

SUWANNEE COUNTY SCHOOL DISTRICT

EMPLOYEE WORKPLACE SAFETY PROGRAM

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Section I

SUWANNEE COUNTY SCHOOL DISTRICT'S COMMITMENT AND INVOLVEMENT POLICY STATEMENT

The Suwannee County School District (SCSD) is committed to providing employees with a safe and healthful workplace. It is the policy of the SCSD that employees report unsafe conditions and do not perform work tasks if the work is considered unsafe. Employees must report all accidents, injuries, and unsafe conditions to their supervisors. No such report will result in retaliation, penalty, or other disincentive.

Employee recommendations to improve safety and health conditions will be given thorough consideration by our management team. The SCSD will give top priority to and provide the financial resources for the correction of unsafe conditions. Similarly, the SCSD will take disciplinary action against an employee who willfully or repeatedly violates workplace safety rules. This action may include verbal or written reprimands and may ultimately result in termination of employment.

The primary responsibility for the coordination, implementation, and maintenance of our Employee Workplace Safety Program has been assigned to:

Name: Ronnie Gray
Title: Director of School Safety and Other Administrative
Services Telephone: (386) 647-4644

Name: Lorie Norris
Title: Risk Manager
Telephone: (386) 647-4608

Administrators and supervisors will be actively involved with employees in establishing and maintaining an effective safety program. Our Safety Program Coordinator, or other members of our management team, will participate with you or your department's employee representative in ongoing safety and health program activities, which include:

- Promoting safety committee participation;
- Providing safety and health education and training, and
- Reviewing and updating workplace safety rules.

This policy statement serves to express SCSD's commitment to and involvement in providing our employees a safe and healthful workplace. This Employee Workplace Safety Program will be incorporated as the standard of practice for this educational institution. Compliance with the safety rules will be required of all employees as a condition of employment.

Section II

SAFETY COMMITTEE

SAFETY COMMITTEE ORGANIZATION

A safety committee has been established to recommend improvements to our Employee Workplace Safety Program and to identify corrective measures needed to eliminate or control recognized safety and health hazards. The safety committee consists of the following members of our organization:

Safety Program Coordinator: Director of School Safety and Other Administrative Services

District Level Members: Superintendent of Schools
Chief Financial Officer
Risk Manager
Facilities Assistant

Sub-Committee Members: Branford Elementary School
Suwannee Pineview Elementary
Suwannee Riverside Elementary
Suwannee Springcrest Elementary
Suwannee Middle School
Branford High School
Suwannee High School

- Principal or Assistant Principal – Chair
- Teacher
- Nurse
- Clerical
- P.E.
- Custodial

RIVEROAK Technical College

- Principal – Chair
- Teacher
- Clerical
- Child Care
- Custodial

Food Service

- Director of Food Service – Chair
- Food Service Manager at each school site

Transportation

- Director of Transportation – Chair
- Clerical
- Bus Driver
- Mechanic

Facilities

- Director of Facilities – Chair
- Clerical
- Maintenance
- Landscape
- Custodial

District Office

- Director of Human Resources
- Chief Financial Officer
- Coordinator of Health Services
- Director of ESE
- Risk Manager

Information Technology (IT) Department

- Director of IT – Chair
- Clerical
- Technician

RESPONSIBILITIES

The Safety Committee shall determine the schedule for evaluating the effectiveness of control measures used to protect employees from safety and health hazards in the workplace.

The Safety Committee will be responsible for assisting the SCSD in reviewing and updating workplace safety rules based on accident investigation findings, any inspection findings, and employee reports of unsafe conditions or work practices; and accepting and addressing anonymous complaints and suggestions from employees.

The Safety Committee will be responsible for assisting the SCSD in updating the Employee Workplace Safety Program by evaluating employee injury and accident records, identifying trends and patterns and formulating corrective measures to prevent recurrence.

The Safety Committee will be responsible for assisting the SCSD in evaluating employee accident and illness prevention programs, and promoting safety and health awareness and coworker participation through continuous improvements to the Employee Workplace Safety Program.

Safety Committee members will participate in safety training and be responsible for assisting the

SCSD in monitoring workplace safety education and training to ensure that it is in place, that it is effective and that it is documented.

First Report of Injury or Illness forms are to be completed and returned as soon as possible to the Risk Manager by the workers' compensation contact person the same day of the accident. The Accident Investigation forms are to be completed by the respective site chairperson, or his/her designee, and then discussed with the Safety Committee for prevention recommendations at each site's monthly meeting.

If there are any Vector Solutions courses pertaining to the nature of any accident, the chairperson and committee may choose to assign the course as a preventative measure. These courses may need to be taken before the employee starts back to work.

The Principals and Asst. Principals will have access in Vector Solutions to run reports and monitor the courses for their employees. They can assign courses that they want their employee to take by emailing the Risk Manager.

Training can be delivered on an in-service day with a sign-in sheet. This will allow the employee to get individual credit for a group setting course. The sign-in sheet will be submitted to the Risk Manager to give credit to each employee that attended.

Chairperson may send the Director of Safety and Security or the Risk Manager offline courses/classes to be added to Vector Solutions. This way the courses can be tracked in our SCSB Safety Program.

SAFETY COMMITTEE MINUTES FORM

Date of Committee Meeting: _____/_____/_____ Time: _____

Minutes Prepared by: _____ Location: _____

Members in Attendance (Name)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Action Item(s): _____

Review of Accident(s) Since Previous Meeting: _____

Recommendation(s) for Prevention: _____

Recommendation(s) From Anonymous Employee(s): _____

Suggestions(s) From Employee(s): _____

Recommended Update(s) to Safety Program: _____

Recommendation(s) From Accident Investigation Report(s): _____

Safety Training Recommendation(s): _____

Comment(s): _____

Section III

SAFETY AND HEALTH TRAINING

SAFETY AND HEALTH ORIENTATION

Workplace safety and health orientation begins on the first day of initial employment or job transfer. For review and future reference, each employee has access to a copy of this safety manual through the District website at www.suwannee.k12.fl.us, via the LaunchPad link, which you must log in, then click on the Employee Workplace Safety Manual link. Supervisors will ask questions of employees and answer employees' questions to ensure knowledge and understanding of safety rules, policies, and job-specific procedures described in our Employee Workplace Safety Program manual. All employees will be instructed by their supervisors that compliance with the safety rules described in the manual is required.

VECTOR SOLUTIONS ONLINE TRAINING

To help maintain a safe learning environment, employees will be required to participate in and complete the Vector Solutions online safety training modules.

JOB-SPECIFIC TRAINING

Supervisors will initially train employees on how to perform assigned job tasks safely.

- Supervisors will carefully review with each employee the specific safety rules, policies and procedures that are applicable and that are described in the Employee Workplace Safety Program manual.
- Supervisors will give employees verbal instructions and specific directions on how to do the work safely.
- Supervisors will observe employees performing the work. If necessary, the supervisor will provide a demonstration using safe work practices or remedial instruction to correct training deficiencies before an employee is permitted to do the work without supervision.
- All employees will receive safe operating instructions on seldom-used or new equipment before using the equipment.
- Supervisors will review safe work practices with employees before permitting the performance of new, non-routine or specialized procedures.

PERIODIC RETRAINING OF EMPLOYEES

All employees will be retrained periodically on safety rules, policies, and procedures and when changes are made to the Employee Workplace Safety Program manual.

Individual employees will be retrained after the occurrence of a work-related injury caused by an unsafe act or work practice and when a supervisor observes employees displaying unsafe acts, practices, or behaviors.

Section IV

EXPOSURE CONTROL PLAN

IN ACCORDANCE WITH OSHA STANDARDS AND BIOMEDICAL WASTE PLAN CHAPTER 10d-104, FAC

The SCSD written Exposure Control Plan was developed for the safety and health of employees.

This written Exposure Control Plan covers all employees who have occupational exposure to bloodborne pathogens. Occupational exposure is defined as “reasonably anticipated” contact with blood or Other Potentially Infectious Materials (OPIM) using universal precautions.

JOB CLASSIFICATIONS

Identification of SCSD occupational exposure employees.

- **HIGH RISK**

1. All nursing personnel
2. C.C.S. teachers and aides
3. All preschool teachers and aides
4. Elementary Exceptional Student Education (ESE) teachers and aides
5. Childcare assistants
6. Custodians
7. Physical Education teachers, coaches, and aides
8. Bus drivers
9. Distribution staff
10. Building maintenance staff
11. Latchkey, childcare, and after-school recreation personnel
12. Kindergarten through first grade teachers and aides

- **MEDIUM RISK**

1. Landscape personnel
2. Food Service workers
3. Home Ec./Culinary Arts teachers
4. Nurse designees
5. Secondary ESE teachers and aides

- **LOW RISK**

1. Regular classroom teachers and aides
2. Administrators
3. General office personnel

The Suwannee County School Board approved all full-time Suwannee County School Board employees to receive the Hepatitis B Series effective July 1, 1999.

COMMUNICATING HAZARD TO EMPLOYEES

1. All persons with potential for exposure receive all information and training
2. No cost to employee
3. During work hours
4. Annually
5. Additional training if task modified or new tasks required which effect occupational exposure
6. Training by knowledgeable persons includes:
 - a. Accessibility of a copy of regulatory text of standard and explanations.
 - b. General discussion on bloodborne diseases and their transmissions.
 - c. Explanations of the following:
 - 1) Exposure control plan
 - 2) Work practice controls
 - 3) Use and care of Personal Protective Equipment (PPE)
 - 4) Availability of Hepatitis B vaccine
 - 5) Response procedures for emergencies involving blood
 - 6) Procedures for handling exposure incidents
 - 7) Past exposure evaluations
 - 8) Labeling
 - 9) Question and answer period
7. Explanation of BFI's Biomedical Waste Plan

PREVENTIVE MEASURES

1. Hepatitis B Vaccine Series
 - a. Available to all high risk occupational exposure employees within ten working days of exposure
 - b. Booster doses recommended by U.S. Public Health Service; provided at no cost
2. Post exposure evaluation and follow up of exposure incident.
 - a. Medical evaluations at no cost
 - 1) If refused, written release signed and understood that it can be requested at no cost at a later date
 - b. Hepatitis B Vaccine at no cost
 - c. Must be offered to any employee within 10 working days if occupationally exposed unless they previously received a complete Hepatitis B Series
 - d. In the event an employee has a significant blood incident, Hepatitis B Series is offered

UNIVERSAL PRECAUTIONS

1. See sheet for guidelines for preventing the spread of communicable disease.
2. All human blood and certain body fluids are treated as potentially infectious.

METHODS OF CONTROL

1. Readily accessible hand washing facilities
2. Distribution and collection site of biomedical waste:
 - a. Will take place at each site/ department as necessary.
3. Gloves (see Universal Precautions' Guidelines for Preventing the Spread of Communicable Diseases)

PROTECTIVE EQUIPMENT

1. Gloves provided to all employees at no cost
2. Gloves replaced as needed
3. School buses have emergency sanitation kits

CLEANING

1. Contaminated equipment and work surfaces are cleaned with an OSHA/EPA approved germicidal disinfectant. (**Bleach is not** an OSHA approved disinfectant for the workplace due to its strong smell and corrosive properties.)
2. Receptacles decontaminated after contamination
3. Regulated waste stored in closed leak-proof labeled containers
4. Contaminated sharps stored in approved upright containers
5. Broken glass picked up with broom and dustpan

LABELING

1. See BFI's Biomedical Waste Plan

POST EXPOSURE INCIDENT

1. If an emergency, call 911. If not an emergency, use HCA Florida Suwannee Emergency, 1116 SW 11th Street, Live Oak, FL 32064, (386) 362-0800, or the nearest emergency medical room, or the SCSD Wellness Center, 300 Pinewood Drive SW, Live Oak, FL 32064, (386) 647-4690.
2. Report immediately to the Coordinator of Health Services at (386) 647-4277. If not available, report immediately to the Risk Manager at (386) 647-4608.
3. Fill out the Accident Incident Report Form (5100-002) and send to the Coordinator of Health Services at the SCSD's County Office and route to others as the form requires.
4. All employees who incur an exposure incident will be offered post exposure evaluation and follow up in accordance with the OSHA standards.
5. This follow up will include the following:
 - a. Documentation of the route of exposure and the circumstances related to the incident.
 - b. If possible, the identification of the source individual and the status of the source individual. The blood of the source individual will be tested for HIV/HBV infectivity, if consent is given. If this is done, results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable individual.
 - c. The employee may have blood testing done to determine HIV/HBV status. The employee will be offered the Hepatitis B vaccine. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV status. However, if the employee decides before that time that testing will or will not be conducted, then the appropriate action can be taken and the blood sample discarded.
6. The employee will be offered post-exposure prophylaxis when medically indicated in accordance with the current recommendations of the U.S. Public Health Service.
 - a. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee should also be given information on

what potential illness to be alert for and to report any related experiences to appropriate personnel.

