

Meagher County Employee Safety Manual

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DEVELOPED BY:

**The Meagher County Safety Committee
County Commission
MACo Risk Management**

APPROVAL AND IMPLEMENTATION

This Meagher County Employee Safety Program is hereby approved for implementation and supersedes all previous editions.

Dated this 4th day of February, 2014.

Ben Hurwitz
County Commission, Chair

Helen Hanson
Safety Coordinator

DISCLAIMER

The contents of this safety program manual are meant as instructive guidelines. Meagher County strives to maintain a safe work environment and will make every effort to uphold the safety standards outlined in our safety program to the extent that it is possible with the resources and time available to Meagher County and its employees.

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AUTHORITY

The Culture Safety Act enacted by the 1993 Montana State Legislature encourages workers and employer to come together to create and implement a workplace safety philosophy. It is the intent of the act to raise workplace safety to a preeminent position in the minds of all Montana's workers and employers.

Montana Code Annotated (MCA) 39-71-1502. The purpose of this part is to reduce the incidence of occupational injury and illness by promoting safety in the workplace in order to control the costs of claims for workers' compensation insurance. The creation of a safety culture requires employers to provide training and education to make safety awareness part of the requirement for each worker's satisfactory job performance and requires the department to promote safety awareness for the public through the education and preparation of each student for entrance into the labor market. A reduction in workplace injuries, illnesses, and deaths through enhanced safety on the job benefits the public as well as the employers and the employees by lowering both financial and physical costs. Ensuring immunity to insurers in the provision of safety consultation services encourages and promotes safety in the workplace and improves the relationship between employers and employees.¹

Therefore, it is the responsibility and duty of the employer to participate in the development and implementation of safety programs that will meet the specific needs of their workplace; thereby establishing a safety culture that will help create a safe work environment for all future generations of Montanans.²

¹ (Montana Code Annotated, 2011)

² (Montana Safety Culture Act)

INTRODUCTION

It is the policy of Meagher County to provide and maintain safe and healthful working conditions, routine safety training and education, and to follow practices that will safeguard all employees and result in safe working conditions and efficient operation.

When individuals enter the employ of the county, they have a right to expect that they will be provided with a proper place in which to work, and proper equipment with which to do their job, so that they will be able to devote their energies to doing their work without danger to their life and health. Only under such circumstances can the association between employee and employer be mutually profitable and harmonious. It is the county's desire to provide a safe place to work and safe equipment to use, as well as to establish and insist upon safe methods and practices at all times.

Safe practices, on the part of county employees, must be part of all operations. This responsibility is required of each official and employee who conducts the affairs of the county, no matter in what capacity they may serve. The idea of job production and safety should be inseparable.

Employee cooperation regarding safety matters should be expected as a condition of employment. Supervisors are responsible for the safety and well-being of their staff in the workplace. This responsibility can be met only by working continuously to promote safe working practices among all employees and to maintain property and equipment in safe operating condition.

An effective safety program, while consisting of many parts, has as its goal the highest level of injury/illness and incident reduction attainable while also reducing property damage by vandalism, theft and fire, damage and injury to the general public, and safe operation of our motor vehicle fleets.

The Meagher County Safety Program is designed to establish and maintain a Safety Committee with staff participation to enable the county to provide for the well-being and safety of the employees and residents of Meagher County. It is fully endorsed and supported by the County Commissioners and the Board of MACo, and it is to be incorporated into the operational procedures of each Meagher County department and shall comply with the current Federal and State Safety and Health Regulations.

The county and each of its departments should introduce changes to the program, wherever necessary, to make it compatible with local circumstances. These changes should be coordinated with the County Safety Coordinator.

STATEMENT OF POLICY

The purpose of the Safety Policies and Procedures is to provide a management system for the prevention of occupational injuries and illnesses and compliance with regulations concerning occupational safety and health. Safety Policies and Procedures assign safety responsibilities, promulgate countywide procedures, and set minimum safety program requirements for issues involving county departments. Additional department specific policies and procedures will be issued to implement safety programs.

This Safety Program provides general direction for the administration of occupational safety and health management for Meagher County. It is intended to meet the letter and spirit of the Montana Safety Culture Act and achieve full compliance with federal Occupational Safety and Health Administration (OSHA) regulations, as adopted by the State of Montana, governing workplace accident prevention programs.

Separate Safety Policies and Procedures will be issued as needed to address specific safety and health issues or to meet the regulatory requirements for written compliance programs.

Meagher County is committed to providing dependable, economical services to the public. The county recognizes its employees as the most important resource in meeting that commitment and is dedicated to providing a safe and healthful work environment.

The county recognizes that some accidents are caused by unsafe conditions or unsafe behavior and strives to systematically eliminate unsafe acts and conditions. In meeting that goal, it is the policy of Meagher County to:

- Provide a safe workplace including facilities, equipment, tools and vehicles that meet safety and health standards and practices.
- Define and implement safe work practices to address hazards unique to specific job assignments.
- Train employees in the safe performance of assigned jobs.
- Monitor workplace conditions and employee behavior to ensure compliance with the Safety Program, as well as individual department and division safety and health requirements.
- Involve all employees in a systematic effort to recognize, report, and correct hazardous conditions and practices.
- Investigate and analyze accidents to identify and eliminate the unsafe conditions and behaviors that caused the accidents.

Safety and incident prevention is a primary and fundamental responsibility of every employee of Meagher County. The Safety Program is one of the tools used for working toward the goals of providing quality services, maintaining a positive public image, enhancing employee development, and effectively using county resources.

ARTICLE I EMPLOYEE RESPONSIBILITIES

Section 1.01 All employees share in the responsibility to establish and maintain a safe working environment. The following responsibilities are guidelines to establish accountability for the Safety Program. These responsibilities are not in any way intended to limit innovation or initiative on the part of any employee who is working toward the goal of achieving a safe workplace.

Section 1.02 All county employees are responsible for the following:

- a. Abide by the county and department work practices established for specific job assignments and occupations.
- b. Report occupational injuries, illnesses, and near misses immediately to their supervisor
- c. Participate in incident investigations and department inspections as requested.
- d. Participate fully in safety training. Suggest improvements in safety training requirements or programs to the Department Head.
- e. Identify unsafe work conditions and unsafe practices. Correct hazards or report them to the Department Head.

Section 1.03 The elected officials and department heads are responsible for the following:

- a. Make every effort to ensure that the design, maintenance of facilities, tools, equipment and vehicles meet or exceed established safety standards.
- b. Approve and enforce usage of policies, procedures and safe work practices for department occupations, tasks and locations.
- c. Approve and enforce usage of safety-training requirements for department employees based on their occupations, work locations and tasks.
- d. Review workplace inspections and direct appropriate corrective action to achieve a safe work environment.
- e. Enforce county and departmental tool, equipment and vehicle standards and rules governing the workplace behavior of employees.
- f. Facilitate employee participation in county and department-required safety training. Recommend additions, deletions, and modifications of safety training requirements or training programs based on observed workplace conditions and employee work behavior.
- g. Investigate incidents involving employee injury or illness and/or damage to vehicles or other county property in conjunction with the Safety Committee. Implement or recommend corrective actions to prevent similar occurrences in the future.
- h. Encourage employee involvement in safety hazard recognition and act on hazard elimination and hazard control suggestions from the Safety Committee and individuals.
- i. Develop and update job descriptions for each hired position.

Section 1.04 The Safety Coordinator's duties include, but are not limited to, the following:

- a. Assist and advise all levels of management in establishing an effective safety program.
- b. Plan and coordinate inspections, drills, meetings, trainings, and classes, and assist management in all areas of safety and health.
- c. Assist and provide support for the Safety Committee.
- d. Coordinate the investigation of all personal injury and property damage incidents.
- e. Maintain and post OSHA 300/300A Reports.
- f. Review and revise Safety Programs, Policies, and Procedures.
- g. Maintain safety training documentation and record keeping.

ARTICLE II SAFETY TRAINING & EDUCATION

Section 2.01 It is the policy of Meagher County to provide all safety training prescribed by regulatory requirements and to make every effort to ensure that all employees understand the hazards to which they may be exposed and how to prevent harm to themselves and others. See Appendix A-1.

Section 2.02 No employee is expected to undertake a job until he or she has received instructions on how to do it properly and has been authorized by their supervisor to perform that job. Employees are expected to participate and cooperate fully in training programs and to accept and follow established safety and health precautions.

Section 2.03 Each worksite presents a unique training challenge. Therefore, each department is expected to provide safety training that is tailored to each employee's occupation, task, and job location. To the extent possible, safety training should be integrated into general job training, rather than treated as a separate issue.

Section 2.04 New employees will receive a safety orientation by their department head or other qualifying supervisor, including a review of the Safety Manual, within the probation period. Appendix A-2

Section 2.05 On-going employee refresher education shall occur once a year and may be delivered by the department head and/or the safety coordinator. All of the elements of Appendix A-2 are to be reviewed. The department head is responsible for enforcing that all employees have had refresher education.

Section 2.06 All safety-related training must be documented and the records are to be maintained by the Safety Coordinator and in the department files. Documentation shall include a list of employees in attendance, date, the name of the trainer, and an outline/copy of the topics discussed or category of safety training delivered. See Appendix A-3.

Section 2.07 Job-specific safety training shall occur at different times during the year and includes department and county level meetings, on-line modules, personal on-the-job instruction, safety meetings or formal classroom instruction intended to enhance the safety of specific tasks or occupations.

- a. Some job-specific training is prescribed in county departmental policies and procedures or in regulatory requirements.
- b. Training may be at the suggestion of the department head or the safety coordinator.

**ARTICLE III
THE SAFETY COMMITTEE**

Purpose: To provide the mechanism to promote and maintain a safe and healthy working environment for Meagher County employees, to protect the public's resources, and to evaluate and make recommendations regarding incidents, practices, resources, and issues to reduce the county's exposure to risk and loss through the administration of the Safety Program.

Section 3.01 Roles and Responsibilities

- a. County Commissioners
 - Coordinate selection of the members to the committee
 - Review and evaluate recommendations from the committee
 - Coordinate with department heads as needed to implement committee recommendations
 - Appoint Safety Coordinator
- b. Safety Coordinator
 - Prepare committee meeting agendas, set and conduct meetings
 - Report findings and recommendations to County Commission
 - Appoint subcommittees and tasks
 - Maintain documentation of all activities of the committee
 - Receive and file all safety reports, maintenance records, and education logs
 - Complete OSHA 300 Log and 301 Report as required
- c. Committee Members
 - Attend committee meetings and safety education
 - Aid in the coordination of safety activities of all departments
 - Review incident reports to study causes and determine methods to prevent recurrence
 - Participate in tasks assigned by the Safety Coordinator
 - Appoint an alternate chair in the event of the Coordinator's absence.

Section 3.02 Membership

- a. The committee shall be made up of Meagher County employees who are either appointed by their Department Head or County Commission or volunteer.
- b. At the end of one year of membership, a member may choose to remain on the committee or to ask for a replacement.
- c. It is recommended that the committee have at least five members, including the Coordinator.

Section 3.03 Meetings

- a. The rule of order will be informal, with consensus by majority.
- b. Meetings will occur at least quarterly and as scheduled by the Coordinator.
- c. Minutes of the meetings are recorded and submitted to the MACo representative the county's worker's compensation insurance company representative as evidence of an operational safety team.
- d. Notification of meetings to committee members shall be done via phone, written notice, or email in an adequate time frame.

Section 3.04 A safety bulletin board maintained by the committee will be used to display the committee's activities, safety posters, and other educational material.

