twenty-five (25) feet from the working area.
4. The foreman in charge of an excavation shall see that there is work done which could cause the undermining of foundations, retaining walls, or other structures until adequate safety measures have been taken.
5. Excavating machinery shall be kept away from electrical, gas, and water lines. Where excavation is necessary, the operator of the equipment shall first determine the location of electrical, gas and water lines that may be in the area of excavation, and a qualified observer must be present to guide the operation.
6. Only one man should direct the operation of excavating machinery.
7. All persons working around excavating machinery shall be in a safe position so as not to be in danger of falling into or otherwise contacting the machinery.
8. The supervisor or lead worker shall make tests in all closed compartments, manholes, storm drains, tanks, voids, and other confined spaces for oxygen deficiency, explosive gases, and other dangerous gases which may be present. Employees shall not enter such areas until the supervisor or lead worker has issued an "all clear." This must be done at each time of entry or re-entry.
9. Smoking or open flames are prohibited in or about open manholes or sewers. "No Smoking," "No Open Flames" signs shall be posted.

10. Hard hats shall be worn at all times by workers in or around excavations, trenches, tunnels, sewers, or other sub-surface operations.
11. Employees entering a sewer, storm drain or other confined space shall be tethered with a lifeline or harness so that they can be pulled out in case of emergency.

FIRE PREVENTION

1. Prevention of fire is a responsibility shared by all, regardless of the type of job.
2. Whenever you suspect or detect a fire, the Fire Department shall be notified. Contact the Vernon Communication Center at Ext. 351 or dial911 from an outside telephone. Calmly report the location and extent of the fire. In addition, priority must be given to the safe evacuation of personnel from the affected area.
3. If you have followed the preceding procedures and have been trained in the use of available Portable Fire Extinguishers you are encouraged to attempt to suppress a small fire in the beginning stage.
4. If you have the slightest doubt whether or not to fight the fire--DO NOT--instead, GET OUT, closing the door behind you. Remember, NEVER jeopardize your safety or the safety of others around you by attempting to put out a fire.
5. Flammable liquids shall be stored or handled in approved hazardous locations, cabinets and safety containers only.
6. Keep all flammable liquids or other hazardous materials away from open flames and other sources of ignition.
7. Practice good housekeeping. Without fuel a fire cannot exist.
8. Remove, shield or cover combustible equipment or material that will be within the range of any activity where open flame, sparks or hot metal is produced, i.e., welding, torches, etc. A fire extinguisher should be available where such work is performed.
9. Firefighting equipment shall not be blocked and will be easily accessible.
10. Fires are classified according to A, B, C.

CHAPTER 12

HAZARDOUS MATERIALS

CONTINGENCY PLANS

Emergency response plans and procedures are developed for use in the event of a release or threatened release of hazardous material. The State of California Office of Emergency Services (OES) regulations specify that the contingency plan should be scaled appropriately for the size and nature of the business, the nature of potential damage due to the hazardous materials handled and the proximity of the business to residential areas and other populations. These plans must include the following items:

1. Reporting and Notification
 - a. In the event of a spill, release or threatened release of a hazardous material, regardless of size, the event shall be immediately reported to emergency telephone #911.
 - b. Dispatch 911 will then notify the Fire Department, Police Department and other relevant departments.
2. Mitigation
 - a. Coincident with reporting, emergency response team members will immediately facilitate cleanup and necessary action to mitigate the release.
3. Evacuation
 - a. The Police and Fire Department shall be responsible for coordinating the necessary evacuation of any facility.
 - b. Upon receiving the order to evacuate, employees will shut down their machines and immediately proceed to the nearest exit as directed.
 - c. All employees will report to their supervisors at a designated location.
4. Medical Assistance
 - a. All employees affected by exposure to hazardous materials shall be transported to the nearest medical facility. A copy of the appropriate Material Safety Data Sheet should accompany the affected person(s) to the hospital.