- b. All blood testing will be done through HCA Florida Suwannee Emergency or the SCSD Wellness Center.
- c. Following post exposure evaluation, the employee may go to the HCA Florida Suwannee Emergency, 1116 SW 11th Street, or the SCSD Wellness Center, 300 Pinewood Drive SW, for medical evaluation. The employee should receive appropriate counseling concerning information on what potential illness to be alert for and to report any related experiences to Shands Live Oak Regional Medical Center or the SCSD Wellness Center. Contact the Coordinator of Health Services for other arrangements, if unable to reach Shands Live Oak Regional Medical Center or the SCSD Wellness Center.
- d. Shands Live Oak Regional Medical Center or the SCSD Wellness Center will provide a written confidential medical evaluation to the school system. The school system will then provide a written opinion to the employee.

HEALTH CARE PROFESSIONAL INTERACTION

A written opinion shall be obtained from HCA Florida Suwannee Emergency, or the SCSD Wellness Center, who will evaluate employees of the SCSD within 15 days of the completed evaluation. Written opinions will be obtained in the following instances:

1. When the employee is sent to obtain the Hepatitis B vaccine.
2. Whenever the employee is sent to the health care professional following an exposure incident. Health care professionals shall be instructed to limit their opinions to:
 - a. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident.
 - b. That the employee has been informed of the evaluation and received a copy.
 - c. That the employee knows of the medical conditions resulting from exposure to blood or OPIM.
3. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

EMPLOYEE RELATED RECORDS (BLOODBORNE PATHOGEN STANDARD FOR HIGH RISK EMPLOYEES)

• MEDICAL RECORDS

1. Confidential medical records maintained for duration of employment plus 30 years to include:
 - a. Employee's name (social security number available in Personnel Department)
 - b. Hepatitis B vaccination status-including dates of all hepatitis vaccinations and medical records related to ability to receive vaccinations
 - c. Any results of exposure examinations, medical testing, post exposure evaluations and follow up procedures
 - d. Employee's copy of the health care professional's written opinion of exposure
 - e. Copy of information provided to health care professional
2. Stored in SCSD Human Resources Department

- **TRAINING RECORDS**

1. Stored in SCSD with the Risk Manager
2. Maintained for three years
3. Copy sent to Safety Program's Chairperson
4. Includes:
 - a. Training dates and times
 - b. Content of training
 - c. Names and identification of trainers
 - d. Name and job titles of employees
5. Annual training and/or provisions for retraining when either rule or plan changes
6. New employees trained in handling and proper management of biomedical waste before duties commence

- **RELEASE OF RECORDS**

1. Both medical and training records should be available for inspection by the state and federal planning boards.
2. Medical records obtained only by employee or by written consent of employee.
3. Training records available to employees or employee representative by request.
4. If employee leaves the school system, medical and training records shall be transferred to successor employee; if no successor employee, NIOSH will be notified for instructions of disposition of records at least three months prior to intended disposal.

DEFINITIONS

- **Bloodborne Pathogens:** Disease-causing microorganisms that may be present in human blood. Two pathogens of significance are Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV). A number of bloodborne diseases other than HBV and HIV exist, such as Hepatitis C, Hepatitis D, and syphilis.
- **Contaminated:** Means the presence of or the reasonable anticipated presence of blood or OPIM.
- **Exposure Incident:** A specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of an employee's duties.
- **Occupational Exposure:** Means a reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of the employee's duties.

- **OPIM**
Includes the following human body fluids: cerebrospinal fluid, synovial fluid, pleural fluid, semen, vaginal secretions, pericardial fluid, amniotic fluids, saliva in dental procedures, peritoneal fluid, any body fluid visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. OPIM also includes: HIV-containing cells or tissue cultures, organ cultures, and HIV or HBV containing culture medium, or other solutions; and blood organs, or other tissue from experimental animals infected with HIV or HBV.
- **Parenteral:**
Means piercing mucous membranes or skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
- **Universal Precautions:**
An approach to infection control. All human blood and OPIM are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

UNIVERSAL PRECAUTIONS (GUIDELINES FOR THE SPREAD OF COMMUNICABLE DISEASE) (AN APPROACH TO INFECTION CONTROL)

The following procedures will be instituted for ALL employees/volunteers working in the SCSD. These guidelines are meant to provide simple and effective precautions against the spread of communicable disease. The body fluids of all persons should be considered potentially infectious. All human blood and OPIM are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens. Other OPIM include the following human body fluids:

- **BODY FLUIDS**
 1. Gloves are required when direct hand contact with body fluids is anticipated, such as treating bloody wounds, cleaning up cuts, scrapes, handling clothes soiled by stool and urine, and cleaning up small spills by hand. Gloves used for this purpose will be discarded in a plastic bag. Hands will be washed thoroughly with soap and water afterwards. Soap will be available in restrooms at all times.
 2. Clothing and other non-disposable items (i.e., towels used to wipe up accidents) saturated through with body fluids, if visible blood present, will be placed in a covered container (10% bleach solution) for 15 to 20 minutes or placed in a plastic bag. Then clothing will be sent home in a plastic bag for washing with appropriate directions to parents. Contaminated disposable items (i.e. tissues, paper towels, diapers) will be put in a plastic bag, if blood or OPIM present and stored in a lined, covered trash can for appropriate disposal. Used feminine personal products will be placed in a bagged

container provided in restrooms.

3. All hard surfaces and equipment coming in contact with body fluids or blood must be washed and disinfected in an OSHA/EPA approved germicidal disinfectant. Gloves will be worn when disinfecting and then disposed of in a plastic bag. Hands will be washed with soap afterwards.
4. Sharp items (such as needles) will be considered as potentially infectious and be handled with extraordinary care to prevent injury. Used needles and syringes will be disposed of in the biohazards container provided. Recapping, removing, and bending needles is prohibited.

- **EMERGENCY CARE**

Disposable airway equipment will be readily available for emergency mouth-to-mouth resuscitation for a student or employee. All staff will be informed as to its location. A written notice indicating the location of the equipment will be posted beside the list of personnel trained to administer emergency care.

BIOMEDICAL WASTE (BMW) PLAN

This policy covering the management and disposal of BMW has been adopted by the Suwannee County School Board, 1740 Ohio Avenue, South, Live Oak, Florida 32064, effective 1994, and revised October 2010.

- **PURPOSE**

To provide the proper management of BMW within the facility in a manner that is consistent and within the guidelines established by Chapter 10D-104 of the Florida Administrative Code.

- **IDENTIFICATION/DEFINITION OF BMW**

The general definition of BMW is more easily understood when first broken down into two general categories, sharps and non-sharps BMW.

1. Sharps are defined as devices with physical characteristics capable of puncturing skin. These devices include, but are not limited to, needles and syringes (whether used or unused), intact or broken hard plastics which have been contaminated with human blood or body fluids, and intact or broken glass which has been contained with human blood or body fluids.
2. Non-Sharp BMW is all other waste which is not classified as a sharp (bandages, gauze, drapes, gloves, etc., which are contaminated).

BMW is defined in Chapter 10D-104 Florida Administrative Code (HRS), as any solid or liquid waste which may present a threat of infection to humans. The term includes but is not limited to:

1. Non-liquid human tissue and body parts
2. Laboratory and veterinary waste which contains human disease causing agents
3. Discarded sharps

4. Human blood and human blood products
5. OPIM which have the potential to harbor pathogens such as HIV or HBV
6. Used absorbent materials such as bandages, gauze, or sponges that are saturated or capable of releasing in a compressed state

NOTE: OSHA regulations consider absorbent material to be BMW with any amount of blood or body fluid contamination.

- **SEGREGATION AND HANDLING**

BMW is identified, segregated from all other solid waste, and placed into an appropriate waste receptacle at point of origin. “Point of origin” is defined as the room or area where the BMW is generated.

1. All BMW considered to be “sharps” shall be discarded directly into a leak-proof, puncture resistant container that has been designed primarily for the containment of sharps. The sharps containers will be located in the following school clinics and sites: Suwannee Pineview Elementary, Suwannee Riverside Elementary, Suwannee Springcrest Elementary, Branford Elementary School, Suwannee Middle School, Branford High School, Suwannee High School, SCSD Bus Garage, RIVEROAK Technical College (RTC) Nursing Lab, and RTC.
2. All non-sharp BMW shall be disposed of directly into an approved plastic bag that meets the specifications listed in Chapter 10D-104 of the Florida Administrative Code. Plastic bags and their containers will be located in the following schools and sites: Suwannee Pineview Elementary, Suwannee Riverside Elementary, Suwannee Springcrest Elementary, Branford Elementary School, Suwannee Middle School, Branford High School, Suwannee High School, SCSD Bus Garage, RIVEROAK Technical College (RTC) Nursing Lab, RTC, SCSD County Office, and Facilities Department.
3. When filled, all sharps containers shall be properly sealed, labeled, and placed in the approved container. These containers are located in the health clinics and custodian supply rooms at school sites. In other areas, locations are designated by the supervisor of that department.

- **LABELING**

Each BMW container (sharps containers, box) shall be labeled as required by 10D-104.05(3) F.A.C. The following information shall be included:

1. Facility name, address, and date on the box the day that it was first put into use
2. Name and address on the sharps container when in use
3. Date the sharps container is sealed full

- **ON SITE STORAGE AND TRANSPORTATION**

All on-site storage of BMW shall be in a designated area, away from general traffic flow patterns, and only accessible to authorized personnel. Storage of BMW shall not be for a period of greater than 30 days. The 30 day period shall commence when the sharps container is placed into use and when it becomes full.

All areas primarily used for the storage of BMW, other than the “Point of Origin,” shall be

constructed of smooth, easily cleaned materials that are impervious to liquids and capable of being readily maintained in a sanitary condition.

BMW will be taken from the “Point of Origin,” and transported to the storage area which is located at the Material Distribution Center. Protective gloves (PPE) shall be worn at all times when handling all BMW. If any spillage of BMW occurs, the clean-up guidelines in 10D-104 will be adhered to (i.e. 10% bleach solution, approved tuberculocide, etc.).

- **RECORDS**

All BMW management records, including any and all documents provided by the transporter, shall be maintained for a minimum period of three years. All pertinent documents such as “plastic bag letters,” transporters, “DER Certificate,” proof of training records, and the “generators permit,” will be available for inspection upon request from the Department of Health and Rehabilitative Services.

- **TRAINING**

All employees who are involved in the handling, disposal, and/or management of BMW shall receive annual training and accessibility to this document at all times. Proof of annual training of new and current employees of this policy will also be kept on file for inspection. The annual update and training schedule is as follows: (See sheet marked “Bloodborne Pathogen Training,” on page 27.)

TRANSMISSION CONCERNS IN THE SCHOOL SYSTEM (BODY FLUID SOURCE OF INFECTIOUS AGENTS)

<u>BODY FLUID SOURCE</u>	<u>ORGANISM OF CONCERN</u>	<u>TRANSMISSION CONCERN</u>
Blood -Cuts/abrasions -Nosebleeds -Menses -Contaminated needle	Hepatitis B virus AIDS virus Cytomegalovirus	Bloodstream inoculation through cuts and abrasions on hands Direct bloodstream inoculation
*Feces	Salmonella bacteria Shigella bacteria Rota virus Hepatitis A virus	Oral inoculation from contaminated hands
*Urine -Incontinence	Cytomegalovirus	Bloodstream and oral inoculation from contaminated hands
*Respiratory secretions -Saliva -Nasal discharge	Mononucleosis virus Common Cold virus Influenza virus	Oral inoculation from contaminated hands
	Hepatitis B virus	Bloodstream inoculation through cuts and abrasions on hands; bites
*Vomit	Gastrointestinal virus	Oral inoculation from Contaminated hands
Semen	Hepatitis B virus AIDS virus Gonorrhea	Sexual contact (Intercourse)

* Possible transmission of AIDS has not been documented from these sources.

