



PENOBSCOT COUNTY

SAFETY PLAN

SEPTEMBER 2021

1 WORKPLACE SAFETY PROGRAM

Introduction

Penobscot County strives to provide a safe and healthy workplace for all employees and the public that comes to any of our buildings on campus.

The Penobscot County Safety Plan is intended to serve as the basis for an employer-integrated safety and health management program. The program consists of these seven essential elements/sections:

1. Management's commitment and involvement
2. Safety committee operation
3. Provisions for safety and health training
4. Safety Inspections
5. Preventive Maintenance
6. First aid procedures
7. Accident investigations
8. Recordkeeping of injuries
9. Job specific safety rules and procedures

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**COUNTY OF PENOBSHOT
SAFETY POLICIES AND PROCEDURES MANUAL**

County Administrator

Date

County Commissioner, Chair

Date

County Commissioner

Date

County Commissioner

Date

2 SAFETY COMMITTEE

2.1 SAFETY COMMITTEE ORGANIZATION

A safety committee has been established to recommend improvements to our workplace safety program and to identify corrective measures needed to eliminate or control recognized safety and health hazards. The safety committee consists of an “equal” representation of departments within of our organization.

Safety Committee Chair <u>Chris Fox</u>	Employee Member <u>Milynda Johnston</u>
Employee Member <u>Bradley Nuding</u>	Employee Member <u>Shaw Weeks</u>
Employee Member <u>Brian MacDonald</u>	Employee Member <u>Rose Mannette</u>

2.2 RESPONSIBILITIES

In Penobscot County, the Safety Chair is appointed as the responsible party to satisfy the committee requirements.

The safety committee shall determine the schedule for evaluating the effectiveness of control measures used to protect employees from safety and health hazards in the workplace.

The safety committee will be responsible for assisting management in reviewing and updating workplace safety rules based on accident investigation findings, any inspection findings, and employee reports of unsafe conditions or work practices; and accepting and addressing anonymous complaints and suggestions from employees.

The safety committee will be responsible for assisting management in updating the workplace safety program by evaluating employee injury and accident records, identifying trends and patterns, and formulating corrective measures to prevent recurrence.

The safety committee will be responsible for assisting management in evaluating employee accident-and illness-prevention programs, and promoting safety and health awareness and co-worker participation through continuous improvements to the workplace safety program.

Safety committee members will participate in safety training and will be responsible for assisting management in monitoring workplace safety education and training to ensure that it is in place, that it is effective, and that it is documented.

2.3 MEETINGS

Safety committee meetings are held monthly. The safety committee chair will post the minutes of each meeting within one week after each meeting. (Sample on following page)

2.4 SAMPLE SAFETY COMMITTEE MEETING MINUTES

Date of Committee Meeting: _____ Time: _____

Minutes Prepared by: _____ Location: _____

Names of Members in Attendance:

Previous Action Items: _____

Review of Accidents Since Previous Meeting: _____

Recommendations for Prevention: _____

Recommendations from Anonymous Employees: _____

Suggestions from Employees: _____

Recommended Updates to Safety Program: _____

Recommendations from Accident Investigation Reports: _____

Safety Training Recommendations: _____

Comments: _____

3 SAFETY AND HEALTH TRAINING

3.1 SAFETY AND HEALTH ORIENTATION

Workplace safety and health orientation begins on the first day of initial employment or job transfer. Each employee has access to a copy of this safety manual, through Human Resources, for review and future reference, and each employee will be given a personal copy of the safety rules, policies and procedures pertaining to his or her job.

All employees will be instructed by human resources that compliance with the safety rules described in the workplace safety manual is required.

All training should be documented and records should be maintained.