HAZARDOUS MATERIALS TRAINING PLAN FOR EMPLOYEES

1. All employees shall be trained in the contents of the contingency plan and the emergency plans and procedures.
2. All training shall be documented by employee signature on a training session sign up sheet. His/her record of training will be maintained by the supervisor.
3. Refresher training shall be conducted on an annual basis and documented.
4. New employees shall be trained and documented on both OSHA Hazard Communication and Hazardous Material Emergency Response Procedures prior to working with hazardous substances. This training will be documented as indicated above and reflected in the new employee's personnel record.
5. Emergency team members shall receive special training and documented in emergency response procedures, incident mitigation and first aid treatment.
6. Employees who handle hazardous materials shall be trained and documented in the safe handling of hazardous materials, procedures to mitigate releases or threatened releases of hazardous materials and other appropriate emergency actions.
7. Management and other personnel responsible for incident reporting shall be specially trained and documented regarding the reporting of the release or threatened release of hazardous materials.

CHAPTER 10

EMERGENCY PREPAREDNESS

An emergency/disaster plan describes what the employee life safety hazards are and what actions the employer and employees must take in a life/injury-threatening emergency.

The City of Vernon's emergency plan will include the following items:

1. A statement of the City's emergency/disaster policy, purposes, authority, responsibility, control measures, and an organization chart.
2. An evaluation of expected disasters and their risks.
3. Maps of the City's facilities showing locations of equipment, medical supplies, fire equipment, shelters, a command center, and evacuation routes.
4. A list of cooperating agencies and how to contact them.
5. A warning system and the types of signals used.
6. A communications/command center with the home phone number and other pertinent information for each employee.
7. Shutdown procedures and facility security measures.
8. Policies for handling visitors and other non-employees during an emergency.
9. Any other item(s) deemed necessary.

CHAPTER 11

VIOLENCE FREE WORKPLACE POLICY

PURPOSE:

The purpose of this policy is to clearly articulate the City's zero tolerance for workplace violence and to deter such occurrences. The policy provides examples of workplace violence, prohibits all forms of workplace violence and provides that its occurrence will lead to discipline, up to and including termination, establishes guidelines to assist supervisors and employees in identifying and reporting potential or actual workplace violence, and establishes procedures for the investigation and handling of potential and actual workplace violence.

DEFINITION:

Workplace violence includes, but is not limited to, acts of violence against the physical, psychological, or economic interests of an individual. It also includes threats of such violence—implied or direct, verbal or non-verbal against individuals.

Examples of workplace violence include, but are not limited to, the following:

1. Hitting, pushing, shoving, kicking, assaulting, or harming the physical body of an individual or threatening such behavior.
2. Unlawfully touching an individual.
3. Making menacing, threatening, or harassing gestures or statements toward an individual. Such statements may include inappropriate joking or ridiculing that nevertheless constitutes a threat.
4. Making menacing, harassing, or threatening phone calls to an individual.
5. Stalking or conducting an unlawful or unauthorized surveillance of an individual.
6. Attempting to intimidate an individual through the use of body language, threatening statements, innuendo, staring, or other direct or indirect means of communication.
7. Using firearms in an inappropriate or unauthorized manner.
8. Using tools, equipment, or other device against an individual in an inappropriate or unauthorized manner.
9. Harming, attempting to harm, or threatening to harm the property of an individual.
10. Harming, attempting to harm, or threatening to harm the property of the City. This includes, but is not limited to, arson, sabotage, and vandalism.

11. Behaving in a manner that that poses a credible threat to the bodily safety, physical or psychological well-being, or economic interest of an individual.
12. Acting or behaving, as described above, against the family or friends of an employee.
13. Making a statement to a third-party that evidences a credible or meaningful possibility that the maker of the statement will commit workplace violence, including making threats of workplace violence.