From: Prevention of Disease Transmission in Schools: Acquired Immune Deficiency Syndrome (AIDS); State of Connecticut Department of Education and Department of Health Services; March 1985

SUWANNEE COUNTY DISTRICT SCHOOLS

ACCIDENT/INCIDENT REPORT FORM

Student Information

Name:		Date of incident:	
Date of birth:	Grade:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
		Time of incident:	

Parent/Guardian Information

Names:		Work Phone:	
Address:			
City:	State:	Zip:	Cell Phone:

School Information

School:		Phone:	
---------	--	--------	--

Location of Incident

- ☐ Athletic field ☐ Cafeteria ☐ Gymnasium ☐ Parking lot ☐ Restroom ☐ Vocation shop/lab
☐ Bus ☐ Classroom ☐ Hallway ☐ Playground ☐ Stairway
☐ Other, explain:

Time of Incident

- ☐ Recess ☐ Lunch ☐ P.E. class ☐ In class (not P.E.) ☐ Class change ☐ Field trip
☐ Before school ☐ After school ☐ Unknown
☐ Other, explain:

Athletic Practice/Session

- ☐ Athletic team competition ☐ Intramural competition

Equipment

- ☐ No equipment involved
☐ Equipment involved, describe:

Surface (check all that apply)

- ☐ Asphalt ☐ Concrete ☐ Gravel ☐ Ice/snow ☐ Mat(s) ☐ Synthetic surface ☐ Wood chips/mulch
☐ Carpet ☐ Dirt ☐ Lawn/grass ☐ Sand ☐ Tile ☐ Gymnasium floor
☐ Other, specify:

Type of Injury (check all that apply)

	Head	Eye	Ear	Nose	Mouth/lips	Tooth/teeth	Jaw	Chin	Neck/throat	Collarbone	Shoulder	Upper arm	Elbow	Forearm	Wrist	Hand	Finger	Fingernail	Chest/ribs	Back	Abdomen	Groin	Genitals	Pelvis/hip	Leg	Knee	Ankle	Foot	Toe	
Abrasion/scrape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bump/swelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bruise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Burn/scald	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cut/laceration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dislocation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fracture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pain/tenderness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Puncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sprain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Describe)																														

Contributing Factors (check all that apply)

- ☐ Animal bite ☐ Compression/pinch ☐ Overextension/twisted ☐ Struck by object (bat, swing, etc.)
☐ Hit with thrown object ☐ Fall ☐ Tripped/slipped ☐ Collision with object
☐ Contact with hot or toxic substance ☐ Foreign body/object ☐ Physical altercation
☐ Collision with person ☐ Drug, alcohol or other substance ☐ Struck by auto, bike, etc.
☐ Weapon, specify:

☐ Other, explain:

Description of the Incident

Witnesses to the Incident (Please provide full name and position of each witness)

Staff Involved (check all that apply)

- ☐ Assistant staff ☐ Bus driver ☐ Cafeteria staff ☐ Custodian ☐ Nurse ☐ Principal ☐ Secretary ☐ Teacher
☐ Other, specify:

Incident Response (check all that apply)

<input type="checkbox"/> First Aid	Time:		By whom:	
<input type="checkbox"/> Called 911	Time:		By whom:	
<input type="checkbox"/> Parent/guardian notified	Time:		By whom:	
<input type="checkbox"/> Unable to contact parent/guardian	Time:		By whom:	
<input type="checkbox"/> Parents decided no medical action necessary	<input type="checkbox"/> Returned to class		<input type="checkbox"/> Sent/taken home	Days of school missed:
<input type="checkbox"/> Taken to health care provider/clinic/hospital/urgent care	Diagnosis:			Days of school missed:
<input type="checkbox"/> Hospitalized	Diagnosis:			Days of school missed:
<input type="checkbox"/> Restricted school activity	Explain:			
	Length of time restricted:			Days of school missed:
<input type="checkbox"/> Other, explain:				

Describe Care Provided to the Student:

Additional Comments:

Signature of staff member completing form

Date/time

Nurse's signature

Date/time

Principal's signature

Date/time

Instructions: Teacher or employee witnessing the accident/incident should complete this form immediately and fax to Lorie Norris, Risk Manager, at (386) 364-2635. SEND HARD COPY AFTER SIGNATURES ARE OBTAINED. All witnesses to accident/incident are to submit a written statement to attach to this form.

SUWANNEE COUNTY SCHOOL DISTRICT
BLOODBORNE PATHOGEN TRAINING SIGN-IN FORM

OSHA AND STATE REQUIRED
FOR
OCCUPATIONAL EXPOSURE EMPLOYEES

VIDEO - Bloodborne Pathogens (School Version)
BY: SmithKline Beecham

CONTENTS: Discussion of Bloodborne Pathogen Diseases
Explanation of

- Exposure Control Plan
- Work Practice Controls
- Use and Care of Personal Protective Equipment
- Availability of Hepatitis B Vaccine
- Response Procedures for Emergencies Involving Blood
- Procedures for Handling Exposure Incidents
- Post Exposure Evaluations and Follow-up with
Question and Answer Period

DATE: _____ INSTRUCTOR: _____

NAME	FACILITY	POSITION
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		

Section V

FIRST AID PROCEDURES

EMERGENCY PHONE NUMBERS

Health Coordinator:	SCSD Coordinator of Health Services	(386) 647-4277
	Poison Control	911 or (800) 222-1222
	Fire Department	(386) 364-2943 or (386) 362-1313
First Aid:	School Nurse or Supervisor	
	Sheriff	362-2222 or Police 362-7463
	EMS	911
Medical Clinic:	HCA Florida Suwannee	(386) 362-0800
	Emergency	
	1116 SW 11 th Street	
	Live Oak, FL 32064	
	OR	
	SCSD Wellness Center	(386) 647-4690
	300 Pinewood Dr SW	
	Live Oak, FL 32064	

MINOR FIRST AID TREATMENT

First aid kits are kept in the nurse's clinic, high risk classrooms, and/or appropriate areas. If you sustain an injury or are involved in an accident requiring minor first aid treatment:

1. Inform your supervisor
2. Administer first aid treatment to the injury or wound
3. Log in the first aid log book
4. If a first aid kit is used, indicate usage on the accident investigation report
5. Access to a first aid kit is not intended to be a substitute for medical attention
6. Provide details for the completion of the Accident Investigation Report
7. Notify the Risk Manager at (386)647-4608

NON-EMERGENCY MEDICAL TREATMENT

For non-emergency work-related injuries requiring professional medical assistance, administrators or supervisors must first authorize treatment. If you sustain an injury requiring treatment other than first aid:

1. Inform your supervisor
2. Complete a First Report of Injury or Illness Form (see Instructions under Section VII)
3. Notify the Risk Manager at (386)647-4608
4. Call the medical clinic to inform them of injury, and send a copy of the First Report of Injury

- or Illness Form with the employee
5. Proceed to the posted medical facility; your supervisor will assist with transportation, if necessary
 6. Provide details for the completion of the First Report of Injury or Illness Form and Accident Investigation Report

EMERGENCY MEDICAL TREATMENT

If you sustain a severe injury requiring emergency treatment:

1. Call for help and seek assistance from a coworker
2. Use the emergency telephone numbers and instructions posted next to the telephone in your work area to request assistance and transportation to the local hospital emergency room
3. Notify supervisor if possible; If unable, coworker should notify them
4. Notify the Risk Manager at (386)647-4608
5. Provide details for the completion of the First Report of Injury or Illness Form and the Accident Investigation Report

FIRST AID TRAINING

Each employee will receive training and instructions from his or her supervisor on our first aid procedures.

FIRST AID INSTRUCTIONS

In all cases requiring emergency medical treatment, immediately call, or have a coworker call, to request emergency medical assistance.

• WOUNDS

1. Minor: Cuts, lacerations, abrasions, or punctures
 - a. Wash the wound using soap and water; rinse it well
 - b. Cover the wound using clean dressing
2. Major: Large, deep, and bleeding
 - 1) Stop the bleeding by pressing directly on the wound, using a bandage or cloth
 - 2) Keep pressure on the wound until medical help arrives

• BROKEN BONES

1. Do not move the victim unless it is absolutely necessary
2. If the victim must be moved, “splint” the injured area; use a board, cardboard, or rolled newspaper as a splint

• BURNS

1. Thermal (Heat)
 - a. Rinse the burned area, without scrubbing it, and immerse it in cold water; do not use ice water
 - b. Blot dry the area and cover it using sterile gauze or a clean cloth
2. Chemical

- a. Flush the exposed area with cool water immediately for 15 to 20 minutes.

- **EYE INJURY**

1. Small particles
 - a. Do not rub your eyes
 - b. Use the corner of a soft clean cloth to draw particles out or hold the eyelid open and flush the eyes continuously with water
2. Large or stuck particles
 - a. If a particle is stuck in the eye, do not attempt to remove it
 - b. Cover both eyes with bandage
 - c. Seek professional assistance

- **NECK AND SPINE INJURY**

If the victim appears to have injured his or her neck or spine, or is unable to move his or her arm or leg, do not attempt to move the victim unless it is absolutely necessary.

- **HEAT EXHAUSTION**

1. Loosen the victim's tight clothing
2. Give the victim "sips" of cool water
3. Make the victim lie down in a cooler place with the feet raised

Section VI

ACCIDENT INVESTIGATION

The primary purpose of accident investigation is to prevent future accidents.

ACCIDENT INVESTIGATION PROCEDURES

Fairness and impartiality are absolutely essential in the investigation.

An Accident Investigation Report will be performed by a Safety Committee member at the location where the accident occurred. The Risk Manager is responsible for seeing that the Accident Investigation Report is completed and that the recommendations are being addressed. All accidents, injuries, and occupational diseases will be investigated using the following procedures:

1. Implement temporary control measures to prevent any further injuries to employees.
2. Review the equipment, operations, and processes to gain an understanding of the accident situation.
3. Identify and interview each witness and any other person who might provide clues to the accident's causes.
4. Obtain pictures and/or video of the injury and incident.
5. Investigate causal conditions and unsafe acts.
6. Complete the Accident Investigation Report.
7. Provide recommendations for corrective actions based on existing facts.
8. Indicate the need for additional or remedial safety training.

WHY ACCIDENTS ARE INVESTIGATED

1. To determine direct cause.
2. To determine indirect or root cause.
3. To prevent similar accidents from occurring.
4. To document the facts.
5. To promote safety.
6. To provide cost data.

Accident investigation reports must be submitted to the Risk Manager and the site Safety Committee within 24 hours of the accident.

Section VII

RECORDKEEPING PROCEDURES

ACCIDENT AND INJURY RECORDS

The Risk Manager will control and maintain all employee accident and injury records. Records are maintained for a minimum of five (5) years and include:

- Accident Investigation Report
- Workers' Compensation First Report of Injury or Illness Form (DWC1)

Risk Manager and the Director of School Safety and Other Administrative Services will control and maintain all employee training records for:

- Hazardous Communications (MSDS)
- Lock-out/Tag-out
- First Aid/C.P.R.
- Respiratory Protection
- Bloodborne Pathogens
- Any Other Safety Specific Training

FIRST REPORT OF INJURY OR ILLNESS**FLORIDA DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION**For assistance call 1-800-342-1741
or contact your local EAO Office

RECEIVED BY CLAIMS-HANDLING ENTITY	SENT TO DIVISION DATE	DIVISION RECEIVED DATE

PLEASE PRINT OR TYPE

EMPLOYEE INFORMATION

NAME (First, Middle, Last)		Social Security Number	Date of Accident (Month-Day-Year)	Time of Accident <input type="checkbox"/> AM <input type="checkbox"/> PM
HOME ADDRESS Street/Apt #: _____ City: _____ State: _____ Zip: _____		EMPLOYEE'S DESCRIPTION OF ACCIDENT (Include Cause of Injury)		
TELEPHONE Area Code Number				
OCCUPATION		INJURY/ILLNESS THAT OCCURRED	PART OF BODY AFFECTED	
DATE OF BIRTH _____ / _____ / _____ SEX <input type="checkbox"/> M <input type="checkbox"/> F				

EMPLOYER INFORMATION

COMPANY NAME: _____ D. B. A.: _____ Street: _____ City: _____ State: _____ Zip: _____	FEDERAL I.D. NUMBER (FEIN)	DATE FIRST REPORTED (Month/Day/Year)
	NATURE OF BUSINESS	POLICY/MEMBER NUMBER
TELEPHONE Area Code Number	DATE EMPLOYED _____ / _____ / _____	PAID FOR DATE OF INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER'S LOCATION ADDRESS (If different) Street: _____ City: _____ State: _____ Zip: _____ LOCATION # (If applicable) _____	LAST DATE EMPLOYEE WORKED _____ / _____ / _____	WILL YOU CONTINUE TO PAY WAGES INSTEAD OF WORKERS' COMP? <input type="checkbox"/> YES
	RETURNED TO WORK <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE _____ / _____ / _____	LAST DAY WAGES WILL BE PAID INSTEAD OF WORKERS' COMP _____ / _____ / _____
PLACE OF ACCIDENT (Street, City, State, Zip) Street: _____ City: _____ State: _____ Zip: _____ COUNTY OF ACCIDENT _____	DATE OF DEATH (If applicable) _____ / _____ / _____	RATE OF PAY <input type="checkbox"/> HR <input type="checkbox"/> WK \$ _____ PER <input type="checkbox"/> DAY <input type="checkbox"/> MO
	AGREE WITH DESCRIPTION OF ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	Number of hours per day _____ Number of hours per week _____ Number of days per week _____
Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s. 817.234. Section 440.105(7), F.S. I have reviewed, understand and acknowledge the above statement. _____ EMPLOYEE SIGNATURE (If available to sign) _____ DATE _____ _____ EMPLOYER SIGNATURE _____ DATE _____		NAME, ADDRESS AND TELEPHONE OF PHYSICIAN OR HOSPITAL AUTHORIZED BY EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO

CLAIMS-HANDLING ENTITY INFORMATION

<input type="checkbox"/> 1(a) Denied Case - DWC-12, Notice of Denial Attached			<input type="checkbox"/> 2. Medical Only which became Lost Time Case (Complete all required information in #3)		
<input type="checkbox"/> 1(b) Indemnity Only Denied Case - DWC-12, Notice of Denial Attached			Employee's 8 TH Day of Disability _____ / _____ / _____		
			Entity's Knowledge of 8 TH Day of Disability _____ / _____ / _____		
<input type="checkbox"/> 3. Lost Time Case - 1st day of disability _____ / _____ / _____			Full Salary in lieu of comp? <input type="checkbox"/> YES Full Salary End Date _____ / _____ / _____		
Date First Payment Mailed _____ / _____ / _____			AWW _____ Comp Rate _____		
<input type="checkbox"/> T.T. <input type="checkbox"/> T.T. - 80% <input type="checkbox"/> T.P. <input type="checkbox"/> I.B. <input type="checkbox"/> P.T. <input type="checkbox"/> DEATH <input type="checkbox"/> SETTLEMENT ONLY					
Penalty Amount Paid in 1 st Payment \$ _____			Interest Amount Paid in 1 st Payment \$ _____		
REMARKS:			INSURER NAME		
			CLAIMS-HANDLING ENTITY NAME, ADDRESS & TELEPHONE		
INSURER CODE #	EMPLOYEE'S CLASS CODE	EMPLOYER'S NAICS CODE			
SERVICE CO/TPA CODE #	CLAIMS-HANDLING ENTITY FILE #				

INSTRUCTIONS FOR COMPLETING THE FIRST REPORT OF INJURY OR ILLNESS FORM (DWC-1) (Complete the employee and employer information sections only.)

