

Safety Manual For City of Clinton, Iowa

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City of Clinton, Iowa Management Statement of Safety Policy

The success of the City of Clinton, Iowa depends upon our efficient use of resources to produce high quality services for the citizens of our community. Our most important resource is our employees. To protect this resource, we are committed to providing a safe and healthful workplace for all employees by establishing and maintaining an effective safety and health program. We consider safety to be a core value of our organization's operations.

The occupational safety program of the City of Clinton, Iowa is organized to give each department responsibility for the accident prevention program. All employees at all levels of our workforce are directed to make safety a matter of continuing concern, equal in importance to all other operational considerations. We are all expected to cooperate in implementing safety practices and to adopt the concept that the safe way to perform a task is the most efficient, and the only acceptable way to perform it.

Mayor's Signature

Date

Safety Responsibilities

Management and Department Head Safety Responsibilities:

Management is responsible for providing a place of employment that is free from recognized hazards that could result in injuries or accidents. Since it is impossible for managers to personally observe all employee activities, management must rely on and assure that all supervisors are trained and aware of their safety responsibilities. Other safety responsibilities for managers include:

- Provide leadership and direction concerning safety activities.
- Participate actively in the continuous evaluation of the safety program.
- Set goals concerning safety performance within your department.
- Review losses for potential trends on a regular basis.
- Enforce all safety rules.
- Participate in facility and work site audits.
- Participate and support all accident investigation activities.
- Review accident reports and recommend corrective actions.

Supervisor Safety Responsibilities:

Safety is as much a part of the supervisor's responsibility as is getting the job done efficiently. Among the important safety responsibilities of each and every supervisor are:

1. Familiarize yourself with and enforce the safety rules and regulations that have been established by applicable local, state and federal organizations. These regulations are intended to set minimum standards for safety and the contents of the regulations should be enforced as minimum safety requirements for all activities on the City of Clinton, Iowa worksites and facilities.
2. Correct all reported hazards. Operating under known hazardous conditions will not be tolerated.
3. Do not permit new or inexperienced employees under your supervision to work with power tools, machinery or complex equipment without proper instruction and training.
4. Give adequate instructions. Do not assume that an employee knows how to do a job unless you personally have knowledge that the person can perform the task correctly.
5. Ensure tools, equipment and machinery being used in the workplace is in proper working condition. Do not allow the use of unsafe tools or equipment under any circumstances.
6. Ensure that proper personal protective equipment (PPE) is available and used by employees when necessary or required.
7. Always set a good example in safety, such as wearing the proper safety equipment (safety glasses, hard hats, etc.), following policies/procedures, using seat belts, etc.
8. Consistently enforce the requirements of the organization's safety program and any associated rules or policies.
9. Ensure that all employees have access to a copy of the organization's safety program.
10. Encourage safety suggestions from employees under your supervision.
11. Obtain prompt first aid for injured employees.
12. Participate in accident or incident investigations involving your employees.

13. Conduct audits of all work areas and facilities on a regular basis in an effort to improve housekeeping, eliminate unsafe conditions and encourage safe work practices.

Employee Safety Responsibilities:

All employees carry a certain amount of responsibility in any safety program. You must be aware that your actions, mental state, physical condition, and attitude directly affect the safety of yourself and your fellow employees. All employees are expected to:

1. Know your job, follow instructions, and think before you act.
2. Use personal protective equipment (PPE) (eye protection, hard hats, gloves, etc.), as the job requires.
3. Work according to good safety practices as posted, instructed, and/or discussed.
4. Refrain from any unsafe act that might endanger yourself or your fellow workers.
5. Report any unsafe situation or act to your supervisor immediately.
6. Assume responsibility for thoughtless or deliberate acts that may cause injury to yourself or your fellow workers.
7. Abide by all policies, procedures, rules, etc. associated with the City of Clinton, Iowa Safety Program.
8. Never operate equipment that you are unfamiliar with or not trained to use. Use all safety devices provided for your protection, and remember equipment that is defective or in need of repair shall not be used and must be reported to your supervisor.
9. Report all accidents/incidents to your supervisor as soon as they occur. Failure to report any injury or incident may be cause for disciplinary action.

