

**RESOLUTION 2016-0101
and
CERTIFICATE OF APPOINTMENT**

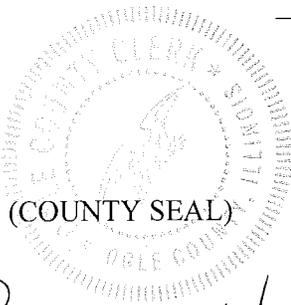
WHEREAS, the appointment to the Board of Health by the Ogle County Board, AND
WHEREAS, the name of

Dawood Harunani, DDS, MAGD
301 W. Washington St
Oregon, IL 61061

who is an elector of said district, is presented to the Ogle County Board for approval of
appointment,

BE IT HEREBY RESOLVED, the appointment is for an unexpired term which ends
November 30, 2016.

Voted upon and passed by the Ogle County Board on January 19, 2016.





Kim P. Gouker, Chairman
Ogle County Board



Rebecca Huntley, Ogle County Clerk

SAFETY MANUAL

Ogle County Employees, Elected and Appointed Officials

This handbook is intended to provide for the safety of county employees and the public, promote understanding of Ogle County safety policies and to assure uniform administration of these policies throughout all County Departments and functions.

Adopted by the Ogle County Board

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ARTICLE I: INTRODUCTION

Section 1.1: Purpose

A safety program is designed to accomplish one primary purpose: **To Prevent Incidents.** Preventing incidents results in saving lives, eliminating human suffering, increasing efficiency of operations, and saving thousands of dollars for both employees and the general public of our County. A county safety program must provide not only for the safety of the County employees, but also for the safety of the public in regards to operations of the various departments. To be successful, the safety program must have continuous active support of all employees, particularly of those in supervisory positions. The "Push" for an effective safety program must come from the "Top" person in each division, department, section or crew to maximize employee support and participation. It should be pointed out that there is nothing new about the common sense and good judgment outlined in this manual because they have been in effect all the time. ***This manual has been published to provide written policies and procedures for the guidance of our personnel; however it is not intended to be in derogation of any existing collective bargaining agreements, or individual Department policies. Existing bargaining agreements and Department policies will take precedence when those agreements or policies are more stringent.***

Section 1.2: Applicability

All policies relating to inherent managerial policy apply to all Full Time, Part Time, and Short Term or Seasonal employees of Ogle County, including, but not limited to County Board members, non-certified employees and certified collective bargaining unit employees. Any policy that relates to matters directly affecting wages, hours, and terms and conditions of employment shall be binding upon all non-collective bargaining unit employees and not binding upon certified collective bargaining units whereby the collective bargaining agreement shall govern. In the event of any inconsistency between this Handbook and the applicable bargaining unit contract, the bargaining unit contract shall govern

Section 1.3: Elements of an Effective Safety Program

An effective safety program includes, but is not limited to the following functions and responsibilities:

- (a) Assigning responsibilities to persons for safety activities.
- (b) Assigning personnel to jobs for which they are physically qualified to perform safely.
- (c) Making equipment, work areas, and working methods safe.
- (d) Searching out hazards and eliminating them immediately.
- (e) Establishing and maintaining employees' interest in safety.

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- (f) Controlling work habits through adequate and effective supervision.
- (g) Providing proper protective equipment and making its use mandatory.
- (h) Educating and training employees as to the specific hazards of their jobs.
- (i) Investigating incidents to determine cause and taking necessary action to prevent reoccurrence.
- (j) Preparing and maintaining proper and complete incident records to permit evaluation of the safety program.
- (k) Adoption and enforcement of safety rules and safety practices.

Section 1.4: Safety Policy Statement

It is the policy of the County that incident prevention shall be considered of primary importance in all phases of operation and administration. It is the intention of upper management to provide safe and healthy working conditions and to establish and insist upon safe practices at all times by all employees. The prevention of incidents is an objective affecting all levels of our county and its operations. It is, therefore, a basic requirement that each Department Head make the safety of all employees an integral part of his or her regular management function. It is equally the duty of each employee to accept and follow established safety regulations and procedures.

Every effort will be made to provide adequate training to employees. However, if an employee is ever in doubt about how to do a job or task safely, it is his or her duty to ask a qualified person for assistance.

Employees are expected to assist management in incident prevention activities. Unsafe conditions must be reported immediately. Fellow employees that need help should be assisted. Everyone is responsible for the housekeeping duties that pertain to their jobs. The County is sincerely interested in the safety of its employees. It is the employee's responsibility to follow the rules of safety as established for their protection and to use the protective devices. Personal protection, periodic safety inspections of buildings and grounds and areas of responsibility, including hazard awareness and risk management shall be fundamental in our daily operations. Safety training will be implemented on a continuous basis to improve performance of duties and to enhance all employee conditions. Department Heads, Supervisors and superiors at all levels will continually promote safety and situational awareness.

All employees of the County will be expected to take care of themselves and each other. Under no circumstances, except emergency trips to the hospital, should an employee leave the work site without reporting an injury. When someone has an incident, everyone is hurt. Please work safely. Safety is everyone's business.

ARTICLE II: ACCOUNTABILITY FOR SAFETY

Section 2.1: Responsibilities for Safety Functions

(a) County Board.

- i. Overall responsibility for safety
- ii. Authorized expenditures for safety
- iii. Approves safety policies as formulated by the Safety Committee
- iv. Proactive involvement in the safety program as recommended by the Safety Committee.

(b) Safety Committee.

- i. The Safety Committee will set policy for and provide oversight of the safety program for the County.
- ii. They shall work closely with Department Heads and Supervisors in formulating safety rules, policies, and procedures.
- iii. They shall assist department in planning and conducting safety meetings and safety education courses.
- iv. They shall prepare and distribute reports to the Department Head indicating effectiveness of the safety program.
- v. They shall make or supervise periodical inspection of work areas for the purpose of discovering unsafe conditions or unsafe practices and shall report any noted incident to the Department Head or Supervisor for corrective action.
- vi. They shall supervise the investigation of all incidents which result in lost time injuries.
- vii. They shall follow-up to ascertain that corrective action has been taken by Department Heads or Supervisors to prevent reoccurrence of incidents.

(c) Insurance Liaison.

- i. The Insurance Liaison acts as liaison between the insurance carrier and Department Heads and Supervisors.
- ii. He works closely with the Board, Department Heads, Supervisors and the Safety Committee to formulate safety rules, policies and procedures.
- iii. The Insurance Liaison maintains the incident record system for the County, receiving reports, forwarding applicable reports to the insurance carrier, and retaining appropriate reports in the County's files.

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- iv. The Insurance Liaison oversees the OSHA record requirements including the posting of the OSHA Form 300A.
- v. The Insurance Liaison serves at the first point of contact for the Department of Labor Inspector. He accompanies the Inspector on an inspection, taking notes and recording what the inspector reviews, and providing any requested reports/records. The Insurance Liaison for Ogle County is the Ogle County Treasurer.

(d) Department Heads.

- i. The Department Heads will be responsible for the supervision of the safety program within his/her division.
- ii. They shall assure that employees are properly instructed regarding safe working methods and that Supervisors fulfill their assigned responsibilities in regards to safety instruction and supervision.
- iii. They shall assure that safety meetings are scheduled and held as outlined.
- iv. They shall assure that required reports pertaining to injuries, vehicle incidents, and investigations are promptly prepared and forwarded.
- v. They shall encourage the reporting by employees of all unsafe acts, conditions, equipment, etc. and shall take necessary action to correct them.
- vi. They shall require all personnel to comply with safety rules, procedures, and policies, and shall take or recommend appropriate disciplinary action whenever deemed necessary.
- vii. They shall require their Supervisors to determine causes of incidents involving personnel or equipment under their supervision and to recommend measures to prevent similar incidents.

(e) Supervisors.

- i. Supervisors are responsible to their Department Head for the safety program so far as it pertains to personnel and equipment under their supervision. They are the key personnel of the safety program because they are in the best position to observe the work of their employees.
- ii. They shall give job instruction to subordinates with special emphasis on the hazards of their work to be performed.
- iii. Supervisors shall constantly watch for and immediately correct unsafe conditions and unsafe working practices, reporting to the Department Head those incidents which are beyond the scope of their authority to correct.
- iv. The Supervisor shall promptly inform their Department Head of all incidents involving personnel or equipment under their supervision and shall take immediate steps to investigate each incident to determine its cause.
- v. They shall assure that injured employees report to the doctor whenever they deem that medical treatment is necessary.

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- vi. They shall enforce safety rules, policies, and procedures and shall require the wearing of protective equipment when necessary.
- vii. They shall constantly talk safety to their personnel and demonstrate, by their actions, that they consider safety important.
- viii. They shall inform all their personnel as to the responsibilities of employees as outlined.

(f) Employees.

- i. Each employee is responsible for their own safety, the safety of their fellow workers, and the safety of the general public with regards to their work.
- ii. An employee shall be required to follow safety work practices and to comply with applicable policies and procedures as a condition of employment.
- iii. An employee shall wear protective equipment such as goggles, hard hats, safety shoes, etc., whenever necessary.
- iv. An employee shall promptly inform their Department Head or Supervisor of any injury received while on the job, no matter how minor this injury is or whether or not medical treatment is required.
- v. An employee shall promptly inform their Department Head or Supervisor of any noted items of unsafe equipment, unsafe acts, or hazardous conditions.
- vi. An employee shall obtain specific instruction from their Department Head or Supervisor in all cases where conditions are not completely understood.

Section 2.2: Enforcement of Safety Standards

The County considers the safety of its employees to be very important. The Department Head or Supervisor has the responsibility to enforce the Safety Manual. Failure to follow the Safety Manual can result in discipline per the appropriate bargaining unit contract or Policy Handbook. Employees have the right to appeal the actions of the Department Head or Supervisor using the dispute resolution and grievance (complaint) procedures outlined in the appropriate bargaining unit contract or Policy Handbook.

ARTICLE III: SAFETY PROGRAM STRUCTURE

Section 3.1: Executive Safety Committee

- (a) Appointment. The Safety Committee shall be appointed by the County Board Chair bi-annually following the election of the County Board Chair.
- (b) Chair. The Chair of the Committee shall be elected by the members following the bi-annual appointment of the Committee by the County Board Chair.
- (c) Meetings.
 - i. Committee meetings shall be held quarterly on the second Tuesday of the month to correlate with the County Properties/Planning/Zoning Committee meeting date.
 - ii. Regular attendance is strongly encouraged. Members may select an appointee to attend a meeting in his/her place, with full voting privileges extended to the appointee.
 - iii. The secretary will send out notices of meetings to members before the scheduled meeting, along with an agenda, minutes of the last meeting, supporting material, as well as decisions of all appeals brought before the full committee to the employee and their Department Head.
- (d) Duties and Responsibilities.
 - i. Develop and recommend employee safety and health programs that may include education, training, incentive programs, etc.
 - ii. Discuss, formulate, and recommend safety policies and procedures.
 - iii. Strive to have approved safety and health recommendations placed into practice.
 - iv. Review vehicle incident and injury summary reports, and offer suggestions and recommendations to prevent their recurrence.
 - v. Encourage the participation of all County employees by helping them to understand that safety is the responsibility of everyone, not just a few.

Section 3.2: Incident/Injury Reporting, Policy and Procedure

- (a) Property Damage Incidents. All incidents involving damage to a vehicle being operated for County business shall be reported immediately to the employee's Department Head or Supervisor. Any required police reports are the employee's responsibility. Any other incident causing damage to publicly or privately owned property during official County business shall be reported to the employee's Department Head or Supervisor immediately.
- (b) Injuries. Staff receiving any type of injury while on duty, no matter how minor, shall submit an "**Employee Incident Report**" to the Department Head or Supervisor within

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24 hours or as soon as possible following the injury/incident. Deaths must be reported within 8 hours.

- (c) Exam. At the discretion of the Department Head or Supervisor, the employee may be required to submit to a physical and/or drug exam following an incident or injury. Refusal to comply with the physical and or/drug exam shall be subject to employee discipline, but taking the exam shall not operate to waive any objection or rights the employee may have.
- (d) Reporting. The following reports shall be completed by the designated individual, when applicable and are available at www.oglecounty.org on the Safety Committee page.
 - i. The "**Employee Incident Report**" shall be completed by the employee involved in an incident and/or sustaining an injury within 24 hours or as soon as possible following the injury/incident. The Report shall include the date, time, place of incident/injury, how it occurred, type of injury (if applicable), and whether medical assistance was obtained.
 - ii. The "**Witness Statement**" shall be completed by any/all witnesses to any type of incident within 24 hours or soon as possible following the incident and retained by the Department Head.
 - iii. The "**Property Damage Incident Report**" shall be completed by the Department Head, Insurance Liaison or other individual involved with property damage. The Report shall be filed within 24 hours or as soon as possible with the Insurance Liaison.
 - iv. The "**Illinois Form 45: Employers First Report of Injury**" is completed by the Department Head and forwarded within 24 hours or as soon as possible to the Insurance Liaison for Claim processing.

Section 3.3: Safety and Health Training

Training is one of the most important elements of any injury and illness prevention program. Such training is designed to enable employees to learn their jobs properly, bring new ideas to the workplace, reinforce existing safety policies and put the injury and illness prevention program into action. Training is required for both Supervisors and employees alike. The content of each training session will vary, but each session will attempt to teach the following list:

- (a) The success of the injury and illness prevention program depends on the actions of individual employees as well as a commitment by the Department Heads and Supervisors.
- (b) Each employee's Department Head and/or Supervisor will review the safe work procedures unique to that employee's job, and how these safe work procedures protect against risk and danger.

- (c) Each employee will learn when personal protective equipment is required or necessary, and how to use and maintain the equipment in good condition.
- (d) Each employee will learn what to do in case of emergencies occurring in the workplace.

Section 3.4: Safety Orientation of New Employees

The Department Head or Supervisor will review safety rules and procedures with the new employee pointing out the possible hazards involved in doing the job. The new employee should be checked at frequent intervals, asked about any problems that may have arisen, and be reminded of safe practices. Any tendency to overlook safety procedures should bring a prompt and vigorous warning. The Department Head or Supervisor is responsible for the documentation of the employee's progress or need for re-training.

Section 3.5: Inspection Program

It is the responsibility of each Department Head to monitor the inspection program for their department.

The inspection program is designed to identify unsafe conditions/procedures and take necessary steps to correct them to prevent injuries and damage. If properly done, the inspection program is the most effective tool in managing the safety program. It serves to the employees as an illustration of the County's sincere attitude towards safety.

Inspections will be conducted by the insurance company. In addition, Department Heads can request an inspection of their department at any time.

ARTICLE IV: FEDERAL AND STATE COMPLIANCE

Section 4.1: US Department of Labor Occupational Safety & Health Administration and Illinois OSHA

(a) OSHA Reporting Guidelines. The US Department of Labor Occupational Safety and Health Administration (OSHA) require certain employers to prepare and maintain records of work-related injuries and illnesses. The Illinois Department of Labor enforces these guidelines and has the authority to issue citations and penalties for non-compliance.

i. OSHA Form 300 – Log of Work Related Injuries and Illnesses.

- 1) Records those work related injuries and illnesses that result in death, loss of consciousness, days away from work, restricted activity or job transfer, or medical treatment beyond first aid.
- 2) Compiled by the appropriate Department Head or the Insurance Liaison.
- 3) Supplemental records of each injury are maintained on “Illinois Form 45: Employers Report of Injury”.
- 4) The incident data must be logged on the form within seven calendar days of the employer’s notification.
- 5) The form must be retained by the appropriate Department Head or the Insurance Liaison for five years following the year to which they pertain.

ii. OSHA Form 300A – Summary of Work-Related Injuries and Illnesses

- 1) Annual summary of the work-related injuries or illness reported on the OSHA Form 300.
- 2) Compiled by the appropriate Department Head or the Insurance Liaison.
- 3) Must be posted in a location visible by employees no later than Feb. 1 of the year following the year covered by the form and keep it posted until April 30 of that year.
- 4) The form must be retained by the appropriate Department Head or the Insurance Liaison for five years following the year to which they pertain.

(b) Guidelines for Handling an Illinois Department of Labor Inspection

- i. Under the Illinois Health and Safety Act, the Illinois Department of Labor is charged with the enforcement of safety and health guidelines as outlined in OSHA Standards 29 CFR 1910 and 1926. Other adopted rules and reference standards may come into play in the future. Local units of government should be prepared for handling a safety inspection by an Illinois Department of Labor Inspector.

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In most instances a Department of Labor Inspector will check in with Administration of the County. However if the inspector shows up at an off-site facility, he/she should be directed to the County Board Chair's office and the Insurance Liaison should be notified.

