

SAFETY POLICIES AND PROCEDURES

***SOUTH CENTRAL MISSOURI
COMMUNITY ACTION AGENCY***

AGENCY POLICY STATEMENT

Policy Implementation Requirements:

This policy will be posted in all agency facilities and reviewed with all new employees at the time of hire and all employees on an annual basis.

POLICY STATEMENT

The Safety Policy of this agency is:

It is the policy of South Central Missouri Community Action Agency to assure safe and healthful working conditions for every employee, and to comply with the letter and spirit of applicable laws and regulations. The Agency will provide adequate safeguards against health and safety hazards by providing a safe work environment, by job training and instruction on safe procedures, by making appropriate protective equipment available and by the proper administration of safety programs and activities.

All employees are expected to comply with safety and health rules and procedures and to take an active role in the safety and health process and activities.

Safety is the responsibility of all employees, and I am committed to providing a safe and healthy work environment.

**Ann Smith
Executive Director**

SAFETY PROGRAM ORGANIZATION

A Safety Program is something that cannot be imposed on a company's organization. The prevention of accidents and injuries is basically achieved through control of the working environment and control of people's actions, which only management can implement. Top management's attitude and approach toward accident prevention is invariably reflected in the attitude of the supervisory staff. Similarly, the worker's attitude is usually the same as his supervisor's. Thus an accident prevention program must result from top management's announced and continuously demonstrated interest if employee cooperation and participation are to be obtained. The details for carrying out an accident prevention program may be assigned but the responsibility for the basic policy cannot be delegated.

Components of an effective safety program include but are not limited to:

- TOP MANAGEMENT SUPPORT & COMMITMENT
- COMMUNICATION OF COMMITMENT TO EMPLOYEES
- ASSIGNMENT OF RESPONSIBILITIES
- EMPLOYEE PARTICIPATION & CONTRIBUTION
- WRITTEN RULES & PROCEDURES
- SUPERVISOR & EMPLOYEE TRAINING
- SUPERVISOR ACCOUNTABILITY
- SAFETY COMMITTEE & INJURY REVIEW COMMITTEE
- ACCIDENT INVESTIGATIONS
- ACCIDENT RECORD SYSTEM
- HAZARD SURVEYS
- INCENTIVE PROGRAMS
- ERGONOMICS PROGRAM
- EMPLOYEE ORIENTATION
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OSHA
RECORDKEEPING
GUIDELINES

OCCUPATIONAL INJURIES AND ILLNESSES

OSHA Forms for Recording Work-Related Injuries and Illnesses

Dear Employer:

This booklet includes the forms needed for maintaining occupational injury and illness records for 2004. These new forms have changed in several important ways from the 2003 recordkeeping forms.

In the December 17, 2002 Federal Register (67 FR 77165-77170), OSHA announced its decision to add an occupational hearing loss column to OSHA's Form 300, Log of Work-Related Injuries and Illnesses. This forms package contains modified Forms 300 and 300A which incorporate the additional column M(5) Hearing Loss. Employers required to complete the injury and illness forms must begin to use these forms on January 1, 2004.

In response to public suggestions, OSHA also has made several changes to the forms package to make the recordkeeping materials clearer and easier to use:

- On Form 300, we've switched the positions of the day count columns. The days "away from work" column now comes before the days "on job transfer or restriction."
- We've clarified the formulas for calculating incidence rates.
- We've added new recording criteria for occupational hearing loss to the "Overview" section.
- On Form 300, we've made the column heading "Classify the Case" more prominent to make it clear that employers should mark only one selection among the four columns offered.

The Occupational Safety and Health Administration shares with you the goal of preventing injuries and illnesses in our nation's workplaces. Accurate injury and illness records will help us achieve that goal.

Occupational Safety and Health Administration
U.S. Department of Labor

What's Inside...

In this package, you'll find everything you need to complete OSHA's Log and the Summary of Work-Related Injuries and Illnesses for the next several years. On the following pages, you'll find:

- ▼ **An Overview: Recording Work-Related Injuries and Illnesses** — General instructions for filling out the forms in this package and definitions of terms you should use when you classify your cases as injuries or illnesses.
- ▼ **How to Fill Out the Log** — An example to guide you in filling out the Log properly.
- ▼ **Log of Work-Related Injuries and Illnesses** — Several pages of the Log (but you may make as many copies of the Log as you need.) Notice that the Log is separate from the Summary.
- ▼ **Summary of Work-Related Injuries and Illnesses** — Removable Summary pages for easy posting at the end of the year. Note that you post the Summary only, not the Log.
- ▼ **Worksheet to Help You Fill Out the Summary** — A worksheet for figuring the average number of employees who worked for your establishment and the total number of hours worked.
- ▼ **OSHA's 301: Injury and Illness Incident Report** — A copy of the OSHA 301 to provide details about the incident. You may make as many copies as you need or use an equivalent form.

Take a few minutes to review this package. If you have any questions, visit us online at www.osha.gov or call your local OSHA office. We'll be happy to help you.





- ▼ diagnostic procedures, including administering prescription medications that are used solely for diagnostic purposes; and
- ▼ any procedure that can be labeled first aid.
(See below for more information about first aid.)

What is first aid?

If the incident required only the following types of treatment, consider it first aid. Do NOT record the case if it involves only:

- ▼ using non-prescription medications at non-prescription strength;
- ▼ administering tetanus immunizations;
- ▼ cleaning, flushing, or soaking wounds on the skin surface;
- ▼ using wound coverings, such as bandages, BandAids™, gauze pads, etc., or using SteriStrips™ or butterfly bandages;
- ▼ using hot or cold therapy;
- ▼ using any totally non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.;
- ▼ using temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or back boards);
- ▼ drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters;
- ▼ using eye patches;
- ▼ using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye;
- ▼ using irrigation, tweezers, cotton swab or other simple means to remove splinters or foreign material from areas other than the eye;

- ▼ using finger guards;
- ▼ using massages;
- ▼ drinking fluids to relieve heat stress

How do you decide if the case involved restricted work?

Restricted work activity occurs when, as the result of a work-related injury or illness, an employer or health care professional keeps, or recommends keeping, an employee from doing the routine functions of his or her job or from working the full workday that the employee would have been scheduled to work before the injury or illness occurred.

How do you count the number of days of restricted work activity or the number of days away from work?

Count the number of calendar days the employee was on restricted work activity or was away from work as a result of the recordable injury or illness. Do not count the day on which the injury or illness occurred in this number. Begin counting days from the day after the incident occurs. If a single injury or illness involved both days away from work and days of restricted work activity, enter the total number of days for each. You may stop counting days of restricted work activity or days away from work once the total of either or the combination of both reaches 180 days.

Under what circumstances should you NOT enter the employee's name on the OSHA Form 300?

You must consider the following types of injuries or illnesses to be privacy concern cases:

- ▼ an injury or illness to an intimate body part or to the reproductive system;
- ▼ an injury or illness resulting from a sexual assault;
- ▼ a mental illness;
- ▼ a case of HIV infection, hepatitis, or tuberculosis;
- ▼ a needle-stick injury or cut from a sharp object that is contaminated with blood or other potentially infectious material (see 29 CFR Part 1904.8 for definition); and
- ▼ other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log.

You must not enter the employee's name on the OSHA 300 Log for these cases. Instead, enter "privacy case" in the space normally used for the employee's name. You must keep a separate, confidential list of the case numbers and employee names for the establishment's privacy concern cases so that you can update the cases and provide information to the government if asked to do so.

If you have a reasonable basis to believe that information describing the privacy concern case may be personally identifiable even though the employee's name has been omitted, you may use discretion in describing the injury or illness on both the OSHA 300 and 301 forms. You must enter enough information to identify the cause of the incident and the general severity of

the injury or illness, but you do not need to include details of an intimate or private nature.

What if the outcome changes after you record the case?

If the outcome or extent of an injury or illness changes after you have recorded the case, simply draw a line through the original entry or, if you wish, delete or white-out the original entry. Then write the new entry where it belongs. Remember, you need to record the most serious outcome for each case.

Classifying injuries

An injury is any wound or damage to the body resulting from an event in the work environment.

Examples: Cut, puncture, laceration, abrasion, fracture, bruise, contusion, chipped tooth, amputation, insect bite, electrocution, or a thermal, chemical, electrical, or radiation burn. Sprain and strain injuries to muscles, joints, and connective tissues are classified as injuries when they result from a slip, trip, fall or other similar accidents.



Optional

Calculating Injury and Illness Incidence Rates

What is an incidence rate?

An incidence rate is the number of recordable injuries and illnesses occurring among a given number of full-time workers (usually 100 full-time workers) over a given period of time (usually one year). To evaluate your firm's injury and illness experience over time or to compare your firm's experience with that of your industry as a whole, you need to compute your incidence rate. Because a specific number of workers and a specific period of time are involved, these rates can help you identify problems in your workplace and/or progress you may have made in preventing work-related injuries and illnesses.

How do you calculate an incidence rate?

You can compute an occupational injury and illness incidence rate for all recordable cases or for cases that involved days away from work for your firm quickly and easily. The formula requires that you follow instructions in paragraph (a) below for the total recordable cases or those in paragraph (b) for cases that involved days away from work, and for both rates the instructions in paragraph (c).

(a) To find out the total number of recordable injuries and illnesses that occurred during the year, count the number of line entries on your OSHA Form 300, or refer to the OSHA Form 300A and sum the entries for columns (C), (H), (I), and (J).

(b) To find out the number of injuries and illnesses that involved days away from work, count the number of line entries on your OSHA Form 300 that received a check mark in column (H), or refer to the entry for column

(H) on the OSHA Form 300A.

(c) The number of hours all employees actually worked during the year. Refer to OSHA Form 300A and optional worksheet to calculate this number.