Safety Committee:

A safety committee should be established by the governing body and be comprised of employees representing each department or division within the City. Members of the committee should be chosen from those employees recognized for their good work, are safety conscious and have familiarity with the overall work area and equipment. Employees from various work areas should be represented, both supervisory and non-supervisory. The Safety Director will be responsible for scheduling meetings, notifying committee members, and following up on items discussed. In order to stay on top of things, the committee will meet monthly, and shall have the following responsibilities:

1. Review accident/injury investigation reports from all departments to see if corrective measures need to be implemented.
2. Ensure that quarterly inspections are conducted in each department's work areas, tools and equipment to identify safety hazards and recommend ways to correct hazards.
3. Coordinate the development of safety rules and safe work methods.
4. Coordinate safety training between departments when possible. This may include films, speakers and exhibits.
5. Make safety recommendations to the City Administrator, Mayor, and City Council for implementation when necessary.
6. Report the activities of the committee by sending a copy of their meeting minutes to all departments for posting where all department employees have an opportunity to review them.

Medical Emergency Procedures

The following actions should be taken in the event of a medical emergency:

- Call **911**.
- Make sure the site is safe before providing assistance.
Do not attempt rescue alone if unsafe conditions exist!
- Provide assistance to injured person.
- Notify your supervisor immediately.

Each building will have emergency contacts and telephone numbers posted in a conspicuous manner.

Injury and Incident Reporting and Investigation

Many incidents and injuries occurring in the workplace or that involve equipment and/or property is preventable. In order to prevent future incidents and injuries, it is necessary to immediately review the circumstances surrounding each incident. Once the primary cause for the incident has been established, action shall be taken to prevent recurrence. An Accident/Injury Investigation Form has been developed to facilitate the investigation (**Policy manual 102.02**). The injured employee shall complete this form and OSHA 301 Form within 24 hours and review with Department Head and/or departmental Safety Officer. A copy will be forwarded to the safety committee as applicable for the following incidences:

1. Any work-related accident resulting in an employee needing medical attention.
2. Any work-related accident resulting in damage to property or equipment.
3. Any accident involving a member of the public that could result in a claim being filed against the City of Clinton, Iowa, whether it is a personal injury or property damage.

Any time an employee is involved in an accident with a city vehicle which involves private property, whether there is damage or not, the Police Department should be called immediately. If the Police Department is called on an incident, the police report shall accompany the Investigation Form. This Investigation Form does not replace the First Report of Injury Form, which still must be completed for an employee who incurs a work-related injury.

If the investigation determines an employee has contributed to the cause of an incident by failure to obey laws, department or safety rules and regulations, disciplinary action may result.

The department head shall provide a written response to any recommendations by the safety committee or the investigator that outlines corrective actions taken by the department.

Copies of all incident reports and corrective actions shall be kept on file with a copy of the OSHA 300 log for the year that the incident occurred in.

Training and Orientation

The Department head or the Safety Committee will provide ongoing safety training in the following areas as the need arises:

- New equipment purchases.
- New/changes in operations.
- Identified areas of increased accidents.
- Newly identified areas of exposure.
- Annual refresher training required for each program.

Documentation of Safety Training:

Documentation from any training courses attended by employees, supervisors or managers will be kept for recordkeeping purposes. Documentation associated with safety meetings and training will be kept at City Hall. Employees who do not attend regularly scheduled safety meetings or training activities will be identified and scheduled to attend make-up training. Documentation will be noted for employees that attend make-up training.

New Employee Safety Orientation:

Department heads or their designee will provide an orientation to all new employees to address the hazards of their position. This will include a review of all safety rules, policies/procedures, equipment, etc., that are applicable to the new employee's area of assignment. The new employees will be given an opportunity to ask any relevant questions that may pertain to their assigned duties. Documentation of the safety orientation training for each new employee will be maintained in City Hall.