- ii. Insurance Liaison. The Insurance Liaison should greet the Department of Labor Inspector and ask to know why the inspection is to take place. The Department of Labor is required to notify the County as to whether or not this is a target inspection or the result of an employee complaint. If an employee complaint has been filed, the County should request to see a copy of the complaint. The Insurance Liaison should be prepared to show the Department of Labor Inspector the County's OSHA 300 Log. This log should be maintained with the OSHA Form 45's. Other reference material the Insurance Liaison should have available are the Illinois Department of Labor Safety Standards and Safety Committee minutes, self-inspection reports, and other related information. The Department of Labor Inspector should request to see the OSHA 300 - 300A Form and may ask to see where the County keeps the Department of Labor standards. The other information could be shown to the Department of Labor Inspector to show goodwill and to outline some of the safety activities being undertaken by the County. However, showing the Department of Labor Inspector anything above and beyond the OSHA 300 Log and Form 45 is purely optional.

If the inspection is a result of an employee complaint, the inspector should be taken directly to the area of the complaint. The inspector need not be directed towards other areas not specifically outlined in the complaint. If the Inspector is there for a general survey, the Insurance Liaison and/or Department Heads and Supervisors should be courteous and show the inspector around the facilities.

During the inspection, the Insurance Liaison or designated representative should take notes and record what the inspector reviews. It may be beneficial to take photographs of those areas that the inspector cites for standards violations. Any hazards which could be corrected immediately should be done so and the Department of Labor Inspector should be questioned throughout the inspection. When entering various areas, employee representatives should be summoned to assist the inspector and Insurance Liaison in conducting the inspection. The insurance Liaison may ask that the appropriate Union designate a representative and an alternate.

At the closing conference, the inspector should review any violations. At this time, the County will have the opportunity to pose any objections to the citations. In addition, the Insurance Liaison or other designated representatives will be able to discuss and negotiate an abatement period for any hazards noted.

In summary, the following steps should be reviewed with, Department Heads, Supervisors, and other selected personnel.

- 1) Upon notification that the Department of Labor Inspector is onsite, the Inspector should be directed to the County Board Chair's office.
- 2) The Insurance Liaison or designated safety representative should be summoned.

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- 3) The OSHA 300 Log, Illinois Form 45, and Department of Labor Standards should be made available.
- 4) The Insurance Liaison, area employee representatives, and/or Department Heads should be involved in guiding the inspector through facilities.
- 5) If the inspector is there regarding an employee complaint, the inspector should be guided directly to the area of complaint.
- 6) During the inspection, notes should be taken as to the inspector's comments and samples and/or photographs taken to record conditions at the time of the survey.
- 7) Additional activities, self-inspections, and other safety activities that the County is involved in could be shared with the inspector at the closing conference.
- 8) Provisions should be made for notification of other personnel if the Insurance Liaison or other designated safety representative is not available. Alternates for Insurance Liaison, Department Heads, or Supervisors should be determined.

Section 4.2: Hazard Communication Standard (29CFR 1910.1200)

- (a) Purpose. The purpose of hazard substance communication is to establish procedures to comply with the OSHA Hazard Communication Standard. This is done by compiling a hazardous chemicals list, by using Safety Data Sheets (SDS), by ensuring that containers are labeled and by providing employees with training.

This program applies to all work operations where employees may be exposed to hazardous substances under normal working conditions or during an emergency situation.

The program will be reviewed and updated as necessary. The written program will be kept at the office with the SDS file and may be reviewed or copied by any employee.

Under this program, employees will be informed of the contents of the Hazard Communication Standard, the hazardous properties of chemicals with which they work, safe handling procedures, and measures to take to protect themselves from these chemicals. Employees will also be informed of the hazards associated with non-routine tasks and the hazards associated with chemicals in unlabeled containers.

- (b) Department Heads and/or Supervisors Are Responsible For:

- i. Establishing and monitoring the SDS program;
- ii. Ensuring all Hazardous Substance containers are labeled;
- iii. Requesting a SDS every time a Hazardous Substance is purchased;
- iv. Maintaining a SDS file for all such Hazardous Substances;

- v. Training all new employees on the Right-to-Know and Hazardous Substances requirements.

(c) List of Hazardous Chemicals.

A list of all hazardous chemicals used in the facility will be kept and updated as necessary. The list of chemicals identifies all of the chemicals used in work areas. A separate list is available for each location. Each list shall also identify the corresponding SDS for each chemical.

(d) Safety Data Sheets (SDS).

SDS's provide the specific information concerning the chemicals used. The Department Head or Supervisor will maintain a binder with an SDS on every substance on the list of hazardous chemicals. The SDS will be a fully completed OSHA Form 174 or equivalent. The Department Head or Supervisor will ensure that each worksite maintains an SDS for hazardous materials at that location. SDS's will be made readily available during all shifts.

(e) Labels and Other Forms of Warning.

Labels, as defined in the HCS, are an appropriate group of written, printed, or graphic informational elements concerning a hazardous chemical that are affixed to, printed on, or attached to the immediate container of a hazardous chemical, or the outside packaging. The HCS requires chemical manufacturers, importers, or distributors to ensure that each container of hazardous chemical leaving the workplace is labeled, tagged or marked with the following information: product identifier; signal work; hazard statement(s); precautionary statement(s); and pictogram(s); and name address and telephone number of the chemical manufacturer, importer, or other responsible party.

The Department Head or Supervisor will ensure that all hazardous chemicals at the locations are properly labeled and updated as necessary. Labels should be marked with the following: product identifier; signal work; hazard statement(s); precautionary statement(s); and pictogram(s); and name address and telephone number of the chemical manufacturer, importer, or other responsible party.

If there are a number of stationary containers within a work area that have similar contents and hazards, signs will be posted on them to convey the hazard information. Written materials (SDS) that correspond with labeled containers will be made readily available to employees during their work shift.

If chemicals are transferred from a labeled container to a portable container that is intended only for immediate use, no labels are required on the portable container. Pipes or piping systems will not be labeled but their contents will be described in training sessions.

If an employee discovers an unlabeled container they suspect might contain a hazardous substance, they should immediately advise the Department Head or Supervisor. The Department Head or Supervisor shall review the container's label and the SDS for that substance. If appropriate, they shall prepare a hazardous substance label for that container.

(f) Training.

Everyone who works with or is potentially exposed to hazardous chemicals will receive training on the Hazardous Communication Standard and the safe use of those hazardous chemicals either by the Department Head or Supervisor. A program that uses both audio visual materials and classroom type training may be prepared for this purpose. Whenever a new hazard is introduced, additional training will be provided. Regular safety meetings will also be used as needed. Department Heads or Supervisors will be trained regarding hazards and appropriate protective measures so they will be able to answer questions from employees and provide daily monitoring of safe work practices.

The training plan will emphasize these items:

- i. Summary of the standard and written program;
- ii. Chemical and physical properties of hazardous materials (e.g., flash point, reactivity) and methods that can be used to detect the presence or release of chemicals;
- iii. Physical hazards of chemicals (e.g., potential for fire, explosion, etc.);
- iv. Health hazards, including signs and symptoms associated with exposure to chemicals and any medical condition known to be aggravated by exposure to the chemical;
- v. Procedures to protect against hazards (e.g., personal protective equipment required, proper use, and maintenance, work practices or methods to assure proper use and handling of chemicals);
- vi. Work procedures to follow to assure protection when cleaning hazardous chemical spills and leaks;
- vii. Instruction on how to read and interpret the information on both labels and SDS's and how employees may obtain additional information;

(g) Contractor Employees

- i. The appropriate Department Head or Supervisor will advise outside contractors in person of any chemical hazard that may be encountered in the normal course of their work on the premises, the labeling system in use, the protective measures to be taken, and the safe handling procedures to be used. They will also inform these individuals of the location and availability of SDS's. Each contractor bringing in chemicals on site must provide the County with the appropriate hazard information on these substances, including the labels used and the precautionary measures to be taken in working with these chemicals.

(h) Additional Information

- i. All employees, and their designated representatives, can obtain further information on this program, the hazard communication standard, applicable SDS's, and chemical information lists from their Department Head or Supervisor.

Section 4.3: Hazard Communication Program

Name of Agency/Institution/University Campus: Ogle County

Date Prepared: _____

I. PURPOSE

The purpose of this Written Hazard Communication program is to ensure that:

1. Hazardous substances present in the work place are properly identified and labeled.
2. Employees have access to information on the hazards of these substances.
3. Employees are provided with information on how to prevent injuries or illnesses due to exposure to these substances.
4. Identify by job title who has the responsibility for maintaining the program, the SDS sheets, conduct training, etc.

Note: This program will be available to all employees for review and a copy will be located in the following area(s):

Location:

- 1.
- 2.
- 3.

II. AUTHORITY AND REFERENCE

Occupational Safety and Health Administration (OSHA) 29 CFR 1910.1200

Dept. of Commerce (Chapter 32) (COMM) 32.15

III. HAZARD DETERMINATION

- A. A "hazardous substance" is a physical or health hazard that is listed as such in either:
1. 29 CFR Part 1910, Subpart Z, *Toxic and Hazardous Substances*, Occupational Safety and Health Administration.
 2. *Threshold Limit Values for Chemical Substances and Physical Agents in the Work Environment* (latest edition), American Conference of Governmental Industrial Hygienists (ACGIH).
- B. A "hazardous substance" is regarded as a carcinogen or potential carcinogen if it is identified as such by:
1. National Toxicology Program (NTP), *Annual Report on Carcinogens* (latest edition).
 2. International Agency for Research on Cancer (IARC) *Monographs* (latest edition).
 3. 29 CFR Part 1910, Subpart Z, *Toxic and Hazardous Substances*, Occupational Safety and Health Administration.
- C. Manufacturers, importers and distributors will be relied upon to perform the appropriate hazard determination for the substances they produce or sell.
- D. The following materials are not covered by the Hazard Communication Standard:
1. Any hazardous waste as defined by the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act of 1976, as amended (42 USC 6901 et seq.) when subject to regulations issued under that act by the Environmental Protection Agency.
 2. Tobacco or tobacco products.
 3. Wood or wood products. **NOTE:** Wood dust is not exempt since the hazards of wood dust are not "self-evident" as are the hazards of wood or wood products.
 4. Consumer products (including pens, pencils, adhesive tape) used in the work place under typical consumer usage.
 5. Articles (i.e. plastic chairs).
 6. Foods, drugs, or cosmetics intended for personal consumption by employees while in the work place.
 7. Foods, drugs, cosmetics, or alcoholic beverages in retail stores packaged for retail sale.
 8. Any drug in solid form used for direct administration to the patient (i.e. tablets or pills).

IV. APPLICATION

This program applies to the use of any hazardous substance which is known to be present in the workplace in such a manner that employees may be exposed under normal conditions of use or in a foreseeable emergency.

V. RESPONSIBILITY FOR COMPLIANCE

- A. The administration of this program will be the responsibility of _____. The administrative responsibilities of this individual/position will include:
1. Identification of the employees to be included in the Hazard Communication Program.
 2. Development and maintenance of a hazardous substance master inventory.
 3. Coordination and supervision of employee training.
 4. Coordination and supervision of the facility's container labeling program.
 5. Coordination of any necessary exposure monitoring.
 6. Coordination and supervision of required recordkeeping.
 7. Periodic evaluation of the overall program.
- B. Employees are responsible for following all safe work practices and using proper precautions required by the guidelines in this program.

VI. HAZARDOUS SUBSTANCE INVENTORY

A. _____ is responsible for compiling, maintaining, and updating, when necessary, a master list of hazardous substances used or produced in the facility. The inventory list will include the common identity or trade name of the product and the name and address of the manufacturer. Hazardous substances will be listed alphabetically by manufacturer. Substances which are not in containers will also be included on the inventory list, e.g., welding fumes, carbon monoxide from a fork lift, etc. (See Form #1)

VII. LABELING

A. _____ is responsible for evaluating labels on incoming containers. Each label must contain the following information:

1. Identity of the substance.
2. Appropriate hazard warning.
3. Name and address of the manufacturer.

B. If the label is not appropriate, _____ will notify the manufacturer (or supplier) that the label is not adequate. (See Form #2)

_____ will send a second request to the manufacturer if the correct label is not received within 30 days. (See Form #3)

_____ is responsible for preparing an appropriate label if one is not supplied by the manufacturer within the second 30 days.

A container will not be released for use until an appropriate label is affixed to the container.

C. Labels will be removed if they are incorrect. When the container is empty it may be used for other materials provided it is properly cleaned and relabeled.

D. Each department supervisor is responsible for ensuring that all containers used in his/her department are labeled properly and remain legible. Defacing labels or using them improperly is prohibited.

E. Unlabeled portable containers, such as pails and buckets, should be used by one employee and emptied at the end of each shift. If the secondary containers are used by more than one employee and/or its contents are not emptied at the end of the shift, the department supervisor is responsible for labeling the container with either a copy of the original label or with a generic label which has a space available for appropriate hazard warnings.

*F. Piping systems shall be painted at access points and every 10 feet where the piping is 8 feet or closer to employee contact.

1. Piping shall be painted as follows:

- a. (substance)(color)
- b. (e.g., oxygen) (e.g., green)

VIII. SAFETY DATA SHEETS

A. SDS's will be available to the employees on all hazardous substances to which there is potential or actual exposure. _____ is responsible for ensuring that SDS are available on all incoming products. A product will not be released for use until a completed SDS is on file. (See Form #4)

If the SDS is not available, _____ will notify the manufacturer that SDS is needed. (See Form #5).

_____ will send a second request to the manufacturer if the SDS is not received within 30 days. (See Form #6)

B. _____ is responsible for the review of all incoming SDS's. If the SDS is not complete, it will be returned to the manufacturer with a request for the missing **information**. (See Form #7)

_____ will send a second request for the missing information if a complete SDS is not received within 30 days. (See Form #8)

*C. _____ will request an SDS on the purchase orders of all new products. (See Form #9)

D. _____ is responsible for compiling and updating the master SDS file. This file will be kept at (Name of location).

Copies of SDS's will be kept in the following areas:

Department

Location

E. Employees will have access to these SDS's during all work shifts. Copies will be made available upon request to _____. (See Form #10)

F. _____ is responsible for updating the data sheets to include new information as it is received. A notice will be posted to inform employees that revised information has been received. (See Form #11)

IX. EMPLOYEE TRAINING

- A. Prior to starting work with hazardous substances, each employee will attend a Hazard Communication Training Session where they will receive information on the following topics:
1. Policies and procedures related to the Hazard Communication Standard.
 2. Location of the written Hazard Communication Program.
 3. How to read and interpret an SDS.
 4. Location of SDS's.
 5. Physical and health hazards of hazardous substances in their work area.
 6. Methods and observation techniques to determine the presence or release of hazardous chemicals.
 7. Work practices that may result in exposure.
 8. How to prevent or reduce exposure to hazardous substances.
 9. Personal protective equipment.
 10. Procedures to follow if exposure occurs.
 11. Emergency response procedures for hazardous chemical spills.
- B. Upon completion of the training program, each employee will sign a form documenting that he/she has received the training. (See Form 12)
- C. Whenever a new employee is transferred or hired, he/she will be provided training regarding the Hazard Communication Standard. The training session will be conducted by _____ before the start of his/her employment if possible.
- D. (_____) is responsible for identifying and listing any non-routine hazardous task performed at this facility. (_____) will conduct training on the specific hazards of the job and the appropriate personal protective equipment and safety precautions and procedures. (See Form 13)
- E. When a new substance is added to the inventory list, (_____) is responsible for reviewing the SDS for potential health effects. If the product presents a new health hazard (causes health effects unlike those covered in the training session), the ((____)) is responsible for notifying all affected

employees about the new health effects which result from exposure to the new substance.

*A copy of the new Safety Data Sheet (SDS) will be posted by (_____) for 30 days. Both the new Safety Data Sheet and the Employees New Substance Signature Form will be placed above or near the SDS information binder. Each affected employee must read the SDS and sign the signature form. (See Form #11)

X. INFORMATION TO CONTRACTORS

- A. (_____) is responsible for providing outside contractors with the following information:
1. Hazardous chemicals to which they may be exposed as a result of working in this facility.
 2. Suggestions for appropriate protective measures.
- B. Contractors that are potentially exposed to hazardous chemicals present at the facility will not be allowed to begin work until they have been provided information concerning these hazards and have signed a form to document this exchange. (See Form #14)
- C. (_____) is responsible for obtaining information from contractors on all hazardous substances to which State employees may be exposed as a result of the contractor's work at the facility. (See Form #15). (_____) will notify

affected employees about the health affects that may result from exposure to each substance.

XI. PERSONNEL POLICIES

When an employee is not following safety and health rules regarding working with a hazardous substance, disciplinary action will be taken.

XII. RECORD KEEPING

- A. All SDS's will be kept for a period of ____ years after the use of the substance has been discontinued. **EXCEPTION:** If an employee exposure to a particular hazardous chemical occurs, the SDS for that product will become part of the employee's medical records.

Medical records must be kept for **30** years.

Note: “Exposure” or “exposed” means that an employee is subjected to a toxic substance or harmful physical agent in the course of employment through any route of entry (inhalation, ingestion, skin contact or absorption, etc.), and includes past exposure,

but does not include situations where the employer can demonstrate that the toxic substance or harmful physical agent is not used, handled, stored, generated, or present

in the workplace in any manner different from typical non-occupational situations.

*B. The master inventory list will also be kept for ____ years.

XIII. COMMUNITY HAZARD COMMUNICATION

(_____) is responsible for responding to requests from members of the community on hazardous substances used in the facility.

