Agency Workplace Safety and Health Manual

For the

Accident and Illness Prevention Program (AIPP)

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#### **A. SAFETY POLICY STATEMENT**

A safety policy statement has been established for the agency and is approved by the Agency Head/Executive Director. This element is reviewed annually for changes and updated as necessary by the Safety Coordinator. The annual review is documented and maintained on file for the current fiscal year and previous two.

The policy statement is provided to new employees during orientation and is also communicated on an annual basis to all employees via e-mail. Documentation that the statement was provided during orientation and annually is maintained by the Safety Coordinator for the current fiscal year and previous two. The current approved and signed safety policy statement is attached.

Agency Letterhead

The agency is committed to improving the safety and health of our employees, improving productivity through a healthier workforce and reducing injuries and illnesses. The agency will strive to provide our employees with the safest possible work environment and the knowledge necessary to safely carry out their job duties. The agency’s safety efforts shall be ongoing and focus on continuous improvement.

Working safely is a responsibility shared by all employees. Managers and supervisors are to maintain the safest possible working conditions by encouraging and enforcing agency safety policies and procedures. All necessary and available agency resources shall be utilized to accomplish this important endeavor. Employees are to perform their duties in the safest manner possible and adhere to all established safety rules, procedures and work practices.

Employees are encouraged to actively participate in the agency’s safety efforts. Involvement by all levels of the organization shall contribute to an effective safety and health program for the benefit of all.

Agency Head Signature Date

**B. DESIGNATED AIPP COORDINATOR**

Selected staff are designated and empowered to coordinate the safety and health program and services for the agency. Employees are notified of these individuals, including their contact information, on an annual basis and during new employee orientation via e-mail. Records of this communication are maintained by the Safety Coordinator for the current fiscal year and previous two. As changes occur, contact information is updated accordingly. The position description for each selected individual includes specific safety and health responsibilities; the position description for each employee is attached.

This element and associated position descriptions are reviewed by the Safety Coordinator annually and updated as necessary. The review is documented and maintained on file for the current fiscal year and previous two.

Each agency Safety Coordinator is required to complete Safety Coordinator Orientation. Safety Coordinator Orientation certification:

|  |  |
| --- | --- |
| Safety Coordinator Name | Date Orientation Successfully Completed |
|  |  |

The following individuals have been designated and empowered to coordinate the safety and health efforts of the agency.

Agency Safety Coordinator: Name

Address

Telephone/E-Mail

Safety Support Staff: Name

Address

Telephone/E-Mail

Name

Address

Telephone/E-Mail

Name

Address

Telephone/E-Mail

Sample Position Description

|  |  |  |  |
| --- | --- | --- | --- |
| Commonwealth of Pennsylvania | | STD-370 | |
| **POSITION DESCRIPTION** | | | |
| Last Name | First Name | MI | Employee Number |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title | Job Code | Working Title | Position Number |

|  |  |  |
| --- | --- | --- |
| Department | Organization | Organization Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor's Last Name | Supervisor's First Name | Supervisor's Job Title | Supervisor's Pos Number |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start Time 0000 | End Time 0000 | Hours/Week 00.0 | Days Worked (Check all that apply) | | | | | | | Explain any schedule variations: |
| S http://www.occup.state.pa.us/Print/NoCheck.jpg | M http://www.occup.state.pa.us/Print/Check.jpg | T http://www.occup.state.pa.us/Print/Check.jpg | W http://www.occup.state.pa.us/Print/Check.jpg | T http://www.occup.state.pa.us/Print/Check.jpg | F http://www.occup.state.pa.us/Print/Check.jpg | S http://www.occup.state.pa.us/Print/NoCheck.jpg |

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| --- |
| **Position Purpose:** Describe the primary purpose of this position and how it contributes to the organization’s objectives. Example: *Provides clerical and office support within the Division to ensure its operations are conducted efficiently and effectively.*  Serves as the agency’s Safety Coordinator, serves as the point of contact for all safety matters, and administers the safety program for the agency to ensure a safe workplace for all employees. |
| **Description of Duties:** Describe in detail the duties and responsibilities assigned to this position. Descriptions should include the major end result of the task. Example: *Types correspondence, reports, and other various documents from handwritten drafts for review and signature of the supervisor.*  Maintains the agency’s safety program to ensure compliance with state and federal laws, regulations, and standards; published directives; collective bargaining agreements; the Accident and Illness Prevention Program (AIPP); the personnel rules and past practices.  Based on an understanding of the laws, directives and other commonwealth and agency safety policies and procedures in place, provides guidance and recommendations to all levels of management in the formulation of policy and promotion of sound safety practices.  Periodically provides safety-related communications/education to employees about the agency’s safety policy, procedures and/or contact information.  Establishes and monitors safety program goals and objectives  Develops recommendations and position papers to management that will address program needs and provide for continuous improvement.  Ensures worksites are inspected on a periodic basis to identify hazards and that identified hazards are addressed or are eliminated.  Ensures all workplace incidents are investigated.  Analyzes loss data and prepares reports to determine effectiveness and identify injury trends.  Evaluates and reviews the AIPP annually to identify opportunities and areas in need of improvement.  Organizes and coordinates labor/management Safety Committees comprised of members from the various departments and/or work locations.  Develops procedures for identifying, reporting and responding to industrial hygiene concerns.  Administers the employee safety suggestion and communication program and addresses the concerns and ideas submitted.  Ensures emergency actions plans are up-to-date for all occupied work locations and ensures emergency evacuation drills are conducted at least annually and evaluated for effectiveness.  Ensures that prompt access to first aid, CPR and/or automatic external defibrillators (AED) is available either through the local emergency service or by having trained first responders available throughout the agency.  Administers the PA Worker and Community Right-to-Know Act including ensuring annual inventory of hazardous substances and preparing the Hazard Substance Survey Form. Coordinates training with the agency’s Right-to-Know designees.  Ensures all employees receive safety orientation training. Also, ensures that employees who have specific safety responsibilities, such as fire safety team members, Safety Committee members, first responders, those conducting investigations or hazard assessments and those who have jobs that are exposed to specific hazards, receive appropriate initial and refresher training.  If not specifically responsible for the following areas, maintains a general understanding of the policy for Workers’ Compensation, Worker and Community Right-to-Know, State Employee Assistance Program, Driver Safety, Workplace Violence, Emergency Preparedness, Continuity of Government Planning, Security, CPR/Emergency Medical Services and Infectious Diseases.  Works with appropriate budget/fiscal staff to ensure necessary funds are available for training, equipment and the correction of unsafe or unhealthy working conditions.  Maintains the documentation and files the reports and forms necessary to comply with the requirements of the Bureau of Workers’ Compensation and the Governor’s Office of Administration.  Maintains a relationship with other commonwealth agencies that can provide safety-related assistance and guidance as necessary, such as the Department of Labor & Industry, Department of Health, Department of Environmental Protection, Department of General Services and the Pennsylvania Emergency Management Agency.  Maintains a working relationship with the professional safety consultants who assist the incumbent on technical or unusual safety issues and time-consuming activities.  Performs special projects and other duties as required or assigned. |

|  |
| --- |
| ***Decision Making:*** *Describe the types of decisions made by the incumbent of this position and the types of decisions referred to others. Identify the problems or issues that can be resolved at the level of this position, versus those that must be referred to the supervisor. Example: In response to a customer inquiry, I research the status of an activity and prepare a formal response for my supervisor’s signature.*  Employee exercises considerable independent judgment and decision making in the implementation of the Department’s Safety Program and other related activities. Employee has authority to make recommendations and provide guidance to managers concerning above listed duties without initial consultation with supervisor. General instructions and guidance are given by the supervisor.  Work assignments and projects are often self-generated upon identification of problems or situations. Employee updates supervisor as needed or as scheduled on activities or special issues. Work is reviewed during or upon completion of assignments. Policies developed or other formal communications concerning program execution are reviewed with supervisor and sometimes senior management prior to implementation. |
| ***Requirements Profile:*** *Identify any requirements, such as a licensure, registration, or certification, which may be necessary to perform the functions of the positions. Position-specific requirements should be consistent with a Necessary Special Requirement or other criteria identified in the classification specification covering this position. Example: Professional Engineer License*  1.   Maintains or acquires a certification recognized by the Bureau of Workers’ Compensation as a qualified provider of accident and illness prevention services. |
| **Essential Functions**: Provide a list of essential functions for this position. Example: *Transports boxes weighing up to 60 pounds.*   |  |  | | --- | --- | | 1. | Understand and follow oral and written instructions. | | 2. | Analyze and interpret policies, regulations, and standards. | | 3. | Effectively communicate orally and in writing. | | 4. | Prepare for and conduct meetings and trainings. | | 5. | Compose written materials. | | 6. | Gather & analyze data. | | 7. | Use a computer and software applications. | | 8. | Maintain effective working relationships. | | 9. | Conduct investigations/assessments. | | 10. | Travel to other work locations. | |

**CERTIFICATION**

By entering my name below, I certify to the best of my knowledge all statements contained in this position description are correct.

|  |  |  |
| --- | --- | --- |
| **Employee's Acknowledgement** | **Job Title:** | **Date** |

|  |  |  |
| --- | --- | --- |
| **Supervisor's  Acknowledgement** | **Job Title:** | **Date** |

|  |  |  |
| --- | --- | --- |
| **Reviewing Officer's  Acknowledgement** | **Job Title:** | **Date** |

**C. ASSIGNMENT OF RESPONSIBILITIES FOR DEVELOPING, IMPLEMENTING AND EVALUATING THE AIPP**

All agency employees have some responsibility for workplace safety and health. Typical workplace safety and health responsibilities are highlighted within this element. While the Safety Coordinator may not be specifically responsible for each item, they are the point of contact for all workplace safety and health related issues and responsible for overall development, implementation, and evaluation of the AIPP. Information regarding safety-related responsibilities are provided during new employee orientation and general safety-related responsibilities are provided to all employees periodically via e-mail. Documentation of this communication is maintained by the Safety Coordinator for the current fiscal year and previous two. In addition, the annual documented review of this element is maintained by the Safety Coordinator for the current fiscal year and previous two.

**Safety Coordinator/Safety Staff**

**General Responsibilities**

**List Safety Coordinator/Safety Staff names or job titles**

**Communication:**

* Provide guidance and recommendations to all levels of management in the formulation of policy and promoting of safety practices.
* Coordinate revisions to the agency AIPP and communicate as necessary to all employees.
* Ensure that all employees are aware of the agency safety and health policies, procedures, rules and enforcement measures.
* Ensure ideas and comments related to safety and health are reviewed under the agency suggestion program and responses to suggestions are provided accordingly after evaluation.
* Distribute/post Safety Committee meeting minutes.
* Maintain applicable Safety Data Sheets/Material Safety Data Sheets and ensure appropriate availability.
* Ensure appropriate safety signage is posted.
* Ensure emergency procedures, lists of emergency personnel and emergency telephone numbers are easily accessible and kept updated.
* Ensure information and statistical reports regarding program effectiveness are shared with selected management, Safety Committees and others on a periodic (minimum of annually) basis.
* Ensure all required AIPP communications are appropriately communicated and documentation is available for the current fiscal year and previous two.

**Reporting:**

* Coordinate and/or maintain AIPP documentation necessary to comply with commonwealth standards.
* File the required AIPP reports annually.
* Maintain current credentials of AIPP service providers.
* Ensure all incidents have associated completed incidents reports.

**Hazard Identification:**

* Coordinate or conduct scheduled, documented, worksite safety inspections to identify existing and potential hazards of all work areas and utilize the checklist(s) in AIPP Element E.
* Direct and/or assist managers and supervisors in taking immediate corrective action to eliminate or control unsafe acts or conditions.
* Establish procedures for pre-operational process reviews if applicable.
* Perform hazard analyses and make recommendations to eliminate unsafe or effectively control unsafe or unhealthy working conditions.
* Develop procedures for identifying, reporting and responding to industrial hygiene concerns.
* Coordinate or perform initial industrial hygiene and ergonomic evaluations to determine an appropriate course of action or appropriate consultant services.

**Incident Investigation:**

* Develop and implement procedures for reporting, investigating, recording and tracking workplace incidents.
* Coordinate or investigate all incidents and reported near misses.
* Conduct thorough and prompt investigations or ensure they are performed for all reported incidents.
* Make recommendations to eliminate unsafe or unhealthy conditions.
* Follow-up to ensure recommendations have been effectively communicated.
* Ensure corrective actions identified from incident investigations are tracked through completion and are effective.
* Determine inadequacies in the reporting or investigation systems and make corrective actions accordingly.

**Budget/Financial Resources:**

* Work with appropriate budget/fiscal staff to ensure necessary funds are available for training, Safety Committee operation and correction of unsafe or unhealthy conditions.
* In conjunction with AIPP evaluation, review the impact of incident trends upon the agency budget.

**Evaluation:**

* Establish and monitor the overall safety program goals and objectives, including those for injury reduction and prevention.
* Monitor and evaluate the effectiveness of the AIPP.
* Determine the measures and performance metrics used to evaluate AIPP effectiveness.
* Review the number and types of workers’ compensation claims submitted at least annually in comparison to other years as a way to determine the AIPP effectiveness.
* Identify loss analyses to identify the types of injuries and possible trends.
* Review the AIPP periodically and at least annually, to develop recommendations that address current program needs and for continuous improvement.
* Review and analyze incident investigation reports to identify casual factors, possible trends and corrective actions.
* Evaluate the quality and effectiveness of safety training and education programs.
* Evaluate operations to identify hazards and determine necessary controls.

**Training:**

* Identify and develop or coordinate the development of the necessary safety training programs and materials for new and existing employees.
* Ensure safety orientation is provided to all new employees.
* Conduct and/or coordinate safety and health training for all employees and worksites as needed.
* Ensure training is provided for all evacuation team members and agency employees on emergency response procedures.
* Ensure there are an appropriate number of individuals trained in first aid and/or CPR to provide suitable coverage of the employee population if necessary to have onsite response.
* Conduct and/or coordinate training for Safety Committee members.
* Conduct and/or coordinate training for managers and supervisors, including instructions for reporting incidents.
* Ensure supervisors or appropriate employees receive training to effectively perform incident investigations.

**Overall:**

* Develop, analyze, plan, implement, coordinate and manage the overall AIPP.
* Develop, maintain and update the agency’s AIPP.
* Organize and coordinate the number of labor/management Safety Committees necessary to involve employees from the various departments or worksites into the safety process.
* Establish safety goals and objectives at least annually.
* Develop performance indicators and track performance versus goals.
* Implement or administer an effective employee suggestion and communication program to address concerns and ideas to improve employee safety and well-being.
* Ensure confidentiality of information related to specific employees.
* Ensure emergency actions plans are developed and updated for all occupied work locations with drills conducted and evaluated at least annually.
* Administer the agency’s Worker and Community Right-to-Know Program.
* Ensure the necessary industrial health services are provided to employees.
* Develop and/or coordinate the programs and procedures for obtaining emergency medical treatment at the various agency worksites.

**Specific Responsibilities**

# **Safety Contractor:**

* Compliance Management International (CMI), email: [[ra‑oasafety@pa.gov](https://www.oa.pa.gov/Policies/md/Documents/205_38.pdf)](http://www.oa.pa.gov/Policies/md/Documents/205_33.pdf).
* Assist the Safety Coordinator as necessary with the development of agency safety policies and work procedures.
* Develop and/or provide safety and health training as necessary.
* Perform hazard assessments and conduct safety inspections as needed.
* Review the AIPP as necessary to assess compliance and identify areas needing improvement.
* Perform data analysis to identify injury trends and opportunities for improvement.
* Serve as a consultant in areas of industrial hygiene, ergonomics, and other duties as described in [Management Directive 530.31](http://www.oa.pa.gov/Policies/md/Documents/205_38.pdf).

**Workers’ Compensation Third Party Administrator:**

* Inservco, information regarding Inservco can be obtained via email: [ra-oainjury@pa.gov](mailto:raoasafety@pa.gov).
  + Responsible for the processing of workers’ compensation claims.

**Safety Committee Members:** (Agency Committee Locations and Member Names are listed in AIPP Element K)

* Assist in the agency’s safety efforts by identify and recommending solutions for workplace safety and health issues.
* Ensure safety and health issues are reviewed and ideas for improvement are regularly considered and communicated to management.
* Assist in the identification and correction of workplace hazards.
* Bring workers and management together in a cooperative effort to promote safety and health in the workplace.
* Set committee goals and objectives while monitoring progress and achievements.
* Review or investigate incidents and provide recommendations to prevent recurrences.
* Assist in the communication of safety and health information to employees.

**Building Evacuation Team Members:** (Team member names and contact information are listed in AIPP Element I)

* Provide for a safe evacuation of the building occupants during an emergency.
* Specific responsibilities for each team member are detailed in AIPP Element I.