Hiring Practices

Safety starts with the proper hiring practices to ensure that the person being hired for a position is physically and technically capable of safely performing the task(s).

It is the policy of the City of Clinton, Iowa that every new employee undergo a pre-placement physical. The employee will be directed to Medical Associates Industrial Medical Center. The physician performing the physical shall present an opinion as to the employee's ability to perform the task. (**See Attachment 2**). The costs of the physical shall be paid by the City of Clinton, Iowa.

Job Descriptions

It shall be the responsibility of the department head or their designee to provide a copy of the applicable job description to the physician conducting a pre-placement physical for each new employee. Each department head shall be responsible for periodically updating all job descriptions within their department to ensure they adequately reflect the requirements of the job.

Medical Services

Designated Physician Policy

Effective January __, 20__, the following policy will be in effect regarding workers' compensation illnesses or injuries.

The City of Clinton, Iowa has designated the Industrial Medicine Department at Medical Associates, in Clinton, Iowa as its workers' compensation authorized treating clinic as provided by law under _____ . Employees with a work-related illness or injury will be required to have their initial evaluation with this clinic. If appropriate, and with prior approval from IMWCA, the clinic may make referrals to other specialists.

If an employee decides to go to another provider without the referral from the authorized treating clinic, the employee will be responsible for all expenses related to those visits. No workers' compensation benefits may be claimed unless seen by the authorized treating clinic.

First Aid

Any injury shall be treated by the supervisor or other available personnel in accordance with their individual abilities and the severity of the injury. Each department supervisor or a designee will receive first aid training. In case of an emergency, go to the emergency room. Doctor's note is required to be turned into City Hall and follow-up with Medical Associates Industrial Medicine.

Medical treatment is mandatory for any of the following:

- Severe chest pains
- Traumatic injuries (head injury or severe cut)
- Loss of consciousness or severe dizziness

At least one first aid kit shall be maintained in each occupied building. In addition, a first aid kit shall be located in each vehicle, authorized by medical personnel. It is recommended that kits be inspected on a regular basis, replacing used, missing, soiled, damaged or outdated items. Make sure all employees are advised of the location of the first aid kits. Oral medications such as aspirin, antacids, or salt tablets are not to be provided in these kits.

An eye wash station suitable for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate use if employees are exposed to harmful materials.

Return to Work Program

It is the purpose of this program to provide guidelines for employees injured on the job who are unable to return to his/her regular job classification upon returning to work.

- A. It is the policy of the City of Clinton, Iowa to provide modified or alternate work for employees injured on the job, and are unable to temporarily or permanently return to his/her regular job classifications. Regular modified and alternate work will be provided as available in compliance with the Americans with Disabilities Act (ADA) and Iowa Workers' Compensation Act.
- B. The City of Clinton, Iowa will make reasonable accommodations for a disability unless the accommodations would impose an undue hardship on the employer. The disabled employee must be able to perform the essential functions of the job with or without reasonable accommodation.
- C. The feasibility of reasonable accommodations shall be determined on a case-by-case basis, taking into consideration the employee, the specific physical or mental impairment, the essential functions of the job, the work environment, and the ability to provide accommodations.
- D. Objectives:
 - 1) To return employees who were injured on the job back to work as soon as possible, as long as there is not significant risk of substantial harm to themselves and others.
 - 2) To minimize financial hardship and emotional stress to the employee who has sustained a work-related injury.
 - 3) To assist employees in returning to work at a level as close as practicable to his/her pre-injury earnings and productivity.
 - 4) To retain qualified and experienced employees.
 - 5) To reduce the cost of disability benefit programs.
- E. Temporary Alternate Duty (TAD):
 - 1) The purpose of TAD is to provide temporary work, within medical restrictions, for employees injured on the job. It is defined as modified duties or hours assigned to a worker. TAD is assigned when the physician indicates the employee can return to work but is not yet physically capable of handling the entire job duties normally assigned, and the work-related injury has not reached maximum medical improvement.
 - 2) TAD may be available with medical prognosis indicating that the employee is expected to return to full duty following a course of medical treatments.
 - 3) If an alternate duty position is available an injured employee must be provided with TAD as soon as medically feasible. TAD should be consistent with the employee's physical/mental abilities.
 - 4) Employees in TAD capacity will continue to receive the salary and benefits of his/her job classification. They will be proportionately adjusted in the case of part-time work. The status of the TAD assignment should be reviewed after each medical appointment, normally every 7 to 14 days. TAD does not normally exceed three months.

