

**BUSINESS OF THE CITY COUNCIL  
WINDSOR HEIGHTS, IOWA  
AGENDA STATEMENT**

Item No. 8  
For Meeting of 6/04/07

**ITEM TITLE:** Discussion and consideration of a resolution adopting a comprehensive safety manual.

**CONTACT PERSON(S):** Marketa George Oliver, City Administrator

**SUMMARY EXPLANATION**


Attached is a resolution adopting a comprehensive safety manual. The City receives a safety audit from the Iowa Municipalities' Workers Compensation Association (IMWCA) on a biennial basis.

On January 22, the auditor conducted a site visit to Windsor Heights. After a review of our facilities and having the opportunity to visit with city staff regarding safety and loss control issues, he indicated he felt that the city has taken the initiative in implementing a number of safety procedures that have contributed to a generally safe and compliant workplace. There are however, additional steps that he recommends the city should consider taking to further enhance its safety program. They included:

1. Adopt a written return-to-work agreement form.
2. Adopt a general safety manual.
3. Consider expanding pre-placement physicals to clerical hires.
4. Adopt a process that requires departments provide a written follow-up to incident review recommendations.

The attached safety manual includes a written return-to-work agreement form and the written incident report form. It also indicates that a safety meeting will be conducted in response to any incident to review what could be done better or more safely. Safety meetings currently are held only one time per year, although safety discussions occur periodically during department head meetings. The third recommendation of the auditor staff is not recommending pursuing based on legal advice.

The attached manual is a supporting document to safety procedures in various departments. The return to work program is taken directly from the City's adopted personnel policies. The document is consider to be routine by staff, as it simply codified measures currently being taken.

Resolution _____ Ordinance _____ Contract _____ Other (Specify) _____
Funding Source _____
APPROVED FOR SUBMITTAL  _____
City Administrator

**STAFF RECOMMENDATION:** By motion and roll call vote, adopt the resolution.

**COUNCIL ACTION:**

RESOLUTION NO. 07-0604/

A RESOLUTION ADOPTING A COMPREHENSIVE SAFETY MANUAL FOR THE CITY OF  
WINDSOR HEIGHTS

WHEREAS, the City of Windsor Heights has a number of full and part-time employees and has created a Safety Manual for its employees; and

WHEREAS, the City of Windsor Heights works diligently to maintain a safe and professional workplace; and,

WHEREAS, the Safety Manual for the City of Windsor Heights provides employees with guidance as to the City's safety requirements; and,

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Windsor Heights, Iowa, that the attached safety manual dated June 4, 2007 be adopted.

PASSED AND APPROVED THIS 4<sup>th</sup> DAY OF APRIL, 2007.

\_\_\_\_\_  
David J. Sullivan, Mayor

ATTEST:

\_\_\_\_\_  
Marketa George Oliver, City Clerk

**Safety Manual  
For  
Windsor Heights  
June 4, 2007**

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***Windsor Heights***  
**Management Statement of Safety Policy**

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

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

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*(Mayor's or Chair's Signature)*

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*(Date)*

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## **Safety Responsibilities**

### ***Management and Department Head Safety Responsibilities:***

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

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

### ***Supervisor Safety Responsibilities:***

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

1. Familiarize yourself with and enforce the safety rules and regulations that have been established by applicable local, state and federal organizations. These regulations are intended to set minimum standards for safety and the contents of the regulations should be enforced as minimum safety requirements for all activities on Windsor Heights worksites and facilities.
2. Correct all reported hazards. Operating under known hazardous conditions will not be tolerated.
3. Do not permit new or inexperienced employees under your supervision to work with power tools, machinery or complex equipment without proper instruction and training.
4. Give adequate instructions. Do not assume that an employee knows how to do a job unless you personally have knowledge that the person can perform the task correctly.

5. Ensure tools, equipment and machinery being used in the workplace is in proper working condition. Do not allow the use of unsafe tools or equipment under any circumstances.
6. Ensure that proper personal protective equipment is available and used by employees when necessary or required.
7. Always set a good example in safety, such as wearing the proper safety equipment (safety glasses, hard hats, etc.), following policies/procedures, using seat belts, etc.