**Managers and Supervisors:**

* Provide necessary safety and health training to all employees or ensure it is provided.
* Ensure safety and health policies, procedures and rules have been learned and are fully demonstrated and adhered to in the work environment.
* Provide or disseminate safety information to employees as appropriate.
* Be continuously aware of safety and health conditions within the work area. Assist in the identification and reporting of hazards.
* Take or coordinate the corrective actions necessary to address any unsafe work condition or acts.
* Investigate and report all incidents utilizing agency forms in AIPP Element M.
* Provide or make available the necessary safety or personal protective equipment (PPE) required for the work environment or task.
* Provide job specific safety orientation to all new employees and upon assignment of a new task or operation that has exposure to hazards.
* Be aware of building evacuation procedures.
* Be aware of emergency phone numbers and certified first aid volunteers and CPR volunteers.

**Employees:**

* Ensure the safety and health of themselves and of those around them.
* Be familiar with and adhere to established safety procedures, rules and work practices.
* Utilize and properly maintain all necessary/provided safety or PPE and controls.
* Immediately report all workplace incidents to their supervisor.
* Report all workplace hazards or safety concerns through the safety suggestion process or through the supervisory chain of command.
* Participate in all required agency safety training and education efforts.
* Upon request, participate in Safety Committees, emergency evacuation teams, first responder training and any other safety or health employee involvement activity established by the agency.
* If assistance is required during an evacuation, complete the required documentation to ensure the appropriate authority is aware.

**D. PROGRAM GOALS AND OBJECTIVES**

The overall goal is to prevent incidents and provide for a safe work environment for all employees. The purpose of this element is to establish the methods used for developing, communicating and evaluating the agency’s safety related goals and objectives.

The establishment of annual safety goals and objectives provides direction and a means of communication that encourages continuous safety program improvement. Safety program improvement can be achieved by reducing incident frequency, incident severity and their related costs (trailing indicators). Program improvement may also be achieved through the proactive methods of evaluation and enhancement of the safety program or services (leading indicators). The following definitions apply:

Goals: The broad, long term intentions or achievements the agency strives to accomplish. Goals are stated in specific terms that can be measured quantitatively or qualitatively.

Objectives: Specific actions or targets that are established to support and/or achieve the goal.

Performance Indicator: A system or measure used for analysis, trending and comparing achievements to goals.

Trailing Indicator: A performance indicator that responds to circumstances that already exist. The trailing indicator is reactive to identified weaknesses and/or demonstrated failures.

Leading Indicator: A performance indicator that responds to changing circumstances and takes actions to achieve desired outcomes before failures and weaknesses present themselves.

**Goal Development**

Responsibilities: Agency safety goals and objectives are developed annually on a fiscal year basis. The responsibility to develop the goals and objectives is accomplished through a cooperative effort. Individuals or groups that participate in the goals and objectives development include, but are not limited to, the following:

Safety Coordinator

Safety Committee Chairperson

Workplace Safety Committee Members

Bureau Directors

Human Resource Director

Workers’ Compensation Coordinator

Safety Consultants

The Safety Coordinator is responsible for ensuring all safety program goals, objectives and performance indicators are established annually. Once drafted, the goals and objectives are shared and discussed with their supervisor and lastly, they are shared with upper management.

Field worksites are responsible for establishing their own goals and objectives, which are communicated to the Safety Coordinator. Field worksite goals and objectives are appropriate for their needs and are consistent with the overall workplace safety and health program goals.

Criteria: When possible, goals and objectives are developed and defined in a format that meets the following criteria: specific, measurable, achievable, relevant and time based. The following is a description of the individual criteria or format components:

Specific: Must address a precise or particular circumstance. Avoid broad base topics.

Measurable: The goals can be expressed in quantitative or qualitative terms. Quantitative measures are expressed through the use of data and percentages. Qualitative measures are expressed through relationship and/or comparison to norms.

Achievable: The capability to reach a desired outcome. Remember to strive for excellence but be careful to avoid setting unachievable or unrealistic goals.

Relevant: The goal should be directly related to needs of the agency/worksite.

Time Based: The goal should be assigned a benchmark to provide direction and motivation for achievement.

Performance Indicators: Leading and trailing performance indicators are identified and used for the establishment of agency safety goals and objectives. Trailing indicators are after-the-fact measures of safety performance and the outcomes for having or not having effective safety systems in place. Leading indicators are proactive performance measures based on actions to achieve desired outcomes before failures and weaknesses present themselves.

Trailing indicators are commonly used to establish safety goals and measure performance since they are quantitative, objective and widely recognized. However, relying solely on trailing indicators is not recommended since they are not effective at predicting future success. Leading indicators are made up of the tangible, measurable and definable activities that serve to foster a positive safety culture. Ideally, a mix of leading and trailing indicators are utilized to develop safety goals and objectives.

Trailing indicator examples include:

Workers’ compensation costs

Cost per claim or injury

Number of claims/injuries

Claim or injury frequency rates

Injury types

Number of lost time injuries

Number of incident only claims

Leading indicator examples include:

Closure rates for corrective actions or recommendations

Internal auditing or analysis of safety policies and procedures

Development/implementation of procedures or training programs

Increased frequency of inspections/hazard identification

Employee safety surveys or suggestions

Development of safety sub-committees

Increased reporting of near misses

Root cause/causal factor analysis

**Goal Communication and Evaluation**

Communication: Information and progress regarding the safety goals and objectives are communicated to senior management. This communication is essential for increasing the visibility of the safety program, to garner the necessary support for the safety program, maximize agency resources to accomplish the goals and objectives and ensure safety performance accountability at all levels.

Goals and objectives are provided to upper management (Agency Head, Deputies and Bureau Directors) upon development and periodic updates are also provided to keep them informed on and involved in the agency’s safety efforts and initiatives. The methods for communicating agency goals and objectives include the following:

Upper Management: Goals and objectives are communicated in writing to the Agency Head for approval and provided to other upper management.

Managers/Supervisors: Following administrative approval, goals and objectives are communicated to managers/supervisor during management meetings and/or administrative memo or directive.

Employees: Employees are informed of safety goals and objectives via staff meetings, memos, newsletters, e-mails and/or training sessions.

Office of Administration: The agency’s Safety Coordinator is responsible for providing goals and objectives information and progress reports to the Office of Administration.

Evaluation: Performance indicators or measures are established to help determine if the desired results are being achieved. The status of agency goals and objectives is monitored at least quarterly and changes are made where necessary and possible to improve performance. In the event that an established goal is reached before the defined target, a new goal may be established. The achievement or effectiveness of the goals and objectives is evaluated at least annually.

The status of field worksite goals and objectives are monitored at least quarterly and evaluated for achievement at least annually. Status and evaluation reports are provided to the Safety Coordinator; as well as, applicable site Safety Committees and management.

**Recordkeeping**

Annual goals/objectives, related status reports and communication to upper management are maintained by the Safety Coordinator for the current fiscal year and previous two. In addition, the annual documented review of this element is maintained by the Safety Coordinator for the current fiscal year and previous two.

Sample 1 with examples:

Agency Name

Goals and Objectives

For Fiscal Year \_\_\_\_\_

### Goal #1: To reduce injury/claims rate by \_\_\_%.

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Action Items** | **Performance Indicator / Due Date** | **Status** |
| Perform loss and data analysis. | Review and analyze injury loss reports.  * Review claim reports. * Review incident investigation reports. * Develop injury analysis report and communicate injury statistics. | Identify most frequent injury types.Identify most costly injuries.  * Identify work locations with high injury rates. * Communicate information to management. |  |
| Identify work procedure and training needs. | * Conduct hazard assessments and worksite inspections. * Evaluate safety policies and procedures.  Review operations, job types and worksites.Review operations, tasks and equipment.  * Review training records. | * Hazard assessments completed. * Self-assessment and report completed. * Work procedures identified. * Affected worksites and operations identified. * Training needs identified. |  |
| Develop and implement necessary work procedures and training. | * Target most frequent and severe injury types. * Develop safety policies, procedures and training. * Communicate information to managers and supervisors. * Provide train-the-trainer to identified staff. * Provide training to all applicable employees. * Assess and provide necessary PPE, equipment or safeguards. | Reduce targeted related injuries by 10%.  * Reduce injury related costs. * Develop targeted injury safety program and training. * Training provided to identified or affected employees. * Corrective actions implemented. |  |

### Goal #2: To maintain program compliance and identify opportunities for improvement.

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Action Items** | **Performance Indicator / Due Date** | **Status** |
|  |  |  |  |
|  |  |  |  |
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### Goal #3: To increase program visibility and promote workplace safety and health program awareness.

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Action Items** | **Performance Indicator / Due Date** | **Status** |
|  |  |  |  |
|  |  |  |  |
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Goal Review and Communication:

|  |  |  |  |
| --- | --- | --- | --- |
| **Reviewer Signature** | **Date Reviewed** | **Communication** | **Date** |
|  |  |  |  |
|  |  |  |  |

Sample 2:

Agency Name

Goals and Objectives

For Fiscal Year \_\_\_\_\_

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| --- | --- | --- | --- |
| **Goal or Objective** | **Action Items** | **Performance Indicator/Due Date** | **Status and Communication** |
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Reviewer Signature Date

#### **E. METHODS FOR IDENTIFYING AND EVALUATING HAZARDS AND DEVELOPING CORRECTIVE ACTIONS FOR THEIR MITIGATION**

**Safety Inspections**

The primary purpose of a safety inspection is to detect and correct potential safety and health hazards. The identification of hazards is a proactive means of reducing or preventing workplace incidents. Safety inspections are conducted at least semi-annually for all occupied agency work locations and at least quarterly for areas identified with higher risk or more significant hazards. The frequency of inspections is dependent upon the severity of the potential hazards and the likelihood for employee contact with those potential hazards. Training in hazard identification and inspection procedures is provided to all individuals assigned the responsibility to perform these inspections.

[List the agency worksites/operations, the frequency of inspections and the staff assigned the responsibility to conduct the inspections.]

A Safety Inspection Checklist used by and assists the Safety Coordinator or designee in conducting thorough safety inspections of their areas of responsibility. Appropriate methods to conduct safety inspections are used for the various types of agency work environments and operations. For example, an Office Safety Inspection Checklist is used for office areas or worksites and an Industrial Safety Inspection Checklist is used for industrial type work environments. A place for comments to explain or detail identified hazards, deficient items or recommendations is included on all inspection checklists. The Safety Coordinator ensures suitable checklists are developed and utilized for the appropriate work areas.

Inspections focus on the following categories:

* General conditions – housekeeping, lighting, walking and working surfaces, proper safety and health related postings or labeling being in place.
* Specific hazards – machinery, equipment, supplies, chemicals and tools.
* Fire safety– written policies and procedures, fire drills, fire exits and portable fire extinguishers.
* Work practices – improper or unnecessary manual lifting, inefficient work layout and procedures, hazardous storage of heavy materials in overhead areas, improper use of equipment and employee lack of awareness of safe work practices.

After safety inspections are completed, one copy of the completed inspection is provided to the manager(s) or supervisor(s) at the area of the inspection. The agency Safety Coordinator or regional/facility safety staff may request a copy of the completed inspection at any time to ensure compliance. Copies of all inspection reports and communications of associated corrective actions are maintained for the current fiscal year and previous two.

[List agency specific methods used to conduct and document inspections for the various work environments or operations.]

**Hazards Identified by Managers and Employees**

Bureau Directors, Division Chiefs and supervisors must be aware of the safety and health conditions within their respective work areas and have the responsibility to assist in the identification and reporting of potential hazards.

Employees are responsible to identify and report hazards in their work area through AIPP Element J or by reporting the hazard directly to the manager or supervisor, the Safety Coordinator or a member of the Safety Committee.

**Corrective Actions and Solutions**

The results of inspections are communicated to the appropriate managers and supervisors responsible for those work areas. Inspection findings and recommendations are also shared with the appropriate Safety Committee members. With support from the Safety Coordinator, site safety staff or Safety Committee, managers and supervisors are responsible for developing and implementing the necessary corrective actions for identified hazards and deficiencies. Hazards and recommendations that are easily correctable shall be addressed immediately.

All identified hazards, deficiencies or recommendations are tracked and reviewed to ensure effective corrective actions are completed. Records indicating the completion of corrective actions are maintained for the current fiscal year and previous two and forwarded to and maintained by the Safety Coordinator or site safety staff.

As a result of safety inspections, any changes to the work environment, processes or equipment are communicated to all affected employees. If procedures are not in place to address the identified hazards or deficiencies, they are developed and implemented with the appropriate training provided to employees exposed to the hazard. Copies of management and employee communications and training records are maintained for the current fiscal year and previous two by the agency Safety Coordinator or site safety staff.

[Insert or modify the procedure to include agency specific methods and responsibilities for the development, implementation and tracking of corrective actions.]

**Office Safety Inspection Checklist**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Instructions:** This checklist addresses responsibilities and possible safety hazards which may be present in an administrative work location. This form is to be completed by employees who have been trained to perform safety inspections. To complete the checklist, employee interviews and some records review will occur. Upon completion, the form shall be provided to managers and supervisors at the work location. For any items checked "Unsatisfactory", an explanation must be provided on an attached sheet. | | | | |
| **Inspection Location** | | | | |
| **Agency** | **Organization** | | | |
|  |  | | | |
| **Address** | | | | |
|  | | | | |
| **Housekeeping** | **Satisfactory** | **Unsatisfactory** | | **N/A** |
| 1. Floor and aisles are free of litter and spilled liquids (water, pens, paper, etc.) |  |  | |  |
| 1. Aisles are free of cords, boxes, chairs and other tripping hazards |  |  | |  |
| 1. Desks or file drawers are closed when not in use and only one drawer is used at a time |  |  | |  |
| **Ergonomics** | **Satisfactory** | **Unsatisfactory** | | **N/A** |
| 1. All office equipment is being used correctly |  |  | |  |
| 1. Employees are properly positioned at their desk and maintain good neutral posture |  |  | |  |
| 1. Employees are using their workstation efficiently and avoiding stretching or reaching for objects placed far away |  |  | |  |
| **Electrical** | **Satisfactory** | **Unsatisfactory** | | **N/A** |
| 1. Electrical devices have Department of General Services (DGS) approval |  |  | |  |
| 1. All extension cords are in good condition and are not frayed |  |  | |  |
| 1. Extension cords are not being used as permanent wiring |  |  | |  |
| **Evacuation/Fire** | **Satisfactory** | **Unsatisfactory** | | **N/A** |
| 1. All aisles are at least 36 inches wide |  |  | |  |
| 1. Doors are labeled as exits |  |  | |  |
| 1. Exit signs are installed and operational |  |  | |  |
| 1. Doors are not locked to prevent exit from the building |  |  | |  |
| 1. Fire doors are not propped open |  |  | |  |
| 1. An evacuation plan is posted |  |  | |  |
| 1. Fire extinguishers and pull stations are in the locations noted on the evacuation plan |  |  | |  |
| 1. Fire extinguishers are identified with signs and not blocked |  |  | |  |
| 1. Fire extinguishers appear to be in good condition and have been inspected |  |  | |  |
| **Other Inspection Items** | **Satisfactory** | **Unsatisfactory** | | **N/A** |
| 1. All areas are well lit and lights are functioning properly |  |  | |  |
| 1. Office equipment is kept at least 18 inches from functioning radiators |  |  | |  |
| 1. There are no observable drips or water damage |  |  | |  |
| 1. Flooring is in good condition and the carpets are not ripped and tiles are not broken or uneven |  |  | |  |
| 1. Employees are refraining from unsafe behaviors (standing on chairs, etc.) |  |  | |  |
| 1. Warning signs are posted near hazards (wet floors, repair work, etc.) |  |  | |  |
| **Comments** | | | | |
| **Inspector name(s)** | | | **Date** | |
|  | | |  | |