- a. It is located inside the Clerk & Recorder's Office next to the postage machine.
- b. The following items are required to be posted- Citation and Notice (as appropriate) and Montana 300 Summary (specifically during the month of February)

ARTICLE IV
HEALTH, SAFETY, AND LOSS CONTROL INSPECTIONS

Purpose: The purpose of periodic health, safety, and loss control inspections is to identify any risks or occupational health and safety concerns, and correct them so as to protect the county's employees and assets and to reduce risk of incident, injury and other forms of loss.

Section 4.01 On an annual basis, the safety committee shall direct department heads to complete the "Annual Safety Assessment" for their department/area using Appendix B-1.

Section 4.02 On an annual basis, the safety committee shall direct department heads to complete the "Annual Department Safety Inspection" for their department/area using Appendix B-2.

- a. It is recommended that at least three personnel participate in the annual safety inspection- one member of the Safety Committee, one department employee, and the department head.
- b. Conditions noted to be unsafe should be tagged and taken out of service until the unsafe condition has been mitigated and a complete inspection report written and delivered to the Safety Coordinator. The report should include mitigation response dates and documentation of the results and procedures followed.

Section 4.03 The County cooperates with the Federal or State government in any Occupational Safety and Health Administration (OSHA) related inspections within the county. The Safety Coordinator or Safety Committee member(s) should accompany the State Bureau of Safety and OSHA personnel on any inspections.

Section 4.04 Montana Department of Labor And Montana Bureau Of Safety Inspections: Labor and Industry Safety Bureau inspection compliance officers generally concern themselves with safe working practices, use of Personal Protective Equipment (PPE), adequacy of protective equipment, guarding of machines, use of shoring, equipment configurations with respect to operation protection, etc.

- a. In the event of receipt of a Montana Safety Code Violation, ensure that the violation is posted on a bulletin board nearest to the violation until it has been abated.
- b. The Department Head should ensure that the correction of a violation is performed within the thirty day abatement period, unless the abatement period has been extended.
- c. Prepare timely requests for a variance or for a hearing when the citation is questionable and should be aggrieved.
- d. Notify the Board of County Commissioners when modifications require the expenditure of funds so that appropriate action can be taken.
- e. The Department Head should prepare any requests for extensions needed indicating why it is needed, and how long the delay will be, with a copy to the Safety Coordinator.
- f. Upon actual completion of corrective action, the Department Head will certify by date and signature at the bottom of the citation form that each violation has been abated. The form will then be mailed to the Labor and Industry Safety Bureau, with a copy delivered to the Safety Coordinator.

Section 4.05 On an annual basis, department heads shall complete/update the Job Safety Analysis worksheets for their area and share with staff as one component of mandatory education each year. Appendix B-3.

Section 4.06 On an annual basis, department heads shall complete/update the hazardous materials inventory and share with staff as one component of mandatory education each year. Appendix B-4.

- a. Department Heads must ensure that a Safety Data Sheet (SDS) for every hazardous material are maintained in a single “orange” notebook in a location known to all staff within the department or building/area and are updated as needed when products are introduced or changed.
- b. See also Section 5.06- Hazard Communication

ARTICLE V
SAFETY RULES, REGULATIONS & EQUIPMENT

Section 5.01 General Safety Rules include, but are not limited to the following:

- a. Reporting any job-related injury, illness or property damage to my supervisor and seeking treatment promptly.
- b. Reporting hazardous conditions and unsafe acts to my supervisor or Safety Coordinator promptly.
- c. Observing all alerts, notices, warnings, tags, and signage.
- d. Keeping aisles, walkways and working areas clear of slipping/tripping hazards.
- e. Keeping all emergency equipment such as fire extinguisher, fire alarms, fire hoses, exit doors, and stairways clear of obstacles. Know all of their locations.
- f. The use or possession of alcohol, illegal drugs, or other controlled substances on the job is prohibited. Note: the use of any prescription drugs that alter the ability to function safely shall be reported to your supervisor.
- g. Smoking is permitted in designated areas only.
- h. Possession of firearms on Meagher County property or in county vehicles is prohibited unless part of the employee's job description.
- i. No employee should take chances on the job which could endanger his or her personal safety and health or the safety and health of co-workers or others.
- j. Do not enter hazardous areas you are not authorized to enter.
- k. Use all personal protective equipment and devices required and provided.
- l. Do not operate machinery or use tools you are not qualified to use.
- m. Refraining to allow unauthorized persons in county vehicles or on county sites or within county work areas.
- n. Actively supporting and participating in the county's Safety Program to support efforts to establish a "culture of safety."
- o. If an established job procedure must be deviated from, supervisory approval should be obtained and an alternative, temporary job procedure must be agreed upon. This alternative job procedure should not create any new or additional hazards or unnecessarily expose employees to hazards.
- p. Refrain from fighting, horseplay, or distracting fellow workers.
- q. Each employee is responsible for good housekeeping. Keep your work area in a clean, uncluttered state. Do not walk by a situation of poor housekeeping if it can be easily corrected or needs immediate attention such as spills on floors, ice on steps, and so on. Call the Facilities Department if the situation requires their attention.
- r. Become familiar with and conduct your work activities in accordance with these general safety rules and other specific safe operating procedures which are applicable.
- s. Above all, be ALERT and be RESPONSIBLE! Your safety and health depends on it.

Section 5.02 Lifting Procedures.

- a. Proper manual lifting techniques will protect your back by keeping it in its strongest position during stress. These techniques are not natural movements and must be learned and practiced.
- b. Keep the basic principles in mind every time you lift, no matter how small the load:

- Assess the load before you lift. Know your limitations. Get help for heavy or bulky objects.
- Spread feet shoulder width apart to give you a solid base of support.
- Place your feet as close as possible to the base of the object you are lifting with one foot slightly in front of the other.
- Bend with the knees and maintain the natural curve in the back during the entire lifting operation (weightlifter position).
- Get a good grip on the object and primarily use the leg muscles, not the back, to lift the load.
- Move your feet to change directions – avoid twisting.
- Don't overdo. Take frequent breaks for repetitive lifts. Your back is more susceptible to injury when tired.

Section 5.03 Office Safety. Office work is more dangerous than is commonly supposed and serious injury incidents can occur during normal office routine. Good housekeeping and proper storage are important factors in office safety and fire prevention. Proper lifting techniques will prevent most back injuries. Offices are typically inspected for safety compliance less often than other areas. It is important that you correct or report unsafe conditions to your supervisor.

- a. Every employee is responsible for keeping his or her work area clean and orderly. Even a pencil or paper clip can cause a slip or fall.
- b. Open doors slowly. Be extra cautious when you come to a door that can be opened in your direction. Slow down when you come to a "blind" corner.
- c. Do not read while walking.
- d. Proceed with caution. Haste when walking between desks can result in bruises and falls.
- e. Keep electrical cords and other tripping hazards out of aisle ways, and do not run cords through doorways or under carpets.
- f. Keep file, desk and table drawers closed when not in use. Close them before you leave them.
- g. Never open more than one file drawer at a time. The entire cabinet may tip over.
- h. Be careful when opening drawers to full extension in case there is no locking device.
- i. Load file cabinets and bookcases with the heaviest items in the bottom to prevent tipping.
- j. Maintain office tables, desks and chairs in good condition and free from sharp corners, projecting edges, wobbly legs, etc.
- k. Use chairs sensibly. Do not tilt chair or slump back, which may cause the chair to slip or break.
- l. Never use a chair, desk or other office furniture for a step stool or ladder.
- m. Keep the blades of paper cutters closed and razor blades covered when not in use.
- n. Report even minor injuries and take precautions to avoid infection.
- o. Be sure that cords and plugs on all electrical equipment are in good shape. If a machine causes a shock or starts smoking, unplug it immediately and report it to the supervisor.
- p. Do not overload outlets.
- q. Do not use a surge protector for anything other than office equipment (no coffee pot, heater, fan, etc.).
- r. Do not use extension cords as permanent wiring (to be unplugged at the end of each work day).
- s. Do not attempt any electrical repairs.

- t. Use handrails when ascending or descending stairs. Don't carry a load that restricts vision.
- u. Walk, do not run. When walking in hallways, keep to the right, especially at corners.
- v. Be careful in front of doors that open outward and open doors slowly.
- w. Avoid spilling or splashing liquids on the floor. If you spill it, clean it up. Provide barricades or other warnings as necessary.

Section 5.04 **Office Ergonomics.**

- a. Ergonomic injuries include tendonitis, carpal tunnel syndrome, lower back pain, and other disorders that involve pain and damage to muscles, tendons and nerves in the back, neck, shoulders, elbows, wrists and hands. These musculoskeletal problems are referred to as cumulative trauma disorders (CTD) or repetitive motion injuries and are generally caused by:
 - Making the same motion over and over.
 - Staying in the same position too long.
 - Working in a position that puts stress on muscles and joints.
 - Working with tools and equipment that don't fit your body.
 - Using excessive physical force.
 - Exposure to vibration over a long period of time.
- b. You can help prevent CTD's by avoiding awkward body positions:
 - Adjust your workstation before you begin working.
 - Maintain the natural curve in your back while sitting, standing and lifting.
 - Keep your wrists straight as much as possible while typing or doing other repetitive tasks.
 - Take breaks from repetitive motion tasks by switching periodically to other task.
 - Use the right tools for the job, especially when they are used often or for long periods of time.
- c. If you spend a lot of time at a computer workstation:
 - Position the keyboard so that the wrists are kept straight in a neutral position. Your elbows should be at about the same height as the keyboard.
 - Sit with your back in a neutral posture, maintaining the natural curve, with feet on the floor and thighs parallel to the floor or with knees slightly lower. Adjust the chair height and use a foot rest if necessary.
 - Position the screen just below eye level and about an arm's length away to prevent neck and shoulder strain. The screen should be lower if you use bifocals.
 - Change positions, stretch, and take "mini-breaks" periodically.
- d. Pay attention to early signs of cumulative trauma disorders and make adjustments in your workstation or the way you do your work. Report the symptoms to your supervisor and work together to correct the causes of the injuries. Early indicators of CTD, which usually occur in the hands, arms, shoulders, neck, and back include:
 - Stiffness or soreness
 - Aches and pains
 - Numbness or tingling
 - Swelling
 - Burning sensation

- Reduced strength

Section 5.05 Working in Extreme Weather Conditions.

- a. Meagher County’s climate may be severe and conditions may change rapidly. Hot weather and exposure to the sun present the potential for heat stress and sunburn. Cold conditions can lead to hypothermia or frostbite, either of which can be fatal in the worst cases. Employees are expected to monitor weather and be prepared to protect themselves against its effects.
- b. In general, employees should provide themselves clothing as protection from severe weather conditions, if it is the type of clothing that may be used both on and off the job. Examples include coats, hats or caps, boots, and gloves.
- c. Hot Weather Guidelines:
 - Dress for conditions – lightweight, light-colored loose clothing is best. Wear a hat with a wide brim if you’re out in the sun.
 - Use sunscreen.
 - Reflected sun is even more potent than direct exposure. Be particularly careful of sun exposure on cloudy days and near water, concrete, or sand.
 - Eat a well-balanced diet, but try to stay away from hot or heavy foods. Do not take salt tablets or other salt supplements without a doctor’s recommendation.
 - Drink plenty of fluids. Don’t wait until you’re thirsty. The best fluid replacement is water. Avoid alcohol and caffeine.
- d. Cold Weather Guidelines:
 - Dress for the conditions in layers of loose, dry clothing. A good moisture-wicking fabric or wool clothing with a waterproof layer over it is very effective.
 - Change clothing right away if you get wet.
 - Cover your head and face. You can lose up to 40% of your body heat if you don’t wear a hat.
 - Wear shoes and gloves designed for cold weather. Don’t handle anything with bare hands, especially if it is made of metal.
 - Keep moving when you’re in the cold.
 - Return to a warm vehicle or take regular breaks in warm areas frequently.
 - Consider use of slip/fall protection – slip on/strap on cleats – in icy, slippery conditions.
- e. For hypothermia, get medical help quickly and keep the person covered with blankets. Don’t use hot baths, electric blankets or hot water bottles. For frostbite, get medical help and warm the body part with blankets or warm (not hot!) water. Don’t rub, use heat lamps or hot water bottle or go near a hot stove. Don’t break any blisters that form.