3.2 JOB-SPECIFIC TRAINING

- Supervisors will initially train employees on how to perform assigned job tasks safely.
- Supervisors will carefully review with each employee the specific safety rules, policies and procedures that are applicable and that are described in the workplace safety manual.
- Supervisors will give employees verbal instructions and specific directions on how to do the work safely.
- Supervisors will observe employees performing the work. If necessary, the supervisor will provide a demonstration using safe work practices or remedial instruction to correct training deficiencies before an employee is permitted to do the work without supervision.
- All employees will receive safe operating instructions on seldom-used or new equipment before using the equipment.
- Supervisors will review safe work practices with employees before permitting the performance of new, nonroutine or specialized procedures.

3.3 PERIODIC RETRAINING OF EMPLOYEES

All employees will be retrained periodically on safety rules, policies and procedures, and when changes are made to the workplace safety manual.

Individual employees will be retrained after the occurrence of a work-related injury caused by an unsafe act or work practice, and when a supervisor observes employees displaying unsafe acts, practices or behaviors.

3.4 SAMPLE SAFETY TRAINING DOCUMENTATION

EMPLOYEE:

DATE:

SUPERVISOR:

TRAINER:

RULES AND REGULATIONS REVIEWED

DATE: _____

General Review of Old/New (Circle One) Safety Rules for All Employees

Specific Safety Procedures for Employees Position

General Maintenance

First Aid

Lifting Procedures

Office Safety

Furniture Use

Equipment Use

Climbing a Step Ladder

Sanitation / Health

All categories have been reviewed with employee.

Supervisor Name, Printed:

Signature: _____

I have been advised of all Safety and Health regulations and will adhere to them to the best of my ability.

Employee Name, Printed:

Signature: _____

5 PREVENTIVE MAINTENANCE

Preventive maintenance programs will avoid most equipment failures. Provide regular equipment maintenance to prevent breakdowns that can create hazards. Employees should notify a supervisor if they feel maintenance has not been completed on any equipment that may potentially create a hazard.

Preventive maintenance is a schedule of planned inspections to prevent breakdowns and failures before they happen. Inspections should be performed at regularly scheduled times.

Preventive and regular maintenance should be documented, and tracked to completion.

During preventive maintenance, workers can document damage or wearing of parts or equipment so as to repair or replace parts *before* they cause a failure or injuries.

Without a preventive maintenance program, you will lose productivity, and costs will escalate.

6 FIRST-AID PROCEDURES

Emergency Phone Numbers

Facilities Director: 469-9954

First Aid Response: 911

Ambulance: 911

Poison Control: 1-800-222-1222

Fire Department: 911

Police: 911

6.1 MINOR FIRST-AID TREATMENT

First-aid kits are kept in the Administration Office and in each department. If you sustain an injury or are involved in an accident requiring minor first-aid treatment:

- Inform your supervisor.
- Administer first-aid treatment to the injury or wound.
- If a first-aid kit is used, indicate usage on the accident investigation report.
- Access to a first-aid kit is not intended to be a substitute for medical attention.
- Complete a First Report of Injury and submit to HR.

6.2 NON-EMERGENCY MEDICAL TREATMENT

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

- Inform your supervisor.
- Complete a First Report of Injury and submit to HR. Request HR to make an appointment with the County's medical provider, Work Health. (First Report of Injury Form is on following page)

6.3 EMERGENCY MEDICAL TREATMENT

If you sustain a severe injury requiring emergency treatment:

- Call for help and seek assistance from a co-worker.
- .
- Provide details for the completion of the First Report of Injury.

6.4 FIRST-AID TRAINING

If any employees shall need training on conducting first aid- please contact your supervisor or Human Resources.

