HAMILTON COUNTY, OHIO

RISK MANAGEMENT MANUAL

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SECTION 1 – RISK MANAGEMENT

Section: Risk Management	**Policy#:** **1.1**
Title: Risk Management Policy	
Dept: Human Resources	**Division:** Risk Management
Issued: 1/12/2018	**Revised:** **N/A**

Scope: The Risk Management Division of Hamilton County, Ohio ("County") assures that the County's resources, operations, and activities are protected from loss.

Authority: The Board of County Commissioners ("Board") is statutorily responsible to manage all risk within the County. The Board has delegated this responsibility to the Risk Manager. The Risk Manager reports to the Director of Human Resources, and, from time-to-time, will communicate with the County Administrator and the Board. The Risk Manager or his/her designee shall have free access to County activities, operations, records, property, and personnel.

This Risk Management Policy includes, but is not limited to, the use of methods of risk review, risk control, risk transfer and / or risk retention to meet this obligation.

Risk Management Process

Each Department that reports to the Board shall, and other County officials and agencies are encouraged to:

A. Review and analyze risks facing their organizations (See 1 - Risk Review and Analysis)
B. Institute risk control programs and procedures to eliminate or minimize negative outcomes of risk (See 2 - Risk Control)
C. Transfer risk via contract, when appropriate, and transfer the financing of risk via financial mechanisms (See 3 - Risk Transfer)
D. Retain acceptable levels of risk (See 4 - Risk Retention)

The successful management of risk results in:

A. Maximizing the protection of County human and financial assets;
B. Providing cash flow and expense mechanisms to finance catastrophic loss;
C. Improving risk predictability; and
D. Managing the stewardship of County tax base.

1. Risk Review and Analysis

The Board's policies with respect to risk review and analysis include the following:

A. Real Property titled in the Board's name

A risk review and analysis of real property titled or to be acquired in the Board's name prior to the commencement of:

i. New construction on the property;
ii. Renovation of the property or structure; or
iii. Purchase of new property.

B. Personal Property titled in the Board's name

A risk review and analysis of personal property to be titled in the Board's name (*e.g.*, motor vehicles, aircraft, watercraft, and mobile equipment) prior to the purchase of the personal property.

C. Goods and services purchased under the Board's authority

A risk review and analysis of goods and services purchased under the Board's authority prior to the purchase of the good or service.

D. Operations and services provided under the Board's authority

A risk review and analysis of operations and services provided under the Board's authority prior to:

- Institution of new operations, operational procedures or services.
- Revision of existing operations, operational procedures or services.

E. Asset Valuation

A periodic appraisal and inventory of County assets (real and personal property) will be conducted.

2. Risk Control

The Board's policies with respect to risk control include the following:

A. Risk control procedures and programs based upon the provisions of the Ohio Revised Code, and national consensus standards as may be appropriate at the Board's discretion;

B. Provisions for funding of risk control equipment, procedures, devices, and training;

C. Procedures to conduct periodic risk control reviews to ascertain needs and priorities;

D. A requirement that employees follow risk control procedures and programs as a condition of employment and

E. A mandate that management personnel will adopt and implement safety policies that require (1) proper functioning risk control devices are in place; (2) adequate safety training has been provided to County employees; and (3) risk control safety programs and procedures are followed by County employees.

3. Risk Transfer

To the extent feasible, the Board will avoid risk. In those circumstances where the Board cannot avoid such risk, the Board may transfer the risk to an appropriate recipient or the Board may transfer the financing of the risk through a cash flow mechanism such as insurance.

A. Contractual Risk Transfer

Prior to obtaining Board signatures, contracts or agreements must include indemnity and hold harmless provisions from vendors protecting the Board against third-party claims resulting from the vendor's negligent or intentional acts arising out of the contract or agreement. The contractual indemnity, hold harmless, and defense provisions may be limited when appropriate or business needs so require. The County agency or official desiring the limitation must consult with the Director of Purchasing, Prosecuting Attorney, and the Risk Manager regarding the appropriate indemnification, hold harmless, and defense provisions.

Prior to obtaining Board signatures, contracts or agreements must contain provisions requiring that vendors retain sufficient insurance coverage, limits, and condition requirements to provide funds covering third-party claims or lawsuits against the vendor or the County arising out of the contract or agreement. Business needs may dictate the minimum amount of coverage, limits, or conditions that are necessary. The County agency or official desiring to limit or change the amount of contractual coverage must consult with the Director of Purchasing, Prosecuting Attorney, and Risk Manager.

B. Transfer of Risk Financing

When appropriate, the Board may seek to transfer the cost of the risk to other persons or entities. Through the purchase of insurance or the use of appropriate cash flow mechanisms, the Board may provide for financial recovery for catastrophic losses.

4. Risk Retention

A. The Board, in its discretion, may pay any portion or all demand costs, settlements, and expenses relating to valid claims against the County or other losses the County sustains. Such costs may be paid from an account that accumulates currently available resources. Payment of claims from those County Departments or other County agencies or officials under the "General Fund" may be funded from this account. Payment of claims from County Departments or other County agencies or officials under a "Restricted Fund" will be billed directly to the responsible County Department. A periodic review of each account will be conducted to determine funding requirements.

B. From time-to-time, the Risk Manager will conduct a review of the County's losses. The Risk Manager will use the results to recommend appropriate funding for losses. The Risk Manager may use the services of a qualified actuary to evaluate risk and appropriate funding recommendations.

C. The Board may issue debt to accommodate the expense of catastrophic losses occurring in the retained risk layer.

Section: Risk Management	**Policy#:** **1.2**
Title: Safety Policy	
Dept: Human Resources	**Division:** Risk Management
Issued: 1/12/2018	**Revised:** **N/A**

SAFETY POLICY

The Board of County Commissioners ("Board") commits to developing, implementing, and administering a safety policy that provides every Hamilton County ("County") employee with a safe workplace environment. The philosophy of the Board is that employee safety is the number one priority at all times.

The County accepts responsibility for employee safety. The County Administrator, through all directors, superintendents, managers and supervisors is responsible for the implementation of safety practices and procedures in all areas of the County. It is the responsibility of all employees to carry out their assignments in a safe manner at all times.

The Board is statutorily responsible to manage all risk within the County. However, the Board has delegated this responsibility to the Risk Manager. Therefore, the Risk Manager has primary authority for the County's safety program. The Risk Manager's responsibilities include, among other things, the development of County safety policies, the investigation of incidents, accidents and events that could cause a risk to the County, and accident prevention programs.

All County employees are responsible for identifying and reporting safety problems. The total effort of all County employees will result in a safe workplace environment for everyone.

GENERAL INFORMATION

Ohio Revised Code – Chapter 4167 *Public Employment Risk Reduction Program*
R.C. Chapter 4167 describes the operation and enforcement of Ohio's Public Employment Risk Reduction Program (PERRP). Pursuant to R.C. 4167.07, the administrator of worker's compensation has adopted the following occupational safety and health standards, promulgated by the United States Secretary of Labor, as Ohio employment risk reduction standards:

- Occupational Safety and health Act of 1970;
- Title 29, Part 1910 Subpart C to and including Subpart T and Z;
- Title 29, Part 1926, Subpart C to and including Subpart X, with the exclusions of 29 CFR 1910.96; 1910.97; 1926.53; 1926.54;
- Title 29, Part 1910 Subpart B, Chapter XVII, Part 1910.132-138; and
- Title 29, Part 1928 occupational health and safety standards

Board of County Commissioners: It is the Board's policy to provide all employees with a safe and healthy work environment in accordance with R.C. Chapter 4167, and to make safety and the prevention of injuries a primary consideration in all aspects of employment. Sound safety

practices, the use of safety/protective equipment, safety rules, regulations, guidelines, and operational procedures shall not be compromised nor "short cuts" taken to save time or money, or for any other reason.

County Administrator: The County Administrator through all directors, superintendents, managers, and supervisors is responsible for the implementation of safety practices and procedures in all areas of the County. It is the responsibility of all employees to carry out their assignments in a safe manner at all times.

County Risk Manager: The Risk Manager has primary authority for the County safety program. The Risk Manager's responsibilities include, among other things, the development of County safety policies, the investigation of incidents, accident,s and events that could cause a risk to the County, and accident prevention programs.

County Safety and Security Manager: The Safety and Security Manager works with the Risk Manager and other key County personnel to develop and implement County safety policies and guidelines; evaluate compliance with safety policies and health standards; provide safety training and educational support to all County personnel; and perform investigation of incidents, accidents, and events that could cause a risk to the County.

Department Heads: All Department Heads shall cooperate with the Risk Manager in the coordination and implementation of safety practices and programs, and in implementing measures to enhance employee health and safety. Further, Department Heads shall implement any additional or supplemental safety programs and procedures unique to the safe operation of their departments.

Supervisors: Each supervisor is responsible for safety in the area under his/her control and shall ensure that employees comply with all safety rules, regulations, and work procedures. Supervisors shall ensure that accidents are (1) timely reported, (2) promptly and thoroughly investigated, and (3) appropriately reviewed to prevent the same or similar accident in the future.

Employees: Employees are responsible for participating in all safety training, following all safety policies and procedures, and identifying and reporting safety problems. The total effort of all County employees will result in a safe workplace environment for everyone.

DUTIES AND RESPONSIBILITIES

Department Heads: Each Department Head is responsible for the fulfillment of departmental goals and objectives, which includes providing a safe working environment for each employee in the department. Department Heads may delegate certain authority to a supervisor to carry out safety functions in his or her work area; however, the overall responsibility for the protection of employees in the Department remains with the Department Head.

Supervisors: Supervisors are responsible for instructing their personnel in the safe practices to be observed in their work areas. They shall consistently enforce safety standards and requirements pursuant to their authority. They shall set a good example for their employees by following the safety and risk management practices of the County.

The primary responsibilities for Supervisors are:

1. Enforcing all safety regulations and fostering an environment where employees are actively involved in accident prevention;
2. Making sure all accidents, injuries, and incidents are promptly reported;
3. Conducting thorough investigations of all accidents and taking necessary steps to prevent reoccurrence through employee safety education, changes in operating procedures, and/or modification of equipment.
4. Setting the example by working safely and providing employees with safety instructions regarding their duties prior to starting work.
5. Conducting regular safety audits and inspections of the work area, including a careful examination of all new and relocated equipment before it is placed into operation.
6. Maintaining equipment properly and issuing instructions for the elimination of fire and safety hazards.
7. Continuing observation of work areas for unsafe practices and conditions, and taking corrective action as necessary.
8. Providing safety equipment and protective devices for each job based on knowledge of applicable standards or on the recommendation of the Safety Manager.

Employees: Each employee is an essential part of an effective risk management and safety program. Each employee's safety commitment must include, but is not limited to, the following:

1. Participating in training and complying with safety regulations in the performance of their duties;
2. Using and wearing all required safety equipment provided by the County;
3. Not operating equipment or using tools for which training or orientation has not been received;
4. Warning co-workers of unsafe conditions or practices that could lead to or cause an accident;
5. Immediately reporting defective equipment to their supervisor;
6. Immediately reporting dangerous or unsafe conditions that exist in the work place, as well as throughout any County buildings, to their supervisor;
7. Prompt reporting of all injuries and accidents, regardless of severity, to their supervisor;
8. Protecting the public from any unsafe conditions until they have been corrected; and
9. Taking care not to abuse tools and equipment so that these items will be in a usable and safe condition as long as possible.

SAFE OPERATING PROCEDURES – GENERAL

All employees are responsible for safety. The following applies to all employees:

1. Rules

a. Comply with all established safety rules, regulations, procedures, and instructions.
b. Promptly report all accidents, hazards, incidents, and near-miss occurrences to your immediate supervisor, regardless of whether injury or property damage was involved.
c. Do not visit, talk to, or distract another employee who is operating a machine, or who is engaged in a work activity where the possibility of injury exists.
d. Do not participate in horseplay, scuffling, pushing, fighting, throwing things, practical jokes, etc.
e. Observe all No Smoking signs and regulations.
f. Do not run on County premises.
g. Use handrails on steps, elevated platforms, scaffolds, or other elevations.
h. Assist others and ask for assistance in lifting and carrying heavy or awkward objects.
i. Firearms, ammunition, and explosives are prohibited on County premises.
j. Personal stereos with headphones, *e.g.*, iPods, are not permitted to be used in the workplace
k. The use and/or possession of alcohol and drugs on County property is prohibited.

2. Housekeeping

a. Keep all work areas, aisles, walkways, stairways, roads, or other points of egress clean and clear of all hazards.
b. Store and/or return parts, materials, tools, and equipment.
c. Clean up scrap, nails, and other excess materials. Place trash and scrap in proper waste containers.
d. Keep work area floors clean, dry, and free of oils, grease, and liquids. Remove all spills immediately.
e. Remove or bend down nails or sharp protrusions. Store parts, materials, or equipment with protruding sharp ends or edges where personnel cannot be injured.
f. Do not store materials and equipment in the aisles or near exits.

3. Tools, Machinery, & Equipment

a. Inspect tools daily to ensure that they are in proper working order. Damaged or defective tools must be taken out of service and replaced immediately.
b. Use proper guards, at all times, on power saws, grinders, and other power tools.
c. Cords and hoses must be kept out of the walkways and off stairs and ladders. Further, cords and hoses must be placed so as not to create a tripping hazard or damaged from equipment or materials.
d. Electrically powered tools and equipment should be double-insulated or grounded at all times when in use.
e. Hand tools should be used for their intended purposes only. The design capacity of hand tools should not be exceeded by the use of unauthorized attachments.
f. All fuel-powered tools must be shut down while being refueled or serviced. Smoking, welding, and other burning is prohibited during refueling.
g. No one shall ride in or on any equipment not specifically designed or adapted for the transportation of employees.

h. Do not operate or attempt to operate machines, tools, or equipment for which you are not authorized or trained.
i. Do not stand, walk, or work under suspended loads or loads being moved by overhead equipment.

4. Machine Guarding

a. Supervisors are responsible to ensure that guards are installed, as necessary, on machines.
b. Employees shall report any malfunctions of the guards to their Supervisor.
c. Supervisor shall determine if the machine should be locked and tagged-out until the guard can be fixed or replaced.
d. The guards increase safety on the machine. No employee shall use a machine without a removed guard.

5. Material Handling & Back Safety

a. Know the approximate weight of your load and make certain your equipment is rated to handle it. (All powered equipment and rigging is rated as to safe working load. This rating is posted on the equipment. Never exceed the manufacturer's recommended safe working load).
b. Lift heavy objects as instructed, with the leg muscles and not with the back. On average, do not manually lift over fifty (50) pounds.
c. Call for assistance, as needed, for handling heavy or bulky objects or materials.
d. Use an appropriate, approved lifting device (*i.e*., special trucks, racks, hoists, and other devices) for lifting very heavy, bulky, large or unyielding objects.
e. All ropes, chains, cables, slings, and other hoisting equipment must be inspected each time before use.
f. A load should never be lifted and left unattended.
g. Wear safety gloves when handling materials.
h. Properly stack and secure all materials prior to lifting or moving in order to prevent sliding, falling, or collapse.
i. Protruding nails or staples must be bent or pulled away whenever stripping forms or opening materials.
j. Avoid moving or lifting loads by hand whenever possible.

Tips for manual lifting:

1. Get a good footing.
2. Place feet about shoulder width apart.
3. Bend at the knees to grasp the weight.
4. Keep back as straight as possible.
5. Get a firm hold.
6. Lift gradually by straightening the legs.
7. Don't twist your back to turn. Move your feet.
8. When the weight is too heavy or bulky for you to comfortably lift - GET HELP.
9. When putting the load down, reverse the above steps.

Note: If lifting stacked materials, they should be carefully piled and stable. Piles should not be stacked as to impair your vision or unbalance the load. Materials should not be

stacked on any object (*e.g.*, floor, scaffold) until the strength of the supporting members have been checked.

6. Forklift & Heavy Equipment Safety

The following are the minimum safety practices for the operation of fork lifts and heavy equipment (*i.e.*, cranes, bulldozers, backhoes):

a. Only trained and authorized operators are permitted to operate a fork lift or heavy equipment. All operators will be trained by their Supervisors and/or the Safety Manager. Every operator must participate in, at minimum, annual forklift refresher training. Further, every forklift operator must be recertified every three (3) years.
b. Prior to operating the forklift or equipment, the operator must test: the brakes, steering controls, warning light, clutch, horn, fluid levels, and other devices for safe and proper operation.
c. Never check the engine while it is running.
d. Document your inspection results and equipment defects using the attached Inspection Report Form (see page 13). Immediately report defects to your Supervisor. No defective equipment shall be used. Adjustments and repairs should be made by authorized personnel only.
e. Wash equipment whenever necessary. Equipment must be kept clean and free of oil and grease.
f. Employees should operate equipment/forklift with safe speed and within rated load capacity. Drive to the right. Do not exceed 10 miles per hour (10 mph), or posted authorized speeds. Do not drive forklifts on public streets.
g. Passengers are not permitted on forklifts or heavy equipment, except for training purposes.
h. Mobile equipment should never be left unattended without first shutting off power, neutralizing controls, setting brakes, and lowering forks or bucket. Do not park on an incline.
i. All mobile equipment must have a functional fire extinguisher on board.
j. Sound horn at exits, corners, cross aisles, intersections, and when approaching pedestrians. Do not use horn needlessly or at undue length.
k. Always look in the direction equipment is traveling, looking backward when backing up, even for a short distance. Keep a clear view of the path. When forward vision is obstructed, drive in reverse.
l. When traveling, with or without a load, keep forks or bucket as low as possible.
m. Avoid following pedestrians or other vehicles too closely, especially when operating on inclines or in noisy areas.
n. Ascend/descend all ramps and inclines slowly. Wait for passengers to exit the ramp before attempting to ascend/descend. When descending, always use low gear and the slowest speed control. Do not descend ramps with the load at the front of the fork lift. Never ascend in reverse. When ascending, loaded forklifts should be driven with the load upgrade.
o. A “man cage” must be used when elevating personnel with a forklift. Attach the cage prior to use. Do not travel with passengers in the “man cage.”
p. Personal protective equipment should be used as instructed. Hard hats should be worn where danger of falling objects exists.
q. If the forklift is equipped with a seatbelt, the belt must be worn at all times.

Forklift Inspection Check List

Distribution: o Supervisor o Copy to Safety Committee o Copy _____
Date: _____ **Inspector:** _____ **Title**: _____

Grade: 1 = Satisfactory, 2 = Needs some attention, 3 = Needs immediate action

Item	*Grade*	*Comments*
Operator Training		
Personnel operating the forklift properly trained.		
Condition of Forklift		
Brakes		
Steering controls		
Warning lights		
Horn		
Clutch		
Warning Lights		
Engine		
Overhead guard		
Capacity Sign posted		
Fire Prevention		
Fire extinguisher on board & functional		
Fluids		
Levels Adequate		
Fueling done to avoid spilling		
If spillage occurs, is fuel washed away completely from forklift and area and measures taken to control vapors before restarting engine?		
Personal Protective Equipment		
Hard hats provided & worn where danger of following objects exist		
General PPE rules on proper clothing & footwear followed		
Additional OSHA Requirements		
Are driving paths marked, in good condition, and clear?		
Repairs are conducted in designated areas		
Operating rules posted & enforced		
Batteries charged in properly vented rooms (no smoking)		
Are dust & fume exposures generated by the forklift through operation, fueling, or repair controlled?		
Seatbelt in forklift and worn while operating the forklift		
Other:		

Action Taken:

- o **Repairs/Corrections must be completed by: (date)**_____
- o **Repairs/Corrections mentioned above have been done.**

Supervisor _____ **Date:** _____

7. Ladders

a. Inspect all ladders before use. Do not use any ladders with missing safety feet, missing or broken rungs, etc. Immediately tag defective ladders with a "DO NOT USE" sign and report the defects.
b. Portable ladders should be placed so that the base is away from the horizontal plane by one-fourth the ladder length (*i.e.*, 12' ladder would be 3' from the wall).
c. Never climb an unstable ladder.
d. Never place a ladder in front of a door, unless the door is locked, guarded, or otherwise blocked.
e. All ladders placed up against a stationary object must be tied off, at the top, to a secure point.
f. Ladders must extend at least three feet (3') beyond the stepoff point.
g. Do not place a ladder close to live electrical wiring or against piping. Beware of overhead wires, when moving an extended ladder. Do not use metal ladders near electrical power lines.
h. Portable ladders must be equipped with non-slip bases.
i. Face the ladder when ascending or descending.
j. Never stand on the top rung of a step ladder.