You can compute the incidence rate for all recordable cases of injuries and illnesses using the following formula:

$$\frac{\text{Total number of injuries and illnesses} \times 200,000}{\text{Number of hours worked by all employees}} = \text{Total recordable case rate}$$

(The 200,000 figure in the formula represents the number of hours 100 employees working 40 hours per week, 50 weeks per year would work, and provides the standard base for calculating incidence rates.)

You can compute the incidence rate for recordable cases involving days away from work, days of restricted work activity or job transfer (DART) using the following formula:

$$\frac{\text{Number of entries in column H} + \text{Number of entries in column I} \times 200,000}{\text{Number of hours worked by all employees}} = \text{DART incidence rate}$$

You can use the same formula to calculate incidence rates for other variables such as cases involving restricted work activity (column (I) on Form 300A), cases involving skin disorders (column (M-2) on Form 300A), etc. Just substitute the appropriate total for these cases, from Form 300A, into the formula in place of the total number of injuries and illnesses.

What can I compare my incidence rate to?

The Bureau of Labor Statistics (BLS) conducts a survey of occupational injuries and illnesses each year and publishes incidence rate data by

various classifications (e.g., by industry, by employer size, etc.). You can obtain these published data at www.bls.gov/tif or by calling a BLS Regional Office.

Worksheet

Total number of injuries and illnesses	<input type="text"/>	X	200,000	÷	<input type="text"/>	=	<input type="text"/>	Total recordable case rate
Number of hours worked by all employees	<input type="text"/>							
Number of entries in Column H + Column I	<input type="text"/>	X	200,000	÷	<input type="text"/>	=	<input type="text"/>	DART incidence rate
Number of hours worked by all employees	<input type="text"/>							

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Identify the person		Describe the case			Classify the case										Enter the number of days the injured or ill worker was:		Check the "Injury" column - choose one type of illness	
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	Remained at Work	Away from work (K)	On job transfer or restriction (L)	Injury	Non-injury	Respiratory condition	Poisoning	Overexposure	Other
1			month/day								days	days	(1)	(2)	(3)	(4)	(5)	
2			month/day								days	days						
3			month/day								days	days						
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39			month/day								days	days						
40			month/day								days	days						
41			month/day															



Optional

Worksheet to Help You Fill Out the Summary

At the end of the year, OSHA requires you to enter the average number of employees and the total hours worked by your employees on the summary. If you don't have these figures, you can use the information on this page to estimate the numbers you will need to enter on the Summary page at the end of the year.

How to figure the average number of employees who worked for your establishment during the year:

- Add** the total number of employees your establishment paid in all pay periods during the year. Include all employees: full-time, part-time, temporary, seasonal, salaried, and hourly.
- Count** the number of pay periods your establishment had during the year. Be sure to include any pay periods when you had no employees.
- Divide** the number of employees by the number of pay periods.
- Round the answer** to the next highest whole number. Write the rounded number in the blank marked *Annual average number of employees*.

For example, Acme Construction figured its average employment this way:

For pay period... Acme paid this number of employees...

1	10	Number of employees paid = 830	1
2	0		
3	15	Number of pay periods = 26	2
4	30		
5	40	$830 \div 26 = 31.92$	3
6	20	26	
7	15	31.92 rounds to 32	4
8	10	32 is the annual average number of employees	
9	5		
10	0		

How to figure the total hours worked by all employees:

Include hours worked by salaried, hourly, part-time and seasonal workers, as well as hours worked by other workers subject to day to day supervision by your establishment (e.g., temporary help services workers).

Do not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it. If your establishment keeps records of only the hours paid or if you have employees who are not paid by the hour, please estimate the hours that the employees actually worked.

If this number isn't available, you can use this optional worksheet to estimate it.

Optional Worksheet

Find the number of full-time employees in your establishment for the year.

Multiply by the number of work hours for a full-time employee in a year.

This is the number of full-time hours worked.

Add the number of any overtime hours as well as the hours worked by other employees (part-time, temporary, seasonal)

Round the answer to the next highest whole number. Write the rounded number in the blank marked *Total hours worked by all employees last year*.

ACCIDENT REPORTING POLICY

It is the policy of South Central Community Action Agency that all occupational accidents, injuries, illnesses, and near misses be reported.

WHAT IS AN ACCIDENT? An accident is an unexpected or unforeseen identifiable event or series of events happening suddenly and violently, with or without human fault, and producing at the time objective symptoms of an injury. (This includes the so-called "near miss" - those incidents in which luck was the sole reason no one was hurt and nothing was damaged.)

WHAT IS AN INJURY? An injury is the result of an accident. It is not the accident itself. An injury shall be deemed to arise out of and in the course of employment only if it is reasonably apparent, upon consideration of all the circumstances, that the employment is a substantial factor in causing the injury.

WHAT IS AN ILLNESS? Occupational illnesses are medical problems that develop over time and must be an identifiable disease arising with or without human fault out of and in the course of employment. It must be clearly work related to meet the requirements of an injury. Work cannot merely be a triggering or precipitating factor. Ordinary diseases of life to which the general public is exposed are not considered occupational illness.

It's important to realize that nearly every accident offers the possibility of preventing another accident some time in the future. This is why all accidents and near misses must be reported and investigated. The below procedures must be followed by all employees of this agency:

ACCIDENT REPORTING:

1. All accidents, suspected injuries, illnesses, or near misses are to be reported to your immediate supervisor or director as soon as possible, but no later than 24 hours from the time they occur.

2. Immediately after reporting the accident, seek first aid or medical treatment as needed. If medical treatment is required, report to the nearest designated medical facility or associate health care provider.
3. Complete an "Employee Statement of Injury or Illness" as soon after the injury as possible, but no later than two days following the injury. If the injury occurred on a Friday, this form must be completed on the following Monday. Give the completed form to your supervisor or to whomever conducts the accident investigation.
4. After receiving treatment, you should be given a treatment report showing your work status and the results of your treatment. Give this to your supervisor or director. Based on the doctor's medical opinion of your limitations, you may be placed in a light duty program. If you are unable to report your injury or status to your supervisor or director, notify the agency safety officer and/or deputy director at 325-4255 in the Winona office.
5. Subsequent appointments for treatment, results of that treatment, and any change in your work status must be reported to your supervisor or director.

Failure to report injuries, accidents, occupational illness, or near misses, may be cause for serious disciplinary action up to and including termination.

It is unlawful for any person to knowingly present any false or fraudulent claim for the payment of workers' compensation benefits.

It is also unlawful for any person to knowingly assist, abet, solicit or conspire with any person who knowingly presents any false or fraudulent claim for the payment of benefits. Submissions of a false claim is a Class A misdemeanor punishable by a \$10,000.00 fine.

EMPLOYEE STATEMENT OF INJURY OR ILLNESS

Today's date: _____

Location of Accident: _____

Name: _____ Address: _____

Home Phone: _____ City: _____

Work Phone: _____ State: _____

Date of injury: _____ Time: _____ Day of Week: _____

Department: _____

Job Title: _____ Time on regular job: _____

Job at time of injury: _____

Time on assigned job: _____

Name of immediate supervisor: _____

Date injury reported to supervisor: _____

Have you ever had a similar injury? _____ If yes, when? _____

Did you lose time from work? _____ How long? _____

What body part was injured? _____

Describe injury and how you became injured: _____

What area of the building were you working in at the time of injury _____

Do any co-workers have information concerning this injury? _____

If yes, who? _____

Employee Signature

Supervisor Signature

ACCIDENT WITNESS STATEMENT

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

NAME _____

DATE _____

ACCIDENT INVESTIGATION POLICY

It is the policy of South Central Missouri Community Action Agency that all employee accidents, injuries, and near misses be investigated by the affected employee's immediate supervisor, program director, or agency safety officer.

The first objective of the supervisor should be to find out as completely as possible exactly how the accident happened. The second should be to deduce from the established facts or probabilities why it happened, and from those deductions to decide what would have prevented the accident and what can be done to prevent such accidents in the future.

The below procedures must be followed by all supervisors who investigate accidents, injuries, and near misses.

1. Try to investigate all reported accidents within 24 hours after an accident occurred. If this is not possible, the investigation should be completed within 48 hours. The accident investigation guidelines, should be followed. If the injured employee's immediate supervisor or program director is not available, the agency safety officer will investigate. The facts and findings of the investigation must be recorded on an "Accident Investigation Form,". These forms are found in all manager's Safety Policies and Procedures manual.
2. When conducting the investigation, obtain witness statements, from anyone who may have observed the incident that caused injury. A witness statement will help with detail needed to complete the accident investigation.
3. Obtain the "Employee Statement of Injury or Illness", from the injured employee. Supervisors can interview the employee and complete this statement, but it must be signed by the employee. If an interview is conducted, this statement should be taken in an area away from the employee's work area and not in a supervisor's office.
4. **Worker Compensation Form:** After the supervisor or director has completed the investigation, the information gathered must be used to complete the Worker Compensation Form 1, Report of Injury, Only the Deputy Director or the agency safety officer will complete and sign this form. This "Report of Injury" form, and the original copy of all other investigation documents must be given to the agency safety officer no later than three days after the accident occurred.

Program Directors should notify the agency safety officer when changes occur in the injured employee's health or work status.

ACCIDENT INVESTIGATION REPORT

Department _____ Position _____

Work Location _____

Injured Person _____

Social Security Number _____ Age _____ Sex _____

Home Address _____ Phone _____

Accident Date _____ Day _____ Time _____

Length of employment _____ Performing regular job? _____

Body part injured _____

Nature of injury _____

Type of accident _____

Description of accident _____

Cause(s) of accident _____

Corrective action(s) needed _____

Witness(es) _____

Investigation completed by _____

Signature _____ Date _____

GUIDELINES FOR ACCIDENT INVESTIGATION

In the questioning and observing stage of an investigation, a supervisor should keep four things in mind:

1. Avoid the suggestion of blame in order not to put the person being questioned on the defense.
2. Do not ask leading questions.
3. Remember that the person being questioned may conceal or be unaware of the facts or fail to tell the whole truth or make untrue statements.
4. Test what has been said by utilizing all of the circumstantial evidence available and using common sense.