*** XIV. EMERGENCY RESPONSE PROCEDURES FOR HAZARDOUS CHEMICAL SPILLS**

A. When a hazardous chemical spill occurs, follow these procedures:

1. Move all employees away from spill to a safe environment.
2. Call 911 or the designated emergency response number in your area to notify the necessary response team for the hazardous chemical spill.
3. Retrieve the Hazard Communication Information Binder, if possible.
 - a. Locate the SDS for the hazardous chemical which spilled.
 - b. If requested, provide the SDS to the Emergency Response Team.

Note: Do not try to contain the spill. The Emergency or Hazardous Material Response Team is trained to deal with hazardous chemical spills.

XV. PROGRAM EVALUATION

(_____) will conduct an evaluation of the Hazard Communication program annually. The individual responsible for the items identified for improvement will be notified in writing. It is expected that action will be taken to correct the item within five working days. (See Form #16)

- * At least annually, ___(indicate number) employees will be interviewed to determine the effectiveness of the Hazard Communication Program. Each interview will assess the employee's retention of information given during the training session, use of SDS's and response to chemical spills (if applicable). The results of each interview will be recorded on the Employee Interview Form. (See Form #17) The Employee Interview Form will be retained on file for 12 months.

This written program has been developed by the Bureau of State Risk Management, Department of Administration and is available on computer disk. (File name *a:\hazcom.doc*). It may be adapted to fit the particular needs of your facility. The program was adapted from a written program originally developed by the Occupational Safety and Health Administration (OSHA).

Note: When there is an asterisk (*) placed in front of a guideline, then this policy is not required by the Hazard Communication Standard or the Employees Right-To-Know Law.

LIST OF FORMS AND LETTERS

Form 1	Hazardous Substance Inventory
Form 2	Letter to Request a Complete Label
Form 3	Second Request for a Complete Label
Form 4	Checklist of Required SDS Information
Form 5	Letter to Request a Safety Data Sheet
Form 6	Second Request for a Safety Data Sheet
Form 7	Letter to Request a Complete SDS
Form 8	Second Request for a Complete SDS
Form 9	Letter to Accompany Purchase Order
Form 10	Request for Chemical Hazard Information
Form 11	Employee's New Substance Signature Form

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Form 12	Employee Hazard Communication Training Record
Form 13	Non-Routine Hazardous Task Training Documentation Form
Form 14	Documentation of Information Given to Contractors
Form 15	Letter to Contractors
Form 16	Hazard Communication Annual Program Summary
Form 17	Employee Hazard Communication Interview Form

Section 4.4: Blood Borne Pathogens (1910.3000)

(a) Applicability.

- i. Reasonable Expectation of Exposure. Employees with a reasonable expectation of contact with bodily fluids are subject to the training requirements as outlined in 29CFR 1910.1030. Two employee groups within the County which have such a reasonable expectation are as follows:
 - 1) The Public Health Nurses in the Health Department who provide vaccinations and possibly draw blood from clients.
 - 2) The Sheriff's Deputies as First Responders to incidents within the County.
- ii. Incidental Risk of Exposure. Employees in other County Departments that are trained in First Aid would have, at most, only incidental contact in the event of an injury involving bodily fluids of which blood is the most common. These employees should be trained in the following subjects:
 - 1) Treatment of all bodily fluids as if contaminated;
 - 2) Universal precautions such as the use of surgical gloves and disposal of used gloves in biohazard bags;
 - 3) Importance of reasonable hygienic practices such as hand washing before and after administering first aid;
 - 4) Clean up using a 5% solution of bleach and disposal of cleaning materials in a biohazard bags;
 - 5) Following the County's Exposure Control Plan if they believe that an exposure to bodily fluids has occurred to direct bodily fluid contact with broken or abraded skin or splashing into the eyes or mouth;

- (b) Purpose. The following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to blood borne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Blood Borne Pathogens."

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The ECP is a key document to assist the County in implementing and ensuring compliance with the standard, thereby protecting employees. This ECP includes:

- i. Determination of employee exposure;
- ii. Implementation of various methods of exposure control, including:
 - 1) Universal precautions
 - 2) Engineering and work practice controls
 - 3) Personal protective equipment, and
 - 4) Housekeeping
- iii. Hepatitis B vaccination;
- iv. Post-exposure evaluation and follow-up;
- v. Communication of hazards to employees and training;
- vi. Recordkeeping; and
- vii. Procedures for evaluating circumstances surrounding an exposure incident.

- (c) Administrative Duties. The Department Head is responsible for the implementation of the ECP. The Department Head will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Those employees who are determined to have occupational exposure to blood or other potentially infectious materials must comply with the procedures and work practices outlined in this ECP.

Applicable departments will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The department will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

The Department Head will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.

The Department Head or Supervisor will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

- (d) Methods of Implementation and Control

- i. Universal Precautions. All employees will utilize universal precautions.
- ii. Exposure Control Plan. Employees covered by the blood borne pathogens standard shall receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting the Department Head. If requested, an employee will be provided with a copy of the ECP free of charge and within 15 days of the request.

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The Department Head is responsible for reviewing and updating the ECP to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans must also:

1. Reflect changes in technology that eliminate or reduce exposure to blood borne pathogens.
2. Document consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure. The Department Head is responsible for documenting all devices considered.

(e) Engineering and Work Practice Controls. Engineering and work practice controls will be used to prevent or minimize exposure to blood borne pathogens. The specific engineering controls and work practice controls used are listed below:

- i. All bodily fluids of another shall be considered contaminated or potentially infectious material and protective procedures shall be followed when handling such material or assisting any individual.
- ii. All employees are required to report any exposure incident as soon as feasible and no later than the end of the shift during which the exposure occurred.
- iii. Any employee involved in emergency first aid procedures shall follow the guidelines for universal precautions and use all personal protective equipment as required.

The Safety Committee will identify the need for changes in engineering control and work practices through solicitation of input from managerial and non-managerial employees, as well as evaluate the need for new procedures or new products on an ongoing basis.

(f) Personal Protective Equipment (PPE). PPE is provided to employees at no cost to them. Training is provided by the Department Head or Supervisor in the use of the appropriate PPE for the tasks or procedures employees will perform. The types of PPE available to employees are listed by department in section 3 of the Exposure Control Plan and include but are not limited to: gloves, eye protection, respiratory protection, etc.

PPE is located in assigned areas, if not directly issued to an employee. Additional personal protective equipment can be obtained from the Department Head or Supervisor. All employees using PPE must observe the following precautions:

- i. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials.
- ii. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

In work areas where there is reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip

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balm, smoke or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets or counter tops or bench tops where blood or other potentially infectious materials are present.

- (g) Handling used PPE. Employees whose clothing comes into contact with bodily fluids of an unknown nature as a result of work related activities shall be considered contaminated. This may include civilian clothing, uniforms or personal protective equipment.
- i. If a garment is penetrated by blood or other potentially infectious materials, the employee shall immediately or as soon as possible, and before reporting to another job assignment, report back to the facility and remove the garment and place it in a red biohazard bag for laundering by the employer.
 - ii. Soiled/contaminated laundry as described above shall be washed following normal laundry cycles and the clothing manufacturers guidelines for laundering.
 - iii. Personnel involved in the bagging, transport and laundering of contaminated clothing shall wear protective gloves.
 - iv. Boots and leather goods may be brush scrubbed with soap and hot water to remove contamination.
 - v. Disposable personal protective equipment such as gloves, gowns and face shields or masks shall be placed in special waste containers marked BIOHAZARD.
- (h) Housekeeping. Regulated waste is placed in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels section), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling other regulated waste is:

- i. Used equipment from an emergency incident shall be bagged and transported to the designated cleaning area. Burn boxes designated for contaminated equipment must have the biohazard symbol.
- ii. All infectious waste shall be placed in red infectious waste bags.
- iii. A specific area for cleaning contaminated equipment will be used separate from areas used for any food preparation.
- iv. This area shall not be used for the cleaning of SCBA face pieces.
- v. The area must be conspicuously marked with limited access to prevent incidental exposures.
- vi. Equipment will be disinfected following any contamination by a potentially infectious substance by using an approved disinfecting solution applied with either a spray bottle applicator or liquid applied by a sponge. Personnel will utilize personal protective equipment during the entire application and cleaning.

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- vii. Initial clean-up of blood or other potentially infectious materials shall be followed with the use of an approved hospital disinfectant chemical germicide that is tuberculocidal or a solution of 5.5 percent sodium hypochlorite (household bleach) diluted 1:10 with water.
 - viii. All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as at the end of the work shift if the surface may have become contaminated since the last cleaning.
 - ix. Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.
 - x. Broken glassware that may be contaminated is picked up using mechanical means, such as a brush and dust pan.
- (i) Labels. Department Heads or Supervisors will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify their Department Head or Supervisor if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.
- (j) Hepatitis B Vaccination. For applicable departments, the Department Head, Supervisor or other qualified instructor will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability. The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless:
- i. Documentation exists that the employee has previously received the series,
 - ii. Antibody testing reveals that the employee is immune, or
 - iii. Medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept by the Department Head. The "*Hepatitis B Vaccine Declination*" form is available in the appendix of this manual. Vaccination will be provided by an approved health care provider.

- (k) Post-exposure Evaluation and Follow-Up. An immediately available confidential medical evaluation and follow-up will be conducted. Following the initial first aid (clean the wound, flush eyes or other mucous membranes, etc.), the following activities will be performed:
- i. Following an employee's report of an exposure incident, the employee may immediately have a medical evaluation at the Rochelle Hospital and any follow-up evaluations recommended by the physician. All such reports shall be confidential.

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- ii. As required by OSHA regulation, medical records on all HBV and/or HIV, immune evaluations, and exposure records shall be maintained.
- iii. Exposure records shall include documentation of route of exposure, circumstances of exposure, identification and documentation of source individual if feasible and medical monitoring of exposed employee.
- iv. The Department Head shall keep and maintain all such records in a strictly confidential manner.
- v. The source individual's blood shall be tested for HBV and HIV as soon as feasible but only with the prior consent of the individual. If the source individual is already known to be infected with HBV or HIV, then testing is not necessary for the known infection.
- vi. Results of the source individual's testing shall be made available to the exposed employee along with regulations concerning disclosure of the identity and infectious status of the source individual.

The exposed employee's blood shall be collected as soon as feasible and then tested after consent is obtained. The employee should consent to an immediate baseline blood collection, but may refuse to permit HIV serologic testing. In such cases, the sample shall be preserved for at least 90 days to permit the employee to elect to have the baseline sample tested.

- (l) Administration of Post-Exposure Evaluation and Follow-Up. The Department Head and/or Supervisor ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's blood borne pathogens standard.

The Department Head and/or Supervisor are responsible for ensuring the health care professional evaluating an employee after an exposure incident receives the following:

- i. A copy of the OSHA regulation and all information regarding the employee's duties;
- ii. Exposure and prior employment medical information on HIV and HBV procedures and medical records.

The Department Head provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

- (m) Procedures for Evaluating the Circumstances Surrounding an Exposure Incident. The Department Head and/or Supervisor will review the circumstances of all exposure incidents to determine if proper precautions were taken when completing the task or if revisions are needed in standard operating procedures. If it is determined that revisions need to be made, the Department Head will ensure that appropriate changes are made to this ECP.

- (n) Employee Training. All employees who have occupational exposure to blood borne pathogens receive training conducted by the Department Head, Supervisor or other qualified instructor.

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All employees who have occupational exposure to blood borne pathogens receive training on the epidemiology, symptoms, and transmission of blood borne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- i. Contents of the standard;
- ii. This exposure control policy;
- iii. Types of controls available and use of protective equipment;
- iv. The Hepatitis B vaccination program;
- v. Emergency procedures;
- vi. Post exposure procedures;
- vii. Contaminated materials, clothing control, and laundering disposal procedures.

(o) Recordkeeping

- i. Training Records. Training records are completed for each employee upon completion of training. These documents will be kept for at least three years by the appropriate department. The training records include dates, attendees, program content and instructors.

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Department Head or Supervisor.

- ii. Medical Records. Medical records are maintained for each employee with occupational exposure in accordance with OSHA Standard 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records." The Department Head is responsible for maintenance of the required medical records. These confidential records are kept for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the Department Head.

- i. OSHA Recordkeeping. An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the Insurance Liaison.

Section 4.5: Exposure Control Plan [ECP]

1. OVERVIEW

Ogle County is committed to providing a safe and healthful work environment for our entire staff. This is our plan to eliminate or minimize occupational exposure to bloodborne pathogens.

Employees who have occupational exposure to blood or other potentially infectious material (OPIM) must follow the procedures and work practices in this plan.

Employees can review this plan at any time during their work shifts. We will provide a copy, free of charge, to an employee within 15 days of a request.

This plan includes:

- Overview
- Identify employees who are at risk for exposure
- Controlling Employee Exposure to Bloodborne pathogens
- Employee Training and Hazardous Communication
- Post Exposure Evaluation and Follow-up
- Recordkeeping

Note:

Part-time, temporary, contract, and per diem employees are covered by WAC 296-823, Occupational Exposure to Bloodborne Pathogens. Be sure to describe how you will meet the requirements for these employees.

2. IDENTIFY EMPLOYEES WHO ARE AT RISK FOR EXPOSURE

The following are job classifications in our establishment in which ALL employees have occupational exposure to bloodborne pathogens:

JOB TITLE	DEPARTMENT/LOCATION
<i>(example: Phlebotomist)</i>	<i>(example: Clinical Lab)</i>

The following are job classifications in our establishment in which **SOME** employees have occupational exposure to bloodborne pathogens:

JOB TITLE	DEPARTMENT/LOCATION	TASK/PROCEDURE
<i>(example: Housekeeper)</i>	<i>(Environmental services)</i>	<i>(Handling Regulated Waste)</i>

Contact names and phone numbers:

_____ is/are responsible for implementing the exposure control plan.

_____ will maintain, review, and update the exposure control plan at least annually, and whenever necessary to include new or modified tasks and procedures.

_____ will make this plan available to employees, and WISHA (Washington Industrial Health and Safety Act) representatives.

_____ will be responsible for making sure all medical actions required are performed, and that appropriate employee medical records are maintained

_____ will make sure this list is kept up-to-date.

3. CONTROLLING EMPLOYEE EXPOSURE TO BLOODBORNE PATHOGENS (BBP)

We use the following methods to control employee exposure:

A. Infection control or isolation system used:

(List the following: the infection control or isolation system you will be using, a description of the system, and how the system applies to your workplace or a reference to the appropriate policies and procedures.)

All employees must use: _____

_____ is the person to contact if you have questions regarding this system.

B. Safer medical devices and equipment used to minimize occupational exposure

The use of safer medical devices and equipment will prevent or minimize exposure to bloodborne pathogens.

- The specific safer medical devices that we use are:

(for example: self-sheathing needles, needleless systems, and plastic capillary tubes)

- The specific equipment to minimize or eliminate exposure that we use are:

(for example: sharps containers and biosafety cabinets)

-
- Sharps disposal containers are inspected and maintained or replaced:

By:

Every: *(list frequency)*

Or: Whenever necessary to prevent overfilling

-
- We identify opportunities to improve controls through:

(Examples: Review of sharps log, employee interviews, safety committee activities, etc.)

-
- We evaluate new products regularly by:

(Describe the process, literature reviewed, supplier info, products considered.)

-
- Both front line workers and management officials are involved in this process improvement by:

(Describe how employees will be involved.)

Contact names and phone numbers:

_____ will make sure that recommendations are effectively implemented.

C. Personal protective equipment (PPE)

- PPE is provided to our employees at no cost.
- The types of PPE available to employees are:

(Examples: gloves, eye protection, etc)

- PPE is located: *(List location)* _____
- All employees using PPE must observe the following precautions:
 - Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
 - Wear appropriate gloves when you:
 - Can reasonably anticipate hand contact with blood or OPIM
 - Handle or touch contaminated items or surfaces
 - Replace gloves if torn, punctured, contaminated, or otherwise damaged.
 - Decontaminate reusable gloves if they don't show signs of cracking, peeling, tearing, puncturing, or other deterioration.
 - Never wash or decontaminate disposable gloves for reuse.

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- Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
 - Remove PPE after it becomes contaminated, and before leaving the work area.
 - Dispose of contaminated PPE in designated containers (list)
 - Remove blood- or OPIM-contaminated garments immediately or as soon as feasible, in a manner that avoids contact with the contaminated surface.
- The procedure for handling **used PPE** is:

(For example, how and where to decontaminate face shields, eye protection, resuscitation equipment. May refer to specific procedure by title or number and last date of review.)

Contact names and phone numbers:

_____ will maintain and provide all the necessary PPE, controls (such as sharps containers), labels, and red bags as required.

_____ will make sure that adequate supplies of the PPE are available in the appropriate sizes and types.

D. Work practices used to minimize occupational exposure

- We use the following work practices to eliminate or minimize employee exposure:

(For example: follow proper procedures to remove and properly dispose of gloves.)

