

RESOLUTION NO. 6-97

DESIGNATION OF APPLICANT'S AGENT

WHEREAS, the Mason County Board of Commissioners by Resolution No. 144-96 declared a state of emergency.

WHEREAS, Mason County is included in the Presidential Declaration of a major disaster for the state of Washington.

WHEREAS, the Director of the Department of Emergency Services is charged with the responsibility for coordinating the overall response and recovery operations pertaining to a disaster.

NOW, THEREFORE, BE IT RESOLVED that Joseph W. Murray, Director, Department of Emergency Services is hereby authorized to execute for and in behalf of Mason County, a public agency established under the laws of the state of Washington. The purpose of this designation is to be the authorized representative for obtaining federal and/or emergency or disaster assistance funds.

DATED this 11th day of February, 1997.

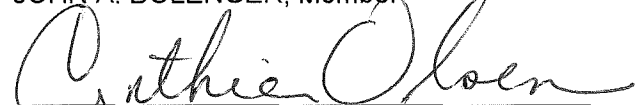
BOARD OF COUNTY COMMISSIONERS
MASON COUNTY, WASHINGTON



MARY JO CADY, Chairperson



JOHN A. BOLENGER, Member



CYNTHIA D. OLSEN, Member

ATTEST:



CLERK OF THE BOARD

cc: Public Works
DCD
General Services
Central Services
Emergency Services
PUD #1
PUD #3
City of Shelton:
 Emergency Management
 Development Services
FPD's # 2, 5, & 17
School Districts:
 Shelton
 Mary M. Knight
 Pioneer
Port of Shelton

6. Accident Procedures and Reporting

a. **Purpose.** To report and investigate all accidents and near misses, no matter how minor, to prevent similar accidents, and to make the county a safer workplace.

b. **Background.** The purpose of accident investigations is to determine and correct as many causes of the accident as possible - not to fix blame or direct discipline. All witnesses to an accident should be interviewed to help determine what happened and identify causes.

c. Accident Procedures

I. In the event of an occupational accident, injury, exposure, or illness; the first and primary consideration is to seek appropriate first aid and/or medical attention based on the extent of the injury, illness, or exposure. Reporting all occupational accidents, illnesses or exposures is mandatory. Employees are responsible for notifying their supervisor of the accident/incident as soon as possible after it has occurred, and supervisors shall notify Safety Officers and the applicable Department Head/Elected Official.

II. Supervisors shall take appropriate emergency steps to stabilize the situation (call 911 for emergency assistance, order evacuation, provide first aid, etc).

III. If the accident involves a life threatening situation (no respiration, no pulse, serious bleeding, or shock) call 911 and provide first aid.

IV. Call 911 for broken bones and keep victim comfortable. Avoid moving victim unless absolutely necessary.

V. For minor injuries requiring treatment beyond first aid, a county representative may take the injured to the hospital.

VI. If the accident results in a death or hospitalization of two or more employees, do not move any involved equipment (unless required to avoid further accidents or to remove the injured).

VII. Start the accident investigation.

VIII. Restore normal conditions and resume work.

7. County Accident/Incident Reports.

a. Employees will complete a County Accident/Incident Report form for all occupational injuries, accidents, exposures, or illnesses and submit it to their immediate supervisor within 24 hours. All occupational injuries or illnesses are required by law to be reported regardless of the degree of the accident.

b. Supervisors will investigate all accidents, minor injuries or illness (requiring doctor or outpatient treatment), and near misses. using the attached accident investigation form.

c. An investigation under direction of the safety officer will be conducted for major injuries or occupational illness (those involving fatalities or requiring hospitalization) using the attached accident investigation form. The supervisor of the injured person, the Risk Manager, Human Resources Director, and a Safety Committee member will also be members of major investigations.

8. Vehicle Accident Procedures

In the event that a County employee is involved in an accident while operating a County vehicle or their personal vehicle and conducting County business, the employee shall:

a. Immediately provide first aid (if possible and if necessary) to any injured person. It is recommended that employees providing First Aid/CPR have a valid First Aid/CPR card.

b. The County driver shall then immediately notify his supervisor and the appropriate law enforcement agency. No vehicles shall be moved from the accident scene until law enforcement arrives unless a greater safety hazard would be created by not moving the vehicle(s).

c. The County employee/driver shall exchange information regarding driver's license, vehicle registration, and insurance information with the operator(s) of the other vehicle(s).

d. If possible, the County employee/driver shall gather the names and addresses of all potential witnesses including passengers in all vehicles involved.

e. The County employee/driver shall complete the Vehicle Accident Checklist located in the glove compartment of each County vehicle. If the accident results in death, personal injury, or property damage in excess of \$500, complete the State of Washington Uniform Collision Report Form (WSP-161) within 24 hours of the accident. This report form and the checklist form are provided by the Risk Manager.

9. Safety Program Incentives.

a. **Recognition.** The Safety Committee will nominate an employee each quarter for recognition as the County Safety Person of the Quarter. The committee will attempt to rotate this award among county departments using appropriate selection criteria such as value of suggestions, support of safety policy, accident records, etc.

b. **Program Enforcement.** Willful violations of county safety procedures are not acceptable. Violations of safety procedures may result in disciplinary actions against the employee, up to and including discharge.