FIRST REPORT OF INJURY

The outlined section to be completed by HR

Date of Birth	Social Security #	Date of Hire	Date Received	Date Filed with W/C
/ /	- -	/ /	/ /	/ /

If you are injured on the job, please fill out every question on this form and submit to your supervisor
Supervisor – submit form to Human Resources within 24 hours

Today's Date: _____ Date received by supervisor and initials: _____

Name: _____

Last First Middle Initial

Home Address: _____

Street Address Town

Employee Phone Number: _____ Occupation: _____

Do you work for another employer? YES _____ NO _____

If YES, Employers Name and Address: _____

Date of Injury: _____ Time of Injury: _____ Did injury occur on premises? _____ YES _____ NO

If yes, what building and specific location: _____

If no, where did injury occur (name and address of location): _____

Name(s) of witness: _____

Describe the events which resulted in the injury **including location** of where injury occurred (attach report if applicable)
 Give full details:

Name object, substance or exposure which directly brought about the injury: _____

Describe what body part was affected, and full details of the type of injury (be specific: right hand lower thumb):

Did you seek medical attention? _____ YES _____ NO If YES, where? _____

With whom: _____ Authorized by: _____

Employee would like medical treatment at this time: _____ YES _____ NO

Did you lose any time from work? _____ YES _____ NO If YES, dates lost: _____

Date Employer notified: _____ Time employees work day begins: _____

Employee (Signed and Dated)

Supervisor (Signed and Dated)

6.5 FIRST-AID INSTRUCTIONS

In all cases requiring emergency medical treatment, immediately call or have a co-worker call to request emergency medical assistance. Use required bloodborne pathogen procedures while administering first aid.

Wounds:

Minor: *Cuts, lacerations, abrasions or punctures*

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

Major: *Large, deep and bleeding wounds*

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

Broken Bones:

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

Burns:

Thermal (Heat)

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

Chemical

- Immediately flush the exposed area with cool water for 15 to 20 minutes.

Eye Injury:

Small particles

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

Large or stuck particles

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

Chemical

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

Neck or Spine Injury:

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

Heat Exhaustion:

- Loosen the victim’s tight clothing.
- Give the victim *sips* of cool water.
- Make the victim lie down in a cooler place with the feet raised.

7 ACCIDENT INVESTIGATION

7.1 ACCIDENT INVESTIGATION PROCEDURES

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

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

First Reports of Injury must be submitted to HR within 24 hours of the accident.

The Maine Department of Labor, Bureau of Labor Standards, has jurisdiction (MRSA Title 26), and responsibility to investigate injuries and fatalities of public sector (county, municipal, or state) employees.

OSHA requires employers to report any/all of the following within 8 hours of the incident. Please notify HR Immediately if either of the below occur:

- Fatalities

OSHA requires employers to report and/all of the following with 24 hours of the incident. Please notify HR immediately if either of the below occur:

- **All serious physical injuries requiring immediate hospitalization sustained by any person in the workplace or on the premises.**

Incidents should be reported as soon as possible so appropriate notification can be made. The hone number to report either a death or serious physical injury is 207-592-4501.