**Industrial Setting Safety Inspection Checklist**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Instructions:** This checklist addresses responsibilities and possible safety hazards which may be present in an industrial work location. This form is to be completed by employees who have been trained to perform safety inspections. To complete the checklist, employee interviews and some records review will occur. Upon completion, the form is provided to all managers and supervisors at the work location and one copy is provided to the safety coordinator. For any items checked "Unsatisfactory", an explanation must be provided on an attached sheet. | | | | |
| **Inspection Location** | | | | |
| **Agency** | **Organization** | | | |
|  |  | | | |
| **Address** | | | | |
|  | | | | |
| **Material Handling and Storage** | **Satisfactory** | **Unsatisfactory** | | **N/A** |
| 1. Are employees trained in and demonstrating proper lifting techniques? |  |  | |  |
| 1. Are employees trained in and properly using hand tools? |  |  | |  |
| 1. Are employees trained in the handling of hazardous materials/substances? |  |  | |  |
| 1. Are Safety Data Sheets (SDS) available for each hazardous material at the worksite? |  |  | |  |
| 1. Are items at a reasonable distance from the ceiling and at least 18 inches from all sprinkler heads? |  |  | |  |
| **Equipment** | **Satisfactory** | **Unsatisfactory** | | **N/A** |
| 1. Are employees trained on the safe use of job-related equipment including handcarts, rollers, etc.? |  |  | |  |
| 1. Are employees trained in the safe use of powered industrial vehicles? |  |  | |  |
| 1. Are powered industrial vehicles inspections completed by the operator on a daily basis? |  |  | |  |
| **Electrical** | **Satisfactory** | **Unsatisfactory** | | **N/A** |
| 1. Do all electrical breaker boxes have at least 36 inches of clearance? |  |  | |  |
| 1. Are all extension cords in good condition and not frayed? |  |  | |  |
| 1. Are extension cords not being used as permanent wiring? |  |  | |  |
| 1. Is a lock out/tag out (LOTO) program in place? |  |  | |  |
| 1. Are employees trained in LOTO procedures? |  |  | |  |
| **Housekeeping** | **Satisfactory** | **Unsatisfactory** | | **N/A** |
| 1. Are floors clean, dry and clear of obstacles? |  |  | |  |
| 1. Are warning signs/cones posted for wet floors or available in those instances? |  |  | |  |
| 1. Are aisles adequately wide and free of obstacles? |  |  | |  |
| 1. Is there space to move around aisle-stacked materials? |  |  | |  |
| **Fire/Evacuation** | **Satisfactory** | **Unsatisfactory** | | **N/A** |
| 1. Are doors unlocked to allow for exit from the building? |  |  | |  |
| 1. Is an evacuation plan is posted? |  |  | |  |
| 1. Are all entrances and exits clearly posted? |  |  | |  |
| 1. Are fire extinguishers labeled to indicate their presence and inspected monthly? |  |  | |  |
| 1. Is a first aid kit accessible and adequately stocked? |  |  | |  |
| 1. Are combustibles and trash stored away from heat sources? |  |  | |  |
| 1. Are emergency lights operable and do they undergo routine testing? |  |  | |  |
| 1. Are employees trained on evacuation procedures and are evacuation drills conducted? |  |  | |  |
| **Comments** | | | | |
| **Inspector name(s)** | | | **Date** | |
|  | | |  | |

### 

### **F. INDUSTRIAL HYGIENE SURVEYS**

Industrial hygiene is both a science and an art that is devoted to the anticipation, recognition, evaluation and control of environmental factors arising in or from the workplace that have the potential to cause sickness, impaired health and wellbeing or significant discomfort among employees. Industrial hygiene includes the development of corrective measures in order to control health hazards by either reducing or eliminating the exposure.

The following industrial hygiene procedure recognizes conditions or situations requiring industrial hygiene services that may be provided by an internal source and those that may require assistance from a contractor. It is the responsibility of the Safety Coordinator or designee to determine when industrial hygiene services are required when responding to industrial hygiene concerns or complaints. The Industrial Hygiene Evaluation Report and Industrial Hygiene Evaluation Report Guidelines are utilized to assist in making this determination. If a determination cannot be made by the Safety Coordinator or designee after completing the Industrial Hygiene Evaluation Report, a contractor is requested to assist in the evaluation. All supervisors and employees are made aware of the procedures for obtaining these types of services, with the communication provided and documented at least every two years. Records of this communication are maintained on file by the Safety Coordinator for the current fiscal year and previous two. When industrial hygiene issues occur (indoor air quality concerns, excessive noise levels, visible mold, etc.) the following procedure applies:

The Safety Coordinator, designee and/or members of the Safety Committee evaluate the industrial hygiene related issue as soon as possible.

For potentially serious situations, immediate administrative actions are taken to protect employees when there is a clear and present danger, up to and including the evacuation of the affected area or the entire building/facility. Any decision to close the office is made by the agency head or designee in consultation with the Office of Administration, in accordance with [Partial and Full Day Closings of State Offices, MD 530.17](http://www.oa.pa.gov/Policies/md/Documents/205_33.pdf).

Information is gathered, evaluated and documented by completing the Industrial Hygiene Evaluation Report*.* To assist in obtaining the appropriate information and completing the report, use the Industrial Hygiene Evaluation Report Guidelines.

The designee, members of the Safety Committee and/or others involved in the review of industrial hygiene issues or reports are not to divulge confidential employee medical information regardless of the method of correction identified below.

Issues that are easily identifiable and/or correctable by building management, maintenance staff or housekeeping staff without the assistance of a sub-contracted safety consultant are corrected rapidly. Examples of such correctable actions are inadequate housekeeping procedures, HVAC repairs/maintenance, noise abatement, etc. All corrective actions are documented and maintained on file.

Issues that are not readily identified may require the assistance of an industrial hygienist. When assistance is needed, provide a detailed description of the concerns and source (if known) of the issue. If a determination cannot be made whether an industrial hygienist is needed, contact a consultant or the Office of Administration to review the Industrial Hygiene Evaluation Reportfor recommendations on how to proceed.

For industrial hygiene issues occurring within a Department of General Services (DGS) managed building, the agency Safety Coordinator consults with the DGS building manager or representative. A prompt response by DGS should occur to the best of their abilities before an outside contractor is contacted. For industrial hygiene issues that cannot be resolved by the DGS staff, the commonwealth’s safety and health subcontractor, Compliance Management International (CMI), is contacted to conduct a thorough investigation and recommend corrective actions. OA Safety Consultants can be reached at ra-oasafety@pa.gov.

[Insert contact information for other qualified consultants utilized to address industrial hygiene services as appropriate.]

For industrial hygiene issues occurring in buildings not managed by DGS, the Safety Coordinator or designee conducts a preliminary evaluation before requesting the commonwealth’s safety and health contractor to conduct a thorough investigation and recommend corrective actions. Many lease agreements require the landlord of the building to pay for the services.  The commonwealth prefers that the landlord use the services of the commonwealth’s consultants, but the landlord cannot be mandated to do so. Contact DGS, Bureau of Real Estate or agency Real Estate Office, for a suggested course of action with the landlord.

All documentation related to evaluations, reports, sampling results and corrective actions are maintained for a minimum of three years. In some cases, documentation directly related to employee medical and exposure records is maintained for the duration of employment plus 30 years.

Management, Labor Relations offices. unions and affected employees can be notified of the findings, recommendations and corrective actions of industrial hygiene related issues. Awareness, recognition or other training is provided to employees (maintenance staff, custodial crews, affected employees, etc.) as needed to address any work environment and industrial hygiene related issues.

Industrial Hygiene Evaluation Report

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Instructions:** The Safety Coordinator or designee shall complete this report when an indoor air quality (IAQ), mold, asbestos or similar issue is reported to assist in the information collection phase. If the Safety Coordinator is unable to resolve the issue, contact the Office of Administration for any additional support. Please attach any relevant documents (photos, drawings, incident reports, sampling results, etc.) and maintain the completed report on file. | | | | | | | | |
| **PART I – Data Collection and Initial Investigation** | | | | | | | | |
| **Location Information:** | | | | | | | | |
| Agency/Bureau/Division/Site | | | | Location Address | | | | |
|  | | | |  | | | | |
| Number of Employees at Site | | Number of Employees Affected | | | Is site Leased or Owned? | | Was building manager contacted? | |
|  | |  | | | Leased  Owned | | Yes  No | |
| Building Information | | | | | | | | |
|  | | | | | | | | |
| **Concern Information:** | | | | | | | | |
| Description of Complaint/Concern | | | | | | | | |
|  | | | | | | | | |
| Health Symptoms | | | | | | | | |
|  | | | | | | | | |
| Date and Time Symptoms First Occurred | | | Date and Time Symptoms First Reported | | | | | |
|  | | |  | | | | | |
| Do symptoms still exist? | | Day(s) Symptoms Exist | | | | Seasonal? | Season(s) Symptoms Exist | |
| Yes  No | | Mon  Tue  Wed  Thur  Fri  Weekend | | | | Yes  No | Spring  Fall  Summer  Winter | |
| Location(s) of Employee(s) | | | | | | | | |
|  | | | | | | | | |
| Known/Suspected Causal Factors (Consider odor/contaminant sources; non-routine work activities in or around building; HVAC issues or personnel issues, including environmental or ergonomic factors) | | | | | | | | |
|  | | | | | | | | |
| Has issue been resolved? | Describe Actions Taken | | | | | | | |
| Yes  No |  | | | | | | | |
| **Submitter:** | | | | | | | | |
| Safety Coordinator/Designee | | | | Phone Number or Email | | | | Date |
|  | | | |  | | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PART II – Transmittal of Concerns to DGS Building Manager or Building Owner** | | | | |
| **Location Information:** | | | | |
| Name of Building Owner/Manager (DGS or other) | | Name of Site Contact for Building Owner/Manager | | |
|  | |  | | |
| Name of Individual Transmitting Information | Date of Transmittal to Building Owner/Manager | | Agreed Upon Follow-Up Date | |
|  |  | |  | |
| **PART III – Investigation Follow-up** | | | | |
| **Investigative Activities:** | | | | |
| Describe the testing/investigative activities that were performed (attach reports, as appropriate) | | | | |
|  | | | | |
| **Corrective Actions:** | | | | |
| Description of corrective actions | | | | |
|  | | | | |
| Describe status of complaints after corrective actions taken | | | | |
|  | | | | |
| **Follow-Up Actions:** | | | | |
| Describe additional follow-up actions needed (including additional testing/investigation through OA) | | | | |
|  | | | | |
| Describe methods of communication with all parties | | | | |
|  | | | | |
| **Submitter:** | | | | |
| Safety Coordinator/Designee | | Phone Number or Email | | Date |
|  | |  | |  |

**Industrial Hygiene Guidelines**

Employees or supervisors may identify concerns related to indoor air quality (IAQ), water intrusion/mold, asbestos or similar building-related issues. Upon receipt of a complaint or concern, follow the steps identified below, before requesting the services of an industrial hygiene consultant.

## The key to managing these concerns is communication. Once a concern has been voiced, ensure that the affected parties are aware that concerns are being addressed and that they are kept apprised of the progress of the investigation efforts. For planned projects (e.g., construction or renovation activities), open communication and early planning prior to the start of the project can help to minimize or eliminate concerns during the project.

The process for industrial hygiene evaluations is provided below by roles.

Safety Coordinator Role

1. In conjunction with the manager in charge at the worksite, complete Part 1 of the Industrial Hygiene Evaluation Report. This document will be used to gather initial information about the type and nature of the complaint. Although it is not mandatory for the Safety Coordinator to visit the worksite to address every complaint, a walk-thorough inspection of the worksite can provide valuable information as to the potential sources of the complaint and the potential solutions.
2. **For commonwealth owned or operated buildings**, notify the Department of General Services (DGS) building manager and provide a copy of the completed Industrial Hygiene Evaluation Report. **If the building is leased**, provide a copy of the report to the landlord representative for action and if they are unresponsive contact your agency liaison who handles real estate issues. Document the date that the report was communicated to the DGS building manager or landlord representative (Part 2 of the Industrial Hygiene Evaluation Report).
3. With the DGS building manager or landlord representative, establish an appropriate timeframe for follow-up on the concerns. Check back with the building manager or landlord within the specified timeframe to obtain the results of their investigation and verify what, if any, actions have been taken to assess and correct the problem. If the landlord is unresponsive, notify your agency liaison who handles real estate issues who contacts DGS, Bureau of Real Estate.
4. Once the corrective actions have been identified, work with the manager in charge at the work location to complete Part 3 of the Industrial Hygiene Evaluation Reportand review any corrective actions recommended and not yet taken to determine how or if they can or should be implemented*.*
5. If problems persist and additional investigation or testing is requested, the agency Safety Coordinator will contact the OA to request an industrial hygiene consultant to perform an assessment at the location. Provide a copy of the completed Industrial Hygiene Evaluation Report and any other supporting information to the consultant who will perform the review.
6. Once the results are received from the industrial hygiene consultant, share the report with the work location manager and DGS building manager or landlord to determine how the recommendations made by the consultant will be implemented. If it is for a leased building, also provide a copy of the report to your agency liaison who handles real estate issues who provides it to DGS, Bureau of Real Estate.
7. Coordinate any labor relations issues with the agency labor relations coordinator and schedule meetings with union representatives to explain results, if needed.

DGS Building Manager or Landlord Role

1. The DGS building manager or landlord representative for those buildings not managed by DGS, will review the Industrial Hygiene Evaluation Reportprovided by the Safety Coordinator. **Note:** If the DGS building manager is contacted by anyone other than the Safety Coordinator, the DGS building manager will refer the individual first to the Safety Coordinator for completion of the Industrial Hygiene Evaluation Report.
2. **For DGS owned or operated buildings,** the DGS building manager will work with organizations within DGS to investigate complaints received at DGS managed buildings and complete an Industrial Hygiene Evaluation Report. When necessary, DGS will facilitate corrections to alleviate the concern. In some cases, nothing may be found to correct. The Incident/Alarm Report will be provided to the Safety Coordinator for review and further action if deemed necessary.
3. The landlord will investigate complaints received at their buildings, complete an investigation, provide the results of the investigation and identify what, if anything was done to eliminate the issue.
4. If the landlord does not take action and an assessment or testing has been determined to be necessary, these activities will be performed by the Commonwealth. If results show concerns that should have been addressed by the landlord, the copy of the bill will be provided to DGS Bureau of Real Estate for review and appropriate action, which may include withholding future rent payments.

Work Location Manager Role

1. Assist in the preparation of the Industrial Hygiene Evaluation Report and answer any questions posed by the Safety Coordinator or consultant while they are reviewing concerns voiced.
2. When complaints are voiced, ensure that ongoing two-way communication is maintained with affected parties throughout the investigation process. This includes communicating the assessment dates and the status of follow-up investigations and corrective actions.

Industrial Hygiene Consultant Role

1. Receive requests from the Safety Coordinator to provide services.
2. Review Industrial Hygiene Evaluation Reportforms and other information completed or provided as part of the initial review of the work location.
3. Provide ongoing support to the Safety Coordinator on concerns and, as necessary, coordinate safety consultant support to perform appropriate testing/site investigations.
4. Upon completion of testing/site investigations, the industrial hygiene consultant will provide a complete report with pictures to the Safety Coordinator.

Questions about these guidelines may be referred to the OA Safety and Health Manager at [ra‑oasafety@pa.gov](https://gcc01.safelinks.protection.outlook.com/) or 717.705.5679.

### **G. INDUSTRIAL HEALTH SERVICES**

The agency takes the health and wellbeing of our employees seriously and is dedicated to providing the health services necessary to address the needs of our agency.

Industrial health services address the physical, mental and social wellbeing of employees in relation to the job and working environment. These services are provided both before and after an incident has occurred. The results of these services are intended to produce recommendations for the identification, control or elimination of workplace health hazards.

Industrial health related services are generally administered by more than one individual or program area of the agency. For purposes of compliance, the Safety Coordinator is provided with or has access to the necessary information and records to ensure the adequacy of this element.

**Procedure**

Methods of Recognition: The following methods are utilized to aid in determining the need for and types of agency provided industrial health related services.

* Hazard identification and workplace inspections.
* Industrial hygiene surveys.
* Independent program assessments.
* Safety Committee recommendations.
* Employee suggestion program.
* Applicable government regulations.

Methods of Program Communication:Thefollowing methods are used to periodically communicate the types and content of industrial health services or programs made available to employees. [Modify according to agency procedure and services provided.]

* Dissemination of element to all new employees during orientation.
* Annual memo and/or periodic agency-wide emails.
* Periodic newsletters or intranet postings.
* Available brochures of health-related information.
* Annual and periodic training programs or workshops.
* Safety and health fair notifications.
* Safety Committee meeting minutes.

Methods of Evaluation: This element is reviewed annually by the Safety Coordinator to determine effectiveness and updated as needed. The following methods are used to assist in the determination of appropriateness and effectiveness of the available industrial health related services. [Modify according to agency procedure and services provided.]

* Loss and trend analysis.
* Independent program assessments.
* Program participation/attendance.
* Employee surveys.
* Employee suggestions.
* Comparison to applicable government regulations.

Recordkeeping:

Records pertaining to services provided under this element are maintained by [list all staff responsibilities and agency methods used for record retention]. The records that are maintained include the following:

[The following is a list of possible records. Modify according to the types of agency services and information provided.]