EMPLOYEE INFORMATION

- Name, Address, Telephone, Occupation, Date of Birth, Sex, Social Security Number, Date of Injury, and Time of Accident – These sections are self-explanatory.
- Employee's Description of Accident – Describe the accident, including exactly what happened in detail and where the accident took place. Describe any equipment or material that was involved.
- Injury/Illness that Occurred – List what injury or illness that occurred (pain, laceration, swelling, etc.).
- Part of Body Affected – List the part of the body affected in the accident (left arm, back, right leg, etc.).

EMPLOYER INFORMATION

- Company Name, Address, Telephone – Suwannee County School District, 1740 Ohio Avenue, South, Live Oak, Florida 32064, (386) 647-4600.
- Employer's Location Address – Your location of work (SPS, SES, Facilities Department, etc.).
- Place of Accident – Location, name, and address of place where the accident occurred.
- Federal I.D. Number (FEIN) – 59-6000872
- Nature of Business – Educational facility and/or department you work in (pre-k teacher, custodian, secretarial, etc.).
- Date Employed – First day of the employee's employment (this information can be obtained from the Payroll Department at the SCSD County Office, extension #4612, #4616, and #4608).
- Last Date Employee Worked – Enter the last date employee worked. If no days were missed, enter "continues to work."
- Returned to Work – Check yes or no. If yes, give date employee returned to work.
- Date of Death – Leave blank unless death occurred. This section is self-explanatory.
- Agree with Description of Accident – According to employee's opinion, check yes or no.
- Date First Reported – The day the accident was first recorded.
- Policy Member Number – Leave blank.
- Paid for Date of Injury – Yes.
- Will You Continue to Pay Wages Instead of Workers' Comp. – Yes.
- Last Day Wages will be Paid Instead of Workers' Comp. – Leave Blank.
- Rate of Pay, Hours a Day, Hours a Week, Number of Days – This information can be obtained from the Payroll Department at the SCSD County Office, extension #4612, #4616, and #4608.
- Name, Address and Telephone of Physician or Hospital – Enter the appropriate information on the first medical facility the injured employee attended.

Both the employee and employer/supervisor signature is required and enter date signed.

**** Give the injured employee a copy of the First Report of Injury or Illness Form to take to the medical facility. Keep a copy for school or department's records. Send the remaining originals to the Risk Manager at the SCSD County Office.**

Employee's Report of Injury Form

Instructions: Employees shall use this form to report all work related injuries, illnesses, or "near miss" events (which could have caused an injury or illness) – *no matter how minor*. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a supervisor for further action.

I am reporting a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near miss	
Your Name:	
Job title:	
Supervisor:	
Have you told your supervisor about this injury/near miss? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of injury/near miss:	Time of injury/near miss:
Names of witnesses (if any):	
Where, exactly, did it happen?	
What were you doing at the time?	
Describe step by step what led up to the injury/near miss. (continue on the back if necessary):	
What could have been done to prevent this injury/near miss?	
What parts of your body were injured? If a near miss, how could you have been hurt?	
Did you see a doctor about this injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, whom did you see?	Doctor's phone number:
Date:	Time:
Has this part of your body been injured before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	Supervisor:
Your signature:	Date:

Supervisor's Accident Investigation Form

Name of Injured Person _____

Date of Birth _____ Telephone Number _____

Address _____

City _____ State _____ Zip _____

(Circle one) Male Female

What part of the body was injured? Describe in detail. _____

What was the nature of the injury? Describe in detail. _____

Describe fully how the accident happened? What was employee doing prior to the event? What equipment, tools being using? _____

Names of all witnesses:

Date of Event _____ Time of Event _____

Exact location of event: _____

What caused the event? _____

Were safety regulations in place and used? If not, what was wrong? _____

Employee went to doctor/hospital? Doctor's Name _____

Hospital Name _____

Recommended preventive action to take in the future to prevent reoccurrence.

Supervisor Signature

Date

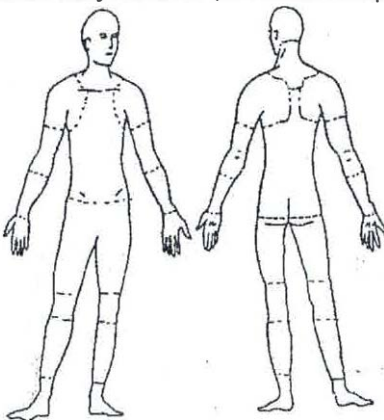
Incident Investigation Report

Instructions: Complete this form as soon as possible after an incident that results in serious injury or illness.
(Optional: Use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness.*)

This is a report of a: ☐ Death ☐ Lost Time ☐ Dr. Visit Only ☐ First Aid Only ☐ Near Miss

Date of incident: _____ This report is made by: ☐ Employee ☐ Supervisor ☐ Team ☐ Other _____

Step 1: Injured employee (complete this part for each injured employee)

Name: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age: _____
Department: _____	Job title at time of incident: _____	
Part of body affected: (shade all that apply) 	Nature of injury: (most serious one) <input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Hernia <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system: <input type="checkbox"/> Other _____	This employee works: <input type="checkbox"/> Regular full time <input type="checkbox"/> Regular part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary Months with this employer: _____ Months doing this job: _____

Step 2: Describe the incident

Exact location of the incident: _____	Exact time: _____
What part of employee's workday? <input type="checkbox"/> Entering or leaving work <input type="checkbox"/> Doing normal work activities <input type="checkbox"/> During meal period <input type="checkbox"/> During break <input type="checkbox"/> Working overtime <input type="checkbox"/> Other _____	
Names of witnesses (if any): 	

Step 4: How can future incidents be prevented?**What changes do you suggest to prevent this incident/near miss from happening again?**

- ☐ Stop this activity ☐ Guard the hazard ☐ Train the employee(s) ☐ Train the supervisor(s)
- ☐ Redesign task steps ☐ Redesign work station ☐ Write a new policy/rule ☐ Enforce existing policy
- ☐ Routinely inspect for the hazard ☐ Personal Protective Equipment ☐ Other: _____

What should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets: ☐**Step 5: Who completed and reviewed this form? (Please Print)**

Written by:

Title:

Department:

Date:

Names of investigation team members:

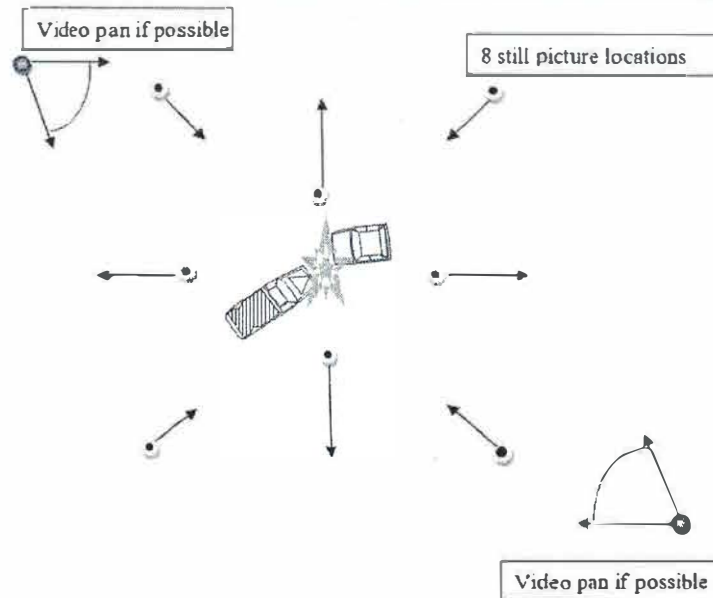
Reviewed by:

Title:

Date:

ACCIDENT INVESTIGATION CHECKLIST

- ☐ Safely make the scene secure if not already done
- ☐ Preserve as much of the scene as possible, don't throw anything away
- ☐ Take pictures of the scene as suggested on form
- ☐ Pictures – Overall scene 360 degrees toward scene
- ☐ Pictures – Overall scene 360 degrees looking out from scene
- ☐ Pictures - Damage up close
- ☐ Pictures - Skid marks or other property damage around scene, use ruler in picture for scale
- ☐ Pictures – Inside of vehicles when possible, especially the dash board, seats
- ☐ Pictures – Drivers' views of those involved in the accident
- ☐ Pictures – If vehicles rest in different locations, treat as each was the accident scene
- ☐ Pictures – If vehicles rest in different locations, pan pictures so that Entire scene in captured
- ☐ Take video if at all possible as suggested on back of form
- ☐ Note weather and environment conditions
- ☐ Make a sketch of the scene, note north on sketch
- ☐ Get GPS location whenever possible, or identify exact location
- ☐ Note exact time of accident if possible
- ☐ If police on scene, get police information – responding department and badge numbers
- ☐ Get names, address, telephone numbers of all witness
- ☐
- ☐



Section VIII

WRITTEN HAZZARD COMMUNICATIONS PROGRAM

GENERAL POLICY

To assure that information about the dangers of all hazardous chemicals used by the SCSD are known by all affected employees, this hazard communication program has been established. All work units will participate in the program, and a copy of it will be available at the work site for review by any interested party.

CONTAINER LABELING

The supervisor will verify that all containers received for use will be clearly labeled as to their contents, have an appropriate hazard warning, and list the name and address of the manufacturer or distributor.

The supervisor in each section will ensure that all secondary containers are labeled with either a copy of the original manufacturer's label or with labels that have the identity of the contents and the appropriate hazard warning. For help see the Safety Program Coordinator.

MATERIAL SAFETY DATA SHEETS (MSDS)

The Safety Program Coordinator is responsible for establishing and monitoring the District's MSDS Program. She/he will ensure that procedures are developed to obtain the necessary MSDS for new or significant health and safety information. Affected employees will be informed of any new information. The following procedure will be followed when an MSDS is not received at the time of initial shipment:

- The supplier and/or manufacturer will be notified and the MSDS will be requested.

Copies of all MSDS for all hazardous chemicals in use will be kept at the work site. MSDS will be readily available to all employees during each work shift. If an MSDS is not available, immediately contact the Safety Program Coordinator.

When revised MSDS are received, the following procedure will be followed to replace obsolete MSDS:

- The new MSDS will be inserted in the MSDS Binder, the old sheet discarded, and the hazardous substances list updated.

EMPLOYEE TRAINING AND INFORMATION

The Risk Manager and the Safety Program Coordinator are responsible for the District's employee training program. He/she will ensure that all new employees will be trained in all health and safety protocols. The training will be implemented by utilizing Vector Solutions and will be customized to the position that the employee will be assigned.

TRAINING RECORDS

Training records will be kept and maintained in the main office by the Risk Manager and the Safety Program Coordinator.

INFORMING OTHER EMPLOYEES/EMPLOYERS

It is the responsibility of the Risk Manager and the Safety Program Coordinator to provide other supervisors and administrators with information about hazardous chemicals to which their employees may be exposed while on the job site as well as suggested safety precautions for those employees. It is the responsibility of the site manager to obtain information about hazardous chemicals used by other sites to which employees of the SCSD may be exposed.

Other employers or contractors will be provided with MSDS for hazardous chemicals generated by the SCSD's operations. MSDS will be provided to other employers at the start of each project and new/added sheets will be distributed, if applicable.

Other employers or contractors will be informed of precautionary measures needed to protect their employees exposed to operations performed by the SCSD. Also, other employers will be informed of the hazard labels used by the SCSD. If a symbolic or numerical system is used, the other employers and contractors will be given information to help them understand the labels for hazardous chemicals to which their employees may have exposure.

PROGRAM AVAILABILITY

The Safety Program Coordinator has the responsibility to make this program available for review upon request. In addition, a copy of the program will be provided within 15 days from the date of the request. Request should be made in writing or verbally.

PURCHASE ORDER STATEMENT

Purchase orders will contain the following statement:

- "If any materials on this order have been identified as 'hazardous substances' in 29 CFR Part 1910 Subpart Z, or by the State of Florida, suppliers shall provide a Material Safety Data Sheet (MSDS) for the hazardous substances as required by 29 CFR Part 1910.1200."

Material Safety Data Sheet

May be used to comply with
OSHA's Hazard Communication Standard,
29 CFR 1910.1200. Standard must be
consulted for specific requirements.

U.S. Department of Labor
Occupational Safety and Health Administration
(Non-Mandatory Form)
Form Approved
OMB No. 1218-0072

IDENTITY *(As Used on Label and List)*

Note: Blank spaces are not permitted. If any item is not applicable, or no information is available, the space must be marked to indicate that.