Section 5.06 Hazard Communication.

- a. The HazCom Program complies with the OSHA Hazard Communication Standard 29 CFR 1910.1200, by compiling a hazardous chemicals list, using applicable Safety Data Sheets (SDS), ensuring that containers are labeled, and by providing training and necessary personal protective equipment (PPE).
- b. A copy of the HazCom Program is available in the “orange binders” in every department of the county.

- c. Under this program employees will be informed of the contents of the Hazard Communication Standard, and provided with applicable SDSs that provide information pertaining to the hazardous properties of the chemicals with which they work, safe handling procedures, hazard material labeling, and measures to take to protect themselves from these chemicals.

Section 5.07 Hearing Conservation.

- a. It is the policy of Meagher County to protect the hearing of all workers whose noise exposures equal or exceed an action level of 85 decibels (dB) for an 8-hour day. In accordance with this policy, this organization has established a Hearing Conservation (HC) Program. This program applies to all persons working in areas or with equipment that have noise levels of 85 decibels, A weighting (dBA) or higher.
- b. The purpose of this HC Program is to prevent occupational hearing loss and comply with the OSHA Standard 29 CFR 1910.95 for Occupational Noise Exposure. The HC Program includes as a minimum: noise monitoring; audiometric testing; hearing protectors; education and training; and record keeping.
- c. Occupational noise can cause hearing loss, and increase the worker's susceptibility to other workplace problems including physical and psychological disorders, interference with speech and communication, and disruption of job performance associated with excessive noise intensities. This exposure to noise produces hearing loss of a neural type involving injury to the inner ear hair cells. The loss of hearing may be temporary or permanent. Brief exposure causes a temporary loss. Repeated exposure to high noise levels will cause a permanent loss. Permanent hearing loss is preventable with the continued use of proper hearing protection and reduction of workplace noise levels to 85 decibels or below.
- d. The county should consider the hearing test and results provided by the CDL physical, as required every two years for license renewal, as the accepted baseline audiometric testing for new hires in the Road/Solid Waste Depts., Maintenance Shops, and Solid Waste Dept. truck drivers.
- e. A copy of the Hearing Conservation Program is located in the Safety Coordinator's Office with an additional copy in the department where this program applies.
- f.

Section 5.08 Bloodborne Pathogens.

- a. In accordance with OSHA Standard 29 CFR 1910.130 Meagher County has established a Bloodborne Pathogens (BBP) Program which is monitored by the Public Health Department. A copy of the BBP Program is contained in the Safety Coordinator's Office and all other departments with the highest risk
- b. The Public Health Department provides BBP training to all departments on an annual basis for either orientation education or yearly refresher education.
- c. All employees will be offered Hepatitis B vaccinations at county expense (if inability to pay) or they may sign a Declination Waiver. Vaccination history is stored at the health department.
- d. Certain departments have a greater risk of potential exposure- Sheriff's Office, Health Department, Sanitation, Facilities/Janitor, and Ambulance. Regardless of risk level all employees should follow the BBP Program procedures and report exposure incidents to

their supervisor and the Public Health Department, and seek medical evaluation and treatment as soon as possible.

Section 5.09 **Lockout/Tagout Procedures.**

- a. OSHA Standard 29 CFR 1910.147 requires that hazardous energy must be controlled during service or maintenance of machines and equipment. Lockout and Tagout (LOTO) procedures are necessary to protect workers from electric shock, accidental start-ups, or other release of energy.
- b. Do not attempt to operate any switch, valve, or other energy isolating device where it is locked out or tagged out.
- c. All equipment should be locked out or tagged out to protect against accidental or inadvertent operation when such operation could cause injury to personnel.
- d. Every department that has employees performing maintenance where there is exposure to hazardous energy must have: locks and/or tags and lockout devices that are not used for anything else, procedures for performing such maintenance specific to their area, and training for all employees involved in maintenance activities.
- e. Sequence of Lockout/Tagout (LOTO) System Procedures:
 - 1) Notify all affected employees that a LOTO system is going to be utilized and the reason therefore. The authorized employee should know the type and magnitude of energy that the machine or equipment utilizes and should understand the hazards.
 - 2) If the machine or equipment is operating, shut it down by the normal stopping procedure.
 - 3) Operate the switch, valve, or other energy isolating device so the equipment is isolated from its energy source. Stored energy (such as springs, elevated machine members, rotating flywheels, hydraulic systems, and air, gas, steam, or water pressure) must be dissipated or restrained by methods such as repositioning, blocking, bleeding down, etc.
 - 4) LOTO the energy isolating devices with assigned locks or tags.
 - 5) First, make that no sure no personnel are exposed, second, check on the disconnect of energy source, and third, operate the push button or other operating controls to make certain the equipment will not operate.
 - 6) CAUTION - Return operating controls to neutral or off position after the test. The equipment is now locked out or tagged out.
- f. Restoring Machines or Equipment to Normal Production Operations:
 - 1) After the servicing/maintenance is complete and equipment is ready for normal operation, check the area around the machine or equipment to ensure that no one is exposed
 - 2) After all guards have been reinstalled, employees are in the clear, remove the LOTO devices. Operate the energy isolating devices to restore energy to the equipment.
- g. Procedure Involving More Than One Person: In the preceding steps, if more than one individual is required to LOTO equipment, each shall place his/her own LOTO device on the equipment. When an energy isolating device cannot accept multiple locks or tags, a hasp may be used. If lockout is used, a single lock may be used to lockout the machine or equipment with the key being placed in a box or cabinet. Each employee will use his/her

own lock to secure the box or cabinet. As each person no longer needs to maintain his or her lockout protection, that person will remove their lock.

Section 5.10 Personal Protective Equipment or PPE.

- a. The use of proper PPE should be determined as conditions warrant and/or ordered to do so by a supervisor. Employees should take necessary precautions, follow proper safety procedures, and use recommended PPE when necessary to avoid exposure to injury or illness to themselves and others. The following are recommended uses for PPE per OSHA General Industry Standards and is not an all-inclusive list of recommended PPE:
 - 1) Hard Hats - when working in areas where there is a potential for injury to the head from falling objects. (29 CFR 1910.135(a)(1))
 - 2) Safety Vests or High Visibility Clothing - High visibility is one of the most prominent needs for workers who must perform tasks near moving vehicles or equipment. (23 CFR 634.1)
 - 3) Protective Footwear - when working in areas where there is a danger of foot injuries due to falling or rolling objects, or objects piercing the sole, and where such employees' feet are exposed to electrical hazards. (1910.136(a))
 - 4) Hand Protection - to use appropriate hand protection when employees' hands are exposed to hazards such as those from skin absorption of harmful substances; severe cuts or lacerations; severe abrasions; punctures; chemical burns; thermal burns; and harmful temperature extremes. (1910.138(a))
 - 5) Eye and Face Protection - use of appropriate eye or face protection when exposed to eye or face hazards from flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, or potentially injurious light radiation. (1910.133(a)(2))
 - 6) Hearing Protection - Protection against the effects of noise exposure shall be provided when employees are exposed to an 8-hour time-weighted average of 85 decibels or greater. (1910.95)
 - 7) Personal Fall Arrest System - means a system used to arrest an employee in a fall from a working level. (1910.66 App C General Industry) (1926.502(d) Construction)
- b. Employees should wear clothing suitable for the job to be performed. Suitable clothing means clothing that will minimize the possibility of damage from moving machinery, hot or injurious substances, weather conditions, or harmful agents.
- c. Supervisors shall be responsible to make every effort to ensure compliance with the provisions of this manual and the State Administrative Code by all members of their crews, or departments.
- d. The personal protective equipment selected should meet applicable standards, such as those of Occupational Safety and Health Administration (OSHA), the Mine Safety and Health Administration (MSHA), National Institute for the Occupational Safety and Health (NIOSH), American National Standards Institute (ANSI), or the National Fire Protection Association (NFPA).

Section 5.11 Confined Spaces.

- a. Even though County employees have no established areas designated as confined spaces to deal with as part of their work activities, very few work situations have as much potential for serious safety hazards as confined spaces.
 - The atmosphere in a confined space may have insufficient oxygen to support life, or may be toxic, flammable or explosive.
 - The lack of ventilation in confined spaces causes welding, painting, use of hazardous materials, or other activities that change the atmosphere to be especially dangerous.
 - The limited opening for entry and exit makes rescue difficult and dangerous.
- b. Most of the severe injuries and fatalities in confined spaces occur because an employee either went into a confined space without first testing its atmosphere or did not continuously monitor the space.
- c. If the event county employees, during the course of their duties, encounter confined spaces that have not been specifically evaluated, these are general guidelines for all employees. Each department will develop, train, operate, and monitor a specific confined space program for that area.
- d. More than half of the fatalities in confined spaces are would-be rescuers. Prior to entry, assume that every confined space has an unknown hazardous atmosphere.
- e. A confined space is a space that has all of the following characteristics:
 - Is large enough for an employee to bodily enter and configured so that the employee can perform assigned work,
 - has limited or restricted means for entry or exit, and
 - is not designed for continuous employee occupancy.
 - Unfavorable natural ventilation is common in confined spaces.
 - Examples of confined spaces include: tanks, vessels, manholes, storm drains, headwalls, silos, storage bins, hoppers, meter vaults, digesters, lift and transfer stations, shafts and pits.

Section 5.12 Respiratory Protection.

- a. In the event a need for protection from exposure to high dust or particulate levels, exposure to toxic materials or oxygen deficiency becomes evident, a Respiratory Protection Program should be established. The program would provide a medical examination, fit testing of a respirator, and training on the proper use and care of the respirator for qualified employees.
- b. In some situations, such as dusty outdoor conditions, dust masks may be available as a convenience. There would be no obligation that the masks be worn, and the requirements in the above paragraph do not apply.

Section 5.13 Fall Protection.

- a. Due to the diversity of work environments and rare occasions that fall protection may be required, Meagher County currently addresses the need for fall protection on an incident by incident basis.
- b. The best safety procedures and training for an infrequent situation where employees must work at heights over 6 feet are discussed and implemented on an as needed basis, i.e., full body harness and lanyard or partitioning by the use of rope or guardrail.