Finding out why an accident happened leads directly into finding a solution for the accident. The quality of the solution, thus, depends on the quality of the investigation. Positive accident prevention measures fall into four classifications. In a descending order of effectiveness these are:

- A. Complete elimination of the hazard (by changes in methods, materials, lay-out, etc.)
- B. A reduction of the hazard (by modifications and methods, materials, lay-out, etc.)
- C. Provision of devices which, if used, would protect the employee from injury by the hazard (devices such as stair handrails, back support belts, etc. as well as items of personal protective equipment.)
- D. Making the persons concerned aware of the hazard by establishing operational safe practices, seeing that these practices are followed, and correcting unsafe practices before they become established.

ACCIDENT INTERVIEWS

Too often when interviewing, the supervisor either tells the employee what happened and waits for the employee to agree, or demands "just the facts" from the employee. Neither of these approaches is effective. Instead try following this six-step approach.

1. If possible, conduct the interview at the scene of the accident. It will help to eliminate misunderstanding of what actually occurred.
 - A. Keep the interview private.
 - B. Avoid Using your office.
2. Put the employee at ease. Remind the employee that the purpose of the investigation is to prevent the accident from happening again and that the interview is part of that effort.
3. Ask for the employee's version of the accident. Do not interrupt as it may confuse the employee or be interpreted as a challenge to the employee's truthfulness.
4. Ask necessary questions. Limit questions to those that clarify facts. Too many questions may convince the employee that you do not believe the story.
5. Repeat the story as you understand it. There are two important reasons for this step. One, it assures that you understand the story correctly. Two, it gives the employee a chance to hear the story.
6. Close the interview on a positive note. The positive note is prevention. Thank the employee for helping to prevent a similar accident.

A word of caution...Don't ask the employee to reenact the accident. Emotionally, the employee may be upset over the accident and being asked to reenact it may be disturbing.

ACCIDENT INVESTIGATION

WHY INVESTIGATE: Why? Simply to prevent further accidents in the future. Nearly every accident offers you the possibility of preventing another accident some time in the future. It's to your advantage to examine each accident, find the causes, and correct the situation as soon as possible.

On the average, 330 accidents of the same type will produce no injury in 300 instances, minor injury 29 times, and one major injury. The statistics, however, fail to show which particular instance will produce the serious injury. Therefore, you have to treat each occurrence as if it had produced a major injury or material damage. And there is only one way to find the real causes of accidents - investigation.

WHAT'S AN ACCIDENT: An accident is an unplanned occurrence that caused or could have caused personal injury or material damage. (This includes the so-called "near miss" - those incidents in which luck was the sole reason no one was hurt and nothing was damaged.)

Three other terms also should be clarified:

An injury is the result of an accident. It is not the accident itself.

A cause is a specific condition or act that caused or contributed to the accident. Most accident investigations develop two, three, or more significant causes.

A corrective action is the method suggested to correct a cause. There must be at least one corrective action for each cause. The corrective action should be appropriate to help control similar accidents throughout your department.

BE PRACTICAL: Just as we cannot eliminate all risks from our lives, no company can eliminate all hazards from the job. However, there are many practical things we can do to control most hazards and minimize the risk of accidents that could result in injuries.

Often, injury prevention and accident prevention are confused. For example, when employees are required to wear safety shoes or safety lenses, the possibility of injury is reduced but not the possibility of accident. Our first consideration should be to prevent the accident. However, when it is not possible to eliminate the accident potential, we must concentrate on preventing the injury.

INVESTIGATE THOROUGHLY: We can't afford a careless, incomplete accident investigation and don't have time to waste on something that doesn't produce the desired result. But more important, an incomplete investigation sets the stage for similar accidents by diverting attention away from all of the hazards. Consistent, thorough investigations will help you raise your safety effort above the hit-or-miss level. When an accident happens, be prepared to uncover the source of trouble, accurately and efficiently. A superficial examination may be easier, but it can also lead to incorrect conclusions and inadequate corrective action.

WHEN TO INVESTIGATE: As soon as possible. The accident investigation should begin the moment you hear an accident has occurred. Usually, physical evidence starts to disappear almost at once. Witnesses may leave the scene. Certainly, some things have to be postponed, but the critical thing is to start investigating while the facts are still present.

HOW TO INVESTIGATE: As an investigator, you have two sources of information - objects and people.

Objects should be fairly reliable, if they are present, for they aren't affected by tricks of memory or prejudice.

People, on the other hand, can be more difficult to handle, because your approach to them often will determine the amount of information you're going to receive. You must be impartial and impersonal. Trying to fix blame or find someone to "hang it on" (or giving this impression) will accomplish nothing. Concentrate on the facts, but any scrap of information may turn out to be important. Therefore, collect all you can, including tips and rumors. You can sort it out later.

ACCIDENT CAUSES: Generally, there are two groups or types of accident causes:

Unsafe conditions (physical causes)

Unsafe acts (personal causes)

You may have to perform an intensive search before you find the real causes of an accident regardless of the type. In many cases, causes will be discovered that would have been overlooked in a superficial or hasty investigation. A thorough investigation can also reveal other acts or conditions that could cause a similar accident, but did not affect the accident being investigated. Since our goal is to reduce the chance of any accident occurring, we should also correct these other potential causes as quickly as possible.

ACCIDENTS REPORTS: Even the most comprehensive, accurate investigation could be a useless exercise if you don't complete an accident investigation report. To be effective, it should be simple, concise, and informative. It should indicate logical preventive action with a minimum of lost time and motion. The basic facts covered are:

1. The accident. What happened? What could have happened?
2. Causes. What were the specific conditions or acts that caused or contributed to the accident.
3. Preventive action. What has been done or should be done to prevent a recurrence?

The best form to use is one giving you the freedom to conduct an investigation along your own lines while allowing a simple and concise way of showing comprehensive information.

ACCIDENT CAUSES

ACCIDENT CAUSES INCLUDE PRIMARY AND SECONDARY CAUSES. PRIMARY CAUSE IS THE CONDITION OR ACT THAT WAS DIRECTLY RESPONSIBLE FOR THE ACCIDENT. SECONDARY CAUSES ARE OTHER ACTS OR CONDITIONS WHICH CONTRIBUTED TO THE ACCIDENT. THE FOLLOWING ARE TYPICAL ACCIDENT CAUSES WHICH SHOULD BE CONSIDERED IN YOUR EVALUATION:

TRAINING

- Absence of
- Incorrect
- Ineffective
- Failure to motivate

WORK METHODS

- Excessive production demands
- Work procedures formulated by Mgmt
- Work procedures accepted by Mgmt

GUARDING

- Mechanical
- Chemical
- Electrical
- Radiation

CONSTRUCTION OR MAINTENANCE

- Accidents caused by structural defects
- Accidents caused by defect in tool
- Accidents caused by machine defect
- Accidents caused by component defect

PERSONAL HUMAN ERROR

- Violation of safety rules
- Haste
- Inattention

ENVIRONMENTAL HAZARDS

- Excessive noise
- Improper illumination
- Inadequate ventilation
- Inadequate aisles or exits
- Inadequate clearance

MISCELLANEOUS

- Mental state of person
- Physical state of person
- Deliberate and malicious act
- Caused by others

FRAUD!

WORKERS' COMPENSATION RED FLAGS

- ...EMPLOYED A SHORT TIME
- ...INJURY REPORTED SHORTLY PRECEDING A SCHEDULED LAY-OFF
- ...INJURY OCCURS ON FRIDAY BUT NOT REPORTED UNTIL MONDAY
- ...EMPLOYEES FIRST NOTICE OF INJURY IS AFTER TERMINATION OF EMPLOYMENT
- ...EMPLOYEE NEVER AT HOME WHEN CONTACTS ATTEMPTED
- ...HISTORY OF PRIOR INJURIES
- ...INJURY CLAIMED WITHIN A RELATIVELY SHORT TIME BEFORE RETIREMENT
- ...EMPLOYEE HAS CONCURRENT EMPLOYMENT
- ...OTHER FAMILY MEMBERS RECEIVING WORKERS COMPENSATION BENEFITS
- ...JOB PERFORMANCE, ATTENDANCE, DISCIPLINARY PROBLEMS
- ...RUMORS FROM CO-WORKERS
- ...EMPLOYEE CLEARLY EXAGGERATING SYMPTOM/DISABILITY
- ...SPOTTY EMPLOYMENT HISTORY - MANY JOBS OF SHORT DURATION

The appearance of several of these signals should trigger a red flag and indicate the need to investigate further.