5) TAD Procedures:

The department head or workers' compensation designee:

- a) Informs designated physician about the TAD program and provides a copy of the injured employee's job description to physician.
- b) Informs the injured employee about the TAD program.
- c) Informs workers' compensation adjuster of the employee's availability to the TAD program.
- d) Obtains information regarding medical condition of the employee from the physician(s).

Department representative and/or employee's supervisor, along with workers' compensation designee:

- a) Develops work assignments on a case-by-case basis, if available, adjusting to medical restrictions.
- b) Develops appropriate TAD assignments and monitors on-going medical and work adjustments.
- c) May meet with the injured employee to review TAD status.

Employee:

- 1) Reviews and signs the Return to Work Program Statement of Acknowledgment (see Appendix A on page 11).
- 2) When the physician has determined that maximum medical improvement has been reached and the employee is able to perform the essential duties of his/her job with or without reasonable accommodations, the employee shall return to the job classification and duties held prior to the work injury.
- 3) When the physician has determined that maximum medical improvement has been reached and the employee is unable to perform the essential duties of his/her job with or without reasonable accommodations, the employee may be assigned to a Ninety (90) Day Modified Duty Assignment.
 - a) An employee assigned to a Modified Duty Assignment will report to his/her regular department. The employee shall be assigned to do assignments that he/she is able to do under the restrictions that the physician has placed on the employee.
 - b) Employees placed on Ninety (90) Day Modified Duty Assignments shall continue to receive the salary and benefits of his/her regular job classifications.
 - c) During the Ninety (90) day period, employees on Modified Duty Assignment will be encouraged and afforded opportunities to bid on or apply for other jobs for which they are able to perform the essential functions of the job.
 - d) At the conclusion of the Modified Duty Assignment period, employees who have been unsuccessful in obtaining other jobs for which they are qualified and for which they are able to perform the essential functions, shall be laid off. Laid off employees

shall be afforded all rights and benefits included in applicable collective bargaining contracts and/or personnel policies in effect at the time of the layoff.

F. Permanent restriction resulting from personal injury/illness:

1) Employees who are off work due to personal injuries/illnesses may be required to complete functional capacity examinations before they can return to their former jobs. The cost of such examination will be paid for by the employer.

G. Responsibilities of the employee:

1) To determine appropriateness of a job assignment, an employee who is unable to return to work without restriction is responsible for keeping his/her department head (or the department head designee) informed of the status of the employee's medical condition.

2) If the employee rejects any assignment which is compatible with medical restrictions, the employee shall not be compensated by the City of Clinton, Iowa or the City of Clinton, Iowa workers' compensation carrier with temporary, partial, temporary total or healing period benefits during the period of refusal (Code of _____, Section _____).

City of Clinton, Iowa

[EMPLOYEE]

Return to Work Program Statement of Acknowledgement

I acknowledge that I have been informed of the City of Clinton, Iowa Temporary Alternate Duty (TAD) program, and I understand and agree to abide by the restrictions defined by the attending physician and by the City of Clinton, Iowa as a condition of my participation in the Return-to-Work program.

I further understand that if I do not follow the restrictions placed on me by the physician and the City of Clinton, Iowa, I may receive disciplinary action up to and including discharge.

