



# DGS SAFETY MANUAL

## Table of Contents

<b>A. Safety Policy Statement.....</b>	<b>2</b>
<b>B. Designated A&amp;IP Program Coordinator.....</b>	<b>4</b>
<b>C. Assignment of Responsibilities for Developing, Implementation and Evaluating the A&amp;IP Program .....</b>	<b>6</b>
<b>D. Program Goals and Objectives .....</b>	<b>11</b>
<b>E. Methods for Identifying, Evaluating Hazards and Developing Corrective Actions for their Mitigation .....</b>	<b>16</b>
<b>F. Industrial Hygiene Surveys .....</b>	<b>19</b>
<b>G. Industrial Health Services .....</b>	<b>27</b>
<b>H. A&amp;IP Orientation and Training.....</b>	<b>31</b>
<b>I. Emergency Evacuation Plan Template .....</b>	<b>33</b>
<b>J. Employee A&amp;IP Suggestion &amp; Communication Program.....</b>	<b>34</b>
<b>K. A&amp;IP Program Employee Involvement .....</b>	<b>37</b>
<b>L. Established Safety Rules &amp; Methods for their Enforcement .....</b>	<b>39</b>
<b>M. Methods for Accident Investigation, Reporting &amp; Recordkeeping .....</b>	<b>42</b>
<b>N. Availability of First-Aid, CPR and Other Emergency Treatment.....</b>	<b>54</b>
<b>O. Method for Determining and Evaluation A&amp;IP Program Effectiveness ...</b>	<b>57</b>
<b>P. Protocols or Standard Operating Procedures when Applicable to the Workplace &amp; Workplace Environments .....</b>	<b>60</b>
<b>Resources.....</b>	<b>62</b>

**A. SAFETY POLICY STATEMENT**

A safety policy statement has been established for the Department of General Services and approved by its Secretary, Curt Topper. It is included as part of this Element A. It will be reviewed annually for changes and updated by the Safety Coordinator. The policy statement is provided to new employees during orientation and also communicated on an annual basis to all employees via e-mail. The approved and signed policy statement follows this page.



**MEMO**

**TO:** ALL DGS EMPLOYEES  
**FROM:** Curt Topper  
Secretary  
**DATE:** January 13, 2016  
**RE:** Safety Program Policy Statement

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The Department of General Services' (DGS) mission is to help government operate more efficiently, effectively and safely – delivering exceptional value for all Pennsylvanians.

This starts at home. Safety is a goal, a commitment and a core value for our agency. DGS is committed to improving the safety and health of our employees, improving productivity through a healthier workforce, and reducing injuries and illnesses. We strive to provide our employees with the safest possible work environment and the knowledge necessary to carry out their job duties safely. Our safety efforts shall be ongoing and focused on continuous improvement.

Working safely is a responsibility shared by all employees. Managers and supervisors are to maintain the safest possible working conditions by encouraging and enforcing agency safety policies and procedures. All of the necessary and available agency resources shall be utilized to accomplish this important goal. Employees are to perform their duties in the safest manner possible and adhere to all established safety rules, procedures, and work practices.

Employees are encouraged to participate actively in the agency's safety efforts. Involvement by all levels of the organization shall contribute to an effective safety and health program for the benefit of all employees, their families, and the public.

**B. DESIGNATED A&IP COORDINATOR**

Safety Staff are designated and empowered to coordinate the safety and health program and services for the agency. Employees are notified of these individuals on an annual basis. Each Safety Staff member's position description includes specific safety and health responsibilities, and is kept on file. The Safety Coordinator's position description is attached. Safety Committee member names and specific responsibilities are listed under Program Element K.

Safety Coordinator Orientation Certification:

Safety Coordinator Name	Date Training Successfully Completed	Copy of Certificate
Tim Burke	09-03-2014	n/a

**Safety Coordinator:** Timothy Burke [timburke@pa.gov](mailto:timburke@pa.gov)  
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## **C. ASSIGNMENT OF RESPONSIBILITIES FOR DEVELOPING, IMPLEMENTING, AND EVALUATING THE A&IP PROGRAM**

Everyone has some responsibility for safety and health. Typical safety and health responsibilities are outlined by category on the next two pages. While the Safety Coordinator may not be specifically responsible for each item, the coordinator is the point of contact for all safety and health related issues. Specific staff safety responsibilities are reviewed upon the assignment of duties by the Safety Coordinator or other authority, and communicated at least annually by email.

### **Safety Coordinator / Safety Staff General Responsibilities**

#### **Communication:**

- Provide guidance and recommendations to all levels of management in the formulation of policy and promoting of safety practices.
- Coordinate revisions to the agency safety and health program and procedures with the agency head and communicate as necessary to all employees.
- Ensure that all employees are aware of the agency safety and health policies, procedures, rules, and enforcement measures.
- Maintain and post/publish appropriate emergency contacts for each work site; this is especially important in areas outside of the Capitol Complex.
- Ensure ideas and comments related to safety and health are reviewed under the agency suggestion program and responses to suggestions are published after evaluation.
- Distribute/post Safety Committee meeting notes.
- Ensure that procedures are in place and followed to maintain contact with injured workers.
- Maintain applicable Material Safety Data Sheets and ensure appropriate availability.
- Ensure appropriate safety signage is posted.
- Ensure emergency procedures, lists of emergency personnel, and emergency telephone numbers are posted and kept updated.
- Provide information and statistical reports regarding program effectiveness to selected management, Safety Committees, and others on a periodic (minimum of annually) basis.
- Through Safety Committees, consult with and keep employee representatives (unions) informed of safety-related issues and initiatives.
- Ensure emergency evacuation maps highlighting the path to all exits are posted.

#### **Reporting:**

- Coordinate and/or maintain the safety program documentation necessary to comply with commonwealth standards.
- File the required Accident and Illness Prevention Program reports annually.
- Maintain current credentials of accident and illness prevention service providers.
- Complete and file all required accident reports.

**Hazard Identification:**

- Coordinate or conduct scheduled worksite inspections to identify existing and potential hazards of all work areas.
- Direct and/or assist managers and supervisors in taking immediate corrective action to eliminate or control unsafe acts or conditions.
- Establish procedures for pre-operational process reviews.
- Perform hazard analyses and make recommendations to eliminate unsafe or effectively control unsafe or unhealthy working conditions.
- Develop procedures for identifying, reporting, and responding to industrial hygiene concerns.
- Perform initial industrial hygiene and ergonomic evaluations to determine an appropriate course of action or appropriate consultant services.

**Accident Investigation:**

- Develop and implement procedures for reporting, investigating, recording, and tracking workplace accidents.
- Investigate all accidents and reported near misses.
- Conduct thorough and prompt investigations or ensure they are performed for all reported accidents.
- Make recommendations to eliminate unsafe or unhealthy conditions.
- Follow-up to ensure recommendations have been effectively communicated.
- Determine inadequacies in the reporting or investigation systems using failure analysis.

**Budget/Financial Resources:**

- Work with appropriate budget/fiscal staff to ensure necessary funds are available for training, Safety Committee operation, and correction of unsafe or unhealthy conditions.
- In conjunction with program evaluation, review the impact of injury and illness trends upon the agency budget.

**Evaluation:**

- Establish and monitor the overall safety program goals and objectives, including those for injury reduction and prevention.
- Monitor and evaluate the effectiveness of the safety and health program.
- Determine the measures and performance metrics used to evaluate program effectiveness.
- Review the number and types of claims submitted annually in comparison to other years as a way to determine the safety and health program's effectiveness.
- Perform loss analyses to identify the types of injuries and possible trends.
- Review the safety and health program elements periodically, and at least annually, to develop recommendations that address current program needs and for continuous improvement.
- Review and analyze accident investigation reports to identify casual factors, possible trends, and corrective actions.
- Evaluate the quality and effectiveness of safety training and education programs.
- Evaluate operations to identify hazards and determine necessary controls.

**Training:**

- Identify and develop the necessary safety training programs and materials for new and existing employees.
- Ensure that a safety and health orientation is provided to all new employees.
- Conduct and/or coordinate safety and health training for all employees and work locations as needed.
- Ensure training is provided for all evacuation team members and agency employees on emergency response procedures.
- Ensure there are an appropriate number of individuals trained in First Aid and/or CPR to provide suitable coverage of the employee population.
- Conduct and/or coordinate training for Safety Committee members.
- Conduct and/or coordinate training for managers and supervisors, including instructions for reporting injuries.
- Ensure supervisors or appropriate employees receive training to effectively perform accident investigations.

**Overall:**

- Develops, analyzes, plans, implements, coordinates and manages the overall safety and health program.
- Maintains and updates the agency's safety manual.
- Develops safety policies, procedures, and protocols to ensure compliance and address workplace hazards.
- Organize and coordinate the number of labor/management Safety Committees necessary to involve employees from the various departments or work locations into the safety process.
- Establish goals and objectives at least annually.
- Develop performance indicators and track performance versus goals.
- Implement or administer an effective employee suggestion and communication program to address concerns and ideas to improve employee safety and well-being.
- Ensure confidentiality of information related to specific employees.
- Ensure emergency actions plans are developed and updated for all occupied work locations with drills conducted and evaluated every six months.
- Administer the agency's Worker and Community Right to Know Program.
- Ensure the necessary industrial health services are provided to employees.
- Develop and/or coordinate the programs and procedures for obtaining emergency medical treatment at the various agency work locations.

## Specific Responsibilities

### Safety Contractors:

- Compliance Management International (CMI), Betsy Lovensheimer, [BLovensheimer@complianceplace.com](mailto:BLovensheimer@complianceplace.com), 1.800.701.9369 ext. 110 or by emailing the OA Safety Resource Account at [ra-oasafety@pa.gov](mailto:ra-oasafety@pa.gov).
  - Assist the Safety Coordinator as necessary with the development of agency safety policies and work procedures.
  - Develop and/or provide safety and health training as necessary.
  - Perform hazard assessments and conduct safety inspections as needed.
  - Review the safety and health program as necessary to assess compliance and identify areas needing improvement.
  - Perform data analysis to identify injury trends and opportunities for improvement.
  - Serve as a consultant in areas of industrial hygiene, ergonomics, and occupational health.
  - Obtain other consultants who can identify suspected exposures in the workplace.
- Cocciaardi and Associates: Lynn Stutzman (717) 766-4500
  - Provide asbestos abatement related training, certifications, and licensing.
  - Provide air monitoring and asbestos abatement equipment calibration and maintenance.
  - Provide HAZMAT exposure sample analysis.
  - Provide HAZMAT emergency response assistance.
- Advanced Fire Company: Vernon King (724) 834-6550
  - Provide required inspections for fire extinguishers in DGS managed buildings.
- Kint: (717) 234-8004
  - Provide required semiannual halon system testing.
- Worknet: (717) 920-5910
  - Provide necessary health screenings for employees who are required to wear a respirator.
  - Provide all of the necessary health screenings for all employees who abate ACM and lead paint.
  - Provide hepatitis B vaccinations to all employees who are exposed to bodily fluids.

### Safety Committee Members: (Agency Committee Locations and Member Names are listed in Program Element K.)

- Assist in the agency's safety efforts by identifying and recommending solutions for workplace safety and health issues.
- Ensure that safety and health issues are reviewed, and that ideas for improvement are regularly considered and communicated to management.
- Assist in the identification and correction of workplace hazards.
- Bring workers and management together in a cooperative effort to promote safety and health in the workplace.
- Set committee goals and objectives while monitoring progress and achievements.
- Review or investigate injuries and provide recommendations to prevent recurrences.
- Assist in the communication of safety and health information to employees.

**Building Evacuation Team Members:** (Team Member Names and Contact Information are listed in Program Element I.)

- Provide for a safe evacuation of the building occupants during an emergency.
- Specific responsibilities for each team member are detailed in Program Element I.

**Managers and Supervisors:**

- Provide necessary safety and health training to all employees, or ensure it is provided.
- Ensure safety and health policies, procedures and rules have been learned and are fully demonstrated and adhered to in the work environment.
- Provide or disseminate safety information to employees as appropriate.
- Be continuously aware of safety and health conditions within the work area. Assist in the identification and reporting of hazards.
- Take or coordinate the corrective actions necessary to address any unsafe work condition or acts.
- Investigate and report all accidents and injuries. Complete an *Accident Investigation Report* regardless of severity or whether or not an injury occurred. Attached to the report should be a *Witness Statement*. If an injury occurred ensure emergency medical care is provided and complete a *Workers' Compensation Injury Report*.
- Provide or make available the necessary safety or personal protective equipment required for the work environment or task.
- Provide job specific safety orientation to all new employees and upon assignment of a new task or operation that has exposure to hazards.
- Be aware of building evacuation procedures and ensure individuals are designated to provide needed assistance to disabled personnel during emergency evacuations.
- Be aware of emergency phone numbers and certified First Aid volunteers and CPR volunteers.