TYPE of ACCIDENT

Struck by hand tool/machine
 Struck by flying/falling object
 Struck by tipping/sliding/rolling object
 Struck by object handled by another
 Struck by motor vehicle
 Struck by object lifted/handled
 Struck by other
 Strain in lifting
 Strain in using tool/machine
 Strain in pushing/pulling
 Strain in holding/carrying
 Strain in reaching
 Strain in jumping
 Strain in lowering
 Fall/slip in prking lot/ bldg ext
 Fall/slip on same level
 Fall/slip to/from different levels
 Slip (not fall)
 Fall on stairs
 Fall from motor vehicle
 Fall/slip from ladder/scaffold
 Fall/slip from liquid/grease spills
 Fall/slip shaft/open floor/excavation
 Other falls (escalators, etc.)
 Fall/slip off premise
 Striking against object being handled
 Stepping on sharp object (nails, etc.)
 Bumping into stationary objects
 Striking against moving parts
 of machine
 Striking against sand/scrp/cln oper
 Striking against other
 Caught on/in/between machine/parts
 Caught on/in/between other
 mechanical apparatus
 Caught on/in/between object
 being handled
 Caught on/in/between pt of operation
 Caught on/in/between other

EMERGENCY NUMBERS

Medical _____
 Security _____
 Ambulance _____
 Fire _____
 Police _____

REPORT DISTRIBUTION

— copy (ies) to _____
 — copy (ies) to _____
 — copy (ies) to _____

NATURE of INJURY

Amputation
 Angina pectoris (associated w/heart)
 Burn
 Concussion
 Contusion
 Crushing
 Dislocation
 Electric shock
 Enucleation (to remove: TMR/eye)
 Foreign body
 Fracture
 Freezing
 Hearing loss (traumatic only)
 Heat prostration
 Hernia
 Infection
 Inflammation
 Laceration
 Myocardial infarction (heart attack)
 Puncture
 Rupture
 Severance
 Sprain
 Strain
 Asphyxiation
 Vascular loss
 Vision loss
 Dust disease NOC (all other pneumonia)
 Asbestosis
 Black lung
 Byssinosis
 Silicosis
 Respiratory disorder (gas/fume/chemical)
 Poisoning — chemical
 Poisoning — metal
 Dermatitis
 Mental order
 Radiation
 All other occupational disease
 Loss of hearing
 Contagious disease
 Cancer
 AIDS (exposure to virus)
 VDT — related disease
 Mental stress
 Carpal tunnel syndrome
 All other cumulative injuries

BODY PART

Multiple head injury
 Skull
 Brain
 Ear(s)
 Eye(s)
 Nose
 Teeth
 Mouth
 Other facial soft tissue
 Facial bones
 Multiple neck injury
 Vertebrae
 Disc (neck)
 Spinal cord
 Larynx
 Soft tissue (throat/neck)
 Trachea
 Multiple upper extremities
 Upper arm
 Elbow
 Lower arm
 Wrist
 Hand
 Finger(s)
 Thumb
 Multiple trunk
 Upper back area
 Low back area
 Disc (back)
 Chest (including ribs)
 Sacrum & coccyx
 Pelvis
 Spinal cord
 Internal organs
 Heart
 Multiple lower extremities
 Hip
 Thigh
 Knee
 Lower Leg
 Ankle
 Foot
 Toe(s)
 Multiple body parts

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
REPORT OF INJURY

P.O. BOX 58
JEFFERSON CITY, MO 65102-0058
(SEE INSTRUCTIONS ON BACK)

EMPLOYER (NAME, ADDRESS, INCL. ZIP CODE)	CARRIER ADMINISTRATOR CLAIM NUMBER		REPORT PURPOSE CODE 00		
	JURISDICTION MO		JURISDICTION CLAIM NUMBER		
	INSURED REPORT NUMBER		LOCATION		
	EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)		PHONE		
SR CODE	EMPLOYER ID# 43-0839302				
CARRIER (NAME, ADDRESS & PHONE NO.) MRSWCIT 1913 Southridge Drive PO Box 104268 Jefferson City, MO 65110-4268	POLICY PERIOD To	CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO.) CCMSI 133 So. 11th Street, Suite 430 St. Louis, MO 63102 314-231-4094 Fax: 314-621-0345			
	CHECK IF APPROPRIATE SELF-INSURANCE				
	CARRIER FEES 43-1602746	POLICY SELF-INSURE NUMBER	ADMINISTRATOR FEES 37-1057804		
AGENT NAME & CODE NUMBER					
NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE BORN	STATE OF BIRTH
ADDRESS (INCLUDE ZIP)		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	MARITAL STATUS <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SINGLE/DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN	OCCUPATION (JOB TITLE)	
PHONE		NUMBER OF DEPENDENTS	EMPLOYMENT STATUS		
RACE		PER	<input type="checkbox"/> DAY <input type="checkbox"/> MONTH <input type="checkbox"/> WEEK <input type="checkbox"/> OTHER	NUMBER OF DAYS WORKED WEEK	
FULL PAY FOR DAY OF INJURY		<input type="checkbox"/> YES <input type="checkbox"/> NO		DID SALARY CONTINUE	
DID SALARY CONTINUE		<input type="checkbox"/> YES <input type="checkbox"/> NO			
DATE EMPLOYEE BEGAN WORK	DATE OF INJURY/ILLNESS	TIME OF OCCURRENCE	LAST WORK DATE	DATE EMPLOYER NOTIFIED	DATE DISABILITY BEGAN
CONTACT NAME PHONE NUMBER		TYPE OF INJURY/ILLNESS		PART OF BODY AFFECTED	
DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES		TYPE OF INJURY/ILLNESS CODE		PART OF BODY AFFECTED CODE	
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED		ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED			
SPECIAL ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED		WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED			
HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR PLACES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL					CAUSE OF INJURY/ILLNESS
DATE RETURNED TO WORK	IF FATAL, GIVE DATE OF DEATH	WERE SAFETY GUARDS OR SAFETY EQUIPMENT PROVIDED		<input type="checkbox"/> YES <input type="checkbox"/> NO	
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS)		HOSPITAL (NAME & ADDRESS)		INITIAL TREATMENT	
WITNESS (NAME & PHONE NO.)		STATE ADMINISTRATOR NOTIFIED		NO MEDICAL TREATMENT	
				TREATED BY EMPLOYER	
				MINOR CLINIC/HOSPITAL	
				EMERGENCY CARE	
DATE PREPARED		PREPARED BY NAME & TITLE		FUTURE MAJOR MEDICAL TREATMENT ANTICIPATED	
PHONE NUMBER					

NOTE > This form is both the notice and report of injury as required by Section 287.380, RSMo. Injuries that require only first aid and result in no lost time need not be reported. Please mail this report to your WORKERS COMPENSATION INSURANCE CARRIER or Claims Administrator. If you are self-administered, self-insured, or are not under the Law and do not have an insurance carrier, mail this form to the Division.

Print Quality > All reports of injury and supporting documents received by the Division will be processed electronically. All forms submitted to the Division MUST be of clear and legible quality. Computer generated and handwritten forms will be accepted provided they are legible and easy to read. Computer generated forms shall use a minimum type size of 10 points. All documents not meeting the above criteria will be returned.

TO BE ANSWERED ONLY IN THE CASE OF DEATH

DATE OF DEATH

EMPLOYEE'S DEPENDENTS

Name of Dependent	Relation to Employee	Address of Dependent		
		Address	City	State/ZIP

SAFETY INCENTIVE PROGRAM

AWARD PERIOD: October 1 - September 30

SAFETY TEAMS: All agency employees' have been assigned to one of six safety teams and will compete for quarterly and annual awards. Safety committee members will serve as team captains.

ANNUAL AWARDS: To qualify for the annual award, a safety team must have no loss time or recordable injuries or illnesses during the entire award period. Four employees' names from each safety team that qualifies will be drawn. Winners will each receive \$50 CASH!

QUARTERLY AWARD: Eligibility would be no recordable injuries or illnesses. One employee's name would be drawn from each eligible safety team(s). The winner(s) would receive a prize designed for the quarterly awards.

AWARD ANNOUNCEMENTS: All safety team's progress and quarterly and annual award winners will be posted in centers and at the Central Office in Winona.

If a Safety Team has an injury or illness that is recordable, they are not eligible for awards for that quarter. They are however, eligible for awards in other quarters during the year.

SAFETY INCENTIVE PROGRAM
RECORDABLE/NON-RECORDABLE ACCIDENTS

For the purpose of award eligibility in South Central Missouri Community Action's Safety Incentive Program, recordable and non-recordable accidents are explained below:

If the accident involves medical treatment (other than first aid), loss of consciousness, restriction of work or motion, or transfer to another job, it is recordable.

If an employee is diagnosed as having an occupational illness, it is recordable. Occupational illnesses are medical problems that develop over time and must be an identifiable disease arising out of and in the course of employment. Examples of this would be lung disease, skin disease, hearing loss, repetitive motion illness and sight loss.

Injuries and illnesses are not considered lost workday cases unless they affect the employee beyond the day of injury or onset of illness.

Work related injuries that only require first aid treatment are considered non-recordable accidents. OSHA defines first aid treatment as any one-time treatment, and any follow-up visit for the purpose of observation, of minor scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care. This one-time treatment and follow-up is considered first aid even though provided by a physician or registered professional personnel.

SOUTH CENTRAL MISSOURI
COMMUNITY ACTION AGENCY
SAFETY INCENTIVE AWARDS
ELIGIBILITY GUIDELINES

Employee Eligibility: All regular full time and regular part time employees' are eligible for awards. Temporary employees' are eligible if they work full time (40 hours) each week of the award period. When employees' are laid off, on extended medical leave (10 work days), or maternity leave, they are not eligible for the quarterly awards during the period of their absence. They will however, be eligible for annual awards, if they worked eight months of the award period. Sick leave of 9 work days or less and vacation time will not effect an employee's eligibility.

Award Period: Quarterly - Annual

Safety Team Eligibility: There are six safety teams and each employee is assigned to a team. Safety committee members are the team captains. Awards are based on a safety team's accident free performance and safe work practices. If a safety team has an injury or illness that is a recordable accident (not first aid), the team members are no longer eligible for an annual award. They are not eligible for an award during the quarter of their accident. They are however, eligible for awards in other quarters. Safety committee members will draw employee names each month from the safety teams that qualify for prizes during the award period.

Quarterly Award Eligibility: Must meet the eligibility guidelines outlined above and start work (receiving pay) on or before the first day of the award quarter.

Annual Award Eligibility: Must meet the eligibility guidelines outlined above and start work (receiving pay) on or before October 1 of the award year.

HAZARD COMMUNICATION PROGRAM

General Agency Policy

In order to comply with Title 29 Code of Federal Regulations 1910.1200, the following written Hazard Communication Program (HCP) has been implemented for employees of South Central Missouri Community Action Agency.

This program applies to all work operations in our agency where employees may be exposed to hazardous substances under normal working conditions or during an emergency situation. All agency employees will receive training and be familiar with the requirements of the Hazard Communication Program.

The agency Safety Officer is the program coordinator, acting as the representative of the Executive Director, and has overall responsibility for the program. The safety officer will review and update the program, as necessary. There will be a copy of this written program, in a binder, at all agency facilities and additional copies may be obtained from the agency safety officer.

