



TOWN OF MAMMOTH LAKES

INJURY & ILLNESS PREVENTION PROGRAM

TOWN OF MAMMOTH LAKES INJURY & ILLNESS PREVENTION PROGRAM (IIPP)

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I. PURPOSE AND SCOPE OF INJURY & ILLNESS PREVENTION PROGRAM (IIPP)

The Town of Mammoth Lakes has developed an Injury & Illness Prevention Program in accordance with Title 8 of the California Code of Regulations, Section 3203, to enhance and protect our employees' health and safety. The Town is committed to providing a place of employment that is both safe and healthful. To meet this end, the Town furnishes and provides for the use of equipment, safety devices, and safeguards, and adopts and implements methods and processes necessary to protect the life, health, and safety of its employees.

It is not the intent of the Town Injury & Illness Prevention Program (IIPP) to provide specific guidance for every possible situation that might arise. Town employees, supervisors, and managers should use the IIPP as a general guide and as an encouragement to further consider safety as an integral part of their daily routine. It is incumbent on all Town employees, supervisors, and managers to exercise good work practices, general rules of safety, and reasonable common sense.

II. INJURY & ILLNESS PREVENTION PROGRAM ELEMENTS

A. *Persons Responsible for Implementing the IIPP:*

1. The Town Manager is the individual ultimately responsible for the Town Health and Safety Program. The Human Resources Manager or designee has been delegated the responsibility for implementing the IIPP, which is the major component of the Town Health and Safety Program. The Human Resources Manager or designee is:

Robin Picken,

Address: PO Box 1609/437 Old Mammoth Road, Suite R, Mammoth Lakes, CA 93546

Phone: 760-934-8989, extension 263.

2. Department directors, management staff, and supervisors are responsible for monitoring the program, ensuring ongoing employee safety training, responding to their employees' safety and public liability concerns, and overall, maintaining a safe work environment.

3. Employees are responsible for reading and becoming familiar with the IIPP and the Town's Health and Safety Program, following safe work practices, attending required safety training, and reporting any unsafe work conditions or potential public liability conditions to their supervisors.

B. *Identification, Evaluation, and Timely Correction of Workplace Hazards*

The Town has developed a hazard assessment program to identify and abate hazards in the workplace to protect the health and safety of Town employees. It includes:

- Inspections.
- Use of the *Hazard Identification Form* by employees.

- Accident investigations performed by supervisors and department managers.
- Procedures to enable/require employees to assist in the identification and/or mitigation of hazards that represent an immediate danger to the life or health of Town employees or members of the public.

1. Inspections. Employees, supervisors, and managers are responsible for maintaining an awareness of safe work practices during the course of their daily work routine.

In addition, periodic inspections of job sites are performed by the California Joint Powers Insurance Authority and by Town employees, records of which will be maintained by the Safety Commission or its representative for a minimum of five (5) years. The Commission, in conjunction with the Human Resources Manager or designee, will:

- a. Review the inspection reports.
- b. Make recommendations to department directors and/or the Town Manager for necessary corrections.
- c. Follow up with Departments regarding implementation of recommendations.
- d. Refer any unresolved problems to the Town Manager

2. Hazard Identification. The Town relies heavily on its department directors, managers, and supervisors to monitor and abate hazards in the workplace on a day-to-day basis as problems arise. It is incumbent upon the department directors to bring to the Town Manager's attention such issues as workload, funding, or prioritization which may delay or prevent the abatement of hazards.

The Town also relies on its employees to identify potential hazards, and to bring information about such potential hazards to the attention of their supervisors, using the *Hazard Identification Form* (Exhibit A). Forms are available in the Personnel Department, and can also be found posted on worksite bulletin boards.

- Employee completes top half and submits to his/her supervisor, or employee completes Exhibit A-1 to submit safety concerns anonymously.
- Supervisor investigates, reviews with department director, and within 20 days, provides the employee and departmental safety coordinator with a response on the bottom half of the form. The response will either outline the corrective action taken or planned, or, if no action is deemed necessary, the reasons why.
- The departmental safety coordinator will review each response and follow up with the supervisor and department director/manager if additional information is needed or there is a disagreement. The coordinator will refer unresolved problems to the Town Safety Commission.
- The Safety Commission, in conjunction with the Human Resources Manager, will review and follow up with the department director/manager. It will refer unresolved problems to the Town Manager.