ARTICLE VI VEHICLE SAFETY

Section 6.01 Minimum Qualifications for the Operation of County-owned Vehicles and Privately-owned Vehicles While Conducting Official Business

- a. All employees whose duties require the operation of a county-owned motor vehicle or who operate a privately-owned vehicle while conducting official business as a part of their employment with the county shall possess a valid Montana State Drivers' License and a safe driving record. In addition, certain job titles require special licensing to operate machinery and trucks (Class A, Class D, etc.).
- b. Personal vehicles may be used for official county business with the prior approval of the employee's Department Head or as indicated in their job description. However, the use of county vehicles for official county business is preferred whenever possible.
- c. Prior to acceptance for employment with the county in a position that would necessitate the operation of a motor vehicle in the course of performing the assigned duties of that position, an employee's motor vehicle operators record may be requested from the State Department of Motor Vehicles by the Personnel Office. If a Department of Motor Vehicles review indicates three or more moving violations within three years of the date of review, the employee may be denied authorization to operate a vehicle while representing the county. If the employment is incumbent upon the ability to operate a vehicle, the prospective employee may be denied employment.
- d. Employees operating county-owned vehicles or privately-owned vehicles while conducting official business should observe all traffic laws, rules and regulations, and the dictates of common sense and good judgment.
- e. If during the course of employment an employee exhibits a disregard for acceptable safe driving procedures, the responsible Elected Official/Department Head may deny further authorization to operate a vehicle while representing the county.
- f. Any employee who operates a privately-owned vehicle while conducting official business for the county should maintain automobile liability insurance of \$25,000/\$50,000/\$10,000 pursuant to §61-6-103 MCA. Employees who do not maintain minimum liability coverage should not operate privately-owned vehicles in an official capacity.

Section 6.02 General Vehicle Safety

- a. Any employee performing work which requires the operation of a county or personal vehicle must immediately notify the Department Head in all cases where his/her license is expired, suspended, or revoked and/or when the employee is unable to obtain an occupational permit from the State Division of Motor Vehicles.³
- b. Employees operating or riding in county or private vehicles while conducting official business should observe all traffic laws, rules and regulations, and the dictates of common sense and good judgment.
- c. No unauthorized passengers or drivers should be allowed to either operate or ride in county vehicles.

³ (Montana Safety Culture Act)

- d. Transporting family members in county vehicles should be allowed only when the family member is accompanying an employee to a business meeting or official function with a signed waiver for each specific function.
- e. County vehicles should not be taken home overnight except as indicated in the specific department's policies and procedures or as authorized by the County Commissioners in writing.
- f. County vehicles may be used for travel to lunch when an employee is on business, or when an employee is in a location where driving to obtain his/her personal vehicle would result in an extra and unnecessary expenditure of time and money.
- g. When using cell phones while driving in a county vehicle or personal vehicle, pull over and stop on the side of the road or utilize a hands-free device, and otherwise observe all city ordinances on cell phone usage.
- h. Wearing of safety restraints when riding/driving a county vehicle is mandatory if so equipped.
- i. Vehicles should contain appropriate warning and safety devices as needed.

Section 6.03 Vehicles should be operated only when they are in safe operating condition. Regularly scheduled maintenance shall be conducted on all county vehicles and logs of each vehicle's maintenance shall be maintained. Departmental policy should be followed as some may keep log records on site or in vehicle or may perform their own maintenance. However, a record of claims can be recovered through the Clerk & Recorder's Office to track maintenance if needed.

Section 6.4 The Safety Committee may periodically administer, or arrange for attendance at a Defensive Driving Course. Assignments for said course should be made as follows:

- a. Mandatory attendance for employees who demonstrate questionable driving capabilities or habits as determined by their immediate supervisor.
- b. Voluntary attendance for employees who have not attended a course in the past five years whether they routinely drive a county vehicle or not.
- c. Staff and volunteers. i.e. Sheriff's Office, Ambulance, Fire Dept., who regularly drive county-owned vehicles and who have not attended a course in the past five years.

Section 6.5 All vehicle collisions and property damage accidents shall be reported immediately to Law Enforcement and to the Department Head or most immediate supervisor. Reporting is conducted per Article VII.

Section 6.6 It should be the responsibility of county employees, while traveling in county vehicles to stop at accident scenes and render whatever assistance that is within their capability, if it is safe to do so. It is not the intention of this policy to impose strict procedures in governing the actions of employees at accident scenes. It is realized that each employee should use his/her own judgment in determining if assistance is needed and what assistance they are capable of providing. At the minimum, ensure that emergency personnel have been called to the scene.

ARTICLE VII INCIDENT REPORTING

Purpose: Reporting is a basic and essential part of an effective management and safety program. Since every incident includes a sequence of contributing causes, it is possible to avoid a repeat performance of the first event by recognizing and reducing or eliminating these causes. The removal of a single cause can prevent a recurrence.

Definitions:

1. An “accident” is an unexpected traumatic incident or unusual strain; identifiable by time and place of occurrence; identifiable by member or part of the body affected; and caused by a specific event on a single day or during a single work shift. ⁴
2. "Injury" or "injured" means internal or external physical harm to the body that is established by objective medical findings; damage to prosthetic devices or appliances, except for damage to eyeglasses, contact lenses, dentures, or hearing aids; or death. An injury is caused by an accident. Does not mean a physical or mental condition arising from emotional or mental stress; or a nonphysical stimulus or activity. ⁵
3. “Occupational Injury” refers to personal injury arising out of, and in the course of, employment with the county.
4. "Occupational disease" means harm, damage, or death arising out of or contracted in the course and scope of employment caused by events occurring on more than a single day or work shift. The term does not include a physical or mental condition arising from emotional or mental stress or from a nonphysical stimulus or activity. ⁵
5. “Near Miss” is a situation that has the potential to cause an accident and/or injury and provides an opportunity for correction and prevention.
6. “Incident” is defined as an event, intentional or unintentional, that resulted in or contributed to, or could have (near miss) resulted in or contributed to a loss, injury, damage, or harm to persons or property from fire, theft, vandalism, weather, etc.

Section 7.01 All incidents, no matter how minor, should be reported as soon as physically able, either by written or verbal notice, and no later than the end of the working shift to the department head or immediate supervisor or to the Clerk and Recorder Office. A guide for filling out incident forms and the incident reporting procedure is contained in Appendix D-1. This packet should be issued to the employee at the time of injury.

- Occupational Injury or Illness = First Report Form (Appendix D-2)
- Property Damage with/without Injury = County Incident Report (Appendix D-3)
- Near Miss = County Incident Report
- Safety Violation = County Incident Report
- Vehicle Collision = County Incident Report, Auto Incident Notice
- Defective Equipment = County Incident Report

⁴ (Montana Code Annotated 39-71-119, 2011)

Section 7.02 All persons with an actual or suspected injury should be treated by a medical professional immediately. A “Medical Status Form” must be obtained and filled out with the initial visit and returned to the Clerk and Recorder’s Office. Appendix D-4

Section 7.03 In the case of a fatality or injuries requiring hospitalization, the Elected Official/Department Head or Clerk and Recorder should report the incident to the Board of County Commissioners, the nearest office of the Department of Labor and Industries (444-6401), and MACo Risk Management (449-4370). The report should relate the circumstances, the number of fatalities, and the extent of any injuries.

Section 7.04 In the event of a fatality, notification of next of kin, or those persons so designated by the employee in event of an emergency, should be coordinated through and approved by the County Commissioners.

Section 7.05 **Vehicular Collision.** All incidents involving a motor vehicle collisions and/or property damage shall additionally be reported to law enforcement and the Clerk and Recorder.

- a. If the incident may result in someone alleging liability against the county, the Clerk and Recorder’s office should also file the report with the county insurance carrier.
- b. County employees should refer all formal requests in production of evidence relating to a vehicular collision to the County Attorney prior to releasing any information.
- c. The employee should refrain from making statements regarding the incident with anyone other than the investigating officer, employer’s officials, and employer or personal insurance company representatives. Statements should be confined to factual observations.

Section 7.06 **Property Damage With/Without Injury.**

- a. All incidents, no matter how minor, which result or may result in a liability claim against the county, or give the county a liability claim against others, should be promptly reported to the Department Head and Clerk and Recorder.
- b. All damage to or loss of county property in excess of one hundred dollars (\$100) in value should be reported (excluding cracked windshields) to the Department Head and Clerk and Recorder. This includes damage to buildings, grounds, infrastructure, signs, equipment, tools, supplies, etc.
- c. Property damage with injury would require the additional filing of a First Report as referenced in Section 7.01.
- d. Damage that is not of natural cause should be reported to the Meagher County Sheriff’s Department as soon as possible. The employee and the immediate supervisor should cooperate with the thorough investigation of the incident.
- e. Employees should not discuss details of the investigation with unauthorized persons and should not admit liability.

Section 7.07 **Defective Equipment.** When an incident happens where defective equipment is a possibility, the following action should be taken:

- a. Follow the procedures for Property Damage With/Without Injury.
- b. Turn the equipment involved over to the Department Head.

- c. A detailed report should be written within 24 hours to include circumstances surrounding the incident and manufacturing information available concerning the equipment in question.

Section 7.08 Return to Work Program. The Purpose of the RTW Program is to minimize avoidable disruption caused by work-related injury or occupational disease and assist the injured worker to return as soon as possible to either the same position with the same department, or a modified position with the same or different department.

- a. A return to work team will be established that will consist of the Safety Coordinator, Clerk and Recorder, Department Head/Supervisor, and the employee to discuss the medical status of the employee and at what position and job tasks they will be able to perform.
- b. If you can return to work with no restrictions, you will be expected to return to work at your same position immediately.
- c. Return to work team meetings will occur as needed, depending on the length of restrictions, intervals between appointments, etc. The meetings shall be set forth by the team and all members, including the employee whether at work or not, are expected to attend.
- d. The “Meagher County Return to Work Program” is provided as Appendix E. This packet should be issued to the employee when they are not able to return to work without restriction following an incident.

Section 7.09 Record Keeping.

- a. The Safety Coordinator and Clerk & Recorder are responsible for properly maintaining and storing all incident reports.
- b. Original copies of all “First Reports” are to be kept in the personnel files located in the Clerk & Recorders Office of the Courthouse.
- c. The Safety Coordinator shall maintain a log and summary of occupational disease and injuries on Montana OSHA Form 300 and a report on Form 301 within seven days after receiving the information that involves:
 - death
 - days away from work
 - restricted work or transfer to another job
 - medical treatment beyond first aid
 - loss of consciousness
 - a significant injury or illness diagnosed by a licensed health care professional
 - work-related case involving cancer, chronic irreversible disease, fractured or cracked bone, or punctured eardrum
 - Any needle stick injury or cut from a sharp object that is contaminated with another person’s blood or other potentially infectious material
 - employee medical removal;
 - tuberculosis infection
 - Standard Threshold Shift (STS) and if total hearing level is 25 decibels or more above audiometric zero in the same ear as the STS on an employee’s hearing test
- d. Maintain records for five years following the year to which they relate. Records includes: department inspections, maintenance logs, minutes of meetings, training logs, audit reports, OSHA 300 log and annual summaries, accident reports, injury reports, and safety citations.

ARTICLE VIII INCIDENT INVESTIGATION

Purpose: The purpose of incident investigation is to prevent repeat incidents by learning causes so that corrective actions can be taken to implement needed physical changes, improve operating procedures, improve safety and supervision, upgrade training, and reduce the probability of a repeat event and the resulting loss of human and economic resources.

Section 8.01 The Safety Coordinator should direct the Department Head to conduct an incident investigation once they receive an incident report that involves their department.

Section 8.02 It is the responsibility of the Department Head to investigate all incidents occurring in their department or area of responsibility within 10 days from the notification from the Safety Coordinator. Investigations should take place as soon as possible, so that recalling information is more accurate

Section 8.03 Use Appendix F-1 and F-2 for incident investigation and documentation.

Section 8.04 Upon investigation or at the time of the incident, any equipment, machinery, vehicles, etc. that are found to be defective, un-safe, or not operating properly should be labeled for “non-use” immediately and any further use prohibited. Steps for removal and repair should be done per the normal operating procedure of the department.