SAMPLE ACCIDENT INVESTIGATION REPORT

Report No.: _____

Company: _____

Address: _____

1. Name of injured: _____ S.S. No.: _____

2. Sex: M F Age: _____ Date of accident: _____

3. Time of accident: _____ a.m. _____ p.m. Day of accident: _____

4. Employee's job title: _____

5. Length of experience on job: _____ years: _____ months

6. Address of location where the accident occurred: _____

7. Nature of injury, injury type, and part of the body affected: _____

8. Describe the accident and how it occurred: _____

9. Cause of the accident: _____

10. Was personal protective equipment required? yes no

Was it provided? yes no

Was it being used? yes no

If "no," explain: _____

Was it being used as trained by supervisor or designated trainer? yes no

If "no," explain: _____

11. Witness(es): _____

12. Was safety training provided to the injured? yes no

If "no," explain: _____

13. Interim corrective actions taken to prevent recurrence: _____

14. Permanent corrective action recommended to prevent recurrence: _____

15. Date of report: _____ , _____ 20_____

Prepared by: _____

Supervisor (**Signature**): _____ Date: _____

16. Status and follow-up action taken by safety coordinator: _____

Safety Coordinator (**Signature**) _____ Date _____

7.2 INSTRUCTIONS FOR COMPLETING THE ACCIDENT INVESTIGATION REPORT

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

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

- (Item 7)** **Nature of Injury:** Describe the injury, e.g., strain, sprain, cut, burn, fracture.
Injury Type: First aid—injury resulted in minor injury/treated on premises; Medical—injury treated off premises by physician; Lost time—injured missed more than one day of work; No Injury—no injury, near-miss type of incident.
Part of the Body: Part of the body directly affected, e.g., foot, arm, hand, head.
- (Item 8)** **Describe the accident:** Describe the accident, including exactly what happened, and where and how it happened. Describe the equipment or materials involved.
- (Item 9)** **Cause of the accident:** Describe all conditions or acts which contributed to the accident, e.g.—
- a. unsafe conditions (spills, grease on the floor, poor housekeeping or other physical conditions).
 - b. unsafe acts (unsafe work practices such as failure to warn, failure to use required personal protective equipment).
- (Item 10)** **Personal protective equipment:** This section is self-explanatory.
- (Item 11)** **Witness(es):** List name(s), address(es), and phone number(s).
- (Item 12)** **Safety training provided:** Was any safety training provided to the injured relating to the work activity being performed?
- (Item 13)** **Interim corrective action:** Measures taken by supervisor to prevent recurrence of incident, e.g., barricading accident area, posting warning signs, shutting down operations.
- (Item 14):** This section is self-explanatory.
- (Item 15):** This section is self-explanatory.
- (Item 16)** **Follow-up:** Once the investigation is complete, the safety coordinator shall review and follow up the investigation to ensure that corrective actions recommended by the safety committee and approved by the employer are taken and that control measures have been implemented.

8 RECORDKEEPING PROCEDURES

HR will control and maintain all employee accident and injury records. Records are maintained for a minimum of five (5) years and include:

- Accident Investigation Reports, see Section 7, page 17
- Workers' Compensation First Report of Injury or Illness
- Log and Summary of Occupational Injuries and Illnesses as required by OSHA's Recordkeeping Regulation, 29 CFR 1904.2:
 - OSHA Form 300 (Rev. 1-2004): Log of Work-Related Injuries and Illnesses
 - OSHA Form 300A (Rev. 1-2004): Summary of Work-Related Injuries and Illnesses
 - OSHA Form 301: Injury and Illness Incident Report

9 SAFETY RULES, POLICIES AND PROCEDURES

The safety rules contained on these pages have been prepared to protect you in your daily work. Employees are to follow these rules, review them often and use good common sense in carrying out assigned duties.

These safety rules shall include both general workplace safety rules and job-specific safety rules.

General Rules:

All Employees

Job-Specific Rules:

By Occupational Class, e.g., painter, clerk, carpenter, etc.

ALL EMPLOYEES – Common examples of safety procedures are outlined below. Employees should use discretion when using any equipment such as ladders or lifting/moving equipment.

9.1.1 HOUSEKEEPING

1. Use caution signs/cones to barricade slippery areas.
2. Do not store or leave items on stairways.
3. Return tools to their storage places after using them.
4. Do not block or obstruct stairwells, exits or accesses to safety and emergency equipment such as fire extinguishers or fire alarms.
5. Do not place materials such as boxes or trash in walkways and passageways.
6. Do not use gasoline for cleaning purposes.
7. Mop up water around water fountains, drink machines and ice machines.

9.1.2 LIFTING PROCEDURES

General

1. Test the weight of the load before lifting by pushing the load along its resting surface.
2. If the load is too heavy or bulky, use lifting and carrying aids such as hand trucks, dollies, pallet jacks and carts, or get assistance from a co-worker.
3. Never lift anything if your hands are greasy or wet.
4. Wear protective gloves when lifting objects with sharp corners or jagged edges.

9.1.3 WHEN LIFTING—

1. Face the load.
2. Position your feet 6"-12" apart with one foot slightly in front of the other.
3. Bend at the knees, not at the back.
4. Keep your back straight.
5. Get a firm grip on the object using your hands and fingers. Use handles when they are present.
6. Hold the object as close to your body as possible.
7. Perform lifting movements smoothly and gradually; do not jerk the load.
8. If you must change direction while lifting or carrying the load, pivot your feet and turn your entire body. Do not twist at the waist.
9. Set down objects in the same manner as you picked them up, except in reverse.
10. Do not lift an object from the floor to a level above your waist in one motion. Set the load down on a table or bench and then adjust your grip before lifting it higher.