3. Work Injury/Accident Investigations. Department directors/managers are responsible for making sure all work incidents (close calls) and accidents are

investigated promptly. The investigation can be delegated to other management or supervisory staff or to the departmental safety coordinator.

The *Supervisor's Report of Employee Incident, Injury or Exposure* (Exhibit B) is the main tool for the supervisor's investigation. It is to be completed and distributed as noted on the bottom of the form, within 24 hours of knowledge. The last question "*What steps have been taken to avoid similar incidents/accidents?*" must be answered by the supervisor or department manager. Staff in Personnel will follow up with the department manager if further information is needed or if an independent investigation is required. Unresolved issues or need for information will be referred to the Town Manager. Staff in Personnel will also follow up with the employee to complete Form DWC-1 (Exhibit B-1) in the event of an industrial injury or illness, which will be filed with the State within one working day of receipt of the form from the employee.

4. **HAZARDS THAT REPRESENT AN IMMEDIATE DANGER.** As stated above, it is the responsibility of all employees, not just supervisors and directors/managers, to maintain an awareness of safe work practices during the course of their daily routine. Any employee identifying a hazard that represents an immediate danger to life or health is required to take immediate mitigating action. Every attempt should be made to clear the area of potentially affected personnel where practical. Isolation of the area may be required and shall be accomplished utilizing barricades or other appropriate means of preventing personnel entry. Notification of a safety representative or supervisor is imperative in order to secure further assistance on site.

5. Ergonomics. The Town wishes to minimize repetitive motion injuries (RMI'S) to Town employees. In that effort a Program to Minimize Repetitive Motion Injuries has been established and is a part of this IIPP and can be found in Exhibit C.

6. Security. The Town is committed to providing a safe work environment that is free of violence and the threat of violence. To that end a Work Place Security Program is part of this IIPP and can be found in Exhibit D.

C. Occupational Health and Safety Training

Employees are expected to participate in a Town safety orientation, read, and be familiar with the Town's IIPP, as well as participate in department level safety training. Safety training in the Town is accomplished on two levels – Town-wide and departmental.

1. Town Training

a. New employee orientation. New employees will receive a detailed safety orientation, which includes an overview of the safety program, the IIPP, hazard communication, and reporting (hazards, incidents, accidents, and injuries).

b. Current employees. Safety training for current employees is offered by the Town Safety Commission in conjunction with the Personnel Office. This training is in areas which cross department lines and include such topics as ergonomics,

traffic work zone safety, back clinics, defensive driving, first aid, CPR, and hazard communication.

2. Department Safety Training. Town department directors are responsible for implementing ongoing employee safety training which is related to their employees' job assignments, and includes the identification of hazards, safe work practices, required personal protective equipment, and the review of material safety data sheets.
3. Training Records Retention. Town- wide and department training records (except for bloodborne pathogens training) will be retained for a period of ten (10) years.

D. *Communication of Occupational Health and Safety Matters*

1. Hazard Communication Program. The Town provides information about chemical hazards and other hazardous substances and the control of hazards via its Hazard Communication Program

Employees shall read and be familiar with the Town's Hazard Communication Program. Town Department Directors are responsible for monitoring the program. Designated work area supervisors shall be responsible for ongoing employee training and maintaining appropriate hazardous substance information and Material Safety Data Sheets (MSDS) in proper work areas.

2. Employee Performance Evaluations and Employee Discipline. As part of the Town's expectation that safety is viewed by Town employees as an integral part of their daily work routine, the Town expects that employees and managers will abide by the safety policies and procedures in force and will take an active role in the identification of potential hazards and in recommending methods to improve safe working conditions.

The use of safe work procedures and safety equipment is included as one of the criteria for evaluation within the Town's performance appraisal system.