8. Office Safety

a. Practice good housekeeping throughout the office area. Do not leave materials or position telephone or electrical cords in the aisles.
b. Report or correct any obvious hazards as soon as they are discovered.
c. Do not install pencil sharpeners that protrude beyond the ends of desks or tables.
d. Do not carry articles weighing more than twenty (20) pounds when ascending or descending stairs that rise more than five (5) feet.
e. Close files and desk drawers. Arrange contents in file cabinets to prevent tipping when draws are open. Store heavier materials in the lower drawers. Do not open more than one draw at a time to prevent tipping. Secure cabinets to each other as necessary.
f. Immediately report damaged furniture and broken veneer surfaces.
g. Do not carry pointed or sharp objects in hand, pockets, or attached to clothing with points or blades exposed.
h. Do not leave paper cutters with the blade in the open or upright position.
i. Take precautions to prevent materials from falling from the top of file cabinets or desks.
j. Do not stand on chairs, desks, boxes, waste baskets, or any other substitutes for an approved step-stand or stepladder.
k. Immediately report slippery floor surfaces to your Supervisor.
l. Immediately clean up spills.
m. Position desks and files so that drawers do not extend into the aisle when open.

9. Clothing

a. **Clothing**: Wear safe and practical working apparel. Do not wear flammable clothing. Do not wear neckties and loose clothing while operating machines, lathes, drill presses, and other machines with revolving spindles or cutting tools.
b. **Shoes**: Low-heeled, closed-toe shoes (or proper work boots) made of substantial leather or equivalent material with sufficient heavy soles must be worn in designated areas.
c. **Jewelry**: Do not wear rings or any form of jewelry or ornamentation when working around machinery or exposed electrical equipment.

Section: Risk Management	**Policy#:** **1.3**
Title: Claims, Suits and Insurance Policy	
Dept: Human Resources	**Division:** Risk Management
Issued: 1/12/2018	**Revised:** **N/A**

1.0 CLAIMS AGAINST HAMILTON COUNTY AND COUNTY AGENCIES

The Board of County Commissioners ("Board") is statutorily responsible to manage all risk within Hamilton County ("County"). The Board commits to protecting the assets of the County against financial losses through the establishment and operation of sound risk management policies and procedures. Notwithstanding, the Board recognizes that valid claims against the County may arise in the ordinary course of business. The Board may provide for the payment of such valid claims through the funding and operation of an account which accumulates currently available resources.

The Board will, when appropriate, seek to settle valid, good faith claims against the County as follows:

- The Board authorizes the County Risk Manager, as designee of the County Administrator, to consider, reject, negotiate and settle when appropriate all valid claims against the County, up to an amount of twenty-five thousand dollars ($25,000) for, by, and on behalf of the Board.

- The Board authorizes the County Risk Manager, in consultation with the County Administrator and County Prosecuting Attorney or other assigned counsel, to consider, reject, negotiate, and settle, when appropriate Workers' Compensation claims against the County, up to an amount of twenty-five thousand dollars ($25,000) for, by, and on behalf of the Board.

- The Board authorizes the County Administrator, or his or her designee in consultation with and written approval of the County Administrator, and after consultation with the County Prosecuting Attorney, to consider, reject, negotiate, and settle all valid claims against the County, except Workers' Compensation claims, in amounts between twenty-five thousand and 01/100 dollars ($25,000.01) up to and including fifty thousand dollars ($50,000) for, by, and on behalf of the Board.

- The Board authorizes the County Administrator, to consider, reject, negotiate, and settle, when appropriate, after consultation with the County Prosecuting Attorney, claims against the County above fifty thousand dollars ($50,000) up to an amount concurrent with the County Administrator's authority to sign Purchase Orders and Contracts awarded to the lowest bidder (reference: Commissioner's Volume 280, Image 755-2) for, by, and on behalf of the Board.

- Settlement of claims against the County in excess of the County Administrator's settlement authority requires an approved Board resolution, after consultation with the County Prosecutor and the County Administrator.

- A Settlement and Release form, approved by the County Prosecuting Attorney, or its equivalent, will be executed by all non-Workers' Compensation claimant(s) in exchange for the settlement check.

2.0 COUNTY CLAIMS AGAINST THIRD PARTIES AND OTHERS

- The Board authorizes the County Risk Manager, as designee of the County Administrator, in consultation with the County Prosecuting Attorney, to consider, negotiate and, when appropriate, settle claims the County has against others, except Workers' Compensation claims, up to an amount of twenty-five thousand dollars ($25,000) for, by, and on behalf of the Board.

- The Board authorizes the County Risk Manager, in consultation with the County Administrator and the County Prosecuting Attorney, to consider, negotiate, and, when appropriate, settle Workers' Compensation claims the County has against others, up to an amount of twenty-five thousand dollars ($25,000) for, by, and on behalf of the Board.

- The Board authorizes the County Risk Manager, in consultation with and written approval of the County Administrator, and after consultation with County Prosecuting Attorney, to consider, negotiate, and, when appropriate settle such claims the County has against others between the amounts of twenty-five thousand and 01/100 dollars ($25,000.01) up to and including fifty thousand dollars ($50,000), for, by, and on behalf of the Board.

- The Board authorizes the County Risk Manager, to consider, negotiate, and settle, when appropriate, after consultation with the County Prosecuting Attorney, the claims the County has against others above fifty thousand dollars ($50,000) up to an amount concurrent with the County Administrator's authority to sign Purchase Orders and Contracts awarded to the lowest bidder (reference Commissioner's Volume 280, Image 755-2) for, by, and on behalf of the Board.

- Settlement of claims the County has against others in excess of the County Administrator's settlement authority or non-financial claims the County has against others requires an approved Board resolution, after consultation with the County Prosecuting Attorney and approval from the County Administrator. Further, non-financial claims the County may have against others will be reviewed by the County Risk Manager, County Administrator, and County Prosecuting Attorney prior to presentation to the Board.

3.0 LAWSUITS

Notice of lawsuits against County or County Agencies, which are generally represented by the County Prosecuting Attorney, shall be promptly referred to the County Prosecuting Attorney for

legal representation. Settlements of lawsuits brought by or against County or County Agencies, when appropriate, shall follow the same procedures described above.

4.0 INSURANCE

When otherwise appropriate and/or required by contractual obligations, or when shown to be financially feasible and sound, commercially available insurance may be purchased by the Board for specific functions.

Prior to the expiration of any insurance policy, the County Risk Manager will review the policy for limits and coverage adequacy, deductible or self-retention level, loss experience, and insurer service level history. The results will be used in determining the appropriateness of the policy's renewal. An actuary may be retained to assist in the review.

It is the Board's intent to procure insurance from vendors who maintain at least an A M Best rating of A-, VII.

Premiums on insurance for items common to multiple County agencies, such as County (non-stadia) property, motor vehicles, or Workers' Compensation, will be allocated to the benefiting Department, Agency, Elected Official or Board under the Indirect Cost Plan. Premiums on insurance for items or functions specific to individual Departments, Agencies, Elected Officials or Boards, or premiums on insurance for items or functions of Departments, Agencies, Elected Officials or Boards under "restricted funds" will be billed directly to the Department, Agency, Elected Official or Board.

If an Elected Official, Board, Agency or Department not under the purview of the Board wishes to procure insurance, then the Elected Official, Board, Agency or Department is required to contact the County Risk Manager prior to purchase for assistance.

Section: Risk Management	**Policy#:** **1.4**
Title: Claims Reporting	
Dept: Human Resources	**Division:** Risk Management
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General Information

Hamilton County ("County") and its employees are exposed to a wide variety of claims. The following provisions are meant to assist management in identifying, investigating, and handling claims for bodily injury, property loss, and other claims.

Department Heads, Supervisors, and Employees shall use the following guidelines for all claims:

- All accidents and incidents, regardless of severity, must be reported as soon as possible. Early identification provides for prompt investigation, reporting, and compliance with applicable statutory and contractual insurance requirements.
- In general, all communications with claimants, attorneys, insurance administrators or others regarding claims shall be referred to the County Risk Manager.
- No employee may deposit a check from an insurance company. Further, no employee shall execute any legally binding agreements related to a claim. All settlement monies and/or settlement releases shall be forwarded for review to the County Risk Manager within twenty-four (24) hours of receipt.
- All inquiries from the public or claimants shall be referred to the County Risk Manager.

Procedures for Claims Reporting

Purpose: The following procedures are intended to ensure the prompt and orderly reporting of all claims involving the County. Early reporting permits thorough investigation, documentation, and evaluation of all claims.

Departments and Personnel Affected: These procedures apply to all County Departments.

Reporting Procedures:

1. ***Automobile Accidents***. For accidents involving County owned vehicles, the following steps must be taken:

   A. Notify the proper law enforcement agency immediately.

   B. Complete the attached ***Hamilton County Automobile Accident Report*** form for reporting all accidents and losses involving cars, trucks, etc. If the employee is unable to complete the form, the Supervisor or Department Head must complete the form. The submission of this form should not be delayed because of a failure to get both signatures. Report forms are available on the County Risk Management website at:

http://www.hamiltoncountyohio.gov/government/departments/human_resources/risk_management

C. Send the completed form to the County Risk Manager as soon as possible, but not to exceed twenty-four (24) hours, after the accident. The County Risk Manager will coordinate all communications between the County and our claims administrator.

D. If the accident involves an employee injury requiring medical attention, follow the procedure in Section 1.5, *Workers' Compensation and Injury Reporting.*

E. ***Accidents Involving Employee Injury*** must also be investigated by the Supervisor to identify root causes of accidents and recommend corrective actions so that similar events can be prevented in accordance with Section 3.10 *Accident Investigation.* The Supervisor Accident Investigation Report **DOES NOT REPLACE** the forms required by Workers' Compensation.

2. ***Workers' Compensation***. See Section 1.5 and HAMILTON COUNTY WORKER'S COMPENSATION HANDBOOK located at:
   - **http://www.hamiltoncountyohio.gov/government/departments/human_resources/workers_compensation/**

   The appropriate Worker's Compensation forms are located here:
   - **http://www.hamiltoncountyohio.gov/government/departments/human_resources/workers_compensation/**

3. ***Property Losses***. If an employee discovers damage to County property, other than an auto accident, the following procedures must be followed:

   A. Notify the supervisor and department head.

   B. The employee discovering the damage should complete the attached ***Hamilton County Property Loss Report*** form. The completed form will be forwarded to the County Risk Manager within 24 hours of the event or occurrence that gives rise to the claim. The submission of this form should not be delayed because of a failure to get both signatures. Report forms are available on the Hamilton County Risk Management website at:
   http://www.hamiltoncountyohio.gov/government/departments/human_resources/risk_management

   C. If the property damage significantly impacts the normal functions of the County, the County Risk Manager must be timely notified.

4. ***Criminal Losses***. If an employee discovers a loss or damage due to a break-in, vandalism or theft, or receives a call from an alarm company, the following procedures must be followed:

A. Notify the proper law enforcement agency immediately. Do not attempt to enter the building or move any items. Notify the Department Head.

B. If temporary repairs are needed to secure the building, call the County Facilities Department. If these repairs are needed on an emergency basis after hours, call (513) 946-5000 (the after-hours County Facilities number).

C. Notify the County Risk Manager as soon as possible, or no later than twenty-four (24) hours after the event or occurrence giving rise to the claim, for the loss or damage due to a break-in, vandalism or theft, or receipt of a phone call from an alarm company.

D. Provide notification by completing the ***Hamilton County Property Loss Report form*** and prepare a list (with estimated cost) of items stolen or damaged. Send this form, list, and a copy of the police report (if available) to the County Risk Manager. The submission of this form should not be delayed because of a failure to get both signatures. Report forms are available on the County Risk Management website at **http://www.hamiltoncountyohio.gov/government/departments/human_resources/risk_management**

5. ***Accidents Involving the Public***. If an accident, injury, or incident involving the public occurs on County property, the following procedures shall be followed:

A. An employee who witnesses or is made aware of an accident involving the public, while on County property, should contact first responders for assistance.

B. The employee shall notify his/her Department Head or supervisor immediately.

C. The employee witnessing or made aware of the event will complete the attached ***Hamilton County General Liability Accident Report***. After signature by a Supervisor or Department Head, send the form to the County Risk Manager as soon as possible, or within 24 hours of the event or occurrence giving rise to the possible claim. The submission of this form should not be delayed because of a failure to get both signatures. Report forms are available on the County Risk Management website at: **http://www.hamiltoncountyohio.gov/government/departments/human_resources/risk_management**

HAMILTON COUNTY AUTOMOBILE ACCIDENT REPORT

Immediately after an auto accident, complete this form and send it to:
County Risk Manager, 138 E. Court Street, Room 707, Cincinnati, Ohio 45202
Phone: (513) 946-4322 Fax: (513) 946-4720

Department:_____ Date of Accident:_____Time of Accident:_____

PART 1 OF 2

County Vehicle No. 1	Year_____ Make_____ Model_____ License Plate#_____Vehicle#_____ Name of Driver _____ Operators License#_____State_____ Parked? (Y) (N) Moving (Direction)_____On (Street)_____ Approximate Speed _____ Part of Vehicle Damaged_____
Other Vehicle No. 2	Year_____ Make_____ Model_____License Plate#_____ State_____ Driver Name_____ Phone# _____ Address _____Operator License#_____ State_____ Owner_____ Phone#_____ Address _____ Insured? (Y) (N) Name of Insurance Co._____ Policy#_____ Address of Insurance Co._____ Parked? (Y) (N) Moving (Direction) _____On (Street)_____ Approximate Speed _____ Part of Vehicle Damaged _____ In your opinion, is there a possibility of a claim being filed against the County? (Y) (N)
	Damage to Property Other than Vehicles? (Y) (N) Describe: _____ Owner_____ Phone#_____ Address _____ Describe Damage_____
Persons Injured or Killed	Name _____ Age _____ Gender_____ Occupation _____ Address _____ Pedestrian (Y) (N) Driver or Passenger in Vehicle No_____ Killed? (Y) (N) Injured? (Y) (N) Extent of Injuries_____ Taken to_____ By _____
	Name _____ Age _____ Gender_____ Occupation _____ Address _____ Pedestrian (Y) (N) Driver or Passenger in Vehicle No_____ Killed? (Y) (N) Injured? (Y) (N) Extent of Injuries_____ Taken to_____ By _____
	Name _____ Age _____ Gender_____ Occupation _____ Address _____ Pedestrian (Y) (N) Driver or Passenger in Vehicle No_____ Killed? (Y) (N) Injured? (Y) (N) Extent of Injuries_____ Taken to_____ By _____
	Name _____ Age _____ Gender_____ Occupation _____ Address _____ Pedestrian (Y) (N) Driver or Passenger in Vehicle No_____ Killed? (Y) (N) Injured? (Y) (N) Extent of Injuries_____ Taken to_____ By _____

Witnesses	1) Name _____ Phone# _____ Address _____ 2) Name _____ Phone# _____ Address _____ 2) Name _____ Phone# _____ Address _____
Arrests / Citations	1) Name _____ Phone# _____ Address _____ Charges _____ 2) Name _____ Phone# _____ Address _____ Charges _____ 3) Name _____ Phone# _____ Address _____ Charges _____

Name of Police Officer Investigating Accident _____

Name of Police Department _____

County Crash Report Taken by Deputy Sheriff _____

Brief Summary of Accident by County Driver:

Describe Accident	Sketch
	N ⇧

This Report Made by:

_____

Signature of County Driver Making Report

Reviewed By:

_____

Department or Division Head

HAMILTON COUNTY PROPERTY LOSS REPORT

Complete this form for property loss or damage and send it to:
County Risk Manager, 138 E. Court Street, Room 707, Cincinnati, Ohio 45202
Phone: (513) 946-4322 Fax: (513) 946-4720

Reporting Employee_____Phone Number_____

Department _____

Location of Loss _____

Address_____City_____State_____ZIP_____

Date of Loss_____Time of Loss_____Estimate of Loss_____

Building and/or Contents

Details of Loss _____

Boiler & Machinery

Details of Loss _____

Robbery, Theft, or Vandalism (Please attach a Police Report)

Culprit Apprehended? (Explain) _____

Law Enforcement Authority Involved: _____

Details of Loss: _____

_____

_____

Summary of Incident

Description of Loss

_____ _____ _____

Signature of Reporting Employee Signature of Supervisor or Department Head Date

HAMILTON COUNTY

GENERAL LIABILITY ACCIDENT REPORT

Immediately after an incident involving the public, complete this form and send it to:
County Risk Manager, 138 E. Court Street, Room 707, Cincinnati, Ohio 45202
Phone: (513) 946-4322 Fax: (513) 946-4720

Reporting Employee_____Phone Number _____
Department_____
Location of Loss _____
Address_____City_____State_____ZIP_____
Date of Loss_____Time of Loss_____
Official Called to the Scene: Police _____Fire _____EMS_____
Officer Name:_____Report Number _____

Claimant (Property Damage)

Owner _____ Home Phone # _____
Address _____ City _____ State _____ ZIP _____
Describe Property _____ Location _____

Claimant (Bodily Injury)

Name _____ Home Phone # _____
Address _____ City _____ State _____ ZIP _____
Occupation _____ Description of Injury _____

Description of Accident _____
_____
_____
_____

Witnesses

Name _____ Home Phone # _____
Address _____ City _____ State _____ ZIP _____

Name _____ Home Phone # _____
Address _____ City _____ State _____ ZIP _____

_____ _____ _____
Signature of Reporting Employee Signature of Supervisor or Department Head Date

_____ _____
Signature of Department Head Date

Section: Risk Management	**Policy#:** **1.5** *see also* BOCC Policy Manual 5.4
Title: Worker's Compensation and Injury Reporting	
Dept: Human Resources	**Division:** Risk Management
Issued: 1/12/2018	**Revised:** **N/A**

Policy

A. Ohio law provides that every county employee is entitled to Workers' Compensation for an injury, occupational illness, and/or death arising out of and in the course of his/her employment. Such injury, illness, or death is referred to herein as a "workers' compensation incident" or "injury."

B. The Human Resources Department is responsible for proper administration of the Workers' Compensation Program. Department Heads are responsible for ensuring the proper reporting of any incident occurring in their departments are consistent with this policy and related standard operating procedure ("SOP"). Refer to Section 3.10, Accident Investigation, if an injury or incident occurs and treatment beyond first aid is required.

C. The Human Resources Department shall establish, maintain, and communicate SOPs for effectively administering this policy in accordance with applicable laws and regulations, and in cooperation with affected departments and agencies.