Employee Signature/Date: _____

Witness Signature/Date: _____

Outside Contractors

In hiring short-term contractors, the City of Clinton, Iowa will require the contractors to submit proof of their safety programs and successful safety training. Before a contractor commences work in a City of Clinton, Iowa workplace, the project coordinator and/or supervisor who controls the work area will be responsible for informing all outside contractors of the elements of all safety programs of the City of Clinton, Iowa that affect the project.

Contractors who fail to follow safety program requirements will be asked to leave the premises. Contractors with an insufficient program will not be allowed to begin work until their program meets or exceeds the requirements of this program. The contractor will have the option of reviewing the City's Safety program and following the policy.

Disciplinary Policy

Each employee is required to comprehend and abide by the contents of the City of Clinton, Iowa Safety Program.

Safety reprimands:

Should employees be observed not following documented safety rules/procedures, the Employee Reprimand Form will be used. Supervisors should make every effort to ensure employees are following safe work practices.

The City of Clinton, Iowa has developed a progressive disciplinary policy that applies to the safety and health program of this organization. The disciplinary policy is a tool to ensure enforcement of the rules and procedures for a safe and healthful working environment. The disciplinary policy applies to all employees of the City of Clinton, Iowa.

Verbal warnings:

Supervisors may issue verbal warnings to employees that commit minor infractions or violations of the safety rules or safe work practices. Continued violations or verbal warnings will lead to more stringent action.

Written warnings:

Supervisors may issue written warnings for the following:

Repeated minor violations of safety rules or procedures. Single serious violations of a rule or procedure that could have potentially resulted in injury to themselves or another employee or could have caused property damage. Activities that could potentially result in injury or property damage.

Disciplinary leave:

Supervisors may recommend and management may institute disciplinary leave for the above reasons and the following:

A single serious violation of a rule or procedure that results in an injury to themselves, another employee or causes property damage. Repeated violations or non-conformance to safety rules/procedures.

Termination:

Supervisors and management may recommend termination of any employee for repeated serious violations of the above circumstances.

Documentation:

The records of disciplinary action will be maintained with personnel records in the finance department. Violations of City of Clinton, Iowa rules, regulations or procedures will be documented by filling out an Employee Reprimand Report on the employee. The report will state the type of violation and corrective action(s) taken. The employee must read and sign the report acknowledging that they understand the seriousness of the violation.

Safety Audits and Inspections

Department Self-Inspection Checklists

Since the success of any safety program depends on identifying hazards and taking immediate corrective action, quarterly department self inspections are required. Each department shall use the Safety Inspection Checklist to assist in the inspections. Copy for the Safety Inspection Checklist will be kept with the finance department at City Hall. The completed checklist should be submitted to the safety committee and reviewed at the monthly safety committee meetings.

Reporting Unsafe Acts/Unsafe Conditions

All employees are encouraged and required to immediately report any unsafe acts or unsafe conditions.

- Stop work immediately and secure the location or lockout unsafe equipment.
- Inform immediate supervisor of problem.
- Complete Unsafe Conditions Report.

Basic Safety Rules

General Safety Rules

1. Each employee will be required to comprehend and abide by the contents of this safety program.
2. **All accidents**, no matter how minor, shall be reported immediately to the supervisor.
3. All hazardous conditions, actions and/or practices shall be reported to the supervisor.
4. Work areas, including the inside and outside of vehicles and buildings, shall be kept clean and orderly at all times.
5. Employees are only to operate equipment/tools that they are trained and authorized to operate.
6. Employees must use all safety devices and personal protective equipment provided for their protection.
7. Employees shall wear clothing and shoes suitable for the particular work they are doing.
8. Employees must use assisted lifting devices or obtain assistance from a coworker when lifting heavy objects.
9. Guards are never to be removed except when authorized to make repairs or adjustments. Replace guard immediately upon completion of work.
10. The use of illegal drugs and alcohol during working hours is prohibited. (See City policy any employee reporting for work under the influence of alcohol or controlled substances is subject to disciplinary action.
11. Any employee taking prescription drugs or over-the-counter drugs that could impair assigned work shall report this fact to the supervisor as required by the Alcohol and Controlled Substances Policy.
12. Employees shall not engage in practical jokes or horseplay that could result in injury to themselves, others or cause property damage.