Failure to abide by safe work procedures or use of required safety equipment may result in discipline pursuant to the Personnel System Rules.

3. Department Safety Coordinators

- *Purpose.* The purpose for the coordinators is to provide a resource in each department for safety related matters.
- *Number.* The number of coordinators will be commensurate with the size of the department. If a number of small departments share the same building or general work area, it may be appropriate to have one coordinator for the building. If the department is small (6 employees or less) and in a separate building, or has different operations or divisions at various work sites, it may be appropriate for the department director to appoint a safety coordinator for each division/operation or assume the duties himself/herself.

- *Authority.* The safety coordinators have the authority to make recommendations for action to their respective department directors/managers and to the Safety Commission.
- *Responsibilities.* Each department director assigns responsibilities. At the minimum, responsibilities will include the review of Hazard Identification Forms turned in by employees in their respective departments, as well as the responses to them by supervisors and managers, and referring unresolved problems to the Town Safety Commission. Other responsibilities could include accident reviews, tracking and assisting in planning training activities, meetings, developing department specific safety procedures, and reviewing and documenting hazard identification and abatements in the department.

4. Town Safety Commission

- *Purpose.* The purpose of the Town Safety Commission is to act as a communication center for the Town Safety Program.
- *Responsibility.* Advisory in nature, the Commission provides management with information about the effectiveness of the program, recommendations regarding improvements (including the results of the periodic safety inspections), and areas in which there are unresolved problems which need the attention of the Town Manager. It provides feedback to supervisors and employees about the Safety Program, Town-wide safety training, and safety awareness in general.
- *Membership.* The Commission will be comprised of the safety coordinator(s) from each Town department. Departments may have more than one representative, depending on the size and nature of their operations. Each representative will serve as the communication link between his/her department, and the Safety Commission.
- *Member Selection and Term.* Members will be appointed by the Department Directors in consultation with the Town Manager. The term of membership will be a minimum of one year. A letter of appointment from the Town Manager will document member selection, with a copy included in the employee's personnel file.
- *Chairperson and Secretary of the Commission.* The Chairperson will be a department director appointed by the Town Manager for a one-year term. The Secretary will be the Human Resources Manager, or designee, who will act as the Safety Commission Coordinator and provide staff support to the Chairperson.
- *Meetings.* The Commission will meet no less than quarterly. Additional meetings may be called as the Chairperson and/or Secretary deems necessary.

- *Minutes.* Minutes of Safety Commission meetings will be taken by the Secretary or designee (from the Commission membership) and submitted to the Commission members within 30 days of each meeting.

TOML - HAZARD IDENTIFICATION REPORT

(For Employee Use Only)

Date Submitted: _____ **Submitted By:** _____
Print Name

To: _____
Name of Your Supervisor Department Division

I would like to report a potential safety or health hazard that could cause injury or damage to Town employees, the public, or to Town property.

The hazard is: (Describe in detail, including cause, if known, and exact location. If you need more room, use another sheet of paper and attach it to this one).

I suggest the following corrective action:

Signed: _____

Employee: Give a copy of this form to your supervisor.

(For Supervisor Use Only)

Record your analysis or plan for corrective action. Review with Department Director and return to the reporting employee within 20 calendar days of receipt. If you have questions about your response, call Robin Picken at 760-934-8989, extension 263.

Supervisor's Signature & Job Title Date

Department Director/Manager's comments:

Department Director/Manager Signature Date

Supervisor :Give a copy of completed and signed report with corrective action to the employee and give a copy to your departmental safety coordinator; and file a copy.

TOML – Hazard Identification Report Instructions

Employee - If you identify a potential hazard:

Complete top half and give to your supervisor.

Supervisor - Within 20 calendar days, do the following:

1. Investigate the potential hazard.
2. Evaluate the corrective action suggested by your employee.
3. Write your analysis and/or plan for corrective action on the bottom half of the form.
4. Review with your department director and have him/her sign at the bottom.
5. Give a copy of completed form to your employee, to your departmental safety coordinator, and keep a copy for your records.