* Records of safety and health fairs.
* Training and attendance records.
* Medical surveillance records.
* Copies of communications including memos, emails and newsletters.
* Copies of release and/or declination forms.
* List of safety recommendations offered by employees.

**Industrial Health Service Programs**

The following list of services and programs are provided or made available to employees.

[It is important to keep in mind that this list of services is not all inclusive. The types of services may differ or change based upon the recognition and evaluation methods utilized by the agency.]

Medical Surveillance Programs: A medical surveillance program evaluates and monitors the health of employees required to work in areas that may result in hazardous exposures. Examples include: hazardous atmospheres requiring the use of respirators, high noise levels requiring hearing protection, the maintenance or removal of asbestos/lead containing materials, an occupational exposure to lead etc. Medical surveillance programs include, but are not limited to, the following:

[Modify to address the medical surveillance programs or services applicable to the agency.]

* Respirator fit testing
* Medical evaluation questionnaires
* Pulmonary function tests
* Baseline and annual audiometric testing
* Blood testing
* Tuberculosis testing

Preventative Services: Preventative services are offered in response to an identified need or benefit and can be occupational specific within an agency. The preventative services address the physical, emotional and mental wellbeing of agency employees. The majority of the services listed are voluntary but can be made mandatory if management deems them essential for duty.

[The following list provides examples of preventative health related services. Modify the list according your agency needs, operations and services provided.]

* Hepatitis B vaccinations
* Flu vaccinations
* First aid/CPR/AED services
* Industrial hygiene investigations and monitoring
* Ergonomic evaluations
* Substance abuse awareness and prevention training
* State employee assistance program [or agency equivalent]
* Back injury prevention program
* Workplace violence training
* Smoking cessation classes
* Health screenings
* Health and wellness fairs/workshops

Medical Management Services: The medical management services are designed to inform agency employees of services available to treat conditions in relation to their physical, emotional and mental health.

Post Incident Services: A work-related injury can cause concern for injured employees, their families and other employees. The commonwealth’s workers’ compensation administrator has expert medical providers on contract to assist employees with the diagnosis, treatment and rehabilitation of their workplace injuries or illnesses.

Panels of Physicians are posted in each work location for employees to choose a provider for the treatment of workplace injuries or illnesses. In addition to medical treatment, the prompt and efficient payment of claims and medical bills associated with the incident is also the responsibility of the administrator.

[Include the Panel of Physicians list made available to employees or provide additional information on how the list is provided or where it is located.]

Modified Work Duty Program: This program is designed to provide modified and meaningful work to injured employees. The purpose is to return injured employees to work as quickly as possible until they are released to return to their job or occupation without limitations. [Insert or refer to the agency’s policy regarding modified duty. Note: if your agency or collective bargaining agreement does not permit a modified duty program, remove it from this element.]

State Employee Assistance Program (SEAP) [or Agency Equivalent]: This program is designed to provide the procedures and services necessary to address a variety of employee workplace or personal issues. SEAP provides the preventative and follow-up services to deal with a variety of needs that includes, but is not limited to: substance abuse problems, anxiety issues, gambling, stress, parenting and family concerns, aging parents, financial or legal issues, work-related problems, eating disorders, depression, physical abuse, coping with grief and loss and marital or relationship problems.

For workplace incidents that cause serious concern for all employees, SEAP offers critical incident stress debriefings. Arrangements for these services can be obtained by calling SEAP at 1-800-692-7459.

[List the names, contact information, and credentials (if applicable) of the agency or contracted service providers utilized or available to provide health related services.]

SEAP Coordinator

Workplace Violence Coordinator

Workers’ Compensation Coordinator

Inservco

Human Resource Staff

Occupational Health or Medical Staff

**H. A&IP ORIENTATION AND TRAINING**

General safety and health orientation is required and provided by the Safety Coordinator/safety staff, HR Office for all new employees, including temporary employees, within two weeks of their appointment date. New employees, as well as those changing jobs or responsibilities, also receive a job specific safety orientation before beginning their assigned duties. Supervisors ensure new employees are educated on worksite or hazard specific safety procedures.

General new employee safety orientation, at minimum, includes information on the following areas:

* Safety Coordinator, safety staff and Safety Committee contact information
* Substance abuse awareness and prevention policies and information
* Employee assistance programs
* Wellness programs, including information on the commonwealth’s Get Healthy Initiative
* Workers’ compensation information and rights
* List of designated healthcare providers
* Reporting incidents
* Safety policy statement
* Employee safety suggestion program
* General safety rules, employee responsibilities and enforcement methods.
* Hazardous Substances and Community and Right-to-Know Policy ([MD 505.27](mailto:raoasafety@pa.gov)) and a review of agency-specific hazards
* First aid/CPR providers, first aid kits and medical emergency procedures
* Emergency Evacuation, Safe Assembly and Shelter In-Place (exits, fires, bomb threats) ([MD 205.38](https://www.oa.pa.gov/Policies/md/Documents/505_25.pdf))
* Commonwealth and agency bloodborne pathogens policies
* Hepatitis B Volunteer Vaccine Program (affected agencies only)

Employees receive periodic and as needed safety training on a continual basis to enhance their knowledge, skills, attitudes and motivations concerning safety policies and procedures. Supervisors ensure employees are educated on worksite or hazard specific safety procedures by utilizing various methods such as safety talks, hands-on training, formal certification training and pre-work meetings or inspections. The safety training provided to existing employees is based on several factors including agency/commonwealth policy, type of operations or work environments and hazard exposure. Workplace safety inspections, employee safety suggestions, incident investigations, injury analysis and program evaluations are also used to aid in the determination of training needs and effectiveness of the training provided.

Safety training and education provided to all employees includes the following:

[List agency provided safety training / education to include the frequency and if the training is mandatory. Examples include office safety, emergency evacuation / preparedness, chemical right-to-know, back injury prevention, office workstation / general ergonomics, general safety rules and enforcement procedures, incident reporting and investigation procedures, indoor air quality, mold awareness and substance abuse awareness]

Specific safety training provided to employees due to their responsibilities or the hazards associated with the nature of the work / worksite includes the following:

[List agency provided safety training including the frequency and target audience. Examples include initial and refresher Safety Committee member training, building evacuation team members, first aid/CPR/AED, universal precautions, bloodborne pathogen cleanup/disposal, personal protective equipment, lockout/tagout, confined space entry, fire prevention, fall prevention, safe/defensive driving, powered industrial trucks, equipment/machinery operation, job safety analysis, asbestos and lead.]

All training records, including attendance rosters and curriculums, are maintained for a minimum of three fiscal years in a manner consistent with the way the agency keeps other training records. Some records for mandatory training are kept indefinitely.

[The following chart may be used to list and track agency training efforts.]

|  |  |  |  |
| --- | --- | --- | --- |
| Training | Audience/Job Classification | Frequency / Date | Mandatory (Y/N) |
|  |  |  |  |
|  |  |  |  |

# **I. REGULARLY REVIEWED AND UPDATED EMERGENCY ACTION PLAN**

An emergency evacuation plan has been developed to meet the needs of each building where employees are located in accordance with the provisions set forth in the Commonwealth Management Directives listed below. In addition, the evacuation plans for the various work locations are reviewed and approved by the appropriate local Authority Having Jurisdiction as applicable.

* [720.7 - Bomb Threats and Suspicious Packages](mailto:ra-oainjury@pa.gov)
* [205.38 - Emergency Evacuation, Safe Assembly and Shelter In-Place](https://www.oa.pa.gov/Policies/md/Documents/205_38.pdf)
* [205.25 – Disability Related Employment Policy](https://www.oa.pa.gov/Policies/md/Documents/530_17.pdf)

Initial and periodic training is provided to ensure all employees are aware of the proper emergency response and evacuation procedures. This includes training specific to the employees’ work location/building. Information on the emergency response/evacuation and shelter in-place procedures are provided during new employee orientations and annually. In addition, all employees with specific responsibilities for building evacuation, known as Building Evacuation Team members, receive additional training on an annual basis.

[Indicate the agency methods or manner in which training and education is provided and documented.]

The emergency evacuation plan and Building Evacuation Team contact information is reviewed by the [Safety Coordinator] annually and updated as necessary. The information is provided to all employees via email, posted in all appropriate work locations or made accessible on the agency’s intranet website.

[Insert agency responsibilities for reviewing/updating the emergency action plans for the various work locations and how information is communicated to employees.]

An evacuation drill is performed annually for all occupied building locations, or on a more frequent basis as needed (in Commonwealth Office Buildings, drills are conducted as directed by the Department of General Services/DGS, Fire and Safety Section). The drills are held during normal occupancy times and sufficient to cover the various work shifts. Evacuation drills include the activation of the alarm and signaling devices. Reports of the drills are documented and forwarded to the Safety Coordinator or maintained in accordance with the agency’s recordkeeping procedure. The documentation includes the date, time of day, occupant response remarks and the signature of the person conducting the drill.

# **Emergency Action Plan**

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# **Purpose**

The emergency plan provides procedures utilized for emergencies in the building in the event of a bomb threat, fire, natural disaster, severe weather condition or other emergency condition. These procedures have been developed to provide a systematic and orderly process. This plan includes pertinent information on the building’s alarm system, bomb preparedness, exits, fire prevention, fire extinguishing methods/equipment and shelter in-place procedures.

# **Introduction**

When emergencies occur, the ability to respond quickly in a coordinated effort with trained people operating as a team is vital. Prompt action reduces, if not eliminates the possibility of personal injury and will minimize damage. Employees must be fully aware of procedures to follow in the event of an emergency or situation that could require evacuation or to shelter in-place. If an employee is working in a location other than their primary worksite/building, they must be aware of emergency procedures for that specific worksite/building.

# **Information Specific to the [insert building name and address]**

There are [insert number] emergency exits located on each floor, [specific location i.e. the Northwest, Southwest, Northeast, and Southeast corners of the building.] There are [insert number] exits on the [basement floor.]

Safety personnel wearing the Building Evacuation Team vests, DGS Fire Safety Personnel and the Capitol Police are the Authority Having Jurisdiction during any evacuation of DGS maintained facilities or Commonwealth-owned facilities. Following their instructions will ensure employee safety. They will know where the problems exist and will take appropriate steps to ensure the orderly evacuation of the building. Failure to maintain composure or to follow the instructions of the Building Evacuation Team could jeopardize employee safety and health. It is important for employees and visitors to remain calm.

The [building] is equipped with a sophisticated, state of the art alarm system [this area should be changed to address the specific type of alarm system.] [Explain sound of alarm; for example: It maintains a steady alarm sound whenever a pull station, sprinkler system or smoke detector is activated.] When the alarm is activated, it will continue to sound until the master panel is reset. The alarm system is directly connected to the [Capitol Police or the Authority Having Jurisdiction] who will dispatch the [Harrisburg Fire Department or the Authority Having Jurisdiction] and other safety personnel whenever the alarm is activated. Sensors placed throughout the building monitor for smoke, temperature and sprinkler system failure, activation and/or valve tampering. Only [DGS Fire Safety Personnel, Harrisburg Fire Department, Capitol Police or the Authority Having Jurisdiction] will silence or reset the fire alarm panel.

**Emergency Phone Numbers for [insert building name and address]**

In emergency situations, safety should be ensured and then emergency assistance should be obtained by calling the appropriate emergency number.

Capitol Police: 911

Contact Capitol Police For:

* Medical emergencies
* Theft
* Vandalism
* Violence or threats of violence
* Fire

Hospital: phone number

Contact Hospital For:

Building Manager or Landlord: phone number

Contact Building Manager or Landlord For:

# **Emergency Evacuation Procedures**

When an alarm sounds, employees and visitors must immediately begin to evacuate the building, unless they have been previously notified to disregard the alarm. Employees and visitors must evacuate the building under all circumstances, even if the alarm stops sounding.

The following guidelines shall be adhered to in an effort to ensure a safe and efficient evacuation:

**Emergency Evacuation Plan Development**

* Emergency evacuation plans shall include at minimum the items listed in the evacuation plan checklist outlined in Management Directive 205.38 - Emergency Evacuation, Safe Assembly and Shelter In-Place.
  + - Emergency evacuation plans shall be reviewed, updated and approved at least annually by the building Fire Marshal.

# **Evacuate**

* + - Once on-scene, the Authority Having Jurisdiction assigns an Incident Commander. The Authority Having Jurisdiction and/or the Incident Commander may change throughout the incident based upon event circumstances. When the alarm activates or when instructed by a Building Evacuation Team member, employees are to LEAVE AT ONCE, close the door but not lock it behind them and proceed to the nearest fire exit.
    - Employees must prepare for the possibility of not returning. Employees should take along items such as any medications, glasses, keys, weather-appropriate clothing, emergency contact information, driver’s license and money/credit cards.
    - Persons Requiring Assistance should wait at the Designated Staging Area.
    - Do not block or prop open fire doors. In a fire situation, closed doors provide you with protection and time to exit safely.
    - If you are a volunteer, perform your volunteer service as trained before exiting the building.
    - If visitors are observed in the building, they should be directed to the nearest emergency evacuation route.

# **Assemble**

* + - Upon evacuating, employees shall report to their designated Assembly Area.
    - The designated Assembly Area becomes the employee’s designated work location for the duration of the event. Unauthorized departure from the evacuation route or Assembly Area is an unauthorized absence from work.
    - Some safe Assembly Areas are designated for use by more than one building. In the event of a widespread emergency, employees should be prepared to calmly move through the crowd to locate their designated check-in person.
    - In the event that an Assembly Area is determined to be unsuitable, employees will be directed to move to another location. Upon arrival at the secondary location, the Agency Liaison Officer will communicate with the Assembly Area Leader to determine the proper location for assembly and headcount and repeat this procedure.

# **Account**

* + - Upon reporting to the Assembly Area, employees must check in for headcount, roll call or other accountability procedures adopted by the agency.
    - Employees are to remain at the Assembly Area and with their group after checking in. Do not move to other groups or leave the safe Assembly Area.
    - The designated check-in person reports headcounts and any missing employees to the Agency Liaison Officer.
    - Agency Liaison Officers report headcounts and any missing employees to the Assembly Area Leader.
    - Assembly Area Leader communicates headcounts and any missing employees to the Incident Commander.
    - The Incident Commander communicates missing employees to the Authority Having Jurisdiction.

# **Wait and Assembly Area Communications Procedure**

* + - Employees should expect delays and inconveniences and avoid speculating on the nature of the emergency and rumors.
    - The Authority Having Jurisdiction identifies the building suitability for reoccupation and notifies the Incident Commander.
    - The Incident Commander relays instructions to the Assembly Area Leader.
    - The Assembly Area Leader relays instructions to the Agency Liaison Officer.
    - The Agency Liaison Officer communicates instructions to their designated employees in the Assembly Area.
    - The Incident Commander provides further instructions using the Assembly Area communications procedure outlined above.
    - Depending on the cause, location and time of the evacuation, agencies may begin identifying essential business functions that must continue and/or identify alternate work locations. Employees may receive instructions to:
    - Return to the building.
    - Report to an alternate Assembly Area.
    - Report to an alternate work site.
    - Go home.

# **Training, Drills, and Education**

* + - Emergency evacuation drills are conducted annually and more frequently as needed or if the regulations require.
    - At a minimum, annual training for the Building Evacuation Team, and for those who have official roles in the building emergency evacuation plan, is held.
    - At a minimum, annual computer-based education and evacuation training for employees is held.
    - At a minimum, the emergency evacuation plan, shelter in-place and assembly procedures are provided during new employee orientation.

# **Persons Requiring Assistance**

A Person Requiring Assistance includes employees who self-disclose that they have a temporary or permanent impairment that prevents them from evacuating a building on their own may do so in Employee Self Service at [www.myWorkplace.state.pa.us](http://www.oa.pa.gov/Policies/md/Documents/720_6.pdf?url=http://www.myworkplace.state.pa.us/&data=02|01|c-pasomerv@pa.gov|7060d352c8514d16066b08d72191abb2|418e284101284dd59b6c47fc5a9a1bde|0|1|637014781881435481&sdata=b/Fp4KrrBNc5YcgueIvuR0uN9L/Dp0g9h5W1d+uRrgY=&reserved=0), under Personal Information.  Persons Requiring Assistance may also request, through the Disability Services Coordinator, reasonable accommodations if special assistance is needed during evacuations. The Disability Services Coordinator receives, analyzes and approves or denies disability-related requests for reasonable accommodations consistent with Commonwealth policy. A visitor could also be a Person Requiring Assistance and should notify their host if assistance is required.