**Employees:**

- Ensure the safety and health of themselves and of those around them
- Be familiar with and adhere to established safety procedures, rules, and work practices.
- Utilize and properly maintain all necessary/provided safety or personal protective equipment and controls.
- Immediately report all workplace injuries or accidents to their supervisor.
- Report all workplace hazards or safety concerns through the safety suggestion process or through the supervisory chain of command.
- Participate in all required agency safety training and education efforts.
- Upon request, participate in Safety Committees, emergency evacuation teams, first responder training, and any other safety or health group established by the agency
- Notify in advance a manager or supervisor, the Fire Marshal, and/or Floor Chief of disabilities that will require the employee to be assisted during an emergency evacuation.

## **D. PROGRAM GOALS AND OBJECTIVES**

The overall goal of the DGS Accident & Injury Prevention Program is to prevent injuries and provide for a safe work environment. The purpose of this policy is to establish the methods used for developing, communicating, and evaluating the agency's safety program goals and objectives.

The establishment of annual goals and objectives provides direction and a means of communication that encourages continuous safety program improvement. Safety program improvement can be achieved by reducing accident frequency, accident severity, and their related costs (trailing indicators). Program improvement may also be achieved through the proactive methods of evaluation and enhancement of the safety program or services (leading indicators). The following definitions apply:

Goals: Program goals are the broad, long term intentions or achievements an organization strives to accomplish. Goals are stated in specific terms that can be measured quantitatively or qualitatively.

Objectives: Are specific actions or targets that are established to support and/or achieve the goal.

Performance Indicator: Is a system or measure used for analysis, trending, and comparing achievements to goals.

Trailing Indicator: Is a measurement of the results realized during a specific time period. It is a look back in time, and can be a good indicator of future performance if no changes occur. Insurance company "loss runs" are a trailing indicator since they show how many claims occurred and their cost.

Leading Indicator: Is a description of activities performed before and during a specific period of time. All loss prevention activities are leading indicators. They have an effect on claims and costs, but their value is not quantifiable since the prevented accidents and illnesses are unknown.

### **Goal Development**

Responsibilities: The Safety Coordinator is responsible for the annual development of Agency safety goals and objectives for each fiscal year. Those assisting the Safety Coordinator in this process include the following individuals and groups:

- Safety Coordinator
- Safety Committee Chairperson
- Workplace Safety Committee Members
- Bureau Directors
- Human Resource Director
- Workers' Compensation Coordinator
- Safety Consultants

The Safety Coordinator is responsible for ensuring all safety program goals, objectives, and performance indicators are established annually. Once drafted, the goals and objectives are shared and discussed with the Safety Committee before being submitted to senior management (Agency Head, Deputy Secretaries, and Bureau Directors) for approval.

Criteria: When possible, agency goals and objectives are developed and defined in a format that meets the following criteria: Specific, Measurable, Achievable, Relevant and Time Based. The following is a description of the individual criteria or format components.

Specific: Must address a precise or particular circumstance. Avoid broad base topics.

Measurable: The goals can be expressed in quantitative or qualitative terms. Quantitative measures are expressed through the use of data and percentages. Qualitative measures are expressed through relationship and/or comparison to norms.

Achievable: The capability to reach a desired outcome. Remember to strive for excellence, but be careful to avoid setting unachievable or unrealistic goals.

Relevant: The goal should be directly related to needs of the organization.

Time-Based: The goal should be assigned a benchmark to provide direction and motivation for achievement.

Performance Indicators: Leading and trailing performance indicators are identified and used for the establishment of agency goals and objectives. Trailing indicators are after-the-fact measures of safety performance and the outcomes for having or not having effective safety systems in place. Leading indicators are proactive performance measures based on actions to achieve desired outcomes before failures and weaknesses present themselves.

Note: Trailing indicators are commonly used to establish safety goals and measure performance since they are quantitative, objective, and widely recognized. However, relying solely on trailing indicators is not recommended since they are not effective at predicting future success. Leading indicators are made up of the tangible, measurable, and definable activities that serve to foster an organization's safety culture. Leading indicators are frequently used by organizations that experience few accidents, achieve consistent loss reductions, or include continuous improvement within their safety system. Ideally, agencies should use both leading and trailing indicators in their efforts to achieve goals and objectives.

Trailing Indicator examples:

- Workers' Compensation Costs
- Cost per claim or injury
- Number of claims/injuries
- Claim or injury frequency rates
- Injury types
- Number of lost time injuries
- Number of incident only claims

Leading Indicator examples:

- Closure rates for corrective actions or recommendations
- Internal auditing or analysis of safety policies and procedures
- Development/implementation of procedures or training programs
- Increased frequency of inspections/hazard identification
- Employee safety surveys or suggestions
- Development of safety sub-committees
- Increased reporting of near misses
- Root cause/causal factor analysis

<b>Goal Communication and Evaluation</b>
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Communication: Information and progress regarding the safety goals and objectives are communicated to senior management and shared with all employees. This communication is essential to heighten visibility of the safety program, garner the necessary support for the safety program, maximize agency resources to accomplish the goals and objectives, and ensure safety performance accountability at all levels.

At minimum, annual goals and objectives are provided to senior management (Agency Head, Deputies, and Bureau Directors) to keep them informed on and involved in the agency's safety efforts and initiatives. The methods for communicating agency goals and objectives include the following:

Senior Management: Goals and objectives are communicated in writing to the Agency Head for approval and provided to other senior managers.

Managers/Supervisors: Following administrative approval, goals and objectives are communicated to managers/supervisor during management meetings and/or administrative memo or directive.

Employees: Employees are informed of safety goals and objectives via staff meetings, memos, newsletters, e-mails and/or training sessions.

Office of Administration: The agency's Safety Coordinator is responsible for providing goals and objectives information and progress reports to the Office of Administration.

Evaluation: Performance indicators or measures are established to help determine if the desired results are being achieved. The status of agency goals and objectives is monitored at least quarterly, and changes are made where necessary and possible to improve performance. In the event that an established goal is reached before the defined target, a new goal is established. The achievement or effectiveness of the goals and objectives is evaluated at least annually. Each time the goals and objectives are monitored or evaluated, the status is reported in writing to senior management and the Safety Committee.

## **Recordkeeping**

All records pertaining to the safety program goals and objectives are maintained by the Safety Coordinator and will be kept at Room 403, North Office Building, Harrisburg, PA. The following is a list of the records that are maintained in accordance with the safety goals and objectives policy.

- List of approved goals and objectives including dates of development and completion.
- Reports monitoring and evaluating the status and achievement of goals and objectives.
- Copies of memos or correspondence pertaining to the communication of the safety goals and objectives.
- Names and titles of individuals involved in the development and implementation of the safety goals and objectives.

Pennsylvania Department of General Services  
Goals and Objectives  
For Fiscal Year 2016 / 2017

Goal #1: To reduce injury/claims rate by 4 %.

<b>Objective</b>	<b>Action Items</b>	<b>Performance Indicator / Due Date</b>	<b>Status</b>
Perform loss and data analysis.	<ul style="list-style-type: none"> <li>Review and analyze injury loss reports.</li> <li>Review claim reports.</li> <li>Review accident investigation reports.</li> <li>Develop injury analysis report and communicate injury statistics.</li> </ul>	<ul style="list-style-type: none"> <li>Identify most frequent injury types.</li> <li>Identify most costly injuries.</li> <li>Identify work locations with high injury rates.</li> <li>Communicate information to management.</li> </ul>	<p><b><u>2-1-16:</u></b> MH &amp; ST&amp;F  <b><u>2-1-16:</u></b> ST&amp;F  <b><u>6-29-16:</u></b> in progress  <b><u>6-29-16:</u></b> being prepared</p>
Identify work procedure and training needs.	<ul style="list-style-type: none"> <li>Conduct hazard assessments and workplace inspections.</li> <li>Evaluate safety policies and procedures.</li> <li>Review operations, job types, and work locations.</li> <li>Review operations, tasks, and equipment.</li> <li>Review Training records.</li> </ul>	<ul style="list-style-type: none"> <li>Hazard assessments completed.</li> <li>Self-assessment and report completed.</li> <li>Work procedures identified.</li> <li>Affected work locations and employees identified.</li> <li>Training needs identified.</li> </ul>	<p><b><u>6-29-16:</u></b> ongoing  <b><u>6-29-16:</u></b> in progress  <b><u>6-29-16:</u></b> training in progress</p>
Develop and implement necessary work procedures and training.	<ul style="list-style-type: none"> <li>Target most frequent and severe injury types.</li> <li>Develop safety policies, procedures, and training.</li> <li>Communicate information to managers and supervisors.</li> <li>Provide train-the-trainer to identified staff.</li> <li>Provide training to all employees.</li> <li>Assess and provide necessary PPE, equipment, or safeguards.</li> </ul>	<ul style="list-style-type: none"> <li>Develop back safety program and training.</li> <li>Training provided to identified or affected employees.</li> <li>Corrective actions implemented.</li> </ul>	<p><b><u>6-29-16:</u></b> review in progress  <b><u>6-29-16:</u></b> ongoing  <b><u>6-29-16:</u></b> ongoing</p>

**E. METHODS FOR IDENTIFYING AND EVALUATING HAZARDS AND DEVELOPING CORRECTIVE ACTIONS FOR THEIR MITIGATION**

**Safety Inspections**

The primary purpose of a safety inspection is to detect and correct potential safety and health hazards. The identification of hazards is a proactive means of reducing or preventing workplace accidents and injuries. Safety inspections are conducted at least semi-annually for all occupied agency work locations and at least quarterly for areas identified with higher risk or more significant hazards. The frequency of inspections is dependent upon the severity of the potential hazards and the likelihood for employee contact with those potential hazards. Training in hazard identification and inspection procedures is provided to all individuals assigned the responsibility to perform these inspections.

Common and Custodial Spaces

Common and custodial spaces will be inspected at least monthly by the building manager or their designee. These inspections will be completed using an inspection form and forwarded to the DGS Fire, Safety & Environmental section for review. If an inspection form indicates that safety deficiencies exist, the Safety Coordinator will forward it to the appropriate building/facility manager for corrective action.

The Safety Coordinator and building/facility manager will follow up on any indicated deficiencies until corrective actions are completed. If a corrective action cannot be completed, the building/facility manager will notify the Safety Coordinator with an explanation. In instances where corrective actions cannot be completed, the Safety Coordinator will work with the safety committee and other staff to determine alternate solutions for correcting the hazard.

Copies of finalized inspection forms will be kept by the Safety Coordinator and discussed with the safety committee, if appropriate.

Other DGS Work Spaces

Other low hazard DGS work spaces will be inspected by a DGS safety inspector every six months while higher hazard areas will be inspected every three months. Once the inspection is completed, the completed safety inspection form will be forwarded to the Safety Coordinator for review. If an inspection form indicates that safety deficiencies exist, the Safety Coordinator will forward it to the appropriate building/facility manager for corrective action.

The Safety Coordinator and building/facility manager will follow up on any indicated deficiencies until corrective actions are completed. If a corrective action cannot be completed, the building/facility manager will notify the Safety Coordinator with an explanation. In instances where corrective actions cannot be completed the Safety Coordinator will work with the safety committee and other staff to determine alternate solutions for correcting the hazard.

Copies of finalized inspection forms will be kept by the Safety Coordinator and discussed with the safety committee, if appropriate.

A safety inspection checklist is used by the Safety Coordinator or designee in conducting safety inspections of areas assigned to them. The Safety Coordinator ensures suitable checklists are developed and used.

Inspections focus on the following categories:

- General conditions – housekeeping, lighting, walking and working surfaces, proper safety and health related postings or labeling being in place.
- Specific hazards – machinery, equipment, supplies, chemicals and tools.
- Fire safety– written policies and procedures, fire drills, fire exits and portable fire extinguishers.
- Work practices – improper or unnecessary manual lifting, inefficient work layout and procedures, hazardous storage of heavy materials in overhead areas, improper use of equipment and employee lack of awareness of safe work practices.

After safety inspections are completed, one copy is provided to the manager(s) or supervisor(s) at the area of the inspection and a second copy is maintained by the agency Safety Coordinator or regional/facility safety staff. Copies of all inspection reports are maintained for the past two complete fiscal years and the current year.