Section I

Manufacturer's Name	Emergency Telephone Number
Address <i>(Number, Street, City, State, and ZIP Code)</i>	Telephone Number for Information
	Date Prepared
	Signature of Preparer <i>(optional)</i>

Section II - Hazardous Ingredients/Identity Information

Hazardous Components (Specific Chemical Identity; Common Name(s))	OSHA PEL	ACGIH TLV	Other Limits Recommended	% <i>(optional)</i>

Section III - Physical/Chemical Characteristics

Boiling Point		Specific Gravity (H ₂ O = 1)	
Vapor Pressure (mm Hg)		Melting Point	
Vapor Density (AIR = 1)		Evaporation Rate (Butyl Acetate = 1)	
Solubility in Water			
Appearance and Odor			

Section IV - Fire and Explosion Hazard Data

Flash Point (Method Used)	Flammable Limits	LEL	UEL
Extinguishing Media			
Special Fire Fighting Procedures			
Unusual Fire and Explosion Hazards			

(Reproduce locally)

OSHA 174, Sept. 1985

Section V - Reactivity Data

Stability	Unstable		Conditions to Avoid
	Stable		

Incompatibility (<i>Materials to Avoid</i>)			
Hazardous Decomposition or Byproducts			
Hazardous Polymerization	May Occur		Conditions to Avoid
	Will Not Occur		

Section VI - Health Hazard Data

Route(s) of Entry:	Inhalation?	Skin?	Ingestion?
Health Hazards (<i>Acute and Chronic</i>)			
Carcinogenicity:	NTP?	IARC Monographs?	OSHA Regulated?
Signs and Symptoms of Exposure			
Medical Conditions Generally Aggravated by Exposure			
Emergency and First Aid Procedures			

Section VII - Precautions for Safe Handling and Use

Steps to Be Taken in Case Material is Released or Spilled
Waste Disposal Method
Precautions to Be taken in Handling and Storing
Other Precautions

Section VIII - Control Measures

Respiratory Protection (<i>Specify Type</i>)		
Ventilation	Local Exhaust	Special
	Mechanical (<i>General</i>)	Other
Protective Gloves		Eye Protection
Other Protective Clothing or Equipment		
Work/Hygienic Practices		

* U.S.G.P.O.: 1986 - 491 - 529/45775

LOCATION SITE CHEMICAL INVENTORY SHEET

DATE: _____ SCHOOL/DEPARTMENT: _____

INVENTORY COMPLETED BY: _____

PHONE NUMBER: _____ COST CENTER #: _____

<u>Product Name</u>	<u>Supplier</u>	<u>Emergency Number</u>
---------------------	-----------------	-------------------------

- | | | |
|-----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |
| 8. | _____ | _____ |
| 9. | _____ | _____ |
| 10. | _____ | _____ |
| 11. | _____ | _____ |
| 12. | _____ | _____ |
| 13. | _____ | _____ |
| 14. | _____ | _____ |
| 15. | _____ | _____ |

<u>Product Name</u>	<u>Where Stored</u>	<u>Quantity Stored</u>
---------------------	---------------------	------------------------

- | | | |
|-----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |
| 8. | _____ | _____ |
| 9. | _____ | _____ |
| 10. | _____ | _____ |
| 11. | _____ | _____ |
| 12. | _____ | _____ |
| 13. | _____ | _____ |
| 14. | _____ | _____ |
| 15. | _____ | _____ |

Section IX

ALCOHOL AND DRUG-FREE WORKPLACE PROGRAM

POLICY

1. No employee shall possess, consume, or sell alcoholic beverages or manufacture, distribute, dispense, possess, use, or be under the influence of, on the job or in the workplace, any narcotic, drug, amphetamine, barbiturate, marijuana, or any other controlled substance, as defined in the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulations at 21 CFR 12001.11 through 1300.15 or Florida Statutes, Chapter 893.
2. "Workplace" is defined as the site for the performance of work done in connection with the duties of an employee of the SCSD. That term includes any place where the work of the District is performed, including a school building or other school premises; any school-owned vehicle or any other school-approved vehicle used to transport students to and from school or school activities, off-school property during any school-sponsored or school-approved activity, event or function, such as a field trip, workshop, or athletic event.
3. As a condition of employment, each employee will:
 - a. Abide by the terms of this policy; and
 - b. Notify the appropriate director, principal, or supervisor of any criminal drug statute arrest or conviction for a violation occurring on the premises of the SCSD, at the workplace, or during the conduct of any official activity related to the SCSD no later than five (5) days after conviction.
4. The SCSD shall:
 - a. Notify the appropriate agency within ten (10) days after receiving such notice from an employee or otherwise receiving actual notice of such conviction; and,
 - b. Take one of the following actions, within thirty (30) days of receiving such notice, with respect to any employee who is so convicted:
 - 1) Require such an employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency; or
 - 2) If the employee fails to participate satisfactorily in such program, the employee may be non-renewed, or his or her employment may be suspended or terminated, at the discretion of the School Board; or
 - 3) Take appropriate personnel action against such an employee, up to and including termination.
 - c. Offer assistance and information on drug abuse in order to maintain an alcohol and a drug-free workplace. Employee assistance will be available through the Human Resources Department or referral to a program which will provide assistance. The SCSD shall also conduct periodic workshops on drug and alcohol abuse in the workplace to inform employees and supervisors of the dangers of substance abuse and of the provisions in this policy.
5. Drug Testing:
 - a. Initial Employment
 - 1) A negative drug screen will be a requirement of initial employment. An applicant who has been offered a position will be referred to a Board approved, independent, certified laboratory. The drug screen must be conducted within thirty (30) days prior to employment. The cost of the drug screening will be the responsibility of the applicant.

- 2) Applicants testing positive will not be eligible for employment by the School Board for one (1) year from the date of the test. Refusal to participate in the drug screening will prohibit an applicant from employment with the Board.
- b. Current Employees
 - 1) An employee may be subject to drug testing based on a reasonable belief that he/she is using or has used drugs in violation of the Drug-Free Workplace Policy.
 - 2) An employee may be subject to follow up testing at the recommendation of a substance abuse professional or medical review officer.
 - 3) An employee may be subject to a drug screen immediately following a work related accident or injury.
 - 4) An employee who is subject to the requirements of the Omnibus Transportation Employees Testing Act (OTETA) shall be subject to random drug testing, post accident drug testing and return to duty testing as required by federal law.

STATUTORY AUTHORITY

Section 230.22(2); 230.23(5)(g); 230.33(7); 231.001; 893.01, Florida Statutes

LAW IMPLEMENTED

Section 230.22(5); 231.28(1); 440.102, Florida Statutes

Drug Free Workplace Act of 1988; 34 CFR part 85, Subpart F

HISTORY

Revised: January 1998

Formerly: GBEB

ADDITIONAL INFORMATION CONCERNING THE DRUG AND ALCOHOL TESTING POLICY FOR TRANSPORTATION EMPLOYEES IS UNDER SECTION X BUS DRIVERS SAFETY RULES, POLICIES, AND PROCEDURES.

Section X

SAFETY RULES, POLICIES, AND PROCEDURES

The safety rules contained on these pages have been prepared to protect you in your daily work. Employees are to follow these rules carefully, review them often, and use good common sense in carrying out assigned duties.

GENERAL SAFETY RULES

1. Wear personal protective equipment, hard hat, foot protection, back supports, bloodborne pathogen protection and safety glasses or face shields as directed by your supervisor.
2. Sit in vehicles properly (never stand up, sit on the side, or ride on any exterior part of a vehicle).
3. Vehicles are to be stopped when entering or exiting (do not enter or exit any moving vehicle).
4. Damaged or unguarded tools and equipment are not to be used.
5. Do not work or drive while under the influence of alcohol or drugs.
6. Use every safeguard provided. After removing guards for repairs, replace at once.
7. Walk (do not run); watch your step; keep firm footing and balance at all times.
8. When working around machinery, do not wear loose clothing, torn sleeves, ties, keychains, rings, watches, or any item that could become entangled in the machinery.
9. Horseplay or practical jokes are prohibited. Avoid distracting others.
10. Long hair must be tied off, wrapped, or confined in a manner to prevent being caught in any machinery.
11. Frayed, cut, or cracked electrical cords are not to be used. Turn them in to your supervisor for repair or replacement.
12. Use only ladders and step stools to get additional height (do not attempt to get additional height from a climbing device by placing it on a box, crate, or other improvised stand).
13. Equipment is not to be altered (i.e., removing protection guards).
14. Work only in properly lit areas.
15. Never leave materials, tools, etc., in a position to slide or fall.
16. Keep your work area clean and free of loose objects, stumbling, or slipping hazards.
17. Review the safety material posted on bulletin boards or distributed in work area.
18. Report all accidents/injuries, no matter how minor, to your supervisor.
19. Report all unsafe work conditions or procedures during the course of work activities to your supervisor.
20. Never stand under suspended loads or in danger zone of falling objects, moving equipment, dripping caustics, etc.
21. Keep flammables in safety type containers.
22. Never use gasoline for cleaning purposes.
23. Always keep hands and feet clear of pinch points.
24. Never allow oil or grease or heat to come in contact with oxyacetylene equipment.
25. Use the right tool and use it properly (i.e., do not use defective or mushroom-headed tools).
26. Be sure all electrical devices are properly grounded at all times.
27. Never leave an unsafe condition unguarded or unmarked, even temporarily.
28. Inspect each ladder before using. Be sure ladder is properly positioned and secure at top and bottom.
29. When working overhead, place warning signs below and rope off area.
30. Know the location of fire extinguishers and know how to use them.

31. Do not walk or run in front of or behind moving equipment.
32. Vehicles, equipment, and tools should be removed from service when unsafe to operate.
33. Rubber gloves should be worn when handling dyes, photographic chemicals, and etching acid.
34. Never use corridors, attics, vestibules, halls, stairs, or the space under them for storage purposes.

LIFTING PROCEDURES

• GENERAL

1. Test the weight of the load before lifting by pushing the load along its resting surface.
2. If the load is too heavy or bulky, use lifting and carrying aids such as hand trucks, dollies, pallet jacks, and carts, or get assistance from a coworker.
3. Never lift anything if your hands are greasy or wet.
4. Wear protective gloves when lifting objects with sharp corners or jagged edges.

• WHEN LIFTING

1. Face the load.
2. Position your feet 6" - 12" apart with one foot slightly in front of the other.
3. Bend at the knees, not at the back.
4. Keep your back straight.
5. Get a firm grip on the object with your hands and fingers. Use handles when present.
6. Hold object as close to your body as possible.
7. Perform lifting movements smoothly and gradually; do not jerk the load.
8. If you must change direction while lifting or carrying the load, pivot your feet and turn your entire body. Do not twist at the waist.
9. Set down objects in the same manner as you picked them up, except in reverse.
10. Do not lift an object from the floor to a level above your waist in one motion. Set the load down on a table or bench and then adjust your grip before lifting it higher.

SLIPS, TRIPS, AND FALLS

1. Immediately clean up spills, water, oil, and other liquids from the floor by using a mop, bucket, oil dry materials, sand, paper towels, and/or cloth materials. Use caution signs/cones to warn of slippery areas.
2. Turn on lights before entering a dark room.
3. Pick up all foreign objects from floor surfaces, aisles, or stairs to prevent slipping.
4. Be sure that mats and carpets lie flat on the floor.
5. Take short steps, walk slowly, and use hand rails when you have to walk on slippery surfaces or in congested conditions.
6. Keep drawers and doors closed.
7. Wear closed toe, non-slip soled shoes.
8. Walk, up or down stairs or steps. Take only one step at a time.
9. Avoid blocking your view by carrying/pushing objects so large that you can't see where you are going.
10. Jumping from truck beds, platforms, scaffolds or other elevated places is prohibited.
11. Do not tilt chairs back on two legs.

12. Avoid wet, icy, slick, or oily areas by walking around it.
13. Do not turn electrical and other cords across doorways, aisles or landings.

CLASSROOM AND OFFICE SAFETY

NOTE: Includes office personnel, teachers, and paraprofessional.

1. Use care when closing desk and filing cabinet drawers to prevent injuries. Keep them closed when not in use or unattended.
2. Office furniture should be positioned to eliminate tripping hazards of telephone or electrical cords. Cords shall not be strung across passageways or open areas where they will create a tripping hazard.
3. Open doors cautiously and keep in either a fully open or fully closed position.
4. Do not tamper with office machines, phones, or wiring. Call office service if repairs are required.
5. Use staple remover, not fingers, for removing staples.
6. When refilling stapler, point the loading end away from you, since the pressure of the spring mechanism can cause ejection of the staples.
7. Do not put oil rags, broken glass, or sharp objects in wastebaskets. Place them in special containers for special handling by the custodians.
8. All electrical equipment, such as typewriters, copy machines, and calculators must be unplugged before cleaning.
9. Handle files and papers carefully to prevent cuts. A moistener for wetting envelopes is recommended.
10. Do not place your fingers in or near the feed of a paper shredder. Verify guards are in place and working prior to use.
11. Lock down the slicing arm on paper cutting devices when not in use.
12. Paper cutting devices are not to be used unless finger guard is in place.