A Designated Staging Area(s) is established for all worksites/buildings, as appropriate. The Designated Staging Area is where Persons Requiring Assistance will wait to receive assistance during an evacuation. During an evacuation the Floor Chief, who is designated to ensure that Persons Requiring Assistance have been staged in Designated Staging Areas, will take count of those waiting in the Designated Staging Area. The Floor Chief will provide the count of Persons Requiring Assistance to the Building Fire Marshal who will relay the information to the Authority Having Jurisdiction. The Building Fire Marshal is the lead decision maker for the Building Evacuation Team and the primary point-of-contact for emergency personnel and commonwealth personnel within the building.

# **Building Evacuation Team Responsibilities**

**DGS Fire Safety Coordinator** [If applicable]

1. Responsible for all aspects of the Emergency Evacuation Plan, implementation and training coordination.
2. Schedules evacuation drills.
3. Supervises the alarm system operation.
4. Supervises the sprinkler system operation.

• Inspects buildings for fire and panic code violations and notifies the Building Fire Marshal for corrective action where necessary.

**Building Fire Marshal and Alternate**

1. Responsible for all matters pertaining to evacuation drills and fire and safety organization for the building.
2. Works with the Bureau of Bureau of Talent Development to develop and present Building Emergency Evacuation Procedure Training to all occupants of the building at the time of employment.
3. Coordinates the presentation of training to all Building Evacuation Team members annually.
4. Coordinates with other building tenants to ensure that a system is established for responding to bombs, bomb threats and related incidents and rapidly notifying all building occupants when an evacuation is necessary.
5. Coordinates with Authorities Having Jurisdiction to establish and notify all affected offices/building occupants when an evacuation is necessary; as well as, for pre-planning activities associated with appropriate responses to bombs, bomb threats and related incidents.
6. Ensures the appointment of Building Evacuation Team members.
7. Ensures that designated backup members for the Building Evacuation Team are appointed.
8. Sets-up emergency command post for Floor Chiefs to report, on the first floor.
9. Arranges for the rescue of Persons Requiring Assistance through the Authorities Having Jurisdiction.
10. Distinguishes the type of emergency being handled and reports that information to the Floor Chiefs.
11. Attends a mandatory annual training session, which includes evacuation procedure review, bomb threat response review, fire extinguisher use training and shelter in-place procedures.

**Floor Chief and Alternate**

1. Coordinates the Building Evacuation Team members for his/her floor.
2. Conducts periodic inspections to ensure compliance with fire codes.
3. Proceeds to assigned location immediately upon hearing the fire alarm.
4. Ensures information regarding Persons Requiring Assistance is provided to the Fire Marshal.
5. Ensures that hysterical or disruptive persons are assisted or withdrawn from the evacuation stream.
6. Inspects doors to the stairwells to ensure they are closed.
7. Forwards information regarding floor evacuation completeness to the Building Fire Marshal or Alternate then proceeds to the Assembly Area (see appropriate procedure).
8. Reports outside the building to assist in moving evacuating personnel away from the building and to the Assembly Area.
9. Attends a mandatory annual training session, which includes evacuation procedure review, bomb threat response review, fire extinguisher use training and shelter in-place procedures.
10. Maintains a working knowledge of employees on the designated floor, including their work area location.

**Searchers and Alternates**

1. Visits all restrooms and work areas of assigned floors (including conference rooms) to make certain all occupants have cleared the area.
2. Notes the presence of any suspicious packages, briefcases, bags or satchels in common areas.
3. Assists visitors not familiar with the evacuation plan.
4. Ensures that hysterical or disruptive persons are assisted or withdrawn from the evacuation stream.
5. Closes (but does not lock) any open doors.
6. Reports to the Floor Chief for further instructions.
7. Reports outside the building to assist in moving evacuating personnel away from the building and to the Assembly Area.
8. Attends a mandatory annual training session, which includes evacuation procedure review, bomb threat response review, fire extinguisher use training and shelter in-place procedures.

**Exit Guards and Alternates**

1. Ensures that the exit doors are opened promptly after the first evacuation signal and closed upon evacuation of all occupants of the floor.
2. Maintains order and prohibits the entrance of personnel from the stairwell to the floor.
3. Regulates the speed of evacuation by speeding or slowing the entrance of occupants into the stairway to prevent overcrowding.
4. Reports to the Floor Chief for further instructions.
5. Ensures that hysterical or disruptive persons are assisted or withdrawn from the evacuation stream.
6. Reports outside to assist in moving evacuating personnel away from the building and to the Assembly Area.
7. Attends a mandatory annual training session, which includes evacuation procedure review, bomb threat response review, fire extinguisher use training and shelter in-place procedures.

# **Guidelines for Responding to Bomb Threats and Related Incidents**

* All commonwealth employees must be prepared to respond the bomb threats and other law enforcement related incidents that may occur at any time at their work location.
* All commonwealth employees should be aware of emergency procedures for bomb threats and use of the [Bomb Threat Data Card (STD-499)](https://www.oa.pa.gov/Policies/md/Documents/720_7.pdf).

**Procedures**

**Bomb Threats** Under no circumstances shall any bomb or terroristic threat be ignored.

* **Telephone Bomb Threats** The[Bomb Threat Data Card (STD-499)](http://www.hrm.oa.pa.gov/workplace-support/violence/Documents/bomb-threat-card.pdf) should be posted in viewing distance of all landlines in commonwealth owned or leased buildings. When a bomb threat is received, the steps outlined below are to be followed:
* Record the exact time of the call, the telephone number from which the call was made (for telephones that have caller ID) and the telephone number on which the call was received.
* If possible, put the call on speaker and signal other staff members to listen and notify Authorities Having Jurisdiction.
* Attempt to get as much information from the caller as possible by engaging the caller in conversation. Don't hang up on the caller.
* Refer to Enclosure 2, Bomb Threat Instructions including the [Bomb Threat Data Card (STD-499)](http://www.oa.pa.gov/Policies/md/Documents/530_17.pdf). Use the [Bomb Threat Data Card (STD-499)](mailto:raoasafety@pa.gov) to record information regarding the bomb threat.
* Concentrate on what the caller is saying, as all dialogue is important. Try to keep the caller talking by asking questions to obtain as much information as possible, especially the following:
  + Where is the bomb located?
  + What time will the bomb explode?
  + What does the bomb look like?
  + What kind of bomb is it – what is the type and quantity of explosive?
  + Who placed the bomb?
  + Why was the bomb placed?
  + What is your name and address?
* Listen carefully to any background sounds and also record this information on the [Bomb Threat Data Card (STD-499)](https://www.oa.pa.gov/Policies/md/Documents/505_27.pdf). Pay particular attention to make an effort to answer:
  + Are there background noises?
  + What are the vocal characteristics of the caller, including any accent, speech pattern, sex, age, etc.?
  + Does the voice sound familiar?
* When the caller disconnects, hang up, immediately pick up the same phone and dial \*57, wait for connection, then hang up the telephone. This will trace the call. See [Management Directive 720.6 Amended, Call Trace Procedures for Nuisance, Harassing and Threatening Telephone Calls](https://www.oa.pa.gov/Policies/md/Documents/530_31.pdf) for more guidelines on the use of the \*57 feature.
* After using the \*57 feature, immediately notify [Capitol Police], 911, then your manager/supervisor of the bomb threat (if other staff members were unable to do so while on the call). [Capitol Police] will then coordinate with designated Authorities Having Jurisdiction, including the Building Manager.
* Do not activate any emergency signals.
* If a bomb threat is received via voicemail, do not erase or delete the bomb threat under any circumstances. You will be asked to turn over a copy of the recorded message to the Authorities Having Jurisdiction over the building. Immediately notify [Capitol Police], 911, then your manager/supervisor of the bomb threat (if other staff members were unable to do so while on the call). [Capitol Police] will then coordinate with designated Authorities Having Jurisdiction, including the Building Manager.
* **Written/Electronic Bomb Threat Message** Such messages may arrive in the mail, by e-mail or fax or be intentionally placed at a given location in order to be found.
* Do not handle the document containing the threat any more than necessary. If possible, place the written threat inside a plastic sheet protector.
* Do not delete bomb threats received via e-mail under any circumstances. Print a copy so that you can provide it to the appropriate Authorities Having Jurisdiction over the building. When printing, ensure the document is promptly retrieved at the printer.
* Upon receipt of a written bomb threat, immediately notify [Capitol Police], 911, then your manager/supervisor of the bomb threat. [Capitol Police] will then coordinate with designated Authorities Having Jurisdiction, including the Building Manager.
* **Suspicious Packages**
* Do not touch objects or packages that appear to be suspicious, as they may potentially be a bomb. Take steps to prevent disturbing the object or package, such as barricading the immediate area.
* Immediately inform your manager/supervisor, who will notify the Authorities Having Jurisdiction.
* In addition to the guidance contained in this directive, employees with mail handling responsibilities should also follow the procedures contained in Enclosure 1, Mail Handling Precautionary Measures.
* **Emergency Evacuation**
* Not all events will require an emergency evacuation. In the event an emergency evacuation is necessary, followthe steps outlined in the building's emergency evacuation plan as required by [Management Directive 205.38, Emergency Evacuation, Safe Assembly and Shelter In-Place.](http://www.hrm.oa.pa.gov/workplace-support/violence/Documents/bomb-threat-card.pdf)
* The appropriate Authorities Having Jurisdiction will need to interview the employee reporting the receipt of a bomb threat or suspicious package.
* **Office Closings**

If a decision not to re-enter the building is made by Authorities Having Jurisdiction, then the Office of Administration (OA), Office of Human Resources Management or agency head or designee must be notified and an office closing will be considered or authorized, depending on the circumstances, in accordance with [Management Directive 530.17, Partial and Full Day Closings of State Offices](https://www.oa.pa.gov/Policies/md/Documents/205_25.pdf).

* **Reporting**
* The Building Fire Marshal or designee should contact the agency Human Resources staff supporting the appointing authority to inform it of all incidents. The agency should notify OA, Office of Employee Relations and Workforce Support, Bureau of Workforce Support of any serious or life-threatening incidents, including bomb threats, in accordance with [Management Directive 205.33, Workplace Violence](https://www.hrm.oa.pa.gov/workplace-support/violence/Documents/bomb-threat-card.pdf) .
* Following any incident or evacuation, the agency Workplace Violence Coordinator should submit a workplace violence report to OA, Office of Employee Relations and Workforce Support, Bureau of Workforce Support, in accordance with [Management Directive 205.33, Workplace Violence](https://www.hrm.oa.pa.gov/workplace-support/violence/Documents/bomb-threat-card.pdf).
* **Information/Training**
* Agencies should provide information and/or training to their employees for responding to bomb threats and suspicious packages. For worksites that are under the jurisdiction of the Capitol Police, training is available by contacting the Capitol Police Administration office by phone, 717-787-3199. For worksites that are not under the jurisdiction of the Capitol Police, contact the local Authorities Having Jurisdiction for guidance.
* The Building Evacuation Team should be provided training on their respective roles and responsibilities in accordance with [Management Directive 205.38 Emergency Evacuation, Safe Assembly](https://www.oa.pa.gov/Policies/md/Documents/205_38.pdf) and Shelter In-Place.

# **Fire Prevention**

**Building Fire Suppression System**

The building contains [insert appropriate equipment -- a sprinkler system on all floors; portable fire extinguishers; a stand pipe system for fire department use only.]

**Types of Fires**

* Class A - Fires of ordinary, combustible materials where the cooling or quenching effect of water is the extinguishing factor. Examples include: paper, rags, wood, etc. A fire extinguisher rated for Class A should be used to extinguish these fires.
* Class B - Fires of flammable liquids where the exclusion of oxygen is essential. Examples include: gasoline, cleaning solvents, oils, grease, etc. A fire extinguisher rated for Class B should be used to extinguish these fires.
* Class C - Fires of electrical equipment where a non-conductive extinguishing agent is of the first importance. Examples include: electric motors, switchboards, electrical panels, etc. To extinguish these fires, the power supply should be shutoff and a fire extinguisher for Class C fires should be utilized.
* Class D – Fires of combustible metals. Examples include: sodium, lithium, magnesium, etc. A fire extinguisher rated for Class D should be used to extinguish these fires.
* Class K – Fires of cooking oils and greases. Examples include: animal fats, vegetable fats, etc. A fire extinguisher rated for Class K should be used to extinguish these fires.

**General Fire Extinguisher Information**

Employees who are trained are permitted to operate fire extinguishers. If an employee is unsure about whether or not to fight the fire, they should not fight the fire. If a fire extinguisher is going to be used, the fire alarm shall be pulled.

Fire extinguishers have their limits. When used properly, a portable fire extinguisher can save lives and property by putting out a small fire or containing it until the fire department arrives. Portable extinguishers; however, are not designed to fight a large or spreading fire. Even against small fires, they are useful under only limited conditions:

1. The extinguisher must be rated for the type of fire at hand.
2. The extinguisher must be large enough to put out the fire. Most extinguishers discharge their agents in as little as eight seconds.
3. The extinguisher must be within easy reach, in working order and fully charged.
4. The operator must know how to use the extinguisher. There is no time to read directions during an emergency.

• The operator must be strong enough to lift and operate the extinguisher.

A fire shall not be fought if the following is true:

* The fire is spreading beyond the immediate area where it started or is already a large fire.
* The fire could spread to block the escape route.
* The employee is untrained or in doubt about whether the extinguisher is designed for the type of fire at hand or is large enough to fight the fire.

It is reckless to fight a fire with an extinguisher in any one of these cases. Instead, employees shall leave immediately, pull the fire alarm, close off the area and leave the firefighting to the fire department.

**Use of Fire Extinguishers**

The acronym PASS can be utilized to operate a fire extinguisher:

* **P**ull the pin (some units require the releasing of a lock latch, pressing a puncture lever or other motion.)
* **A**im the extinguisher nozzle (horn or hose) at the base of the fire.
* **S**queeze or press the handle.
* **S**weep from side-to-side at the base of the fire. Watch for re-flash. Move in close; pull apart the burned area to get at hot spots. Discharge the contents of the extinguisher.

### Dry chemical extinguishers (Class A, B, and C fires):

1. Break the plastic seal, remove the pin located in the handle and squeeze the handles to discharge dry chemical.
2. To reduce the intensity of the flames, direct the dry chemical stream slowly from side-to-side to gain full coverage. In tank fires, after the intensity has been reduced, the stream is dropped to include the near edge of the tank.
3. In small spill fires, where the entire width can be covered by the dry chemical, attack the fire from the front. The dry chemical is discharged over the entire spill area covering the flames from front to back.

• Employees should fight the fire with the wind or breeze to their back.

[Add information for other types of portable fire extinguishers in your specific location.]

# **Shelter In-Place Procedures**

Shelter in-place is the act of remaining where the person is and, in some cases, moving to an interior space. It could be important not to evacuate the building in the event of severe weather, earthquakes or other reasons as determined by the Incident Commander.

**APPENDIX A: BUILDING EVACUATION TEAM**

**[BUILDING NAME]**

**Building Evacuation Team Members**

The following list includes all employees who have been designated as responsible for building evacuation duties.

Floor Emergency Evacuation Plan

Building Fire Marshal: Name Phone Number Room

Alternate Fire Marshal: Name Phone Number Room

**Name/Bureau/Telephone/Area or Room**

**[Insert number]th Floor Fire Chief and Alternate:**

Insert agency or building information

**[Insert number] th Floor Exit Guards and Alternates:**

Insert agency or building information

**[Insert number]th Floor Searchers and Alternates:**

[Insert agency or building information]

**CPR/First Aid/AED Volunteers:** [If applicable, include trained staff contact information and AED locations by floor] Name/Bureau /Telephone/Area or Room

**APPENDIX B: ASSEMBLY AREA TEAM**

[Management Directive 205.28 Emergency Evacuation, Safe Assembly](http://www.oa.pa.gov/Policies/md/Documents/205_38.pdf) and Shelter In-Place requires employees to report to Assembly Areas and directs agencies to account for their employees in an organized Assembly Area after a building evacuation. Each worksite/building shall have procedures for an effective Assembly Area. Assembly Area Team members shall be designated. These include:

* Agency Liaison Officer - An Agency-designated person who communicates with the Assembly Area Leader. This person reports their Agency’s head counts to the Assembly Area Leader, receives updates from the Assembly Area Leader and shares information with Agency Head or designee.
* Assembly Area Leader - A designated person who is the primary information liaison between the Incident Commander and Agency Liaison Officers at each Assembly Area. In a DGS managed building, this is a DGS-designated employee. In a non DGS-managed building, the Agency with the greatest number of employees in the building will appoint the Assembly Area Leader. The Assembly Area Leader may be from any Agency within the building.
* Incident Commander - A person who has responsibility for making decisions during an emergency situation until the Authority Having Jurisdiction arrives.

This Assembly Plan for the [building] consists of the following:

* Accountability procedures, which can be accomplished per organizational unit, per floor or in some other way that is beneficial for the building.
* A detailed Assembly Area layout, organized per Agency organizational unit or floor, whichever is more beneficial for the occupants in the building. This aids in accountability procedures.