8. Consistently enforce the requirements of the organization's safety program and any associated rules or policies.
9. Ensure that all employees have access to a copy of the organization's safety program.
10. Encourage safety suggestions from employees under your supervision.
11. Obtain prompt first aid for injured employees.
12. Participate in accident or incident investigations involving your employees.
13. Conduct audits of all work areas and facilities on a regular basis in an effort to improve housekeeping, eliminate unsafe conditions and encourage safe work practices.

***Employee Safety Responsibilities:***

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

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

### **Safety Committees:**

A safety committee should be established by the governing body and be composed of five to seven employees representing each department or division. Members of the committee should be chosen from those employees recognized for their good work, are safety conscious and have familiarity with the overall work area and equipment. Employees from various work areas should be represented, both supervisory and non-supervisory. A chairperson needs to be selected who will be responsible for scheduling meetings, notifying committee members, and following up on items discussed. In order to stay on top of things, the committees are encouraged to meet monthly or, lacking other business, following an incident. The committees will have the following responsibilities:

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

## Medical Emergency Procedures

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

1. Call **911**.
2. Make sure site is safe before providing assistance.  
***Do not attempt rescue alone!***
3. Provide assistance to injured person.
4. Notify Name of Safety Committee Chair or designee at telephone number.

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

## Injury and Incident Reporting and Investigation

Many incidents and injuries occurring in the workplace or that involve equipment and property are preventable. In order to prevent future incidents and injuries, it is necessary to immediately review the circumstances surrounding each incident. Once the primary cause for the incident has been established, action shall be taken to prevent recurrence. An Accident/Injury Investigation Form has been developed to facilitate the investigation (see **Attachment 1**). The assigned investigator shall complete this form and a copy will be forwarded to the department head and safety committee as applicable for the following incidences:

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

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

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

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

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

## **Training and Orientation**

The ***Department head or their designee*** will provide ongoing safety training in the following areas as the need arises:

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

### ***Documentation of Safety Training:***

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

### ***New Employee Safety Orientation:***

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

## **Medical Services**

### ***Designated Physician Policy***

Effective with the passage of the adopting resolution, the following policy will be in effect regarding workers' compensation illnesses or injuries.

The City of Windsor Heights has designated Lakeview Occupational Medicine, in West Des Moines, as its workers' compensation authorized treating physician/clinic as provided by law under Chapter 85.39 of the *Code of Iowa*. Employees with a work-related illness or injury will be required to have their initial evaluation with this physician/clinic. If appropriate, and with prior approval from IMWCA, the physician/clinic may make referrals to other specialists. In the event that Lakeview is unavailable, the employee may utilize the services of an emergency room, with follow up with Lakeview at a later time.

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

### ***FIRST AID***

Any injury shall be treated by the supervisor or other available personnel in accordance with their individual abilities and the severity of the injury. Each department supervisor or a designee will receive first aid training.

Medical treatment is mandatory for any of the following:

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

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

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

# Return to Work Program

## RETURN TO WORK/LIGHT DUTY PROGRAM

**PURPOSE:** It is the purpose of this program to provide guidelines for employees who are unable to perform the duties of their regular jobs because of a temporary physical impairment, including injuries, on-the-job and otherwise and illnesses, who are unable to return to his/her regular job classification upon returning to work.

### II. **POLICY**

- A. It is the policy of Windsor Heights to provide, if at all possible, modified or alternate work for employees who are recovering/rehabilitating from an illness or injury, including work-related injuries, who are unable to temporarily or permanently return to his/her regular job classifications. Regular modified and alternate work will be provided as available in compliance with the Americans with Disabilities Act (ADA) and Iowa Workers' Compensation Act.
- B. Windsor Heights will make reasonable accommodations to a disability unless the accommodations would impose an undue hardship on the employer. The disabled employee must be able to perform the essential functions of the job with or without reasonable accommodation.
- C. The feasibility of reasonable accommodations shall be determined on a case-by-case basis taking into consideration the employee, the specific physical or mental impairment, the essential functions of the job, the work environment, and the ability to provide accommodations.
- D. Objectives:
  - 1. To return employees who are recovering/rehabilitating from an illness or injury as soon as possible when there is not significant risk of substantial harm to themselves and others.
  - 2. To minimize financial hardship and emotional stress to the employee who is recovering/rehabilitating from an illness or injury.
  - 3. To assist employees in returning to work at a level as close as practicable to his/her pre-injury earnings and productivity.
  - 4. To retain qualified and experienced employees.
  - 5. To reduce the cost of disability benefit programs.