Section 8.05 Safety Coordinator shall report the necessary information regarding incidents and investigations to the Safety Committee within 30 days in order to analyze the situation and provide preventative recommendations and solutions to eliminate a possible recurrence.

ARTICLE IX EMERGENCY RESPONSE PLAN

Situation: This policy cannot capture all emergency situations that may occur. It is particularly difficult to have one standard plan for all departments, buildings and areas that encompass the county as a whole. Department Heads or Building Supervisors must include specific emergency operations plans for their area of responsibility as a part of their Safety Manual, as all will differ. All employees are charged with the knowledge of how to respond appropriately in an emergency.

Section 9.01 In the event of a FIRE

- a. Activate the Fire Alarm system, if applicable
- b. Call 911
- c. Notify everyone to evacuate the building through the nearest exit. This may be done per an intercom system, bullhorn, or other mechanism.
- d. Ensure that the public are assisted when getting out of the building.
- e. Doors should be closed behind the last person leaving a room when all people are out.
- f. Gather away from the building in a safe location.

Section 9.02 In the event of an EVACUATION

- a. Call 911
- b. Notify everyone to evacuate the building through the nearest exit. This may be done per an intercom system, bullhorn, or other notification method.
- c. Do not attempt to touch, move, or inspect any suspicious objects.
- d. Ensure that the public are assisted when getting out of the building.
- e. Doors should be closed behind the last person leaving a room when all people are out.
- f. Report to the “rally location”.

Section 9.03 In the event of SHELTER IN PLACE

- a. A direction may be given from disaster and emergency services, county commission or other to shelter in place.
- b. This order shall pertain to ALL persons who may be present in the building at that time, whether public or employee.
- c. Maintain a safe position in the building away from windows and doors until instructed otherwise.

Section 9.04 RALLY LOCATIONS and COMMUNICATIONS

- a. The primary location for ALL evacuations is the City Hall or City Park Pavilion, located behind the Courthouse on 105 W. Hampton.
- b. The secondary location for ALL evacuations is the Training Center, located next to the Sheriff’s Office on 101 W. Crawford.
- c. Temporary communications may be done through phone, radio, or deputy squad car.
- d. All Department Heads/Supervisors shall be responsible to contact all staff and verify their whereabouts.
- e. The County Commission may decide to activate the “Emergency Closure of County Offices” for a period of time.⁵
- f. All emergency communication and direction shall follow the Incident Command System.

⁵ (Meagher County Personnel Policy Handbook, 2011)

APPENDIX A SAFETY TRAINING & EDUCATION

- A-1 Meagher County Labor Workplace Hazard Notification
(Each *new employee* must sign, date and return to Department Head)

- A-2 Employee Safety Education Checklist
(To be completed by *new employees* during Orientation)
AND
(To be completed *yearly* by all employees of the county)

- A-3 Meagher County Training & Education Log

Meagher County Labor Workplace Hazard Notification

We at Meagher County want to ensure your work experience with us is safe and satisfactory for both employee and employer. The following is a list of potential hazards you may encounter while working at our facility. Please take time to read this list and ASK ANY QUESTION you may have about the list or the facility.

Moving Equipment:

- Watch for moving equipment including customer traffic and waste transfer equipment.
- Make eye contact with the driver before going near this type of equipment.
- Do not walk under or near a raised load (loader bucket or truck tipping).

Hazardous Materials- Do not touch any material which may be hazardous.

- Ammunition
- Containers with harmful liquids (Clorox, pesticides, Drano, acids, etc.)
- Containers with flammable liquids (gasoline, paint thinner, etc.)
- Potential medical waste, which may contain Blood Borne Pathogen

Slips and Falls

- Watch where you walk; the area may contain glass, wire, or other materials.
- Surfaces and slopes may be uneven, and mush, snow, or ice-covered.
- Do not climb on equipment or jump off steps, docks, etc.
- Metal or rubber box flaps are slippery, especially when wet. Use caution on these surfaces.

Lifting Objects

- Do not lift an item if it's too heavy or awkward.
- Get help from a co-worker.
- Make sure you have proper footing and balance.
- Lift with your legs, not your back.
- Do not twist when lifting.

Emergency Action Plan

- Report accidents, spills, leaks, fires, injuries, etc. to your Supervisor or the Clerk and Recorder.
- Know evacuation route and rally point in the event of an emergency.

Hazard Communication

- Many containers are labeled with contents and health hazards. Follow all warnings.
- Safety Data Sheets are available to affected county employees.
- ASK if you have any questions before handling any chemicals.

Lockout/ Tagout-Confined Spaces

- Do not remove any lockout/tagout device if you did not install it.
- Do not enter any area labeled Confined Space or Asbestos Hazard.
- Do not reach into any area or place where you may get caught in machinery.

Personal Protective Equipment

- Wear all required personal protective equipment provided for the job that you are given.

Printed Name: _____

Signature: _____

Date: _____

**Return to Safety Coordinator

EMPLOYEE SAFETY TRAINING & EDUCATION CHECKLIST

NAME: _____ **DEPT.** _____

NEW EMPLOYEE: Date Of Hire: _____ Deadline To Complete: _____

YEARLY REFRESHER: Deadline To Complete: _____

MANDATORY OBJECTIVES	DATE COMPLETED	EMPLOYEE INITIALS	SUPERVISOR INITIALS
1. Blood-borne pathogens- to be offered by the public health department during the year.			
2. First Aid: location of boxes in your area, how to get help, how to obtain treatment			
3. Job Hazards: review the job safety analysis forms thoroughly and understand ways to prevent incidents			
4. Culture of Safety: work comp., liability, no unsafe behaviors, attitude about safety, *review of the safety manual			
5. Fire and Emergency Response: know response and evacuation procedures, situational awareness			
6. Vehicle Safety if applicable, when using county owned vehicles, licensures up to date and copies, personal vehicle insured			
7. Equipment Safety: this will differ in every department, so specific equipment training is advised on all machinery, vehicles, equipment			
8. Personal Protective Equipment: this will differ in every department, so specific equipment should be emphasized			
9. Personal Work Habits: safe lifting, ergonomics, smoking policy, horseplay, good housekeeping, etc. (Safety Manual)			
10. Accident Reporting: review the safety manual for reporting guidelines			
11. Other (as specified by department):			

Employee Signature: _____

Department Head Signature: _____

**Return to Safety Coordinator

APPENDIX B HEALTH, SAFETY & LOSS CONTROL

B-1 Annual Safety Assessment

B-2 Annual Department Safety Inspection

(You may also want an additional more specific checklist for your department. The MACo website can be helpful in finding ones that are already created. You may create your own department inspection checklist as long as the elements of B-2 are included.)

B-3 Job Safety Analysis Worksheet
(Example JSA attached)

B-4 Hazardous Material Inventory Worksheet
(Be sure and include the SDS for each chemical in the “orange” notebook in addition to this inventory list)

Additional Resource: Conducting Safety Inspections, Revised 2010. MT Department of Labor and Industry.

ANNUAL SAFETY ASSESSMENT

*This ANNUAL Safety Assessment can serve as a guideline of what to complete each year. It is to be completed after the other annual procedures have been completed: departmental/area safety checklists, job safety analysis, hazardous material inventory, and employee refresher training.

DEPARTMENT:	
DATE COMPLETED:	
DEPARTMENT HEAD:	

ITEMS TO BE COMPLETED	YES	NO	N/A
Was an annual department/area self-inspection done within the last 12 months? (Department Safety Checklist B-2)			
Were all of the identified unsafe conditions and practices from the self-inspection corrected?			
Did any employees report unsafe work conditions, practices, or near misses that were corrected?			
Were all incidents reported and investigations completed?			
The Job Safety Analysis forms have been reviewed and updated during the last 12 months?			
The Hazardous Material Inventory has been reviewed and updated during the last 12 months?			
All staff has completed the mandatory education components in the last 12 months? (Article II)			
All staff has completed the Safety Training & Education Checklist (2.05, Appendix A-2)			
All new staff has completed the Orientation Education? (2.04, Appendix A-2)			
Specific department education has been conducted as a result of an incident, new equipment, new policy, etc.			
Safety Information handed down from the Safety Committee has been either posted in the department or shared with staff.			

GOALS/CORRECTIONS/IMPROVEMENTS FOR NEXT YEAR:

1. _____
2. _____
3. _____

ANNUAL DEPARTMENT SAFETY INSPECTION	
DEPARTMENT:	
DATE COMPLETED:	
DEPARTMENT HEAD:	

ADMINISTRATIVE	YES	NO	N/A
Is the departmental or building Emergency Plan in a location known and accessible to all employees?			
Is the Safety Manual in a location known and accessible to all employees?			
Are training records and education logs maintained and copies turned in to the Safety Coordinator?			
Have all employees completed orientation or annual education requirements this last 12 months?			
Are emergency numbers posted?			
*Action Required? By Whom? By What Date?			
GENERAL	YES	NO	NA
Is the workplace clean and orderly?			
Does noise level interfere with communication?			
Are photocopiers, printers, or scanners in a well-ventilated area?			
Is the air quality acceptable?			
Are broken chairs, desks, bookshelves, and other furniture removed?			
Are there any water leaks, ceiling tiles removed or stained?			
Is PPE (Personal Protective Equipment) appropriate for departmental hazards, quantities, and maintained in good working order?			
Has all staff been trained on the proper and safe use of PPE?			
Is PPE stored or displayed in areas for easy accessibility and/or stored in another location known to all staff?			
Locks function properly			
Windows open and close with ease, free from splinters, broken glass			
“No Smoking” signs are prominent and posted at all entrances to public buildings and where flammables are stored or located			
*Action Required? By Whom? By What Date?			

ELECTRICAL	YES	NO	N/A
Are there any exposed live electrical equipment, e.g. switch/receptacle plates missing, frayed wires, etc.			
Are extension cords and multiple outlet strips plugged directly into a wall outlet?			
Are extension cords at a minimum 14 gauge (heavy-duty) and servicing only one appliance or fixture?			
Are all electrical appliances and equipment properly grounded or double insulated?			
Are phone lines, electrical cords, and extension cords secured? (under a desk, along baseboards, covered by runners or cord protectors, etc.)			
Are personal appliances- radios, coffee makers, space heaters, etc., turned off at night?			
Is there a minimum of 3 feet of unobstructed access to electrical breaker panels?			
Are all circuit breaker panels with each breaker appropriately labeled?			
Are ground fault circuit interrupters available for use in wet areas?			
Are lock-out procedures taught to all staff and are being followed?			
*Action Required? By Whom? By What Date?			
EXITS	YES	NO	N/A
Are all exits posted, illuminated and free of storage or debris?			
Are there adequate walking space approaching exits?			
Does the exit door allow for immediate exit from the building during occupancy?			
*Action Required? By Whom? By What Date?			
FIRE PROTECTION	YES	NO	N/A
Do you have a posted emergency Evacuation Plan/Routes?			
Is the evacuation plan practiced on an annual basis?			
Are automatic fire detection systems tested on a regular basis?			
Are fire extinguishers securely mounted and clearly identified?			
Is there an inspection card attached to each fire extinguisher showing that it has been inspected within the last 12 months?			
All employees know where manual fire alarms are located?			
Are flammable materials stored in a fire rated cabinet?			
*Action Required? By Whom? By What Date?			