• OFFICE MACHINES

1. Office machines should be properly located and placed in a manner so there is no danger of falling.
2. Electrical machines and connections should not be touched with wet hands or operated on damp floors.
3. Office machines should not be adjusted, lubricated, or cleaned while they are running. Make sure that the machine is stopped by disconnecting the plug from the outlet.

• DESKS, TABLES, ETC.

1. Use only shatterproof glass tops with beveled edges.
2. Mounted pencil sharpeners shall be positioned on desks or tables so that they do not protrude.
3. Check desks and tables for splinters, dangerous cracks, and loose veneer.

• SWIVEL CHAIRS

1. Extreme care should be taken by persons tilting back in swivel chairs to which they are not accustomed.

2. Don't raise the seats on swivel chairs so high as to contribute to overbalancing.
3. Spring tension bolts should be checked regularly. Weak bolts on swivel chairs can break and cause a person to be thrown with considerable force.
4. Check to ensure casters are secured and free of cracks and wear.
5. Do not use as a ladder or step stool.

- **FANS**

1. Check fans regularly to make sure that the guards are not defective and that the blades are secure.
2. Fans should not be placed on low tables, chairs, etc., or in any locations where individuals might catch their clothing or hands in them.
3. Floor type fans should not be placed in locations where they will present tripping hazards.

- **WASTE BASKETS**

1. Metal waste cans should be checked for sharp points or fragmented edges which could cut the users.

- **FILE CABINETS**

1. File cabinets should be secured to prevent their being overbalanced. Where two or more cabinets sit side by side, they should be fastened to each other.
2. File drawers should not be left open. Always use the handles to close them.
3. Heavy materials should be put in the bottom drawers, lighter materials in the top drawers.
4. Pull only one drawer out at a time.
5. File cabinets should be checked periodically for burrs and sharp edges.
6. Never place materials, boxes, other files, etc., on top of cabinets. Not only will they fall, but they put undue strain on the persons lifting and/or reaching up to them.
7. Do not place files in front of emergency exits windows or escape routes.

- **ENVIRONMENTAL CONCERNS: Mold**

1. Contact Site Administrator
2. Contact the Director of Facilities
3. Avoid usage of area until inspection is completed or by direction of the Administrator.

- **SCIENCE/ LAB SAFETY**

1. Never work alone in a science laboratory or storage area.
2. Never eat, drink, or chew gum or tobacco in a science laboratory or storage area. Do not store food or beverages in the laboratory environment.
3. Never pipette by mouth.
4. Wash hands before and after work in a science laboratory and after spill cleanups.
5. Restrain loose clothing (i.e., sleeves, full cut blouses, neckties, etc.), long hair, and dangling jewelry.
6. Tape all Dewar flasks.
7. Never leave heat sources unattended (i.e., gas burners, hot plates, heating mantles, sand baths, etc.).
8. Do not store agents and/or apparatus on lab bench. Keep lab shelves organized.

9. Never place reactive chemicals (in bottles, beakers/flasks, wash bottles, etc.) near the edges of a lab bench.
10. Use a fume hood when working with volatile substances.
11. Never lean into the fume hood.
12. Do not use the fume hood as a storage area.
13. Obtain and read the MSDS for each chemical before beginning any experiment.
14. Analyze new lab procedures in advance to pinpoint hazardous areas.
15. Accidents should be analyzed to prevent repeat incidents.
16. Protection should be provided for not only the lab worker but also the lab partner working nearby.
17. Do not mix chemicals in the sink drain.
18. Always inform coworkers of plans to carry out hazardous work.
19. Carry out regular fire or emergency drills with critical reviews of the results.
20. Have written actions planned in case of an emergency (i.e., what devices should be turned off, which escape route to use, a personnel meeting place outside the building, a person designated to authorize reentry into the building).
21. Lab personnel should have recent training in first aid.

- **SAFETY WEAR (LAB)**

1. Approved eye or face protection should be worn while handling chemicals.
2. Gloves should be worn, which will resist penetration by the chemical being handled, and which have been checked for pin holes, tears, or rips.
3. Wear a laboratory coat or apron to protect skin and clothing from chemicals.
4. Footwear should cover feet completely, no open-toe shoes.

- **FACILITIES AND EQUIPMENT (LAB)**

1. Never block any escape routes. Plan alternate escape routes.
2. Never block a fire door open.
3. Never store materials in lab or storage area aisles.
4. All moving belts and pulleys should have safety guards.
5. Instruct lab personnel in the proper use of the eye wash emphasizing rolling of the eyeballs and turning eyelids “inside-out.”
6. Ensure that eye-wash fountains and showers will supply at least 15 minutes of water flow.
7. Regularly inspect fire blankets for rips and holes and keep good records of the inspections.
8. Regularly inspect safety showers and eye-wash fountains and keep records of inspections.
9. Keep up-to-date emergency phone numbers posted next to phone.
10. Place fire extinguishers near an escape route, not in a “dead end.”
11. Train lab personnel in the proper use of extinguishers and maintain records. Training should include instruction on various types of fire extinguishers.
12. Compressed gas cylinders must be secured at all times.
13. Install chemical storage shelves with ½ inch lips and never use stacked boxes in lieu of shelves.
14. Only use an explosion-proof refrigerator for storage of flammables.
15. Have appropriate equipment and materials available for spill control.

CAFETERIA/FOOD SERVICE SAFETY

1. Never clean electrical appliances unless the appliance is disconnected from the powersource.
2. Keep aisles clean, clear, and dry at all times.
3. Closed toe and non-slip shoes should be used. Shoes should be sturdy and well maintained. High heel shoes and open toe shoes are not permitted.
4. Store cleaning products separate from food products.
5. Use power machines only after having been trained.
6. Steam tables and cutting blocks must be cleaned daily.
7. Store heavy items close to the floor.
8. Pushcarts or dollies should not be overloaded.
9. Keep sharp protruding objects out of the aisles and away from workers; all drawers should be kept closed.
10. Place all cleaning equipment such as brooms, mops, carts, pails, etc., where they will not be a hazard to workers.
11. Know locations of the first aid kit (ensure accessibility).
12. Exhaust hood fans must be operated when ranges are in operation. Keep filters in hoods clean and free of grease.

• RECEIVING AREA

1. Keep floors in a safe condition; free from broken tile and sliding floor mats.
2. Floor and/or deck areas shall be clear and hazard free.
3. Use proper tools for opening crates, boxes, cartons, barrels, etc.

• STORAGE AREA

1. Shelves shall not be overloaded. They must be able to bear the weight of items stored.
2. Heavy items shall be stored on lower shelves.
3. An appropriate ladder must be available to reach all items.
4. Cartons and flammable materials must be stored away from light bulbs.
5. Light bulbs must have a screen guard.
6. Incompatible chemicals shall be stored separately (i.e., ammonia and bleach should not be stored together or one above the other).
7. Portable and stationary racks must be in safe condition.
8. If locked in freezer, know how to operate escape mechanism and emergency escape procedures.

• FOOD PREPARATION AREA

1. Electrical equipment shall be properly grounded.
2. Electrical equipment must be inspected regularly (look for defective cords or plugs).
3. Avoid leaning against equipment when turning it on and off.
4. Mixers and attachments must be in safe operating conditions and inspected regularly.

• SERVING AREA

- a. Keep serving counters and tables free from broken parts and wooden or metal splinters.
- b. Glassware, china, silverware, and plastic equipment must be inspected regularly.

Chipped or cracked items shall be disposed of properly.

- c. Use hair restraints.
- d. If you are taking any medication, report it to your manager. Do not operate any equipment while taking medication, unless authorized by your manager.

MAINTENANCE AND REPAIR FUNCTIONS

NOTE: These rules apply to the following personnel: boilermakers, carpenters, custodians, electricians, electrical technicians, groundskeepers, heating/ventilation/air conditioning (HVAC) personnel, painters, pest control personnel, plumbers, mechanics, roofers, and welders.

• ELECTRICAL

1. Use three conductors and grounded extension cords with proper rating for the tool you are connecting.
2. When using an extension cord:
 - a. Never plug more than the specified number of watts into the cord.
 - b. Do not run through doorways, holes in ceilings, walls, or floors.
 - c. Never remove, bend, or modify any metal prongs or pins.
 - d. Do not use when wet.
 - e. Do not plug one extension cord into another.
 - f. Never drive, drag, or place objects over cord or walk on it.
 - g. Always unplug when not in use.
 - h. Never use as a permanent power source.
3. Never repair or test live circuits except when necessary to affect repair.
4. When working on live circuits, approved tools having insulated hand grips should be used.
5. Ladders shall have non-conductive side rails.
6. Never connect heating unit using in excess of 1500 watts into utility 15 amp outlet.
7. Working in an area where you are likely to encounter electrical hazards is not permitted, unless you have been trained to recognize and avoid the hazards to which you will be exposed.
8. Fuse handling equipment shall be used to remove or install fuses where fuse terminals are energized.
9. Do not enter spaces containing exposed energized parts unless adequate illumination is provided.
10. Use safety signs, symbols, or accident prevention tags to warn personnel of electrical hazards.
11. Verify that circuit or equipment cannot be re-energized or restarted prior to performing work.
12. Ensure strain relief for all flexible cords and cables.
13. Apply proper grounding and bonding before dispensing flammable liquid(s).
14. Use gloves, aprons, and face protection while working in battery service rooms.
15. Inspect electrical cords and its connections before using. Defective cords and switches are dangerous. Plug should be removed from convenience outlet before any mechanical or electrical adjustments are made.
16. Avoid hanging extension cords over nails, bolts, or sharp edges. Do not allow it to become kinked or leave it where someone may trip over it. Always keep cord away from oil, hot surfaces, or chemicals.

LOCK-OUT/TAG-OUT

• POLICY

To ensure the safety of the Board's personnel who perform work on machinery or equipment where the unexpected energization, start-up, or release of stored energy could cause injury, the following procedures shall be adhered to:

1. Notification - Prior to starting work, notify the Principal, Director of Facilities, Maintenance Foreman, and any personnel who will be affected by the shutdown of equipment or building services. Explain the reason for the shutdown and the use of the lock-out/tag-out procedure.
2. Determination of Energy Sources - Make a survey to locate and identify all isolating devices to be certain which switches, valves, or other energy isolating devices apply to the equipment to be locked or tagged out. This survey should be done by the maintenance foreman and the maintenance man. **PAY PARTICULAR ATTENTION TO:**
 - a. Multiple energy sources
 - b. Residual energy
 - c. Remote start-up of equipment

• SEQUENCE PROCEDURES

1. Notify all affected employees that a lock-out/tag-out system is going to be utilized and the reason therefore.
2. Check out lock-out/tag-out kit appropriate for task from parts department or foreman.
3. If the machine or equipment is operating, shut it off.
4. Operate the switch, valve, or other energy isolating devices so that the equipment is isolated from its energy sources. Stored energy (such as that in springs, elevated machine members, rotating flywheels, hydraulic systems, and air, gas steam, or water pressure, etc.) must be dissipated or restrained by methods such as repositioning, blocking, bleeding down, etc.
5. Foreman will lock-out the energy isolating device with an assigned lock to prevent accidental engagement. An appropriate danger tag shall be affixed to the switch or lock. This tag is to be dated and signed by the supervisor requesting the lock-out.
6. Where more than one crew or craft performs work on the system, each crew foreman shall affix a tag and lock on the disconnect. Multiple lock-out devices shall be used. Lock keys shall be in the possession of the individuals using the lock.
7. After ensuring that no personnel are exposed, and as a check on having disconnected the energy sources, operate the push button or other normal operating controls to make certain the equipment will not operate. **CAUTION:** Return operating controls to "neutral" or "off" position after test.
8. The equipment is now locked-out and tagged-out.
9. Any person who operates a valve, switch, etc., to which danger tags are attached or removed a tag without authorization, will be subject to, as a minimum, immediate removal from the job site.

- **RELEASE FROM LOCK-OUT**

1. After the work is complete and the equipment is ready for normal operations, check the area around the machines or equipment to ensure that no one is exposed.
2. After all tools have been removed from the machine or equipment, guards have been reinstalled and employees are in the clear, remove all lock-out and/or tag-out devices. Locks and tags shall only be removed by the people who installed them. Anyone who violates this requirement shall be dismissed.
3. Operate the energy isolating devices to restore energy to the machine or equipment only after verification from the Director of Facilities, or Foreman, that it is safe to do so.

HANDLING MATERIALS

1. Prior to use, inspect materials for slivers, jagged edges, burrs, rough, or slippery surfaces.
2. Wipe away greasy, wet, slippery, or dirty objects before trying to handle them. Keep hands clean and free of grease or oil.
3. When adjusting or changing a grip, set the object down.
4. Never carry glass under an arm (a fall could sever an artery).
5. When removing materials on hand trucks or dollies, push rather than pull whenever possible.
6. When exerting leverage on large wrenches or prying tools, pull rather than push whenever possible.
7. Get help if the weight, size, bulk, or shape of the article prevents you from maintaining balance and/or puts excessive strain on back or abdominal muscles.
8. When two or more persons are carrying materials, all should face forward whenever possible. If a person must walk backwards, others should be especially alert to slipping, tripping, or bumping hazards and issue appropriate verbal directions to him/her.
9. Avoid getting hands or other body parts pinched between the load and other objects around or near it.
10. Use the proper tools such as wrenches, pry-bars, or special handling tools to lift heavy covers, etc.