Under this program, you will be informed of the contents of the Hazard Communication Standard, the hazardous properties of chemicals with which you work, container labeling procedures, safe handling procedures, and measures to take to protect yourselves from these chemicals.

List of Hazardous Chemicals

The safety officer will make a list of all hazardous chemicals and related work practices used in the facility, and will update the list as necessary. The list will identify chemicals used at all agency facilities and where within the facility they are used. A binder will be maintained at each agency facility that contains the list of hazardous chemicals used at that facility. A master list of these chemicals will be maintained by, and is available from the agency safety officer in the Winona office.

Material Safety Data Sheets (MSDS's)

MSDS's provide you with specific information on the chemicals you use. The safety officer will maintain a binder in his office with an MSDS on every substance on the list of hazardous chemicals. The MSDS will be a fully completed OSHA Form 174 or equivalent. The safety officer will ensure that each agency facility maintains a binder with an MSDS for hazardous materials at that facility. MSDS's will be made readily available to you at your worksite.

The agency safety officer is responsible for acquiring and updating MSDS's. He/she will contact the chemical manufacturer or vendor if additional research is necessary or if an MSDS has not been supplied with an initial shipment. The MSDS for any new chemical must be received by this agency prior to the new chemical being used. All new procurement for the agency must be cleared by the safety officer. A master list of MSDS's is available from the safety officer.

Labels and Other Forms of Warning

The safety officer will ensure that all hazardous chemicals in agency facilities are properly labeled and updated, as necessary. **Labels should list at least the chemical identity, appropriate hazard warnings, and the name and address of the manufacturer, importer or other responsible party.** The safety officer will refer to the corresponding MSDS to assist you in verifying label information and proper label completion.

If there are stationary containers within a facility, labels will be posted on them to convey the hazard information. If you transfer chemicals from a labeled container to a portable container that is intended only for your immediate use, no labels are required. If chemicals are transferred to a secondary container for use at a later date, they must be properly labeled. Generic labels may be obtained from the safety officer.

Non-Routine Tasks

Prior to performing any non-routine tasks, employees must contact the safety director to receive special training or instructions regarding the hazardous chemicals to which they might be exposed. Special training, at a minimum, will include the following:

1. Specific chemical name(s) and hazard(s).
2. Protective personal equipment required.
3. Measures taken to lessen the hazards including ventilation, respirators, and emergency procedures.

Training

Everyone who works with or is potentially exposed to hazardous chemicals will receive initial training on the Hazard Communication Standard and the safe use of those hazardous chemicals by the safety officer. Regular safety meetings will also be used to review the information presented in the initial training. All supervisors will be trained regarding chemical hazards and appropriate protective measures so they will be available to answer questions from employees and provide daily monitoring of safe work practices.

Minimum orientation and training for all employees:

1. An overview of the requirement contained in the Hazard Communications Standard, 29 CFR 1910.1200.
2. Chemicals present in their work place.
3. Location and availability of the written HCP.
4. Physical and health effects of the hazardous chemicals listed on the inventory list of this program.
5. Methods and observation techniques used to determine the presence or release of hazardous chemicals in the work area.
6. How to lessen or prevent exposure to these hazardous chemicals through usage of control/work practices and personal protective equipment.
7. Steps taken by South Central Missouri Community Action Agency to lessen or prevent exposure to the chemicals listed on the inventory list.
8. Emergency procedures to follow if exposed to any chemicals.
9. Location of the binder(s) containing the hazardous inventory list and MSDS for their work location.

The safety officer will review our employee training program and advise the executive director on training or retraining needs. Retraining is required when the hazard changes or when a new hazard is introduced into the workplace, but it will be agency policy to provide training regularly in safety meetings to ensure the effectiveness of the program.

Contractor Employers

The safety officer upon notification by the responsible supervisor, will advise outside contractors of any chemical hazards that may be encountered in the normal course of their work on the premises, the labeling system in use, the protective measures to be taken, and the safe handling procedures to be used. In addition, the contractor will be notified of the location and availability of MSDS's. Each contractor bringing chemicals on-site must provide us with the appropriate MSDS and hazard information on these substances.

Additional Information

All employees can obtain further information on this written program, the hazard communication standard, applicable MSDS's and chemical information lists from the agency safety officer in the Winona office.

Effective January 1, 1995

PERSONAL PROTECTIVE EQUIPMENT POLICY

POLICY STATEMENT

It is the policy of South Central Missouri Community Action Agency to provide a safe and healthful work place for our employees. Whenever necessary, Personal Protective Equipment (PPE), will be provided to employees to prevent possible workplace injuries. In compliance with Title 29, CFR 1910.132 and CFR 1910.134, this policy will outline the requirement and use of PPE for eye, face, head, hand, foot, and respiratory protection.

SCOPE

This policy applies to all employees who, when performing normal job tasks, have the potential for injury, harm, or impairment in the function of any part of the body through absorption, inhalation or physical contact.

HAZARD ASSESSMENT

The program supervisor and/or safety officer will conduct a workplace hazard assessment to identify hazards present, or possible hazards that would necessitate the use of Personal Protective Equipment (PPE). A written certification of the hazard assessment must be retained. It must identify the workplace evaluated, date of assessment and the person making the certification. The safety officer and appropriate department or program supervisor will analyze the assessment data and select the appropriate PPE to protect the employee from the hazard.

TRAINING

Employees who are provided Personal Protective Equipment will be trained and understand when PPE is needed, what type of PPE is needed, how to don, adjust, and wear PPE, limitations of PPE, proper care and maintenance, useful life, and disposal. A written certification that each affected employee has been trained and understood the training will be maintained by the safety officer.

EYE AND FACE PROTECTION

PPE is required when there is a probability of injury to the eyes or face from flying objects or particles, glare, liquid chemicals, acid and caustic liquids, or a combination of these hazards. Eye and face protectors will meet the following minimum requirements:

EYE AND FACE PROTECTION (COND'T)

- A. They shall provide adequate protection from the front and side against the particular hazards for which they are designed.
- B. They shall be reasonably comfortable when worn under the designed conditions.
- C. They shall be durable and easily cleanable.
- D. Employees whose vision requires the use of corrective lens eye glasses shall be provided goggles that can be worn over their glasses or they may purchase at their own expense, eye glasses whose protective lenses provide optical correction.
- E. Janitorial staff will wear a full face shield or chemical splash goggles when performing housekeeping duties that may result in splashing harmful chemicals in their eyes or face.

HEAD PROTECTION

Protective helmets will be worn by employees when working in areas where there is a potential for injury to the head from falling or moving objects, fixed objects that may cause puncture wounds and where they are near exposed electrical conductors which could cause electrical shock.

Employees are responsible for the daily inspection, care and maintenance of their protective helmets. If a protective helmet is found to be cracked or defective, it should be reported and replaced immediately.

HAND PROTECTION

Protective gloves will be worn by employees when there is a potential hand hazard from skin absorption of harmful substances, cuts or lacerations, abrasions, punctures, chemical or thermal burns. The following requirements will be adhered to:

- A. Supervisors are responsible to assure employees are using the appropriate type of gloves for the tasks performed.
- B. Employees will wear latex gloves and practice universal precautions in the event of exposure to possible Bloodborne Pathogens.
- C. Kitchen staff will use thermal resistant oven mitts to protect themselves from burns when removing hot pots and pans from a stove or oven. Employees are responsible to report and replace worn or otherwise ineffective gloves.

PERSONAL PROTECTIVE EQUIPMENT

PAGE 3

HAND PROTECTION (COND'T)

D. Janitorial staff will wear rubber gloves or the PPE recommended on the Material Safety Data Sheet (MSDS) when using cleaning chemicals that may cause a skin rash or chemical burn.

FOOT PROTECTION

All employees who are at risk of foot injury due to falling and rolling objects, objects piercing the shoe sole, or electrical hazard, shall wear protective footwear. The work shoe or boot will have a puncture resistant sole and impact resistant toe that will afford protection from the above mentioned hazards.

RESPIRATORY PROTECTION

Respiratory protection shall be provided and worn by employees when they are at risk of occupational diseases caused by breathing harmful dusts, fogs, fumes, mists, gases, smokes, sprays, or vapors. The following procedures for the selection and use of respirators shall be adhered to:

A. The agency safety officer, along with the employee's supervisor, will evaluate the nature of the air contaminants in the work area and select the appropriate respirator.

B. Employees shall be instructed and trained in the proper fit, use, maintenance, and limitations of their respirators.

C. Employees required to wear a respirator for five hours or more during a normal work week will undergo a respiratory physical. The agency will pay for the physical and will receive a written opinion from a licensed physician stating whether the employee is physically fit to wear a respirator.

D. Employee medical exam records will be kept separate from their personnel file. The respiratory physical record will consist of the employee's name, a description of the employee's duties, the physician's written opinion and recommendations on the employee's ability to use a respirator.

E. Weatherization staff, when performing home insulation tasks, will wear a disposable dust and mist respirator. The dust and mist respirator will be NIOSH/MSHA approved.

F. The dust and mist respirator shall be inspected after each use, discarded and replaced as needed.

G. Respirators will be stored to protect against dust, sunlight, heat, extreme cold, excessive moisture, or damaging chemicals.

PERSONAL PROTECTIVE EQUIPMENT

PAGE 4

EMPLOYEE RESPONSIBILITY

The wear and use of Personal Protective Equipment, as indicated in the policy, is mandatory for all employees engaged in a job task that requires the use of PPE. Employees are responsible for the maintenance and proper care of their protective equipment.

DISCIPLINARY ACTION

Employees who fail to comply with this policy will be disciplined. This may include a letter of reprimand, leave without pay, or termination.

EMERGENCY EVACUATION AND ACTION PLAN

PURPOSE

The purpose of this plan is to set forth basic responsibilities and outline action to be taken to protect life, provide employee care, and protect agency property and facilities during man-made and natural emergency situations.