- Changes in work practices are identified through:
-

(Examples: Review of sharps log, employee interviews, and safety committee activities)

- We evaluate new products regularly by involving both frontline workers and management:

(Describe the process, literature reviewed, supplier information, products considered, and personnel involved)

Contact names and phone numbers:

_____ will make sure that recommendations are effectively implemented.

E. Housekeeping

- Written schedules for cleaning and methods of decontamination are located:
(For example the location of the cleaning schedule for the laboratory and the specific disinfectant products used)
-
-

- Regulated waste is placed in containers which:
 - Contain all contents
 - Do not leak
 - Are appropriately labeled or color-coded *(see Labels section of this plan)*

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- Are closed prior to removal to prevent contact spilling or protruding during handling.
- Contaminated sharps are discarded immediately or as soon as possible in containers that are:
 - Closable
 - Puncture-resistant
 - Leak-proof on sides and bottoms
 - Labeled or color-coded appropriately.
- Sharps disposal containers are available at: (*must be easily accessible and as close as feasible to the immediate area where sharps are used*)
- The procedure for handling sharps disposal containers is to contact the Ogle County Coroner to have it picked up.
- The procedure for handling other regulated waste is: (*you may refer to a specific procedure by title or number and last date reviewed*)
 - Bins, cans and pails intended for reuse are cleaned and decontaminated as soon as feasible after visible contamination.
 - Broken glassware that may be contaminated is picked up using mechanical means, such as a brush and dustpan.

Contact names and phone numbers:

The Ogle County Nurse will provide sharps and other containers as required.

F. Laundry

- We launder the following contaminated articles:
 - _____
 - _____
 - _____
 - _____
- Laundering is done as follows:
 - Handle contaminated laundry as little as possible, with minimal agitation.

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- Place contaminated laundry in leak-proof, labeled or color-coded containers before transporting. Use color coded bags or bags marked with the biohazard symbol for this purpose.

- Wear the following PPE when handling and/or sorting contaminated laundry:

- The schedule for laundry: *(time and location)*

Contact names and phone numbers:

_____ will make sure laundry is done as required.

G. Using Labels

- Labeling is done as follows:

EQUIPMENT TO BE LABELED

LABEL TYPE

<i>For example: specimens, contaminated laundry, etc.)</i>	<i>(Size, color, red bag, biohazard label, etc)</i>

Contact names and phone numbers:

_____ will maintain and provide labels and red bags as required.

H. Hepatitis B Vaccination

- The hepatitis B vaccination series is available:
 - At no cost after training
 - Within 10 days of initial assignment to employees identified in Section 2 of this plan, *Identifying Employees Who Are At Risk for Exposure*.
 - It is encouraged that all employees get the series

- Vaccination is encouraged unless:
 - We have documentation that the employee has previously received the series
 - Antibody testing reveals that the employee is immune
 - Medical evaluation shows that vaccination is contraindicated.

- A copy of the health care professional's written opinion will be provided to the employee

- Employees who choose to decline vaccination must sign a declination form. They may request and obtain the vaccination at a later date at no cost.

- Vaccinations will be provided by: _____ at
(location) _____.

Contact names and phone numbers:

_____ will make sure vaccinations are available and encourage as required.

4. EMPLOYEE TRAINING AND HAZARD COMMUNICATION

All employees who have occupational exposure to bloodborne pathogens receive training conducted by _____

Training will be provided before initial assignment to task where occupational exposure may take place, annually, and when changes in task or procedures take place that affect occupational exposure.

This training will include:

- Epidemiology, symptoms, and transmission of bloodborne pathogens.
- Copy and explanation of WAC 296-xxx-xxx, Occupational Exposure to Bloodborne Pathogens.
- Explanation of our exposure control plan and how to obtain a copy
- This must also be done at the annual refresher training.
- Methods used to identify tasks and other activities that may involve exposure to blood and OPIM.
- What constitutes an exposure incident.
- The use and limitations of controls, work practices, and PPE.
- The basis for PPE selection and an explanation of:
 - Types
 - Uses
 - Location
 - Handling
 - Removal
 - Decontamination
 - Disposal
- Information on the hepatitis B vaccine, including:
 - Effectiveness
 - Safety
 - Method of administration
 - Benefits of being vaccinated
 - Offered free of charge
- Actions to take and persons to contact in an emergency involving blood or OPIM
- Procedures to follow if an exposure incident occurs, including:
 - How to report the incident
 - Medical follow-up available.
- Employee's evaluation and follow-up after an exposure incident
- Signs, labels, and color coding used
- Interactive questions and answers with the trainer.

Training materials for this facility are located at _____.

Training records are maintained for each employee upon completion of training. These documents will be kept for at least 3 years at _____

The training record should include the following information about training sessions:

- Date
- Contents or a summary
- Names and qualifications of trainers
- Names and job titles of all attendees.

Training records are provided to employees or their authorized representatives within 15 working days of a request. Requests for training records should be addressed to

Contact names and phone numbers:

_____ will maintain and provide labels and red bags as required.

5. POST EXPOSURE EVALUATION AND FOLLOW-UP

A. Do the following after initial first-aid is given:

- Following the initial first aid treatment such as cleaning the wound, flushing eyes, or other mucous membranes, the following will be performed:
 - Document the routes of exposure and how the exposure occurred.
 - Identify and document the source individual, unless that's not possible or is prohibited by state or local law.
 - Obtain consent and arrange to test the source individual as soon as possible to determine HIV, HCV, and HBV infectivity.
 - If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing is not needed.
 - Document that the source individual's test results were conveyed to the employee's health care provider.
 - Provide the exposed employee with the source individual's test results.
 - Provide the exposed employee with information about laws on confidentiality for the source individual.
 - Obtain consent and provide a blood test for the exposed employee as soon as possible for HBV, HCV, and HIV.
 - If the employee does not give consent for HIV serological testing, preserve the baseline blood sample for at least 90 days. If the exposed employee decides to have the sample tested during this time, perform testing as soon as feasible. Provide the exposed employee with a copy of the healthcare professional's written opinion

B. Administration of post-exposure evaluation and follow-up

Employees are provided immediate medical evaluation and follow-up services through:

_____ (List the procedure for providing immediate medical services to employees. Include name address and telephone number of the medical provider that you have identified to provide these services).
IMPORTANT: Appropriate medical services must be available to employees during all work hours

Contact names and phone numbers:

_____ will make sure all medical actions required are performed.

C. Review the circumstances of an exposure incident as follows:

- The circumstances of any exposure incidents will be reviewed to determine:
 - Controls in use at the time
 - Work practices that were followed
 - Description of the device used (including type and brand)
 - Protective equipment or clothing in use at the time
 - Location of the incident
 - Procedure being performed when the incident occurred
 - Employee’s training

Contact names and phone numbers:

_____ is responsible for reviewing exposure incidents as required.

6. RECORDKEEPING

A. Medical records

- Medical records are maintained for each employee who has an occupational exposure to bloodborne pathogens in accordance with WAC 296-62-052, Access to Records.

_____ is responsible for maintaining medical records. These confidential records are kept _____ (List location) _____ for at least 30 years beyond the length of employment.

Contact names and phone numbers:

_____ will make sure appropriate employee health, OSH and WISHA records are maintained as required.

Section 4.6: Personal Protective Equipment [PPE] (1910.132)

Introduction

The purpose of the Personal Protective Equipment Policies is to protect the employees of Ogle County from exposure to work place hazards and the risk of injury through the use of personal protective equipment (PPE). PPE is not a substitute for more effective control methods and its use will be considered only when other means of protection against hazards are not adequate or feasible. It will be used in conjunction with other controls unless no other means of hazard control exist.

Personal protective equipment will be provided, used, and maintained when it has been determined that its use is required to ensure the safety and health of our employees and that such use will lessen the likelihood of occupational injury and/or illness.

This section addresses general PPE requirements, including eye and face, head, foot and leg, hand and arm, body (torso) protection, and protection from drowning. Separate programs exist for respiratory protection and hearing protection as the need for participation in these programs is established through industrial hygiene monitoring.

The Ogle County Personal Protective Equipment Policies includes:

- Responsibilities of supervisors and employees
- Hazard assessment and PPE selection
- Employee training
- Cleaning and Maintenance of PPE

Responsibilities

A designated safety person is responsible for the development, implementation, and administration of Ogle County's PPE policies. This involves

1. Conducting workplace hazard assessments to determine the presence of hazards which necessitate the use of PPE.
2. Selecting and purchasing PPE.
3. Reviewing, updating, and conducting PPE hazard assessments whenever
 - a job changes
 - new equipment is used
 - there has been an incident
 - a supervisor or employee requests it
 - or at least every year
4. Maintaining records on hazard assessments.

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5. Maintaining records on PPE assignments and training.
6. Providing training, guidance, and assistance to supervisors and employees on the proper use, care, and cleaning of approved PPE.
7. Periodically re-evaluating the suitability of previously selected PPE.
8. Reviewing, updating, and evaluating the overall effectiveness of PPE use, training, and policies.

Supervisors or department heads

Supervisors or department heads have the primary responsibility for implementing and enforcing PPE use and policies in their work area. This involves

1. Providing appropriate PPE and making it available to employees.
2. Ensuring that employees are trained on the proper use, care, and cleaning of PPE.
3. Ensuring that PPE training certification and evaluation forms are signed and given to a designated person.
4. Ensuring that employees properly use and maintain their PPE, and follow Ogle County PPE policies and rules.
5. Notifying Ogle County management and the Safety Person when new hazards are introduced or when processes are added or changed.
6. Ensuring that defective or damaged PPE is immediately disposed of and replaced.

Employees

The PPE user is responsible for following the requirements of the PPE policies. This involves

1. Properly wearing PPE as required.
2. Attending required training sessions.
3. Properly caring for, cleaning, maintaining, and inspecting PPE as required.
4. Following Ogle County PPE policies and rules.
5. Informing the supervisor of the need to repair or replace PPE.

Employees who repeatedly disregard and do not follow PPE policies and rules will be reviewed by a supervisor or department head.

Procedures

A. Hazard Assessment for PPE

A department head, in conjunction with Supervisors, will conduct a walk-through survey of each work area to identify sources of work hazards. Each survey will be documented using the Hazard Assessment Certification Form, which identifies the work area surveyed, the person conducting the survey, findings of potential hazards, and date of the survey. A designated person will keep the forms in the department files.

A designated safety person will conduct, review, and update the hazard assessment for PPE whenever

- a job changes
- new equipment or process is installed
- there has been an incident
- whenever a supervisor or employee requests it
- or at least every year

Any new PPE requirements that are developed will be added into Ogle County's written incident prevention program.

B. Selection of PPE

Once the hazards of a workplace have been identified, a designated safety person will determine if the hazards can first be eliminated or reduced by methods other than PPE, i.e., methods that do not rely on employee behavior, such as engineering controls (refer to Appendix B – Controlling Hazards).

If such methods are not adequate or feasible, then a designated safety person will determine the suitability of the PPE presently available; and as necessary, will select new or additional equipment which ensures a level of protection greater than the minimum required to protect our employees from the hazards (refer to Appendix C – Selection of PPE). Care will be taken to recognize the possibility of multiple and simultaneous exposure to a variety of hazards. Adequate protection against the highest level of each of the hazards will be recommended for purchase.

All personal protective clothing and equipment will be of safe design and construction for the work to be performed and will be maintained in a sanitary and reliable condition. Only those items of protective clothing and equipment that meet NIOSH or ANSI (American National Standards Institute) standards will be procured or accepted for use. Newly purchased PPE must conform to the updated ANSI standards which have been incorporated into the PPE regulations, as follows:

- Eye and Face Protection ANSI Z87.1-1989
- Head Protection ANSI Z89.1-1986
- Foot Protection ANSI Z41.1-1991

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- Hand Protection (There are no ANSI standards for gloves, however, selection must be based on the performance characteristics of the glove in relation to the tasks to be performed.)

Affected employees whose jobs require the use of PPE will be informed of the PPE selection and will be provided PPE by Ogle County at no charge. Careful consideration will be given to the comfort and proper fit of PPE in order to ensure that the right size is selected and that it will be used.

C. Training

Any worker required to wear PPE will receive training in the proper use and care of PPE before being allowed to perform work requiring the use of PPE. Periodic retraining will be offered to PPE users as needed. The training will include, but not necessarily be limited to, the following subjects:

- When PPE is necessary to be worn
- What PPE is necessary
- How to properly don, doff, adjust, and wear PPE
- The limitations of the PPE
- The proper care, maintenance, useful life, and disposal of the PPE

After the training, the employees will demonstrate that they understand how to use PPE properly, or they will be retrained.

Training of each employee will be documented using the Personal Protective Equipment Training Documentation Form and kept on file. The document certifies that the employee has received and understood the required training on the specific PPE he/she will be using.

Retraining

The need for retraining will be indicated when:

- an employee's work habits or knowledge indicates a lack of the necessary understanding, motivation, and skills required to use the PPE (i.e., uses PPE improperly)
- new equipment is installed
- changes in the work place make previous training out-of-date
- changes in the types of PPE to be used make previous training out-of-date

D. Cleaning and Maintenance of PPE

It is important that all PPE be kept clean and properly maintained. Cleaning is particularly important for eye and face protection where dirty or fogged lenses could impair vision. Employees must inspect, clean, and maintain their PPE according to the manufacturers' instructions before and after each use. Supervisors are responsible for ensuring that users properly maintain their PPE in good condition.

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Personal protective equipment must not be shared between employees until it has been properly cleaned and sanitized. PPE will be distributed for individual use whenever possible.

If employees provide their own PPE, make sure that it is adequate for the work place hazards, and that it is maintained in a clean and reliable condition.

Defective or damaged PPE will not be used and will be immediately discarded and replaced

NOTE: *Defective equipment can be worse than no PPE at all. Employees would avoid a hazardous situation if they knew they were not protected; but they would get closer to the hazard if they erroneously believed they were protected, and therefore would be at greater risk.*

It is also important to ensure that contaminated PPE which cannot be decontaminated is disposed of in a manner that protects employees from exposure to hazards.

E. Safety Disciplinary Policy

Ogle County believes that a safety and health Incident Prevention Program is unenforceable without some type of disciplinary policy. Our company believes that in order to maintain a safe and healthful workplace, the employees must be cognizant and aware of all company, State, and Federal safety and health regulations as they apply to the specific job duties required. The following disciplinary policy is in effect and will be applied to all safety and health violations.

The following steps will be followed unless the seriousness of the violation would dictate going directly to Step 2 or Step 3.

1. A first time violation will be discussed orally between company supervision and the employee. This will be done as soon as possible.
2. A second time offense will be followed up in written form and a copy of this written documentation will be entered into the employee's personnel folder.
3. A third time violation will result in time off or possible termination, depending on the seriousness of the violation

Section 4.7: Control of Hazardous Energy (Lockout/Tagout) Procedure (1910.147)
Table of Contents

- I. Objective
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- IV. Attachments in Appendix
 - A. List of Authorized Personnel for Lockout/Tagout Procedures Form
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 - D. Lockout/Tagout Inspection Certification Form
 - E. Outside Personnel/Contractor Certification Form
 - F. Equipment Specific Procedure Form

Ogle County Lockout/Tagout Procedure

I. OBJECTIVE

The objective of this procedure is to establish a means of positive control to prevent the incidental starting or activating of machinery or systems while they are being repaired, cleaned and/or serviced. This program serves to:

- A. Establish a safe and positive means of shutting down machinery, equipment and systems.
- B. Prohibit unauthorized personnel or remote control systems from starting machinery or equipment while it is being serviced.
- C. Provide a secondary control system (tagout) when it is impossible to positively lockout the machinery or equipment.
- D. Establish responsibility for implementing and controlling lockout/tagout procedures.
- E. Ensure that only approved locks, standardized tags and fastening devices provided by the company will be utilized in the lockout/tagout procedures.

II. ASSIGNMENT OF RESPONSIBILITY

- A. The Department Head will be responsible for implementing the lockout/tagout program.
- B. Department Heads are responsible for enforcing the program and insuring compliance with the procedures in their departments.
- C. A Department Head is responsible for monitoring the compliance of this procedure and will conduct the annual inspection and certification of the authorized employees.
- D. Authorized employees_(those listed in Attachment A) are responsible for following established lockout/tagout procedures. An authorized employee is defined as a person who locks out or tags out machines or equipment in order to perform servicing or maintenance on that machine or equipment. An affected employee becomes an authorized employee when that employee's duties include performing servicing or maintenance covered under 1910.147, The Control of Hazardous Energy (lockout/tagout).
- E. Affected employees (all other employees in the facility) are responsible for insuring they do not attempt to restart or re-energize machines or equipment that are locked out or tagged out. An affected employee is defined as a person whose job requires him/her to operate or use a machine or equipment on which servicing or maintenance

is being performed under lockout or tagout, or whose job requires him/her to work in an area in which such servicing or maintenance is being performed.

III. PROCEDURES

The ensuing items are to be followed to ensure both compliance with the OSHA Control of Hazardous Energy Standard and the safety of our employees.