**1.** **Agency Liaison Officer:**

|  |  |  |  |
| --- | --- | --- | --- |
| Agency | Primary/Alt | Name | Phone |
|  |  |  |  |

**2.** **Assembly Area Leader:**

|  |  |  |  |
| --- | --- | --- | --- |
| Agency | Primary/Alt | Name | Phone |
|  |  |  |  |

1. **Incident Commander:**

|  |  |  |  |
| --- | --- | --- | --- |
| Agency | Primary/Alt | Name | Phone |

1. **Accountability Procedures:**

|  |  |
| --- | --- |
| Agency | Procedure |
|  | All Bureau Directors receive reports from their Division Chiefs and each Bureau reports to a central location, where evacuation staff are positioned. The roll-call is based on an up-to-date listing of employees. Names and descriptions of any persons believed to have been in the building at the time of the evacuation who are missing from the Assembly Area are reported to the Assembly Area Leader, who reports it to the Incident Commander. [Modify procedure as appropriate.] |

**4.** **Assembly Area Layout:** [Insert diagram/map]

**APPENDIX C: FLOOR DIAGRAMS**

The following diagrams show office evacuation routes. [Insert a building evacuation diagram for each floor of the building.]

**APPENDIX D: SHELTER IN-PLACE**

Whenever severe weather conditions are reported, which may become serious or life-threatening, follow procedures for that particular condition or the instructions given at the time. Employees should:

* Keep calm.
* Stay on their current floor until an assessment of the situation is conducted or further instructions are issued by safety personnel.
* Move away from windows or any exterior glass.
* Evacuate to the center of the building (i.e. elevator corridor.)

**Earthquakes:** In the event of an earthquake the following procedure would apply:

* Move away from windows, toward the center of the building.
* Take cover underneath a desk, table or other heavy pieces of furniture.
* If there is no furniture around, employees should brace themselves under an inside doorway.
* Be prepared for aftershocks. Do not leave the protected area while the situation is active.
* During an earthquake, the safest place is right where you are. It is not safer outside the building. In fact, most injuries occur as people enter or leave a building, due to falling debris.
* If inside, stay inside.
* If outdoors, stay away from buildings.
* Pay attention for emergency announcements/instructions given by safety personnel.
* If in a moving vehicle stop as quickly as safety permits and stay in the vehicle.
* Avoid stopping under overpasses and utility wires. Proceed cautiously once the earthquake has stopped. Listen to the radio broadcasts and respond accordingly.

**Tornados:** Employees should be aware of all “Public Warning Announcements” that will be broadcasted by radio, television or by local government agencies. In the event that the there is a public warning for a tornado the following action actions should be taken:

* Move away from windows, doors, atriums, lobbies and outside walls. If in an exterior office, leave it and close the door. Go to interior rooms, hallways, center corridors or stairwells. Employees should sit down and protect themselves by putting their head as close to their knees as possible or kneel protecting their head.
* Do not use elevators.
* Do not go outside the building. There is high risk of being injured by flying debris.
* If trapped in an outside office, seek protection under a desk and/or away from the window.
* Tune the radio or television to a local station for information, if possible.
* Do not use the telephone to get information or advice.
* If outside, seek safest shelter available immediately.
* If in a moving vehicle, trailer or mobile home get out immediately and go to the lowest floor of a sturdy, nearby building or a storm shelter if possible.

**Lightning:**

* Whenever lightning is severe, avoid leaving the building.
* Stay away from windows.
* If outside seek safest shelter available immediately. m

#### 

#### **J. EMPLOYEE A&IP SUGGESTION AND COMMUNICATION PROGRAMS**

Identifying and eliminating unsafe acts or conditions are key factors in ensuring the safety of all employees. Because employees are often the first to be aware of hazards or ways to improve safety, an agency safety and health suggestion program has been established for all work locations.

The *Safety and Health Suggestion Form* is effective for reporting safety and health related concerns or recommendations for improvement. The procedure and form is provided during new employee orientations with reminders sent annually to all employees via email or the internet. Suggestions or concerns may also be reported in less formal ways, such as communicating directly with managers and supervisors, the Safety Coordinator, site safety staff or Safety Committee members.

[Insert any agency specific procedures used to notify employees at all work locations and the methods or procedures for submitting suggestions and forms.]

Employee opinions and involvement in the safety process are valued; therefore, suggestions are reviewed quickly, thoroughly and fairly. Regardless of the method communicated, suggestions are reviewed by the Safety Coordinator and/or Safety Committee for possible merit on a weekly basis. Follow-up occurs for all concerns and appropriate suggestions with responses provided as quickly as possible.

The Safety Coordinator and/or Safety Committee tracks submissions to ensure appropriate responses are provided in a timely manner. Employees who provide their name or contact information receive a direct response to their concerns or suggestions. Responses to anonymous suggestions are posted or communicated in a manner consistent with the agency’s procedure. When appropriate, senior management and affected employees are notified of changes occurring as a result of a suggestion.

[Insert any agency specific procedures, responsibilities or frequencies used to review and respond to employee suggestions.]

# **Sample Memo About Safety Suggestion Program**

To: Employees

From: Safety Coordinator, HR Director or Agency Head

Safety is important and a basic responsibility of all employees. Our goal as an agency is simple, to ensure that all employees are provided with a safe work environment and injury free work day. To accomplish our goal of improving the safety and health of our organization, a Safety Coordinator has been designated. Coordinator Namewill serve as the agency Safety Coordinator and can be reached by calling Telephone Number or e-mailing e-mail address.

You can improve the health and safety of our organization by adhering to established safety procedures, identifying workplace hazards and reporting incidents. If you are aware of unsafe acts, have an idea for performing tasks safer or want to report a safety hazard, you may report it through the agency’s Safety and Health Suggestion Program. Use the attached suggestion form to report any of these issues or ideas.

The completed form can be dropped in any of the agency suggestion box locations, or it can be mailed or e-mailed to the Safety Coordinator. You may also provide your suggestion to any member of the Safety Committee. If you include your name with the suggestion, you will receive a written response after the idea is evaluated by the Safety Coordinator and/or Safety Committee. Upper management will be notified, as appropriate, regarding approvals for suggested improvements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SAFETY & HEALTH SUGGESTION FORM** | | | | | |
|  | | | | | |
| To help the agency achieve a healthier and safer work environment, use this form to report suggestions for improving the health and safety of your work environment. The form can be used to report unsafe acts, to suggest ideas for performing tasks safer or to report safety hazards. By including your name, staff can seek clarifying information about your suggestion, and you will receive a response to your suggestion. | | | | | |
|  | | | | | |
| Explanation of suggestion | | | | | |
|  | | | | | |
| What benefit will be received if the suggestion is implemented? | | | | | |
|  | | | | | |
| Is there a cost associated with the suggestion? | | | | | |
| Yes | No | Unsure | | Estimated Cost $ | |
| In your opinion, is there an immediate health or safety concern if the idea is not implemented? Please explain. | | | | | |
| Yes | No | Unsure | | | |
| Your name (optional) | | | Date | | Work Phone Number or E-Mail |
|  | | |  | |  |

Return completed form to:

#### **K. A&IP PROGRAM EMPLOYEE INVOLVEMENT**

The Safety Committee(s) is a key component of the workplace safety and health program and efforts. The Safety Committee ensures safety and health issues are treated as an integral function of the agency. The purpose of a Safety Committee is to regularly bring workers and management together in a non-adversarial, cooperative effort to promote safety and health in the workplace. The committee is empowered to routinely identify and recommend solutions to senior management for the agency’s safety and health related issues.

The agency has at least one established and functioning Safety Committee(s). Each committee is comprised of at least four members. Meetings are conducted on a quarterly/monthly basis or as needed in the event of an immediate issue. Meeting agendas are prepared and provided to members in advance of the meeting. Minutes from the meetings are provided or made available to senior management, supervisors, and all employees as appropriate. Regional or site Safety Committees communicate their goals, agendas and meeting minutes to site employees and the Safety Coordinator.

[The number of committees and members must be appropriate to involve an adequate number of staff in the safety process. Factors to consider include staff complement, number of work locations and potential exposure to injuries and illnesses.]

[Insert the Safety Committee locations, members and contact information or identify how that information is maintained.]

The Safety Committee assists in and enhances the agency’s incident prevention efforts by performing the following primary duties:

* Represent and review the safety and health concerns of employees at all agency work locations.
* Set annual committee goals and objectives and monitor progress and achievements.
* Communicate the committee’s accomplishments and status of goals to senior management.
* Communicate committee agendas, meeting minutes and safety and health related information with management, Safety Committee members, supervisors and employees, as necessary.
* Assist in the identification and correction of workplace hazards.
* Review and/or investigate injuries and provide recommendations to prevent recurrences.

In an effort to establish effective Safety Committees, all members receive initial training upon the assignment of duties. The training, at minimum, covers the following four areas: Safety Committee Operations, Incident Investigation, Hazard Identification and Substance Abuse Prevention and Awareness (including opioid use). Periodic refresher training or education will be provided as necessary to enhance the knowledge or effectiveness of the committee.

[Agency Safety Committees seeking recognition from the Bureau of Workers’ Compensation shall meet the criteria in accordance with Title 34 PA Code Chapter 129, Subchapter F, Workplace Safety Committees.]

Labor and management cooperation is essential to the success of a safety program and Safety Committees. To ensure employee involvement in the safety efforts, Safety Committee(s) are composed of an equal number of management (employer) and union (employee) members. All employee unions are offered representation and requested to appoint all labor committee members. To obtain union representation, a letter is sent to each union to request members for the committee. If a response is not received, a second letter is sent to a higher level union official. If the union does not respond after two attempts, the agency appoints union members and notifies the union of the appointed representatives.

At agencies/worksites where employees are represented by more than one union, unions are encouraged to agree to a joint committee, including all employee organizations, rather than separate committees. A multi-agency Safety Committee may also be established, with agreement of the union, when more than one agency is housed within the same building or facility.

In addition to Safety Committees, employees are encouraged to become involved in the agency’s safety efforts through the assignment of program responsibilities, participation in available industrial health related services and employee training/education. Employees also receive periodic newsletters containing safety and health related information and reminders encouraging participation in the agency’s safety suggestion program. In addition, the following involvement programs are made available:

[Insert other agency initiatives or sponsored activities by which employees may become involved in the safety effort.]

# **Sample Letter to Unions for the Formation of Safety Committee**

Dear Union:

The Agencyis forming or re-establishing a Safety Committee to include an equal number of management and union represented employees. In addition to the central Safety Committee, the goal is to establish or maintain functioning committees in each of our offices/facilities/regions. The central committee will include a total of [number of total members (at least 4 not more than 12)] members. Because this agency has employees who are also represented by other union names*,* you should provide us with the names of [number of names based on union numbers] employees who are willing to serve on the committee.

Management and union represented employees serving on the Safety Committee will receive initial and periodic training to ensure that they have the ability to effectively perform their responsibilities. The initial training will be required for all committee members. Meetings will be held monthly or quarterly, and work time will be permitted to perform all safety committee responsibilities.

You can assist with our safety and health efforts by providing these names on or before [two weeks]. If no names are provided employees will be appointed to serve, and their names will be provided to you. Questions may be referred to Safety Coordinator or me.

Signed Human Resource Director or Labor Relations Coordinator

#### **L. ESTABLISHED SAFETY RULES AND METHODS FOR THEIR ENFORCEMENT**

Written safety rules and enforcement procedures are established to provide for a safe workplace environment. The general safety rules and enforcement procedures are provided during new employee orientation and annually distributed to all employees via email.

At the same time these rules are provided, managers and supervisors are asked to review them with their employees. Managers and supervisors enforce the agency’s general safety rules and develop any additional safety rules or procedures specific to their operations or work environments. Supervisors are also asked to remind employees that failure to adhere to safety rules or procedures may result in disciplinary action. Safety rule violations or failure to follow established safety procedures can result in disciplinary action up to and including dismissal based on the seriousness and/or willfulness of the violation.

[Insert the agency’s disciplinary policy and the procedure for enforcement including the progressive steps or actions taken.]

The Safety Coordinator, safety staff, managers and/or supervisors are empowered to notify and halt of the work of contractors working in state facilities when violating any applicable federal, state or agency safety standards. Contractors are provided with a copy of the applicable safety policies, procedures or work rules prior to the start of work. The contractor also provides any of their corresponding safety policies or procedures required by federal or state regulations.

**General Safety Rules**

1. Be aware of and adhere to the safety and health policies, procedures, rules and work practices established by the agency.
2. Conduct yourself in a safe manner and maintain a safe work area.
3. Immediately report any unsafe acts or conditions to your manager or supervisor.
4. Report all incidents (including near misses), whether an injury occurred or not, to your manager or supervisor as soon as possible.
5. Horseplay and practical jokes can cause harm or injury and are not permitted while performing official duties for the commonwealth or while on commonwealth owned or leased property.
6. Fighting and physical force should never occur while on commonwealth owned or leased property or while performing official duties.
7. Displaying or using any weapon (or any instrument used as a weapon) or firearm (or missile-projecting device) while on commonwealth owned or leased property or while performing official duties, unless authorized to do so as part of your assignment, is not permitted.
8. Use, possession or being under the influence of alcoholic beverages or non-prescribed controlled substances while on commonwealth owned or leased property or while performing official duties is not permitted.
9. Keep your work area clean and free from slip, trip, fall and other safety hazards.
10. Know and use proper lifting techniques and request assistance when lifting heavy or awkward loads.
11. Use an American National Standards Institute (ANSI) approved stepladder or stepstool to reach high shelves. Move the stool or ladder as necessary to avoid stretching.
12. Follow warning signs that caution of possible safety hazards or conditions.
13. Always use handrails when walking in stairways and take one step at a time.
14. Avoid running and use caution in congested areas and at blind corners.
15. Obey traffic laws while operating a vehicle.
16. Wear seat belts at all times while driving on commonwealth business.
17. Know and adhere to your responsibilities concerning policies and procedures for emergencies such as fires, bomb threats, etc.
18. Use appropriate personal protective equipment (i.e., safety glasses, safety shoes, latex gloves, respirators, etc.) where it is justified or required based on workplace exposure.
19. Obey safety precautions published by the manufacturer while using equipment or chemicals.

**Drug-Free Workplace**

The unlawful manufacture, distribution, dispensing, possession or use of alcohol or other controlled substance either while on duty or in the workplace will not be tolerated in accordance with [Management Directive 505.25 Amended, Substance Abuse in the Workplace](http://www.hrm.oa.pa.gov/workplace-support/violence/Documents/bomb-threat-card.pdf) or required agency policy concerning Substance Abuse Awareness and Prevention. Any employee involved in these activities may be subject to discipline, up to and including dismissal. In addition, employees may be subject to criminal penalties.

Employees are required to notify the agency of any criminal drug statute conviction for a violation occurring in the workplace, no later than five days after such conviction.

In agencies which participate in the State Employee Assistance Program (SEAP), managers and supervisors should seek the assistance of the agency SEAP Coordinator whenever an employee has a suspected drug, alcohol or other problem which impairs their job performance. Employees with substance abuse problems can receive free and confidential evaluations by calling SEAP at 1-800-692-7459. For counseling or treatment, employees may contact United Behavioral Health at 1-800-924-0105.

In agencies which do not participate in SEAP, managers and supervisors should seek the assistance of their human resources office. For counseling or treatment, employees should contact their behavioral health provider.

**Tobacco Use**

Many commonwealth buildings are required to be smoke-free according to the Pennsylvania Clean Indoor Air Act. The agency has taken positive steps to reduce smoking hazards (tobacco use) in the workplace and to encourage smoking cessation among their employees.

**M. METHODS FOR INCIDENT INVESTIGATION, REPORTING AND RECORDKEEPING**

The incident investigation program prescribes the procedures for reporting and investigating all workplace incidents. Incidents are reported and investigated in order to identify the facts surrounding the incident and determine the causes to prevent recurrences. Workplace incidents that should be reported include any that result in occupational injury, illness or disease, fatality, damage to motorized vehicles and other property damage as well as near misses.

The timely reporting and investigation of workplace incidents provides for the following:

* Establishes a written record of the factors that contributed to or caused the incident.
* Ensures prompt investigation of incidents in order to initiate and support corrective actions.
* Provides statistical information for use in analyzing all phases of incidents and events.
* Provides information that may be used in the identification of workplace hazards and employee training.