TYPES OF EMERGENCIES

- Fire and Explosion
- Tornado or Other Weather Emergencies
- Earthquake
- Flood
- Bomb Threat
- Workplace Violence or Threatened Violence

Procedures for the above emergencies follow in separate sections.

EMERGENCY ESCAPE ROUTES

All employees will know their primary and secondary emergency escape routes. Workplace maps that clearly indicate the primary and secondary routes of escape will be posted in all agency facilities for employee review. These evacuation route maps will be placed in employee work areas where they are likely to observe and read them. Evacuation route maps will also indicate outside areas in which employees should assemble, for a head count, after evacuation.

EMERGENCY RESPONSE COORDINATOR (ERC)

The agency Safety Officer, will normally be responsible for coordinating emergency actions. He will immediately notify the Executive Director and program director concerned, of the emergency situation and relay all information available. In the absence of the Safety Officer, the Fiscal Director will act as Emergency Response Coordinator.

EMERGENCY RESPONSE TEAM (ERT)

Each agency facility will have an employee(s), designed as an Emergency Response Team member. Assignment to the ERT will be based on the position the employee occupies. Emergency Response Team members are responsible for:

1. Evacuation of all employees
2. Evacuation of clients and/or patients
3. Evacuation of Head Start and day care children

EMERGENCY RESPONSE TEAM (COND'T)

During an emergency situation or evacuation, team members will wear a "red" Emergency Response Team hat for easy identification by employees and local authorities responding to the emergency. The ERT hat must be kept in a location for quick accessibility to the team member.

Individuals who occupy the positions listed below are Emergency Response Team Members:

- * Head Start Teachers, teacher aides
- * Outreach staff in outlying county offices
- * Executive Director and Program Directors
- * Day care director and teachers

GENERAL EMERGENCY EVACUATION PROCEDURES

The following general rules and procedures are applicable to all employees during emergency evacuation situations.

1. Employees shall notify their supervisor or ERT member immediately upon discovery of a fire or other emergency or sound the alarm.
2. When an alarm sounds or an order is given to evacuate a facility all employees will, via their primary route if possible, evacuate the building in a quick, orderly manner.
3. ERT members are responsible to check and evacuate clients, and patients from waiting rooms and rest rooms.
4. Employees should not re-enter an evacuated building until clearance is given by an Emergency Response Team member, the fire department or building inspector. If the building is declared "off-limits", an ERT member at that facility should contact their program director or Emergency Response Coordinator for further instructions.

ACCOUNTABILITY

Emergency Response Team members are responsible for employee accountability after evacuation. After evacuation, ERT members must contact their Program Director or Emergency Response Coordinator and give an accountability and situation report.

ACCOUNTABILITY (COND'T)

The fire department or local authorities at the evacuation scene should be immediately notified of any employee not accounted for and believed to still be in the evacuated building.

EMERGENCY/DISASTER WARNING

The source of warning of a potential or imminent disaster or emergency will depend on the type of emergency. The sources of warning include telephone, fire alarms, smoke alarms, verbal, siren, radio, and public address systems.

EMERGENCY REPORTING

If possible, the person receiving notification of an impending disaster or emergency should contact the Emergency Response Coordinator or their program director by the fastest possible means. The preferred method of reporting an emergency or disaster will be by telephone when possible.

In the event of an actual emergency or disaster, local emergency services, such as the fire department, medical services, and police, should be notified as soon as possible, but only after it is determined safe to do so.

DRILLS

The Emergency Response Coordinator shall insure that all Emergency Response Team members are familiar with the contents of the Emergency Evacuation and Action Plan. ERT members at each facility will coordinate all drills.

Fire drills will be conducted monthly. At a minimum, drills for other possible emergencies will be conducted on an annual basis or in accordance with state and federal requirements.

Immediately following the drill, ERT members should hold a critique. All drills and critiques will be documented and maintained on file at each facility.

TRAINING

All employees will be familiar with this Emergency Evacuation Plan. The agency shall train and educate employees on fire hazards and other hazards specific to their geographic area. Training will also involve assignment of responsibilities as well as the procedures necessary for employees to protect themselves in the event of an emergency.

TRAINING (COND'T)

Training shall be accomplished at least annually for all employees. Recently-hired employees shall be trained in proper emergency response and evacuation procedures as a part of their new employee orientation and safety training.

Copies of this emergency evacuation and action plan shall be made available to all employees in the following locations:

- Head Start centers
- Outreach facilities
- Each program Director's office
- Safety Officer's office
- Executive Director's office

EMERGENCY ACTION PROCEDURES FOR SPECIFIC EMERGENCIES

FIRE OR EXPLOSION

1. Upon discovery of a fire or in the event of an explosion, sound a verbal warning and if the facility is equipped with one, activate the mechanical alarm system.

2. Evacuate the building as quickly and orderly as possible via primary evacuation routes indicated on the evacuation route map nearest your location. If the primary escape route is blocked, use secondary evacuation routes. Emergency Response Team members should close interior doors as they exit the building to help control and isolate the fire. Assemble in designated areas outside for a head count and further instructions.

3. Emergency Response Team (ERT) members will assist in the evacuation and notify local emergency service providers of the fire or explosion.

4. ERT members will get clearance from the fire department or building inspector prior to authorizing employees to re-enter a building that may have been damaged by fire or explosion.

5. When a fire or explosion occurs, the Emergency Response Coordinator and the appropriate Program Director should be notified immediately after notification to the emergency service providers.

TORNADO

1. All employees will be issued a Tornado preparedness guide for their information and safety.

2. Emergency Response Team members at each agency facility will insure that all employees are familiar with the civil defense tornado warning system in their area. This information may be obtained by contacting their local civil defense office, fire or police department.

3. If a tornado watch is issued, ERT members should notify their Program Director or Emergency Response Coordinator and stay alert for developing severe weather. They should listen to local radio or television stations for emergency weather bulletins.

4. If a tornado warning is issued and the sky becomes threatening, ERT members should give a verbal warning to other employees, clients, and students, and move them to a pre-designated shelter area, such as a basement. If an underground shelter is not available, an interior room or hallway on the lowest floor will be designated as the shelter area. **STAY AWAY FROM WINDOWS!**

5. Children at Head Start centers will be held beyond regular hours if a tornado warning is issued for their area. Every attempt will be made to contact and inform the parents of the situation.

6. When the tornado is imminent, assume the tornado protection position. This is a kneeling position with your head resting on your knees and your hands locked together over the back of your head for protection.

7. If caught outside in a vehicle or bus, employees and children should leave it immediately and lie flat in a nearby ditch or depression.

8. When the tornado is no longer a threat and the warning has been lifted, the appropriate Program Director and Emergency Response Coordinator should be notified. Any damages and injuries should also be reported at this time.

EARTHQUAKES

WHAT TO DO DURING AN EARTHQUAKE:

1. Keep calm, and stay where you are. Most injuries during an earthquake occur when people decide to enter or exit buildings.

2. If you are indoors, take cover under a sturdy table and desk, against an inside wall or solid heavy framed doorway and hold on. Stay away from glass, windows, outside doors or walls and anything that could fall and hurt you. ERT members should pre-determine safe areas to use during an earthquake.

EARTHQUAKES (COND'T)

3. If you are outdoors, stay there. Move away from building, street lights and utility wires.

4. If you are driving a vehicle, stop as quickly as safety permits, and stay in the vehicle. Avoid stopping near or under buildings, trees, overpasses or utility wires.

WHAT TO DO AFTER AN EARTHQUAKE:

1. Stay away from damaged areas. ERT members are responsible to account for all employees, clients, and children. When specifically requested, ERT members should offer their assistance to local emergency service providers.

2. When safe to do so, Emergency Response Team members should contact, by what ever means possible, their Program Director or agency Emergency Response Coordinator to give them a situation report and receive further instructions.

FLOODS

1. Terminology: All employees should be familiar with the following terminology used to describe flooding conditions, which will be broadcast on radio and television.

* **Flood forecasts** mean rainfall is heavy enough to cause rivers to overflow their banks or melting snow is mixing with rainfall to produce similar effects.

* **Flood warnings** or forecasts of impending floods describe the affected river, or lake, the severity of flooding and when and where the flooding will begin.

* **Flash flood watches** mean heavy rains (that may cause sudden flash flooding in specified areas) are occurring or expected to occur.

* **Flash flood warnings** means flash flooding is occurring or imminent along certain streams and designated areas.

2. Emergency Response Team members at each agency facility will contact their local city or county emergency management, civil defense, or disaster preparedness office to learn local warning signals, who will issue the warnings, and under what circumstances they will be given. They will insure all employees at their location are familiar with these warning signals.

3. ERT members should know their area's flood risk and identify where to go and routes to use if told to evacuate. They should monitor radio, television, or emergency broadcast station for weather information.

FLOODS (COND'T)

4. If a flood warning is issued, ERT members should contact their Program Director or the agency's Emergency Response Coordinator immediately. If a flash flood watch is issued, ERT members should make the same notification and be alert to signs of flash flooding and be ready to evacuate on a moment's notice.

5. All Head Start bus drivers should know alternate transportation routes in the event flooding occurs in their area and primary roads are closed. Do not attempt to drive over a flooded road. The depth of the water is not always obvious and the road bed may be washed out. Turn around and go another way. If a vehicle stalls in water, do not stay in the vehicle. Leave it immediately and seek higher ground. Rapidly rising water may engulf the vehicle and its occupants and sweep them away.

6. If a flash flood warning is issued, ERT members should give a verbal warning to evacuate the area immediately. **DO NOT STOP TO MAKE PHONE CALLS!** You may have only seconds. Evacuate to a pre-designated safe area before access is cut off by flood water. ERT members should take a head count as soon as all employees, clients, and children are assembled.

7. When all employees from evacuated facility have reached safety, ERT members should to contact their Program Director or the agency Emergency Response Coordinator. They should give a flood situation report, with such information as injuries, employee accountability, and property damage. They will receive further instructions at that time.