A. Preparation for Lockout or Tagout

Employees who are required to utilize the lockout/tagout procedure (see Attachment A) must be knowledgeable of the different energy sources and the proper sequence of shutting off or disconnecting energy means. The four types of energy sources are:

1. electrical (most common form);
2. hydraulic or pneumatic;
3. fluids and gases; and
4. mechanical (including gravity).

More than one energy source may be utilized on some equipment and the proper procedure must be followed in order to identify energy sources and lockout/tagout accordingly. See Attachment F for specific procedure format.

B. Electrical

1. Shut off power at machine and disconnect.
2. Disconnecting means must be locked or tagged.
3. Press start button to see that correct systems are locked out.
4. All controls must be returned to their safest position.
5. Points to remember:
 - a. If a machine or piece of equipment contains capacitors, they must be drained of stored energy.
 - b. Possible disconnecting means include the power cord, power panels (look for primary and secondary voltage), breakers, the operator's station, motor circuit, relays, limit switches, and electrical interlocks.
 - c. Some equipment may have a motor isolating shut-off and a control isolating shut-off.
 - d. If the electrical energy is disconnected by simply unplugging the power cord, the cord must be kept under the control of the authorized employee or the plug end of the cord must be locked out or tagged out.

C. Hydraulic/Pneumatic

1. Shut off all energy sources (pumps and compressors). If the pumps and compressors supply energy to more than one piece of equipment, lockout or tagout the valve supplying energy to the piece of equipment being serviced.
2. Stored pressure from hydraulic/pneumatic lines shall be drained/bled when release of stored energy could cause injury to employees.
3. Make sure controls are returned to their safest position (off, stop, standby, inch, jog, etc.).

D. Fluids and Gases

1. Identify the type of fluid or gas and the necessary personal protective equipment.
2. Close valves to prevent flow, and lockout/tagout.
3. Determine the isolating device, then close and lockout/tagout.
4. Drain and bleed lines to zero energy state.
5. Some systems may have electrically controlled valves. If so, they must be shut off and locked/tagged out.
6. Check for zero energy state at the equipment.

E. Mechanical Energy

Mechanical energy includes gravity activation, energy stored in springs, etc.

1. Block out or use die ram safety chain.
2. Lockout or tagout safety device.
3. Shut off, lockout or tagout electrical system.
4. Check for zero energy state.
5. Return controls to safest position.

F. Release from Lockout/Tagout

1. Inspection: Make certain the work is completed and inventory the tools and equipment that were used.
2. Clean-up: Remove all towels, rags, work-aids, etc.
3. Replace guards: Replace all guards possible. Sometimes a particular guard may have to be left off until the start sequence is over due to possible adjustments. However, all other guards should be put back into place.

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4. Check controls: All controls should be in their safest position.
5. The work area shall be checked to ensure that all employees have been safely positioned or removed and notified that the lockout/tagout devices are being removed.
6. Remove locks/tags. Remove only your lock or tag.

G. Service or Maintenance Involving More than One Person

When servicing and/or maintenance is performed by more than one person, each authorized employee shall place his own lock or tag on the energy isolating source. This shall be done by utilizing a multiple lock scissors clamp if the equipment is capable of being locked out. If the equipment cannot be locked out, then each authorized employee must place his tag on the equipment.

H. Removal of an Authorized Employee's Lockout/Tagout by the Company

Each location must develop written emergency procedures that comply with 1910.147(e)(3) to be utilized at that location. Emergency procedures for removing lockout/tagout should include the following:

1. Verification by employer that the authorized employee who applied the device is not in the facility.
2. Make reasonable efforts to advise the employee that his/her device has been removed. (This can be done when he/she returns to the facility).
3. Ensure that the authorized employee has this knowledge before he/she resumes work at the facility.

I. Shift or Personnel Changes

Each facility must develop written procedures based on specific needs and capabilities. Each procedure must specify how the continuity of lockout or tagout protection will be ensured at all times. See 1910.147(f)(4).

J. Procedures for Outside Personnel/Contractors

Outside personnel/contractors shall be advised that the company has and enforces the use of lockout/tagout procedures. They will be informed of the use of locks and tags and notified about the prohibition of attempts to restart or re-energize machines or equipment that are locked out or tagged out.

The company will obtain information from the outside personnel/contractor about their lockout/tagout procedures and advise affected employees of this information.

The outside personnel/contractor will be required to sign a certification form (see Attachment E). If outside personnel/contractor has previously signed a certification that is on file, additional signed certification is not necessary.

K. Training and Communication

Each authorized employee who will be utilizing the lockout/tagout procedure will be trained in the recognition of applicable hazardous energy sources, type and magnitude of energy available in the work place, and the methods and means necessary for energy isolation and control.

Each affected employee (all employees other than authorized employees utilizing the lockout/tagout procedure) shall be instructed in the purpose and use of the lockout/tagout procedure, and the prohibition of attempts to restart or re-energize machines or equipment that are locked out or tagged out.

Training will be certified using Attachment B (Authorized Personnel) or Attachment C (Affected Personnel). The certifications will be retained in the employee personnel files.

L. Periodic Inspection

A periodic inspection (at least annually) will be conducted of each authorized employee under the lockout/tagout procedure. This inspection shall be performed by the department head. If a department head is also using the energy control procedure being inspected, then the inspection shall be performed by another party.

The inspection will include a review between the inspector and each authorized employee of that employee's responsibilities under the energy control (lockout/tagout) procedure. The inspection will also consist of a physical inspection of the authorized employee while performing work under the procedures.

The department head shall certify in writing that the inspection has been performed. The written certification (Attachment D) shall be retained in the individual's personnel file.

ARTICLE V: FLEET SAFETY

Section 5.1: Ogle County Motor Vehicle Driving Policy

I. PURPOSE

To assure that employee drivers of the County of Ogle maintain a current valid Illinois driver's license and operate vehicles in a safe and lawful manner in compliance with the laws of the State of Illinois while performing their duties as an employee of Ogle County.

II. DEFINITIONS

The term "employee driver(s)" shall mean any and all paid or unpaid employees, applicants for employment, elected officials, volunteers and other persons who may be required or permitted to operate any motor vehicle while performing that person's duties on behalf of the County.

III. DRIVER'S LICENSES

- A. Each employee driver of the County shall at all times maintain a current valid Illinois driver's license. Any employee driver failing to maintain a current valid operator's license or automobile insurance as required by the State of Illinois shall be prohibited from operating any motor vehicle while performing any duties on behalf of the County.
- B. Any employee driver whose driver's license is suspended, revoked or otherwise invalid is immediately prohibited from operating any vehicle while performing that person's duties on behalf of the County. Each employee driver shall immediately notify his/her immediate supervisor or Department Head if his/her driver's license has been suspended, revoked or become invalid in any way. Each employee driver is responsible for knowing the status of his/her driver's license.
- C. In order to ensure compliance with the foregoing requirements, each employee driver shall annually provide to their respective supervisor or Department Head, a copy of his/her driver's license. Department Heads and Elected Officials shall maintain a current copy of their driver's license in their personnel file.
- D. Once per year, the Department Head shall request a copy of a Driving Record Abstract (DRA) from the Illinois Secretary of State, Driver Services Department for each employee driver. A DRA shall also be requested for applicants for positions which may be required or permitted to operate a motor vehicle as part of their job. It shall further be the responsibility of Department Head to review each DRA for every employee driver at least one time per calendar year.

IV. DUTY TO OPERATE SAFELY AND LEGALLY

Each employee driver is required to operate motor vehicles in a safe and legal manner whether on or off duty with the County. This includes the use of seatbelts by all employee drivers and their passengers at all times required by law and compliance with any restrictions on the employee driver's operator's license. Any employee who is found guilty or pays a bond forfeiture on an offense for which points may be charged under the Illinois Administrative Code, Title 92, part 1040 et.al. shall immediately report that fact to their Department Head.. This requirement shall apply to all offenses described above regardless

of whether the offense is committed while the employee driver is on or off duty with the County.

V. OPERATION OF A VEHICLE UNDER THE INFLUENCE OF ALCOHOL OR ILLEGAL DRUGS

Employee drivers must comply with the policies and procedures outlined in the current version of the Ogle County Personnel Policies and Benefits, Section V, entitled "Drug Free Workplace."

VI. INCIDENT REPORTS

An employee driver involved in a motor vehicle incident while performing duties on behalf of the County shall cooperate in the filing of all law enforcement reports required by law and, in addition, shall immediately inform his/her supervisor and complete a full and accurate report on the form prescribed by the County.

VII. DISCIPLINE

The failure to comply with any of the foregoing requirements, a conviction or payment of a bond forfeiture as described above and/or the imposition of a driving prohibition as described above may result in disciplinary action including, but not limited to, placement on restricted duty, administrative leave, suspension or termination.

Adopted by the Ogle County Board October 16, 2012 (R-2012-1012)

ARTICLE VI: EMPLOYEE SAFETY AND HEALTH

Section 6.1: General Safety Rules

The following guidelines are general in nature and should help employees carry out responsibilities safely. It is not a complete list and could be amended by need or suggestion as well as specific to the department.

- (a) Report and take care of injuries at once. Small cuts and scratches can become infected unless care was immediate.
- (b) Work at a safe, sane pace.
- (c) Do not attempt to give first aid to an injured person unless trained to do so. Do not move a seriously injured person unless absolutely necessary. Call 911 immediately.
- (d) Obey all warning tags and signs on equipment. Read instruction manuals or seek instruction **before** operating any machine or equipment.
- (e) Do not horseplay on the job. Workers' Compensation coverage benefits could be negated for horseplay related injuries.
- (f) The use or possession of intoxicating beverages or narcotics on the job is prohibited.
- (g) Correct all unsafe conditions or report them to the Department Head or Supervisor.
- (h) Keep work areas clean and orderly at all times. Good housekeeping can help prevent incidents.
- (i) Use the correct tools and equipment for the job.
- (j) Wear proper safety equipment such as eye and ear protection and hard hats as specified by policy.
- (k) Be considerate and concerned at all times for the safety of fellow workers and the general public.
- (l) Obey safety rules and practices and take an active part in the safety of co-workers. Remind co-workers if they are working unsafely.

Section 6.2: Illness and Injury Control/Prevention

In addition to the Loss Control methods cited in this manual, there are several types of policies and/or procedures that can be implemented to help reduce the possibility of occupational illnesses and injuries. These policies and procedures are discussed briefly in this section.

- (a) Physical Examination. A physical examination or medical authorization should be required in the following instances:

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- i. An injured employee who has recently received medical attention should have medical approval before he/she returns to work.
 - ii. An employee who has been absent from work for 5 or more days, or the applicable number of days per the appropriate bargaining contract, should have medical authorization before he/she returns to work.
 - iii. Incumbents of critical occupations should be re-examined on a periodic schedule. The results and findings of the physical examinations either for pre-placement, annual or reevaluation should be treated as confidential. Information should not be provided to anyone outside the normal processing agencies involved in hiring or an individual without the individual's expressed written consent.
- (b) Physical Fitness. The physical fitness of employees is a prime requisite in preventing a significantly large number of personal injuries. All employees should be encouraged to seek regular physical activity.
- (c) First-Aid Treatment for Sick or Injured Employees. All injuries or illnesses will be reported. However, other than for very minor cuts or scratches, the Department Head or Supervisor should send the injured or ill employee(s) for first-aid or medical treatment.

If an employee has been injured on the job and requests to leave work to go home, the Department Head or Supervisor will inform the employee to go immediately to the hospital or physician's office to have the injury evaluated. If the doctor, who the employee has been sent to for treatment, feels that the employee is unable to return to his/her regular job but can perform some part(s) of the job without aggravating his/her injury, the Supervisor will request permission from the Department Head to allow the employee to return to work.

The family of an employee who is severely ill or injured should be notified promptly by the employee's Supervisor. The Department Head should be notified immediately of all disabling and potentially disabling injuries.

- (d) Emergency Medical Treatment. In the event of a serious injury requiring immediate medical treatment, administer first-aid as necessary and call for an ambulance. The facility nearest the incident scene should be used. Also, the County should maintain a current listing of local hospitals and medical centers that have 24-hour full emergency treatment facilities.
- (e) First Aid/CPR. ----Department Heads may designate staff members to receive first-aid and/or CPR training.

The following first aid rules are established:

- i. The Department head may designate other staff members to receive the training. Appropriate certification shall be maintained.
- ii. First-aid kits will be maintained in all County buildings and on County vehicles where necessary.

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- iii. Department Head or Supervisors are required to check first-aid supplies on a periodic basis. Minimum amounts of each item must be maintained. Department Head or Supervisors shall order supplies through regular purchasing channels.
 - iv. Employees will notify their Department Head or Supervisor after each use of first-aid supplies.
 - v. Minor medical treatment for cuts, scratches, etc., may be given by the Department Head, Supervisor or a crew leader, if trained.
 - vi. In many cases, an injured employee that needs professional medical attention can be transported to the hospital by the means of a County vehicle. However, in some cases, it is important that the injured employee be transported by ambulance with a qualified medical attendant available. If there is any doubt in the mind of the Department Head, Supervisor or lead man in charge, Emergency 911 should be called (if using a County extension, dial 911). The following conditions would definitely indicate ambulance service:
 - 1. Employee unconscious or apparently in shock.
 - 2. Any apparent fracture.
 - 3. Any apparent serious back injury.
 - 4. Any hemorrhaging.
 - 5. Symptoms of internal injury.
 - vii. All animal bites, because of the possibility of rabies, should receive prompt medical attention by a physician. Where practical, an attempt should be made to confine the animal.
 - viii. All injuries, no matter how minor, are to be reported to the Department Head or Supervisor. Injury report forms shall be completed as per Section 3.2: Incident/Injury Reporting, Policy and Procedure.
- (f) Environmental Hazards. It is important that each department be able to recognize, understand, and work effectively and safely with hazardous materials. Occupational health hazards are preventable, but if they are not controlled, they may lead to conditions that cause legally compensated illnesses. Hazardous materials could impair the health of employees enough to make them lose time from work or to work at less than full efficiency. Illinois has enacted "Right-to-Know" legislation regarding employee hazard communication. The basic intent of these acts is to ensure that employees are made aware of the toxic substances in the workplace.

Section 6.3: Transitional Duty Policy

- (a) Purpose. The purpose of establishing a transitional duty policy is to provide temporary duty/work for employees who are temporarily disabled and cannot be assigned to regular duty but maintain the ability to perform another form of productive work/duty. The duties to be performed by the employee on transitional duty status will always be bona fide work that will be limited in duration and intended for employees who are expected to return to full duty in the near future, but no later than 3 months (with an option to extend the status upon review).
- (b) Eligibility. Eligible candidates for transitional duty must be currently employed by the county and be temporarily disabled. Temporary disability is defined as the lack of ability to perform all aspects of the essential functions of the employee's regular position for a period of time which is generally less than 3 months.

Transitional duty will be required for all employees who have been disabled as a result of a work related injury, provided there is bona fide, productive work available and medical approval is obtained by the County. In the case of a work related injury, the employee will keep in constant contact with his/her Department Head or immediate Supervisor in regard to his/her medical condition and the projected commencement date for the Transitional duty assignment. Should an employee who has been disabled as a result of a work related injury refuse a viable transitional duty assignment, workers compensation payments will then cease.

- (c) Physician's Role. An eligible employee must be released to return to transitional duty by his/her treating physician. The eligible employee must bring a letter to the Department Head from his/her treating physician that details the following:
- i. The length of time that the employee is expected to remain on transitional duty;
 - ii. The exact nature of the work (including duties/limitations) that the employee can and cannot perform;
 - iii. The date of the next scheduled re-examination to determine any change in the employee's physical status;
 - iv. A medical opinion as to whether the employee's current disability is permanent or temporary in nature.

The employee must provide the above mentioned information in writing prior to assignment to transitional duty and after each re-examination while on transitional duty status. The appendix of this manual contains a sample "TRANSITIONAL DUTY GUIDELINES FORM". The County may consult a physician in regard to an employee's placement on or removal from transitional duty status. The County's consulting physician will have the final advisory opinion on an employee's transitional duty status.

- (d) Types of Duty/Work. Projects or tasks assigned to an eligible employee for transitional duty must be legitimate, ongoing, and productive work which does not consist of "manufactured" or "busy" work. Any transitional duties shall not be construed as creating a new or permanent position.

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An eligible employee who is released by the County's and/or their treating physician to return to transitional duty shall be directed by his/her Department Head or immediate Supervisor as to their job duties and responsibilities under this transitional duty status. These transitional duties must be within any restrictions enumerated by the treating physician and/or the County's consulting physician.

Transitional duty can involve, but is not limited to, work assignments to areas other than the eligible employee's regular duty station, division or department. The eligible employee may be assigned to an entirely different division or department. Coordination of placement of eligible employees into transitional duty will be through the employee's immediate Supervisor in conjunction with the Department Head.

Use of transitional duty is designed to benefit the employees and the employer. Department Heads are encouraged to outline departmental procedures regarding transitional duty for present and future situations.

If no transitional duties are available or, should any alternative duties become unavailable in the future, the eligible employee will be so informed and may be returned to disability leave status.

Availability, assignment and continuation of transitional duty will always be at the discretion of the employee's Department Head in accordance with the guidelines set forth in this policy.