Departmental Safety Coordinator:

1. Review the forms as submitted and follow up with the supervisor and department director if additional information is needed or if you disagree with the response.
2. Refer unresolved problems to the Town Safety Commission.

Town Safety Commission:

1. In conjunction with the Department safety coordinator, review and follow up with the department director.
2. Refer unresolved problems to the Town Manager

**ANONYMOUS REPORT
TOML - HAZARD IDENTIFICATION REPORT**

(For Employee Use Only)

Date Submitted: _____

Name of Department Supervisor

Department

Division

I would like to report a potential safety or health hazard that could cause injury or damage to Town employees, the public, or to Town property.

The hazard is: (Describe in detail, including cause, if known, and exact location. If you need more room, use another sheet of paper and attach it to this one).

I suggest the following corrective action:

Submitted Anonymously

Employee: Give a copy of this form to the Risk Manager.

(For Supervisor Use Only)

Record your analysis or plan for corrective action. Review with Department Director and return to the reporting employee within 20 calendar days of receipt. If you have questions about your response, call Robin Picken at 760-934-8989, extension 263.

Supervisor's Signature & Job Title

Date

Department Director/Manager's comments:

Department Director/Manager Signature

Date

Supervisor :Give a copy of completed and signed report with corrective action to the employee and give a copy to your departmental safety coordinator; and file a copy.

Town of Mammoth Lakes, California
Supervisor's Report of Employee Incident, Injury or Exposure

INSTRUCTIONS: This report is to be completed by the supervisor for any employee who experiences a work-related injury or illness. The completed form must be submitted to Personnel within 24 hours of a reported injury/accident. The injured employee should be advised to notify Personnel in the event of any change in home address.

Employee Name: _____ Job Title: _____

Department: _____ Division _____ Date of Hire: _____

Employment Status: () Regular/full-time () Part-time () Extra Help Were other workers injured/ill in this incident? Yes () No ()

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

Time Employee began work: ___ am/pm Employee usually works: ___ hours per day ___ days per week ___ hours per week

Address of incident: _____

Was Employee acting in the Line of Duty? Yes () No () Name of Witness(es) _____

Was First Aid Provided: Yes () No () If yes, please describe and indicate who provided it. _____

Was the Employee seen by a Doctor for this incident? Yes () No () If yes, indicate the name and address of the doctor: _____

Is this a pre-designated physician? Yes () No () Did the employee lose any time? Yes () Last day worked _____

Estimated return to work date _____ OR No time lost () Was the Employee assigned to modified work? Yes () No ()

IF YOU BELIEVE THAT THIS INCIDENT SHOULD BE INVESTIGATED BY OUR CLAIMS EXAMINERS, PLEASE CHECK HERE. () (provide a brief description why you recommend such an investigation on a separate piece of paper attached to this report.)

DETAILED DESCRIPTION OF HOW INCIDENT HAPPENED: _____

EQUIPMENT/MATERIALS/CHEMICALS EMPLOYEE WAS USING WHEN INCIDENT OCCURRED: _____

DESCRIBE INJURY AND SPECIFIC PART OF BODY INJURED (i.g. left arm, right foot): _____

CAUSE OF INCIDENT/ACCIDENT: _____

WHAT STEPS HAVE BEEN TAKEN TO AVOID SIMILAR INCIDENTS/ACCIDENT: _____

Supervisor's Signature

Department Director/Manager's Signature

Date

Date

Send the signed original to Personnel within 24 hours of the reported injury

EXHIBIT B-1

TOWN OF MAMMOTH LAKES

Program to Minimize Repetitive Motion Injuries

1. Purpose

To minimize repetitive motion injuries (RMI's) to Town employees in accordance with existing safety regulations. This shall be accomplished by doing the following:

- a. performing individual worksite evaluations;
- b. controlling the exposures that cause RMI's; and
- c. training employees.

2. Worksite Evaluations

Each job, process, or operation of identical work activity (or a representative number of such jobs) that has been the predominant cause (50% or more) of one or more RMI's reported since July 3, 1997, shall be evaluated for exposures to RMI's. The evaluation shall be done by a Certified Ergonomic Evaluation Specialist (CEEP).