Procedure

This procedure is also found in Section 5.4 of the BOCC Personnel Policy Manual.

A. If an incident occurs in which an employee is injured during the course of and arising out of his/her employment with the County, the employee shall:

1. Immediately report the incident to his/her acting supervisor on duty at the time of the incident, but no later than twenty-four (24) hours after the occurrence.

2. Complete Box 1 **only**, *(Injured Worker and Injury/Disease/Death Info.)* on Ohio Bureau of Workers' of Compensation (OBWC) form 1101, FROI-1 (*First Report of an Injury, Occupational Disease or Death),* Hamilton County form HamCo044.

3. Return to supervisor within thirty-six (36) hours the signed **ORIGINAL** FROI-1 along with the following completed, signed, and dated ORIGINALS:

a. Hamilton County Incident Report Witness Verification Form(s) completed by all witnesses to the incident, Hamilton County form HamCo046.

b. Hamilton County Salary Continuation Employee Election of Compensation form, Hamilton County form HamCo048, completed by the employee. This form directs Hamilton County of the employee's wishes should he/she become eligible for compensation for time missed from work due to this work-related injury.

c. OBWC Authorization to Release Medical Information form, Hamilton County form HamCo047.

4. Should an employee be injured in a motor vehicle accident while performing his/her job duties, if able, the employee shall:

a. Call 911 to obtain law enforcement assistance. The local law enforcement agency shall investigate and report on any motor vehicle accident involving a vehicle owned by County or an accident resulting in injury or death to a County employee while he/she is performing his/her job duties.

b. Supervisors shall be contacted immediately to respond to the accident according to department motor vehicle accident procedures.

c. Unless the damaged County vehicle presents a safety concern, it shall not be moved until instructed by a law enforcement officer.

d. Exit the vehicle, if able, and stand in a safe place.

e. Present the *yellow card* found in the glove box. Provide the other party with the following information: Motor vehicle owner, Board of County Commissioners of Hamilton County Ohio, c/o Risk Manager, 138 East Court Street, Room 707, Cincinnati, OH 45202; or interdepartmental mail at CAB-707-90.

5. Should an employee sustain an injury from a "sharp" or needle stick, while performing the employee's job duties, the employee shall:

a. Report occurrence of accident to the Human Resources Department within three business days of the occurrence;

b. Complete the Needlestick/Sharp Incident Report (SH-12) and return to the attention of the following:

Hamilton County Workers' Compensation Specialist
Human Resources Department
138 East Court Street, Room 707
Cincinnati, Ohio, 45202
or Interdepartmental mail at CAB-707-90.

c. A "sharp" may be defined as any object used in or encountered when providing health care services that can be reasonably anticipated to penetrate the skin or any other part of the body and result in an exposure incident, including objects such as needle devices, scalpels, lancets, and broken glass.

6. All needle stick/sharp injuries should be reported for all County employees.

B. The Supervisor is responsible for sending to the:

Hamilton County Workers' Compensation Specialist
Human Resources Department
138 East Court Street, Room 707
Cincinnati, OH 45202, or
Interdepartmental mail at CAB-707-90

and ensuring arrival within seventy-two (72) hours of the occurrence the appropriately completed, signed, and dated **ORIGINALS** of the following forms:

1. FROI-1 (box 1 ONLY completed by the employee), Hamilton County form HamCo044.

2. Supervisor Verification Form (completed by the acting supervisor on duty at the time of the incident), Hamilton County form HamCo045.

3. Witness Verification Form(s) (to be completed by all witnesses to the incident), Hamilton County form HamCo046.

4. Authorization to Release Medical Information form (completed by the employee), Hamilton County form HamCo047.

5. Salary Continuation Employee Election of Compensation form (completed by the employee), Hamilton County form HamCo048.

C. **IMPORTANT NOTE:** If the incident results in a fatality or three (3) or more employees going to the hospital, a report shall be filed no later than eight (8) hours after the occurrence of the incident, as mandated by the Occupational Safety and Health Administration (OSHA) OAC 4167-6-10(C). The report shall be delivered to the address in "B" above within the prescribed time.

D. Regardless of the apparent seriousness of the injury, and regardless of whether medical treatment is sought, procedures in paragraphs A and B above shall be followed for **ALL** incidents, and forms shall be completed for **ALL** incidents without exception.

E. The Human Resources Department is the designated reporting representative responsible for recording incidents in accordance with OSHA requirements, as defined in OAC 4167-6-04. This includes continual maintenance of an OSHA log, annual posting of the OSHA summary, and filing a copy of the *Annual Summary of Recordable Occupational Injuries and Illnesses* with the Public Employer Risk Reduction Program (PERRP) for all County agencies.

F. The County works in conjunction with other parties involved in the administration of workers' compensation.

G. The OBWC is given the legislative authority to make the final decision on all allowances, issues, settlements, and/or other matters pertaining to workers' compensation claims.

H. Through the Health Partnership Program (HPP), the County selects a Managed Care Organization (MCO) to medically manage its workers' compensation claims. The MCO's duties include case management, paying of medical bills, provider referral, and education.

I. The County selects a Third-Party Administrator (TPA) to act on its behalf. The TPA's duties include filing appeals for hearing with the Industrial Commission, applying for handicap reimbursement on claims, and settling claims.

J. An employee who is injured during the course of employment and who must leave work before completing his/her designated work period shall be paid at the regular rate for the balance of time remaining in the workday, without a charge to accumulated leave balances.

K. If as a result of a recognized work-related condition an employee loses additional work days, excluding the date of injury, he/she may elect to use accumulated sick leave by completing a Hamilton County Salary Continuation Employee Election of Compensation form, Hamilton County form HamCo048, and submitting a Time Off Request.

L. The Human Resources Department shall keep a record of all injuries and occupational diseases resulting in seven (7) days or more of total disability or death and shall report them to the OBWC within one (1) week of acquiring knowledge of such injury or death and within one (1) week after acquiring knowledge of, or diagnosis of, or death from the occupational disease as required by section 4123.28 of the ORC.

M. If the employee has an allowed Workers' Compensation claim, is certified by the attending physician to be unable to work, is not working or receiving wages or sick leave, and has missed eight (8) or more calendar days (excluding the date of injury) from work

due to an injury or occupational disease as defined in ORC 4123.01 (C)-(F), the following options are available:

1. Temporary Total Compensation (TT):

   a. The injury must first become an allowed Workers' Compensation claim.

   b. Compensation will be issued beginning on the eighth (8th) calendar day following the injury.

   c. The first seven (7) days are not compensable until after fourteen (14) consecutive days of work have been missed. ORC 4123.55.

   d. Reimbursement will be based upon wages earned for the twelve (12) month period before the date of injury.

   e. The first twelve (12) weeks of TT is based upon 72% of "full weekly wages."

   f. The remaining weeks of TT will be based upon 66 2/3% of "average weekly wages." See ORC 4141.01.

   g. Once TT is chosen, a change in election to sick leave compensation cannot be made for the duration of the claim.

   h. Employees are prohibited from using sick leave in conjunction with receiving OBWC compensation for the same work days lost.

2. Sick Leave Compensation:

   a. If an employee chooses sick leave compensation, he/she may change his/her election after forty-five (45) days to TT by submitting a completed Hamilton County Salary Continuation Employee Election of Compensation form, Hamilton County form HamCo048, reflecting the change requested.

   b. Once TT is chosen, a change in election of sick leave compensation cannot be made for the duration of the claim.

   c. Compensation paid by using sick time cannot be restored.

   d. Employees are prohibited from using sick leave in conjunction with receiving OBWC compensation for the same work days lost.

N. Time off for an employee's own serious medical condition may qualify for FMLA. Employees should contact their payroll office for information.

O. Upon seeking medical treatment, the employee shall present to the medical provider the Hamilton County Managed Care Organization's "Workers' Compensation Identification Card." This ID card, available in each departmental payroll office, provides detailed contact information, including billing information.

P. Upon obtaining medical treatment resulting from a work-related incident, the employee shall take a copy of the signed completed FROI-1, Hamilton County form HamCo044, to the medical provider.

Q. After treating the employee, the employee's medical provider shall complete box two (*Treatment Info*), of the FROI-1 form and forward it to the Hamilton County Workers' Compensation Specialist, Human Resources Department, 138 East Court Street, Room 707, Cincinnati, OH 45202, or fax to 513-946-4730.

R. When an employee seeks medical treatment and the injury is filed with the OBWC, the employee shall receive a claim number from the OBWC.

S. As the Plan Administrator for Hamilton County, the Human Resources Department will decide whether to "certify" or "reject" an employee's claim, based upon guidelines provided by the OBWC established under Ohio Revised Code and Ohio Administrative Code. However, the OBWC has final authority in allowing or disallowing a claim.

T. An injured employee is responsible for maintaining ongoing contact with his/her department, medical provider, MCO, and Hamilton County Human Resources as necessary. In addition, the employee is responsible for providing his/her department an expected return to work date or restricted duty information within twenty-four (24) hours of initial and all follow-up medical treatment. In turn, the employee's department is responsible for keeping Hamilton County Human Resources informed of all issues related to an employee's claim, including any work days lost, restricted duty and return to work dates.

U. Employees who may be off work or have temporary restrictions for medical reasons may be eligible for participation in transitional work options on a case-by-case basis.

V. ONLINE REFERENCE: The Hamilton County Workers' Compensation Handbook is available with forms and step-by-step instructions for filing claims at:

http://www.hamiltoncountyohio.gov/government/departments/human_resources/workers_compensation

SECTION 2 – FIRE & LIFE SAFETY

Section: Fire and Life Safety	**Policy#:** **2.1**
Title: Fire Protection Impairment	
Dept: Human Resources	**Division:** Risk Management
Issued: 1/12/2018	**Revised:** **N/A**

Purpose

Fire protection equipment will need to be taken out of service (known as impairment) for repairs and modifications from time to time, or may be put out of service through an unexpected event (*e.g.*, a frozen section of sprinkler line bursting). When fire sprinklers or fire alarm systems are out of service (impaired), fire protection and safety is seriously compromised. This policy contains the minimum actions that must be taken to protect Hamilton County ("County") owned buildings and their occupants from fire hazards. In some cases, the local fire department may impose additional requirements.

Required Action

To minimize the risk during impairment of fire protection equipment, the following actions are required:

1. Fire protection systems shall not be taken out of service unless approved by site facilities management (typically Director of County Facilities). This applies particularly to contractors, including the contracted fire system maintenance provider.

2. When a system has been isolated due to an emergency, notification of the parties listed below shall be provided as soon as possible. For planned impairments, forty-eight (48) hours advance notice is required.

3. All impairments of an expected duration of greater than eight (8) hours requires the following parties to be notified:

    a. Director of County Facilities
    b. County Risk Manager (513) 946-4322
    c. Insurance Broker / Carrier
    d. Building Manager
    e. Department Heads in Building
    f. Fire Department (if entire building fire protection is taken out of service)

4. Before isolating a system:

    a. Shut down any hazardous operations, including cutting, grinding, and welding, until protection is restored.

b. Pre-plan the flow of work to minimize the extent and duration of the impairment.

c. Properly affix **"Out of Service" red tags** to the system control valve or equipment. Tags can be obtained by calling County Risk Management.

d. Maintain as many sprinklers in service as possible.

e. Supplement manual fire protection with extra fire extinguishers.

f. When impairment involves an entire building system shutdown, fire watches shall be required. These individuals shall have no other duties and shall be trained in identifying and controlling fire hazards, detecting early signs of unwanted fire, the use of portable fire extinguishers, and in occupant and fire department notification techniques. When utilized, fire watches shall be provided with at least one approved means for notification of the fire department and their only duty shall be to perform constant patrols of the premises and keep watch for fires.

5. During the impairment:

a. Ensure work is continuous until protection is restored.

b. Ensure that the building or areas involved are constantly attended and supervised.

c. Maintain a fire watch as described above in policy 2.1(4)(f).

6. On completion of repairs:

a. Test the system, return it to full operation, and notify the building management to cancel the additional supervision of impaired areas.

b. Remove red tags from control valves and place in building file.

c. Notify all appropriate parties, as indicated above in policy 2.1(3) that the system has been returned to full service

Reference

Ohio Administrative Code 1301:7-7-09, *Fire Protection Systems*

Section: Fire and Life Safety	**Policy#:** **2.2**
Title: Hot Work Fire Safety Permits	
Dept: Human Resources	**Division:** Risk Management
Issued: 1/12/2018	**Revised:** **N/A**

PURPOSE

"Hot Work" is one of the leading causes of fires across all industries according to the National Fire Protection Association. Hot Work operations involve some form of open flame that produces heat or sparks such as welding, torch cutting, arc cutting, soldering, and brazing. Hot Work also involves hot riveting, grinding, and pipe thawing. These operations increase the potential for a fire at a facility.

Section 2.2 provides guidelines for a systematic approach to control Hot Work fire hazards and reduce the fire potential associated with Hot Work. Further, it also explains how to properly complete and utilize the Hot Work Permit.

1. BACKGROUND

An effective Hot Work program begins with management. Management plays a key role in the Hot Work program by requiring and supporting a Hot Work permit policy at the facility. The policy should clearly communicate responsibility, authority and consequences for failure to comply with the Hot Work program. A proper Hot Work program requires that a Hot Work permit be completed prior to the commencement of any Hot Work task and properly closed out after the Hot Work task is completed. The policy should clearly state that any Hot Work being conducted without a valid Hot Work permit will be stopped immediately.

The Hot Work program shall apply to all contractors. Contracts should stipulate that the facility Hot Work permit will be used by contactors for all Hot Work activities.

A Hot Work permit should be issued to those employees or contractor employees conducting the work, only after the proper precautions are taken. The Hot Work permits should only be issued by qualified (trained) managers or supervisors at the facility.

2. ROLES AND RESPONSIBILITIES

There are several roles that must be carried out to successfully complete Hot Work, whether done in-house or by outside contractors.

Management

- Designates Hot Work Permit Authorizing Individual(s) (PAI). These should be those who have authority such as managers and supervisors.
- Ensures all individuals involved in Hot Work are familiar with NFPA 51B
- Ensures that all individuals are trained in safe use of equipment
- Ensures that all individuals understand emergency procedures in the event of a fire

Permit Authorizing Individual (PAI)

- Clears combustible materials (*e.g.*, paper clippings, wood shavings, textiles) within a 35-foot radius of the work area in all directions, horizontally and vertically, or arranges for shielding of combustibles
- Protects combustible floors with wet sand or fire-retardant shields, and assesses shock hazards associated with wet floors
- Ensures that fire protection equipment is in proper working order
- Implements a fire watch
- Issues a Hot Work permit for a specific area on a specific date by a specific department or contractor
- Performs final check of work area at least one (1) hour after completion of Hot Work
- Determines if an extended fire watch is necessary

Hot Work Operator

- Obtains PAI approval before starting work
- Ensures that equipment is in good, safe working order
- Ceases Hot Work if conditions become unsafe, notifying PAI or management

Fire Watch (in-house personnel or contractor)

- Understands site hazards
- Ensures safe conditions throughout Hot Work process
- Has authority to stop Hot Work if conditions become unsafe
- Has an extinguishing agent on hand and is trained in its use

- Sounds alarm if fire occurs
- Fire watch will monitor the Hot Work area at least one (1) hour after the job is completed.

3. COMPRESSED GAS CYLINDER HANDLING AND STORAGE

Compressed gas cylinder usage is often associated with Hot Work operations. Examples of compressed gases commonly used include propane, acetylene, oxygen, argon, helium, and carbon dioxide.

Compressed gas cylinders should be stored with the protective caps in place. Cylinders should be stored in the upright position and secured against tipping over. Cylinder carts should include a chain or strap to secure the cylinder to the cart. Oxygen cylinders should be stored in compartmentalized areas and kept separate (at least 20 feet away) from flammable gas cylinders, such as propane and acetylene.

4. PROHIBITED AREAS FOR HOT WORK OPERATIONS

- Any area not authorized by management
- Any area where the sprinkler system is impaired or shut down, unless a fire watch is established as part of a sprinkler system impairment program
- Any area or vessel where flammable or combustible gases, vapors or dusts could be ignited by Hot Work operations, including drums, tanks, and vessels presently containing such materials or uncleaned vessels that previously contained flammable or combustible materials

5. CONTRACTOR MANAGEMENT

A contract or statement of work should define the work to be completed. Contractors should follow Hot Work policies and procedures. In a recent four-year study, 67% of all Hot Work fires were caused by contractors. Certificates of insurance should be obtained from the contractor with limits of liability consistent with work performed and associated hazards.

6. HOT WORK PERMIT

The first step in evaluating a Hot Work permit is to determine if the work is truly necessary. Can the task be accomplished safely by another means? Can the work be moved to a designated weld-safe area where a Hot Work permit is not required such as the maintenance shop/area?

If the work cannot be done by another means or moved to a designated weld-safe area, then the issuing manager or supervisor must review the site safety precautions and complete the Hot Work permit.

7. PERMIT INSTRUCTIONS

Date Permit Expires:	The permit must be limited to a single shift. The date that the permit expires must be documented on the form. If the work is not completed within a single shift, or by the date on the form, a new permit must be issued.
Extended Fire Watch:	The permit has a standard fire watch time period of at least one (1) hour. If work is to be conducted in or near storage areas or other areas where a deep-seated fire could develop, an extended fire watch must be required. This can be up to 3 ½ additional hours.
Permit Authorizing Individual (PAI):	The PAI must review and address all items in the *Required Precautions Checklist* and check the applicable boxes.
Within 35 ft. of task area(s):	The PAI must review all items in this section and check the applicable precautions that have been taken. Any ductwork openings must be covered to prevent sparks from entering the ductwork and being carried into the system.
Work on Walls or Ceilings:	The PAI must check the applicable precautions that have been taken.
Work on Enclosed Equipment:	The PAI must review all the items in this section and check the applicable boxes.
Fire Watch and Hot Work Area Monitoring:	The PAI must review all the items in this section and check the applicable boxes. All personnel assigned to fire watch must be qualified (trained) to conduct fire watches. The area surrounding the Hot Work task area, including areas situated directly above and below the Hot Work areas should be monitored. Personnel assigned to fire watch should be trained on the use of fire protection equipment (portable fire extinguishers and/or small hose streams).
Other Precautions Taken:	The PAI must review all the items in this section and check the applicable boxes.
Hot Work Completed Signed:	The individual assigned to conduct the Hot Work must sign their name along with the date and time the work was completed. This

	provides a start time for the fire watch to monitor the work area.
Fire Watch Completed Signed:	The individual assigned to the fire watch duty must sign his/her name along with the date and time the fire watch was completed. Where an extended fire watch is required on the permit, the individual must sign off after the extended fire watch time has expired.
Final Check Off Completed Signed:	The PAI must sign off after inspecting the area and verifying that all presiding signatures are in place.

After the work has been signed off as completed, the permit must be filed to signify the Hot Work has been completed and that the permit is closed out. The permit must be kept on file for at least three (3) years and be made available for review by inspectors having authority or insurance carriers.

Resources

NFPA 51B Standard for Fire Prevention During Welding, Cutting, and Other Hot Work

OSHA 29 CFR 1910 Subpart Q Welding, Cutting, and Brazing

ANSI Z49.1

HAMILTON COUNTY, OHIO

HOT WORK PERMIT

This Hot Work Permit is required for any operation involving open flames or producing heat and/or sparks. This includes, but is not limited to: Welding, Brazing, Cutting, Grinding, Soldering, Thawing Pipe, etc.