### **Hazards Identified by Managers and Employees**

Bureau directors, division chiefs and supervisors must be aware of the safety and health conditions within their respective work areas and have the responsibility to assist in the identification and reporting of potential hazards. All employees are responsible for their own safety and that of their coworkers. Safety rules, the best practices outlined in this manual and common sense are to be observed at all times, even when it is inconvenient to do so.

To facilitate participation in safety efforts, everyone is encouraged to use the Health and Safety Suggestion Form provided on the DGS website (hover cursor over “STATE GOVERNMENT” – then hover over “POLICE & SAFETY” – then click on “SAFETY PROGRAMS” – then click on “health & safety suggestion form” at the bottom of that page). Submitted suggestion forms are emailed to the Safety Coordinator and the DGS safety committee members. Anonymous submissions are accepted; however, self-identification is encouraged so that clarification can be provided if needed and follow-up after resolution.

### **Corrective Actions**

The results of inspections are communicated to the appropriate managers and supervisors responsible for those work areas. Inspection findings and recommendations are also shared with the appropriate safety committee members. With support from the Safety Coordinator, site

safety staff or safety committee, managers and supervisors are responsible for developing and implementing the necessary corrective actions for identified hazards and deficiencies. Hazards and recommendations that are easily correctable shall be addressed immediately.

All identified hazards, deficiencies or recommendations will be tracked and reviewed to ensure that effective corrective actions are completed, as explained on the preceding page.

If material changes to work areas, processes or equipment are part of corrective actions, they will be communicated to all affected employees. If procedures are not in place to address the identified hazards or deficiencies, they are developed and implemented with the appropriate training provided to employees exposed to the hazard. Copies of management and employee communications and training records are maintained by the agency Safety Coordinator or site safety staff. Please refer to Manual Section P-11, Pre-Operational Process Review for more information on the matter of training / re-training when new or changed machinery or processes are introduced into our workplaces.

## F. INDUSTRIAL HYGIENE SURVEYS

Industrial hygiene involves anticipating, recognizing, evaluating and controlling negative environmental factors in the workplace that might cause sickness or material discomfort among workers. Its objective is to eliminate (or at least reduce) the impact of these negative environmental factors.

The following procedure serves to help identify conditions requiring industrial hygiene services that may be provided by an internal source or a contracted consultant. The Safety Coordinator or their designee is responsible for determining when industrial hygiene services are required when responding to industrial hygiene concerns or complaints. The *Industrial Hygiene Evaluation Report* and *Industrial Hygiene Evaluation Report Guideline* are utilized in making this determination. If a determination cannot be made by the Safety Coordinator or their designee after completing the *Industrial Hygiene Evaluation Report*, a contractor is requested to assist in the evaluation. All supervisors and employees are made aware of the procedures for obtaining these types of services via communication published and documented at least every two years. When industrial hygiene issues occur (indoor air quality concerns, excessive noise levels, visible mold, etc.) the following procedure applies:

1. The Safety Coordinator or their designee evaluates the issue as soon as possible.
  - a. For potentially serious situations, immediate administrative actions are taken to protect employees when there is a clear and present danger, up to and including the evacuation of the affected area or the entire building/facility. Any decision to close the office is made by the agency head or designee in consultation with the Office of Administration, in accordance with Partial and Full Day Closings of State Offices, MD 530.17.
  - b. Information is gathered, evaluated, and documented by completing the *Industrial Hygiene Evaluation Report*. Please use the *Industrial Hygiene Evaluation Report Guideline* so that this process can be as efficient and effective as possible.
  - c. The designee, members of the safety committee and/or others involved in the review of industrial hygiene issues or reports are not to divulge confidential employee medical information regardless of the method of correction identified below.
2. Issues that are easily identifiable and/or correctable by building management, maintenance staff or housekeeping staff without the assistance of a sub-contracted safety consultant are to be corrected as soon as possible. Examples of such correctable actions include inadequate housekeeping procedures, HVAC repairs/ maintenance, excessive noise, etc. All corrective actions will be documented and maintained on file.

3. Issues that are not easily identifiable or correctable may require the assistance of an industrial hygienist. In such cases, the Industrial Hygiene Evaluation Report will provide the basis for further action by the Safety Coordinator. It is important to complete it as fully as possible.
  - a. For industrial hygiene issues occurring within a Department of General Services (DGS) managed building, the agency Safety Coordinator consults with the DGS building manager or representative. A prompt response by DGS should occur to the best of their ability before an outside contractor is contacted. For industrial hygiene issues that cannot be resolved by the DGS staff, one of the commonwealth's safety and health subcontractors will be contacted for assistance: Compliance Management International (CMI), or Cocciardi and Associates.

CMI – Rene Russell – 717-705-5679 or by email at [ra-oasafety@pa.gov](mailto:ra-oasafety@pa.gov)  
Cocciardi and Associates – Lynn Stutzman – 717-766-4500
  - b. For industrial hygiene issues occurring in buildings not managed by DGS, the agency's Safety Coordinator or designee will conduct a preliminary evaluation and then contact their landlord since many lease agreements require the landlord to arrange and/or pay for these services. The commonwealth prefers that the landlord use the services of the commonwealth's consultants, but cannot mandate that course of action. If advice is desired, contact DGS, Bureau of Real Estate at 717-787-4394, for a suggested course of action with the landlord.
  - c. All documentation related to evaluations, reports, sampling results and corrective actions are maintained for a minimum of three years. In some cases, documentation directly related to employee medical and exposure records is maintained for the duration of employment plus 30 years.
4. Management, unions and affected employees will be notified of findings, recommendations and corrective actions pertaining to industrial hygiene related issues. Awareness or other appropriate training is to be provided to employees as needed to address industrial hygiene related issues.

## Industrial Hygiene Evaluation Report

The Safety Coordinator or their designee shall complete this form when an Industrial Hygiene issue is reported. Please use the Industrial Hygiene Investigation Report Guideline to assist in the information collection phase and completion of this form. If the Safety Coordinator or Agency is unable to resolve the issue, contact your agency's Safety Liaison or the Office of Administration for assistance. Please attach any relevant documents (photos, drawings, accident reports, sampling results, etc.) and maintain the completed report on file.

Agency/Bureau/Division/Site		Address		
Number of Employees On-Site	Number of Employees Affected	Leased/Owned Facility		Building Manager Contacted
		<input type="checkbox"/> Leased	<input type="checkbox"/> Owned	<input type="checkbox"/> Yes <input type="checkbox"/> No
Building Information				
Description of Complaint/Concern				
Health Symptoms				
Date/Time Symptoms First Occurred		Date/Time Symptoms First Reported		
Do Symptoms Still Exist?	Day(s) Symptoms Exist	Seasonal	Season(s) Symptoms Exist	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Weekend	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Spring <input type="checkbox"/> Fall	<input type="checkbox"/> Summer <input type="checkbox"/> Winter
Location of Employee				
Known/Suspected Causal Factors				
Has the Issue Been Resolved? Describe the Actions Taken.				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Safety Coordinator/Designee		Phone Number		Date

## Industrial Hygiene Investigation/Evaluation Report

### Industrial Hygiene Evaluation Report Guideline

- I. Building Information:** Collect information related to the building structure and personnel.
  - a. Address: List the address where the Industrial Hygiene complaint/concern has occurred.
  - b. Number of Employees On-Site: List how many employees are on-site during a typical workday.
  - c. Number of Affected Employees: List how many employees are directly affected by the Industrial Hygiene complaint/concern.
  - d. Leased/Owned Facility: Is the building of concern leased or owned?
  - e. Building Manager Contacted: Has the building manager been contacted about the Industrial Hygiene complaint/concern?
  - f. Structure Material: What type of material was used to construct the building?
  - g. Constructed/Renovated: When was the building first constructed? Were there any renovations and when did they occur?
  - h. Number of Floors/Below Grade Areas: How many floors are within the building? Are there any below grade areas?
  - i. Number of Floors/Areas Affected: How many floors/areas are affected by the Industrial Hygiene complaint/concern?
  - j. Number of Heating Ventilation and Air Conditioning (HVAC) Units: How many HVAC units are operable in the building? Describe the maintenance schedule for the HVAC units.
  - k. Water Damage/Mold History: Was there any water or mold damage in the past and when? Was previous sampling performed by an industrial hygienist or other qualified individuals?
  - l. Operable Windows: Are the windows in the building fixed or operable?
  
- II. Description of Complaint/Concern:** Describe the complaint/concern and the effects it is having on the employee(s) and building environment.
  - a. Example: An employee on the second floor of the North Building is experiencing coughing and sneezing when the air handling unit turns on to supply air.
  - b. Example: Employees on the fourth floor of the South Building noticed visible mold growth on the wall behind the refrigerator.
  
- III. Health Symptoms:** Describe in detail the symptoms that each employee is experiencing. Please describe the specific symptoms, such as headache, sinusitis, upper respiratory, skin rash, fatigue, or other. Describe the magnitude of these symptoms.
  
- IV. Time Course:** Describe specifically when the employee(s) are experiencing their listed symptoms.
  - a. Date/Time Symptoms First Occurred: Specify as accurately as possible when the symptoms first occurred.

- b. **Date/Time Symptoms First Reported:** Specify when the symptoms were first reported and who the complaint/concern was reported to.
  - c. **On-Going Symptoms:** Is the employee still experiencing the listed symptoms? Are the symptoms improving, consistent, or worsening?
  - d. **Days of the Week:** List each date of the week, including the weekend, in which symptoms occur.
  - e. **Seasonal:** List each season in which symptoms occur.
- V. Location of Employee(s):** Describe in detail the characteristics of the location in which the employee works.
- a. **Specific Location:** Describe the location(s) where the complaint/concern exists (Building, Floor, Room, etc)
  - b. **Location Dimensions (ft<sup>2</sup>):** Define the approximate dimensions of the affected area(s).
  - c. **New/Long Term Occupants:** List each occupant and the duration they have occupied the specific location.
- VI. Known/Possible Causal Factors:** Describe in detail any known/possible causal factors that may contribute to the Industrial Hygiene complaint/concern.
- a. **Previous Issues/Responses:** Describe any previous Industrial Hygiene investigations or responses which occurred in the building.
  - b. **Hazard Identification:** Has a hazard been identified? If yes, please describe the hazard and if it has been eliminated.
  - c. **Odors:** Are there any odors present? (musty, mold-like, smoke, etc.)
  - d. **Water Intrusion/Leaks:** Describe any signs of water intrusion/leaks?
  - e. **Internal/External Moisture Sources:** Describe any internal/external moisture sources in the affected area(s).
  - f. **Humidity:** Are there signs of excessive humidity?
  - g. **Maintenance Procedures/Housekeeping:** Describe the daily, weekly, and monthly maintenance/housekeeping procedures.
  - h. **Construction/Renovations:** Describe any past construction or renovations in the specified area? Has anything new been introduced to the workplace?
  - i. **Chemical/Product Use:** List any chemicals or products used in or near the workplace.
  - j. **Suspected/Visible Growth:** Describe any material containing suspected/visible mold growth. What are the approximate dimensions of the area?
  - k. **Unique Activities:** List any uncommon events that may relate to the Industrial Hygiene complaint/concern.
  - l. **Other:** Describe any other information that may contribute to the Industrial Hygiene investigation.
- VII. Has the Issue Been Resolved:** Describe the actions taken to resolve the Industrial Hygiene issue. Describe how the complaint/concern has been corrected. If the agency is unable to correct complaint/concern, a consultant and/or the Office of Administration may be contacted to help further assist in the investigation.

Industrial Hygiene Evaluation Report Guideline Memo:

TO: Bureau Directors and other Management / Supervisors as appropriate

FROM: Safety Coordinator, Human Resource Director, or Agency Head

SUBJECT: Industrial Hygiene Related Issues and Services

Environmental factors arising in or from the workplace have the potential to cause sickness, impaired health, or significant discomfort among workers. Industrial hygiene services include the development of corrective measures in order to control health hazards by either reducing or eliminating hazardous exposure. Indoor air quality is often associated with a possible industrial hygiene issue.

The Commonwealth has retained a subcontractor for industrial hygiene services. If you become aware of any health hazards or complaints due to suspected health hazards in any building where employees of your division are located (even if it is a leased building or field site), please contact Tim Burke, DGS Safety Coordinator, who will implement the agency's industrial hygiene procedures. For leased buildings, the landlord may be required to pay for any indoor air quality surveys conducted by the subcontractor.