3. Control of Exposures Which Have Caused RMIs

Any exposure that caused RMI's shall, in a timely manner, be corrected or if not capable of being corrected, be minimized to the extent feasible. The Town will consider both:

- a. engineering controls (e.g. work station redesign, adjustable fixtures, or tool redesign); and
- b. administrative controls (e.g. job rotation, work pacing, or work breaks).

4. Employee Training

Employees who perform repetitive motion tasks (such as word processing, assembly, or loading) will be provided training in:

- a. the Town's program to minimize RMIs;

- b. the exposures that have been associated with RMIs;
- c. the symptoms and consequences of injuries caused by RMIs;
- d. the importance of reporting symptoms and injuries; and
- e. methods the Town is using to minimize RMIs.

TOWN OF MAMMOTH LAKES ERGONOMIC GUIDELINES

What Computer Users Should Know...

Regarding visual concerns:

- Screen resolution is most important for visual concerns. On your monitor, generally, brightness should be low and contrast should be high.
- Spot lighting or “task lighting” of documents is recommended. Avoid bright overhead lights that tend to wash out screen contrast.
- Watch for glare on screen from unlouvered overhead lights, windows, etc. Antiglare screens may help. Hoods are also available to place over your monitor so that windows are at your side, not directly in front of you.
- Your eyes need a break every 45-50 minutes. The break should be about 5 minutes long and not involve any close work (i.e. reading). Stand up, stretch, walk around and look off into the distance (look at objects located greater than 20 feet away). This is also a good time to do some “Computer Relief Exercises (described below).
- Have your eyes checked annually by a professional who knows that you use a computer and can do appropriate optical testing.

Regarding body position:

- The angle of your wrists (the angle between the back of your hand and your forearm) should be flat (a “neutral” position).
- Avoid twisting and any unnecessary flexion and extension of your wrists.
- Avoid bending wrists from side to side. This tends to happen when a keyboard user is attempting to use hard-to-reach keys at periphery of board (such as the escape key, backspace key, etc.). Be sure to move your entire hand and forearm as a unit to reach these keys rather than over-stretching fingers or bending your wrist.
- When keying, take at least a two-minute break every hour. Breaks should include exercises to relax and stretch muscles, especially neck, shoulder, and arm muscles. Micro breaks (brief “hand-resting” breaks lasting 3-5 seconds) should be taken every 5-10 minutes if you are doing continuous data entry work.

- Use a light touch when striking the keys. (If it takes a hard stroke to get your machine to perform, then you may need to upgrade your keyboard).
- Keyboard wrist rests may help keep wrists in a neutral position when resting at the keys, however:
 - ✓ Don't use the wrist rest as a fixed point of contact for your hands/wrists. Rest your hands intermittently, and allow hands to slide along the top of the pad.
 - ✓ The purpose of the device is to keep your wrist straight (or "neutral") so that tendons and nerves can move as freely as possible.

Regarding neck concerns:

- Keep your head and neck in a neutral position. Your monitor should be positioned so that you are not tipping your head back or leaning forward to see the screen. If you wear bifocals, your screen may need to be adjusted to a lower position.
- Make sure your documents are positioned so you don't have to turn your neck to see it. Use a document holder that positions your work at the same height and at the same distance from your eyes as the monitor.

Regarding low back concerns:

- The chair should have a comfortable lumbar support, should fit you properly, and should have the necessary adjustments for your type of workflow and environment.
- If you are prone to low back discomfort, avoid sitting for prolonged periods. Take brief breaks from your computer and stand/walk as frequently as you can.

"Computer Relief Exercises" to do on breaks:

- Relax and shake both hands gently at your sides during micro breaks.
- Do a few shoulder rolls.
- Stretch forearm muscles by making a fist and curling your wrist away from you.
- Stretch arms overhead reaching fingertips toward ceiling.
- Stretch and strengthen chest/back muscles with the "hold up" position (do at least 3 repetitions).
- Gently stretch muscles on the sides of your neck and trunk by slowly leaning to one side while holding on to the edge of your chair seat (do at least 2 repetitions on each side).
- Chin tucks (do at least 3 reps) (also do chin tucks with rotation for variation).
- Let your eyes relax and look off into distance.