A threat of violence need not be direct but may be implied. A threat of violence may be in written (including emails, text-messages, photos, videos or other forms of communication tools) or oral form. A threat of violence may also be non-verbal (communicated by body language, gestures, or other means).

Workplace violence may be evidenced from a pattern of conduct composed of a series of acts over a period of time, notwithstanding that some or all of the acts individually may not appear to constitute workplace violence.

Workplace violence need not be directed toward an identifiable individual. It may be directed toward an unidentified individual, a group of employees, or employees of a protected class, e.g., race, sex, religion, age, disability.

POLICY:

It is the policy of the City of Vernon to provide a safe workplace for its employees. All forms of workplace violence are prohibited.

This policy applies to all persons involved in the City's operation, including but not limited to, the following: City of Vernon employees; contractors; temporary workers; anyone on City property; subcontractors; vendors; any individual acting as a representative of the City of Vernon while off City property; any individual off City property whose actions involve City's business or interests.

Places where workplace violence can occur include, but are not limited to, the following:

1. On City property, regardless of the relationship between the City and the persons involved in the incident of workplace violence.
2. Off City property, if the assailant is a City employee, worker, representative, agent, contractor, subcontractor, vendor, and the incident involves or is connected to any City business or interest.

Non-employees are encouraged to report known incidents of workplace violence or potential workplace violence, including any threats or acts of violence.

City employees, workers, representatives, agents, contractors, subcontractors, and vendors must report any known incidents of workplace violence or potential workplace violence pursuant to the procedures set forth herein and any other policies or procedures adopted by the City.

In order to promote compliance with this policy and maximize the City's efforts to provide a safe and secure workplace that is free from violence, the City will establish security measures and practices as needed. It will also provide related training programs as appropriate.

The City management team will review the implementation of this policy and offer advice to City supervisors to offset and prevent incidents of workplace violence.

Compliance with the Violence In the Workplace Policy is a condition of employment and will be evaluated, together with other aspects of an employee's performance.

In order to avert future acts of workplace violence, managers are expected to implement the following practices:

Reference Checks: Prior to the selection of a job applicant for a position, a reference check should be completed. Basic employment should be verified. This includes, but is not limited to, prior position held, duties of the position, dates of employment and reason for leaving. The information received should be documented and factual with no subjective comments. The Human Resources Department will offer assistance in the completion of reference checks.

Employee Privacy: Supervisors are encouraged to refer all requests for information concerning current employees to the Human Resources Department. Information concerning an employee's workplace location shall not be given to anyone who cannot demonstrate a business necessity for this information.

Workplace Security: Managers are encouraged to solicit assistance from the Police Department and/or Director of Human Resources for an inspection of the workplace facilities. This inspection would include recommendations to managers on securing the workplace against potential acts of workplace violence.

Observations: Supervisors and others should rely on their own judgment, personal observations, and corroborating information when assessing the likelihood that an employee or other person will commit workplace violence. Behavior of particular significance includes antisocial behavior (e.g., recurring hostility or excessive aggression), erratic behavior, irrational behavior, behavior evidencing use of drugs or alcohol (e.g., incoherent or impaired speech, dilated pupils, lack of coordination when walking or other physical task, alcohol on the breath), and out of ordinary work mistakes or behavior. Acts that may individually appear harmless may, in conjunction with other behavior, indicate a possibility of (or potential for) workplace violence.

Supervisors and others should consult with their supervisor, Human Resources, the Department Head, and other appropriate personnel regarding behavior that may not constitute workplace violence but that may nevertheless indicate a significant increase in the likelihood of workplace violence.

It is important to be careful when drawing assumptions or relying on any of the above behaviors as indicators of violence. Many people experience stress, loss or illness at some point. All but a very few people handle these disruptions and conditions without resorting to violence. Intervention should focus on supporting the employee through these disruptions and managers should be trained to deal with these difficulties.

Whenever a situation may arise in the workplace, it is important that an assessment occur to determine the degree of risk. All threats must be treated in a serious manner. Supervisors and employees should identify the potential perpetrator and report incidents of violence immediately. The situation should be managed in a way that protects all employees.