## E. Temporary Alternate Duty (TAD):

1. TAD is defined as modified duties or hours assigned to a worker recovering/rehabilitating from a work-related injury, when the physician indicates s/he can return to work but who is not yet physically capable of handling the entire job duties normally assigned, and his/her injury/illness has not reached maximum medical improvement.
2. The purpose of TAD is to provide temporary work, within medical restrictions, for employees, recovering/rehabilitating from an illness or injury. TAD may be available when medical prognosis indicates that the employees are expected to return to full duty following a course of medical treatment.
3. If an alternate duty position is available, employees must be provided with TAD as soon as medically feasible. TAD should be consistent with the employee's physical/mental abilities.
4. Employees in TAD capacity will continue to receive the salary and benefits of his/her job classification. These will be proportionately adjusted in the case of part-time work. Status of TAD assignment should be reviewed after each medical appointment, normally every 7 to 14 days. TAD will not normally exceed three months.
5. TAD Procedures:
  - a. The City of Windsor Heights' City Administrator or Workers' Compensation Designee:
    - 1) Informs physician about the TAD program.
    - 2) Informs employee about the TAD program.
    - 3) Informs Workers' Compensation Adjuster of employee's availability to the TAD program.
    - 4) Obtains information regarding ability and limitations of employee to fulfill job responsibilities from physician(s).
  - b. Department Representative and/or Employee's Supervisor, along with Workers' Compensation Designee:
    - 1) Develops work assignments on a case-by-case basis, if available, depending on medical restrictions.
    - 2) Develops appropriate TAD assignments, and monitors on-going medical and work adjustment.
    - 3) May meet with employees to review TAD status.
  - c. Employee:

- 1) Reviews and signs "Return to Work Program Statement of Acknowledgment."
- 2) When the physician has determined that Maximum Medical Improvement has been reached and the employee is able to perform the essential job duties of his/her job with or without reasonable accommodations, the employee shall return to the job classification and duties held prior to the injury or illness.
- 3) When the physician has determined that Maximum Medical Improvement has been reached, and the employee is unable to perform the essential job duties of his/her job with or without reasonable accommodations, the employee may be assigned to a Ninety (90) Day Modified Duty Assignment.
  - a. An employee assigned to a Modified Duty Assignment will report to in his/her regular department. The employee shall be assigned to do whatever work he/she is able to do, under the restrictions that the physician has placed on the employee.
  - b. Employees placed on Ninety (90) Day Modified Duty Assignments shall continue to receive the salary and benefits of his/her job classifications.
  - c. During the ninety (90) day period, employees on Modified Duty Assignment will be encouraged and afforded opportunities to bid on or apply for other jobs for which they are able to perform the essential functions of the job.
  - d. The City Administrator or designee will provide notices of available jobs to each employee on Modified Duty Assignments.
  - e. At the conclusion of his/her ninety (90) day Modified Duty Assignment period, employees who have been unsuccessful in obtaining other jobs for which they are qualified and for which they are able to perform the essential functions, can be laid off. Laid off employees shall be afforded all rights and benefits included in applicable collective bargaining contracts and/or personnel policies in effect at the time of the lay off.

F. Permanent Restriction Resulting From Personal Injury/Illness:

1. Employees who are off work due to personal injuries/illnesses may be required to complete functional capacity examinations before they can return to his/her former jobs. The cost of such examination will be paid for by the employer.
2. When an employee's personal injury/illness has reached maximum medical improvement and there are restrictions that prohibit the employee from performing the essential functions of the employee's job, the City will return the employee to work in his/her former job if the restrictions can be reasonably accommodated.

3. If the permanent restrictions resulting from an employee's personal injury/illness prohibit the employee from performing his/her job's essential functions with or without reasonable accommodation, the employee can be laid off. Laid off employees shall be afforded all rights and benefits included in applicable collective bargaining contracts and/or personnel policies in effect at the time of the lay off.
4. While the employee is laid off and eligible for recall to his/her former job, the City Administrator or designee will provide the employee of available job notices.
5. The City will assist employees laid off as a result of permanent restrictions to apply for permanent disability from Social Security and IPERS when it is appropriate.