8. All agency facilities will be equipped with emergency flashlights. Do not return to the disaster area until clearance is given by local emergency service providers or the public health department. When allowed to return, ERT members should use flashlights, not lanterns, candles, torches or matches, to examine buildings. Flammables may be inside.

BOMB THREATS

1. Upon receipt of a bomb threat, an employee must immediately notify their supervisor or an Emergency Response Team member at their location. The Emergency Response Team members will give a verbal warning for evacuation and activate the mechanical alarm system if available.

2. ERT members are responsible to notify local or state police and then assist in the building evacuation. Employees, clients and children, should evacuate the building in a quick and orderly manner using primary escape routes. They should assemble in designated safe areas.

BOMB THREAT (COND'T)

3. After evacuation is completed, ERT members should get a head count and notify their Program Director or agency Emergency Response Coordinator of the situation.

4. ERT members will receive clearance from the bomb squad, local or state police before authorizing any employees to re-enter the building.

Over 95 percent of all written or phoned bomb threats are hoaxes. However, the chance that a threat may be authentic requires action for the safety of employees, clients, children, and property.

WORKPLACE VIOLENCE OR THREATENED VIOLENCE

It is estimated that one in every four workers will experience threats, verbal harassment or a physical attack in 1994. That is why every act of violence or threat of violence should be taken very seriously.

1. Employees are responsible to report any acts of violence or threats made against them, another employee, or volunteer, to their Program Director or the Emergency Response Coordinator.

2. The information received will be immediately reported to the Executive Director. The situation will be assessed by the employee's Director, the Executive Director, and the Emergency Response Coordinator, to determine an appropriate course of action. If deemed necessary, local authorities will be notified and additional action will be taken to insure the safety of everyone involved.

3. The situation will be monitored by the employee's Director and agency ERC until it is resolved or no longer considered a threat to employee safety and health.

4. If a visitor or client becomes belligerent, employee's should inform them that we will not tolerate their actions or language and politely ask them to leave the building. If they ignore the request and refuse to leave the building, inform them that the police will be called if they do not exit the building immediately. If they still refuse to leave, call the police. If they return, on the same day, after being asked to leave, call the police.

5. If a client, parent, or visitor appear to be drunk when they visit an agency facility, the procedures outlined in paragraph 4 will be followed when they are asked to leave the facility.

NOTE: For further information or explanation of duties under this Evacuation and Action Plan, contact the South Central Missouri Community Action Agency Safety Officer at (314) 325-4255.

**BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN**

PURPOSE

The purpose of this plan is to establish a program and procedures for employee protection from bloodborne pathogens at South Central Missouri Community Action Agency.

This plan supports compliance with Occupational Safety and Health Administration (OSHA) 29 CFR 1910.1030 Bloodborne Pathogens.

This plan applied to all company employees.

DEFINITIONS

Bloodborne Pathogens: Microorganisms that are present in human blood and can cause disease in humans. These pathogens include Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

Exposure Incident: When an employee has contact with blood or other potentially infectious materials, that results from the performance of an employee's duties. This contact includes specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact.

Parenteral Contact: Puncture wounds to the mucous membranes or the skin barrier caused by needlesticks, human bites, cuts and abrasions.

Non-Intact Skin: Skin that has cuts, abrasions or other openings through which bloodborne pathogens could enter the bloodstream.

Occupational Exposure: Reasonably anticipated employee contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Source Individual: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

Universal Precautions: An approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

TRANSMISSION OF HBV AND HIV

Both viruses live in the blood or other body fluids and are transmitted in the same ways. On the job, the three most prevalent means of transmission are from:

1. Puncture wounds from sharps (needles, broken glass, etc.);
2. Fluid entering nicks or cuts in the skin;
3. Touch a contaminated hand to the eyes, nose, mouth, or other mucous membranes, or from infected fluid splashing on to such membranes.

* Outside the workplace, the most common forms of transmission are unsafe sex, intravenous drug use, and blood transfusions.

Some of the fluids and other materials that carry the HBV and HIV viruses and which should be avoided are:

Blood
Semen
Vaginal secretions

Body tissue
Fluids in the lungs

Fluids that ordinarily cannot transmit the viruses unless contaminated with blood are:

Sweat
Tears
Spit

Sputum
Vomit
Feces

*You cannot get either virus from drinking fountains, toilet seats, swimming pools, doorknobs, or insect bites; or from shaking hands, using the telephone, eating meals together, or being exposed to sneezing or coughing.

RESPONSIBILITIES: The agency Safety Coordinator is responsible for the development and annual review of this plan. The Head Start Health Coordinator and agency Safety Coordinator are responsible for compliance and implementation of this plan and making sure that the plan satisfies the requirements of all applicable federal, state or local regulations.

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EMPLOYEE EXPOSURE DETERMINATION/JOB CLASSIFICATION

Category I: Job classifications in which all employees have occupational exposure to blood or potentially infectious materials. These positions include paramedics and other medical occupations whose normal job requirements place them into direct contact with blood or other potentially infectious body fluids or materials.

Category II: Job classifications in which some employees may occasionally have occupational exposure to blood or potentially infectious materials. These are positions where normal job tasks do not involve exposure to blood or other infectious body fluids, but a potential exposure exists in a situation where first aid must be rendered, or when cleaning up after an accident and during the disposal of blood, body fluids or other potentially infectious materials.

It is therefore, not "reasonable anticipated", that any employees, will have a Category I exposure risk. The exception to this is family planning medical staff and a separate Exposure Control Plan has been developed for family planning employees. Job classifications for employees with a Category II exposure risk are listed below:

Teachers
Family Resource Specialists
Family Support Specialists
Child Care Directors
Child Care Teachers
Health & Disabilities Assistants

Teacher Aides
Bus Drivers
Health Coordinator
Janitors/Custodians
Safety Coordinator

EXPOSURE TASKS FOR CATEGORY II EMPLOYEES

Administration of emergency first aid or CPR to children, students, or clients.

Work with students or clients who have a history of aggressive or self-injurious behavior that results in bleeding due to biting or scratching.

Toilet training and diapering.

Clean-up and disposal of vomit.

Clean-up of surfaces contaminated with blood or other potentially infectious body fluids.

Removal and disposal of contaminated materials and other infectious waste.

INFORMATION AND TRAINING

Education and training will be the first line of defense in preventing infections from bloodborne pathogens and creating a work environment which permits employees to do their jobs safely.

All employees will receive a basic understanding of information in the following areas.

1. OSHA Bloodborne Pathogens Standards
2. All components of the Exposure Control Plan including:

Descriptions of the viruses HBV and HIV and their resultant diseases Hepatitis B & Aids.
How HBV and HIV are transmitted.
Recognition of tasks and situations that involve exposure.
Prevention strategies.
Handling of potentially infectious materials.
Post-exposure procedures.

As a part of the new employee orientation process, Universal Precautions Training will be provided at the time of initial hire and again annually for all employees. All training materials are tailored to the education level and language level of the employee, and are offered during the normal working hours and at a convenient location.

METHODS OF COMPLIANCE

Universal Precautions: All employees shall practice Universal Precaution and treat all human blood and certain other body fluids as if known to be infectious for Human Immunodeficiency Virus (HIV) or Hepatitis B Virus (HBV).

Engineering Controls: Whenever possible, every attempt will be made to isolate or remove the bloodborne pathogen hazard from the work place.

Parents of Head Start students who require shots for allergies or diabetics will be instructed to administer these shots in the home, rather than in the center.

Leak proof and puncture resistant containers with a biohazard label will be provided at each agency facility and used for contaminated needles and other contaminated sharps.

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METHODS OF COMPLIANCE (COND'T)

Work Practice Controls: Whenever possible, controls will be implemented that reduce the likelihood of an exposure by altering the manner in which the task is performed. The following work practice controls shall be adhered to by all employees.

Handwashing: Medical professionals have identified this as one of the most cost-effective work practices available for preventing infection by HBV, HIV, and other bloodborne pathogens.

Handwashing facilities and disinfectant soap are readily accessible in all agency facilities.

Agency employees should follow the recommendations below when washing their hands after a potential exposure situation:

- * Wash hands and other skin immediately after contact with blood or other potentially infectious materials.
- * Wash immediately after removal of gloves or other personal protective equipment.
- * Use a towel to turn the faucet on and off.
- * Use disinfectant soap and lather up to your wrists.
- * Dry completely with towel or air dryer.
- * Apply hand cream to reduce chapping.
- * Where handwashing facilities are not available, use antiseptic hand cleanser or antibacterial towelettes.
- * When hand cleaners or towelettes are used, employees should follow up by handwashing as soon as possible.

Procedures involving blood or other potentially infectious material will be performed to minimize splashing, spraying or splattering.

Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present.

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a likelihood of occupational exposure.

Contaminated needles will not be bent, recapped or removed and will be disposed of in appropriately labeled sharps containers.

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Work Practice Controls (Cond't)

When providing first aid or CPR, employees will protect themselves first, and treat the victim second.

When performing CPR, employees will use the pocket mask equipped with a one-way valve to prevent contact with potentially infectious blood and body fluids.

HOUSEKEEPING AND CUSTODIAL PRACTICES

Housekeeping and Custodial Employees will exercise Universal Precautions when cleaning body fluids spills, cleaning up broken glass, disinfecting equipment or waste containers, disposing of restroom waste from nosebleeds or minor injuries, cleaning feces, handling diapers, and disposing of feminine hygiene products in restrooms.

Even with custodial assistance, it is the employee's responsibility to make sure their work area and equipment are disinfected immediately after contamination.

An EPA approved germicide or a 1:10 strength bleach to water solution will be used to disinfect contaminated areas. One quarter cup of bleach will be used for one gallon of water.

Broken glassware that may be contaminated should never be picked up by hand. Use a broom and dustpan, and/or tongs, and decontaminate them after use.