PERMIT ISSUING MANAGER OR SUPERVISOR:

The location where this hot work is to be performed has been examined and necessary precautions taken. Permission is hereby granted for this work:

Name of person issuing this permit:

Signed:

_____

Date: ___/____/____ W.O. #_____

Start Time: _____(AM/PM)

Permit Expires: Date Time AM/PM

Extended Fire Watch Required? YES / NO

Extended Fire Watch Duration: _____ hours

HOT WORK BEING CONDUCTED BY:

- ☐ Employee
- ☐ Contractor Name: _____

TYPE OF HOT WORK:

- ☐ Welding
- ☐ Cutting
- ☐ Brazing
- ☐ Thawing pipe
- ☐ Soldering
- ☐ Grinding
- ☐ Torch applied roofing
- ☐ Other_____

Location / Building / Floor

_____

Nature of Job / Project Name

FIRE / SMOKE DETECTION

	Disabled	Reactivated
Date / Time:	_____	_____
Initial:	_____	_____

Date/Time

Hot Work Completed Signed (Hot Work Operator)

Date/Time

Fire Watch Completed Signed

Date/Time

Final Check Off Completed Signed

OK	N/A	**REQUIRED PRECAUTIONS CHECKLIST**
☐	☐	Automatic Fire Detection Disabled.
☐	☐	Available sprinklers and fire extinguishers are in service and operable.
☐	☐	Hot work equipment is in good repair.
		Requirements within 35 feet of work:
☐	☐	Flammable liquids, dust, lint, and oil deposits removed.
☐	☐	Explosive atmosphere in area eliminated. LEL Reading: _____ (must be less than 10% LEL)
☐	☐	Floors swept clean of combustible dust or debris.
☐	☐	Combustible floors wet down, covered with damp sand or fire-resistant sheets/blankets.
☐	☐	Remove other combustibles where possible, otherwise protect with fire-resistant blankets, guards, or metal shields.
☐	☐	All wall and floor openings covered.
☐	☐	Fire-resistant blankets suspended beneath work.
		Work on walls, ceilings or roofs:
☐	☐	Construction is non-combustible and without combustible covering or insulation.
☐	☐	Combustibles on other side of walls, ceilings or roofs are moved away
		Work on enclosed equipment:
☐	☐	Enclosed equipment cleaned of all combustibles?
☐	☐	Containers purged of flammable liquids/vapors?
☐	☐	Pressurized vessels, piping and equipment Removed from service, isolated and vented.
		Fire Watch/Hot Work area monitoring:
☐	☐	Fire watch will be provided during work operations as required by procedure or deemed necessary by PAI.
☐	☐	Fire watch is supplied with suitable extinguisher.
☐	☐	Fire watch is trained in use of this equipment and in sounding alarm.
☐	☐	Fire watch required for adjoining areas, above and below.
☐	☐	Fire watch will monitor hot work area 30 minutes after job is completed.
		Other precautions taken:
☐	☐	Ample ventilation to remove smoke/vapor from work area.
☐	☐	Sprinkler heads that could be activated by hot work have been covered with a wet rag.
☐	☐	Smoke detectors in the area of hot work have been covered to prevent false alarms.

Section: Fire and Life Safety	**Policy#:** **2.3**
Title: Fire and Emergency Policy	
Dept: Human Resources	**Division:** Risk Management
Issued: 1/12/2018	**Revised:** **N/A**

Purpose
The purpose of this plan is to outline the procedures used by Hamilton County ("County") to protect its employees and the occupants of its buildings during an emergency. This program is based on requirements in the Code of Federal Regulations (OSHA 29 CFR 1910 and 29 CFR 1926) and adopted by Ohio's *Public Employment Risk Reduction Program*, Ohio Revised Code 4167.

Policy
This Fire and Emergency Policy calls for the development of building emergency action plans to set forth procedures to minimize the risk, extent of loss, and recovery from potential emergency events in and around the County-owned buildings. Plans must be developed specifically for each County-owned building that sets forth emergency procedures for building evacuation, shelter, and shelter-in-place responses for natural and human-made events; initial responses to fire and medical emergencies; and actions in response to personal and operational threats.

Departments and Personnel Affected
This program applies to all County Departments that occupy County-owned buildings, and to other agencies occupying County buildings jointly with County employees. County employees in a leased building will coordinate their occupant emergency plan with other tenants and the owner of that building provided that the plan conforms to the requirements of the OSHA standards. **This program does not apply to County-owned detention centers. Detention centers have separate requirements and affected departments will have separate plans for those buildings.**

Responsibilities

1. County Risk Manager will ensure that emergency plans and procedures are developed for all County-owned buildings and will maintain current copies of the plans for review by regulatory agencies and insurance carriers. The Risk Manager will work with the appropriate parties and stakeholders to ensure that plans are developed, implemented, and communicated to County employees and elected officials.

2. County Safety and Security Manager will, under the direction of the Risk Manager, work with the appropriate parties and stakeholders to ensure that plans are developed, implemented, and communicated to County employees and elected officials. The County Safety and Security Manager will also provide risk assessment; training support; annual plan updates; coordinate drills with the Fire Prevention Bureau, County Facilities, and Sheriff; and assess and report the efficiency of practice drills and emergency evacuations.

3. Director of County Facilities or his/her designees is responsible for maintaining fire alarm and extinguishing systems in accordance with state and local fire codes and standards, including but not limited to:

   a. Assuring compliance with all fire protection requirements pertaining to the design, erection, construction, enlargement, alteration, repair, moving, removal, demolition, conversion, occupancy, equipment, and use of all County-owned buildings, structures and utilities under his/her jurisdiction. Also see Section 2.400 – *Fire Protection Systems Maintenance.*

   b. Inspecting, testing and maintaining all facility fire alarm systems including, but not limited to, automatic and manual initiating devices, flow and tamper switches, horns and/or bells, circuitry, supervisory and monitoring panels, and devices in accordance with frequency and procedures as prescribed in NFPA 72.

   c. Maintaining, where applicable, all fire mains, fire pumps, water tanks, underground street valves (if applicable), and pressure-reducing valves in accordance with NFPA 25.

   d. Maintaining and updating all posted evacuation and sheltering floor plans to reflect any building changes resulting from renovations and space reconfigurations that change the evacuation routes and areas of shelter.

   e. Cooperating with the County Safety and Security Manager in scheduling and conducting fire evacuation and sheltering drills.

4. Department Heads shall cooperate with the County Risk Manager in all aspects of emergency planning including cooperation in planning, plan development, training, participation in emergency drills, and communication of the contents of the emergency action plan(s) to their staff and employees. Department Heads also shall implement any additional or supplemental safety programs and procedures unique to the safe operation of their departments.

5. Elected Officials, Agencies, and Boards under the purview of the County are encouraged to cooperate with the County Risk Manager in plan development, training, participation in emergency drills, and communication of the contents of the emergency action plan(s) to their staff and employees.

Development of Emergency Plans

Emergency Action Plans shall be developed specific to each County building, site, and location that addresses all types of emergencies most likely to be encountered, including but not limited to:

- **Medical**
- **Fire**
- **Severe Weather**
- **Bomb Threat**
- **Earthquake**
- **Chemical Spill**
- **Extended Power Loss**
- **Riot /Civil Disturbance**
- **Active Shooter**
- **Workplace Violence**

County Risk Management shall assist with approved plan templates and development.

Fire and Evacuation Drills

Applicability. All County buildings shall have fire drills to familiarize the occupants and building personnel with emergency procedures.

1. *Frequency*

   a. County facilities include schools, correctional facilities, and office occupancies. Requirements for fire drills differ by occupancies as well as local and State fire codes. It is the local government authority having jurisdiction that determines the frequency of fire drills.

   b. Fire drills shall be conducted in accordance with the local, state, and national codes governing specific occupancies (*i.e.*, schools, correctional, office occupancies).

   c. **A minimum of two (2) fire drills per calendar year will be conducted in all Hamilton County facilities.** One of the two drills shall be unannounced.

   d. Record keeping. A record of all fire drills shall be kept on the premises and shall be available to the fire inspectors and other appropriate personnel upon request. County Risk Management, Office of Safety & Security shall also maintain copies. A form for evacuation and fire drill recordkeeping is included in this program on page 4 and can also be found on the Hamilton County Risk Management Safety and Security web site.

   e. Degree of Evacuation. All personnel are required to participate in fire drills. The evacuation procedure and degree of evacuation will be in accordance with the facility type (*i.e.*, educational; correctional-detention; office building, courts, etc.), local fire department, and the facilities' evacuation plan. The building fire alarm shall be operated during the drill to familiarize all occupants with the distinctive sound of the fire alarm.

2. *Training and Education*

   a. General Requirements. Before implementing the emergency action plan, the Official in Charge (or Department Head) shall designate and train - or ensure training of - a sufficient number of persons to assist in the safe and orderly evacuation of employees and occupants.

   b. Employees with Assigned Duties. The affected Department Head, Agency Head, or their designees, shall review the plan with each employee with assigned duties in the plan at the following times:

      i. Initially, when the plan is developed;
      ii. Upon new hire;
      iii. Whenever the employee's duties or designated responsibilities under the plan change; and
      iv. Whenever the plan is changed.

   c. Employees without Assigned Duties. The Department Head, Agency Head, or their designees, shall review with each employee upon initial assignment those parts of the plan which the employee must know to protect the employee in the event of an emergency.

Emergency Drill Evaluation Report

Location / Address:_____

Type of drill: ☐ Evacuation ☐ Shelter Date of drill: _____

Time drill started: _____ Time drill concluded: _____

Building Evacuation Time:_____

Drill conducted by: _____

During evacuation:

Was the alarm heard clearly throughout the facility?_____

Did occupants evacuate or shelter immediately?_____

Were plans for the mobility-impaired persons implemented? _____

Did occupants evacuate or shelter to the approved assembly location? _____

Did building emergency systems operate as designed/per code?_____

Drill Rating:

_____ ***Good*** (no additional training or drill needed)
_____ ***Fair*** (additional training is required)
_____ ***Poor*** (additional training and another drill is required).

Give a narrative to assess the drill, including what went well and what needs improvement:

_____

_____

_____

_____

Completed by:_____ Date:_____

Instructions:

Complete this form and submit within 2 working days to the County Safety & Security Manager, Courthouse, 1000 Main Street, Room 628, Cincinnati, Ohio 45202
Phone: (513) 946-4322

Section: Fire and Life Safety	**Policy#:** **2.4**
Title: Fire Protection Systems Maintenance	
Dept: Human Resources	**Division:** Risk Management
Issued: 1/12/2018	**Revised:** **N/A**

Purpose
Section 2.4 outlines the requirements for the installation, inspection, maintenance, and testing of fire protection systems in Hamilton County ("County") owned buildings.

Portable Fire Extinguishers

1. Inspection, Maintenance, and Testing of portable fire extinguishers in all County Buildings shall be inspected, maintained, and tested in accordance with:
   a. City of Cincinnati Municipal Code – Title XII Fire Prevention Code, Chapter 1211 Fire Extinguishers;
   b. Ohio Administrative Code (OAC) 1301:7-7-09 Fire protection systems
   c. National Fire Protection Association NFPA 10 – Fire extinguishers
2. Trained Personnel. Only properly trained personnel may use portable fire extinguishers. Use of portable fire extinguishers by unauthorized employees may result in serious injuries to the employee or others and is forbidden.

Fire Protection Systems and Equipment

Fire protection systems shall be inspected, tested, and maintained in accordance with the referenced standards listed below:

System	Standard
Portable fire extinguishers	NFPA 10 *as listed in rule 1301:7-7-47 of the OAC*
Carbon dioxide fire-extinguishing systems	NFPA *12 as listed in rule 1301:7-7-47 of the OAC*
Halon 1301 fire-extinguishing systems	NFPA 12A *as listed in rule 1301:7-7-47 of the OAC*
Dry-chemical extinguishing systems	NFPA 17 *as listed in rule 1301:7-7-47 of the OAC*
Wet-chemical extinguishing systems	NFPA 17A *as listed in rule 1301:7-7-47 of the OAC*
Water-based fire protection systems	NFPA 25 *as listed in rule 1301:7-7-47 of the OAC*
Fire alarm systems	NFPA 72 *as listed in rule 1301:7-7-47 of the OAC*
Water-mist systems	NFPA 750 *as listed in rule 1301:7-7-47 of the OAC*
Clean-agent extinguishing systems	NFPA 2001 *as listed in rule 1301:7-7-47 of the OAC*

Section: Fire and Life Safety	**Policy#:** **2.5**
Title: Indoor Space Heaters	
Dept: Human Resources	**Division:** Risk Management
Issued: 1/12/2018	**Revised:** **N/A**

1. PURPOSE

Section 2.5 establishes the guidelines for the use and prohibition of portable space heaters in Hamilton County ("County") buildings. Under this policy, the use of indoor space heaters is strictly limited due to risk of fire and concerns for energy consumption. This policy applies to all County buildings owned, operated, or maintained by the Board of County Commissioners ("Board").

Section 2.5 outlines the minimum requirements for the use of portable indoor space heaters. **Facilities not maintained by the County Facilities may develop their own procedure, but that procedure must meet or exceed the minimum requirements of this policy, and must be submitted for review and approval by the County Risk Manager.**

2. DEFINITIONS

"County Buildings" are buildings owned, operated, or maintained by the Board.

"Space heater" is a self-contained device for heating an enclosed area.

3. SCOPE

This policy applies to the use of portable space heaters in indoor settings (i.e., offices, workshops) within County buildings. This policy is meant to outline the minimum requirements for the use of portable indoor space heaters.

The local fire inspector may further restrict use of portable indoor space heaters per local fire code or ordinance.

This policy does NOT apply to the following:

- The temporary use of portable heaters for construction and outdoor settings. Use in these circumstances shall be governed by the work hazard planning process and site safety plans in place for County construction projects;
- Non-portable area heaters that are wired or plumbed into the building utilities by the County Facilities Department or included in building construction; and
- Heated footrests or heated floor mats of 200W or lower power.

4. PROCEDURE

Occupants of County buildings whose workplaces are "too cold" should first contact County Facilities at (513) 946-5000 to request assistance in adjusting the temperature of the area. If Facilities Management personnel determine that the work area cannot be made more comfortable, some auxiliary equipment may be necessary.

The compliant use of electric space heaters is permitted, as a temporary measure, only if the following requirements are met:

Approval

- Electric space heaters consume a significant amount of electrical energy. Use of electric space heaters is restricted to areas where County Facilities has specifically authorized their use. Such authorization shall be in writing.

Equipment

- Only electric space heaters rated at 110-volts AC may be used. Heaters that burn liquids, gases, or solid materials are not permitted.
- All heaters must be *Underwriters Laboratories (UL) Listed or Factory Mutual approved* for their intended use.
- Heaters must have a thermostat to automatically shut down the unit when the desired temperature is achieved.
- Heaters must have a tip-over automatic shutdown feature.
- The space heater appliance power cord must have a grounded three prong plug.
- Electric space heaters must be inspected at least annually (generally in Oct. – Nov.) and repaired as required by a qualified electrician. Heaters that cannot be repaired are to be discarded with the plug cutoff to prevent inadvertent use by others.

Proper Use

- Users are required to read and follow the manufacturer's operating instructions for space heater(s). Space heaters must be kept in good working order with guards and controls present and operating as designed.
- Heaters must be monitored when in operation.
- Heaters missing guards, control knobs, feet, etc., must be taken out of service immediately and repaired by a competent person.

- The space heater must be plugged directly into a wall outlet. Do not use extension cords or power strips because of the risk of overheating and possibility of catching fire.
- Do not use heaters in rooms that will not be continually occupied.
- Do not route a space heater cord under rugs or carpeting; doing so could cause the cord to overheat and the rugs or carpeting to burn.
- Heaters should only be placed on a level surface at least thirty-six (36) inches away from any combustible materials and not in enclosed areas such as underneath desks or workstations.
- To prevent electrical shocks and electrocutions, always keep portable electric heaters away from water and ***never*** touch an electric heater if you are wet.
- The space heater must always be turned off when the area being heated is not occupied.
- Never leave heaters on while unattended or on overnight. When the space being heated is being vacated, space heaters shall be turned off and unplugged.
- The County Facilities, County Risk Manager, and/or County Safety Office reserve the right to inspect and declare "unapproved" any space heater that creates a hazard or is inappropriate to a particular location based on specific circumstances, code, and/or legal requirements.

REFERENCES

ORC 4167.04 Duty of public employer to provide safe place of employment

OSHA Subpart S Electrical, 1910.334 "Use of Equipment"

OSHA 1910 1910 Subpart

SECTION 3 – SAFETY

Section: Safety	**Policy#:** **3.1**
Title: Employee Training and Orientation	
Dept: Human Resources	**Division:** Risk Management
Issued: 1/12/2018	**Revised:** **N/A**

Purpose: The purpose of Section 3.1 is to outline the procedures and requirements to assure that all employees of Hamilton County ("County") receive the proper training as required by PERRP/OSHA standards and applicable County programs.

Departments and Personnel Affected: Employee Training and Orientation applies to all County Departments and employees whose work category requires training by an OSHA standard or this program.

Responsibility: The Department Head is responsible for assuring that all employees receive the proper training and retraining as required by the applicable OSHA standard and this program

Recordkeeping: The Department Head or designee must keep accurate records of all training activities. The records must contain the following information:

1. Name, SSN, Title, and Employment Date
2. Date of training
3. Nature of training

General safety orientation containing information common to all employees should be reviewed with every employee, ***before beginning their regular job duties.*** Recommendations include (at a minimum):

- Review the County Safety Policy and Workers' Compensation Policy, with extra time spent on: Accident & hazard reporting procedures, emergency procedures, first aid, personal protective equipment, and special emphasis programs (Drug-Free Workplace Policy, Return-to-Work Policy, Wellness Programs);
- Encourage & motivate employee involvement in safety. Make each employee accountable for their safety and the safety of their coworkers;
- Explain the Workers' Compensation system and fraud prevention;
- Review any known workplace hazards; and
- Conduct training on any topics that are not scheduled to be addressed within a reasonable timeframe and are relevant to the employee's job.

Job-specific training ***provided before performing the task*** should include:

- Specific safety rules, procedures, hazards, and special emphasis programs (*e.g.*, Machine Guarding, Welding, Lockout/Tagout) to complete their job; and
- Identify employee's or employer's responsibilities.

Continual training should be provided to new hires. Each new hire should be assigned to work with an experienced worker for at least six (6) months. The senior employee should act as a mentor and ensure that the new employee is working safely and exhibits a positive safe attitude.

Retraining: Regardless of the training frequency required by OSHA standards, any employee who fails to demonstrate competence or the necessary knowledge in any area of required training must be retrained as soon as possible.

The attached Safety Training Record provides a means for keeping these records.