9.2 ALL EMPLOYEES

9.2.1 LADDERS AND STEP LADDERS

1. Read and follow the manufacturer's instruction label affixed to the ladder if you are unsure how to use the ladder.
2. Do not use ladders that have loose rungs, cracked or split side rails, missing rubber foot pads, or other visible damage.
3. Keep ladder rungs clean and free of grease. Remove buildup of material such as dirt or mud.
4. When performing work from a ladder, face the ladder and do not lean backward or sideways from the ladder.
5. Allow only one person on the ladder at a time.
6. Do not stand on the top two rungs of any ladder.
7. Do not stand on a ladder that wobbles or leans to the left or right of center or is crooked.
8. Do not try to "walk" a ladder by rocking it. Climb down the ladder and then move it.

9.2.2 CLIMBING A LADDER

1. Face the ladder when climbing up or down it.
2. Do not carry items in your hands while climbing up or down a ladder.
3. Maintain a three-point contact by keeping both hands and one foot or both feet and one hand on the ladder at all times when climbing up or down the ladder.

9.2.3 DRIVING/VEHICLE SAFETY

Fueling Vehicles

1. Turn the vehicle off before fueling.
2. Do not smoke while fueling a vehicle.
3. Wash hands with soap and water if you spill gasoline on them.

Driving Rules

1. Shut all doors and fasten your seat belt before moving the vehicle.
2. Obey traffic patterns and signs at all times.
3. Maintain a three-point contact using both hands and one foot or both feet and one hand when climbing into and out of vehicles.
4. Do not leave keys in an unattended vehicle.

9.3 OFFICE PERSONNEL

9.3.1 OFFICE SAFETY

General

1. Do not place material such as boxes or trash in walkways and passageways.
2. Do not throw matches, cigarettes or other smoking materials into trash baskets.
3. Do not kick objects out of your pathway; pick them up or push them out of the way.
4. Keep floors clear of items such as paper clips, pencils, tacks or staples.
5. Straighten or remove rugs and mats that do not lie flat on the floor.
6. Mop up water around water fountains and drink machines.
7. Do not block your view by carrying large or bulky items; use a dolly or hand truck or get assistance from a fellow employee.
8. Store sharp objects, such as pens, pencils, letter openers or scissors, in drawers or with the points down in a container.
9. Carry pencils, scissors and other sharp objects with the tips pointing down.
10. Use the ladder or step stool to retrieve or store items that are located above your head.
11. Do not run on stairs or take more than one step at a time.
12. Keep doors in hallways fully open or fully closed.
13. Use handrails when ascending or descending stairs or ramps.
14. Obey all posted safety and danger signs.

9.3.2 FURNITURE USE

1. Open only one file cabinet drawer at a time. Close the filing cabinet drawer you were working in before opening another filing drawer in the same cabinet.
2. Use the handle when closing doors, drawers and files.
3. Put heavy files in the bottom drawers of file cabinets.
4. Do not tilt your chair on its back two legs while you are sitting in it.
5. Do not stand on furniture to reach high places.

9.3.3 EQUIPMENT USE

1. Do not use fans that have excessive vibration, frayed cords or missing guards.
2. Do not place floor-type fans in walkways, aisles or doorways.
3. Do not plug multiple electrical cords into a single outlet.
4. Do not use extension or power cords that have the ground prong removed or broken off.
5. Do not use frayed, cut or cracked electrical cords.
6. Use a cord cover or tape down cords when running them across aisles, between desks or across entrances or exits.
7. Turn the power switch of the local exhaust fans to "ON" when operating the blueprint machine.
8. Do not use lighting fluid to clean drafting equipment; use soap and water.