Guide to Workstation Adjustment

If a computer workstation has many adjustments, the minimum steps of adjustment to be considered include the following. These instructions assume independently adjustable work surfaces and keyboard height and an adjustable chair. These instructions are simplified for a typical case and should always be modified based on job and personal factors.

- Start with feet flat on the floor.
- Adjust chair height to a comfortable position that keeps your feet on the floor, thighs approximately parallel to floor. Forward sitters may prefer to sit higher than this; recliners may prefer to sit lower.
- Adjust chair tilt tension so you can recline mostly by a weight shift rather than pushing off with the feet. If your heels rise significantly off the floor when reclining, you are pushing with the feet too much and the tension should be lightened. If you prefer not to recline, the tension can be kept tight.
- Adjust the keyboard height and angle so you are comfortable and your wrists are in a neutral (straight) position.
- Place the mouse where it can be used without reaching.
- Adjust the monitor height so the entire viewing area is below eye level, with the top of the screen approximately at the eye level of the user. Bifocal users will need to modify this and have the screen considerably lower than others.
- Adjust the monitor angle to face your eyes.
- Check for monitor glare and correct it by changing or shielding the light source or rearranging the workstation. Do not reduce glare by compromising the monitor height, angle, or location.
- Adjust the work surface height so the shoulders are not abducted (away from your torso) significantly when writing or reading. Work surface height is less important than keyboard height for people who spend most of their time keying.
- Place the documents (if used during computer work) at about the same height, angle, and distance from your eyes as the monitor, or possibly below the monitor and above the keyboard.
- Adjust the document and monitor position to minimize eye and head movement between them. People who look equally at the monitor and document may prefer to place them on either side of a centerline rather than have one or the other in the center.

EXHIBIT D

TOWN OF MAMMOTH LAKES

WORKPLACE SECURITY PROGRAM

I. POLICY

The Town of Mammoth Lakes is committed to providing a safe work environment that is free of violence and the threat of violence. The top priority in this process is effectively handling critical workplace incidents, especially those dealing with actual or potential violence.

Violence or the threat of violence against or by any employee of the Town of Mammoth Lakes or any other person is not acceptable. Any non-employee on Town of Mammoth Lakes property who demonstrates or threatens violent behavior may be subject to criminal prosecution. Any employee who demonstrates or threatens violent behavior or otherwise violates this policy during working hours may be subject to criminal prosecution and/or disciplinary action, up to and including termination. Violent or threatening conduct includes, but is not limited to, striking, punching, slapping, or assaulting another person; fighting or challenging another person to a fight; grabbing; engaging in dangerous, threatening, or unwanted horseplay; possession, use, or threat of use of a gun, knife, explosive, or other weapon of any kind on Town property, including, but not limited to, parking lots, other exterior premises, Town vehicles, or while engaged in activities for the Town in other locations; threatening to harm or harming another person; or any other action or conduct that implies the threat of bodily harm, unless such possession, use, or activity is a requirement of the job.

Any employee who is concerned about the possibility of physical violence or inadequate security in the workplace should immediately discuss the matter with his/her supervisor.

II. PROGRAM

A. The Town of Mammoth Lakes's Workplace Security Program is part of the Town's Illness & Injury Prevention Program (IIPP). The Program addresses mitigation of the hazards known to be associated with the three major types of workplace violence as described by Cal/OSHA:

1. Type I workplace violence involves a violent act by an assailant with no legitimate relationship to the workplace who enters the workplace to commit a robbery or other criminal act.
2. Type II involves a violent act or threat of violence by a recipient of a

service provided by the Town (such as a member of the public seeking Town services, paying a fine, applying for a permit, or attending a public meeting) or a criminal suspect or arrestee.