FIRST AID	YES	NO	N/A
First Aid Kit is present and its location visibly identified/labeled?			
All staff knows the location of first aid kit and qualified first aide personnel in the department/area?			
First Aid Kit has been checked, i.e. par levels obtained, expired products replaced, damaged or soiled packages replaced, assessed for additional supply products based on an accident, etc.?			
*Action Required? By Whom? By What Date?			
FLOORS, AISLES, STAIRS, LANDINGS	YES	NO	N/A
Are floor surfaces clean, dry and free of debris or tools?			
Is slip-resistant protection used on stairway, lobby, and elevator entrances?			
Defective floor surfaces have been repaired?			
Carpeting is secured and free of worn or frayed seams/edges/corners?			
Aisles, stairs, doorways, corners and landings free of obstructions?			
All stairs four or more steps high have secure railings on both sides?			
Handrails are in good repair			
Trip hazards have been removed- cords, furniture, rugs, objects			
Office arrangement allows easy egress under emergency conditions			
*Action Required? By Whom? By What Date?			
LIGHTING	YES	NO	N/A
Is there adequate lighting in all work areas/stations?			
Glare and reflection controlled to acceptable levels?			
Burned out bulbs, fixtures and flickering lights have been replaced			
Is there emergency lighting available and in working order?			
*Action Required? By Whom? By What Date?			
WORK PRACTICES	YES	NO	N/A
Is there unnecessary or excessive bending, reaching or stooping?			
Are work surfaces (desk, bench) set up at the appropriate height?			
Are computers, phones, and other office equipment arranged in an ergonomic way?			
Is mechanical equipment or dolly available for lifting heavy loads?			
Is adjustable seating available when appropriate?			
Are footrests, computer pads, etc. available to those that need them?			
Tools and equipment are returned in good working order to their proper storage location with each use			

*Action Required? By Whom? By What Date?			
STORAGE	YES	NO	N/A
Is the storage room neat and tidy?			
Heavy items are stored in lower and middle shelves			
Are chemicals stored and labeled properly?			
Hazardous Material Inventory has been reviewed, updated this year?			
Materials are neatly stacked or in stable piles that will not fall over?			
Appropriate stepladders are used to reach objects over head			
Stepladders and ladders are inspected annually and replaced if needed			
Bookshelves, cabinets, shelving are secured to prevent their falling over (not top heavy, secured to wall)			
Combustibles are stored properly- metal cabinets, away from flame, containers are closed, approved safety cans, etc.			
*Action Required? By Whom? By What Date?			
OUTDOOR GROUNDS	YES	NO	N/A
Sidewalks, walkways, parking lot is clear and free from debris, tripping hazards, wet or slippery conditions, and other hazards during all seasons.			
Trees, shrubs, and large overhanging foliage are cleared of unstable branches that could cause an injury or obstruction			
Sprinkler heads are at or below ground level and are not spraying on walkways			
Cigarette butt containers are available at entrances to public buildings			
*Action Required? By Whom? By What Date?			
OTHER, AS SPECIFIED BY DEPARTMENT	YES	NO	N/A
*Action Required? By Whom? By What Date?			

JOB SAFETY ANALYSIS WORKSHEET			
JSA # _____	<input type="checkbox"/> New <input type="checkbox"/> Revised	JOB TASK:	
DEPARTMENT:		JOB TITLES:	
DEPARTMENT HEAD:		JOB LOCATION:	
DATE COMPLETED:		ANALYST:	
REQUIRED OR RECOMMENDED PPE:			

STEP	SEQUENCE OF STEPS/ACTION	POTENTIAL ACCIDENT/HAZARDS	RECOMMENDED SAFE JOB PROCEDURE
1.			
2.			
3.			
4.			
5.			
6.			
7.			

8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

COMMENTS OR NOTES:

APPENDIX C SAFETY PROGRAMS

Appendix C-1	Blood Borne Pathogen Program
Appendix C-2	Lockout/Tagout Program
Appendix C-3	Hearing Conservation Program
Appendix C-4	Hazard Communication Program

APPENDIX D INCIDENT REPORTING PROCEDURES & FORMS

- D-1 Incident Reporting Procedures
- D-2 First Report of Injury and Occupational Disease
- D-3 Meagher County Incident Report
- D-4 Medical Status Form

INCIDENT REPORTING PROCEDURES

QUICK GUIDE: The purpose of this table is to help determine which forms are required for certain types of incidents, who is responsible for filling out the form, and where the form routes to upon completion. Be aware that procedures and forms may change.

Type of Accident	Reporting Form	Who is Responsible	Form Routes To
Incidents involving MACo and Worker’s Compensation			
Occupational Injury or Illness, <i>whether actual or suspected or unsure if injury is present</i>	1. First Report of Injury and Occupational Disease (Appendix D-2)	1. Employee- “Worker,” “Accident Description” and “Medical” fields.	Clerk & Recorder
		2. Clerk & Recorder- “Wages” and “Employer” fields	MACo Personnel File Safety Coordinator
	2. Meagher County Incident Report (Appendix D-3)	Employee	Clerk & Recorder Safety Coordinator
Occupational Injury or Illness <i>requiring Medical Care</i>	Medical Status Form (Appendix D-4)	Must be filled out by Health Care Provider. The Clinic should have these on file. If not, one can be obtained from the Clerk & Recorder Office.	Clerk & Recorder Safety Coordinator RTW Team
Incidents involving OSHA Reporting			
A “Recordable” Occupational Injury or Illness	OSHA 300A Log within 7 days of report	Safety Coordinator	Safety Manual 300A is posted
A “Recordable” Occupational Injury or Illness	OSHA 301 within 7 days of report	Safety Coordinator	Safety Manual
Incidents involving County Insurance & Liability			
County Vehicle Damage (Personal vehicles are protected on employee’s auto insurance)	1. Meagher County Incident Report 2. Auto Incident Notice	1. Employee 2. Clerk & Recorder	Clerk & Recorder Safety Coordinator Law Enforcement Insurance Carrier Personnel File
Property and/or Equipment Damage or Loss of assets >\$100	Meagher County Incident Report	Employee	Clerk & Recorder Safety Coordinator Law Enforcement, if necessary
Near Miss Safety Violation Defective Equipment	Meagher County Incident Report	Employee	Safety Coordinator

PROCEDURES

1. All incidents, no matter how minor, should be reported as soon as physically able, either by written or verbal notice, and no later than the end of the working shift to the department head or immediate supervisor or Clerk and Recorder.
2. All persons with an actual or suspected injury should be treated by a medical professional immediately.
3. All incidents involving a motor vehicle and/or property damage shall be reported to the Clerk and Recorder where reporting forms are done. If necessary, report the accident to law enforcement.
4. **All Occupational Injury or Disease** requires a First Report of Injury and Occupational Disease form that will be *filed electronically* at the Clerk and Recorder's Office. A copy of the form can be printed off to enable employees and department heads the ability to begin filling out the form quickly. Appendix D-2

NOTE: The form should be submitted for all *suspected or actual injuries* in order to protect the employees' right to benefits in the event a seemingly minor injury develops into a more serious condition. An employee has 30 days to complete and file the form.

- File as soon as possible! However, it must be filed within 30 days.
- The Employee, if physically able, is responsible for providing the information into the following fields: "Worker," "Accident Description" (as detailed as possible), and "Medical" (use N/A if no medical attention was required).
 - The Department Head or Supervisor may assist with the form if the employee is not able.
 - The Employee should receive a claim number by mail from the claims adjuster. That information should be provided to the medical facility where treatment was received for the payment of expenses.
- Clerk & Recorder/Personnel is responsible for filling in the information in the "Employer" and "Wages" fields:
 - Copies of any written medical recommendations from the health care provider pertaining to work restrictions or time off should be mailed and the electronic First Report Form referenced.
 - The First Report Form is filed electronically at once.
 - First Report Forms and copies of medical paperwork are kept in the employee's personnel file.
 - The Clerk & Recorder should receive a claim number and should communicate with MACo claims adjusters to facilitate and assure the best outcome.
 - A copy of the completed report should be routed to the Safety Coordinator

5. **ALL Other Incidents** (property damage, vehicle damage, near miss, safety violation, defective equipment, etc.) require a Meagher County Incident Report to be filed. Appendix D-3

- All damage to or loss of county property in excess of one hundred dollars (\$100) in value should be reported (excluding cracked windshields). This includes damage to buildings, grounds, infrastructure, signs, equipment, tools, supplies, etc.
- Damage that is not of natural cause should be reported to the Meagher County Sheriff's Department as soon as possible. The employee and the immediate supervisor should cooperate with the thorough investigation of the incident.
- The Incident Report is routed to the Clerk and Recorder's Office and then to the Safety Coordinator.

6. **All Occupational Incidents Requiring Medical Attention** require a "Medical Status Form" to be filled out by the health care provider. Appendix D-4

- If possible, the form should be filled out at the initial visit to the health care provider and is important to know at what level the employee is allowed to return to work.
- The form should also be filled out at each additional follow up or on-going appointment with the health care provider to clarify the level the employee is allowed to return to work.
- With each appointment, the form should be delivered to the Clerk & Recorder's Office as soon as possible after the appointment to ensure proper work status is in place.
- The Medical Status Form can be received from the Clerk & Records' Office if the health care provider does not have the form.
- Any work restrictions will activate the Return to Work Program- Appendix E***

“FIRST REPORT FORM”

- This form is filed electronically by the Clerk and Recorder.
- However, hard copies can be kept in the department for quickly capturing information or if the injured employee is unable to present for electronic filing.
- The form can be found on the MACo website- www.mtcounties.org
- See the Attached blank form

EQUIPMENT INCIDENT IN DETAIL IF APPLICABLE:

NAME OF EQUIPMENT:	
MANUFACTURER	
AGE OF EQUIPMENT	
MODEL & SERIAL #	
LOCATION	
DESCRIBE the manner in which the equipment failed, malfunctioned, or contributed to an incident.	

IF BENEFICIAL TO INVESTIGATION, DRAW A DIAGRAM OR ATTACH YOUR OWN:

WITNESSES, ATTACH STATEMENTS IF APPLICABLE:

NAME	ADDRESS	PHONE

EMPLOYEE'S SIGNATURE: _____ **DATE:** _____

DEPT. HEAD SIGNATURE: _____ **DATE:** _____

*Return this Incident Report to the Clerk and Recorder for processing.
 *Clerk & Recorder will route to the Safety Coordinator for investigation.

MEDICAL STATUS FORM

- The Medical office should have these forms on hand to be filled out with the appointment. However, hard copies may be found at the Clerk and Recorder's Office and attached here.
- The form can be found on the MACo website- www.mtcounties.org
- See the attached blank form.

APPENDIX E RETURN TO WORK PROGRAM

- E-1 Meagher County Return to Work Management Statement
- E-2 Employee Injury Response Kit Labels
- E-3 Medical Status Form
- E-4 Authorization Form for Release of Information
- E-5 Steps to Complete if an Injury Occurs (Diagram)



MEAGHER COUNTY RETURN TO WORK MANAGEMENT STATEMENT

The Meagher County Commissioners believe that the best approach to controlling accidents and costs is to keep injuries and illnesses from occurring. We are committed to utilizing our resources to provide a safe work environment for everyone.

Return to Work has long been known to reduce workers compensation costs, however it has recently been found to also reduce pain and suffering by the employee, speed up healing times and increase the level of healing a person experiences. Because of these benefits, the Meagher County Commissioners have chosen to implement this program for the county employees.

Meagher County has developed a plan and process designed to help injured employees receive prompt medical attention and recovery assistance. The plan is called the Return to Work (RTW) Program. It includes a team effort involving the injured worker, the treating health provider, insurance provider and internal county management.