- (e) Scheduling. Eligible employees assigned to transitional duty will be scheduled through the immediate Supervisor, in conjunction with the appropriate Department Head. Transitional duty assignments shall not be in derogation of any existing collective bargaining agreements. However, transitional duty schedules may vary from the employee's regular work schedule or hours. Transitional duty may be for part-time hours, in which case the employee will be paid on a part-time basis and, if applicable, Workers' Compensation wages will be applied to make up the difference in hours for the employee's regularly scheduled work week.
- (f) Administrative Review. An employee assigned to transitional duty will be subject to an Administrative Review at the end of every 30 calendar days. Included in this meeting will be the employee, the immediate Supervisor, the Department Head or his/her designee, and the appropriate collective bargaining unit representative, if requested by the employee. This review will consist of an evaluation of the employee's physical status to determine the employee's ability to perform the transitional duty and of the availability of legitimate work. If it is determined that the transitional duty assignment is not meeting the restrictions detailed by the County's consulting physician or the employee's treating physician or the needs of the County, the transitional duty assignment will be terminated and the employee returned to disability status.

Section 6.4: Ergonomics and Office Safety Program

- (a) Policy. The purpose of this program is to inform interested persons, including employees, that the county is committed to improving our employees' comfort and well-being by identifying and correcting ergonomic risk factors on the job. This program applies to all work operations. The Safety Committee manages all safety and health programs for the County. They review the ergonomics program and provide guidance, as needed.

The County has implemented the ergonomics program at all County sites, to address the problem of Musculoskeletal Disorders (SDS). SDS have become an issue of increasing concern because they continue to rise in occurrence.

The goal of the ergonomics program is to prevent the occurrence of work-related musculoskeletal disorders by controlling or eliminating the risk factors which cause them. The program ensures that all affected employees are aware of job-related risk factors and provides information and solutions to eliminate them. The County promotes continuous improvement for efficiency, comfort, and well-being of all employees through a team effort of management and employee involvement.

Recommendations for improving the ergonomics program can be made to the Safety Committee. The Safety Committee is committed to the success of the program and encourages all constructive criticism or suggestions. The Committee strives for clear understanding, safe and efficient work practices, and involvement in the program from every level of the County.

- (b) Injury/Medical Management. All employees are encouraged to immediately report to their Department Head or Supervisor any symptoms of discomfort that may be associated with their job duties. The Department Head or Supervisor is responsible to recommend transitional work or medical evaluation for injured or ill employees.

Department Heads or Supervisors record and file written reports from the first observation of illness or injury through all subsequent follow-up activities. They are also responsible to forward information about the worker injury or illness for recording on the OSHA 300 Injury and Illness Form.

Every work procedure that causes a worker injury or illness will be investigated and reported. This documentation provides vital information for the identification of job related risk factors so that the problems can be corrected before other injuries occur.

After an injured employee has been treated, status reports from the treating physician(s) should detail limitations employees may face, or if they are eligible to return to full duty.

- (c) Office Safety. Office work is more dangerous than is commonly supposed, and many incidents occur during the performance of ordinary office routines. Therefore, it is important that certain safety rules be observed in offices, just as they are in other work areas.
- (d) Office Safety Rules and Regulations.
- i. Keep desk and work areas clean and orderly.
 - ii. Report loose or rough floor covering to the Department Head or Supervisor.

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- iii. All file, desk, and table drawers shall be kept closed when not in use. Never open more than one file drawer at a time.
- iv. Furniture such as tables, desks, and chairs must be maintained in good condition and free from sharp corners, projecting edges, wobbly legs, etc.
- v. Tilted chairs can be hazardous when improperly used and therefore, care should be taken to assure that they are in good condition. Learn the limits. Be sure the chair is behind you before you sit down.
- vi. Never use chairs, desks, or other furniture as a make shift ladder. Use a stepladder.
- vii. When a message spindle is used, a suitable blunt cover shall protect the point, or preferably, the point should be bent at a horizontal angle.
- viii. Keep the blades of paper cutters closed when not in use.
- ix. Keep pencils pointed down when carrying them in pockets.
- x. Keep hands clear of electric typewriter carriages while they are in motion.
- xi. Use a sponge or other wetting device for envelopes. Use finger guards when working with stacks of paper.
- xii. Be sure equipment is grounded and that the cords are in good condition. If a machine gives a shock or starts smoking, unplug it and report it immediately.

Section 6.5: Workplace Violence

Purpose of this Section

1. To define workplace violence.
2. To discuss the concept of zero tolerance towards acts of workplace violence.
3. To detail the policy on workplace violence.
4. To describe the actions to take if you are a victim or witness an act of workplace violence.

Definition of Workplace Violence

Threatening, attempting to cause, or causing physical harm to another employee or a member of the public while at work or while on duty. Unacceptable behavior includes verbal abuse, harassment, threats, physical attacks, property damage, and any intentional or reckless behavior resulting in harm or which causes someone to feel threatened with harm.

Types of Workplace Violence

The National Institute of Occupational Safety and Health (NIOSH), has identified the following categories of workplace violence:

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- Violence by strangers, such as during robberies;
- Violence by customers or clients, such as assaults on health care professionals by their patients or assaults on law enforcement personnel by detainees/arrestees;
- Violence by fellow employees;
- Violence to employees while at work by domestic abusers.

Identification of Problematic Behaviors

The Federal Bureau of Investigation (FBI) has identified a number of problematic behaviors exhibited by those individuals who perpetrate acts of workplace violence. These include:

- Personality conflicts between co-workers or supervisors;
- Increasing belligerence;
- Ominous, specific threats;
- Hypersensitivity to criticism;
- Fascination with weapons;
- Preoccupation with violent themes;
- Obsessive interest in recently publicized violent events;
- Outbursts of anger;
- Homicidal/ suicidal comments or threats;
- Obsession with a supervisor or co-worker;
- Drug and alcohol use at work;
- Recent life-changing events, such as divorce, break-up of a relationship, financial hardships.

Workplace Violence Policy

In order to prevent incidents of workplace violence, Ogle County has adopted a policy of zero tolerance for violence, or the threat of violence, in the workplace. This means that all employees and members of the public will be treated with courtesy and respect. Any threat of violence, or any actual act of violence, will be taken very seriously, and will be investigated as thoroughly as possible, and action taken to ensure that perpetrators are disciplined accordingly and to ensure that victims are provided medical treatment and counseling as necessary. In instances of actual violence, local law enforcement will be notified and criminal sanctions pursued.

Given this zero tolerance policy employees are instructed to report **all** incidents of violence, threats of violence or any behavior witnessed which may lead to violence immediately to management. There will be no retaliation to those who report these incidents. Local law enforcement will be notified in the event of an actual incident, and medical transport contacted if injuries warrant.

Another critical aspect of the zero tolerance policy provides that under no circumstances are weapons of any kind to be brought to the workplace. Employees found with weapons in their possession while at work will be disciplined accordingly.

A report form will be completed and sent to management. The employee who perpetrated the violence or who stated the threat may be sent for counseling, and may be disciplined accordingly. Victims will be provided medical treatment and counseling as necessary. As stated above, criminal sanctions may also be pursued.

All new employees will be made aware of this policy. All potential hires will be screened thoroughly and a thorough background check performed to ensure that those with a history of behaviors contrary to this policy are not selected for hire. All supervisory staff will be trained in identifying and defusing workplace problems and conflicts. Employees will be trained in non-violent response and conflict resolution, unacceptable conduct, and the reporting of threats and incidents.

At some point Ogle County may designate a Threat Management Team. The duties of the Team will include:

- Evaluate potential violence problems by reviewing past incidents or investigating reports of behaviors exhibited that are contrary to this policy;
- Assess the responsible employee's fitness for duty after undergoing counseling;
- Review and recommend intervention techniques;
- Develop a protection plan for use;
- Coordinate with all affected parties after an incident;
- Refer victim for appropriate treatment;
- Perform security assessments;
- Review, develop, and present training programs;
- Review all threats to determine validity and response.

Facility Modifications

Staff may want to review the physical layout of their work areas, especially in those departments where there may exist an increased potential for confrontations due to the nature of the operations. Possible physical modifications may include:

- Increasing visibility;
- Provision of panic alarms;
- Control of access to sensitive areas;
- Arrangement of space to avoid entrapment;
- Establishment of escape routes.

Exercises

Study the definition of workplace violence. Think about those times that you may have either shown or witnessed some of the actions included in the definition. Consider the fact that even threats made in jest are considered unacceptable. Discuss this issue with all employees.

Discuss a recent case of workplace violence, from a seemingly minor incident here to one of national prominence, such as an incident involving multiple injuries or fatalities. If available, study the events that led up to the incident, such as repeated threats.

Examine the layout of your work area. Do you have a planned escape route? Does the layout of your area allow you unimpeded egress in the event of a confrontation?

Section 6.6: Cell Phone Policy

**Ogle County
Corporate Cell Phone Policy**

Employees must adhere to state laws regarding use of electronic communication devices while driving.

Use of an electronic communication device by employees during working hours shall not negatively affect an employee's performance of assigned duties.

Employees will be given two warnings. The third time an employee is found to be in violation of this policy, it is grounds for immediate dismissal.

(625 ILCS 5/12-610.2) Sec. 12-610.2(d)(1) Illinois law states this section does not apply to a law enforcement officer or operator of an emergency vehicle while performing his or her official duties.

Your signature below certifies your agreement to comply with this policy.

Employee Signature

Date

ARTICLE VII: EMPLOYEE DISSEMINATION/ACKNOWLEDGEMENT

Each Department Head shall be responsible for reviewing the Safety Manual with each employee. Each employee must sign an acknowledgement form indicating the employee has received and reviewed a copy of Safety Manual. This acknowledgement form shall be kept in the employee's personnel file. All new hires will receive the instruction on the Safety Manual as part of his/her orientation.

**Employee Safety Manual
Acknowledgement Form**

I, as an employee of Ogle County, hereby acknowledge the receipt of the **Ogle County Administrative Safety Manual**.

Also, I acknowledge that it is my responsibility as an employee of Ogle County to read and follow the policies outlined in the Ogle County Administrative Safety Manual. I understand that failure to observe the rules of the **Safety Manual** may result in possible disciplinary action or termination.

Print Name _____

Signed _____ Date _____

Witness _____ Date _____

ADMINISTRATIVE NOTE TO DEPARTMENT HEAD:

Two copies should be made of this form. The original should be kept in employee's file, one copy should stay with the Department Head, and the remaining copy returned to the employee to be kept in this handbook.

Forms

Forms are included in the manual for illustrative purposes only. Contact your Department Head or Insurance Liaison John Coffman for the approved forms. Contact Information for Ogle County Treasurer John Coffman:

Ogle County Treasurer John Coffman
(815) 732-1100
(815) 732-1455 fax
treasurer@oglecounty.org

Confirmation of Transitional Duty/Return to Work Status is completed by the employee when returning to work following an injury or illness.

Employee Incident Report is completed by the employee and submitted to the Supervisor or Department Head within 24 hours or as soon as possible following an injury/incident. The Supervisor or Department Head completes his/her section of the report and submits it to the Insurance Liaison within 48 hours or as soon as possible following an injury/incident.

Hepatitis B Vaccine Declination (Mandatory) is completed by the employee that declines the hepatitis B vaccination, and retained by the County Officer/Department Head.

Illinois Form 45: Employers First Report of Injury is completed by the Department Head and forwarded within 24 hours or as soon as possible to the Insurance Liaison for claim processing. (Required by Gallagher Bassett Services to process an employee injury claim.)

Medical Authorization (Medical Records Release Form) is completed by the injured party only upon request of the insurance claims adjuster.

Non – Employee Injury Report is completed by the injured party (other than a county employee) and filed with the County Insurance Liaison within 24 hours or as soon as possible following the injury/incident.

OSHA Form 300 – Log of Work Related Injuries and Illnesses is a US Department of Labor Occupational Safety and Health Administration (OSHA) form to be compiled and retained by the Insurance Liaison. This form lists every work-related death, injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. This form is available on the US Department of Labor website at www.osha.gov.

OSHA Form 300A – Summary of Work-Related Injuries and Illnesses is a US Department of Labor Occupational Safety and Health Administration (OSHA) form compiled by the Insurance Liaison. This annual summary of work-related injuries or illnesses must be posted by Feb. 1 of the year following the year covered by the form and keep it posted until April 30 of that year. This form is available on the US Department of Labor website at www.osha.gov.

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Property Damage Incident Report is completed by the Department Head, the Insurance Liaison or other individual involved with property damage and filed within 24 hours or as soon as possible with the Insurance Liaison.

Transitional Duty Guidelines Form is completed by the employee's Physician when returning to work following an injury or illness. Specifies what, if any work restrictions the employee shall follow.

Witness Statement is completed within 24 hours or as soon as possible by any/all witnesses to any type of incident and retained by the Department Head or Insurance Liaison.

Hazard Communication Forms

Lockout/Tagout Procedure Forms

R-2012-1012 Ogle County Motor Vehicle Driving Policy & Review/ Employee Authorization for MVR Review

Confirmation of Transitional Duty

This form is completed by the employee and submitted to the Supervisor or Department Head when the employee is returning to work following an injury or illness, confirming the commencement of a Transitional Duty/Return-to-Work assignment and again at the resumption of regular duty, or an alternate regular assignment.

To be completed by the Employee

Employee Name: _____ Dept. _____
Position: _____ Date of Injury/Temporary Disability: _____
(Work Related Injury/Disability (Non-Work Related Injury/Disability
Supervisor's Name: _____ Phone: _____
Date available for Transitional Duty or to return to work (start date): _____
Next Medical Evaluation Date: _____

To be completed by the Supervisor or Department Head

Employee resumed regular day/alternate regular assignment on: (start date) _____
Were you able to accommodate the job modifications as described by the physician? (yes (no
If the job modifications were altered from the physician/s recommendations, please describe below:

Employee Signature Date

Department Head/Supervisor Signature Date

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ILLINOIS FORM 45: EMPLOYER'S FIRST REPORT OF INJURY

Please type or print.

Employer's FEIN	Date of report	Case or File #	Is this a lost workday case? Yes No
Employer's name		Doing business as	
Employer's mailing address			Employer's email address
Nature of business or service			SIC code
Name of workers' compensation carrier/admin.		Policy/Contract #	Self-insured? Yes No
Employee's full name			Birthdate
Employee's mailing address			Employee's e-mail address
Gender Male Female	Marital status Married Single	# Dependents	Employee's average weekly wage
Job title or occupation			Date hired
Time employee began work	Date and time of accident		Last day employee worked
If the employee died as a result of the accident, give the date of death.		Did the accident occur on the employer's premises? Yes No	
Address of accident			
What was the employee doing when the accident occurred?			
How did the accident occur?			
What was the injury or illness? List the part of body affected and explain how it was affected.			
What object or substance, if any, directly harmed the employee?			
Name and address of physician/health care professional			
If treatment was given away from the worksite, list the name and address of the place it was given.			
Was the employee treated in an emergency room? Yes No		Was the employee hospitalized overnight as an inpatient? Yes No	
Report prepared by	Signature	Title and telephone #	Email address

Please send this form to: ILLINOIS WORKERS' COMPENSATION COMMISSION 4500 S. SIXTH ST. FRONTAGE RD SPRINGFIELD, IL 62703
 By law, employers must keep accurate records of all work-related injuries and illness (except for certain minor injuries). Employers shall report to the Commission all injuries resulting in the loss of more than three scheduled workdays. Filing this form does not affect liability under the Workers' Compensation Act and is not incriminatory in any way. This information is confidential. IC45 8/12

Non-Employee Injury Report

www.oglecounty.org

To be completed by Injured Party within 24 hours or as soon as possible following the incident and filed with the Ogle County Treasurer John Coffman.

Name: _____ Soc. Sec. #: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: (____) _____ - _____ Alt. Phone #: (____) _____ - _____

Date of Incident: _____ Time of Incident: _____ am pm

Location of Incident: _____
(Please describe location in detail.)

Explain what happened, including the reason for being in the area of the incident:

Describe the injury: _____

What was the injury or illness? _____

Was medical attention sought? Yes No

If yes, date you first sought medical attention: _____

Medical Facility: _____ City: _____

Physician: _____ Phone #: (____) _____ - _____

Describe Medical Attention: _____

Prior Workers' Compensation claims or major injuries? Yes No

If yes, please explain: _____

I understand that by signing this report, I am verifying that all of the above statements are true and correct.

Signature Date Time

PROPERTY DAMAGE INCIDENT REPORT

www.oglecounty.org

To be completed by the Department Head, Insurance Liaison, or other individual involved with property damage and filed within 24 hours or as soon as possible following the property damage with Insurance Liaison, Ogle County Treasurer John Coffman.

Name of person filing the report: _____

Department Head Insurance Liaison Other _____

Home Phone #: _____ Alternate Phone #: _____

Date of Incident: _____ Time of Incident: _____ am pm

Property/Equipment damaged in the incident: _____

Specific location of the Incident: _____

Description of the Incident: _____

Was anyone injured? Yes No If yes, what is the name of the injured party and describe the injury to the best of your knowledge: _____

Witnesses to the Incident:

Name: _____ Phone #: (_____) _____ - _____

Name: _____ Phone #: (_____) _____ - _____

Note: Witness Statements need to be completed by each witness present.