Access to Employee Exposure and Medical Records

1. *Reference*
    a. 29 CFR 1910.1020(g)
2. *Applicability*
    a. All employees who have exposure or medical records as a result of workplace exposure.
3. *Frequency*
    a. Upon employment
    b. Annually
4. *Elements*
    a. The existence, location, and availability of any medical and exposure records
    b. The person responsible for maintaining and providing access to records
    c. Each employee's rights of access to these records
    d. Explanation of County program

Accident/Injury Reporting

1. *Reference*
    a. Risk Management Manual – Section 1.500 – "Worker's Compensation and Injury Reporting"
2. *Applicability*
    a. All employees
3. *Frequency*
    a. Upon employment
4. *Elements*
    a. Explanation of program
    b. Review of accident/injury reporting forms and procedures

Accident Prevention Signs and Tags

1. *Reference*.
    a. 29 CFR 1910.145
2. *Applicability*
    a. All employees whose work takes them into areas where hazards or special precautions are posted.
3. *Frequency*
    a. Upon employment

4. *Elements* - Include only those applicable to workplace
    a. Appearance and meaning of DANGER signs
    b. Appearance and meaning of CAUTION signs
    c. Appearance and meaning of safety instruction signs
    d. Appearance and meaning of BIOHAZARD sign
    e. Appearance and meaning of RADIATION sign
    f. Appearance and meaning of ASBESTOS DANGER sign
    g. Appearance and meaning of tags used in Lockout/Tagout

Asbestos Operation & Maintenance Plan

1. *Reference*
    a. 29 CFR 1910.1001
2. *Applicability*
    a. All employees whose work may expose them to asbestos in County buildings
3. *Frequency*
    a. Before being assigned duties, which may expose employee to asbestos.
    b. Annual
    c. When plan changes
4. *Elements*
    a. 29 CFR 1910.1001
    b. Explanation of program

Bloodborne Pathogens

1. *Reference*
    a. 29 CFR 1910.1030
    b. Risk Manual – Section 3.500 - "Bloodborne Pathogens".
2. *Applicability*
    a. All employees with the potential exposure to body fluids.
3. *Frequency*
    a. Upon employment
    b. Annually
    c. Changes made to procedures
4. *Elements*
    a. Explanation of County program
    b. Copy of standard and explanation of contents.
    c. Explanation of epidemiology and symptoms of bloodborne diseases
    d. Explanation of modes of transmission of bloodborne diseases
    e. Explanation of County Policy and Department's exposure control plan
    f. Methods to recognize tasks/activities that may involve exposure to blood and other potentially infectious materials
    g. Explanation of use and limitations of methods that will prevent or reduce exposure including engineering controls, work practices, and personal protective equipment
    h. Information of types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment

i. Basis for selection of personal protective equipment
j. Appropriate action to take and the person(s) to contact in an emergency involving blood or other potentially infectious material
k. Information on Hepatitis B vaccine, including efficacy, safety, and method of administration, benefits, and that it will be offered free
l. Procedures to follow when there is an exposure including method of reporting, forms to complete, and medical follow-up
m. Information on post exposure evaluation
n. Explanation of signs and labels required
o. Opportunity for questions

Confined Spaces

1. *Reference*
   a. 29 CFR 1910.146
   b. 29 CFR 1926.21(b)(6)
   c. Risk Manual – Section 3.700 - "Permit-Required Confined Spaces"
2. *Applicability*
   a. All employees who are required to enter or work in confined spaces
3. *Frequency*
   a. Before assigned duty requiring work in confined spaces
   b. Before there is a change in assigned duties
   c. Whenever there is a change in confined space operations that presents a hazard about which an employee has not been previously trained
   d. Whenever there is evidence that there are inadequacies in an employee's knowledge or willingness to follow proper procedures
4. *Elements*
   a. Non-rescue personnel
      (1) Requirements of regulation and County program
      (2) Location of identified confined spaces
      (3) Use of equipment associated with confined spaces
      (4) Nature of hazards involved
   b. Rescue personnel
      (1) Use of personal protective and rescue equipment
      (2) Practice making permit space rescues at least once every twelve (12) months using manikins or real persons; and permit spaces must simulate actual types of permit spaces from which rescues will be performed
      (3) Basic first aid and CPR
      (4) Requirements of regulation and County program
      (5) Use of equipment associated with confined spaces

Electrical Safety

1. *Reference*
   a. 29 CFR 1910.332-335
2. *Applicability*

a. All employees who could face a risk of electrical shock or perform electrical wiring/installation. This includes but is not limited to all employees in building maintenance, ground maintenance, electricians and heating/air conditioning maintenance.

3. *Frequency.*
   a. Before being assigned duties that could expose employee to electrical shock or before performing electrical wiring/installation.
4. *Definitions*
   a. Qualified employee. Employee who is allowed to work on or near exposed electrically energized parts.
   b. Unqualified employee. Employee who works on or near electrical installations but are not exposed to electrically energized parts.
5. *Elements*
   a. Qualified and unqualified employees.
      (1) .333(a) - General safety related work practices to prevent electric shock while working on or near equipment or circuits, which are or may be energized.
      (2) .333(b) - Working on or near exposed de-energized parts
      (3) .333(c) - Working on or near exposed energized parts
      (4) .334(a) - Portable electric equipment
      (5) .334(b) - Electric power and lighting circuits
      (6) .334(c) - Test instruments and equipment
      (7) .334(d) - Occasional use of flammable or ignitable materials
      (8) .335(a) - Use of protective equipment
      (9) .335(b) – Alerting techniques
      (10) Logout/tagout procedures
   b. Qualified employees
      (1) Techniques and skills used to distinguish exposed live electrical parts.
      (2) Techniques and skills used to determine the nominal voltage of live parts.
      (3) Clearance distances specified in .333(c) and voltages to which qualified person may be exposed.

Emergency Plan

1. *Reference*
   a. 29 CFR 1910.38 b. 29 CFR 1910.165(b)(4)
   b. Risk Management Manual – Section 2.300 - "Fire and Emergency Policy"
2. *Applicability.* All employees
3. *Frequency*
   a. Upon assignment
   b. When duties in plan change
   c. When plan changes
4. *Elements*
   a. Review the plan with employee

Emergency Response to Hazardous Substance Release

1. *Reference*
    a. 29 CFR 1910.120
2. *Applicability*
    a. Any employee who responds to releases, or threats of releases, of hazardous substances.
3. *Frequency*
    a. Before assigned duty of emergency response.
    b. Annually. Training sufficient to maintain competency or demonstration of competency. If a demonstration of competency is used to meet the annual training then a record must be kept of the methodology used to demonstrate competency.
4. *Elements*
    a. *First responder awareness level* .120(q)(6)(i) Employees who are likely to witness or discover a hazardous substance release, and who have been trained to initiate an emergency response sequence by notifying the proper authorities of the release. They take no further action beyond notifying the authorities of the release.
        (1) Understanding of what hazardous substances are and the risks associated with them in an incident.
        (2) Understanding of the potential outcomes associated with an emergency created when hazardous substances are present.
        (3) Ability to recognize the presence of hazardous substances in an emergency.
        (4) Ability to identify the hazardous substances, if possible.
        (5) Understanding of the role of the first responder awareness level in the emergency response plan including site security and control and the USDOT Emergency Response Guidebook.
        (6) Ability to realize the need for additional resources, and to make appropriate notifications to the communication center.
    b. *First responder operations level* .120(q)(6)(ii) Employees who respond to releases or potential releases of hazardous substances as part of the initial response to the site for the purpose of protecting nearby persons, property, or the environment from the effects of the release. They are trained to respond in a defensive fashion without actually trying to stop the release. Their function is to contain the release from a safe distance, keep it from spreading, and prevent exposures. At this level employees must have eight (8) hours of training or have had sufficient experience to demonstrate competency in the following objectives:
        (1) Knowledge of the basic hazard and risk assessment techniques.
        (2) Know how to select and use proper personal protective equipment provided to the first responder operational level.
        (3) Understanding of the basic hazardous materials terms.
        (4) Know how to perform basic control, containment and/or confinement operations within the capabilities of the resources

and personal protective equipment available.

(5) Know how to implement basic decontamination procedures.

(6) Understanding of the relevant standard operating procedures and termination procedures.

c. *Hazardous materials technician*.120(q)(6)(iii) Employees who respond to releases or potential releases for the purpose of stopping the release. They will approach the point of release in order to plug, patch or otherwise stop the release. They must receive twenty-four (24) hours of training equal to the first responder operations level and, in addition, have competency in the following areas:

(1) Know how to implement the employer's emergency response plan.

(2) Know the classification identification and verification of known and unknown materials by using field survey instruments and equipment.

(3) Be able to function within an assigned role in the Incident Command System.

(4) Know how to select and use proper specialized chemical personal protective equipment provided.

(5) Understand hazard and risk assessment techniques.

(6) Be able to perform advance control, containment, and/or confinement operations within the capabilities of the resources and personal protective equipment available.

(7) Understand and implement decontamination procedures.

(8) Understand termination procedures.

(9) Understand basic chemical and toxicological terminology and behavior.

d. *Hazardous materials specialist* .120(q)(6)(iv) Employees who respond with and provide support to hazardous materials technicians. Their duties parallel those of the hazardous materials technician however those duties require more directed or specific knowledge of the various substances they may be called upon to contain. They act as the site liaison with the Federal, state, and other government authorities in regards to site activities. They must receive twenty-four (24) hours training equal to the technician level and, in addition, have competency in the following areas:

(1) Know how to implement the local emergency response plan.

(2) Understand classification, identification and verification of known and unknown materials by using advanced survey instruments and equipment.

(3) Understanding the state emergency response plan.

(4) Be able to select and use proper specialized chemical personal protective equipment provided to the hazardous materials specialist.

(5) Understand in-depth hazard and risk techniques.

(6) Be able to perform specialized control, containment, and/or confinement operations within the capabilities of the resources and personal protective equipment available.

(7) Be able to determine and implement decontamination procedures.
(8) Have ability to develop a site safety and control plan.
(9) Understand chemical, radiological and toxicological terminology and behavior.

e. *On scene incident commander .120(q)(6)(v)* Employees who will assume control of the incident scene beyond the first responder awareness level. They must have twenty-four (24) hours of training equal to the first responder operations level and, in addition, employers shall certify that incident commanders have competency in the following areas:
   (1) Know and be able to implement the employer's incident command system.
   (2) Know how to implement the employer's emergency response plan.
   (3) Know and understand the hazards and risks associated with the employees working in chemical protective clothing.
   (4) Know how to implement the local emergency response plan.
   (5) Know the state emergency response and the Federal Regional Response Team.
   (6) Know and understand the importance of decontamination procedures.

f. *Trainers* .120(q)(7) Trainers who teach any of the above training must have satisfactorily completed a training course for teaching the subjects they are expected to teach, such as the courses offered by the US National Fire Academy, or they shall have the training and/or academic credentials and instructional experience necessary to demonstrate competent instructional skills and a good command of the subject matter of the courses they are to teach.

Excavation/Trenching/Shoring

1. *Reference*
   a. 29 CFR 1926 Subpart P
2. *Applicability*
   a. Any employee overseeing an excavation or trenching operation.
3. *Frequency*
   a. Before assigned duty of overseeing an excavation or trenching operation.
4. *Elements*
   a. Soil analysis
   b. Use of protective systems
   c. Requirements of the standard
5. *Additional*
   a. No excavations may be performed where by an employee is exposed to the excavation/trenching hazard unless a "competent person" as defined by this Standard is overseeing the operation.

Extensible and Articulating Aerial Lift (Cherrypicker)

1. *Reference*
   a. 29 CFR 1910.67(c)(2)(ii)
2. *Applicability*

   a. Any employee using this equipment.
3. *Frequency*
   a. Before being assigned duty of operating equipment.
4. *Elements*
   a. Regulations governing the use of lifts.
   b. Inspection and maintenance of lifts using manufacturer's literature.
   c. Actual operation of lift to be used.
   d. Fall protection.

Fire Prevention Plan

1. *Reference*
   a. 29 CFR 1910.39
   b. Risk Management Manual – Section 2.500 - "Fire Prevention Plan".
2. *Applicability*
   a. All employees
3. *Frequency*
   a. Upon employment
   b. When duties in plan change
   c. When plan changes
4. *Elements.* Review the plan with employee

General Safety Topics

1. *Reference*. Risk Management Manual – Advisory 3.1 - "Safety Training and Orientation".
2. *Applicability.* All employees
3. *Frequency.* Upon employment
4. *Elements.* Each employee should review general and specific job safety rules. Other topics should be reviewed if applicable. Additional topics should be added if necessary.
   a. General and specific job safety rules. Each employee should review the Responsibilities and Duties section of the Risk Management Manual for general job safety rules. Supervisors should review specific job safety rules with the employee
   b. Lifting techniques
   c. Use of extension cords and flexible wiring
   d. Review of Automobile Accident Prevention Manual
   e. Housekeeping

Hazard Communication

1. *Reference*
   a. 29 CFR 1910.1200(h)
   b. Risk Management Manual – Section 3.200 *Hazard Communication*
2. *Applicability*
   a. All employees with potential workplace exposure to hazardous chemicals.

3. *Frequency*
    a. Upon employment.
    b. When new hazards are brought into the workplace.
4. *Elements*
    a. Requirements of regulation.
    b. Explanation and location of written program.
    c. Operations in workplace where hazardous chemicals are located.
    d. Location of list of hazardous chemicals and SDS sheets.
    e. Methods to detect the presence or release of hazardous chemicals.
    f. Physical and health hazards of chemicals in workplace.
    g. Measures employees can take to protect themselves from hazards.
    h. Explanation of labeling system.
    i. Explanation of SDS sheets.
    j. Explanation of how employees can obtain and use the appropriate hazard information.

Hazard Recognition and Avoidance

1. *Reference*
    a. 29 CFR 1926.21(b)(2)
2. *Applicability*
    a. Any employee whose work would fall under the OSHA Standards for the construction industry. This includes construction, maintenance, alteration, repair, painting and redecorating. Also, any employee overseeing or going into a construction site.
3. *Frequency*
    a. Upon employment
4. *Elements*
    a. Training in proper operation of all equipment and machinery to be operated by employee.
    b. Recognition of unsafe conditions.
    c. Regulations applicable to employees work environment to control or eliminate hazards or exposure to illness or injury.
    d. Employees handling or using poisons, caustics, and other harmful substances must be instructed in safe handling, use, potential hazards, personal hygiene, and personal protective equipment required.
    e. Employees handling flammable liquids, gases, or toxic materials must be instructed in their safe handling and use.

Lockout/Tagout

1. *Reference*
    a. 29 CFR 1910.147
    b. Risk Management Manual – Section 3.600 *Hazardous Energy Lockout/Tagout.*
2. *Applicability*
    a. All employees who service equipment involving an energy source such as electrical, mechanical, hydraulic, pneumatic, compressed air, and potential

energy from suspended parts (gravity); or, all employees supervising such operations.

3. *Frequency*
    a. Before assigned duty of working on such equipment.
    b. If annual review of work practices by Department Head or designee reveals inadequacies or deviations from proper techniques.
    c. Change in job assignments, machines, or equipment that present a new hazard.
    d. Change in procedures.
4. *Elements*
    a. Recognition of applicable hazardous energy sources, the type and magnitude of the energy source, and the methods necessary for energy isolation and control.
    b. Purpose and use of energy control procedures.
    c. Prohibition relating to attempts to restart or re-energize equipment which has been locked or tagged.
    d. Use and limitations of tags
    e. County program

<u>Occupational Exposure to Tuberculosis</u>

1. *Reference*
    a. OSHA guidelines 29 CFR 1910.134
    b. Center for Disease Control Draft Guidelines for Preventing the Transmission of Tuberculosis In Health Care Facilities
2. *Applicability*
    a. Emergency Medical Service personnel - All employees who treat patients.
    b. Health Department - Physicians, nurses, aides, and persons not directly involved in patient care that may be exposed.
    c. Sheriff's Officer - All employees that have contact with inmates (*i.e.*, Jail, Transportation, and Courtroom Bailiffs), and employees that attend autopsies.
    d. Any other employee of the Department Head, Risk Manager, or Safety Manager has determined has at least the same risk of exposure as those listed above.
3. *Frequency*
    a. Upon employment and before possible exposure.
    b. When changes in program occur.
    c. When employee fails to exhibit knowledge and proper procedures.
    d. Annually.
4. *Elements*
    a. Hazards of tuberculosis transmission.
    b. Signs and symptoms of tuberculosis.
    c. Site specific protocols for reducing exposure.
    d. Medical surveillance and therapy.
    e. Exposure control plan.
    f. Respiratory protection.

g. Access to exposure and medical records.
h. Employees who first make contact with potentially infected individuals in but do not enter rooms occupied by patients/inmates or perform high hazard procedures need awareness training only with no respirator training.

Occupational Noise Exposure

1. *Reference*
   a. 29 CFR 1910.95(k)
   b. Risk Management Manual – Section 3.400 *Occupational Noise and Hearing Conservation*
2. *Applicability*
   a. Any employee whose noise exposure has exceeded the action level of eighty-five (85) dB (decibels) for an eight (8) hour time weighted average.
3. *Frequency*
   a. Upon assignment or when notified that action level has been exceeded.
   b. Annual
4. *Elements*
   a. Effects of noise on hearing.
   b. Purpose of hearing protectors.
   c. The advantages, disadvantages, and protection factor of various types.
   d. Instructions on selection, fitting, use, and care of protectors.
   e. Purpose of audiometry and explanation of test procedures.
   f. County program on use of hearing protection and the Hearing Conservation Program.

Personal Protective Equipment

1. *Reference*
   a. 29 CFR 1910 Subpart I
   b. 29 CFR 1926.28 and Subpart E
   c. Risk Management Manual – Section 3.300 *Personal Protective Equipment.*
2. *Applicability*
   a. All employees whose work exposes them to injuries, which could be prevented by personal protective equipment. Affected employees are identified in the Hazard Assessment conducted in each applicable department.
3. *Frequency*
   a. Upon employment.
   b. When changes are made in workplace that effects PPE required.
   c. When employee demonstrates that he/she does not understand the proper use of PPE.
4. *Elements*
   a. When PPE is required to protect from hazard?
   b. What type of PPE is required for each hazard?
   c. How to properly don, adjust, and wear PPE?
   d. Limitations of PPE including manufacturers labeling and instructions.

e. Proper care, maintenance, useful life, and disposal of each PPE.
f. Employee must demonstrate an understanding of all required training elements.
g. Review of Hazard Assessment and copies provided to affected employees.

Portable Fire Extinguisher

1. *Reference*
   a. 29 CFR 1910.157(g)
   b. 29 CFR 1910.252(a)(2)(iii)
2. *Applicability*
   a. Any employee allowed or expected to use a fire extinguisher.
   b. Any employee assigned duty of firewatcher during welding/cutting operation.
   c. Any employee using welding/cutting equipment.
3. *Frequency*
   a. Before assignment of duties requiring use of fire extinguisher.
   b. Annual
4. Elements
   a. Types of fires.
   b. Types of extinguishers to be used for different types of fires.
   c. Hands on use of fire extinguisher required for employees working in welding, around flammables, etc.
   d. Location of fire extinguishers in workplace.
   e. Inspection of fire extinguishers.

Powered Industrial Trucks

1. *Reference*
   a. 29 CFR 1910.178(*l*)
2. *Applicability*
   a. Any employee who operates a powered industrial truck, which includes, but is not limited to, fork trucks, tractors, platform lift trucks, motorized hand trucks, utility carts, and other specialized industrial trucks powered by electric motors or internal combustion engines. Training shall consist of a combination of formal instruction (*i.e.*, lecture, discussion, interactive computer learning, video tape, written material), practical training (*i.e.*, demonstrations performed by the trainer and practical exercises performed by the trainee), and evaluation of the operator's performance in the workplace. All operator training and evaluation shall be conducted by persons who have the knowledge, training, and experience to train powered industrial truck operators and evaluate their competence.