Specific Safety Programs and Procedures

Employees will be trained on specific programs and procedures in their departments that may include the following:

- Personal Protective Equipment
- Respiratory Protection
- Hearing Conservation
- Lockout/Tag out
- Confined Spaces Entry
- Hazardous Communications
- Blood-Borne Exposure Control Plan

City of Clinton Accident/Injury Investigation Form

Incident Review Report

Prior to completing this form, the supervisor should review applicable safety procedures, policies and a job hazard analysis to compare the circumstances of the incident to the prescribed guidelines.

Employee name: _____ Date of incident: _____

Location of incident: _____ Time of incident: _____

What task was the employee performing at the time of the incident?

Is there a procedure for this task? Circle one: Yes No N/A

If yes, answer the following:

Was employee following procedure? Yes No

If the answer is no, why not?

Were proper tools or equipment being used? Yes No N/A

If the answer is no, why not?

Were tools or equipment in good condition? Yes No N/A

If the answer is no, why not?

Was the correct personal protective equipment (PPE) used? Yes No N/A

If the answer is no, why not?

If the answer is yes, what type of PPE was used?

Was there housekeeping or an environmental problem (i.e. Burnt out light bulbs in stairwell or hoses left on floor)? Yes No N/A

If the answer is yes, what?

Were immediate corrective steps taken to address causes of the incident? Yes No N/A

If the answer is yes, what?

If the answer is no, why not?

Any recommendations for long-term corrections?

Signature of Immediate Supervisor: _____

Signature of Employee: _____

Date Reviewed by Safety Committee: _____

City of Clinton Accident/Injury

Report of Physical Exam

Employee Name: _____

Date of Exam: _____

Reviewing Physician: _____

Medical History Revealed:

No relevant findings: _____

Other: _____

Medical Test Performed:

Pulmonary Function Test: _____

Vision: _____

Audiometry: _____

X-Rays: _____

Other: _____

Physical Exam Revealed/Confirmed: _____

Recommendations:

No work restrictions: _____

Restrictions to include: _____

Other: _____

**City of Clinton
Employee Reprimand Report
Disciplinary Warning**

Employee Name _____

Incident Date _____

Warning Date _____

Prior Warning Date _____

Reason for Warning

Rules

- Violation of Work Rules
- Violation of General Policy
- Violation of Safety Rules
- Other _____

Attendance

- Excessive Absence
- Excessive Tardiness or Leaving Early
- Other _____

Type of Warning

- Verbal Warning
- First Written Warning
- Second Written Warring
- Final Written Warning

Supervisor Comments

Employee Comments

Signatures

I understand similar violation of company policy will be cause for further discipline up to and including termination.

Employee _____

Date _____

Department Head _____

Date _____

Mayor _____

Date _____

City of Clinton Unsafe Conditions Report Form

Brief description of observed unsafe condition or activity:

If unsafe condition is a mechanical problem, has the equipment been locked or tagged out of order?

Yes _____ No _____

If unsafe condition was an activity, was supervisor immediately notified?

Yes _____ No _____ Name of Supervisor _____

Was immediate action taken to correct the problem?

Yes _____ No _____

If yes, what action?

Other comments:

Employee Signature: _____ Date _____

* Attach pictures to this form if possible.

After employee signs, please return to City Clerk.

EMPLOYEE ACKNOWLEDGMENT OF RECEIPT OF SAFETY MANUAL

I have received my copy of the safety manual and I understand that it is my responsibility to comply with the policies contained in this manual, and any revisions to it. I understand that the manual has been provided to me for informational purposes only, and that the City has the right to change or terminate any policies, procedures, or benefit programs at any time. It's important to remember to take the time to perform all work operations safely; for the good of all employees as well as for the benefit of the City we serve.

Employee's Signature

Date