The Safety Coordinator develops and maintains the written incident investigation program, is responsible for all aspects of the program and has full authority to make necessary decisions to ensure the success of the program. The Safety Coordinator:

* Serves as the contact and resource person for incident reporting procedures
* Conducts training to ensure that supervisors and employees are informed and knowledgeable of current incident reporting procedures
* Ensures that all incident report forms are correct and filed in a timely manner.
* Ensures that supervisors and managers or those responsible to conduct investigations are trained in incident investigation procedures and techniques.

**Incident Response and Reporting**

During new employee orientation, employees are notified that all workplace incidents (including near misses) must be reported to their manager or supervisor regardless of severity or whether or not an injury occurred. When an injury occurs, the manager or supervisor is responsible to report the injury by completing a *Workers’ Compensation Claim Report* in SAP ESS or by paper form if computer access is not available. Claim reports are completed and notifications made as soon as possible upon knowledge of injury and within the following timeframes based on the type of claim:

* Medical Only – within five days of notification.
* Indemnity (lost time) – within 48 hours of notification.
* Fatality – Immediate notification.

#### The manager or supervisor is trained to ensure that the employee chooses a Panel of Physicians doctor from the list which is posted in the work location, and a CSI Managed Care Card is ordinarily provided to the employee to take to the doctor to ensure billing is handled correctly. In the event of a potential blood or body fluid exposure employees are directed immediately to the local emergency room since many of the panel doctors are not equipped to handle these exposures. Follow-up by the Workers’ Compensation Coordinator occurs to ensure the employee understands their responsibility to treat with a panel doctor. Employees are not discriminated against for reporting a work-related fatality, injury or illness, filing a safety and health complaint, asking for access to occupational injury and illness records or exercising any rights afforded by the Workers’ Compensation Act.

In the event of a workplace incident and/or illness the following procedures are followed to ensure prompt and effective care to the involved individual(s).

Responding Supervisor/Employee Actions

* If an injury or illness is involved, provide immediate assistance to the injured employee by seeking medical attention.
  + Provide or arrange for first aid/CPR as appropriate.
  + Request EMS assistance if necessary.
  + Take the employee to the physician of their choice or to the nearest medical facility.
* Write down the date and time of the injury, date and time that notification of the injury was received and any other pertinent facts for future reference.
* Cooperate fully with any emergency response or law enforcement personnel on the scene. Do not interfere with an official investigation, such as a traffic incident, criminal or workplace violence investigation.

Affected Employee Actions

* Seek immediate medical attention for the nature of the injury or illness.
* Notify a supervisor or manager immediately of the incident and if an injury or illness has occurred. Employees are encouraged to notify a supervisor or manager as soon as possible, but at least within 24 hours or at the beginning of the next shift, of the date and time of injury or first manifestation of the illness.
* Receive further information and instructions from the human resource office, workers' compensation claims administrator and immediate supervisor regarding claim and benefit procedures.

[The section above provides an example of procedures commonly used for incident response and reporting. Modify to accurately reflect the agency’s procedures.]

#### **Incident Investigation**

#### An incident is defined as an unexpected and undesirable event arising from unsafe acts or conditions. All incidents, including near misses, are investigated. The manager or supervisor is responsible to investigate all reported incidents as soon as possible and at least within 48 hours. Failure to properly investigate incidents, concealing facts or failing to obtain all the facts available interferes with incident prevention.

#### Training on incident investigation procedures is provided during supervisor orientation and to all employees assigned the responsibility for conducting inspections. When an incident occurs, the manager or supervisor completes the *Incident Investigation Form*. A *Incident Statement Form* should be attached to the *Incident Investigation Form* for each witness to the incident. Once these are completed one copy is maintained by the manager or supervisor, a second copy is forwarded to the Safety Coordinator and when an injury occurs, a third copy is forwarded to the Workers’ Compensation Coordinator.

#### The Safety Coordinator, Safety Committee or other designated employees are responsible to conduct follow-up incident investigations when necessary to determine the causes of the incident and recommendations to prevent recurrences. The need to conduct follow-up investigations may vary and depends on the circumstances or severity of the incident or injury.

#### 

Incident Investigation Procedures

Thorough incident investigations help to determine why incidents occur, where they happen and any trends that might be developing. An analysis of the conditions and circumstances of the incident provides a basis to implement corrective measures to prevent recurrences. For all incident investigations, the supervisor, Safety Coordinator and/or Safety Committee performs some or all the following procedures:

* Conduct a thorough incident investigation at the scene of the injury as soon after the injury as safely possible. Incidents become increasingly difficult to remember and document with the passage of time.
* Go promptly to the scene of the incident and document the details of the surroundings by taking photographs or making sketches. Save or preserve any physical evidence that may be used for future litigation proceedings.
* Use the *Incident Investigation Form* as a guideline to gather information and conduct the investigation.
* Stress obtaining facts, rather than placing blame or responsibility. Listen to conversations that may be going on, realizing that unsolicited comments often have merit and can indicate areas of further inquiry.
* Ask the employee involved in the incident and any witnesses, in separate interviews, to tell exactly what happened. Do not interrupt or ask for more details at that time; just let the employee describe it in their own style.
* Repeat the employee or witness’s version of the event and allow them to make any corrections or additions.
* After interviewing the involved employee(s) and witnesses, have them complete the *Incident Statement Form* to document their account of the event.
* Remind employees that the purpose of the investigation is to determine the cause and possible corrective actions that can reduce or eliminate the possibility of a recurrence.
* Complete the appropriate sections of the *Incident Investigation Form* with the employee, and review the data with the employee for accuracy.
* Encourage employees to give their ideas for preventing similar incidents in the future.
* Study the information gathered to determine the possible causes or factors that contributed to the incident. Realize that many incidents involve both unsafe conditions and unsafe acts.
* Determine the corrective actions and recommendations to prevent future incidents and injuries.
* When possible, correct any unsafe conditions or acts immediately. If immediate correction is not possible, report the situation to the appropriate level of management.
* If an employee sustained any injury or required medical attention, contact the workers' compensation claims administrator regarding additional reports that may be required.
* Submit the original *Incident Investigation Form* to the Agency Safety Coordinator within 48 hours of the date of injury or notification by the employee.
* Tell the Safety Coordinator and Workers’ Compensation Coordinator of any additional information or related facts as the claim progresses.
* Communicate information regarding identified hazards, new procedures or other corrective actions so all employees may benefit from the experience and findings.

[Modify the section above to reflect the agency’s procedures. Include a copy of the *Incident Investigation Form* and *Incident Statement Form* used by the agency]

Follow Up to the Incident Investigation

Management is responsible for acting on the recommendations resulting from incident investigations. The Safety Coordinator and/or Safety Committee monitors the progress of the corrective actions and ensures they are completed. Any trends noted during incident investigations are reviewed with employees and supervisors to determine if the job can be altered, any hazards can be eliminated or if additional training is needed.

Follow-up actions include:

* Respond to the recommendations in the report by determining and explaining what corrective actions can be accomplished.
* Develop a timetable for corrective actions.
* Monitor that the scheduled actions have been completed.
* Check the condition of injured worker(s).
* Inform and train other workers at risk.
* Re-orient worker(s) on their return to work.

Program Evaluation

#### The Incident Investigation Program is evaluated annually by the Safety Coordinator to determine whether the program is being followed and if further modification or training is necessary. In addition to the program review, all completed incident investigation forms (minus any confidential employee information) are reviewed by the Safety Coordinator and Safety Committee. The information obtained from the review and analysis of the *Incident Investigation Forms* and *Incident Statement Forms* is utilized to develop corrective actions and procedures to prevent the recurrence of injuries.

The *Incident Investigation* and *Incident Statement* *Forms* are utilized to identify:

* The types of injuries or injury trends.

#### The causal factors that contributed to the incident.

#### Areas with an above average number of incidents or where the incidents incurred are of a more serious nature.

* Equipment, materials or environmental factors that seem to be commonly involved in incidents.

#### Corrective work practices, procedures or equipment which could be used throughout the agency.

#### Future training needs.

#### Manager’s or supervisor’s ability to understand their operations and resolve their incident problems.

#### Where greater management emphasis is needed.

#### Annual safety goals and objectives.

Recordkeeping

The Workers’ Compensation Coordinator and Safety Coordinator are responsible for maintaining the documentation of incident related records. Examples of such records may include:

* Claim forms.
* Return to work information.
* Medical surveillance records.
* Completed *Incident Investigation* and *Incident Statement* *Forms*.
* Copies of communications related to incident investigations findings or recommendations.
* Evaluations or incident analysis reports.

[Modify to reflect the agency’s records that are maintained and where the records are located.]

#### **Sample Memo to Notify Supervisor of Incident Investigation Responsibility**

To: All Supervisors

From: Safety Coordinator, Personnel Director or Agency Head

To ensure that every effort is made to prevent incidents from recurring, it is important that you, as the supervisor of an injured employee, investigate the cause of each incident. You should also make every effort to determine what measures could be implemented to prevent a similar incident from occurring in the future.

As soon after an incident occurs as possible, you must complete an *Incident Investigation Report*, in addition to a *Workers’ Compensation Claim Report (JPA-797* paper form or SAP form*)*. The *Incident Investigation Report* should not be completed by the injured employee. However, the injured employee and any other witnesses may complete an *Incident Statement Form*. Witness information is also helpful in the prevention of future incidents. A supply of forms is attached or available on the website.

The information gathered from these investigations will help the Safety Coordinator and Safety Committee plan for the prevention of future incidents. Confidential information or information about specific employees will not be shared with the Safety Committee. Your assistance is appreciated. Safety is everyone’s responsibility.

Questions about incident investigation or any other safety issues may be addressed to Safety Coordinator Name, Safety Coordinator, at telephone number or by e-mail e-mail address.

**Incident Investigation Report Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Instructions:** Obtain statements from the injured employee and any witnesses to include what happened, what caused the incident and what were the contributing factors to the incident. To do this, reconstruct the sequence of events that led to the injury. Attach additional sheets if necessary. Provide copies of the completed form and all *Incident Statement Forms* to: agency safety coordinator, the field safety coordinator, supervisor and bureau director or field manager. | | | | | | |
| **Injured Employee Data** | | | | | | |
| Employee Name | | Working Title | | | | Personnel Number |
|  | |  | | | |  |
| Date of Incident | Time of Incident | | Claim Number (if known) | | | |
|  | a.m. p.m. | |  | | | |
| Work Organization/Location | | | | | | |
|  | | | | | | |
| Supervisor | | Supervisor Telephone Number | | Supervisor Email | | |
|  | |  | |  | | |
| **Incident Description:** | | | | | | |
| 1. Where did the incident happen and who was involved? Provide a full description of the surroundings of the location and the individuals involved. | | | | | | |
|  | | | | | | |
| 1. What was happening at the time of the incident and why was it taking place? | | | | | | |
|  | | | | | | |
| 1. What events lead up to the incident? Describe the sequence in order and when they took place. | | | | | | |
|  | | | | | | |
| 1. What exactly caused the injury and how did it happen? What mechanics, equipment or tools were involved? | | | | | | |
|  | | | | | | |
| 1. Describe the injury. Include the affected body part(s) and injury type or indicate no injury occurred. | | | | | | |
|  | | | | | | |
| 1. If a physical injury was avoided, describe what happened that could have potentially resulted in injury? | | | | | | |
|  | | | | | | |
| **Additional Information** | | | | | | |
| Provide any additional information important to the investigation (pictures taken, evidence collected). | | | | | | |
|  | | | | | | |
| **Initial Investigator:** | | | | | | |
| Incident Investigator Name | | Date of Investigation | | | Time of Investigation | |
|  | |  | | | a.m. p.m. | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CHECK ALL DIRECT CAUSES THAT APPLY** | | | | | | | |
| **What CONDITION of tools, equipment, or work area contributed to incident?** **Not Applicable** | | | | | | | |
| Close Clearance/Congestion  Floors/Work Surfaces  Poor Housekeeping  Hazardous Placement  Inadequate Ventilation  Equipment Failure  Inadequate Warning System  Inadequate Illumination  Hazardous Materials  Improper Material Storage  Inadequate Guards/Barrier  Defective Tools/Equipment/Vehicle  Inadequate/Improper PPE  Equipment/Workstation Design  Other | | | | | | | |
| **What ACTION or INACTION contributed to the incident?** **Not Applicable** | | | | | | | |
| Failure to Make Secure  Used Defective Equipment  Failure to Use PPE  Improper Lifting  Improper Technique  Improper Loading  Used Equipment Improperly  Unauthorized Actions  Operating At Improper Speed  Operating Procedure Deviation  Improper Position  Used Wrong Tool/Equipment  Horseplay/Distractive Active  Unsafe Act of Another Staff  Under Influence Drugs/Alcohol  Nullified Safety/Control Devices  Running/Rushing/Acting In Haste  Failure to Warn/Signal  Servicing Equipment In Motion  Other | | | | | | | |
| **CHECK ALL UNDERLYING OR ROOT CAUSES THAT APPLY** | | | | | | | |
| **What caused or influenced the substandard conditions or behaviors?** | | | | | | | |
| Lack of Proper Procedures  Inadequate Job Instructions  Inadequate Tools  Inadequate Job Training Methods  Inadequate Supervision  Improper Layout or Design  Inadequate Maintenance Standards  Unsafe Design or Construction  Poor Work Practice  Poor Work Design  Inadequate Purchasing Standards  Lack of Skill  Lack of Communication Between Staff  Improper Extension of Service Life  Improper Planning  Inadequate Cleaning  Inadequate Environmental Controls  Inadequate Capacity  Inadequate Preventive Maintenance  Inadequate Enforcement or Work Standards  Other      \_ | | | | | | | |
| **CHECK ALL ACTIONS NECESSARY TO CORRECT THE DIRECT AND ROOT CAUSES** | | | | | | | |
| **What corrective actions have been taken or are needed to prevent a recurrence?** | | | | | | | |
| Task Analysis/Procedure Revision  Improve Clean-Up Procedures  Repair/Replace Equipment  Reinstruction of Employees  Improve Storage/Arrangement  Rotation of Employee  Eliminate Congestion  Improve/Change Work Method  Identify/Improve PPE  Task Analysis to Be Completed  Install/Revise Guards/Devices  Improve Enforcement  Improve Design/Construction  Job Reassignment of Employees  Use Other Materials/Supplies  Improve Illumination  Mandatory Pre-Job Instructions  Improve Ventilation  Other | | | | | | | |
| **Recommended corrective actions or preventive measures to be taken** | | | | | | | |
| **Action Item** | | | | **Person Responsible** | | **Target Date** | **Date Complete** |
|  | | | |  | |  |  |
|  | | | |  | |  |  |
|  | | | |  | |  |  |
| **Investigation Review (Initial after reviewing the findings of the investigation):** | | | | | | |
|  | **Initials** | **Review Date** | | **Comments** | | |
| Supervisor/Manager |  |  | |  | | |
| Site/Regional Manager |  |  | |  | | |
| Safety Representative |  |  | |  | | |
| Director/Deputy |  |  | |  | | |



**Incident Statement Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Instructions:** This form should be completed by anyone who observed an incident that caused or could have caused a work-related injury. Statements will be used to identify the primary causes of the incident so that corrective actions can be identified to prevent future, similar injuries from occurring. The completed form should be provided to the incident investigator to include with the *Incident Investigation Report*. | | | |
| **Injury Data** | | | |
| Injured Employee Name | Personnel Number | Date of Incident | Today’s Date |
|  |  |  |  |
| What acts, failure to act, or conditions contributed to the incident? | | | |
|  | | | |
| Explain what you saw or heard | | | |
|  | | | |
| What type of injury occurred to the employee? | | | |
|  | | | |
| Additional comments and information | | | |
|  | | | |
| **Verification** | | | |
| I verify that the statements listed above are my own and accurately describe what I observed or heard. | | | |
| Name | | Phone number or email address | |
|  | |  | |
| Signature | | Date | |
|  | |  | |

#### **N. AVAILABILITY OF FIRST-AID, CPR AND OTHER EMERGENCY TREATMENTS**

All employees are afforded prompt first aid treatment of injuries or illnesses, either by providing employees trained in first aid and CPR at the worksite or by ensuring that emergency treatment services are within reasonable proximity of the worksite. The basic purpose of this procedure is to assure that adequate first aid is available in the critical minutes between the occurrence of an injury or illness and the availability emergency treatment for the employee.

In workplaces where serious injuries or incidents are possible, such as those involving falls, suffocation, electrocution or amputation, emergency medical services must be available within three to four minutes. A response time of up to 15 minutes is generally considered reasonable in workplaces, such as offices, where the possibility of such serious work-related injuries is more remote. If emergency care is not available within the appropriate timeframes, an employee or employees are adequately trained to render first aid and CPR. These employees are designated as first responders and are provided with the appropriate first aid supplies or protective equipment. For worksites that rely solely on assistance from outside emergency responders, appropriate steps are taken to ascertain that emergency medical assistance will be promptly available when an injury or illness occurs.