Personal protective equipment must be worn during cleanup operations to prevent contact with infectious substances.

Employees may wear utility gloves when cleaning up contaminated areas. Utility gloves may be decontaminated and reused if they are not cracked, peeling, torn, or punctured.

Employees will use Universal Precautions when handling soiled or contaminated laundry. Contaminated items which will be laundered on site will be bagged and handled as little as possible until they are laundered.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

The use of personal protective equipment is mandatory when employees are engaged in potentially high-risk tasks that may result in an exposure to blood or other infectious materials.

Personal Protective Equipment will be provided at no cost to the employee and will be readily available and accessible at all agency facilities.

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PERSONAL PROTECTIVE EQUIPMENT (COND'T)

Personal Protective Equipment will be stored in first aid kits and/or infection control kits.

Personal Protective Equipment most generally used will be disposable latex gloves, but goggles, face masks, glasses, gowns or aprons will also be available to employees.

Day care and Head Start teachers should carry a portable first aid kit, such as a belly or shoulder bag when going on field trips or outside on the play ground with students or children. These first aid kits should contain disposable gloves, paper towel, bandages, antibacterial towelettes, and a plastic bag to put contaminated material in.

Disposable CPR masks, equipped with one-way valves to prevent exposure to blood or other body fluids, are stored in the Infection Control Kit at all agency facilities.

All contaminated PPE should be removed immediately after use and placed in appropriately designated containers until decontaminated or discarded.

Disposable gloves are not to be washed or decontaminated for reuse.

When gloves are removed after an exposure, the top of each glove should be grasped and the glove turned inside out as it is removed to contain contaminants.

WASTE HANDLING AND DISPOSAL

There are two types of waste in the workplace. Regulated or Biohazardous Waste and Contaminated Waste.

Regulated waste consists of items that (1) are saturated or caked with blood or other potentially infectious materials; (2) are capable of releasing these materials during handling; (3) are contaminated sharps. These are any contaminated objects that can penetrate the skin, such as needles and broken glass.

To communicate the hazard and prevent accidental exposure, all regulated waste will be disposed of in red/orange color coded plastic bags or other container that is leakproof, closed, and labeled with a red/orange biohazard label.

Regulated waste will be transported in the appropriate container.

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WASTE HANDLING AND DISPOSAL (COND'T)

DO NOT THROW REGULATED WASTE IN WITH THE REGULAR TRASH...

A biohazardous waste disposal company, has been contracted with and is authorized to dispose of all regulated waste.

Contaminated Waste consists of items that (1) contain blood or other potentially infectious materials in small amounts; (2) are not saturated or caked. There is no danger of cross-contamination.

Items that may be Contaminated, but will not be Regulated Waste:

- sanitary napkins, pads, or tampons
- diapers or clothing soiled from human waste
- disposable gloves (not saturated with blood)
- discarded protective equipment (not saturated with blood)
- bandages (not saturated with blood)
- vomit

Contaminated waste will be disposed of in closed, leakproof containers that are securely sealed, such as regular garbage bags. This waste can then be placed with the regular trash for disposal.

DO NOT USE BIOHAZARD-LABELED OR COLOR-CODED BAGS FOR THIS WASTE.

EXPOSURE INCIDENT REPORTING

An exposure incident occurs when there is specific mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials (parenteral contact means the piercing of a mucous membrane or the skin barrier through needlestick, human bite, cuts and/or abrasions).

Whenever an exposure incident occurs, the exposed employee should flush the area that was exposed with warm water, then wash with soap and water. Vigorously scrub all areas.

If there is an open wound, it should be squeezed gently to make it bleed, then wash with soap and water.

The exposed employee shall report the incident to their immediate supervisor, or program director, the same day during which the incident occurred. The immediate supervisor or program director of the exposed employee must complete an "Exposure Incident Report" (Appendix A).

The Head Start health coordinator and agency safety coordinator should then be notified. They will explain to the employee his or her right to post-exposure evaluation and follow-up.

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EXPOSURE INCIDENT REPORTING (COND'T)

If the employee desires an evaluation, they will be referred and immediately sent to the agency's occupational health care provider for post-exposure evaluation and follow-up.

HEPATITIS B VACCINE

The Hepatitis B vaccine and vaccination series will be offered, at no cost to the employee, to all Category I exposure risk employees within 10 working days of their employment.

The most recent OSHA directive states that Category II employees who render first aid only as a collateral duty, may be offered post-exposure vaccination rather than pre-exposure vaccination. In light of this, when post exposure evaluation determines that an exposure incident did occur, employees will be offered the Hepatitis B vaccine and vaccination series within 24 hours of the exposure incident. The Hepatitis B vaccination and required medical evaluation will be provided to the employee at no cost.

Employees who decline the Hepatitis B vaccination will sign a declination statement. (Appendix D) Those who initially decline the vaccination but later wish to have it may do so at no cost to them.

POST EXPOSURE EVALUATION AND FOLLOW-UP

When an employee reports to the medical facility for post exposure evaluation and follow-up, the agency safety coordinator or Head Start health coordination will provide the information listed below to the health care provider:

- * A copy of the OSHA Bloodborne Pathogens Standard
- * A description of the exposed employee's duties as they relate to the exposure incident (Appendix A)
- * Documentation of the routes of exposure and circumstances under which exposure occurred (Appendix A)
- * Employee consent form for the collection of blood (Appendix B)
- * Source individual's consent form for the collection of blood, if available (Appendix C)
- * Employee medical records or information relevant to treatment of the employee, including vaccination status

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POST EXPOSURE EVALUATION AND FOLLOW-UP (COND'T)

The post-exposure healthcare provider/evaluator is required to:

- * Provide confidential medical evaluation and follow-up
- * Arrange for employee and source individual blood testing
- * Provide the exposed employee with the source individual's test results and information about applicable disclosure laws and regulations concerning the source identity and infectious status.
- * Provide counseling to the exposed employee
- * Provide post exposure treatment if needed

WRITTEN OPINION FROM HEALTHCARE PROFESSIONAL

The evaluating healthcare professional will provide the agency safety coordinator a written opinion stating that the exposed employee has been informed of the results of the evaluation and about any exposure-related conditions.

The safety coordinator or Head Start health coordinator will provide the exposed person a copy of this written opinion within 15 days after the exposure evaluation.

The written opinion for HBV vaccination will be limited to whether an HBV vaccination is indicated, and whether the employee has received such vaccination.

The written opinion for post-exposure follow-up will be limited to the following information:

- A. A statement that the employee has been informed of the results of the evaluation.
 - B. A statement that the employee has been told about any medical conditions resulting from the exposure which require further evaluation or treatment.
- * All other findings or diagnosis will remain confidential and will not be included in the written report.
 - * All required laboratory tests, medical evaluations and follow-up treatment will be offered at no cost to the employee.

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RECORDKEEPING

Employee Training Records

Training records will be maintained by the agency safety coordinator and head start health coordinator.

Training records will include dates of training, contents of the training program, trainer's name and qualifications, and the names and job titles of trainees.

Records will be kept for three years from the date of training.

Training records will be made available on request to all employees and their representatives.

Employee Medical Records

Medical records for each employee with occupational exposure will be kept confidential and maintained for at least 30 years after the person leaves employment with the agency. These records will be maintained separate from other personnel files and will include the following information:

Employee's name and social security number

Employee's Hepatitis B vaccination status (including dates of vaccinations, records relating to employee's ability to receive the vaccine, and signed declination form)

All information given to the evaluating healthcare professional in the event of an exposure incident

A copy of the evaluator's written opinion

Written permission is required for access to the employee's medical records.

Upon request, medical and training records will be made available to the Assistant Secretary of Labor for Occupational Safety and Health, the Director of OSHA, and/or OSHA compliance officer.

If this agency closes, the Director of OSHA will be notified at least 3 months prior to closure to obtain specific instructions regarding the disposition of medical and training records.

EVALUATION OF EXPOSURE CONTROL PLAN

This Exposure Control Plan will be reviewed and updated at least annually. The agency safety coordinator, with input from the Head Start health coordinator, is responsible for the annual review.

EMPLOYEE OCCUPATIONAL EXPOSURE INCIDENT REPORT

EMPLOYEE NAME _____ DEPARTMENT _____

POSITION _____ LOCATION _____

DATE OF INCIDENT _____ DATE REPORTED _____

EXPOSURE TO: (Circle one) BLOOD BODY FLUID WITH VISIBLE BLOOD

DESCRIBE ROUTE OF EXPOSURE & CIRCUMSTANCES SURROUNDING EXPOSURE

INCIDENT: _____

DESCRIPTION OF EMPLOYEE'S DUTIES AS THEY RELATE TO OCCUPATIONAL

EXPOSURE: _____

LIST PROTECTIVE DEVICES USED AT TIME OF EXPOSURE: _____

DATES OF EMPLOYEES HEPATITIS B VACCINATION: (If applicable)

SOURCE INDIVIDUAL'S NAME: _____

ADDRESS _____ CITY _____ STATE _____

ZIP CODE _____ PHONE () _____

SOURCE INDIVIDUAL'S RELATIONSHIP TO EMPLOYEE _____

SIGNATURE OF PERSON MAKING REPORT _____

DATE _____

EMPLOYEE SIGNATURE _____

DATE _____

CONSENT FORM FOR THE COLLECTION OF BLOOD

EMPLOYEE

I have been advised of the need to collect my blood due to an exposure incident in which I may have been potentially exposed. Permission to have my blood drawn and tested for the hepatitis B virus (HBV) and the human immunodeficiency virus (HIV), as well as other bloodborne diseases, is hereby given.

Employee Signature _____

Witnessed by _____

Date _____

Employer Name _____

Address _____

City _____ State _____ Zip _____

HEPATITIS B VACCINE DECLINATION

I, _____ understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection.

I have been given the opportunity to be vaccinated with hepatitis vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining the vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature of Employee

Date

Signature of Employer