Preparer's Signature

Date

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ICRMT
WC Employee Injury Report
(to be completed by injured employee)

Your Name:

Home Phone:

Hire Date:

SSN:

Date of Birth:

Home Address & Phone:

Marital Status: Single

Married

Divorced

Dependents:

Date/Time of Incident:

Time Shift Began:

Date/Time Reported:

Address of accident occurrence:

Body part and how it was affected:

What were you doing when the accident occurred?

Reason for being in the area:

How did the accident occur ? (use 2nd sheet if necessary):

Who else saw the incident?

To whom did you report the incident?

Have you received first aid?

Yes No

Were you treated in the Emergency Room?

Yes No

If yes, check One:

On Premise
Outside medical assistance
Both

Were you hospitalized overnight as an inpatient?
Has your doctor taken you off of work?

Yes No
Yes No

When is your next medical appointment? _____

Name, address, phone and fax # (if available) of medical facility where treatment was sought: _____

Date/Time of such treatment:

Prior Workers' Compensation Claims?

Yes No

If yes, please explain using 2nd sheet if necessary (i.e. date, body part, injury specifics): _____

I agree the above is true and accurate

Employee's Signature: _____ **Date:** _____

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ICRMT
WC Supervisor Report
(to be completed by supervisor of injured employee)

Injured Employee Name: _____ SSN: _____

Employee Home Phone: _____ Employee's approximate weekly wage: _____

Supervisor's Name and Title: _____

Date/Time of Accident: _____ Date/Time Employee Reported: _____

Medical Expenses so far (if known): _____

Did/will employee lose time from work as a result of this accident? Yes No

If yes, please list dates/timeframes missed due to this accident: _____

If lost time: Did or will the lost time exceed 3 consecutive scheduled work shifts? Yes No

Is there a possibility of accommodating a modified duty position during any recovery period? Yes No

If no, reason why: _____

Was medical treatment performed outside of the employer's facility? Yes No

If yes, was this medical provider (select all that apply): Occupational Health Provider
 Chosen by employee
 Other

Did the employee see more than one physician for this accident? Yes No

What object or substance, if any, directly harmed the employee? _____

Did the accident occur on the employer's premises? Yes No

Please review the employee's report of injury. Do you agree with the employee's details of this accident? Yes No

If no, please explain thoroughly (use 2nd sheet if necessary): _____

What did the employee tell you regarding what happened for the incident to occur? _____

What was the sequence of events that led up to the accident? What material, equipment and tools were involved? _____

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What were the environmental conditions at the accident site? _____

What was done immediately after the accident? _____

Specify body parts injured in this accident: _____

Injury Type (i.e. sprain, fracture, etc.): _____

Accident Location: _____

Loss Causation: _____

What conditions or actions contributed to the accident? _____

What system design and implementation problems contributed to the accident occurrence? _____

What actions will be taken to reduce unsafe conditions and actions? _____

What actions will be taken to strengthen system design and implementation? _____

Would you like Method Management to contact you for further risk management assistance? Yes No

Do you believe an outside/3rd party is responsible for this accident occurring? Yes No

If yes, please indicate the responsible party's name, address and phone number if known: _____

I agree the above is true and accurate

Supervisor Name: _____ Supervisor Phone: _____

Supervisor's Signature: _____ Date: _____

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ICRMT
WC Witness Report
(to be completed by accident witness)

Injured Employee Name: _____

Your Name: _____ Your Phone Number: _____

Your Address: _____

Your relationship with injured employee (check one): Co-worker Other

Date/Time of Incident: _____ Today's Date/Time: _____

What was the employee doing at the time of the accident? _____

What was the sequence of events that led up to the accident? _____

What was done immediately after the incident? _____

What were the environmental conditions at the accident site? _____

What materials, equipment and tools were involved? _____

I agree the above is true and accurate

Witness Name (please print): _____

Witness' Signature: _____ Date: _____

Transitional Duty Guidelines Form

www.oglecounty.org

To be completed by the employee's Physician when returning to work following an injury or illness and submitted to the Department Head.

Employee Name: _____ Dept: _____

Social Security Number: _____ Date of Injury: _____

Description of Injury/Illness: _____

-----**The following must be completed by Physician**-----

1. _____ Fit for Duty (no restrictions), effective date: _____

2. _____ Restriction until (date): _____

Details of Restriction: _____

Considering these restrictions, can the employee be assigned to one of these following forms of Transitional Duty? If so, please check the one that best suits the type of work the employee can perform according to his/her injury.

- Medium Work;** May require occasional lifting up to 50 lbs., carrying loads up to 20 lbs., frequent tasks involving standing, walking, sitting.
- Light Work;** May require lifting up to 20lbs., some walking, standing, and/or pushing or pulling. Majority of work is sedentary.
- Semi-Sedentary Work;** May require lifting light items up to 10 lbs., sitting, minimal walking, answering phones.
- Sedentary Work;** Sitting, answering phones, computer work.
- Cannot be assigned transitional duty at this time for a duration of _____ days.

3. Date of next evaluation: _____

4. Projected date Employee could be returned to Full Duty: _____

Attending Physician Date

Address Phone Number

Witness Statement

www.oglecounty.org

To be completed by any/all Witnesses within 24 hours of the incident and filed with Ogle County Treasurer John Coffman.

Witness Name: _____

Home Phone # (____) _____ - _____ Alternate phone #:(____) _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Injured Party: _____

Date of Incident: _____ Time of Incident: _____ am pm

Please explain, in your words, what you saw:

- Where were you at and what were you doing?
- How did the incident happen?
- How would you describe the appearance of the injured party?
- Describe the area in which the incident occurred.
- Who else was at the scene?
- What conversation took place?
- Did the injured party say anything to you?
- Any other information about the incident?

Please use the back of this sheet to continue your statement if necessary.

I understand that by signing this statement, I am verifying that all of the information contained herein is true and correct.

Witness Signature

Date

Form #2

LETTER TO REQUEST A COMPLETE LABEL

TO: Chemical Manufacturer, Vendor, Distributor

FROM: Ogle County

DATE:

RE: Chemical Labels

We are using (number) of your products and in evaluating the label(s) on (this/these) product(s), we determined that the label(s) (is/are) not appropriate for the following reason(s):

Product Name

Reason Label Is Not Appropriate

Please clarify the wording on (this/these) label(s) or send (a) revised label(s). Your prompt attention is necessary for us to fully implement our Hazard Communication Program. Please respond to this request no later than (date 14 days after the date of this letter).

Thank you for your cooperation.

* A tickler file should be established to notify the responsible individual in 14 days that their request for a revised label has not been received and that a second notice is needed.

Form #3 SECOND REQUEST FOR A COMPLETE LABEL

TO: Chemical Manufacturer, Vendor, Distributor

FROM: Ogle County

DATE:

RE: Labels

On (date) we notified you that the warning label for your product(s) was incomplete. The label is not appropriate for the following reason(s):

Product Name

Reason Label Is Not Appropriate

We requested that you supply us with this information by (date). Please clarify the wording on (this/these) label(s) or send (a) revised label(s). Your prompt attention is necessary for us to fully implement our Hazard Communication Program. Please respond to this request no later than (date 14 days after the date of this letter).

Thank you for your cooperation.

Form #4 CHECKLIST OF REQUIRED SDS INFORMATION

The Hazard Communication Standard 1910.1200 requires that 16 items of information be included in Safety Data Sheets provided to purchasers. There is a specified order for these items; they will be found in the order listed below. If the preparer of the SDS has found no relevant information for a given item, the SDS must be marked to indicate that no applicable information was found. This checklist should be used to determine the completeness of the SDS. It does not assess the accuracy of the information. See Appendix D of 1910.1200 for a detailed description of SDS contents.

Section 1, Identification includes product identifier; manufacturer or distributor name, address, phone number; emergency phone number; recommended use; restrictions on use.

Section 2, Hazard(s) identification includes all hazards regarding the chemical; required label elements.

Section 3, Composition/information on ingredients includes information on chemical ingredients; trade secret claims.

Section 4, First-aid measures includes important symptoms/ effects, acute, delayed; required treatment.

Section 5, Fire-fighting measures lists suitable extinguishing techniques, equipment; chemical hazards from fire.

Section 6, Accidental release measures lists emergency procedures; protective equipment; proper methods of containment and cleanup.

Section 7, Handling and storage lists precautions for safe handling and storage, including incompatibilities.

Section 8, Exposure controls/personal protection lists OSHA's Permissible Exposure Limits (PELs); ACGIH Threshold Limit Values (TLVs); and any other exposure limit used or recommended by the chemical manufacturer, importer, or employer preparing the SDS where available as well as appropriate engineering controls; personal protective equipment (PPE).

Section 9, Physical and chemical properties lists the chemical's characteristics.

Section 10, Stability and reactivity lists chemical stability and possibility of hazardous reactions.

Section 11, Toxicological information includes routes of exposure; related symptoms, acute and chronic effects; numerical measures of toxicity.

Section 12, Ecological information*

Section 13, Disposal considerations*

Section 14, Transport information*

Section 15, Regulatory information*

Section 16, Other information, includes the date of preparation or last revision.

*Note: Since other Agencies regulate this information, OSHA will not be enforcing Sections 12 through 15(29 CFR 1910.1200(g)(2)).

Employers must ensure that SDSs are readily accessible to employees.

See Appendix D of 1910.1200 for a detailed description of SDS contents.

Form #5

LETTER TO REQUEST SDS

TO: Chemical Manufacturer, Vendor, Distributor
FROM: Ogle County
DATE:
RE: Safety Data Sheets (SDS)

We are using (number) of your products and need (a) Safety Data Sheet(s) in order to complete our Hazard Communication Program.

Please send (a) Safety Data Sheet(s) on the following products:

Your prompt attention is necessary for us to fully implement our Hazard Communication Program. Please send the SDS(s) no later than (date 15 days after the date of this letter).

Thank you for your cooperation.

* A tickler file should be established to notify the responsible individual in 15 days that their request for an SDS has not been received and that a second notice is needed.

Form #6

SECOND REQUEST FOR SDS

TO: Chemical Manufacturer, Vendor, Distributor

FROM: Ogle County

DATE:

RE: Safety Data Sheets (SDS)

On (date) we requested (an) Safety Data Sheet(s) on the following product(s):

We have not received (it/them). Your prompt attention to this is necessary for us to complete our Hazard Communication Program. Please respond to this second request by (date 15 days after the date of this letter).

Thank you for your cooperation.

Form #7

LETTER TO REQUEST A COMPLETE SDS

TO: Chemical Manufacturer, Vendor, Distributor

FROM: Ogle County

DATE:

RE: Safety Data Sheets (SDS)

In reviewing the Safety Data Sheet(s) for your product(s), the following required information (according to the OSHA Hazard Communication Standard 1910.1200) was not on the SDS:

Product Name

Reason SDS Is Not Complete

Please supply us with this information. Your prompt attention to this is necessary for us to fully implement our Hazard Communication Program. Please send this information by (date 15 days after the date of this letter).

Thank you for your cooperation.

* A tickler file should be established to notify the responsible individual in 15 days that their request for a revised SDS has not been received and that a second notice is needed.

Form #8

SECOND REQUEST FOR A COMPLETE SDS

TO: Chemical Manufacturer, Vendor, Distributor

FROM: Ogle County

DATE:

RE: Safety Data Sheets (SDS)

On (date) we notified you that the Safety Data Sheet(s) for your product(s) (was/were) incomplete. The following required information was not on the SDS(s):

Product Name

Reason SDS Is Not Complete

We requested that you supply us with this information by (date) . We have not received this information. Your prompt attention to this is necessary for us to complete our Hazard Communication Program. Please respond to this second request by (date 15 days after the date of this letter).

Thank you for your cooperation.

Form #9

LETTER TO ACCOMPANY PURCHASE ORDERS

This is a notice to chemical vendors concerning the need for SDS's and container labeling. This letter should be attached to purchase orders for all chemicals or other hazardous substances.

TO: Chemical Manufacturer, Vendor, Distributor
FROM: Ogle County
DATE:
RE: Hazard Communication Responsibilities

Attached to this letter is a purchase order for the chemicals which we plan to utilize in our facility. Our receiving personnel have been instructed to accept only containers which have been properly labeled and identified. Improperly labeled containers will result in refusal of the shipment. We would appreciate your cooperation in this matter.

We expect to receive Safety Data Sheets (SDS) prior to receipt of our initial order and/or when an SDS has been revised. If your policy is different, or has changed since our last order, please notify us as soon as possible. To assist us, we would appreciate if you would record the responsible party information on the shipping papers.

If you have any questions, please do not hesitate to contact me. Thank you for your cooperation. I look forward to working with you in the future.

Yours truly,

(Name of Purchasing Director/Program Director)

NOTE: THIS LETTER SHOULD BE ATTACHED TO THE INITIAL AND/OR TO EACH PURCHASE ORDER FOR CHEMICALS OR HAZARDOUS SUBSTANCES

Form #10

REQUEST FOR CHEMICAL HAZARD INFORMATION

(Use a separate form for each chemical/material)

Name of Requester(s): _____ Date: _____

Social Security Number: _____

Department: _____

Name of Chemical/Material: _____

Manufacturer: _____

Description: _____
(Please describe the material as completely as possible)

Date

Employee or Union Representative Signature

Received copy of SDS: Yes No

Copy provided by: _____ Date: _____

Form #11

EMPLOYEE'S NEW CHEMICAL/SUBSTANCE SIGNATURE FORM

Name of New Chemical/Substance: _____

Vendor's Name: _____

Location: _____

Date the Chemical Arrived: _____

Date of Posting (SDS) Form: _____

This chemical may have health effects not covered during your initial Hazard Communication Training Session. Each affected employee is asked to read the attached Safety Data Sheet (SDS) to understand the new health effects for the following chemical:

Upon reading the Safety Data Sheet (SDS), each employee must sign and date this form.

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Form #13

**NON-ROUTINE HAZARDOUS TASK
TRAINING DOCUMENTATION FORM**

The following employee(s) has/have been trained to perform work in what is considered a "non-routine hazardous task."

Nonroutine Hazardous Task	Employee(s) Name	Date of Training	Trainer

Form #15

LETTER TO CONTRACTORS

Subject: OSHA HAZARD COMMUNICATION STANDARD

To Whom it May Concern:

The Occupational Safety & Health Administration (OSHA) Hazard Communication Standard (29CFR 1910.1200) states that contractors/suppliers must be informed of the hazardous chemicals their employees may be exposed to while performing their work and any appropriate protective measures. In order to comply with this requirement, (Name of facility) has developed a list of all the hazardous chemicals known to be present in our facility. A Safety Data Sheet (SDS) is also on file for each of these chemicals and/or hazardous substances. This information is available to you and to your employees upon request.

In order to protect the safety and health of our own employees, contractors/suppliers must provide (upon request) an SDS on any hazardous chemical(s) or material(s) which they bring into this facility. Failure to provide this information in a timely manner will result in the removal of the contractor/supplier from the premises.

Each employer is also responsible for notifying any subcontractor they employ regarding the requirements of OSHA's Hazard Communication Standard and other provisions described in this letter.

If we can be of any further assistance, please feel free to contact me at (phone number).

Sincerely,

Form #16

**HAZARD COMMUNICATION ANNUAL
PROGRAM SUMMARY**

Training

	Number of Training Courses Presented:	Number of Employees Trained:
New-employee training:		
Work-area-specific training:		
New-substance training:		
Other training:		
Total courses/employees		

Hazardous Substances

	# of Different Hazardous Substances in Use:	# of SDS on File:
Previous Total:		
New This Year:		
Revised Total:		

The following activities have been completed:

- Written plan is up to date.
- Hazardous substance inventory has been updated.
- All training is up to date.
- All SDS are up to date.
- All products are properly labeled.
- All portable containers are properly labeled.

If any of the above activities are not complete, explain:

Completed By: _____

Date: _____

Form #17

EMPLOYEE HAZARD COMMUNICATION INTERVIEW

Date of Interview: _____

Interviewed by: _____

Agency: _____

Location: _____

1. Do you feel that your organization's Hazard Communication Program is successful overall? Yes ____ No ____ Why?

2. What was the subject of the last training session you attended?

3. Have you applied the information from that session? Yes ____ No ____ If yes, how?

4. Have you had an occasion to refer to an SDS in the last month? Yes ____ No ____ Which one?

a. Was the SDS easy to understand? Yes ____ No ____

b. Why did you refer to the SDS?

c. Did the SDS have the information you were looking for? Yes ____ No ____ If no, what information was missing?