Our employees are our greatest assets and we are committed to providing prompt, high-quality medical care and returning injured workers to full gainful employment as soon as medically feasible. Studies show that RTW programs help speed the recovery process through maintaining job skills and reducing the impact of work-related injuries on the injured worker's family and income. Meagher County Commissioners believe that this program aids in retaining productive people, minimizes costs, and believe the workers will be better able to return sooner and avoid long term disabilities affecting their careers.

Open, two way communication is vital to the success of this program. As such, the Department Head and/or Designated RTW Coordinator will attempt to contact you periodically to keep updated on your condition and status. It is also recommended that, if able, you call in to the office while you are away from work. This will help keep those lines of communication open and will enable a speedier return to work.

When incidents do occur, it is in everyone's best interest that injuries are properly managed. Meagher County Department Head Supervisors with the support of the RTW Coordinators ***will make an effort*** to provide temporary modified transitional work until the employee is able to resume normal duties. All modified work assignments are temporary and intended to facilitate a return to regular work duties as soon as it is medically feasible. These positions may be offered at any location or department/shift at any Meagher County workplace location.

For the Meagher County Return to Work program to be successful, everyone must understand their responsibilities and will need to fully support the Program.

Safety Coordinator/RTW Coordinator will:

- Develop and monitor a Return to Work Program.
- Develop job descriptions for the temporary modified transitional work to be done.
- Train managers/supervisors on the program and how it is to be managed.
- Train employees on the program and how it is to be followed.
- Provide managers/supervisors and employees the resources needed to make the program successful.
- Assign members of the RTW Team for each employee situation and schedule team meetings as appropriate.
- Review the Medical Status Report form after each and every physician visit.
- Attend all return to work team meetings.
- Communicate with injured employee frequently. This can be done in person or via phone.

Department Head/Supervisor will:

- Ensure injured employees receive the appropriate medical treatment.
- Assist the injured employee in completing the First Report of Injury Form.
- Help the treating health care professional and RTW Coordinators with determining work availability and/or modification needed for temporary modified duty work.
- Ensure the injured employee does not work outside the restrictions approved by the physician.
- Regularly monitor the progress of injured employees during recovery period.
- Attend all return to work team meetings.
- Investigate on-the-job incidents and complete necessary reports and determine corrective action.

Employee will:

- Report all injuries, illnesses and incidents immediately to your supervisor.
- Complete First Injury Report by the end of the shift on which the injury occurred or as soon as feasibly possible.
- Cooperate with insurance claims staff, rehabilitation or specialist and treating providers regarding appropriate medical treatment and recovery progress.
- Be available for any transitional job assignment appropriate for your abilities during recovery as soon as the physician says you are able to.
- Comply with all work restrictions during your recovery process and never work outside of those restrictions.
- Communicate any changes in your ability to work to your supervisor.
- Maintain open communication with your supervisor. This includes phone calls or visits if you are away from the worksite.
- Attend all return to work meetings with your return to work team. If you are off work, it is advisable that you still attend these meetings.

- Return completed Medical Status Forms to supervisor immediately following all doctor appointments.
- Upon returning to work, provide your supervisor with your medical provider's medical release and any information regarding medical restrictions.

Meagher County Commissioners will:

- Support the primary objective of this program- to assure effective medical care for any injured employee and to assist with their prompt return to productive work as soon as medically feasible.
- Reserve the right to change or modify this program at any time.

Outline of Process: (Refer to the diagram, Appendix E-5)

1. If you are injured on the job, our first priority is to ensure you receive proper medical treatment.
2. If you are able to fill out a First Report of Injury Form prior to leaving the worksite to seek medical treatment, this is preferred. However, if you are severely injured, working at a location where a First Report is not readily available, or working a shift not within normal operational hours, you may need to seek medical treatment prior to filling out this form. If this is the case, it is imperative that you complete this form with your Supervisor or Clerk and Recorder as soon as possible after receiving medical treatment. This form is your application for benefits from our Workers Compensation Insurance Carrier, and it is required for benefits to be paid.
3. Upon completion of this form, a Return to Work Team will be established. The goals of this team are to find temporary transitional duties, communicate with our carrier and keep open communication to promote return to work success. A RTW Program packet should be delivered to the employee. Appendix E-2
4. A Medical Status Form, Appendix E-3, is required to be returned by the injured employee immediately following all medical appointments. This form will help us determine the type of work Meagher County has available within the restrictions set forth by your physician. Failure to return this form may result in time loss compensation.
5. An Authorization to Release Medical Information, Appendix E-4, needs to be filled out by the employee and returned to the Safety Coordinator or Clerk and Recorder. It is not the intent of this program to obtain confidential medical information. Information related to the incident, how it happened, who was involved, when it happened and how we can prevent similar incidents in the future will be discussed with our safety committee, management team and during the incident investigation. This investigation will not focus on the type of injury or the injured employees medical diagnosis or prognosis, rather the mechanics of how the injury occurred.

6. Upon the return of the Medical Status Form and the Authorization to Release Medical Information, a RTW Team meeting will be set up. If you can return to work, you will be expected to return to work immediately.
7. If long periods of time occur between each visit to the physician, the team may meet at least every month to review your work restrictions and ensure that only those tasks approved are being done. If you are away from work, it is preferred that you come in to attend these meetings. If additional tasks are deemed to be within the restrictions set forth in the most recent Medical Status Form, these duties may be added to your temporary job.
8. Once your physician releases you back to full duty, you are expected to return to your time of injury job.



In Case of Injury: Employee Injury Response Kit
An essential part to Meagher County Return to Work Program

Employee Instructions:

The documents in this kit are designed to facilitate care of our employee in the event of a workplace injury. Please review the documents with your medical provider at your initial visit and return all completed documents to the Clerk and Recorder's Office immediately.

- Overview for Medical Provider: Our employees are our most valuable resource and whenever possible we provide medically appropriate alternative work for the injured employee while they heal. This brief overview explains our Return to Work Program
- Injured employee Job Description- To be given to the Health Care Provider.
- Authorization for the Release of Medical Information- The employee will need to sign this form and give copy to the doctor.
- Medical Status Form- To be Completed by the treating physician at the initial visit and each follow-up visit and returned to the Clerk and Recorder's Office immediately after all health care appointments.

MEDICAL STATUS FORM

- The Medical office should have these forms on hand to be filled out with the appointment. However, hard copies may be found at the Clerk and Recorder's Office and attached here.
- The form can be found on the MACo website- www.mtcounties.org
- See the attached blank form.

**Meagher County Return to Work Program
Authorization Form for Release of Information**

A. Identification

This document authorizes the use and/or disclosure of confidential protected health care information about:

Employee Name: _____ Date of Birth: _____

Address: _____

Daytime Phone Number: _____ Employee ID Number: _____

B. Directions for Release

I authorize the release and/or use of protected health information **pertaining to my current and expected medical restrictions and functional abilities and expected recovery timelines regarding my work-related injury or occupational disease**. The information may also include medical opinions and evaluations of potential temporary transitional duty assignments and/or return to work activities. This authorization applies in accordance with my directions as checked below. **I authorize the release of information from:**

___ My Physician/Provider (Name): _____

___ MACo Workers' Comp Claims Department

___ Other (Name or describe): _____

I authorize the disclosure of this information to:

___ Meagher County Clerk and Recorder's Office- PO Box 309, White Sulphur Springs, MT 59645

___ Meagher County Return to Work Program and Team (same address as above)

___ Other (Name or describe): _____

I authorize the disclosure and/or use for the following reasons:

1. To evaluate the appropriateness of temporary transitional duty assignments;
2. To evaluate ongoing temporary transitional duty assignments;
3. To evaluate the appropriateness of returning to full unrestricted duties.

C. Right to Revoke

I understand that I may revoke this Authorization at any time except to the extent that action has already been taken in reliance upon it. If I do not revoke it, this Authorization will expire on the date I am declared maximally medically improved (MMI) by my Health Care Provider for my work-related injury or occupational disease. To revoke the Authorization, I understand I must contact the persons to whom this authorization applies as checked above.

D. Authorization and Signature

I authorize the release of my confidential health information as described in my directions in Section B. I understand that this authorization is voluntary, that some of the information to be disclosed *may* be protected by law, and the use/disclosure is to be made to conform to my directions.

I, _____, have read the contents of this Authorization, and I confirm that the contents are consistent with my directions.

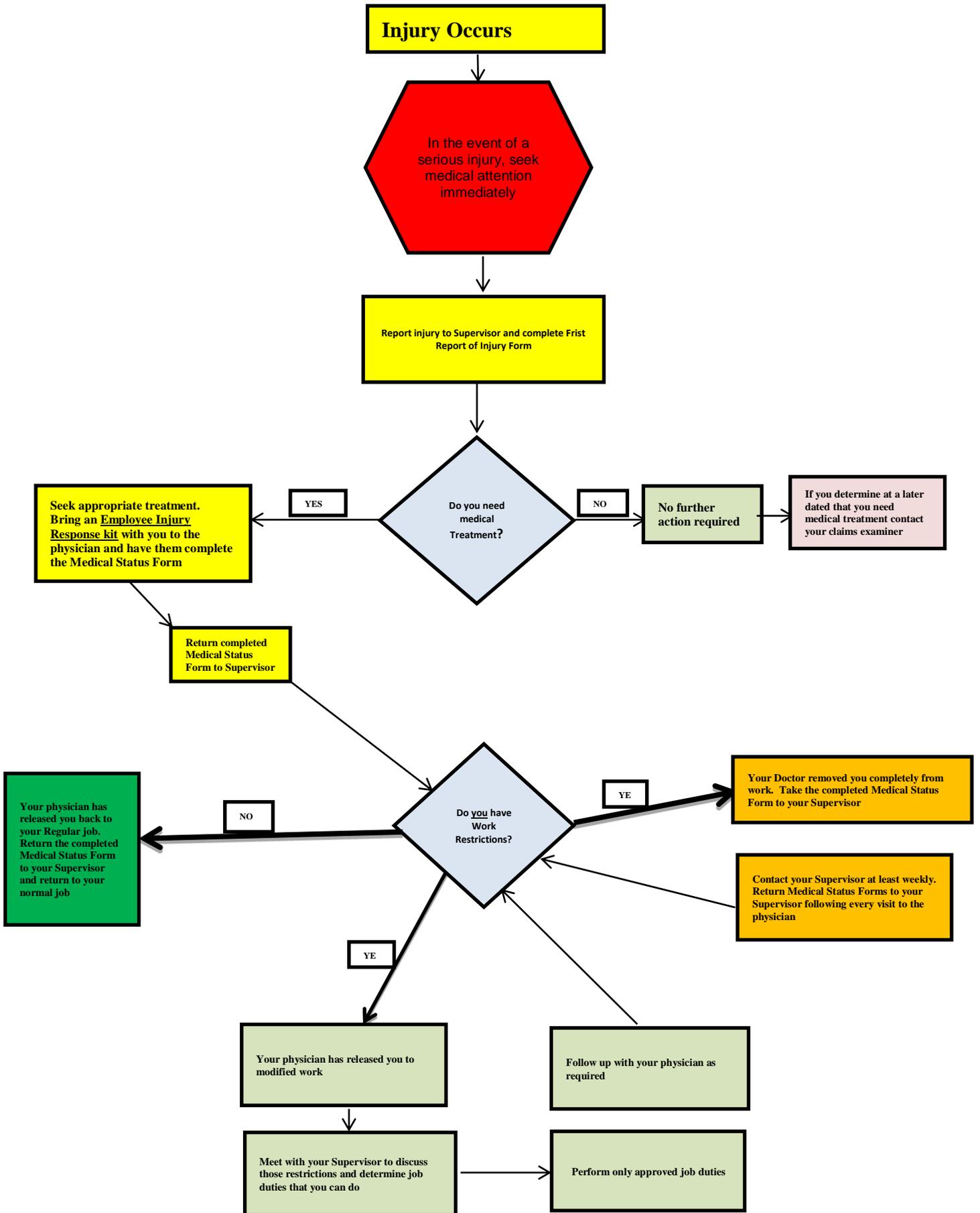
Employee Signature

Date

Signature of Witness

Date

STEPS TO COMPLETE IF AN INJURY OCCURS



APPENDIX F INCIDENT INVESTIGATION

F-1 Meagher County Incident Investigation Report

F-2 Incident Investigation Checklist

Additional Resource: [Accident Investigation, Revised 2010.](#) MT Department of Labor and Industry.