3. Type III involves a violent act or threat of violence by a current or former employee, supervisor or manager, or another person who has some employment-related involvement with the Town. This could include an employee's spouse or partner, relative or friend, or another person who has a dispute with one of our employees.
- B. Even though the understanding of the factors which lead to workplace violence is not perfect, there are known methods of dealing with and/or mitigating the hazards associated with workplace violence, which the Town will follow:
1. Evaluating the physical security at each work location, using the *Security Checklist* (Attachment 1) as a guide.
 2. Establishing protocols, so employees, supervisors, and managers know:
 - a. What to do in situations which are threatening or hostile.
 - b. Who to report their concerns to regarding a potential security problem or about a co-worker or member of the public.
 - c. What steps to take during an emergency situation and its aftermath.
 3. Communicating to and training employees at all levels about:
 - a. The Town's workplace security policy, program, and protocols.
 - b. The Town's expectations of employees regarding responsible workplace behavior.
 - c. How to recognize, respond to, or diffuse behavior that may lead to violence, whether it is from a co-worker, a subordinate, or a member of the public.
 4. Following safe employment practices:
 - a. Thorough and careful screening of job applicants (reference checks, background checks, obtaining prior performance appraisals, thorough interviewing, etc.).
 - b. Use of Employee Assistance Program.
 - c. Consistent and fair enforcement of Town rules and policies about acceptable behavior in the workplace.
 - d. Careful handling of employment terminations to defuse anger; allowing employees to save face and maintain dignity.
 5. Establishing a *threat assessment management team* that includes the Town Manager, the Police Chief, the Town Attorney, the Human Resources Manager, and the Town's contract "fitness for duty" psychologist. The team will:

- a. Evaluate reported concerns of potential violence.
- b. Make recommendations or give direction to department managers for action the team deems necessary.
- c. Direct and oversee the immediate and follow-up responses to potential or actual violent situations in the workplace, such as the investigation of incidents/injuries, discipline and/or criminal prosecutions, post incident debriefing of employees (and trauma counseling as indicated), communications to the public/press, etc.

III. RESPONSIBILITIES

- A. The Town Manager is the individual responsible for overseeing and implementing the Town's Health and Safety Program. The Human Resources Manager has been delegated the responsibility for implementing the IIPP, which includes the Workplace Security Program component. The Town Police Chief has been delegated the responsibility for serving as an expert resource for the physical security and training aspects of the program.
- B. All directors, managers and supervisors are responsible for implementing and maintaining this program in their work areas, following safe hiring and employment practices, and for answering employee questions about the Program.
- C. All employees, including managers and supervisors, are responsible for:
 1. Using safe work practices.
 2. Following all Town directives, policies, and procedures.
 3. Assisting in maintaining a safe and secure work environment.
 4. Reporting their concerns about security and/or or the potential for violence in the workplace to their supervisor, department director, or the Human Resources Manager.

SECURITY CHECKLIST

Instructions to Departments: Use this checklist as a guide for your work area(s), and add to it for your individual needs. An initial review should be done, and repeated at least once a year or earlier if injuries or threats occur or if new, previously unidentified security hazards are recognized. Keep copies of the reviews with your safety training records.

- Is access to the workplace (and freedom of movement within) by non-employees controlled?
- Are door locks and window locks adequate and are they used?
- Is there an inventory of keys issued to employees and a system of retrieving them when employment ceases?
- Are security windows or other types of physical barriers necessary for your operation and, if so, are they in place and do they appear to be effective?
- Are alarm systems such as “panic” buttons necessary for your operation and if so, are they in place and are they periodically tested?
- Are surveillance measures, such as cameras or mirrors, needed and if so, are they in place and working?
- Are exterior entrances, window areas, etc., visually “free” to discourage potential intruders from hiding and from having easy access to the building in the dark?
- Are outdoor building and parking lot lights adequate and in working order for employees who arrive or leave work after dark?
- Are there “escape routes” (back exits for example) for employees to use in case of an emergency?
- Are emergency phone numbers posted for law enforcement, fire, and medical services?
- Where money is collected/handled, are procedures in place to limit the amount of cash on hand and signs posted which notify the public that only limited cash is kept on the premises?
- Other: _____