- **LADDERS/SCAFFOLDS**

1. Inspect ladders to be sure rungs are solid, tight, and clean and that rails are not cracked. Avoid using any ladder with weak or damaged rails, steps, or rungs.
2. Open step ladders fully and lock spreaders.
3. Use extension ladders only up to 60 feet and maintain adequate overlap. If the ladder is extended less than 36 feet, have 3 feet of overlap between sections; if extended between 36 and 48 feet, have 4 feet of overlap between sections. If extended from 48 to 60 feet, allow 5 feet between sections. Lash or otherwise secure the ladder in place.
4. Never allow more than one person on a ladder.
5. Supply firm footing for ladder. If the ground is soft or uneven, use boards under the feet of the ladder.
6. Use 4-to-1 rule in setting up extension ladders. It is easy to figure since the rungs on most ladders are one foot apart. Count the rungs up to where the ladder rests on the wall. If it is 16 feet, set the ladder base 4 feet from the wall.
7. Face the ladder climbing up or down. Hold on with both hands. Carry tools or supplies in pockets or haul them up with a line.
8. Move the ladder frequently instead of reaching over too far. Follow the rule of keeping

your belt buckle between the side rails.

9. Carry the ladder with the front end high enough to clear anyone ahead of you.
10. Never paint wooden ladders as paint could hide a defect in the wood.
11. Inspect the scaffold before mounting. It should be sturdy, free of knotty or defective planks, level, and solidly positioned.
12. Keep the scaffold free of scraps, loose tools, or tangled lines.
13. Follow the manufacturer's instructions when assembling.
14. Lock and block wheels before climbing. **NEVER RIDE A ROLLINGSCAFFOLD.**
15. Level the scaffold after each move. Do not extend adjusting leg screws more than 12 inches.
16. Lash fixed scaffolds at intervals of 30 feet of length and 25 feet of height. Ensure safety locks are in proper working conditions.
17. Check all pulleys, blocks, hooks, fittings, and ropes on swingingscaffolds.

TOOLS

• GENERAL

1. Use tools that are in good safe working condition and the proper tool for every job.
2. Cutting edges should be kept sharp and should be carried in a suitable sheath or holster.
3. Defective tools shall be promptly reported to the supervisor for repair or replacement.
4. Tool handles shall be kept free from splinters, burrs, etc. Make sure handles are tight on the head and not weakened by cracks or splits.
5. Impact tools such as hammers, chisels, punches, or steel stakes that have burred heads shall not be used. The head should be dressed to remove burrs or chipped edges.
6. When handling a tool to another person, sharp points and cutting edges shall be pointed away from both the person grasping it and the person offering it.
7. Only properly insulated tools shall be used when working around energized electrical circuits or equipment.
8. When using a knife, pliers, or other cutting tools, avoid directing the blade toward yourself. Cut away from your body and stand clear of others.
9. Hand tools should not be carried in your pockets, especially screwdrivers, scribes, aviation snips, scrapers, chisels, files, etc.

• FILES/RASPS

1. All files must have securely fastened handles.
2. Never use a file as a pry.
3. When using a file or rasp, grasp the handle of the file or rasp in one hand and the toe in the other.

• HAMMERS

1. Be sure the handle is not cracked, broken, splintered, or loose. Check to see that the handle is securely set in the head. Replace loose or damaged wooden handles and discard hammers with damaged metal or fiberglass handles.
2. Avoid using hammer with oily, greasy or wet hands, and keep hammer handles clean by washing with approved cleaning solvent.
3. Use a soft hammer to strike a hardened surface.

4. A claw hammer is a hardened tool. Its use is restricted to hammering nails, wood, or other soft materials. Never use a claw hammer on metals or hardened tools, except nail sets.
5. Use the claw for pulling nails. Do not use as a pry or wedge, or for pulling spikes.
6. Never use a hammer with a hardened face on tempered, machined, or hardened surfaces. Rawhide, plastic, rubber, lead, brass, or copper hammers will prevent damage to parts and also eliminate the danger of flying chips of metal.

- **KNIVES**

1. Do not place the hand or finger over the back of a knife while it is in use.
2. A falling knife should be allowed to fall and then be picked up.
3. Always cut away from the body.
4. Keep knives sharp.
5. Replace knives with worn handles.
6. Use knives with retractable blades when possible.

- **PLIERS**

1. Never cut through live wires; turn off the current first. Handles of pliers that are used in electrical work must be insulated.
2. When using diagonal cutting pliers, place the free hand over the ends of cotter pin, safety wire, or whatever is being cut; this will prevent the loose ends from flying and causing possible eye injury.
3. Do not attempt to cut hardened steel parts with pliers.

- **SAWS/HACKSAWS**

1. Keep control of a hacksaw by releasing the pressure at the end of each stroke.
2. Make sure the blade (hacksaw) is taut in the frame before using.
3. Select proper type blade (number of teeth per inch) for the job.
4. Keep saw blades sharp.

- **SCREWDRIVERS**

1. Select the correct size and type of screwdriver to fit the job. Ensure screwdrivers are properly grounded and squared.
2. Never use a screwdriver as a chisel or as a substitute for a pinch bar or prybar.
3. Prevent the blade (screwdriver) from slipping, be sure it fits the screw head correctly and avoid over tightening a screw.
4. For electrical work use only screwdrivers that have insulated handles of non-flammable material.
5. Screwdrivers are not to be used on hand held objects.

- **WRENCHES**

1. Never attempt to use a makeshift wrench. Always select the proper size and type for the job.
2. Check wrench for cracks and condition of jaws before using.
3. Always use box or socket wrenches on hexagon nuts and bolts as a first choice and open

- end wrenches as a second choice.
4. When using an adjustable wrench, always place it on the nut so that the pulling force is applied to the stationary jaw side of the handle.
 5. Never use a piece of pipe, tubing, or another wrench to extend the handle of the wrench in order to secure additional leverage.
 6. Keep wrenches free from oil and grease.
 7. Always be ready to react immediately in case the wrench slips to avoid injury of the hand on a protruding edge.

MACHINES/POWER TOOLS

• GENERAL

1. Wear Personal Protective Equipment (PPE) (goggles, face shield, hearing protection, gloves, etc.).
2. Operate a machine only after having received thorough instructions and having been advised by your supervisor that you are qualified to operate said machine.
3. Do not wear gloves, ties or loose clothing. Remove rings, watch and other jewelry and roll up sleeves when operating machines.
4. Make all adjustments with the power off.
5. Never attempt to repair live circuits unless you are qualified through training and experience.
6. Never attempt repair on electrical appliances, power tools, cables or wiring unless you are qualified and certified to make repairs by your supervisor.
7. Inspect all portable power tools before operating including power cables, extension cords and adapters.
8. Use “ground fault circuit interrupter” (GFCI) to operate all portable power tools with metal housing and/or hand grip in damp or wet areas and on construction sites.

• DRILLS

1. Do not exceed recommended speed for the drill, accessory, and/or work piece material.
2. Adjust the table or depth stop to avoid drilling into the table.
3. Be sure drill bit or cutting tool is securely locked in the chuck.
4. Always wear eye protection (safety glasses or a face shield) when using drill press.
5. Do not overload or feed drill too fast.
6. A special ground drill is required for copper, brass, and other soft metals.
7. Always keep finger on the portable drill switch so that power may be shut off instantly.
8. Do not use distorted or bent drill bit.
9. Disconnect extension cord before attempting to loosen a chuck on portable tools.
10. Avoid using a drill which overheats.
11. Long extension drills should be used only when absolutely necessary.
12. Work must be securely held when drilling.
13. Ensure that the drill is firmly held in the drill chuck. Remove the chuck key.

• GRINDERS

1. On grinders, tool rests shall be adjusted to approximately 1/8” from the wheels and thoroughly tightened in place so they cannot shift position while in use.

2. Inspect the wheels before turning on grinder. Do not use wheels that have been chipped or cracked.
3. Dress grinding wheels on the face only. Do not stand on the unguarded discharge side of the grinder.
4. When grinding, use the face of the wheel only.
5. If the grinding wheel vibrates, dress the wheel, replace the wheel or replace the bearings of the shaft if they are worn. Grinding creates heat. Don't touch ground portion of work piece until you are sure work piece has cooled. Replace wheels that have been chipped or cracked.
6. When finished using machine, shut off the power, and do not leave until the wheel has come to a complete stop and the work area is clean.
7. Do not operate grinders near flammable containers or where gasoline fumes are present.

• **POWER SAWS**

1. When operating scroll saws, stop the machine before removing scrap pieces from the table.
2. Always keeps hands and fingers away from the sawblade.
3. Turn off the machine if the material is to be backed out of an uncompleted or jammed cut.
4. Disconnect machine from power source when making repairs.
5. Shut off power and clean the saw and work area before leaving.
6. Unless you have been trained by your supervisors, or other qualified trainer, do not operate any power machine.
7. Safety guards should be in place and used at all times.
8. Clamp work when using hole saw or cutting tools larger than 1/2" diameter.
9. On band saws, adjust the upper blade guide about 1/8" above the material being cut.
10. On band saw, make sure that blade tension and blade tracking are properly adjusted.
11. Hold work piece firmly against the table. Do not attempt to saw stock that does not have a flat surface, unless a suitable support is used.
12. Use push sticks when operating power saws.

GASOLINE ENGINE-POWERED TOOLS

1. Always disengage the clutch before starting; never start under a load.
2. Always shut off the engine, wait for the machine to stop, and disconnect the spark plug wire before making adjustments or cleaning jammed objects.
3. Never operate the machine without the guards provided for it.
4. Always wear personal protective clothing and equipment when operating the machine.
5. Never refuel running engines or hot engines.
6. Never smoke while refueling the machine.

GROUNDSKEEPING/MOWER SAFETY

1. Inspect area to be mowed for hazards such as tree stumps, roots, rocks, branches, sprinklers, hoses, electrical cords, toys, etc. Remove the hazards where possible.
2. Use personal protective equipment (PPE) (eye/face protection, gloves, hearing protection, etc.)
3. Always look ahead of the mowers path while staying aware of your surroundings.

4. Check for oncoming cars when mowing near streets.
5. Inspect mower daily for guards and loose nuts, blades, belts, wheels, and other parts. Report any damaged equipment to your supervisor.
6. Keep hands and feet from under the mower deck.
7. Turn off mower and disconnect spark plug wire before servicing or adjusting the mower.
8. When using a riding mower, mow up and down the slope.
9. Keep mower in gear when going down slope.
10. Turn off mower when dumping grass catcher.
11. Do not try to unclog the grass chute while mower is running.
12. Only the operator is permitted to ride a riding mower.
13. Disengage the drive before starting or shutting off a riding mower.
14. Do not direct the discharge towards bystanders.
15. Do not work outdoors in electrical storms.
16. Identify the type of plants and their potential hazards before trimming and cutting.

• **PESTICIDE AND FERTILIZER APPLICATION/SPRAYING**

1. Follow label instructions and MSDS when applying fertilizers, pesticides, and herbicides.
2. Inspect equipment for leaks, loose nuts, and valves. Faulty equipment must be reported to your supervisor immediately and use must be terminated.
3. Wear prescribed PPE (i.e., goggles, gloves, respirator, rubber boots, etc.).
4. Open cuts, scratches, and etc., shall be protected before handling or applying pesticides.
5. Never transfer pesticide or fertilizers into an unmarked or unlabeled container. Keep containers tightly closed.
6. Do not store pesticides near sources of heat.
7. Keep an inventory of all pesticides.
8. Do not transport pesticide containers in the cab of a vehicle.
9. Do not smoke, or carry smoking materials, while handling or spraying pesticides and fertilizers.
10. Shower as soon as possible at the end of a workday involving handling of pesticides, herbicides, and fertilizers.
11. Do not mix fertilizers with gasoline or cleaning agents.
12. Wash hands and arms thoroughly before eating, smoking, or drinking.
13. Store hazardous chemicals on non-impervious surfaces (i.e., metal shelves, plastic shelves, etc.).
14. Store fertilizer in cool and dry places.
15. Clothing saturated or impregnated with flammable liquids, corrosive substances, irritants, or oxidizing agents shall be removed immediately and shall not be worn until properly cleaned.

MECHANICS

GARAGE AND REPAIR SHOP SAFETY

• **JACKS**

1. All jacks should be equipped with a safety ratchet that prevents the load from dropping if the pressure is released.
2. Hydraulic jacks should only be used to raise a piece of machinery into position. After

machinery is in position, jack stands must be placed under a load bearing member.

- **ELECTRIC CHAIN HOISTS**

If all hoists are not provided with a check stop and a wire rope around the support “I” beam and fastened to the hoist, do not use the hoist.

- **PITS**

1. Floor openings, such as drain troughs, should be guarded with covers. If any unguarded floor openings are found, inform your supervisor at once.
2. Make sure all pits are provided with a curb four to six inches high to prevent vehicles from drifting into the pit.
3. Be certain that all open pits are provided with portable railings or standards when not in use.
4. Be sure steps into pits are clean and free of grease, oil, and water. Tools, parts, etc., must not be left on steps.
5. Lights in pits should be enclosed in vapor proof fixtures. If the lights are not of this type, inform your supervisor.