3. *Frequency.*
   a. Before assignment of operating such equipment, and a performance review at least every three (3) years.
4. *Elements.*
   a. Operating instructions, warnings, and precautions for the types of truck the

operator will be authorized to operate.

b. Differences between the truck and the automobile.
c. Vehicle capacities and limitations.
d. Items for the daily inspection.
e. Maintenance, refueling, and charging.
f. Procedures for starting.
g. Traveling, loading, transporting loads, maneuvering, and unloading.
h. Safe use of attachments.
i. Classifications and where they may be operated safely.
j. Lighting considerations.
k. Noxious gases and fumes.
l. Requirements when personnel are riding lift for elevated work.

Respiratory Protection

1. *Reference*
   a. 29 CFR 1910.134
   b. Risk Management Manual – Section 3.1500 – *Respiratory Protection*
2. *Applicability*
   a. All employees using respirators or supervising their use.
3. *Frequency*
   a. Before assigned duty where respirators are used.
4. *Elements*
   a. Proper selection of respirator.
   b. Proper use and fitting of respirator.
   c. Maintenance and care of respirator.
   d. Medical evaluations.
   e. Limitations of respirators.
   f. County program.

Scaffolds

1. *Reference*
   a. 29 CFR 1910.27
2. *Applicability*
   a. Any employee erecting or using a scaffold.
3. *Frequency*
   a. Before assignment of erecting scaffold or using scaffold.
4. *Elements.*
   a. No scaffold may be erected, moved, dismantled, or altered except by competent and experienced personnel.
   b. Regulations governing the proper erection and use of scaffolds.
   c. Maintenance and inspection requirements for scaffolds.
   d. Proper erection of the particular type of scaffold to be used.

Walking-Working Surfaces; Fall Protection

1. *Reference*
    a. 29 CFR 1910.30
    b. Risk Management Manual: Section 3.8 *Walking-Working Surface and Fall Protection.*
2. *Applicability*
    a. All employees must be trained to recognize falls hazards and to properly use fall protection systems.
3. *Frequency*
    a. Before assignment of duties.
4. *Elements*
    a. The nature of the fall hazards in the work area and how to recognize them;
    b. The procedures to be followed to minimize those hazards;
    c. The correct procedures for installing, inspecting, operating, maintaining, and disassembling the personal fall protection systems that the employee uses; and
    d. The correct use of personal fall protection systems and equipment specified in paragraph (a)(1) of this section, including, but not limited to, proper hook-up, anchoring, and tie-off techniques, and methods of equipment inspection and storage, as specified by the manufacturer.
    e. The Department Head must ensure that each employee is trained by a qualified person.

Welding/Cutting

1. *Reference*
    a. 29 CFR 1910 Subpart Q
2. *Applicability*
    a. All employees performing welding or cutting operations.
3. *Frequency*
    a. Before assigned duties of welding/cutting.
4. *Elements*
    a. Regulations governing welding/cutting.
    b. County program.
    c. Proper use of fire extinguisher and fire alarms activation.
    d. Fire prevention and protection requirements.
    e. Personal protective equipment requirements.
    f. Health protection and ventilation requirements.
    g. Manufacturer's instructions.

Woodworking Tools

1. *Reference*
    a. 29 CFR 1926.304(f) and 1910.213
    b. American National Standards Institute - Safety Code for Woodworking Machinery.
2. *Applicability*

   a. All employees who use woodworking equipment.
3. *Frequency*
   a. Before assigned duties of using woodworking equipment.
   b. Whenever new equipment is brought into workplace.
4. *Elements*
   a. Machine's applications and limitations.
   b. Proper clothing and personal protective equipment to be worn.
   c. Machine guards and other safety features required.
   d. Potential hazards of equipment.
   e. Proper adjustment, maintenance, and use of equipment.
   f. Manufacturer's literature.

Records Retention

Training records must be retained for the duration of an employee’s employment.

SAFETY TRAINING RECORD

Name:	SSN:
Title:	Employment Date:
Department:	Division:

(Enter dates of training below and have employee initial each.)

Applicable	Nature of Training	First	Retrain1	Retrain2	Retrain3	Retrain4
	Access to Exposure & Medical Records					
	Accident/Injury Reporting					
	Accident Prevention Signs & Tags					
	Asbestos Operation & Maintenance					
	Bloodborne Pathogens					
	Confined Spaces					
	Electrical Safety					
	Emergency Plan					
	Emergency Response					
	Excavation/Trenching/Shoring					
	Extensible Aerial Lift (Cherrypicker)					
	Fire Prevention Plan					
	General Safety Topics (those applicable)					
	General/specific job safety rules					
	Lifting techniques					
	Use of extension cords/flexible wiring					
	Review of Accident Prevention Manual					
	Hazard Communication					
	Hazard Recognition & Avoidance					
	Walking-Working Surfaces, Fall Protection					
	Lockout/Tagout					
	Occupational Exposure to Tuberculosis					
	Occupational Noise Exposure					
	Personal Protective Equipment					
	Portable Fire Extinguishers					
	Powered Industrial Trucks (forklift)					
	Respiratory Protection					
	Scaffolds					
	Walking-Working Surfaces, Fall Protection					
	Welding/Cutting					
	Woodworking Tools					

Section: Safety	**Policy#:** **3.2**
Title: Hazard Communication	
Dept: Human Resources	**Division:** Risk Management
Issued: 1/12/2018	**Revised:** **N/A**

Purpose: The purpose of Section 3.2 is to outline the procedures used by Hamilton County ("County") to protect its workers and the public under the Right-To-Know Law (OSHA Hazard Communication Standard, 29 CFR 1910.1200). The purpose of Hazard Communication ("HAZCOM") is to provide employees with information concerning the hazards of chemicals used in their workplace, and the proper ways to protect themselves and others from injury. When our employees have this information, they may effectively participate in their Department's protective programs and take steps to protect themselves.

Departments and Personnel Affected: This program applies to all County Departments and to all employees who, while performing their jobs, are exposed to materials, which may cause chronic or acute physical or health hazards.

Scope: All departments with hazardous chemicals in their workplaces must prepare and implement a written hazard communication program. The written program includes: (1) chemical inventory; (2) Safety Data Sheets ("SDS") for all chemicals on their premises; (3) proper container labeling; (4) employee training; and (5) coordinating and sharing HAZCOM information with contractors who bring hazardous chemicals onto County property.

Exemptions: The following materials are exempt from inclusion into this procedure and the OSHA Hazard Communication Standard:

1. **Any hazardous waste** (hazardous waste is subject to the requirements of Ohio EPA Hazardous Waste Regulations);
2. **Office supplies** (*e.g.*, ink jet cartridges; toner; white-out, dust off);
3. **Normal consumer products** <u>when used as intended</u> by the manufacturer (e.g, Windex; dish soap; all-purpose surface cleaners, etc.). However commercial grade, industrial grade, or professional strength products are not exempt and are included under this procedure.
4. **Over-the Counter Drugs and First Aid supplies** that are in their final form and package from the manufacturer.
5. **Wood, wood products, or solid composites** which will not be processed (sawed; cut; sliced, etc.) by employees.

Please contact the Safety and Security Manager - Division of Risk Management if you need help identifying hazardous materials.

Procedures

1. **Chemical Inventory** *(List of Hazardous Substances)*

   A. Each Department Head will survey their employees' work area and review the materials used in their department.

   B. Each Department Head will keep a list of all known products used by employees that qualify as hazardous materials.

      (1) *Hazardous chemical* means any chemical which is classified as a physical hazard or a health hazard, an asphyxiate, combustible dust, pyrophoric gas, or hazard not otherwise classified. This includes any chemical capable of producing acute or chronic health effects in exposed personnel. Please call the Safety and Security Manager - Division of Risk Management if you need help identifying hazardous materials.

      (2) This list shall be updated as hazardous materials are added or removed from the work place.

      (3) A copy of each list shall be forwarded to the Safety & Security Manager each year.

      (4) No new hazardous chemical substances may be purchased or brought into a work area unless Section 3.200(2)-(4) (*i.e.*, safety data sheets, container labeling, and employee training sections) have been followed.

   C. A master list of all known products that qualify as hazardous chemicals used in Hamilton County Departments will be kept in the Safety and Security Manager's office. This list will contain the identity of the substance or agent, and where it is used and stored. These records will be maintained for at least thirty years in accordance with 29 CFR 1910.1020(d).

2. **Safety Data Sheets**

   A. It is the responsibility of the Department Head or designee to ensure that a SDS is on file for each hazardous material within that department. There should be a SDS for each item contained on your hazardous materials list.

   B. <u>New SDS's</u>. The new SDS must be received prior to or at the time of receipt of the first shipment of any potentially hazardous chemical from a supplier. The Department Head or designee must send a copy of each new SDS to the Safety Manager. The chemical will be added to the Master Chemical List by the Safety Manager. The Departmental Chemical List should be updated by the Department.

   C. <u>Acquiring SDS's</u>. Departments should not accept deliveries of a hazardous chemical unless a SDS for the chemical is in the work area. Obtain from the

supplier/manufacturer SDSs for all chemicals purchased from retail sources.

D. Control of SDS's. The original version of each SDS must be kept in the work area where the chemical is used. If a company issues a new SDS, the department may discard the older version. However, a copy of the new SDS must be sent to the Safety Manager to update the Master Chemical List.

E. Availability of SDS's. SDS's will be readily available to all employees in the department who request them. Ensure that SDSs are readily accessible to all employees on all shifts. Ensure that SDSs are available for emergency medical personnel when treating exposed employees.

3. Container Labeling

A. It is the responsibility of the Department Head or designee to ensure that each container of a hazardous material within that department is labeled, tagged, or marked with the following components.

(1) A product identifier.
(2) A signal word.
(3) The applicable hazard statements.
(4) A pictogram.
(5) Precautionary statements.
(6) The contact information of the responsible party.

B. Portable containers which contain a small amount of chemicals need not be labeled if they are used immediately during that shift, but they must be under the strict control of the employee using the product.

C. All warning labels, tags, etc., must be maintained in a legible condition and not defaced.

D. Incoming chemicals are to be checked for proper labeling.

4. Employee Training

A. No employee shall be asked or required to work with a chemical covered by this program unless they have been trained in the use and hazards of that chemical.

B. Employee training is the responsibility of the Department Head. All training must include, but is not limited to, the following topics:

(1) Existence and requirements of the Standard

(2) Operations which involve hazardous materials

(3) Location of written materials required by the Standard

(4) Hazards in the work area, methods/observations for detecting the presence of these hazards, and protective measures to be taken

(5) How to read and interpret the SDS

C. Additional training is required in the following circumstances.

(1) When a new hazard is introduced to the work place. A new hazard may include a change in operations that affects hazardous chemical use in the work place.

(2) When a new chemical is introduced to the work place.

(3) When a new employee enters the work force.

D. Employee attendance at and completion of training shall require written documentation.

E. The Safety Manager can offer Hazard Communication Standard training to supplement departmental training.

5. Contractor's Responsibilities

A. The contractor shall comply with all aspects of this program and must provide the County with their written HAZCOM program, and the list of chemicals and corresponding SDS for chemicals used on County property before any work begins.

B. The contractor shall coordinate HAZCOM information with the responsible County party. **Note:** The responsible County party for HAZCOM communication with the contractor will be the party who has contracted or controls the work of the contractor. The responsible County party must also pre-approve any chemicals to be used on County property before the work begins.

C. The contractor shall ensure that their employees are properly trained.

D. The contractor shall notify the responsible County party before bringing any chemicals into any facilities.

E. The contractor shall monitor and ensure proper storage and use of chemicals by their contractor employees.

6. Informing Outside Contractors and Employers

Before a contractor commences work, the Department/Division which controls the work will be responsible for informing the contractor of the following:

A. Requirements of the Hazard Communication Standard.

B. Location of the Hazardous Chemical List for the area in which the contractor will work.

C. Location of SDS's for the hazardous chemicals in the work area.

D. Obligation of the contractor to inform its employees and agents of the above requirements.

E. The contractor will sign an acknowledgment (see next page) certifying that it has received the above information. A copy of this acknowledgment will be sent to the Safety Manager.

7. Non-routine Tasks

A. Non-routine tasks are activities that are conducted on an infrequent basis. Circumstances may require employees to perform non-routine tasks that involve potential exposure to hazardous chemicals, which are not in the course of their regular, normal job tasks. Because of the infrequent use of certain chemical products, employees may not be familiar with their associated handling, use, and storage hazards. If possible, these tasks will be performed by an outside contractor.

B. Prior to a non-routine task assignment, Department Heads or their Designee must review applicable SDS with employees and inform them of the hazards associated with the chemical products involved and the proper precautions necessary to control or avoid exposure. Employees must also be informed of any hazards associated with materials present in unlabeled pipes, such as refrigerants, glycol, special chemical additives, etc.

8. Availability of this Program

Employees, their designated representatives, and government safety and health officials must be provided copies of this program upon request. In addition, any citizen may file a written request for the hazardous chemical list or for copies of SDS's.

CONTRACTOR ACKNOWLEDGMENT

I hereby acknowledge that I have been informed of the presence of Hazardous Chemicals in the work area listed below. I also acknowledge that I have been informed of:

1. The requirements of the Hazard Communication Standard.
2. The location of the Hazardous Chemical List for the area in which I shall work.
3. The location of SDS's for the hazardous chemicals in the work area.
4. My obligation to inform my employees and agents of the above requirements.

Work Area _____

Contractor _____

Contractor's Representative: _____

_____

Representative's Signature Date

CHEMICAL INVENTORY LIST

CHEMICAL NAME	MANUFACTURER	AREA USED / STORED	SDS ON FILE?

Section: Safety	**Policy#:** **3.3**
Title: Personal Protective Equipment	
Dept: Human Resources	**Division:** Risk Management
Issued: 1/12/2018	**Revised:** **N/A**

Purpose: Section 3.3 outlines the procedures used by Hamilton County ("County") to assure that all employees use the appropriate personal protective equipment (PPE) while working for the County. This policy is based upon requirements in the Code of Federal Regulations 29 CFR 1910 Subpart I and adopted by Ohio's *Public Employment Risk Reduction Program,* Ohio Revised Code 4167.

Departments and Personnel Affected: This policy applies to all County Departments and employees whose work could expose them to injuries, which could be prevented by personal protective equipment.

Note: Hearing protection, PPE for bloodborne pathogens, and respiratory protection equipment, is covered in separate sections of this manual including 3.4, 3.5, and 3.15 respectively.

Responsibility: The Department Head is responsible for assuring that all employees are provided with the appropriate PPE and that the PPE is being properly used at all times in accordance with this program.

To ensure the greatest possible protection for employees in the workplace, the cooperative efforts of both managers and employees will help in establishing and maintaining a safe and healthful work environment.

In general, departments are responsible for:

- Performing a "hazard assessment" of their workplace operations to determine the need for and type of PPE;
- Identifying and providing appropriate PPE for employees;
- Training employees in the use and care of the PPE;
- Maintaining PPE, including replacing worn or damaged PPE; and
- Periodically reviewing, updating, and evaluating the effectiveness of the PPE program.

In general, employees of departments must:

- Properly wear PPE,
- Attend training sessions on PPE,
- Care for, clean and maintain PPE, and
- Inform a supervisor of the need to repair or replace PPE.

Purchase: County Departments will provide all PPE required by this policy at no cost to the employee. The Department Head will determine when PPE will be replaced based on

the employee's job and normal wear and tear of equipment.

Note: The County, in accordance with OSHA PPE Rule regarding payment for PPE, is not required to pay for some PPE in certain circumstances such as:

- Steel-toe shoes and boots if they are allowed to be worn off site;
- Everyday clothing such as long-sleeved shirts, long pants, street shoes, and normal work boots;
- Ordinary clothing, skin creams, or other items, used solely for protection from weather, such as winter coats, jackets, gloves, parkas, rubber boots, hats, raincoats, ordinary sunglasses, and sunscreen;
- Lifting belts because their value in protecting the back is questionable; and
- When the employee has lost or intentionally damaged the PPE and it must be replaced.

PPE Requirements and Standards: All PPE must meet the applicable standards of the current American National Standards Institute (ANSI), and must be used in accordance with the manufacturer's recommendations. For hygiene and convenience, it is recommended that Departments supply each employee with his/her own PPE.

Procedure

1. Hazard Assessment for PPE

A. Survey. The Department Head or designee must survey each workplace and determine what hazards are present, or are likely to be present, which requires the use of PPE. The SDS or NIOSH guidelines for any hazardous materials used in the workplace must also be reviewed for the appropriate PPE to be worn while using hazardous materials. If hazards are present or likely to be present the Department Head or designee must:

1) Select and have each affected employee use the types of PPE that will protect the affected employee from the hazard identified;
2) Communicate selection decisions to each affected employee;
3) Select PPE that properly fits each affected employee; and
4) Train all employees who must wear PPE.

B. Written Certification. The Department Head or designee must document that the hazard assessment/survey has been performed by completing the Hazard Assessment Certification attached to this Advisory. The Hazard Assessment Certification will become part of the department's PPE program. The assessment must include the following information:

1. Identification of the workplace evaluated;
2. Signature of person conducting evaluation;
3. Date of hazard assessment;
4. Identification of hazard;

5. Type of PPE to protect from each hazard; and
6. Affected employees (job classifications) for each hazard.

C. Submittal of Certification. The Hazard Assessment Certification must be submitted to the Safety Office of Risk Management upon completion, and any time it is updated. The program must also be updated upon notification by the Safety Office of Risk Management or when additional areas/activities have been identified as requiring PPE.

D. Damaged/Defective Equipment. Damaged or defective PPE may not be used and must be disposed of properly.

2. Selection of PPE

A. Eye and Face Protection

Activities - Eye and/or face protection must be worn at any time there is a reasonable probability that injury can occur to the eyes or face. The types of activities requiring eye/face protection include, but are not limited to, the following:

1) operating powered woodworking equipment;
2) grinding, drilling, chipping, chiseling, sanding;
3) using mowers, weed eaters, edgers, leaf blowers, chain saws;
4) welding/cutting;
5) powered fastening (air and explosive); and
6) using hazardous materials such as corrosive substances, hot liquids, solvents or other hazardous solutions.

Guidelines - All eye/face protectors must:

1) Be reasonably comfortable and not interfere with the movements of the wearer.
2) Be kept clean and in good repair and inspected periodically.
3) Be readily available at all work locations where use is required.
4) Be marked with manufacturer and ANSI Z87.1-1989.
5) Limitations and precautions must be transmitted to the user.
6) If the employee wears normal prescription glasses, then eye protection that fits over their normal glasses must be provided (or safety glasses with prescription lenses must be provided). PPE that is worn over normal prescription lenses must not interfere with the proper fitting of the prescription lenses or protective device.
7) The proper eye/face protection device must be worn to match the hazard.
8) Safety glasses without side shields are not appropriate for any activity requiring eye protection.
10) Metal frames may not be used where there is an electrical hazard present.
11) Face shields are never a substitute for eye protection. Any time face shields are needed, eye protection must also be worn underneath the face shields.