To ensure a quick response for medical emergencies, the employees listed in the attachment have volunteered as first responders. First responders receive training in first aid and/or CPR by an approved organization (American Red Cross, American Heart Association). Refresher training is provided by the agency consistent with the requirements of the certification. First responders are also required to have annual training regarding bloodborne pathogens and universal precautions.

Employees are to take the following steps in the event of a medical emergency:

* Obtain enough information to provide critical details.
* Contact a first responder and outside emergency medical assistance.
* Send someone to contact help if unable to leave the injured person.
* Act as directed by the first responder or emergency service personnel.

Although first aid and CPR services can provide a quick response, employees are reminded that calling off-site emergency medical services should not be delayed. Call (911 or emergency number) if an injury or illness is serious or a first responder is not immediately available. The procedure for obtaining emergency medical assistance is provided during new employee orientation and annually for all employees. The procedures are also posted in or made available to all work locations.

[Insert agency methods for providing the procedures to all employees and how they are made available to all work locations.]

Employees are made aware of the locations of the first aid kits which are shown on the building diagram. Periodically, and at least quarterly, supplies in the first aid kit will be checked and replenished as necessary by [insert name or job title]. The [Safety Coordinator, Bureau Director, etc] ensures that the first aid kits are maintained and have the correct type and quantity of supplies for the number of employees on site and for the type of work being performed.

If an employee requests medical treatment he/she is taken to a local emergency room or a Panel of Physicians doctor depending on the nature of the injury. The manager/supervisor or other designated employee ensures that the employee is transported and accompanied, if appropriate, to the medical facility. The manager or supervisor immediately notifies the employee’s emergency designee when necessary. Most employees have provided emergency contact information which is available by contacting the Human Resource Office.

All work-related injuries and illnesses are reported and investigated in accordance with the workers’ compensation and incident investigation procedures. Depending on the nature of the injury or illness, the manager or supervisor is responsible to investigate all work-related incidents as soon as possible and at least within 48 hours. The manager or supervisor completes the *Incident Investigation Report Form* and *Incident Statement Form* as appropriate.

[Modify or refer to the agency’s procedures for workers’ compensation and Program Element M – Methods for Incident Investigation, Reporting and Recordkeeping.]

The Safety Coordinator, Bureau Director, etc. reviews the following on an annual basis to determine the adequacy and effectiveness of the program:

* That work location procedures are developed and are adequate.
* That training certifications and contact information are current.
* That employee training/notifications have been provided.
* That appropriate PPE/emergency equipment have been provided and maintained.

**First Responders for Medical Emergencies**

[Building Name or Agency Name]

The following individuals have been certified in CPR, first aid or both. They have volunteered to assist in the event of a medical emergency. After contacting one of these individuals for assistance, please remember to also call the emergency number [enter number] for professional assistance.

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| --- | --- | --- | --- |
| Name | Building/Room # | CPR/First-Aid/Both | Telephone |
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**First Responder Certification Expiration**

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| --- | --- | --- | --- | --- |
| Name | Work Location | Training Date | First Aid Expiration | CPR Expiration |
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# **Memos to Bureau Directors or All Employees Regarding First-Aid/CPR Services**

TO: Bureau Directors or All Employees and Upper Management

FROM: Safety Coordinator, Human Resource Director or Agency Head

It is imperative that we work in an environment where response to emergency medical situations is swift and effective. Trained volunteers are often the first responders to medical emergencies that occur at work. Our agency is seeking volunteers to participate in a no-cost CPR/first aid training session. The training will last approximately five and a half hours and will be held at a site to be determined. Participants who demonstrate all skills correctly and who pass the final written test will receive an adult CPR certificate valid for two years after course completion and a standard first aid certificate valid for two years after course completion through the American Red Cross, American Heart Association, etc.

Please circulate a copy of this memorandum to all employees to garner interest in both the commonwealth’s safety initiative and voluntary CPR/first aid training. Interested employees should contact the Safety Coordinatorif they wish to volunteer. Based on the response, a number of volunteers will be selected for the training. Employees currently possessing CPR/first aid or emergency medical technician certification may also volunteer to be a first responder by contacting the Safety Coordinator.

Employees who receive CPR/first aid training and who administer first aid services are protected against personal liability by the commonwealth’s Good Samaritan Act. If you have any questions or would like to volunteer, please contact the Safety Coordinator, Safety Coordinator’s Name, at e-mail or telephone.

TO: All Employees

FROM: Safety Coordinator, Human Resource Director or Agency Head

SUBJECT: First responders for medical emergencies

Several individuals within our organization have volunteered as first responders for medical emergencies that occur at work. They have been trained in first aid and CPR, and in some cases in the use of AED equipment.

The list of individuals, their room numbers and telephone numbers are provided on the attachment. Please familiarize yourself with this list in the event that an employee working near you needs assistance for a medical emergency or post the list near phones or first aid kits. Please note that even when first responders are called, the appropriate emergency number [insert number] should be called immediately for professional outside medical assistance.

This is also a good time to remind you to verify that your emergency contact information is up to date. Emergency contact information can be maintained directly in SAP if you have computer access or by contacting your Human Resource Office at [contact].

If you are interested in serving as a volunteer in the event that one of these responders transfers or separates employment from our organization, please contact the Safety Coordinator at [insert contact information].

#### **O. METHOD(S) FOR DETERMINING AND EVALUATING A&IPP PROGRAM EFFECTIVENESS**

Most incidents occur because of readily identifiable and correctable safety and health hazards. The purpose of this section is to provide the methods for evaluating the effectiveness and quality of the workplace safety and health program in order to satisfy the requirements of the Pennsylvania Department of Labor and Industry’s Bureau of Workers’ Compensation (BWC) and the commonwealth. Determining and evaluating the effectiveness of the workplace safety and health program is essential for continuous improvement and injury prevention.

The Safety Coordinator and Safety Committee work together to develop a written procedure that identifies the methods, data, information and frequency of evaluation utilized to determine program effectiveness. The determination of effectiveness is performed annually and includes data, at minimum, for the current and past two complete fiscal years. Injury statistics and analysis results are provided quarterly or at least annually to senior management, Safety Committee members and all supervisors. The information is necessary to communicate safety concerns or hazards, the impact of losses and the established performance measures. At minimum, program effectiveness and evaluation results must be provided to senior management (Agency Head, Deputy Secretaries and Bureau Directors).

The Safety Coordinator, Safety Committee members or assigned safety staff are responsible for the following:

1. Developing performance indicators and measuring performance.
2. Conducting loss analyses to identify injury types, trends and locations.
3. Preparing injury and statistical reports.
4. Conducting periodic program element reviews and evaluations.
5. Coordinating revisions to the safety and health program with the Agency Head or designee.
6. Communicating statistical information and analysis results within the agency.
7. Maintaining program documentation including statistical reports, loss analyses, program evaluations and copies of communications.
8. Establishing goals and objectives at least annually.

[Modify the assignment of responsibilities to reflect the agency’s procedures, positions, or work locations.]

**Determining Program Effectiveness**

Before measuring the effectiveness of a safety program, the data or indicators used to evaluate the program must be determined. Effectiveness can be measured by focusing on reducing existing problems/failures (trailing indicators) or by comparing program success with a baseline (leading indicators) or both.

One method to accomplish this effort begins with tracking the results provided in the effectiveness measures spreadsheet. The report is provided every six months by the Office of Administration and uses a series of trailing indicators to track the claims history. An analysis of the data is conducted a minimum of annually and a comparison of the loss history is used as the basis for determining trends and performance. The following trailing indicators are tracked to measure the overall effectiveness of the loss reduction efforts.

#### Total workers’ compensation costs

* Total number of accepted claims
* Frequency rate per 1000 employees
* Cost rate per employee
* Average cost per claim

The use of trailing indicators does not provide a reliable method to gauge or measure the future success of a safety program. While important to identify trends and areas in need of improvement, trailing indicators are after-the-event measures and tell only what has already happened. Rather than relying solely on them, it is desirable to also establish proactive measures (leading indicators) to assist in the determination of safety program effectiveness. Measuring the level of safety-related activities being carried out is a leading indicator that signals future progress. Examples of leading indicators that may be utilized by agencies include:

* Number of hazards (not incidents) reported and corrected
* Number of inspections and equipment safety checks scheduled and performed
* Number of safety related trainings / meetings scheduled and conducted
* Program objectives set and completed
* Number of safety policies or procedures developed and implemented.
* Data from employee safety opinion surveys and how results change over time
* Closure rates for identified safety issues and corrective actions.
* Measures of the quality with which safety tasks were completed.

Examples of other methods recognized by the BWC for determining program effectiveness include:

1. Comparison of incidence rate using the OSHA/Bureau of Labor Statistics (BLS) formula and then comparing incidence rate to the OSHA/Bureau of Labor Statistics (BLS) published incidence rate for the applicable business or industry, indicating what the incidence rate represents. This method is acceptable for evaluating effectiveness even though the commonwealth is not regulated by OSHA.
2. Comparison of injury and illness rate derived via the *Employer’s Report of Occupational Injury or Disease* (Form LIBC-344, Rev. 8-93) using the appropriate formula and then comparing rate to the rates published in the current edition of *Pennsylvania Work Injuries and Illnesses*, Table 2, “Injury and Illness Rates in Selected Industries”.
3. State the experience modification factor and compare this rate to that for the previous two years.
4. State the loss ratio and compare this ratio to that for the previous two years.
5. Other methods deemed appropriate by the Bureau.

[Modify this section to reflect the agency’s procedures, data and performance indicators used to determine or measure program effectiveness.]

**Loss and Data Analysis**

When evaluating and determining the effectiveness of a safety program, a loss analysis is conducted to identify possible injury trends. Identifying the types of injuries and where they are occurring is critical to discovering program needs and goal/objective development. Loss and data analysis allows for the efficient allocation of resources and efforts to be focused on the areas or issues having the most impact on the injuries.

An annual loss analysis is conducted to identify the injury types, locations and possible trends. Reports from the commonwealth’s third party administrator for workers’ compensation, Inservco Insurance Services, Inc., are utilized to assist in the analysis of the loss data and are available at https://www.pennnationalinsurance.com/Inservco-Secure/Login.aspx?ReturnUrl=%2fInservco-Secure%2fdefault.aspx. The following reports are provided to assist with the identification and analysis of the injuries:

#### Total workers’ compensation costs incurred by fiscal year

* Total number of injuries by fiscal year
* Injuries and costs by fiscal year and location/bureau
* Number of open vs. closed claims
* Injury numbers by days of the week
* Injuries by type, body part and cause code
* Injuries by type, body part and cause code listed by location/bureau
* Injury cost by type, body part and cause code
* Injury cost by type, body part and cause code listed by location/bureau
* Claim detail and injury description
* Claim detail and injury description listed by location/bureau

Agencies that do not have access to the Inservco Safety Loss Reports must annually review their claim reports, investigate injuries and develop an internal tracking system (if needed) to log injury data. In order to implement corrective actions and prevent recurrences, it is necessary to identify the number, types, locations and causes of their injuries. The Office of Administration is contacted to request additional injury reports or information.

[Modify this section to reflect the methods, procedures and data used to perform a loss analysis of the agency’s injuries.]

**Program Review and Evaluation**

Program reviews are a method used to evaluate the quality of the Workplace Safety and Health Program. Annual reviews or critiques of the individual program elements are required to ensure compliance and identify opportunities for improvement (i.e. gap analysis or self-audits). Deficiencies or areas in need of improvement are addressed by the appropriate actions to ensure compliance and effectiveness in preventing workplace injuries and illnesses.

The results of program reviews or audits are also used to establish annual goals/objectives, determine loss reduction strategies and adequately address the agency’s hazards. Information can be collected by comparing current procedures against the commonwealth requirement guide and using an appropriate self-auditing questionnaire, report or checklist.

[Modify this section to reflect the agency’s procedures for conducting an annual review of the safety program elements.]

All of the mandatory program elements and protocols require an annual review to evaluate compliance and opportunities for improvement. Program review and evaluation is essential for continuous improvement and the establishment of annual program goals and objectives. The program elements have been reviewed and evaluated as indicated on the following table. Copies of the program reviews or evaluation reports are maintained by the Safety Coordinator.

Policy reviewed and evaluated:

|  |  |  |  |
| --- | --- | --- | --- |
| Element | Date Reviewed | Reviewer Name | Updated/No Change |
| A |  |  |  |
| B |  |  |  |
| C |  |  |  |
| D |  |  |  |
| E |  |  |  |
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| N |  |  |  |
| O |  |  |  |
| P.9. |  |  |  |
| Other P  Elements as applicable |  |  |  |

**P. PROTOCOL OR STANDARD OPERATING PROCEDURES, WHEN APPLICABLE TO THE WORKPLACE AND WORKPLACE ENVIRONMENTS**

Under the Accident and Illness Prevention Program (AIPP) Elements section of the Pennsylvania Workers’ Compensation Health and Safety Regulations, 34 PA Code Chapter 129, there are requirements that written protocols or standard operating procedures be developed to address any of the 12 program elements in section P determined to be applicable to the workplace.

The need for and development of the program elements is based on the type of operations and hazards in the workplace. Due to the technical nature of the standards and specific needs, the Safety Coordinator consults with the subcontracted safety consultants for templates and assistance. Of the12 elements, the following programs are established: [Delete any that are not applicable to the program; all agencies are required to address number 9. Include the policy.]

**1. Electrical and Machine Safeguarding:** A procedure for the installation and systems, hardware and equipment installed upon, around, over or near any machine or electrical installation to eliminate incidental contact by any person with the hazardous mechanical or electrical components for the purpose of preventing injuries.

**2. Personal Protective Equipment:** A program that addresses the selection, purchase, training of employees and enforcement of the use of devices and apparel determined necessary for employees to protect against hazards in the work environment.

**3. Hearing Conservation Program:** Programs established to reduce or eliminate, if possible, the level of noise in the work environment to safe levels through engineering controls, administrative control and/or personal protective equipment. Methods may include personal protective equipment (mandatory hearing protection), point of operation equipment guards, non-hazardous tools, proper illumination and other similar engineering controls.

**4. Sight Conservation:** Programs established to reduce or eliminate, if possible, hazard in the work environment to protect and conserve employee eye sight from equipment and any physical or environmental hazards to employees’ eyes, through engineering controls, administrative control and/or personal protective equipment. Methods may include personal protective equipment (mandatory safety glasses, goggles and face shields), point of operation equipment guards, non-hazardous tools, proper illumination and other similar engineering controls.

**5. Lockout/Tagout Procedures:** A procedure consisting of controls and employee training to ensure that machines, equipment, or piping are isolated, de-energized, and completely inoperative (locked out) before servicing or maintenance is performed. This procedure shall also protect employees from the unexpected machine startup, release of unsafe liquid or gas or contact with electrical sources.

**6. Hazardous Material Handling, Storage and Disposal Procedure (RTK Program):** A procedure that identifies and controls the receipt, handling, storage and disposal of hazardous chemicals and products containing hazardous chemicals. Included is the development of a chemical inventory, procurement of safety data sheets (SDS), training for employees in identifying hazardous materials, understanding possible exposures and routes of entry of the chemical into the body, knowledge of the signs and symptoms of overexposure and recommended first-aid procedures.

**7. Confined Space Entry Procedure:** A procedure to follow when entering any area that has limited openings for entry and exit that would make escape difficult in an emergency, has a lack of ventilation, contains known and potential hazards and/or is not intended or designed for continuous human occupancy for any reason.

**8. Fire Prevention & Control Practices:** Documented practices for the prevention and control of fires and their related cause factors. These practices also include methods for responding to fires should they occur, employee evacuation procedures and other applicable techniques for protecting life.

**9. Substance Abuse Awareness & Prevention Policies and Programs:** These policies and programs must include the employer’s methods that are implemented to inform employees of the hazards associated with the use of or being under the influence of alcohol or other controlled substances in the workplace.

**10. Control of Exposure to Bloodborne Pathogens:** A program providing for protecting employees against the hazards related to exposure to blood or other potentially infectious body fluids. This also includes employee training and a procedure for implementing an immediate response should an exposure incident occur.

**11. Pre-Operational Process Review:** A procedure providing for the review of plans, drawings, diagrams and specifications for processes, equipment and machinery, prior to their use and introduction into the workplace. This review is for the purpose of identifying and correcting hazardous conditions.

**12. Other hazards as they apply to a specific workplace or setting:** Additional safety hazards and programs not listed above should be addressed as needed. Examples include but are not limited to: Fall Protection, Respiratory Protection, Ergonomics, Back Injury Prevention, Powered Industrial Trucks, Excavation and Trench Safety, Asbestos, Lead and Fleet and Driver Safety.