- **WASHING PARTS**

1. Use only solvents that are low in toxicity and have a high boiling and flash point.
2. Be sure that the parts washers are complete with lids that are counter-weighted.
3. Carbon tetrachloride or gasoline should never be used for cleaning parts or in degreasing jobs.

WELDING SAFETY

1. Welding will not be performed until one has been trained in the safe operation of all assigned welding equipment as well as the processes involved.
2. Obey all warning signs that are posted designating welding areas.
3. When working adjacent to welding areas, one must be protected from radiant energy, spatter of welding, and cutting arcs by non-combustible shields and shall be required to wear suitable eye/face protection and protective clothing.
4. Before starting to weld or cut, welders must have permission of the supervisor and shall continue only so long as conditions at the welding site are unchanged.
5. When arc welding and arc cutting with open arcs, helmets or hand shields with filter lenses and cover plates will be used by operators and others when viewing the arc. Safety spectacles with side shields or goggles will also be worn.
6. Employees (including helpers) operating resistance welding or brazing equipment will use face shields or goggles.
7. All welders and cutters will wear protective flame resistant gloves.
8. Proper ventilation will be used and/or respiratory protective equipment to all welding/cutting areas to reduce air contaminants to allowable levels.
9. In performance of welding and cutting operations, only approved equipment shall be used.
10. Cylinders stored inside building shall be kept away from highly combustible materials and in locations where they are not subject to excessive rise in temperature, physical damage, or tampering. Keep protective caps on.

11. No device or attachment facilitating or permitting mixture of air or oxygen with combustible gases prior to consumption, except at the burner or in a standard torch or blow-pipe, shall be allowed.
12. The user shall not transfer gases from one cylinder to another or mix gases in a cylinder.
13. Acetylene gas shall not be generated, piped (except in approved cylinder manifolds and cylinder manifold connections), or utilized at a pressure in excess of 15 pounds per square inch gauge pressure.
14. The use of liquid acetylene is prohibited.
15. Acetylene gas shall not be brought in contact with unalloyed copper except in a blow-pipe or torch.
16. Oxygen shall never be used from a cylinder or cylinder manifold unless a pressure regulating device intended for use with oxygen, or so marked, is provided.
17. Fuel gas shall never be used from cylinders through torches or other devices equipped with shut-off valves without reducing the pressure through a suitable regulator attached to the cylinder valve or manifold.
18. Cylinders, valves, regulators, hoses, and other apparatus and fittings containing or using oxygen shall be kept free from oil or grease. Oxygen cylinders, apparatus, and fittings shall not be handled by oily hands, gloves, or other greasy materials.
19. When moving compressed gas cylinders by crane, cradles shall be used in order to reduce the possibility of dropping. Ordinary rope slings or electromagnets shall not be used.
20. Oxygen and fuel gas cylinders and acetylene generators shall be placed far enough away from the welding position that they will not be unduly heated by radiation from heated materials, by sparks or slag or by misdirection of the torch flame.
21. No gas welding or cutting shall be done in or near rooms or locations where flammable liquid, vapors, lint, dust, or loose combustible stocks are so located or arranged that sparks or hot material from the welding or cutting operations may cause ignition or explosion of such materials.
22. When welding or cutting, this must be done above or within ten feet of combustible construction or material, or above a place where workers are employed, or where persons are likely to pass, noncombustible shields shall be interposed to protect such materials and person from sparks, hot metal, or oxide.
23. One or more approved Class B or Class C fire extinguishers of suitable size shall be kept at the location where welding and cutting is being done.
24. When welding or cutting is done above or within ten feet of combustible construction or material, a fire watch shall be on hand.

VEHICLE/DRIVER SAFETY

• GENERAL

1. Vehicle and heavy equipment operators will perform a daily inspection and report to the supervisor prior to parting. As a minimum, the following will be checked:
 - a. On-road vehicles
 - 1) Brakes
 - 2) Emergency brakes
 - 3) Wipers
 - 4) Seat belts
 - 5) Lights (brake, head, tail and signal)
 - 6) Instruments for proper indication

- 7) Service type vehicles, for security of equipment
- b. Off-road vehicles per checklist for specific type equipment.
2. Fasten safety belts properly.
3. Drive at safe speeds. Slow down when crossing rough terrain, making a turn, and/or when pedestrians are present.
4. Keep hands, fingers, head, and feet clear when closing door, hoods, and trunks.
5. Stand clear of vehicles moving in reverse.
6. Never mount or dismount a moving machine or vehicle.
7. Do not jump off of truck bed or trailer.
8. Set parking brake before leaving the vehicle.
9. Do not operate engine driven construction or agriculture equipment until properly trained and/or certification documented.

• **DRIVING/VEHICLE SAFETY**

Please drive and maintain this vehicle as if you owned it. Continued use depends on conformation of these policies.

Warning may be given for violations of vehicle policies, depending on severity and frequency of the violations, your driving privileges of SCSD vehicles may be revoked at any time.

1. Set the parking brake and place the vehicle in gear (manual transmissions) or park (automatic transmissions) before removing any material from the truck bed.
2. Secure material to vehicles with chains or straps to eliminate or minimize shifting of the load.
3. No one is permitted to ride in trailers or truck beds.
4. Take slow, wide turns when towing trailers or welders.
5. Do not exceed the load capacity as posted on the door of the truck or trailer.
6. Do not place all of the load on one side of the truck or trailer.
7. Always remove keys and keep vehicle locked when not in use. Extra keys are kept at the office.
8. Transportation of any hazardous materials must be accompanied by the corresponding MSDS.

• **FUELING VEHICLES**

1. Turn off the vehicle before refueling.
2. Do not smoke while fueling a vehicle.
3. Wash hands with soap and water if you spill gasoline on your hands.
4. Fuel and other emergency road purchases will be reimbursed upon receipt of signed tickets.

• **DRIVING RULES**

1. Shut all doors and fasten your seat belt before moving the vehicle.
2. Obey all state and local traffic laws.
3. Maintain a three point contact using both hands and one foot, or both feet and one hand, when climbing into and out of vehicles.
4. Driving company vehicles while under the influence of alcohol or illegal drugs is strictly

prohibited.

5. Company vehicles shall not be parked at taverns or bars.
6. Open alcoholic beverages, or liquors with the seals broken, shall not be transported in a company vehicle.
7. Report any accident, theft, or traffic violation to your supervisor within 24 hours.
8. No hitch-hikers or unauthorized passengers are permitted.
9. Only the person assigned the vehicle can designate another SCSD employee as a driver. Be sure the designated driver has a valid driver license, prior to assignment.

- **VEHICLE MAINTENANCE**

1. Daily

- a. Check gas, oil, water, windshield wipers, horn, lights, brakes and seat belts before using vehicle. (*)
- b. Inspect fan belts and hoses for any visible cracks, leaks or breakage.
- c. Check to see that the following are in the vehicle:
 - 1) Fire Extinguisher
 - 2) First Aid Kit
 - 3) Current Vehicle Registration and proof of Insurance
 - 4) Accident Report
 - 5) Spare Tire and Jack

(*) NOTE: - If any vital fluids are low, replenish as necessary and check for leaks;
DO NOT drive vehicle if any vital fluids are notable low.
- If any critical part of the vehicle is found to be broken or damaged; DO NOT drive vehicle, contact the office for assistance.

2. Weekly

- a. Inspect entire vehicle for loose or broken parts.
- b. Check tires for inflation, weather rot, and any uneven wear which might indicate misalignment.

3. Monthly

- a. Check for current registration.
- b. Check when vehicle should be serviced.

4. General

- a. Drivers must have a request for vehicle repair form filled out by the Transportation Department shop supervisor.
- b. Oil changes must be performed every 3,000 miles.
- c. Employee is responsible for cleaning and washing vehicle weekly.

- **VEHICLE ACCIDENTS**

1. Attend to the injured.
2. Call 911.
3. Obtain names of the other party and all witnesses.
4. Obtain policeman's name and accident case number.
5. Document a brief description of the accident.

6. Call office; report the accident to the Safety Program Coordinator and the Risk Manager.
7. Complete necessary forms.

- **BUS DRIVERS**

1. Keep the bus clean and neat at all times.
2. Maintain a clear and unobstructed path to emergency equipment and exits from the bus.
3. Perform required bus pre-trip inspections to insure passenger safety and economy of operation.
4. Make sure all persons are off the bus before refueling.
5. Never permit a student to stand at the front of the bus or operate the service door handle.
6. Never leave the bus key in the ignition switch when the bus is parked or unattended.
7. Observe all Florida Motor Vehicle Laws, Suwannee County School Board policies, and Transportation Department procedures as outlined in the Bus Driver Observation Procedures.

- **TRANSPORTATION EMPLOYEE DRUG AND ALCOHOL TESTING**

POLICY

The School Board Omnibus Transportation Employee Testing Drug Act and Alcohol Testing Manual is hereby incorporated by reference and made a part of this Rule. Any revisions shall be approved and adopted by the School Board.

In 1991, Congress passed the Omnibus Transportation Employee Testing Act (OTETA). Known as 49 CFR Part 382, this federal law was passed because several train, truck, and subway accidents occurred as a result of operators who were drunk or on drugs. This law applies to anyone who holds a commercial driver's license, and as a condition of employment, is required to drive a commercial vehicle.

For employees of the SCSD, OTETA applies to anyone who holds a commercial driver's license and drives a school bus, a county vehicle weighing over 26,000 pounds, or who is in a "safety sensitive position" in regard to transporting passengers, equipment, or SCSD property. This federally mandated OTETA is now incorporated into the SCSD rules. These include random unannounced alcohol and other drug testing, additional driver and supervisor training, and other items.

STATUTORY AUTHORITY

Section 232.22(2), Florida Statutes

LAWS IMPLEMENTED

Section 234.091, Florida Statutes; 349 CFR Part 40, Department Of Transportation; 49 CFR Parts 382 & 391, Federal Highway Administration

HISTORY

Revised: January 1998

ADDITIONAL INFORMATION CONCERNING THE DRUG AND ALCOHOL TESTING POLICY FOR ALL EMPLOYEES IS UNDER SECTION IX ALCOHOL AND DRUG-FREE WORKPLACE PROGRAM.

WAREHOUSE PERSONNEL

1. Floors in the warehouse must be kept clean and aisles unobstructed to allow easy and safe access to stored materials.
2. Aisles must be kept clear and provide unobstructed access to exits.
3. Fire exits must be kept clear of all obstruction.
4. Lifting should be done from a knee-bending position, not by leaning forward and picking up the item. This will allow the leg muscles, not the back, to lift the weight.
5. Use ladders with anti-slide grips. Do not place ladders in front of doors or on unstable bases. Always face toward the ladder when ascending or descending. Do not use the top step.
6. Use only approved equipment (mobile stairs, ladders, etc.) to retrieve materials from high shelves.
7. Observe manufacturers, or supervisors, instructions on how many cartons can be safely stacked.
8. Materials which can tip easily must be laid flat or secured.
9. Report inadequate lighting (burned out bulbs or blocked lights) to your supervisor.
10. Use approved hand trucks, dollies, and other equipment to move heavy and/or awkward loads.
11. Store all hazardous or potentially hazardous products in designated area immediately upon receipt.

• FORKLIFTS

1. Only authorized and trained personnel are allowed to operate the forklift.
2. The forklift must be moved with the forks elevated just enough to clear the floor.
3. When approaching a blind corner with the forklift, sound the horn, reduce speed, and proceed with caution.
4. Do not leave a forklift unattended with the motor running.
5. No riders are permitted on the forklift at any time.
6. If seat belts are provided, use them.
7. Turn forklift slowly to prevent tipping and over-turning.
8. Lower load before moving forklift.
9. Rubber hose, welding cables, etc., must not be run over by lift trucks and heavy objects. Hoses and cables should be coiled and stored when not in use.

HEAVY EQUIPMENT SAFETY

• BULLDOZERS AND TRACTORS

1. The condition of the equipment should be checked before operating. This should include

brakes, clutches, steering mechanisms, hydraulic, and electrical systems. Any defect should be immediately reported to the supervisor.

2. Before starting down a hill, the blade should be lowered to secure and maintain a load of earth all the way down the hill. If the load is lost, the blade should not be jammed into the ground as this might cause overturning. The dozer blade must never be used as a brake on downgrades.
3. Filling operations can be very dangerous. The material should be pushed over the edge only as far as necessary. This could prevent the possible overturning of the machine.
4. When coupling a tractor to other equipment, workers should stand clear of the space between the units. The machine should be stopped, the transmission placed in neutral, and the brakes set before a person is allowed to couple the equipment.
5. At the end of a work shift or when leaving the machine, the power should be shut off, the brakes should be set, blade landed, and the shift lever placed in neutral.

- **SHOVELS, CLAMSHELLS, AND LOADERS**

1. All workers should be clear of the bucket swing and the cab rotation. Never swing the bucket or clamshell over other workers.
2. When soil is soft, make sure the equipment is on solid foundation (mats or heavy planking) with outriggers fully extended before starting to operate.
3. Before operating on a bank next to an excavation, a check should be made with the supervisor or engineer to determine whether shoring or bracing is necessary.
4. No one should be permitted in the cab with the operator.
5. The operator should never leave the machine on an inclined surface, or on loose material with the motor idling, because vibration could put the machine in motion.