Eye and Face PPE Selection Chart

ACTIVITY	EYE/FACE HAZARDS	EYE/FACE PROTECTION
Welding:	Sparks, optical radiation, flying particles.	Welding goggles or welding helmet worn over safety glasses with side shields as follows:
Electric arc	Optical radiation	Welding helmets or welding shields. Typical shades: 10-14.
Gas	Optical radiation	Welding goggles or welding face shield. Typical shades: gas welding 4-8, cutting 3-6, brazing 3-4.
Torch Cutting, Torch brazing, Torch soldering	Optical radiation	Spectacles or welding face-shield. Typical shades, 1.5-3.
Chemical handling, laboratory operations	Chemical splash or spill, acid burns, fumes, glass breakage	Chemical goggles. Use a face shield plus chemical goggles for severe exposure.
Cutting, brazing, soldering	Sparks, optical radiation, flying particles, flash burns	Safety glasses with shaded lenses or welding shield. Use face shield plus safety glasses for severe exposure.
Electric arc welding	Sparks, optical radiation, flying particles	Welding shield or welding helmet worn over safety glasses with side shields.
Grinding, sawing	Flying particles, dust	Impact goggles or safety glasses with side shields. Use a face shield plus impact goggles or safety glasses for severe exposure.
Laser operations	Reflected or direct laser beam impact	Narrow or broad spectrum laser spectacles or goggles.Selection is based on type of laser.
Machining	Flying particles, mists, vapors	Safety glasses with side shields or goggles.
Medical examinations, first aid procedures	Contact with body fluids/bloodborne pathogens	Safety glasses with solid side shields. Use safety goggles or face shield plus goggles for severe exposure.
Pesticide/fertilizer application with hand sprayer	Chemical splash or spill, airborne chemicals	Chemical goggles or safety glasses. Use face shield plus safety glasses/goggles for severe exposure.

PPE Selection Resources: OSHA Eye & Face Selection eTool: CLICK HERE

B. Head protection

Activities. Head protection is needed when employees work in any of the following areas that cannot be eliminated through engineering or work practice controls:

- Areas in which objects might fall from above and strike them on the head;
- Areas in which there could be head contact with electrical hazards; or
- Areas in which they might bump their heads against fixed objects, such as exposed pipes or beams.

Guidelines:

	ANSI Z89.1-1997 and 2003
Impact and **Low** Voltage Electrical Protection	Class G (General)
Impact and **High** Voltage Electrical Protection	Class E (Electrical)
Impact protection only	Class C (Conductive)
Types	**Type I** – protection strictly from blows to the top of the head **Type II**– protection from blows to both the top and sides of the head

1) Employees may not drill holes in hard hats or scribe initials in them;
2) Hard hats may not be cleaned with solvents;
3) Clearance between the head and hat crown must be at least 1.25 inches;
4) Hard hats must be cleaned, inspected, and properly maintained at all times; and
5) Hard hats may not be worn backwards unless there is documentation from the manufacturer that this type of use provides as much protection as normal use.

C. Foot protection

Activities. Safety shoes or boots with impact and/or penetration protection must be used when there is the danger of foot injuries due to falling and rolling objects, or objects piercing the sole. The types of activities requiring foot protection include, but are not limited to, the following:

1) Mowing,
2) Felling and trimming trees, and
3) Activity near heavy equipment and fork trucks.

Guidelines. Safety footwear must meet ANSI Z41.1-1991 if purchased after July 5, 1994.

D. Hand protection

Activities. Hand protection must be used when there is a danger of hand injuries resulting from activities in the workplace. This includes protection from electrical shock, chemicals, heat, splinters, cuts, abrasions, repetitive motion, and vibration. The types of activities requiring hand protection include, but are not limited to, the following:

1) welding and cutting
2) handling hazardous materials

Guidelines. The type of protection must be appropriate for the hazard. Some of the needs that can inform the glove selection process include:

1) What needs protection?
    - hand only
    - forearm
    - arm
2) What grip and dexterity is needed?
    - Is the work in dry, wet, or oily conditions?
    - Is fine dexterity needed?
3) Is chemical protection needed?
    - Type of chemicals handled.
    - Nature of contact (*e.g.*, total immersion, splash).
    - Duration of contact.
4) Is other protection necessary?
    - Thermal
    - Electrical
    - Vibration
    - Cuts and punctures
    - Wear and abrasion resistance
    - What are the size and comfort requirements?

It is important for employees to use gloves specifically designed for the hazards and activities found on their job. Gloves designed for one activity/hazard may not adequately protect during a different activity/hazard. Fortunately, there are many types of gloves that protect against a variety of hazards. Generally, gloves fall into four categories:

1. Leather, canvas or metal mesh gloves;
2. Fabric and coated fabric gloves;
3. Chemical- and liquid-resistant gloves;
4. Insulating rubber gloves.

E. Protective clothing.

Activities. Protective clothing must be worn when there is a danger of employee injury from heat, hazardous materials, electric shock, burns, or flying objects. Protective clothing also includes such items as high visibility vests and flotation vests. The types of activities requiring protective clothing include, but are not limited to the following:

1) handling hazardous materials
2) welding/cutting
3) working on or near water
4) directing traffic or working near roadside or traffic
5) protective chaps when using chain saws

Guidelines. The type of protection must be appropriate for the hazard.

F. Fall Protection

Activities. Fall protection and/or personal fall protection systems must be used or provided and worn when there is a danger of employee injury due to falls. Fall protection must be provided where employees are working 4 feet or more above a lower surface level. The following methods can and must be used to protect employees from falls:

- Guardrails
- Personal fall arrest systems
- Rope descent systems
- Ladder safety systems
- Covers
- Safety net systems
- Travel restraint systems
- Designated areas
- Positioning systems
- Handrail / stair rail systems

G. Lifting Belts

Lifting belts are <u>not currently considered personal protective equipment by OSHA</u> and their use is controversial at this point. <u>OSHA has not recommended their use</u>. No employee should be required to use them but if they are made available, the employee must be trained in their proper use and their pros and cons. Any employee with high blood pressure, diabetes, or heart disease must get approval from a physician before using a lifting belt. <u>Proper lifting technique training is a more effective means of preventing back injuries.</u>

3. Training

A. Frequency

1) Upon employment.
2) When changes are made in workplace that effects PPE required.
3) When employee demonstrates that he/she does not understand the proper use of PPE.

B. Elements

1) When PPE is required to protect from hazard.
2) Which type of PPE is required for each hazard.
3) How to properly don, adjust, and wear PPE.
4) Limitations of PPE including manufacturers labeling and instructions.
5) Proper care, maintenance, and useful life and disposal of each PPE.
6) Employee must demonstrate an understanding of all required training elements.
7) Review of Hazard Assessment and copies provided to affected employees.

C. Documentation. All training must be documented in accordance with the Employee Training – Section 3.1 - of the Risk Manual.

4. Records Retention

Training records and hazard assessments for PPE must be retained for the duration of an employee's employment.

PPE Hazard Assessment Certification Form

Name of work place: _____ **Assessment conducted by:** _____
Work place address: _____ **Date of assessment:** _____
Work area(s): _____ **PPE Selected By:** _____
Job/Task(s): _____ **Effective Date:** _____

EYES/FACE ☐ Negligible Hazard	**Can hazard be eliminated without the use of PPE? Yes ☐ No ☐**	
Work-related exposure to: ☐ airborne dust ☐ flying particles ☐ hazardous liquids/chemicals ☐ intense light ☐ blood splashes ☐ other: _____	PPE required to manage hazard: ☐ Safety glasses ☐ Safety goggles ☐ Face Shield ☐ Shading/Filter (#_____) ☐ Welding shield ☐ Other: _____	Comments:

HEAD ☐ Negligible Hazard	**Can hazard be eliminated without the use of PPE? Yes ☐ No ☐**	
Work-related exposure to: ☐ beams ☐ pipes ☐ falling objects ☐ exposed electrical wiring or components ☐ machine parts ☐ other: _____	PPE required to manage hazard: ☐ Protective Helmet ☐ Class G (low voltage – General Service) ☐ Class E (high voltage) ☐ Class C ☐ Hair net or soft cap ☐ Other: _____	Comments:

HANDS/ARMS ☐ Negligible Hazard	**Can hazard be eliminated without the use of PPE? Yes ☐ No ☐**	
Work-related exposure to: ☐ hazardous liquids/chemicals ☐ scrapes, bruise, or cut ☐ injuries from tools ☐ extreme heat/cold ☐ blood (OPIM) ☐ other: _____	PPE required to manage hazard: ☐ Gloves ☐ Chemical resistance ☐ Liquid/leak resistance ☐ Temperature resistance ☐ Cut resistance ☐ Gauntlet or long necked ☐ Work Gloves ☐ Chemical Protective sleeves ☐ Long sleeves ☐ Other: _____	Comments:

FEET/LEGS ☐ Negligible Hazard	**Can hazard be eliminated without the use of PPE? Yes ☐ No ☐**	
Work-related exposure to: ☐ hazardous liquids/chemicals ☐ heavy falling/rolling objects ☐ heavy equipment ☐ exposed electrical wiring or components ☐ slippery surfaces ☐ explosive atmospheres ☐ tools ☐ other: _____	PPE required to manage hazard: ☐ closed shoes (e.g. no opened toes or sandals) ☐ long pants ☐ Safety shoes or boots ☐ Toe protection ☐ Metatarsal protection ☐ Electrical protection ☐ Heat/cold protection ☐ Anti-slip soles ☐ Chemical resistance ☐ Leggings or chaps ☐ Foot-Leg guards ☐ Other: _____	Comments:

BODY/SKIN ☐ Negligible Hazard	**Can hazard be eliminated without the use of PPE? Yes ☐ No ☐**	
Work-related exposure to: ☐ hazardous liquids/chemicals ☐ sharp or rough edges ☐ extreme heat/cold ☐ other: _____	PPE required to manage hazard: ☐ Lab Coat ☐ Raingear ☐ Coveralls, Body suit ☐ Apron ☐ Welding leathers ☐ Abrasion/cut resistance ☐ Other: _____	Comments:

BODY/WHOLE/FALL ☐ Negligible Hazard	**Can hazard be eliminated without the use of PPE? Yes ☐ No ☐**	
Work-related exposure to: ☐ working from heights of 4 feet or more ☐ working near water ☐ other: _____	PPE required to manage hazard: ☐ Fall Arrest/Restraint: Type: _____ ☐ PFD: Type: _____ ☐ Other: _____	Comments:

LUNGS/EARS ☐ Negligible Hazard	**Can hazard be eliminated without the use of PPE? Yes ☐ No ☐**	
Work-related exposure to: ☐ irritating dust or particulate ☐ irritating or toxic gas/vapor ☐ loud work environment ☐ noisy machines/tools	PPE required to manage hazard: ☐ Respirator (Cartridge type: _____) ☐ Particulate Mask ☐ Hearing Protection	Comments:

Section: Safety	**Policy#:** **3.4**
Title: Occupational Noise and Hearing Conservation	
Dept: Human Resources	**Division:** Risk Management
Issued: 1/12/2018	**Revised:** **N/A**

Purpose: Section 3.4 outlines procedures to be used by Hamilton County ("County") to protect employees exposed to high noise levels in their workplaces. These procedures are based on requirements in the Code of Federal Regulations 29 CFR 1910.95 *Occupational Noise Exposure* Standard and adopted by Ohio's Public Employment Risk Reduction Program (PERRP), Ohio Revised Code 4167.

Departments and Personnel Affected: This Advisory applies to all departments whose employees are exposed to noise levels at or above an eight (8) hour time weighted average (TWA) of eighty-five (85) decibels (dB) measured on the A scale (slow response). The Department Head is responsible to ensure that the necessary noise monitoring is conducted to determine if employees in their departments must participate in a hearing conservation program and to enable the proper selection of hearing protectors for their employees in accordance with 29 CFR 1910.95(c).

Procedure: The following procedures explain how the County will comply with the Occupational Noise Exposure Standard and the elements of a Hearing Conservation Program (HCP):

1. *Noise Surveys*

    a. Responsibility. The Department Head of their designee will coordinate noise surveys of suspected high noise areas and equipment. If new high noise equipment is brought into the workplace, the Department Head must ensure that additional monitoring is completed.

    b. Observation. Employees and/or employee representatives must be provided an opportunity to observe sound level monitoring.

    c. Notification. The results of sound level monitoring must be provided to the Department Head who must distribute the results to the affected employees.

    d. Retention. Results of sound level monitoring must be retained for duration of employment.

2. *Hearing Protection.*

    a. Department Heads shall make hearing protectors available to all employees exposed to an 8-hour time-weighted average of eighty-five (85) decibels (dB) or greater at no cost to the employees. Hearing protectors shall be replaced as necessary.

    b. Protection Factor. The hearing protection chosen must reduce the noise exposure to at least an eight-hour time weighted average of ninety (90) decibels (dB). In order to

assure compliance with this standard, hearing protection must be worn whenever the sound level for the employee routinely exceeds eighty-five (85) decibels (dB). The noise reduction rating (NRR) of the hearing protectors must be such that the exposure is eighty-five (85) decibels (dB) or less at all times. If this cannot be met, then administrative controls, such as limiting employee exposure time, will be used to assure that the standard is met. These employees also must participate in a Hearing Conservation Program. Some employees' noise exposure, as measured by noise dosimetry, may indicate that participation in the Hearing Conservation Program or the wearing of hearing protection devices is not required. The Department Head must notify the employees in this category.

c. Responsibility. The Department Heads or their designee must notify supervision of when hearing protection is required and which employees must wear them. The Department Head or designee must assure that all employees are wearing the proper hearing protection as required.

d. Protection Devices. County Departments must provide the proper hearing protection devices based on the employee's noise exposure. The employee may choose the protection device to be worn as long as the NRR rating is sufficient. In addition, the employee is urged to use hearing protection devices at home when exposed to high noises away from the workplace.

e. Re-Evaluation. The adequacy of hearing protection being used must be re-evaluated whenever audiometric testing indicates a standard threshold shift or when the noise exposure increases to the extent that the protection is not adequate.

3. *Education/Training*

a. Frequency. Employees must be trained before assignment to duties that require hearing protection. The training must be repeated annually.

b. Elements. At a minimum, the training must include the following elements.

1. Effects of noise on hearing.
2. Purpose of hearing protectors.
3. The advantages, disadvantages, and protection of various types of hearing protectors.
4. Instructions on selection, fitting, use, and care of protectors.
5. Purpose of audiometric testing and explanation of test procedures.
6. All County procedures pertaining to the use of hearing protection.

c. Access to information. Employees shall receive a copy of 29 CFR 1910.95 upon request. In addition, Department Heads shall post a copy of 29 CFR 1910.95 in the workplace.

4. *Audiometry (Testing)*

a. Frequency. All employees participating in the HCP must receive an annual audiometric test. The baseline test must be conducted within two months of employment. The Department Head or their designee shall arrange for the test.

b. Methods. All audiometric testing and evaluation must meet the requirements of 29 CFR 1910.95.

c. Pretest. The employee must avoid high noise exposure for fourteen (14) hours immediately preceding the audiometric test.

d. Threshold Shift. If the results indicate a standard threshold shift (a change in hearing threshold relative to the baseline audiogram of an average of 10 dB or more at 2000, 3000, and 4000 Hz in either ear), the following must occur:

1. The employee must be retested within thirty (30) days and the retest may be considered the annual test.

2. The employee must be informed in writing within twenty-one (21) days of the determination if the retest still indicates a standard threshold shift.

3. The employee must be examined by a physician, audiologist, or otolaryngologist to determine if the shift is work related, non-work related, or if it is caused by pathology of the ear.

4. If the shift is work related the employee must be retrained, refitted with hearing protection, and a re-evaluation of the protection factor completed.

5. The employee must also be referred for a clinical audiological evaluation or an otological examination, as appropriate, if additional testing is necessary or if a medical pathology of the ear is caused or aggravated by the wearing of hearing protectors. The employee must also be informed of the need for an examination if a medical pathology of the ear is unrelated to the use of hearing protection.

e. Records Retention. Audiometric test results must be retained for the duration of employment and made available to employees, former employees, or their designated representative.

5. *Documentation.* The employer shall maintain the following records and make available at the request of PERRP:

a. Noise Exposure Measurements.
   1. Procedures followed.
   2. Equipment/areas measured.
   3. Results of measurements.
   4. Calculations.
   5. List of employees who must participate in HCP.

b. Annual Training.
   1. Content of information.
   2. Names of presenters.
   3. Employees attending.

c. Hearing Protection.
   1. Date of initial fitting and refitting for each employee.
   2. Type of device fitted.
   3. Adequacy of device based on noise exposure.

d. Audiometric Test Records.
   1. Name, age, and job classification.
   2. Date of audiogram and name of the examiner.

e. Supporting Audiometric Records.
   1. Technicians' certification.
   2. Audiometer serial number.
   3. Audiometer calibration records.
   4. Background levels in test room.

f. Audiogram Review.
   1. Audiogram review.
   2. Credentials of audiologist or physician reviewer.
   3. Reviewer's follow-up recommendations.
   4. Documentation of standard threshold shift notification to employee.
   5. Documentation of all follow-up activities.

Document Retention: Retain noise exposure measurement records and audiometric test records for the duration of the affected employee's employment.

Section: Safety	**Policy#:** **3.5**
Title: Bloodborne Pathogens	
Dept: Human Resources	**Division:** Risk Management
Issued: 1/12/2018	**Revised:** **N/A**

Purpose

The purpose of Section 3.5 is to outline the procedures to be used by Hamilton County ("County") to protect those employees who may be exposed to bloodborne pathogens. Bloodborne pathogens include, but are not limited to, the Human Immunodeficiency Virus (HIV), which is the causative agent for Acquired Immune Deficiency Syndrome (AIDS), and hepatitis B virus (HBV). These procedures are based on written requirements published in the Federal Register 29 CFR 1910.1030 and as adopted by the Ohio Public Employment Risk Reduction Program – R.C. 4167.

Departments and Personnel Affected: This policy applies to all County Departments who have employees who will have occupational exposure to blood and body fluids.

Occupational Exposure means *reasonably anticipated* skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. These employees normally include:

Physicians/Nurses/Medical Examiners
Pathologists
Medical Technologists
Applicable Maintenance Personnel
Applicable Housekeepers
Laundry Workers
Firefighters
Dentists/Dental Workers
Laboratory Personnel
Emergency Medical Technicians
Emergency Response Personnel
First Aid/CPR Volunteers
Funeral Service Personnel
Law Enforcement Personnel
Prison/juvenile detention personnel

Employees in any occupation where they are directly exposed to body fluids are considered to be at substantial risk of occupational exposure to HIV and/or HBV infections.

Procedure

All affected Department Heads must develop an Exposure Control Plan (ECP) designed to eliminate or minimize employee exposure. This plan must include at least the following elements, in accordance with 29 CFR 1910.1030:

Exposure Determination.

Department Heads will prepare an exposure determination in accordance with 29 CFR 1910.1030(c), the purpose of which will be to identify classes of employees with occupational exposure to bloodborne pathogens. This exposure determination shall contain the following elements:

1. Each Department Head shall prepare a list of job classifications in which all employees in

the classifications have occupational exposure to bloodborne pathogens.

2. Each Department Head shall prepare a list of job classifications in which some employees in the classifications have occupational exposure to bloodborne pathogens, with a list of all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs.

3. All employees with occupational exposure to potential blood borne diseases, based on this exposure determination, shall be included in the remaining requirements of this program.

Compliance Methods

Each Department Head must establish, as part of the ECP, written and detailed Standard Operation Procedures (SOP's) to prevent contact with blood or other potentially infectious materials. These SOP's will include:

1. The application of universal precautions;
2. Engineering and work practice controls;
3. Personal protective equipment relevant to the Department's operations; and
4. Training consistent with 29 CFR 1910.1030(d).

Universal Precautions

All blood or other potentially infectious material (*i.e.*, body fluids) will be considered infectious regardless of the perceived status of the source individual.

Three compliance methods will be observed in order to prevent contact with blood or other potentially infectious materials. These compliance methods include: (1) engineering & work practice controls, (2) housekeeping, and (3) personal protective equipment.