5. Have all of the containers in your work area been properly labeled and marked?

Yes ____ No ____

6. Over the last six months, has your work area been involved in any chemical spill or emergency?

Yes ____ No ____ If yes, describe

7. Were you prepared? Yes ____ No ____ If not, why

not? _____

Form # 18

HAZARD COMMUNICATION CHECKLIST

	Yes	No
Has a program for hazard communication training been established?		
Has a program for hazard communication procedures been established and is the program reviewed on an annual basis?		
Are chemical injuries tracked for program improvement?		
Have chemical hazard control procedures developed for each job?		
Has a chemical inventory of the facility been conducted?		
Are the procedures reviewed on an annual basis?		
Do the hazard communication procedures include the following:		
• A statement of the intended use?		
• Steps for labeling of containers?		
• Steps for safe issuance, use, transfer and disposal of chemicals?		
Are control procedures inspected at least annually?		
Are periodic inspections conducted by a competent employee?		
Is the inspection designed to correct deviations or inadequacies?		
Is the inspection documented?		
Have SDSs been produced in accordance with 29CFR 1910.1200?		
Have employees been informed of:		
• The requirements of 29 CFR 1910.1200?		
• Any operations in their work area where hazardous chemicals are present?		
• The location and availability of the written HAZCOM program?		
• The location and availability of the lists of hazardous chemicals?		
Does employee training include at least:		
• Methods & means necessary to detect the presence or release of a chemical?		
• The physical and health hazards of the chemicals in the work area?		
• The steps employees can take to protect themselves from the chemicals?		
• The details of the written program?		
Have criteria for recurrent training been developed?		
Is the training documented?		
Is the training conducted by a competent person?		
Is retraining required whenever there is a change in job assignments?		

ATTACHMENT B
**Certification of Training
(Authorized Personnel)**

I certify that I received training as an authorized employer under Ogle County Lockout/Tagout program. I further certify that I understand the procedures and will abide by those procedures.

AUTHORIZED EMPLOYEE SIGNATURE

DATE

ATTACHMENT C
**Certification of Training
(Affected Personnel)**

I certify that I received training as an Affected Employee under Ogle County Lockout/Tagout Program. I further certify and understand that I am prohibited from attempting to restart or re-energize machines or equipment that are locked out or tagged out.

AUTHORIZED EMPLOYEE SIGNATURE

DATE

ATTACHMENT D
Lockout/Tagout Inspection Certification

I certify that Equipment was inspected on this date utilizing lockout/tagout procedures. The inspection was performed while working on Equipment .

AUTHORIZED EMPLOYEE SIGNATURE

DATE

INSPECTOR SIGNATURE

DATE

ATTACHMENT E
Outside Personnel/Contractor Certification

I certify that _____ and _____ (outside personnel/contractor) have informed each other of our respective lockout/tagout procedures.

AUTHORIZED EMPLOYEE SIGNATURE

DATE

INSPECTOR SIGNATURE

DATE

ATTACHMENT F
Equipment Specific Procedure
for
Ogle County

(Date)

Machine Identification

General Description:

Manufacturer:

Model Number:

Serial Number:*

** If more than one piece of same equipment, list all serial numbers.*

Location of equipment:

Operator Controls

The types of controls available to the operator need to be determined. This should help identify energy sources and lockout capacity for the equipment.

List types of operator controls:

Energy Sources

The energy sources, such as electrical, steam, hydraulic, pneumatic, natural gas, stored energy, etc.) present on this equipment are:

ENERGY SOURCE	LOCATION	Lockable		Type lock or block needed
		Yes	No	

Shutdown Procedures

List the steps in order necessary to shut down and de-energize the equipment. Be specific. For stored energy, be specific about how the energy will be dissipated or restrained.

Procedure:

Lock Type & Location:

How Will De-energized State Be Verified? _____

NOTIFY ALL AFFECTED EMPLOYEES WHEN THIS PROCEDURE IS IN APPLICATION.

Start Up Procedures

List the steps in order necessary to reactivate (energize) the equipment. Be specific.

Procedure:

AUTHORIZED EMPLOYEES	
Name	Job Title

Approved by _____ Date _____

Approved by _____ Date _____

Employee Authorization for MVR Review

I acknowledge that the information contained in **Ogle County** MVR policy has been reviewed with me, and a copy of the policy has been furnished to me. As a driver of an **Ogle County** vehicle or a private vehicle on **Ogle County** business I understand d that it is my responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage.

I also understand that my employer will periodically review my Motor Vehicle Record to determine continued eligibility. In accordance with the law, I have been informed that a MVR will be periodically obtained on me for continued qualification and employment purposes.

I acknowledge the receipt of the above disclosure and authorize my employer or its designated agent to obtain a MVR report. This authorization is valid as long as I am an employee or employee candidate and may only be rescinded in writing.

Employee Name (printed)

Employee Signature

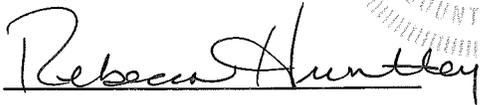
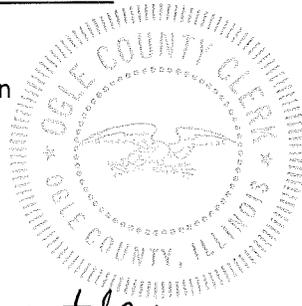
Date

Ogle County Safety Manual presented at the December 15, 2015 Ogle County Board Meeting.

Approved at the January 19, 2016 Ogle County Board Meeting.



Kim P. Gouker
Ogle County Board Chairman



Rebecca Huntley
Ogle County Clerk

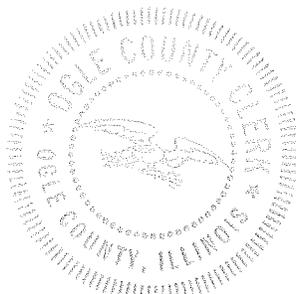
RESOLUTION 2016-0103
Annual Public Notice of Regular Meetings

WHEREAS, the government of the County of Ogle, State of Illinois, has a responsibility of certain and specific duties for the good of the public welfare of its citizens, and such responsibility being vested with the County Board of the County of Ogle, to conduct its business in full public awareness, and

WHEREAS, the Open Meetings Act, has been enacted by the General Assembly of the State of Illinois, in order to ensure that the public has a right to be informed as to the official conduct of all Illinois public bodies, and

WHEREAS, Section 2.02 of the Illinois Compiled Statutes, Chapter 5 and Subhead 120 (5 ILCS 120/2.02) mandates that all public bodies, such as the Ogle County Board, and all of its committees, "shall give public notice of the schedule of regular meetings at the beginning of each calendar or fiscal year and shall state the regular dates, times, and places of such meetings"

THEREFORE BE IT RESOLVED, by the County Board of Ogle County, State of Illinois on this 19th day of January, 2016, that it adopts a Regular Meeting Schedule for the Calendar Year 2016 for the County Board and its ten regular Committees, as per the dates, times and locations as shown on the attached Appendix A.



Attest:



Rebecca Huntley
Ogle County Clerk



Kim P. Gouker
Chairman, Ogle County Board

**APPENDIX A of
Resolution 2016-0103
Annual Public Notice of Regular Meetings**

MEETING DATES:

Generally, the Ogle County Board meets at 5:30 pm on the third Tuesday of each month, and the Committees meet on the second Tuesday of each month, unless such date falls on a holiday or election day, with the following specific dates established by this resolution, and adjusted for any holidays or election days.

	COMMITTEES	COUNTY BOARD
January	Tuesday, January 12, 2016	Tuesday, January 19, 2016
February	Tuesday, February 9, 2016	Tuesday, February 16, 2016
March	Tuesday, March 8, 2016	Wednesday, March 16, 2016
April	Tuesday, April 12, 2016	Tuesday, April 19, 2016
May	Tuesday, May 10, 2016	Tuesday, May 17, 2016
June	Tuesday, June 14, 2016	Tuesday, June 21, 2016
July	Tuesday, July 12, 2016	Tuesday, July 19, 2016
August	Tuesday, August 9, 2016	Tuesday, August 16, 2016
September	Tuesday, September 13, 2016	Tuesday September 20, 2016
October	Tuesday, October 11, 2016	Tuesday, October 18, 2016
November	<u>*Wednesday, November 9, 2016*</u>	Public Budget Hearing:
December	Tuesday, December 13, 2016	Monday, October 24, 2016
		Tuesday, November 15, 2016
		Tuesday, December 20, 2016

MEETING TIMES:

Committees

Road, Bridge & Mapping	7:30am	County Infrastructure	2:00pm
Judiciary & Circuit Clerk	9:00am	HEW, Solid Waste & Veterans	3:00pm
Personnel & Salary	9:00 am	Long Range & Strategic Planning	4:00pm
Assessment, Planning & Zoning	10:00am	Finance & Insurance	5:00 pm
State’s Attorney, Juvenile/Probation	11:00am	Executive	6:00 pm
County Security	1:00pm		

County Board 5:30pm

MEETING LOCATIONS:

All meetings will be held at the Ogle County Old Courthouse Building, at 105 S. Fifth Street, located at the intersection of Illinois Routes 2 and 64, in Oregon, Illinois.

Committees	Room 100, 317 or Room 319
County Board	Room 317

Special meetings of the Ogle County Board, or its Committees, may be scheduled at a time and location specified, with at least a 48-hour public notice, as per 5 ILCS 120/2.02.

RESOLUTION

2016-0104

WHEREAS, it is necessary to transfer funds from certain accounts to other accounts in order to conduct the County business in an orderly fashion,

WHEREAS, the County Board reviewed its finances while preparing their 2016 budget, and at that time identified certain funds that could be transferred to the General Fund for the general operation of the County.

THEREFORE, BE IT RESOLVED, that the entire balance of the IFiber, Sheriff's Petty Cash, and Bad Check Restitution funds be transferred to County General for operation of the County, and

BE IT FURTHER RESOLVED, that the sum of \$120,000.00 be transferred from the Self Insurance Reserve Fund to the County General Fund for the operation of the County.

APPROVED this 19th day of January, 2016
OGLE COUNTY FINANCE COMMITTEE



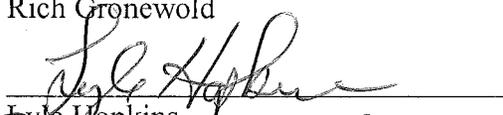
Greg Sparrow, Chairman



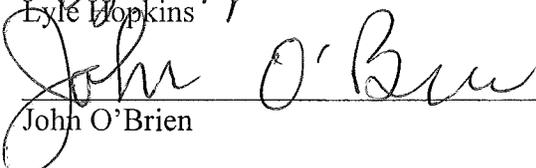
Kim Gouker



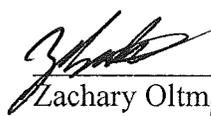
Rich Gronewold



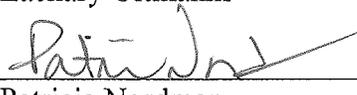
Lyle Hopkins



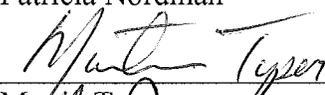
John O'Brien



Zachary Oltmanns



Patricia Nordman



Martin Typen



Bill Welty

Resolution 2016-0105

Resolution to Authorize Long Range Planning Invoices

WHEREAS, on January 19, 2016, the Ogle County Board reviewed a summary of proposed Long Range Planning expenses;

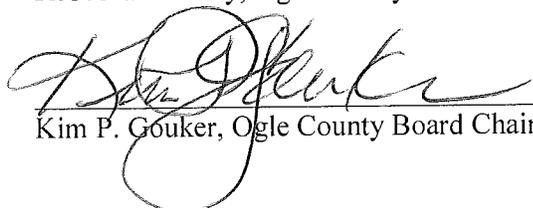
NOW THEREFORE, BE IT RESOLVED, that the Ogle County Board authorizes payment of Long Range invoices totaling \$77,856.03 for the following:

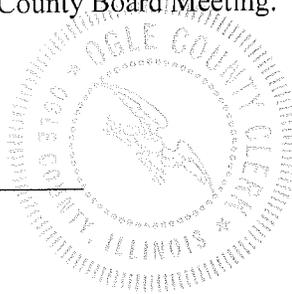
SUPPLIER NAME	DESCRIPTION	AMOUNT
O'Brien Civil Works Inc.	Final Payment on Parking Lot - 501 W. Washington Street	\$ 3,774.33
IT Credit Card	Wall Mount Brackets - Focus House	\$114.58
Syndeo Networks, Inc.	Hillcrest Radio - Batteries & Supplies Installation & Configuration	\$ 8,703.97
Syndeo Networks, Inc.	Focus House Internet Switch & Installation	\$2,297.00
Clear Armor LLC	Bullet Resistant Mylar film on windows - Public Safety Complex	\$42,303.65
Dach Fence Co.	Fencing @ Public Safety Complex	\$18,657.50
Saavedra Gehlhausen Architects	Professional Services for Dec. 2015 - Ogle County Maintenance Projects	\$2,005.00
	TOTAL:	\$77,856.03

Presented and Approved at the December 15, 2015, Ogle County Board Meeting.

Attest:


Rebecca Huntley, Ogle County Clerk


Kim P. Gouker, Ogle County Board Chairman



RESOLUTION 2016-0106

WHEREAS, the Office of the State's Attorneys Appellate Prosecutor was created to provide services to State's Attorneys in Counties containing less than 3,000,000 inhabitants; and

WHEREAS, the powers and duties of the Office of the State's Attorneys Appellate Prosecutor are defined and enumerated in the "State's Attorneys Appellate Prosecutor's Act", 725 ILCS 210/1 et seq., as amended; and

WHEREAS, the Illinois General Assembly appropriates monies for the ordinary and contingent expenses of the Office of the State's Attorneys Appellate Prosecutor, one-third from the State's Attorneys Appellate Prosecutor's County Fund and two-thirds from the General Revenue Fund, provided that such funding receives approval and support from the respective Counties eligible to apply; and

WHEREAS, the Office of the State's Attorneys Appellate Prosecutor shall administer the operation of the appellate offices so as to insure that all participating State's Attorneys continue to have final authority in preparation, filing, and arguing of all appellate briefs and any trial assistance; and

NOW, THEREFORE, BE IT RESOLVED that the Ogle County Board, in regular session, this 19 day of January, 2016 does hereby support the continued operation of the Office of the State's Attorneys Appellate Prosecutor, and designates the Office of the State's Attorneys Appellate Prosecutor as its Agent to administer the operation of the appellate offices and process said appellate court cases for this County.

BE IT FURTHER RESOLVED that the attorneys employed by the Office of the State's Attorneys Appellate Prosecutor are hereby authorized to act as Assistant State's Attorneys on behalf of the State's Attorney of this County in the appeal of all cases, when requested to do so by the State's Attorney, and with the advice and consent of the State's Attorney prepare, file, and argue appellate briefs for those cases; and also, as may be requested by the State's Attorney, to assist in the prosecution of cases under the Illinois Controlled Substances Act, the Cannabis Control Act, the Drug Asset Forfeiture Procedure Act and the Narcotics Profit Forfeiture Act. Such attorneys are further authorized to assist the State's Attorney in the State's Attorney's duties under the Illinois Public Labor Relations Act, including negotiations thereunder, as well as in the trial and appeal of tax objections.

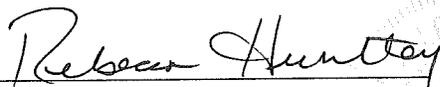
BE IT FURTHER RESOLVED that the Office of the State's Attorneys Appellate Prosecutor will offer Continuing Legal Education training programs to the State's Attorneys and Assistant State's Attorneys.

BE IT FURTHER RESOLVED that the attorneys employed by the Office of the State's Attorneys Appellate Prosecutor may also assist the State's Attorney of this County in the discharge of the State's Attorney's duties in the prosecution and trial of other cases, and may act as Special Prosecutor if duly appointed to do so by a court having jurisdiction.

BE IT FURTHER RESOLVED that the Ogle County Board hereby agrees to participate in the service program of the Office of the State's Attorneys Appellate Prosecutor for Fiscal Year 2016, commencing December 1, 2015 and ending November 30, 2016, by hereby appropriating the sum of \$18,000.00 as consideration for the express purpose of providing a portion of the funds required for financing the operation of the Office of the State's Attorneys Appellate Prosecutor, and agrees to deliver the same to the Office of the State's Attorneys Appellate Prosecutor on request during the Fiscal Year 2016.

Passed and adopted by the County Board of Ogle County, Illinois, this 19th day of January, 2016.

ATTEST:


County Clerk
Rebecca Huntley



Chairman


Kim P. Gouker

RESOLUTION - 2016-02XX

2016 Budget Amendment

WHEREAS, from time to time an emergency arises and it is necessary to increase an appropriation in order to conduct the County business in an orderly fashion,

THEREFORE, BE IT RESOLVED, that the County Revolving Vehicle Purchase Fund increase its total appropriation for Fiscal Year 2016 as follows.

Original Fund Appropriation

\$226,000.00

Additional Appropriation

\$40,000.00 184.08.4755
Probation - Vehicle Purchase

Amended Fund Appropriation

\$266,000.00

APPROVED this 16th day of February, 2016
OGLE COUNTY FINANCE COMMITTEE

Greg Sparrow, Chairman

Zach Oltmanns

Kim Gouker

Patricia Nordman

Rich Gronewold

Martin Typer

Lyle Hopkins

Bill Welty

John O'Brien