Department Orientation
Employee Safety Check List

Employee Name _____ Position _____

Circle numbers and letters of subjects covered:

1. On-the-Job Training
2. Care and use of personal protective equipment.
3. Prompt reporting of accidents or close calls.
 - a. Completing accident records
 - b. Assisting in investigations
4. General overview of operations, procedures, hazards and safety procedures Related to work area (as applicable)
 - a. Office safety
 - b. Field operations
 - c. Vehicle safety (county seat belt policy)
 - d. Lock-out/tag-out program
 - e. Hazardous communication program
 - f. Exposure protection plan
5. First aid supplies, equipment, and assistance
 - a. Obtaining treatment
 - b. Location of first aid kit and emergency equipment
 - c. Names of first aid/CPR trained personnel
6. Emergency plan.
 - a. Emergency warnings and signals
 - b. Exit locations and posted evacuation plan
 - c. Evacuation assembly areas
 - d. Use of firefighting equipment
 - e. Assistance to injured or disabled employees or clients
7. Personal work habits
 - a. Seriousness of horseplay, fighting, inattention
 - b. No smoking policy
 - c. Good housekeeping practices
 - d. Proper lifting techniques

Date _____ Employee's Signature _____

Date _____ Supervisor's Signature _____

Human Resources
Employee Orientation
General Safety

Employee Name _____ Position _____

Circle numbers and letters of subjects covered:

- 1. Mason County Safety Program, including:
 - a. Orientation
 - b. Safety Meetings and the Safety Committee
 - c. Accident Reporting

Other: _____

Employee's Signature _____ Date _____

Human Resources Dept _____ Date _____

Employee Responsibility Information Sheet

As an employee of Mason County, I understand I am responsible to:

1. Study and observe county safety rules and apply common sense in preventing accidents in my day-to-day duties.
2. Report any job-related injury, illness or property damage to my supervisor and promptly seek treatment.
3. Promptly report unsafe conditions and acts to my supervisor. Offer safety suggestions to improve the work environment.
4. Observe all hazard warnings and no smoking signs.
5. Keep aisles, walkways, ramps, stairs, and working areas clear of slipping and tripping hazards.
6. Know the location of fire/safety exits and evacuation procedures.
7. Keep all emergency equipment such as fire extinguishers, fire alarms, fire hoses, exit doors, and stairways clear of obstacles.
8. Not report to work under the influence of alcoholic beverages or drugs nor to consume them while on company premises.
9. Refrain from fighting, horseplay, or distracting fellow employees.
10. Use and care for safety and personal protective equipment that the county requires to be used.
11. Operate only the equipment for which I am authorized and properly trained. Observe all safe operating procedures.
12. Follow proper lifting procedures at all times.
13. Ride as a passenger in a vehicle only if it has a rider's seat.
14. Be alert to see that all guards and other protective devices are in place before operating equipment.
15. Do not wear frayed, torn or loose clothing, jewelry, or long unrestrained hair near moving machinery or other sources of entanglement, or around electrical equipment.

(Employee)

(Date)

(Supervisor)

Safety Inspection Check List

1. Facility Entry/Client Service Areas: Handrails on entrance ramps and stairways present and secure; door handles functional; no trip/snag hazards; no smoking/warning/exit/braille signs posted as required; employee only access/entrances posted or lockable; emergency evacuation plan posted; public access toilet facilities posted and sanitary, parking areas and ramp/crosswalk areas marked.

Discrepancies:

2. Emergency Signs and Equipment: Fire extinguishers in place, charged and tagged; exits unblocked and posted; emergency evacuation plans posted.

Discrepancies:

3. First Aid Kits: Kits stocked, opened sanitary items (gauze, eye/skin wash, antibiotic packets, etc.) discarded, first aid booklet available, biohazard protection supplies available.

Discrepancies:

4. Office areas: Electrical equipment wires and plugs in good condition; no unauthorized electrical appliances or flammable liquids; no bump or trip hazards; good housekeeping evident; adequate, clean trash containers available; windows/doors in good condition with locks and handles operable; no unmounted, heavy weights stored above desk level; equipment guards and safety shields in place and in good condition.

Discrepancies:

5. Employee Toilets: Cleanliness and supply checks (paper products, soap, etc.), hygiene/sanitation reminder posted.

Discrepancies:

6. Lunch/Break Room: Cleanliness of room, operability and sanitation of any appliances, waste receptacle available.

Discrepancies:

7. Safety Bulletin Boards: Posted with employee health and safety act and contact point, minutes of safety meetings, lists of first aid/CPR certified employees and safety committee members, copy of accident prevention program.

Discrepancies:

**MASON COUNTY
ACCIDENT/INCIDENT AND INVESTIGATION REPORT**

This form must be completed by any Mason County employee who is involved in an accident, whether or not injuries were sustained. The purpose of this form is to ensure immediate documentation and communication of an accident/incident to the department, Human Resources, Risk Manager, and others involved in general safety and health standards. It also serves to assist in identifying potential problems in the county and take corrective measures if necessary. This form must be completed within 24 hours of the accident/incident and submitted to the supervisor; and a copy should be submitted immediately to the Human Resources Department.

Employee Name _____ Date of Birth _____

SSN _____ Job Title _____

Department _____ Supervisor _____

Date & Time of Accident _____ at _____ Location of Accident _____

Date & Time Reported _____ at _____ Reported to _____

Witnesses Names, Addresses, Phone Numbers: _____

Description of how the Accident Occurred (include type of duties performed at the time and any tools/machinery involved) _____

Part(s) of Body Injured and Description of Injuries _____

Name of Doctor/Hospital providing Treatment _____

Will there be time loss from work? [] Yes [] No Anticipated Time Loss: ____ Days

REMARKS AND/OR RECOMMENDATIONS
(To be completed by Supervisor and/or Investigator)

Supervisor: _____

Signature

Date

Investigator: _____

Signature

Date

=====

Please attach any additional documentation (i.e. witness statements, vehicle accident reports, photographs, etc.)