Employees who have obtained a temporary or permanent restraining order to protect themselves from another individual or who themselves are the subject of a restraining order issued on behalf of someone else shall immediately supply a copy of the signed order to the Vernon Police Department as well as to their department head. Employee should provide a description of the individual named in the restraining order, (or, if readily available, a recent photograph of the named individual). The employee should advise the court to include the city workplace and the restraining order. Employees are to advise their supervisor or department head when any potential violent situation exist in their lives which could result in violence at work.

Anti-Retaliation Policy - No employee shall retaliate against another employee who reports an incident pursuant to this policy. Employees found to have violated this section may be subject to disciplinary action up to and including termination.

False Reporting of an Incident - Any employee who makes a report under this Policy which the employee knows or should know is false shall be subject to disciplinary action up to and including termination.

PROCEDURE:

Responsibility

Action

Responding to Workplace Violence

Employee

1. Recognize what is occurring; remain calm and proceed in a logical manner.
2. Assess the situation in terms of degree of threat, injury, or damage.
3. Avoid making counter-threats or agitating the person committing the workplace violence.
4. Take appropriate and reasonable steps to reach a secure area and assist others, if necessary and possible, to reach a secure area.
5. Call 911 if:

- a. The assailant is still violent or threatening violence.
- b. The assailant has not been detained or is not in custody.
- c. Someone is injured.

The 911 dispatcher's screen will display the City Hall address. You will need to identify your location. Answer the dispatcher's questions in a calm and accurate manner.

- 6. Provide warning, if necessary and possible, to any employees or persons.
- 7. If in a secure area, wait for security and/or medical assistance.

Reporting Workplace Violence

Employee

- 8. When it is safe, immediately report the potential or actual workplace violence to the employee's immediate supervisor, other appropriate manager, or the Department Head. The reporting should not be delayed because of any unavailability of a supervisor, manager, or Department Head.

Immediate Supervisor

- 9. The immediate supervisor, other appropriate manager, or the Department Head must immediately report the potential or actual workplace violence to the City Administrator, Director of Human Resources or designee.

Human Resources Department or Department Head

- 10. Human Resources or the Department Head should ensure that the situation is under control, including ensuring that the assailant is in custody or removed from the work site, if necessary, that employees are safe, that any required warnings are given to other employees or persons, and that any appropriate federal, state, or local agencies

are contacted about the incident as required by law.

Human Resources Department

11. If an employee or a work group has been affected by workplace violence, Human Resources should arrange for Employee Assistance Services.
12. If necessary, Human Resources or its designee should arrange for the drug and alcohol testing of the employee.
13. If necessary, Human Resources should arrange the transportation of the employee to his or her home. If it appears that the employee's judgment is impaired, the employee should be prohibited from driving him or herself home. In such an event, Human Resources should contact a family member or provide alternative arrangements.

Investigation of Workplace Violence

Human Resources Department

14. Return to the work site by an employee alleged to have perpetrated any act (or threat) of workplace violence shall only be authorized by the Department Head (in consultation with the City Administrator and Director of Human Resources).
15. An investigation of the potential for actual workplace violence or of any credible allegations of potential or actual workplace violence will be conducted.
16. During the investigation, subsequent proceedings, and thereafter, all information regarding the incident must be kept confidential to the extent required by law and as reasonably necessary.
17. Employees found to have committed workplace violence will be disciplined up to and including termination.



HUMAN RESOURCES DEPARTMENT

ACKNOWLEDGEMENT AND RECEIPT

I hereby acknowledge the receipt of the City of Vernon's **Workplace Injury & Illness Prevention Program Manual (Safety Program)**, approved by Resolution 2013-80. I understand that it is my responsibility to read and comply with the policies contained in this manual.

Employee's Signature

Date

Employee's Name (Print)

Employee ID #