Each complaint must be evaluated by the agency and subcontractor-provided services will be used as necessary. Please educate all of your employees on the proper procedures for reporting industrial hygiene related issues or concerns. Employees are to report any issues immediately to their supervisor to initiate the agency's industrial hygiene procedure.

The findings, recommendations, and corrective actions of any industrial hygiene investigations will be provided to you and must be communicated to affected employees. Affected employees are to be notified of any changes to the operations, processes or work environment as a result of the investigation. Affected employees shall receive hazard awareness and recognition training as needed to address any identified industrial hygiene related issues.

Questions about the industrial hygiene procedures or any other safety issue may be addressed to Tim Burke, Safety Coordinator, at 717-346-1526 or by e-mail [TimBurke@pa.gov](mailto:TimBurke@pa.gov)

**Instructions:** The safety coordinator or designee shall complete this report when an indoor air quality (IAQ), mold, asbestos, or similar issue is reported to assist in the information collection phase. If the safety coordinator is unable to resolve the issue, contact the Office of Administration for any additional support. Please attach any relevant documents (photos, drawings, accident reports, sampling results, etc.) and maintain the completed report on file.

## PART I – Data Collection and Initial Investigation

### Location Information:

Agency/Bureau/Division/Site		Location Address	
Number of Employees at Site	Number of Employees Affected	Is site Leased or Owned? <input type="checkbox"/> Leased <input type="checkbox"/> Owned	Was building manager contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

Building Information

### Concern Information:

Description of Complaint/Concern

Health Symptoms

Date and Time Symptoms First Occurred

Date and Time Symptoms First Reported

Do symptoms still exist?  
 Yes    No

Day(s) Symptoms Exist  
 Mon    Tue    Wed  
 Thur    Fri    Weekend

Seasonal?  
 Yes    No

Season(s) Symptoms Exist  
 Spring    Fall  
 Summer    Winter

Location(s) of Employee(s)

Known/Suspected Causal Factors (Consider odor/contaminant sources; non-routine work activities in or around building; HVAC issues; or personnel issues, including environmental or ergonomic factors)

Has issue been resolved?  
 Yes    No

Describe Actions Taken

### Submitter:

Safety Coordinator/Designee	Phone Number or Email	Date
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<b>PART II – Transmittal of Concerns to DGS Building Manager or Building Owner</b>		
<b>Location Information:</b>		
Name of Building Owner/Manager (DGS or other)	Name of Site Contact for Building Owner/Manager	
Name of Individual Transmitting Information	Date of Transmittal to Building Owner/Manager	Agreed Upon Follow-Up Date
<b>PART III – Investigation Follow-up</b>		
<b>Investigative Activities:</b>		
Describe the testing/investigative activities that were performed (attach reports, as appropriate)		
<b>Corrective Actions:</b>		
Description of corrective actions		
Describe status of complaints after corrective actions taken		
<b>Follow-Up Actions:</b>		
Describe additional follow-up actions needed (including additional testing/investigation through OA)		
Describe methods of communication with all parties		
<b>Submitter:</b>		
Safety Coordinator/Designee	Phone Number or Email	Date

## G. INDUSTRIAL HEALTH SERVICES

DGS takes the health and well-being of employees seriously and provides an array of health services in order to address various health needs.

Industrial health services address the physical, mental and social well-being of employees in relation to the job and working environment. They are available regardless of whether an accident or injury has occurred.

These services are generally administered by more than one individual or program area of the agency. For purposes of compliance, the Safety Coordinator is provided with or has access to the information and records needed to ensure the adequacy of the Industrial Health Services Program. However, all personal information is confidential, and accessible only to those who need it to provide services requested by an employee.

### Procedure

Methods of Recognition: The following methods are used to determine the need for agency-provided industrial health related services:

- Hazard identification and workplace inspections
- Industrial Hygiene Surveys
- Independent Program Assessments
- Safety Committee Recommendations
- Employee Suggestion Program
- State and Federal Regulations

Methods of Program Communication: The following methods are used to communicate information about industrial health services:

- New Employee Orientation Packet
- Periodic agency-wide emails
- Periodic newsletters or intranet postings
- Brochures
- Training programs or workshops
- Safety and health fair notifications

Methods of Evaluation: The Industrial Health Services Program is reviewed annually by the Safety Coordinator to determine effectiveness. Additions and modifications to the program will be approved by senior management before enactment.

The following methods are used to assist in the determination of appropriateness and effectiveness of the available industrial health related services:

- Loss and trend analysis

- Independent program assessments
- Program participation/attendance
- Employee surveys
- Employee suggestions
- Comparison to state and federal regulations

Recordkeeping:

Records pertaining to services provided under this policy are maintained by the Safety Coordinator. The records that are maintained may include the following:

- Training and attendance records
- Medical surveillance records
- Copies of communications including memos, emails and newsletters
- Copies of release and/or declination forms
- Inspections and/or assessment reports used to evaluate the program and program needs
- List of recommendations offered by employees regarding the program

<b>Industrial Health Service Programs</b>
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The following list of services and programs are provided or made available to employees.

Medical Surveillance Programs: A medical surveillance program evaluates and monitors the health of employees required to work in areas that may result in hazardous exposures.

- Respirator Fit Testing
- Medical Questionnaires
- Pulmonary Function Tests
- Blood Testing
- Tuberculosis Testing

Preventive Services: Preventive services are offered in response to an identified need or benefit and can be occupation-specific. Preventive services address the physical, emotional and mental well-being of employees. The majority of the services listed are voluntary, but can be made mandatory if management deems them essential for duty.

The following list provides examples of preventive health related services:

- Hepatitis B Vaccinations
- Flu Vaccinations
- First Aid/CPR/AED Services
- Industrial Hygiene Investigations and Monitoring
- Ergonomic Evaluations
- Substance Abuse Awareness and Prevention Training
- State Employee Assistance Program
- Back Injury Prevention Program

- Workplace Violence Training
- Smoking Cessation Classes
- Health Screenings
- Health and Wellness Fairs and Workshops

Medical Management Services: The medical management services are designed to inform agency employees of services available to treat conditions in relation to their physical, emotional and mental health.

Work-related Accident and Illness Services: A work-related injury can cause concern for injured employees, their families and other employees. The Commonwealth's workers' compensation program includes medical providers who will diagnose and treat employees who have suffered work-related injuries or illnesses and guide them through the rehabilitation process. All work-related services are governed by Pennsylvania's Workers Compensation laws and judicial procedures.

Medical Provider Panels are posted in each work location and on the Internet. Employees suffering work-related injuries or illnesses must choose a Panel Provider for treatment, except in emergency situations.

Modified Duty Program: This program is designed to provide employment for injured employees. Its purpose is to keep injured employees engaged with the agency and returned to regular duty as soon as possible. This service may not be available to every employee and is dependent in some cases upon union agreements. DGS' Workers Compensation Coordinator will have the most current information about the any Modified Duty Program that might apply.

State Employee Assistance Program (SEAP): This program is designed to provide services that will be valuable for employees in a variety of situations. Among the services provided are counseling for issues arising from substance abuse, anxiety, gambling, stress, parenting, family relations, aging parents, financial or legal issues, work-related problems, eating disorders, depression, physical abuse, coping with grief and loss and marital or relationship problems.

For workplace accidents, events or illnesses that cause serious concern, SEAP offers critical incident stress debriefings. These services can be obtained by calling SEAP at 1-800-692-7459.

Contact Details: If you have questions, or need help accessing any of the services described in this Element G, please contact the appropriate individual from the list below.

DGS' SEAP Coordinators: Jorgette Freysinger & Diana McNeal

DGS' Workplace Violence Coordinator: Diana McNeal

DGS' Human Resources Training Officer: Nicholas Klimowicz

DGS' Workers Compensation Coordinator: Melissa Jackson



DGS' Safety Coordinator: Tim Burke

DGS' SEAP Provider: OPTUM 1-800-692-7459

## H. A&IP ORIENTATION AND TRAINING

General safety and health orientation is required and provided by Human Resources for all new employees, including temporary employees, within two weeks of their appointment date. New employees, as well as those changing jobs or responsibilities, also receive job specific safety orientation before beginning their assigned duties. Supervisors are responsible to see to it that new employees receive training on safety procedures that apply to their work areas and tasks.

New employee safety orientation includes information on the following areas:

- Safety Coordinator, safety staff, and Safety Committee contact information (Safety Suggestion Form)
- Substance Abuse Awareness and Prevention policies and information
- Employee assistance programs
- Wellness programs, including information on the commonwealth's Get Healthy Initiative
- Workers' Compensation Information and Rights
- Designated Health Care Providers list: to find a Designated Health Care Provider in your county, copy & paste this URL into your Internet browser's address bar - <http://homsinc.net/fsodata.aspx#section>
- Reporting injuries and accidents
- Safety Policy Statement
- Employee Safety Suggestion Program
- General safety rules, employee responsibilities and enforcement methods
- Hazardous Substances and Community and Right to Know Policy (MD 505.27)
- First Aid/CPR Providers, First Aid Kits and Medical Emergency Procedures (911 for Capitol Police)
- Emergency Notification and Evacuation Procedures (exits, fires, bomb threats) (MD 205.38)
- Commonwealth and Agency Bloodborne Pathogens Policies (MD 505-26)

Employees receive periodic and as needed safety training on a continual basis to enhance their knowledge, skills, attitudes and motivations concerning safety policies and procedures. Supervisors ensure employees are educated on worksite or hazard specific safety procedures by utilizing various methods such as safety talks, hands-on training, formal certification training and pre-work meetings or inspections. The safety training provided to existing employees is based on several factors including agency/commonwealth policy, type of operations or work environments and hazard exposure. Workplace safety inspections, employee safety suggestions, accident investigations, injury analysis and program evaluations are also used to aid in the determination of training needs and effectiveness of the training provided.

Safety training and education provided to all employees includes the following:

- Office safety
- Emergency evacuation / preparedness
- Right-to-Know
- Back injury prevention
- Office workstation / general ergonomics
- General safety rules and enforcement procedures

- Accident reporting and investigation procedures
- Indoor air quality
- Mold awareness
- Substance abuse awareness.

Specific safety training provided to employees due to their responsibilities or the hazards associated with the nature of the work / worksite includes the following:

- Safety Committee member training
- Building evacuation team members
- First aid / CPR / AED
- Bloodborne pathogen cleanup / disposal
- Personal protective equipment
- Lockout / tagout
- Confined space entry
- Fire prevention
- Fall prevention
- Safe/defensive driving
- Powered industrial trucks
- Equipment / machinery operation
- Job safety analysis
- Asbestos
- Lead

All training records, including attendance rosters and curriculums, are maintained for a minimum of three fiscal years in a manner consistent with the way the agency keeps other training records. Some records for mandatory training are kept indefinitely. All such records are maintained by the Safety Coordinator, except those for which DGS' Human Resources Bureau is responsible.

## **I. REGULARLY REVIEWED AND UPDATED EMERGENCY ACTION PLAN**

An emergency evacuation plan has been developed to meet the needs of each building where employees are located in accordance with the provisions set forth in the commonwealth management directives listed below. In addition, the evacuation plans for the various work locations are reviewed and approved by the appropriate local authority having jurisdiction.

- 720.7 - Bomb Threats and Suspicious Packages
- 205.38 - Procedures for Safe Assembly of Commonwealth Employees During Emergency Evacuation of Commonwealth Facilities

Initial and periodic training is provided to ensure all employees are aware of the proper emergency response and evacuation procedures. The training and education provided is specific to the appropriate employee work locations. Information on the emergency response and evacuation procedures is provided during new employee orientations and annually communicated to all employees. In addition, specific training on building evacuation responsibilities and procedures is provided to all building safety team members on an annual basis.

Initial training for new employees is provided through the orientation process administered by DGS' Human Resources Bureau. Periodic training following the initial orientation training for new employees is provided by the Safety Coordinator and/or safety staff via regular fire drills at each location. Each of these is documented and records are kept by the Safety Coordinator.

The emergency evacuation plan, building safety team contact information, and any updates to emergency plan are reviewed and updated at least annually for all locations. This information is provided to all employees via email, posted in all appropriate work locations, or made accessible on the agency's website.

Emergency action plans are reviewed and updated quarterly by the building manager at each site. Information on the emergency evacuation program is communicated to employees by the building managers through email or the emergency evacuation team members.

A fire/evacuation drill is performed at least once every year for all occupied building locations. The drills are held during normal occupancy times. Fire/evacuation drills include the actuation of the alarm initiating and signaling devices. Reports of the drills are documented and forwarded to the Safety Coordinator. Fire drill documentation records are kept electronically and include the date, time of day, and occupant response remarks.