G. Responsibilities of the Employee:

1. The laid off employee is responsible for notifying the City of any changes to his/her current mailing address. Job vacancy notices will be mailed to the last address shown on the City's records.
2. To determine appropriateness of job assignment, the employee who is unable to return to work without restriction is responsible for keeping his Department Head (or the Department Heads designee) informed of the status of the employee's medical condition.
3. If the employee rejects any assignment, which is compatible with medical restrictions, the employee shall not be compensated by the City of Windsor Heights or the City's workers' compensation carrier with temporary, partial, temporary total or healing period benefits during the period of refusal (*Code of Iowa, Section 85.53*).

The employee assumes responsibility for contacting the Human Resources Department to apply for a bid on available jobs.

**Appendix A**

**EMPLOYEE NAME:** \_\_\_\_\_

**Return to Work Program Statement of Acknowledgement**

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

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

Employee

Signature/Date: \_\_\_\_\_

\_\_\_\_\_

Witness

Signature/Date: \_\_\_\_\_

\_\_\_\_\_

## **Outside Contractors**

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

Contractors who fail to follow safety program requirements will be asked to leave the premises. Contractors with an insufficient program will not be allowed to begin work until their program meets or exceeds the requirements of this program.

## **Disciplinary Policy**

Each employee is required to comprehend and abide by the contents of the City of Windsor Heights Safety Program. Disciplinary action will be issued in accordance with the language contained in the City's personnel policies and procedures or in any applicable collective bargaining agreement.

## **Safety Audits and Inspections**

### ***Department Self-Inspection Checklists***

Since the success of any safety program depends on identifying hazards and taking immediate corrective action, quarterly department self inspections are required. Each department shall develop its own checklist to assist in the inspections. The completed checklist should be submitted to the safety committee and reviewed at the safety committee meetings. Safety meetings should be conducted at least two times per year or when an incident occurs that needs review, whichever is more frequent.

### ***Reporting Unsafe Acts/Unsafe Conditions***

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

## **Basic Safety Rules**

### ***General Safety Rules***

1. Each employee will be required to comprehend and abide by the contents of this safety program.
2. All accidents, no matter how minor, shall be reported immediately to the supervisor.
3. All hazardous conditions, actions and/or practices shall be reported to the supervisor.
4. Work areas, including the inside and outside of vehicles and buildings, shall be kept clean and orderly at all times.
5. Employees are only to operate equipment/tools that they are trained and authorized to operate.

6. Smoking is prohibited in areas where there is a danger to equipment, materials, coworkers or buildings, or where "No Smoking" signs are posted.
7. Employees must use all safety devices and personal protective equipment provided for their protection.
8. Employees shall wear clothing and shoes suitable for the particular work they are doing.
9. Employees must use assisted lifting devices or obtain assistance from a coworker when lifting heavy objects.
10. Guards are never to be removed except when authorized to make repairs or adjustments. Replace guard immediately upon completion of work.
11. The use of drugs and alcohol during working hours is prohibited. Any employee reporting for work under the influence of alcohol or controlled substances is subject to disciplinary action.
12. Any employee taking prescription drugs or over-the-counter drugs that could impair assigned work shall report this fact to the supervisor as required by the Alcohol and Controlled Substances Policy.
13. Employees shall not engage in practical jokes or horseplay that could result in injury to themselves, others or cause property damage.

***Specific Safety Programs and Procedures***

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

- A. Personal Protective Equipment
- B. Respiratory Protection
- C. Hearing Conservation
- D. Lockout/Tagout
- E. Confined Spaces Entry
- F. Hazardous Communications
- G. Blood-Borne Exposure Control Plan

# Attachment 1

## Incident Review Report

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

Employee name: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Time of incident: \_\_\_\_\_

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

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Is there a procedure for this task? **Circle one:**  
If yes, answer the following:

Yes No N/A

Was employee following procedure?

Yes No

If the answer is no, why not?

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Were proper tools or equipment being used?

Yes No N/A

If the answer is no, why not?

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Were tools or equipment in good condition?

Yes No N/A

If the answer is no, why not?

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

If the answer is no, why not?

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

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

If the answer is yes, what?

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

If the answer is yes, what?

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If the answer is no, why not?

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Any recommendations for long-term corrections?

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Signature of Immediate Supervisor: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_