MEAGHER COUNTY INCIDENT INVESTIGATION REPORT

(Should be completed within 30 days of reported incident)

Instructions: This Incident Investigation Report is a tool for department supervisors and accident investigation teams to find main causes of illnesses, injuries, and "near misses" and to take corrective actions. Departments are strongly encouraged to use this form as a method of reducing hazards in their areas.

The Meagher County Incident Report and/or First Report Form have been reviewed?

Yes

No

Summary of the incident report:

Type of Incident:

Department:

Date:

The Witness Statements have been reviewed if applicable?

Yes

No

NA

If there was equipment involved, describe findings here:

Name of Equipment:

(Be sure all detail is filled in on the Incident Report)

Was there an equipment failure?

Yes

No

Describe contributing factors:

Additional Information acquired during accident scene investigation:

Unsafe acts or conditions involved in the Incident, contributing factors, etc.

Estimated Cost of Damages: \$ _____

Claims filed: Yes No

Employee Loss Time: Yes No

Medical aid given: Yes No

Recommended Preventative and/or Corrective Actions to be Taken :

(Use additional paper if needed)

ACTION	BY WHOM	TARGET DATE	COMPLETED DATE

Investigation Completed By (Name):

Signature:

Date:

*****Return this report to the Safety Coordinator*****

Report Reviewed By Safety Committee:

Signature:

Date:

INCIDENT INVESTIGATION CHECKLIST

- Descriptions and Identification of the Premises
 - Exact location, giving street numbers and any other descriptions specific to the site.
 - Type of building (Use and construction type)
 - Age of building (If necessary, obtain name of architect, contractor and builder).
 - General condition of building or area.
 - Is building or area in good general condition?
 - Is building or area well maintained?
 - Is building kept in good repair?
 - Use to which facility, area or equipment is put.
 - Is the use proper?
 - Is the use lawful?
 - Is the use hazardous in any way?
 - Does the use create a nuisance?
 - What is the history of previous incidents with this facility, area or equipment?

- Ownership and Control
 - Who owns the facility or equipment?
 - How long has local government used facility or equipment?
 - If another tenant or facility user is involved, obtain a list of names, addresses and phone numbers, and their insurance company.
 - Obtain a copy of building lease when applicable.
 - Does a landlord control the area of a facility complained of? If so, obtain name, address and phone number, including his insurance company.
 - Who is responsible for the cleaning and general maintenance? If not local government, obtain names, addresses and phone numbers, including their insurance companies.

- Coverage
 - Make sure the incident occurred within the local government's jurisdiction.
 - Make sure the incident occurred on local government property.
 - Are there any easements within the incident area?
 - Did the incident occur under the possible control of someone else, and not the local government?
 - Were there any contracts or hold harmless agreements signed that have a bearing on this incident? If yes, obtain.
 - Can liability be transferred to another party (contractor, hold harmless signer, private property owner)?
 - Does the county's insurance coverage this incident?
 - Check for possible completed operations:
 - Obtain exact date when work was done.
 - Was job accepted as completed?
 - Was payment made for completed job?
 - Were any exposures left at site?
 - Were any complaints made about workmanship?
 - Were any repairs made, or conditions corrected?
 - Are inspection records available, complete?
 - Did the operation involve a service or maintenance contract? If so, obtain.

- Actual or Constructive Notice
 - Who was responsible for the general maintenance of the building, area or equipment?
 - Was the individual aware of the risk or exposure?

- How did it come to his attention?
- When did it come to his attention?
- How long had the condition been permitted to exist?
- Were any regular inspections made? By whom? Reports made?
- If the local government was unaware of the exposure, could it have been identified through a regular inspection?
- Was the building, area or equipment regularly inspected?
- Are safety precautions regularly used in maintenance?

- Physical Conditions
 - Describe the condition that caused the incident.
 - Exact location. Preserve any evidence. Take pictures.
 - If pertinent, describe composition, nature, condition of floor (wet, debris, slick, broken, rough, slope, cracked, obstructed).
 - Was the incident caused by defective conditions owing to ordinary wear and tear? Faulty construction?
 - Describe lighting conditions (time of day, weather, windows, shades, power, lights).
 - Describe weather conditions.
 - Are any warning or cautionary signs posted? Photograph.
 - Are blueprints or plans available if necessary? Where?
 - Did facility meet code?
 - Had repairs been made? By whom, when, how, guarantee?

- Reports and Witnesses
 - Obtain signed statements from all parties.
 - Were any confessions or admissions made? Obtain.
 - Document any injuries sustained.
 - Obtain names, addresses, and phone numbers of all witnesses and involved.
 - Obtain names, addresses, and phone numbers of outside witnesses who can testify regarding conditions, policies, procedures, practices, routines, etc.
 - Obtain a police, physician, or other available reports.

- Information from Claimant
 - Claimant's name and all previous names or aliases under which the claimant was even known.
 - Age, general appearance, and impression made. Obtain any legally permissible public information as to the claimant's character, intelligence, integrity, driving record, police record, etc.
 - Present and previous address and phone number.
 - Military status if applicable.
 - Dependency status.
 - Employment history.
 - Possible distractions to claimant:
 - Weather
 - Was claimant carrying any packages, umbrella, or other objects that could have affected vision, balance, etc. Describe.
 - Was claimant watching someone or something?
 - Was claimant talking to anyone at time of incident?
 - Was claimant daydreaming or preoccupied?
 - Was claimant awake?
 - Was claimant worried or under stress?
 - Was claimant tired?
 - Did the claimant's clothes have any bearing on the incident?
 - Hat over eyes?
 - Collar or hat over ears?

- Were clothing or shoes a tripping or other hazard?
 - Did claimant's physical condition have any bearing on the incident?
 - Medical condition (heart disease, epilepsy, faintness, etc.)
 - Alcohol or drug use.
 - Illness or lack of sleep (work hours?)
 - Any physical disabilities? Describe.
 - Eyesight (need glasses? wearing glasses/contacts?)
 - Ascertain circumstances surrounding claimant incident.
 - Was claimant invited guest, trespasser?
 - Why was claimant in area?
 - Who was with claimant just prior and following incident? Interview.
 - If claim involves injury, how was claimant hurt?
- Street & Sidewalk Incidents
- Describe composition of street or walk.
 - Determine if publicly or privately owned? Easements?
 - Were attempts made to guard or barricade the exposure?
 - Were any warning signs placed around the defect?
 - Had there been previous complaints about the exposure?
 - Did the abutting property owner have any responsibility?
 - Who originally constructed the street or walk? When?
 - If the exposure was caused by tree roots, who planted, maintains, owns them?
- Snow and Ice Cases
- Describe slope.
 - Was ice caused by leaking water? If so, was leak from public water main or private service line, or defective spout or other part of building?
 - If snow was involved, how much? When did it stop snowing? Who is responsible for snow removal?
 - Was snow hard, packed, soft, icy?
 - Was attempt made to clean the snow? Who? When?
 - Was cleaned snow piled up so that it melted and created hazard?
 - Was there any defect under the snow?
 - What was weather at time of incident?
 - Review snow removal resolution, policy, procedures. Were they complied with?
- Slippery Floors Cases
- Was the floor wet? Who caused it to be wet?
 - Were any caution or warning signs put out?
 - When was floor last waxed? By whom?
 - Obtain information on wax used (manufacturer, directions for use, manufacturer's insurer).
 - Were manufacturer's directions complied with?
 - What method was used to apply wax?
 - If necessary, obtain chemical analysis of wax and have a friction test made before waxing, after waxing, and after buffing.
- Stairway Cases
- What is description and construction of stairs?
 - What are measurements (height, depth, width)?
 - Are all steps of equal height, etc?
 - What is condition of steps?
 - Do stairs have covering? Of what? Condition?
 - Did stairs have any signs? Defective?

- Were stairs unusual in any way? (curved, winding)
- Give location and description of any landings.
- Do construction of stairs conform to building code? If not, what violations are there?
- Was there any obstruction on stairs? Describe fully.
- Were stairs lighted?
- Were stairs in common use? Who else uses them?
- Any complaints or reports ever made about stairs?
- Was there a handrail? Exactly where, how fastened, what composition, what condition, how high?
- What kind of shoes was claimant wearing? Describe soles and condition?
- Was claimant carrying anything? Describe fully?
- Was claimant wearing anything that could catch, cause trip, fall or obscure vision?
- What caused the incident? (trip, slip, failure to use handrail, loss of balance, intoxication, etc.)
- How did claimant fall (backwards, forwards, side, lurch)?
- Did claimant attempt to catch rail or self? Which foot was forward?
- Diagram exact location of fall. Between which steps?

➤ Falling Object Cases

- From where did the object fall?
- What was the exact spot where it landed?
- What sort of object fell?
- Who owned the object?
- What caused the fall?
- If the object that fell was in or a piece of a building:
 - Who was in control of the building?
 - How old was the building?
 - When was area last inspected?
 - Have pieces ever fallen previously?
 - Were shelves secure?
 - Were weather factors involved?
 - How were materials stacked? Where?
- If a construction case:
 - Were the floors covered?
 - Who was working above? Obtain all names, addresses and phone numbers, including contractors, subcontractors and insurers.
 - What caused the fall? Who?

➤ Construction Cases

- Obtain names and insurance carriers of all parties.
- Obtain copies of all contracts.
- Who controlled the operation? Who supervised the work?
- Was the work unusually hazardous?
- Were the workers experienced?
- Were they licensed, if required?
- Were they properly supervised?
- Were they engaged in unusual or unorthodox practices or techniques?
- What was the nature of their tools and equipment? Who furnished them?
- Was the construction regularly inspected? Obtain all daily work logs and inspection reports.
- Were defects noted? Should they have been? By whom?
- Were any repairs made? When, by whom, how? If not, why not?
- What safety measures were taken? By whom? (lanterns, barricades, walkways, overhangs, etc.)
- Was the Manual, Uniform Traffic Control Devices (MUTCD) complied with?
- Was contractor complying with all general and special conditions?
- Were all safety (OSHA) conditions complied with?

- Was special safety equipment available? Was it used? If not, why not?
- Obtain all pre-construction photographs and films. Take post incident photographs.
- Were plans properly filed with building division? Approved?
- Were inspections regularly made? Obtain
- Did job conform to code?
- Were any correction notices ever issued? Were they complied with?
- Has a certificate of occupancy been issued? Obtain.

➤ Animal Incidents

- Description of the animal (species, domestic or wild, size, condition, nature and reputation)
- Who owns animal? Control's animal?
- Why was claimant in vicinity of animal?
- Was animal provoked?
- Was animal on leash?
- Was animal on owner's premises?
- Had owner been warned about Animal Control Resolution?
- What is local government policy on animal control enforcement? Was it followed?
- Had any previous complaints been made about the animal? By whom? When? Of what nature?
- Had Police or other officials, or Animal Control or other officials been aware of this animal? Any previous citations issued? Complaints made?