## **J. EMPLOYEE A&IP SUGGESTION AND COMMUNICATION PROGRAMS**

Identifying and eliminating unsafe acts or conditions are important steps in ensuring the safety of all employees. Because employees are often the first to be aware of hazards or ways to improve safety, an agency safety and health suggestion program has been established.

The *Safety and Health Suggestion Form* is our agency's preferred method for bringing safety and health related concerns and recommendations to management's attention. The procedure and form is provided during new employee orientation with reminders sent annually to all employees via email or the Internet. Suggestions or concerns may also be reported in less formal ways, such as communicating directly with managers and supervisors, the Safety Coordinator, site safety staff, or our safety committee members.

Everyone is encouraged to use the Health and Safety Suggestion Form provided on the DGS website: DGS.PA.GOV - (hover the cursor over "STATE GOVERNMENT" – then hover it over "POLICE & SAFETY" – then click on "SAFETY PROGRAMS" – then click on "health & safety suggestion form" at the bottom of that page). When you click on "Submit," your suggestion form will be emailed to the Safety Coordinator and all DGS safety committee members. Anonymous submissions will be accepted, but self-identification is encouraged to allow clarification if needed and follow-up with you after resolution.

Employees may also print and manually complete the form included in this section of the manual and provide it to a supervisor, the Safety Coordinator, one of the safety committee members listed in Section K or any member of the Safety Staff listed in Section B.

Employee opinions and involvement in the safety process are valued. All suggestions will be considered quickly, thoroughly and fairly by the Safety Coordinator and/or Safety Committee, and tracked by them through all processes until conclusion is achieved. Corrective action will be taken as quickly as possible on all valid suggestions for which action is feasible. Follow-up contact with suggestion contributors will be made as quickly as possible, and they will be kept apprised of developments until the matter is concluded.

Responses to anonymous suggestions will be posted or communicated in a manner consistent with the agency's procedure. When appropriate, senior management and affected employees will be notified of changes occurring as a result of a suggestion.

**Sample Memo About Safety Suggestion Program**

To: Employees

From: Safety Coordinator, HR Director, or Agency Head

Safety is important and a basic responsibility of all employees. Our goal as an agency is simple, to ensure that all employees are provided with a safe work environment and injury free work day. To accomplish our goal of improving the safety and health of our organization, a Safety Coordinator has been designated. Tim Burke will serve as the agency Safety Coordinator and can be reached by calling 717-346-1526 or e-mailing [timburke@pa.gov](mailto:timburke@pa.gov).

You can improve the health and safety of our organization by adhering to established safety procedures, identifying workplace hazards, and reporting accidents. If you are aware of unsafe acts, have an idea for performing tasks safer or want to report a safety hazard, you may report it through the agency's *Safety and Health Suggestion Program*. Use the attached suggestion form to report any of these issues or ideas.

The completed form can be e-mailed to the Safety Coordinator or submitted online at DGS' web site: [DGS.PA.GOV](http://DGS.PA.GOV) - (hover the cursor over "STATE GOVERNMENT" – then hover it over "POLICE & SAFETY" – then click on "SAFETY PROGRAMS" – then click on "health & safety suggestion form" at the bottom of that page). If you include your name with the suggestion, you will receive a written response after the suggestion is evaluated by the Safety Coordinator and/or safety committee. Upper management will be notified, as appropriate, regarding approvals for suggested improvements.

## SAFETY & HEALTH SUGGESTION FORM

To help the agency achieve a healthier and safer work environment, use this form to report suggestions for improving the health and safety of your work environment. The form can be used to report unsafe acts, to suggest ideas for performing tasks safer, or to report safety hazards. By including your name, staff can seek clarifying information about your suggestion, and you will receive a response to your suggestion.

Explanation of suggestion

What benefit will be received if the suggestion is implemented?

Is there a cost associated with the suggestion?

Yes     
  No     
  Unsure     
 Estimated Cost \$

In your opinion, is there an immediate health or safety concern if the idea is not implemented? Please explain.

Yes     
  No     
  Unsure

Your name (optional)

Date

Work Phone Number or E-Mail

Return completed form to:

Tim Burke, DGS Safety Coordinator – [timburke@pa.gov](mailto:timburke@pa.gov)  
 401 North Street  
 Rm 403 North Office Building  
 Harrisburg, PA 17125

*Policy updated on 3-11-16*

**K. A&IP PROGRAM EMPLOYEE INVOLVEMENT**

The safety committee is a key component of the workplace safety and health program. It ensures that safety and health issues are treated as an integral function of the agency. The purpose of a safety committee is to regularly bring workers and management together in a non-adversarial, cooperative effort to promote safety and health in the workplace. The committee is empowered to identify and recommend solutions to senior management for the agency's safety and health related issues.

DGS has one safety committee of at least eight members that meets at least quarterly. Meeting agendas are prepared and provided to members in advance of the meeting and meeting minutes are made available to senior management, supervisors and all employees as appropriate.

**The DGS safety committee:**

To email the DGS safety committee: [GS-safetycommittee@pa.gov](mailto:GS-safetycommittee@pa.gov)

Chris Hughes (Chairman)	Fire Safety & Environmental Div.	(717) 787-6663
Todd Arnold	Fire Safety & Environmental Div.	(717) 772-4545
Margaret Beckley	State Surplus Property Division	(717) 772-5447
Thais Boland	Bureau of Vehicle Management	(717) 787-7857
Darrin Collins	Ctrl Op Region 2	(717) 214-8136
Dale Ramp	Whse Distr Division	(717) 783-2155
Melissa Jackson	Human Resources	(717) 787-9995
Jeremy Mutzabaugh	State Surplus Property Division	(717) 772-2300
Todd Singer	AFSCME	(717) 986-1171
Clarence Stokes	Sergeant, Capitol Police	(717) 787-8636
Randall Tomlinson	Vehicle Mntn Op Division	(717) 787-6282

The Safety Committee assists in the agency's accident and illness prevention efforts by performing the following primary duties:

- Represent and review the safety and health concerns of employees at all agency work locations.
- Set annual committee goals and objectives and monitor progress and achievements.
- Communicate the committee's accomplishments and status of goals to senior management.
- Provide committee agendas, meeting minutes and safety and health related information to management, supervisors and employees, as necessary.
- Assist in the identification and correction of workplace hazards.
- Review and/or investigate injuries and provide recommendations to prevent recurrences.

In an effort to establish effective safety committees, all members receive initial training upon the assignment of duties. The training, at minimum, covers the following three areas: Safety Committee Operations, Accident Investigation and Hazard Identification. Periodic refresher training or education will be provided as necessary to enhance the knowledge or effectiveness of the committee.

Labor and management cooperation is essential to the success of a safety program and Safety Committees. To ensure employee involvement in the safety efforts, Safety Committees are composed of an equal number of management (employer) and union (employee) members. All employee unions are offered representation and asked to appoint labor committee members. To obtain union representation, a letter is sent to each union to request members for the committee. If a response is not received, a second letter is sent to a higher level union official. If the union does not respond after two attempts, the agency appoints union members and notifies the union of the appointed representatives.

In addition to Safety Committees, employees are encouraged to become involved in the agency's safety efforts through the assignment of program responsibilities, participation in available industrial health related services and employee training/education. Employees also receive periodic newsletters containing safety and health related information and reminders encouraging participation in the agency's safety suggestion program. In addition, the following involvement programs are made available:

- Participation in building evacuation teams
- Safety suggestion form program

## **L. ESTABLISHED SAFETY RULES AND METHODS FOR THEIR ENFORCEMENT**

Written safety rules and enforcement procedures are established to contribute to our having safe workplaces. The General Safety Rules and Enforcement procedures are provided during new employee orientation and annually distributed to all employees via email.

At the same time these rules are provided, managers and supervisors are asked to review them with their employees. Managers and supervisors enforce the agency's general safety rules and develop any additional safety rules or procedures specific to their operations or work environments. Supervisors are also asked to remind employees that failure to adhere to safety rules or procedures may result in disciplinary action. Safety rule violations or failure to follow established safety procedures can result in disciplinary action up to and including dismissal based on the seriousness and/or willfulness of the violation.

The Safety Coordinator, safety staff, managers and/or supervisors are empowered to halt the work of contractors working in state facilities if they violate any applicable federal, state or agency safety standards. Contractors are provided with a copy of the applicable safety policies, procedures or work rules prior to the start of work. The contractor also provides any of their corresponding safety policies or procedures required by federal or state regulations.

### **General Safety Rules**

1. Be aware of and adhere to the safety and health policies, procedures, rules and work practices established by the agency.
2. Conduct yourself in a safe manner and maintain a safe work area.
3. Immediately report any unsafe acts or conditions to your manager or supervisor.
4. Report all incidents (including near misses) and accidents, whether an injury occurred or not, to your manager or supervisor as soon as possible.
5. Horseplay and practical jokes can cause harm or injury and are not permitted while performing official duties for the Commonwealth or while on Commonwealth owned or leased property.
6. Fighting and physical force should never occur while on Commonwealth owned or leased property or while performing official duties.

7. Displaying or using any weapon (or any instrument used as a weapon) or firearm (or missile-projecting device) while on Commonwealth owned or leased property or while performing official duties, unless authorized to do so as part of your assignment, is not permitted.
8. Use, possession or being under the influence of alcoholic beverages or non-prescribed controlled substances while on Commonwealth owned or leased property or while performing official duties is not permitted.
9. Keep your work area clean and free from slip, trip, fall and other safety hazards.
10. Know and use proper lifting techniques and request assistance when lifting heavy or awkward loads.
11. Use only an ANSI (American National Standards Institute) approved stepladder or stepstool to reach areas above your “power zone” (shoulder-height). Move the stool or ladder as necessary to avoid over-reaching.
12. Follow warning signs that caution of possible safety hazards or conditions.
13. Always use handrails when walking in stairways and take one step at a time.
14. Do not run, and be careful in congested areas or at blind corners.
15. Obey traffic laws while operating a vehicle.
16. Wear seat belts at all times while driving on commonwealth business.
17. Know and adhere to your responsibilities concerning policies and procedures for emergencies such as fires, bomb threats, etc.
18. Use appropriate personal protective equipment (safety glasses, safety shoes, gloves, respirators, etc.) where it is justified or required based on workplace exposure.
19. Learn and obey safety precautions published by manufacturers while using equipment or chemicals.

<b>Drug-Free Workplace</b>
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The unlawful manufacture, distribution, dispensing, possession or use of alcohol or other controlled substance either while on duty or in the workplace will not be tolerated in accordance with Management Directive 505.25 Amended, Substance Abuse in the Workplace. Any employee involved in these activities may be subject to discipline, up to and including dismissal. In addition, employees may be subject to criminal penalties.

Employees are required to notify the agency of any criminal drug statute conviction for a violation occurring in the workplace, no later than five days after such conviction.

In agencies which participate in the State Employee Assistance Program (SEAP), managers and supervisors should seek the assistance of the agency SEAP Coordinator whenever an employee has a suspected drug, alcohol or other problem which impairs their job performance. Employees with substance abuse problems can receive free and confidential evaluations by calling SEAP at 1-800-692-7459. For counseling or treatment, employees may contact United Behavioral Health at 1-800-924-0105.

In agencies which do not participate in SEAP, managers and supervisors should seek the assistance of their Human Resources office. For counseling or treatment, employees should contact their behavioral health provider.

### **Tobacco Use**

Commonwealth buildings are required to be smoke-free. Please be aware of smoking restrictions that apply outside of buildings, and in particular, those that establish smoke-free areas. DGS has taken positive steps to reduce smoking hazards (tobacco use) in the workplace and to encourage smoking cessation among its employees. Employees should refer to the State Employee Assistance Program (SEAP) information, or ask their HR Representative for smoking cessation assistance information.

## **M. METHODS FOR ACCIDENT INVESTIGATION, REPORTING, AND RECORDKEEPING**

The Accident Investigation Program outlines the procedures for reporting and investigating all workplace accidents. Accidents are reported and investigated in order to identify the facts surrounding the accident and determine the causes to prevent recurrences. Workplace accidents that should be reported include any that result in occupational injury, illness or disease, fatality, damage to motorized vehicles and other property damage as well as near misses.

The timely reporting and investigation of workplace accidents provides for the following:

- Establishes a written record of the factors that contributed to or caused the accident.
- Ensures prompt investigation of accidents in order to initiate and support corrective actions.
- Provides statistical information for use in analyzing all phases of accidents and events.
- Provides information that may be used in the identification of workplace hazards and employee training.

The Safety Coordinator develops and maintains the written Accident Investigation Program; is responsible for all aspects of the Program; and has full authority to make necessary decisions to ensure the success of the program. The Safety Coordinator:

- Serves as the contact and resource person for accident reporting procedures.
- Conducts training to ensure that supervisors and employees are informed and knowledgeable of current accident reporting procedures.
- Ensures that all accident report forms are correct and filed in a timely manner.
- Ensures that supervisors and managers or those responsible to conduct investigations are trained in accident investigation procedures and techniques.

### **Accident Response and Reporting**

During new employee orientation, employees are notified that all workplace accidents (including near misses) must be reported to their manager or supervisor regardless of severity or whether or not an injury occurred. When an injury occurs, the manager or supervisor is responsible to report the injury by completing a *Workers' Compensation Claim Report* in SAP ESS or by paper form if computer access is not available. Claim reports are completed and notifications made as soon as possible upon knowledge of injury and within the following timeframes based on the type of claim:

- Medical Only – within 5 days of notification
- Indemnity (lost time) – within 48 hours of notification
- Fatality – Immediate notification

The manager or supervisor is trained to ensure that the employee chooses a Panel of Physicians doctor from the list which is posted in the work location, and a CSI Managed Care Card is ordinarily provided to the employee to take to the doctor to ensure billing is handled correctly. In the event of a

*Policy reviewed on 3-29-16*

potential blood or body fluid exposure, employees are directed immediately to the local Emergency Room, since many of the panel doctors are not equipped to handle these exposures. Follow-up by the Workers' Compensation Coordinator occurs to ensure the employee understands their responsibility to treat with a panel doctor. Employees are not discriminated against for reporting a work-related fatality, injury or illness; filing a safety and health complaint; asking for access to occupational injury and illness records; or exercising any rights afforded by the Workers' Compensation Act.

In the event of a workplace accident and/or illness the following procedures are followed to ensure prompt and effective care to the involved individual(s).

#### Responding Supervisor/Employee Actions

- If an injury or illness is involved, provide immediate assistance to the injured employee by seeking medical attention.
  - Provide or arrange for first aid/CPR as appropriate.
  - Request EMS assistance if necessary.
  - Take the employee to the physician of their choice or to the nearest medical facility.
- Write down the date and time of the injury, date and time that notification of the injury was received, and any other pertinent facts for future reference.
- Cooperate fully with any emergency response or law enforcement personnel on the scene. Do not interfere with an official investigation, such as a traffic accident, criminal or workplace violence investigation.

#### Affected Employee Actions

- Seek immediate medical attention for the nature of the injury or illness.
- Notify a supervisor or manager immediately of the accident and if an injury or illness has occurred. Employees are encouraged to notify a supervisor or manager as soon as possible, but at least within 24 hours or at the beginning of the next shift, of the date and time of injury or first manifestation of the illness.
- Receive further information and instructions from the human resource office, workers' compensation claims administrator and immediate supervisor regarding claim and benefit procedures.

## Accident Investigation

An accident is defined as an unexpected and undesirable event arising from unsafe acts or conditions. All accidents, including near misses, are investigated. The manager or supervisor is responsible to investigate all reported accidents as soon as possible and at least within 48 hours. Failure to properly investigate accidents, concealing facts or failing to obtain all the facts available interferes with accident prevention.

Training on accident investigation procedures is provided during supervisor orientation and to all employees assigned the responsibility for conducting inspections. When an accident occurs, the manager or supervisor completes the *Accident Investigation Form*. A *Witness Statement Form* should be attached to the *Accident Investigation Form* for each witness to the accident. Once these are completed, one copy is maintained by the manager or supervisor, a second copy is forwarded to the Safety Coordinator and when an injury occurs, a third copy is forwarded to the Workers' Compensation Coordinator.

The Safety Coordinator, safety committee or other designated employees are responsible to conduct follow-up accident investigations when necessary to determine the causes of the accident and recommendations to prevent recurrences. The need to conduct follow-up investigations may vary and depends on the circumstances or severity of the accident or injury.

### Accident Investigation Procedures

Thorough accident investigations help to determine why accidents occur, where they happen and any trends that might be developing. An analysis of the conditions and circumstances of the accident provides a basis to implement corrective measures to prevent recurrences. For all accident investigations, the supervisor, Safety Coordinator and/or safety committee performs some or all the following procedures:

- Conduct a thorough accident investigation at the scene of the injury as soon after the injury as safely possible. Accidents become increasingly difficult to remember and document with the passage of time.
- Go promptly to the scene of the accident and document the details of the surroundings by taking photographs or making sketches. Save or preserve any physical evidence that may be used for future litigation proceedings.
- Use the *Accident Investigation Form* as a guideline to gather information and conduct the investigation.
- Stress obtaining facts, rather than placing blame or responsibility. Listen to conversations that may be going on, realizing that unsolicited comments often have merit and can indicate areas of further inquiry.
- Ask the employee involved in the accident and any witnesses, in separate interviews, to tell exactly what happened. Do not interrupt or ask for more details at that time; just let the employee describe it in their own style.
- Repeat the employee or witness's version of the event and allow them to make any corrections or additions.
- After interviewing the involved employee(s) and witnesses, have them complete the *Witness Statement Form* to document their account of the event.

- Remind employees that the purpose of the investigation is to determine the cause and possible corrective actions that can reduce or eliminate the possibility of a recurrence.
- Complete the appropriate sections of the *Accident Investigation Form* with the employee and review the data with the employee for accuracy.
- Encourage employees to give their ideas for preventing similar accidents in the future.
- Study the information gathered to determine the possible causes or factors that contributed to the accident. Realize that many accidents involve both unsafe conditions and unsafe acts.
- Determine the corrective actions and recommendations to prevent future accidents and injuries.
- When possible, correct any unsafe conditions or acts immediately. If immediate correction is not possible, report the situation to the appropriate level of management.
- If an employee sustained any injury or required medical attention, contact the workers' compensation claims administrator regarding additional reports that may be required.
- Submit the original Accident Investigation Form to the Agency Safety Coordinator within 48 hours of the date of injury or notification by the employee.
- Tell the Safety Coordinator and Workers' Compensation Coordinator of any additional information or related facts as the claim progresses.
- Communicate information regarding identified hazards, new procedures or other corrective actions so all employees may benefit from the experience and findings.

### Follow Up to the Accident Investigation

Management is responsible for acting on the recommendations resulting from accident investigations. The Safety Coordinator and/or safety committee monitors the progress of the corrective actions and ensures they are completed. Any trends noted during accident investigations are reviewed with employees and supervisors to determine if the job can be altered, any hazards can be eliminated or if additional training is needed.

Follow-up actions include:

- Respond to the recommendations in the report by determining and explaining what corrective actions can be accomplished.
- Develop a timetable for corrective actions.
- Monitor that the scheduled actions have been completed.
- Check the condition of injured worker(s).
- Inform and train other workers at risk.
- Re-orient worker(s) on their return to work.

### Program Evaluation

The Accident Investigation Program is evaluated annually by the Safety Coordinator to determine whether the program is being followed and if further modification or training is necessary. In addition to the program review, all completed accident investigation forms (minus any confidential employee information) are reviewed by the safety coordinator. The information obtained from the review and analysis of the *Accident Investigation Reports* and *Witness Statement Forms* is utilized to develop corrective actions and procedures to prevent the recurrence of injuries.

The *Accident Investigation* and *Witness Statement Forms* are utilized to identify:

- The types of injuries or injury trends.
- The causal factors that contributed to the accident.
- Areas with an above average number of accidents or where the accidents incurred are of a more serious nature.
- Equipment, materials or environmental factors that seem to be commonly involved in accidents.
- Corrective work practices, procedures or equipment which could be used throughout the agency.
- Future training needs.
- Manager's or supervisor's ability to understand their operations and resolve their accident problems.
- Where greater management emphasis is needed.
- Annual safety goals and objectives.

### Recordkeeping

The Workers' Compensation Coordinator and Safety Coordinator are responsible for maintaining the documentation of accident related records. Examples of such records may include:

- Claim forms
- Return to work information
- Medical surveillance records
- Completed accident investigation and witness statement forms
- Copies of communications related to accident investigations findings or recommendations
- Evaluations or accident analysis reports

**Sample Memo to Notify Supervisor of Accident Investigation Responsibility**

To: All Supervisors

From: Safety Coordinator, Personnel Director or Agency Head

To ensure that every effort is made to prevent accidents from recurring, it is important that you, as the supervisor of an injured employee, investigate the cause of each accident. You should also make every effort to determine what measures could be implemented to prevent a similar accident from occurring in the future.

As soon after an accident occurs as possible, you must complete an *Accident Investigation Report*, in addition to a *Workers' Compensation Claim Report* (JPA-797 paper form or SAP form). The *Accident Investigation Report* should not be completed by the injured employee. However, the injured employee and any other witnesses may complete a *Witness Statement*. Witness information is also helpful in the prevention of future accidents. A supply of forms is attached or available on the website.

The information gathered from these investigations will help the Safety Coordinator and Safety Committee plan for the prevention of future accidents. Confidential information or information about specific employees will not be shared with the Safety Committee. Your assistance is appreciated. Safety is everyone's responsibility.

Questions about accident investigation or any other safety issues may be addressed to Tim Burke, Safety Coordinator, at 717-346-1526 or by e-mail [timburke@pa.gov](mailto:timburke@pa.gov).

## Instructions for the Accident Investigation Form

**Purpose of Form:** Effective loss control efforts require documentation of accidents to determine hazards or problem areas, procedures, or systems and to perform trending. Thorough investigation is required to determine the facts surrounding events so that remedial action can be taken, if required. This form provides an outline of needed information.

**Filing Deadline:** If the accident resulted in the filing of a workers' compensation claim, the form must be received by the agency safety coordinator not later than the **7th calendar day** after the filing of the Workers Comp form. Agencies having an established investigation procedure and form that meets or exceeds the requirements of this form may continue to use the form. All other agencies should at a minimum use this form.

**Completed by:** Agency safety staff

### A. Employee Data

Complete the top of the form with the identifying information and the date and time of the accident. If a claim has been filed, complete the space for the claim number.

### B. Accident Description

Attachment 1 contains benchmarked accident investigation procedures. Sufficient action is necessary to ensure that all facts surrounding the accident are obtained so that effective loss control procedures can be established to protect against future accidents occurring. The form is developed to capture this information and to help the accident investigator come to reasonable conclusions concerning the events.

1. Where did the accident happen and who was involved? Go to the scene. Provide a visual image of the location of the accident. The reader should be able to visualize the area and the surrounding environment. Include names of the people involved and interviewed.
2. What was happening at the time of the accident and why was it taking place? Document the sequence of events leading up to the accident. Include the activities surrounding the event and their purpose.
3. What exactly caused the injury and how did it happen? What were the mechanics that caused the injury or could have caused an injury? Were procedures followed? Are the procedures faulty? Was equipment in good repair? Were there environmental hazards?
4. Describe any injury incurred, body parts and kinds of injuries. Through interview with the affected employee, determine what kinds of injuries were sustained and what body parts were involved. If an injury was avoided, what could have caused an injury?

### C. Investigation Results

After review of all facts, what was the hazardous condition, unsafe work practice or other root cause of the accident/ injury?

### D. Corrective Action

What is recommended to help prevent this type of accident from occurring again? Provide short term and long term corrective actions that will prevent or eliminate the hazardous condition, unsafe work practice, and root causes.

Who will be contacted concerning recommended action to ensure follow-up? Completion of this section ensures that the management staff involved knows that action has been taken to remedy the hazardous condition.

**Instructions:** Obtain statements from the injured employee and any witnesses to include what happened, what caused the incident and what were the contributing factors to the incident. To do this, reconstruct the sequence of events that led to the injury. Attach additional sheets if necessary. Provide copies of the completed form and all *Incident Statement Forms* to: agency safety coordinator, the field safety coordinator, supervisor and bureau director or field manager.

**Injured Employee Data**

Employee Name		Working Title	
Date of Incident	Time of Incident <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Email Address & Phone No.	
Work Organization/Location			
Supervisor		Supervisor Telephone Number	Supervisor Email

**Incident Description:**

1. Where did the incident happen and who was involved? Provide a full description of the surroundings of the location and the individuals involved.

2. What events lead up to the incident? Describe the sequence in order and when they took place.

3. What exactly caused the injury and how did it happen? What mechanics, equipment or tools were involved?

4. Describe the injury. Include the affected body part(s) and injury type or indicate no injury occurred.

**Additional Information**

Provide any additional information important to the investigation (pictures taken, evidence collected).

**Initial Investigator:**

Incident Investigator Name	Date of Investigation	Time of Investigation <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
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**CHECK ALL DIRECT CAUSES THAT APPLY**

**What CONDITION of tools, equipment, or work area contributed to incident?**  **Not Applicable**

<input type="checkbox"/> Close Clearance/Congestion	<input type="checkbox"/> Floors/Work Surfaces	<input type="checkbox"/> Poor Housekeeping
<input type="checkbox"/> Hazardous Placement	<input type="checkbox"/> Inadequate Ventilation	<input type="checkbox"/> Equipment Failure
<input type="checkbox"/> Inadequate Warning System	<input type="checkbox"/> Inadequate Illumination	<input type="checkbox"/> Hazardous Materials
<input type="checkbox"/> Improper Material Storage	<input type="checkbox"/> Inadequate Guards/Barrier	<input type="checkbox"/> Defective Tools/Equipment/Vehicle
<input type="checkbox"/> Inadequate/Improper PPE	<input type="checkbox"/> Equipment/Workstation Design	<input type="checkbox"/> Other _____

**What ACTION or INACTION contributed to the incident?**  **Not Applicable**

<input type="checkbox"/> Failure to Make Secure	<input type="checkbox"/> Used Defective Equipment	<input type="checkbox"/> Failure to Use PPE
<input type="checkbox"/> Improper Lifting	<input type="checkbox"/> Improper Technique	<input type="checkbox"/> Improper Loading
<input type="checkbox"/> Used Equipment Improperly	<input type="checkbox"/> Unauthorized Actions	<input type="checkbox"/> Operating At Improper Speed
<input type="checkbox"/> Operating Procedure Deviation	<input type="checkbox"/> Improper Position	<input type="checkbox"/> Used Wrong Tool/Equipment
<input type="checkbox"/> Horseplay/Distractive Active	<input type="checkbox"/> Unsafe Act of Another Staff	<input type="checkbox"/> Under Influence Drugs/Alcohol
<input type="checkbox"/> Nullified Safety/Control Devices	<input type="checkbox"/> Running/Rushing/Acting In Haste	<input type="checkbox"/> Failure to Warn/Signal
<input type="checkbox"/> Servicing Equipment In Motion	<input type="checkbox"/> Other _____	

**CHECK ALL UNDERLYING OR ROOT CAUSES THAT APPLY**

**What caused or influenced the substandard conditions or behaviors?**

<input type="checkbox"/> Lack of Proper Procedures	<input type="checkbox"/> Inadequate Job Instructions	<input type="checkbox"/> Inadequate Tools
<input type="checkbox"/> Inadequate Job Training Methods	<input type="checkbox"/> Inadequate Supervision	<input type="checkbox"/> Improper Layout or Design
<input type="checkbox"/> Inadequate Maintenance Standards	<input type="checkbox"/> Unsafe Design or Construction	<input type="checkbox"/> Poor Work Practice
<input type="checkbox"/> Poor Work Design	<input type="checkbox"/> Inadequate Purchasing Standards	<input type="checkbox"/> Lack of Skill
<input type="checkbox"/> Lack of Communication Between Staff	<input type="checkbox"/> Improper Extension of Service Life	<input type="checkbox"/> Improper Planning
<input type="checkbox"/> Inadequate Cleaning	<input type="checkbox"/> Inadequate Environmental Controls	<input type="checkbox"/> Inadequate Capacity
<input type="checkbox"/> Inadequate Preventive Maintenance	<input type="checkbox"/> Inadequate Enforcement or Work Standards	
<input type="checkbox"/> Other _____		

**CHECK ALL ACTIONS NECESSARY TO CORRECT THE DIRECT AND ROOT CAUSES**

**What corrective actions have been taken or are needed to prevent a recurrence?**

<input type="checkbox"/> Task Analysis/Procedure Revision	<input type="checkbox"/> Improve Clean-Up Procedures	<input type="checkbox"/> Repair/Replace Equipment
<input type="checkbox"/> Reinstruction of Employees	<input type="checkbox"/> Improve Storage/Arrangement	<input type="checkbox"/> Rotation of Employee
<input type="checkbox"/> Eliminate Congestion	<input type="checkbox"/> Improve/Change Work Method	<input type="checkbox"/> Identify/Improve PPE
<input type="checkbox"/> Task Analysis to Be Completed	<input type="checkbox"/> Install/Revise Guards/Devices	<input type="checkbox"/> Improve Enforcement
<input type="checkbox"/> Improve Design/Construction	<input type="checkbox"/> Job Reassignment of Employees	<input type="checkbox"/> Use Other Materials/Supplies
<input type="checkbox"/> Improve Illumination	<input type="checkbox"/> Mandatory Pre-Job Instructions	<input type="checkbox"/> Improve Ventilation
<input type="checkbox"/> Other _____		

**Recommended corrective actions or preventive measures to be taken**

Action Item	Person Responsible	Target Date	Date Complete

**Investigation Review (Initial after reviewing the findings of the investigation):**

	Initials	Review Date	Comments
Supervisor			
Manager			
Site/Regional Manager			
Safety Representative			
Director/Deputy			

# Witness Statement

The information contained on this form will be used to identify causes of injuries. The form should be completed by any witness to a work-related injury or accident. It should be submitted with the Accident Investigation Report and the Workers' Compensation Claim Report.

Injured Employee Name	Employee Number	Date of Incident
<p>Was the accident the result of an unsafe act or condition? What acts, failures to act, or conditions contributed to the incident?</p> <p><input type="checkbox"/> Unsafe Act      <input type="checkbox"/> Unsafe Condition      <input type="checkbox"/> Neither</p>		
<p>Explain what you saw.</p>		
<p>What type of injury occurred to the employee?</p>		
<p>Additional Comments and Information.</p>		
<p>I verify that I witnessed the accident as described above. The statements made were given by me freely, without coercion from my supervisor or the injured employee.</p>		
Witness Name	Witness Signature	Date Form Completed

To obtain an additional supply of this form, contact the Safety Coordinator.

## **Accident Investigation Best Practices**

### **I. Fact-Finding**

1. Emphasis is placed on gathering facts; not to place blame, or determine the cause of accident.
2. Inspect the accident site before any changes occur.
3. Preserve essential and critical evidence.
4. Take photographs and/or make sketches of the accident scene.
5. Interview the injured employee and witnesses as soon as possible after an accident. Record pre-accident conditions, the accident sequence, and post-accident conditions.
6. Document the location of injured employee, witnesses, machinery, equipment, energy sources, and hazardous materials.
7. Ask *who, what, when, where, why, and how* during interviews.
8. Re-interview injured employee and witnesses to resolve conflicting accounts of the accident.
9. Remain completely objective during interviews and in documentation – no opinions, just the facts.
10. Keep complete and accurate notes.

### **II. Interviews**

1. Get preliminary statements from victims and witnesses as soon as possible.
2. Explain the purpose of the investigation (accident prevention) and put each witness at ease.
3. Let each witness speak freely and take notes without distracting the witness.
4. Record the exact words used by the witness to describe each observation.
5. Be sure that the witness understands each question.
6. Identify the witness completely (name, occupation, years of experience, phone number).
7. Supply each witness with a copy of his or her statement (signed statements are desirable).

### **III. Accident Reconstruction**

1. Develop a sequence of events from the information obtained from the victims and witnesses.
2. Identify hazardous conditions present during the accident.
3. Identify unsafe work practices present during the accident.
4. Identify system issues that caused or contributed to the accident.
5. Determine root causes of the accident by Job Safety Analysis or other methods.

6. If discrepancies exist, contact the Safety Coordinator regarding the discrepancies and ask for assistance.

#### **IV. Investigation Reporting**

1. Provide complete, thorough information about the accident (*who, what, where, when, why, and how* data).
2. Describe the accident. Document the sequence of events of the accident. Identify the extent of damage to the employee and/or property.
3. Identify hazardous conditions and/or unsafe work practices for each event of the accident.
4. Identify the root cause of each hazardous condition or unsafe work practice.
5. Provide short-term and long-term corrective actions that prevent or eliminate the identified hazardous conditions, unsafe work practices, and root causes.
6. Describe the corrective actions recommended, the persons who are accountable for each corrective action, and the approximate time frame for correction.

#### **V. Corrective Actions**

1. Recommend immediate corrective actions to eliminate or reduce hazardous conditions and/or unsafe work practices.
2. Recommend long-term corrective actions that correct policies, programs, plans, processes, and/or procedures.
3. Recommend engineering controls, administrative controls, and/or personal protective equipment.
4. Estimate the cost to implement each immediate and long-term corrective action.
5. Develop an action plan for each corrective action.
6. Monitor implementation of the action plan to ensure appropriate corrective action is taken.

## **N. AVAILABILITY OF FIRST-AID, CPR AND OTHER EMERGENCY TREATMENTS**

All employees are afforded prompt first aid treatment of injuries or illnesses, either by providing employees trained in first aid and CPR at the worksite, or by ensuring that emergency treatment services are within reasonable proximity of the worksite. The basic purpose of this procedure is to assure that adequate first aid is available in the critical minutes between the occurrence of an injury or illness and the availability emergency treatment for the employee.

In workplaces where serious injuries or accidents are possible, such as those involving falls, suffocation, electrocution, or amputation, emergency medical services must be available within 3-4 minutes. A response time of up to 15 minutes is generally considered reasonable in workplaces, such as offices, where the possibility of such serious work-related injuries is more remote. If emergency care is not available within the appropriate timeframes, an employee or employees are adequately trained to render first aid and CPR. These employees are designated as first responders and are provided with the appropriate first aid supplies or protective equipment. For worksites that rely solely on assistance from outside emergency responders, appropriate steps are taken to ascertain that emergency medical assistance will be promptly available when an injury or illness occurs.

To ensure a quick response for medical emergencies, Capitol Police has been designated as first responder for DGS employees. Capitol Police receives training in First Aid and/or CPR by an approved organization, the American Red Cross. Refresher training is provided by the agency consistent with the requirements of the certification. Capitol Police are also required to have annual training regarding bloodborne pathogens and universal precautions.

Employees are to take the following steps in the event of a medical emergency:

- Obtain enough information to provide critical details.
- Contact Capitol Police and outside emergency medical assistance.
- Send someone to contact help if unable to leave the injured person.
- Act as directed by Capitol Police or emergency service personnel.

Although First Aid and CPR services can provide a quick response, employees are reminded that calling off-site emergency medical services should not be delayed. Call 911 if an injury or illness is serious or Capitol Police is not immediately available. The procedure for obtaining emergency medical assistance is provided during new employee orientation and annually for all employees. The procedures are also posted in or made available to all work locations.

Employees are made aware of the locations of the First Aid Kits which are shown on the building diagram. Periodically, supplies in the First Aid Kit will be checked and replenished as necessary by safety staff or contracted vendor. Safety staff or contracted vendor ensures that the

First Aid Kits are maintained and have the correct type and quantity of supplies for the number of employees on site and for the type of work being performed.

If an employee requests medical treatment he/she is taken to a local emergency room or a Panel of Physicians doctor depending on the nature of the injury. The manager/supervisor or other designated employee ensures that the employee is transported and accompanied, if appropriate, to the medical facility. The manager or supervisor immediately notifies the employee's emergency designee when necessary. Most employees have provided emergency contact information which is available by contacting the Human Resource Office.

All work-related injuries and illnesses are reported and investigated in accordance with the workers' compensation and accident investigation procedures. Depending on the nature of the injury or illness, the manager or supervisor is responsible to investigate all work-related accidents as soon as possible and at least within 48 hours. The manager, supervisor, or safety staff completes the *Accident Investigation Report* and *Witness Statement Form* as appropriate.

Please refer to Manual Section M for details on the Workers Compensation benefits procedures.

The Safety Coordinator, Bureau Director, etc. reviews the following on an annual basis to determine the adequacy and effectiveness of the program:

- That work location procedures are developed and are adequate.
- That training certifications and contact information are current.
- That employee training / notifications have been provided.
- That appropriate PPE / emergency equipment have been provided and maintained.

**First Responders for Medical Emergencies**  
Department of General Services

The following individuals have been certified in CPR, First Aid, or both. They have volunteered to assist in the event of a medical emergency. After contacting one of these individuals for assistance, please remember to also call the emergency number 911 for professional assistance.

	Name	Building/Room #	CPR/First-Aid/Both	Telephone
	Capitol Police	Various	Both	911

## **O. METHOD(S) FOR DETERMINING AND EVALUATING A&IPP PROGRAM EFFECTIVENESS**

Most accidents and injuries occur because of readily identifiable and correctable safety and health hazards. The purpose of this section is to provide the methods for evaluating the effectiveness and quality of the workplace safety and health program in order to satisfy the requirements of the Bureau of Workers' Compensation (BWC) and the commonwealth. Determining and evaluating the effectiveness of the workplace safety and health program is essential for continuous improvement and injury prevention.

The Safety Coordinator and safety committee work together to develop a written procedure that identifies the methods, data, information and frequency of evaluation utilized to determine program effectiveness. The determination of effectiveness is performed annually and includes data, at minimum, for the current and past two complete fiscal years. Injury statistics and analysis results are provided quarterly or at least annually to senior management, Safety committee members and all supervisors. The information is necessary to communicate safety concerns or hazards, the impact of losses and the established performance measures. At minimum, program effectiveness and evaluation results must be provided to senior management (Agency Head, Deputy Secretaries, and Bureau Directors).

The Safety Coordinator, safety committee members or assigned safety staff are responsible for the following:

1. Developing performance indicators and measuring performance.
2. Conducting loss analyses to identify injury types, trends and locations.
3. Preparing injury and statistical reports.
4. Conducting periodic program element reviews and evaluations.
5. Coordinating revisions to the safety and health program with the Agency Head or designee.
6. Communicating statistical information and analysis results within the agency.
7. Maintaining program documentation including statistical reports, loss analyses, program evaluations and copies of communications.
8. Establishing goals and objectives at least annually.

### **Determining Program Effectiveness**

Before measuring the effectiveness of a safety program, the data or indicators used to evaluate the program must be determined. Effectiveness can be measured by focusing on reducing existing problems/failures (trailing indicators) or by comparing program success with a baseline (leading indicators), or both.

One method to accomplish this effort begins with tracking the results provided in the effectiveness measures spreadsheet. The report is provided every six months by the Office of Administration and uses a series of trailing indicators to track the claims history. An analysis of the data is conducted a minimum of annually and a comparison of the loss history is used as the basis for determining trends and performance. The following trailing indicators are tracked to measure the overall effectiveness of the loss reduction efforts.

- Total workers' compensation costs
- Total number of accepted claims
- Frequency rate per 1000 employees
- Cost rate per employee
- Average cost per claim

The use of trailing indicators does not provide a reliable method to gauge or measure the future success of a safety program. While important to identify trends and areas in need of improvement, trailing indicators are after-the-event measures and tell only what has already happened. Rather than relying solely on them, it is desirable to also establish proactive measures (leading indicators) to assist in the determination of safety program effectiveness. Measuring the level of safety-related activities being carried out is a leading indicator that signals future progress. Examples of leading indicators that may be utilized by agencies include:

- Number of hazards (not accidents) reported and corrected
- Number of inspections and equipment safety checks scheduled and performed
- Number of safety related trainings / meetings scheduled and conducted
- Program objectives set and completed
- Number of safety policies or procedures developed and implemented
- Data from employee safety opinion surveys and how results change over time
- Closure rates for identified safety issues and corrective actions
- Measures of the quality with which safety tasks were completed

Examples of other methods recognized by the Bureau of Workers' Compensation for determining program effectiveness include:

1. Comparison of incidence rate using the OSHA/Bureau of Labor Statistics (BLS) formula and then comparing incidence rate to the OSHA/Bureau of Labor Statistics (BLS) published incidence rate for the applicable business or industry, indicating what the incidence rate represents. This method is acceptable for evaluating effectiveness, even though the commonwealth is not regulated by OSHA.
2. Comparison of injury and illness rate derived via the *Employer's Report of Occupational Injury or Disease* (Form LIBC-344, Rev. 8-93), using the appropriate formula and then comparing rate to the rates published in the current edition of *Pennsylvania Work Injuries and Illnesses*, Table 2, "Injury and Illness Rates in Selected Industries".
3. State the experience modification factor and compare this rate to that for the previous two years.

4. State the loss ratio and compare this ratio to that for the previous two years.
5. Other methods deemed appropriate by the Bureau.

### **Loss and Data Analysis**

When evaluating and determining the effectiveness of a safety program, a loss analysis is conducted to identify possible injury trends. Identifying the types of injuries and where they are occurring is critical to discovering program needs and goal/objective development. Loss and data analysis allows for the efficient allocation of resources and efforts to be focused on the areas or issues having the most impact on the injuries.

An annual loss analysis is conducted to identify the injury types, locations and possible trends. Reports from the commonwealth's third party administrator for workers' compensation, Inservco, are utilized to assist in the analysis of the loss data.

In order to implement corrective actions and prevent recurrences, it is necessary to identify the number, types, locations, and causes of their injuries. The Office of Administration is contacted to request additional injury reports or information.

### **Program Review and Evaluation**

Program reviews are a method used to evaluate the quality of the Workplace Safety and Health Program. Annual reviews or critiques of the individual program elements are required to ensure compliance and identify opportunities for improvement (i.e. gap analysis or self-audits). Deficiencies or areas in need of improvement are addressed by the appropriate actions to ensure compliance and effectiveness in preventing workplace injuries and illnesses.

The results of program reviews or audits are also used to establish annual goals/objectives, determine loss reduction strategies and adequately address the agency's hazards. Information can be collected by comparing current procedures against the commonwealth requirement guide and using an appropriate self-auditing questionnaire, report or checklist.

All of the mandatory program elements and protocols require an annual review to evaluate compliance and opportunities for improvement. Program review and evaluation is essential for continuous improvement and the establishment of annual program goals and objectives. The program elements have been reviewed and evaluated as indicated on the tables included in the Element O file. Copies of the program reviews or evaluation reports are maintained by the Safety Coordinator.

## **P . PROTOCOLS OR STANDARD OPERATING PROCEDURES WHEN APPLICABLE TO THE WORKPLACE AND WORKPLACE ENVIRONMENTS**

The following is a list of protocols that are required if the hazards and need for such a protocol exist within the workplace. The extent of the protocol should be based on the type of work settings and degree of hazard. The following are brief descriptions of some of the protocols; the full version of each protocol is contained within the "Safety Protocols" document on [www.dgs.pa.gov](http://www.dgs.pa.gov).

**P-1 Electrical and Machine Safeguarding:** A procedure for the installation and systems, hardware and equipment installed upon, around, over, or near any machine or electrical installation to eliminate accidental contact by any person with the hazardous mechanical or electrical components for the purpose of preventing injuries.

**P-2 Personal Protective Equipment:** A program that addresses the selection, purchase, training of employees, and enforcement of the use of devices and apparel determined necessary for employees to protect against hazards in the work environment.

**P-3 Hearing Conservation Program:** Hearing conservation programs established to reduce, or eliminate where possible, the level of noise in the work environment to safe levels. Methods implemented in the program may include, but not be limited to, the use of personal protective equipment, point of operation equipment guards, non-hazardous tools, proper illumination, engineering controls and administrative controls.

**P-5 Lockout/Tag-Out Procedures:** A procedure consisting of controls and employee training to ensure that machines, equipment, or piping are isolated, de-energized, and completely inoperative (locked out) before servicing or maintenance is performed. This procedure shall also protect employees from the unexpected machine startup, release of unsafe liquid or gas, or contact with electrical sources.

**P-6 Hazardous Material Handling, Storage, and Disposal Procedure (R-2-K Program):** A procedure that identifies and controls the receipt, handling, storage and disposal of hazardous chemicals and products containing hazardous chemicals. Included is the development of a chemical inventory, procurement of material safety data sheets (MSDS), training for employees in identifying hazardous materials, understanding possible exposures and routes of entry of the chemical into the body, knowledge of the signs and symptoms of overexposure and recommended first-aid procedures.

**P-7 Confined Space Entry Procedure:** A procedure to follow when entering, for any reason, any area that has limited openings for entry and exit that would make escape difficult in an emergency, has a lack of ventilation, contains known and potential hazards, and/or is not intended or designed for continuous human occupancy.

**P-8 Fire Prevention & Control Practices:** Documented practices for the prevention and control of fires and their related cause factors. These practices also include methods for responding to fires should they occur, employee evacuation procedures, and other applicable techniques for protecting life.

**P-9 Substance Abuse Awareness & Prevention Policies and Programs:** These policies and programs must include the employer's methods that are implemented to inform employees of the hazards associated with the use of, or being under the influence of alcohol or other controlled substances in the workplace.

**P-10 Control of Exposure to Blood borne Pathogens:** A program providing for protecting employees against the hazards related to exposure to blood or other potentially infectious body fluids. This also includes employee training and a procedure for implementing an immediate response should an exposure incident occur.

**P-11 Pre-Operational Process Review:** A procedure providing for the review of plans, drawings, diagrams and specifications for processes, equipment and machinery, prior to their use and introduction into the workplace. This review is for the purpose of identifying and correcting hazardous conditions.

**P-12 Asbestos Management:** This program shall be followed to prevent exposure of the public, Commonwealth employees and Department of General Services (DGS) employees, in particular, from uncontrolled exposures to asbestos. Exposures to asbestos shall be eliminated or controlled in all Commonwealth buildings except for employees who have been specifically trained in the hazards of asbestos, and who have been provided with appropriate personal protective equipment. Exposures can be eliminated by removing damaged material, or controlled by maintaining installed materials in good condition

**P-13 Powered Industrial Truck Program:** The purpose of the Pennsylvania Department of General Services (DGS) Powered Industrial Truck Program is to insure that safe operating procedures for forklifts are identified and implemented. It is not only the intent of DGS to fully comply with the OSHA Powered Industrial Truck Standard 1910.178, but also to improve the overall safety of our Agency. A successful Industrial Powered Truck Program will reduce potential injuries and property damage.

**P-19 Fall Hazard Prevention and Control**

This procedure is designed to protect DGS employees who perform work on surfaces (either horizontal or vertical) with an unprotected side or edge, which is 4 feet or more above a lower level. It does not cover work on portable ladders, vehicles, man lifts, or trailers.

**P-28 Respiratory Protection.** Occupational Safety and Health Administration (OSHA) law requires that employees involved in any type of hazardous materials use be properly trained and understand the use of protection and its appropriate wearing, cleaning and maintenance or respiratory equipment.

## RESOURCES

### Safety and Health Policies

#### Executive Orders-

1980-18	Code of Conduct
1996-10	State Employee Assistance Program
1996-13	Substance Abuse in the Workplace
2003-4	Workplace Policy for HIV/AIDS

#### Administrative Circulars-

15-13	Holiday Trees and Decorations in Commonwealth-Owned or Leased Buildings
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#### Management Directives-

205.14	Prohibition of Activities Not Specifically or Directly Connected with the Official Business of the Commonwealth on Commonwealth Property
205.25	Disability-Related Employment Policy
205.26	The Americans with Disabilities Act of 1990, Title II, Subtitle A, Nondiscrimination in State and Local Government Services
205.27	Asbestos Occupations Accreditation/Certification Act
205.33	Workplace Violence
205.38	Procedures for Safe Assembly of Commonwealth Employees During Emergency Evacuation of Commonwealth Facilities
505.11	Assignment of Employees During Emergencies
505.18	Release of Employee Information
505.22	State Employee Assistance Program
505.23	Employee Recognition Program
505.25	Substance Abuse in the Workplace
505.26	HIV/AIDS and Other Bloodborne Infections/Diseases in the Workplace
505.27	The Worker and Community Right to Know Act
505.33	Amended – Working From Home During Emergencies Including a Pandemic Influenza Event
530.8	Motor Vehicle Financial Responsibility Law
530.17	Partial and Full Day Closings of State Offices
590.5	Guidelines for Legal or Illegal Strikes
625.4	Enforcement of Fire and Panic Regulations
720.5	Amended – Energy Conservation and Electrical Devices in Commonwealth – Owned or Leased Buildings
720.6	Call Trace Procedures for Threatening, Harassing, and Nuisance Telephone Calls
720.7	Bomb Threats and Suspicious Packages

#### Manuals-

505.4	Personnel Records Retention and Disposition Schedule
505.5	CDL Drug and Alcohol Testing and Licensing Requirements Administrative Manual

### Contacts

The Chief of DGS' Fire, Safety, and Environmental Division can be reached at 717-346-1526.

DGS' safety and health subcontractor is Compliance Management International (CMI). Please contact CMI Safety Consultants at 717-787-9872 or [ra-oasafety@pa.gov](mailto:ra-oasafety@pa.gov).