Engineering & Work Practice Controls:

1. Controls must be in place to minimize or eliminate exposure (*e.g.*, sharps disposable containers, self-sheathing needles). Contaminated sharps should be placed immediately or as soon as possible after use, into appropriate containers. The containers are closable, puncture resistant, leak-proof, and labeled with a biohazard label. Contaminated needles should not be bent, recapped, removed, sheared, or intentionally broken.

2. All employees will wash hands using soap, running water, and friction if potential exposure exists. Handwashing should be done (at a minimum):
    a. At the beginning and the end of a work shift
    b. Prior to physical contact with an employee, patient, etc.
    c. Immediately after or as soon as feasible following contact with blood or other potentially infectious materials.
    d. Immediately after or as soon as feasible after removal of gloves or other personal protective equipment.

3. Procedures involving blood or other potentially infectious materials must be performed as to

minimize splashing, spraying, spattering, aerosolization, and generation of droplets.

4. In work areas where there is a reasonable likelihood or potential exposure to blood or other infectious materials, employees are not to eat, drink, smoke, apply cosmetics or lip balm, handle contact lenses, or use hand lotions.

5. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter or bench tops where blood or other infectious materials are present.

6. Specimens of blood or other infectious materials will be placed in a container, which prevents leakage during the collection, handling, processing, storage, and transport of the specimens. The containers will be labeled and color coded in accordance with OSHA standards. The container must be closed prior to storage, transport, and shipping. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container, which prevents leakage during the handling, processing, storage, transport, and/or shipping of the specimen. The secondary container may be a zip-lock or other sealable plastic bag.

7. Equipment, which has become contaminated with blood or other infectious materials, shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

Housekeeping:

1. Contaminated work surfaces will be decontaminated with an appropriate disinfectant immediately or as soon as feasible. An appropriate disinfectant is registered with the EPA as HIV- and HBV-effective (i.e. a solution of 5.25% sodium hypochlorite (household bleach) diluted between 1:10 and 1:100 = 1 cup bleach per 2 gallons of water)

2. Blood and body fluid spill kits must be available for use in the case of a spill of blood or other potentially infectious material. The kit should contain: (1) a pair of vinyl or latex gloves, (2) two pieces of absorbent cloth, (3) fluid solidifier absorbent granules, (4) a disposable scooper, (5) a spray bottle, (6) two plastic bags, and (7) disinfectant.

3. If floor or other surfaces has been contaminated with blood other potentially infectious material, the employee should do the following:
    a. Put on protective gloves and apparel
    b. Lay out a bag in an open fashion
    c. Cover entire spill with absorbent granules
    d. Allow to solidify and scoop up
    e. Dampen first piece of absorbent material and mop up remaining residue.
    f. Deposit material in bag. Avoid touching outside of bag.
    g. If outside of bag is contaminated, put contaminated bag into second bag.
    h. Dampen second piece of absorbent material and clean floor or surface with disinfectant. Deposit into bag along with gloves and other disposable PPE.
    i. Tie bag snugly.
    j. Dispose of bag in building dumpster (office/court facilities). Do not place bags in common waste containers such as in offices. Medical facilities and laboratories must place their waste

in properly labeled bio-hazard containers in accordance with 29 CFR 1910.1030(g).

k. Return spray bottle to storage area. Restock used items in spill kit.
l. Wash hands after removing gloves.

4. Regulated waste shall be placed in approved properly labeled containers and disposed according to established regulatory procedures.

5. Laundry, which includes linens and reusable personal protective equipment, should be handled as little as possible and with minimum agitation, bagged, and containerized. Contaminated laundry will not be sorted or rinsed in the location of use. Whenever laundry is wet, the laundry shall be placed and transported in bags or containers designed to prevent soak through and/or leakage. Employees handling soiled laundry shall wear disposable or utility gloves and gowns. The facility shall wash contaminated laundry according to recommendations outlined by the Center for Disease Control (i.e. wash with detergent and water at 160ºF for 25 minutes).

Personal Protective Equipment:

1. Personal protective equipment will be provided to employees, based on anticipated exposures. The protective equipment will be considered appropriate only if does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth under normal conditions of use and for the duration of time which the protective equipment will be used. The following protective equipment is available and should be used, cleaned, laundered and/or disposed of as appropriate:
   a. Disposable gloves, gown/apron, shoe covers, surgical mask/cap, and breath-saver resuscitator;
   b. Eye/Face protection device; and
   c. Lab coats, clinic jacket

2. Gloves, gowns (or aprons, lab coats, or clinic jackets), shoe covers, and masks/caps must be worn when it is reasonably anticipated that the employee may have direct contact with blood or other potentially infectious materials. Disposable breath-saver resuscitators provide emergency breathing capability to the victim without direct mouth-to-mouth contact. Eye/face protection devices, such as surgical masks and caps, goggles, glasses with solid side shields, or chin-length face shields, must be worn whenever splashes, spray, spatter, droplets of blood, or other potentially infectious materials may be generated.

Communication of Hazards to Employees

1. Each Department Head shall ensure that all labels and signs required by this OSHA Standard are placed in the appropriate work areas, in accordance with 29 CFR 1910.1030(g)(1).

2. Each Department Head shall ensure that all affected employees participate in a training program that complies with 29 CFR 1910.1030(g)(2).

Training

All applicable employees shall be trained in conjunction with applicable requirements for certification (*e.g.*, EMT, CPR, First Aid). Where independent training is not available, County-sponsored training

will be offered. Annual retraining will also be made available in accordance with OSHA standards, including:

1. OSHA standards for bloodborne pathogens
2. Exposure Control Plan review
3. Procedures at the facility of employment that may cause exposure to blood or other potentially infectious materials
4. Control methods that will be used at the employee's facility
5. Personal Protective Equipment available
6. Hepatitis B Vaccination program
7. Post exposure evaluation & follow-up process
8. Signs & labels used at the facility

Hepatitis B Vaccination

1. Each Department Head will ensure that affected employees receive free vaccination, according to U. S. Public Health Service recommendations, after they have been trained according to this program, and within ten days of initial assignment unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is not recommended for medical reasons.

2. Each Department Head will ensure that employees who decline to accept hepatitis B vaccination offered by the County sign the attached Declination Statement (Appendix A). If an employee later decides to accept the vaccination, it shall be offered at that time.

Post-Exposure Evaluation and Follow-up

1. Following a report of an exposure incident, the Department Head will ensure that the employee, with supervisor assistance, completes the Exposure Incident Form (Appendix B). The employee will report for medical evaluation and provide the health care professional with the following information:

    a. A copy of 29 CFR 1910.1030;
    b. Copy of the Exposure Incident Report which documents the routes of exposure and the circumstances under which the exposure occurred;
    c. Results of the source individual's blood testing, if available; and
    d. All medical records relevant to the appropriate treatment of the employee, including vaccination status.

2. The Department Head will forward a copy of all information provided to the health care professional to the employee medical records section applicable to that department.

3. The Department Head will obtain the health care professional's written opinion, as required under 29 CFR 1910.1030(f)(5), share it with the employee, and forward it to the employee's medical record.

Note: Claims Coordinators should continue to report claims as previously instructed including submittals of: (1) First Report of Injury ("FROI"), (2) Authorization to Release Medical Information form, (3) Salary Continuation form; (4) Supervisor Verification Form; (5) Witness Form(s); and (6) Physicians' Work Ability (Medco-14). *If the incident involves a needle stick or sharps injury, a PERRP "Sharps Injury Form Needlestick Report" (form SH-12) must also be submitted.*

Recordkeeping

1. Medical records shall be kept in accordance with 29 CFR 1910.1030(h)(1). These include:

Employee Name & Social Security Number (SS #)	Record of Post-Exposure Evaluations & Follow-ups
Company Name, Department, & Location	Personal Protective Equipment Provided
Hepatitis B Vaccination Record	Training Record
Employee Signature	

2. Each Department Head will forward all medical records generated pursuant to this program to the Department's designated custodian of medical records.

3. Employee medical records required by 29 CFR 1910.1030(h)(1) shall be made available upon request for examination and copying to the subject employee, to anyone having the written consent of the subject employee, and to other officials authorized access by law.

4. Training records shall be kept in accordance with 29 CFR 1910.1030(h)(2), and are subject to review by the County Risk Manager or their designee.

5. Employee training records shall be made available to employees, to employee representatives, and to other officials authorized access by law.

Record Retention

Duration of employment plus thirty (30) years after separation.

APPENDIX A
BLOOD BORNE PATHOGEN – MANDATORY
HEPATITIS B VACCINE DECLINATION FORM

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge or cost to myself.

However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

I also understand that if, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Date: _____ Employee signature: _____

REFERENCES: § 29 CFR 1910.1030

APPENDIX B
Exposure Incident Report

Use this form to report any bloodborne pathogen exposure incidents. An exposure incident is a specific contact of blood or other potentially infectious bodily fluid with non-intact skin, eye, mouth or other mucous membranes.

Date and time of exposure: _____ Report Date: _____

Name (person exposed): _____

Address: _____ Phone: _____

Department: _____

Name of Source (Source of bodily fluid): _____

Address: _____ Phone: _____

Name (s) of witnesses: _____

Part of body exposed to bodily fluid: _____

Type of bodily fluid: _____

Describe incident: _____
_____
_____

Treatment received at: _____

Name of physician: _____

Employee signature: _____ Date: _____

Supervisor signature: _____ Date: _____

Action taken: _____
_____
_____

Fax form to: County Risk Manager – (513) 946-4720

Section: Safety	**Policy#:** **3.6**
Title: Hazardous Energy Lockout-Tagout	
Dept: Human Resources	**Division:** Risk Management
Issued: 1/12/2018	**Revised:** **N/A**

Purpose: The purpose of this policy is to assure that before any employee performs any servicing or maintenance on a machine or equipment where the unexpected energizing, startup or release of stored energy could occur and cause injury, the machine or equipment is isolated from the energy source and rendered inoperative. In addition, this policy assures that live electrical parts are de-energized before employees work on or near them. Section 3.6 is based on requirements in OSHA Code of Federal Regulations 29 CFR 1910.147 and 1910.333 as adopted by Ohio's Public Employment Risk Reduction Program, Ohio Revised Code 4167.

Departments and Personnel Affected: Section 3.6 applies to all employees who are servicing equipment, machines, or electrical circuits involving an energy source such as electrical, mechanical, hydraulic, pneumatic, compressed air, and potential energy from suspended parts (gravity).

Responsibility: The Department Head is responsible for ensuring that a lockout-tagout ("LOTO") program and policy is developed and put in place in their department. Managers and supervisors are responsible for ensuring that lockout procedures are in place for their equipment, instructing all authorized and affected employees in the safety significance of the LOTO procedure and assuring that all LOTO protocols are being followed.

Definitions:

1. *Affected Employee.* An employee whose job requires him/her to operate or use a machine or equipment on which servicing or maintenance is being performed under LOTO, or whose job requires him/her to work in an area where servicing or maintenance is performed.
2. *Authorized Employee.* An employee who locks or tags out equipment, machines, or electrical circuits for service or maintenance.
3. *Capable of being locked out.* An energy isolating device is capable of being locked out if it has a hasp or other means of attachment to which, or through which, a lock can be affixed, or it has a locking mechanism built into it. Other energy isolating devices are capable of being locked out if lockout can be achieved without the need to dismantle, rebuild, or replace the energy isolating device or permanently alter its energy control capability.
4. *Energized.* Connected to an energy source or containing residual or stored energy.
5. *Energy isolating device.* A mechanical device that physically prevents the transmission or release of energy, including but not limited to the following: A manually operated electrical circuit breaker; a disconnect switch; a manually operated switch by which the

conductors of a circuit can be disconnected from all ungrounded supply conductors, and, in addition, no pole can be operated independently; a line valve; a block; and any similar device used to block or isolate energy. Push buttons, selector switches and other control circuit type devices are not energy isolating devices.

6. *Energy source*. Any source of electrical, mechanical, hydraulic, pneumatic, chemical, thermal, or other energy.
7. *Hot tap*. A procedure used in the repair, maintenance and services activities which involves welding on a piece of equipment (pipelines, vessels, or tanks) under pressure, in order to install connections or appurtenances. it is commonly used to replace or add sections of pipeline without the interruption of service for air, gas, water, steam, and petrochemical distribution systems.
8. *Lockout.* The placement of a lockout device on an energy isolating device, in accordance with an established procedure, ensuring that the energy isolating device and the equipment being controlled cannot be operated until the lockout device is removed.
9. *Lockout device.* A device that utilizes a positive means such as a lock, either key or combination type, to hold an energy isolating device in the safe position and prevent the energizing of a machine or equipment or electrical circuits.
10. *Normal production operations*. The utilization of a machine or equipment to perform its intended production function.
11. *Servicing and/or maintenance*. Workplace activities such as constructing, installing, setting up, adjusting, inspecting, modifying, and maintaining and/or servicing machines or equipment or electrical circuits. These activities include lubrication, cleaning or unjamming of machines or equipment and making adjustments or tool changes, where the employee may be exposed to the unexpected energizing or startup of the equipment or release of hazardous energy.
12. *Setting up*. Any work performed to prepare a machine or equipment to perform its normal production operation.
13. *Tagout.* The placement of a tagout device on an energy isolating device, in accordance with an established procedure, to indicate that the energy isolating device and the equipment being controlled may not be operated until the tagout device is removed.
14. *Tagout device*. A prominent warning device such as a tag and a means of attachment which can be securely fastened to an energy isolating device in accordance with an established procedure. The device must clearly indicate that the energy isolating device and the equipment being controlled may not be operated until the tagout device is removed.

Methods of Compliance

General: Before any employee performs any servicing or maintenance on a machine or equipment where the unexpected energizing, startup or release of stored energy could occur and cause injury, the machine or equipment must be isolated from the energy source and rendered inoperative (zero energy state). All electrical circuits must be de-energized before working on or near electrical equipment or circuits that are or may be energized. Such equipment and/or circuits must also be LOTO in accordance with procedures in this policy.

Exceptions:

1. Electrical parts that operate at less than fifty (50) volts to ground as long as there is no increased exposure to electrical burns or to explosion due to electrical arcs.
2. If electrical de-energizing introduces additional or increased hazards. This must be approved by the Department Head or designee. If not de-energized for this reason then other work practices must be used to protect those who may be exposed to the electrical hazards involved. The work practices must protect the employee against contact with any part or their body. Example of increased hazard: Interruption of life support systems.
3. Testing of electrical circuits that can only be performed with energized circuits (troubleshooting).
4. Work on cord and plug connected electrical equipment does not require LOTO where the equipment is unplugged and the plug is under the exclusive control of the employee who is performing the servicing and maintenance on the equipment.
5. Minor tool changes and adjustments that are routine and repetitive provided that the work is performed using alternative measures which provide effective protection.
6. If a piece of equipment does not have lockout capability, then tagout alone can be used under the following circumstances:
    a. Tagout must provide the same level of protection.
    b. An additional safety measure has been employed such as removing a circuit breaker/fuse, removing a valve, etc.
7. Hot tap operations involving distribution systems for gas, steam, or water when they involve pressurized pipelines where continuity of service is essential, shutdown of the service is impractical, and procedures and equipment are used that provide equally effective protection.

Equipment Evaluation: Each piece of equipment or system must be evaluated to identify all energy sources to be locked or tagged out to achieve "zero energy state". The evaluation should be performed by a supervisor or an authorized employee who is knowledgeable of the equipment/system. Use the attached energy source determination checklist for assistance in evaluating and documenting energy sources.

Written Procedures: Written procedures specific for the equipment type must be developed and must contain at a minimum:

1. Steps for shutting down, isolating, blocking, and securing equipment.
2. Steps for placement, removal and transfer of LOTO devices.
3. Requirements for testing a machine to determine the effectiveness of the LOTO.

Use the attached form – *Lockout/Tagout Procedure Checklist and Energy Source Determination* for each piece or type of applicable equipment and include them as part of this program.

<u>Exception:</u> Written procedures specific for the equipment type must be developed <u>unless all</u> of

the following elements are met:

1. The machine or equipment has no potential for stored or residual energy or reaccumulation of stored energy after shut down which could endanger employees;
2. the machine or equipment has a single energy source which can be readily identified and isolated;
3. the isolation and locking out of that energy source will completely deenergize and deactivate the machine or equipment;
4. the machine or equipment is isolated from that energy source and locked out during servicing or maintenance;
5. a single lockout device will achieve a locked-out condition;
6. the lockout device is under the exclusive control of the authorized employee performing the servicing or maintenance;
7. the servicing or maintenance does not create hazards for other employees; and
8. the employer, in utilizing this exception, has had no accidents involving the unexpected activation or re-energization of the machine or equipment during servicing or maintenance.

Lockout/Tagout Devices:

1. Locking devices must be standardized by type and color within a department or division. Locking devices must be key locked and only the employee using the device may have a key. Lockout devices may not be used for any other purposes. The locking device used must be described and included as part of this program.
2. Tagout devices must be standardized within each Department or division. It must be durable, contain the name/division of the authorized employee and have the appropriate warning message such as *Do Not Start*, *Do Not Energize*, or *Do Not Operate*. All tagout devices will be securely attached with nylon and/or wire cable ties.

Procedures for Lockout/Tagout:

1. *Preparation for Lockout or Tagout*. The employee must have knowledge of the type and the magnitude of the energy, the hazards involved, and the methods, or means to control the energy. The employee(s) shall make a survey to locate and identify all isolating devices to be certain which switch(s), valve(s), or other energy isolating devices apply to the equipment to be locked or tagged out. More than one energy source (electrical, mechanical, or others) may be involved. Refer to written procedures for specific equipment if applicable.
2. *Proper Sequence of a Lockout or Tagout*.
    a. Notify all affected employees that equipment/circuits are going to be LOTO.
    b. If the machine or equipment is operating, shut it down by the normal stopping procedure.
    c. Operate the switch, valve, or other energy isolating device(s) so that the equipment is isolated from its energy source(s).
    d. All stored or mechanical energy that might endanger employees must be either released or restrained. If the possibility of re-accumulation of this energy source

to a hazardous level exists, verification of a safe condition must be continued until the work is complete. Stored energy (*e.g.*, such as that in springs, elevated machine members, rotating flywheels, hydraulic systems, and air, gas, steam, or water pressure) must be dissipated or restrained by methods such as, but not limited to, repositioning, blocking, and bleeding down.

e. Lockout the energy isolating devices with assigned individual locks.

f. Apply tag to all locking devices with the appropriate warning message such as *Do Not Start, Do Not Energize,* or *Do Not Operate*.

g. After ensuring that no personnel are exposed, and as a check on having disconnected the energy sources, operate the push button or other normal operating controls to make certain the equipment will not operate. Assure that all stored energy has been relieved. When working on electrical circuits, the circuits must be tested for voltage with the appropriate testing device. The testing device must be checked for proper function immediately before and immediately after testing the circuit before proceeding.

h. The equipment is now locked and tagged out. No one other than the authorized person locking/tagging out the equipment may remove a lock or tag, operate any device, or energize any circuit to which a lock or tag is attached.

Restoring Machines or Equipment to Normal Operation.

1. Clear the machine or equipment of tools and materials.
2. Equipment should be reassembled, all blocking and bracing devices removed, and all guards replaced. Before energizing, the start buttons and operating controls should be in the off position.
3. Be sure no employees are in a dangerous location. Notify affected employees that machine will be re-energized.
4. Remove LOTO devices in proper sequence if more than one is applied.
5. Energize equipment.

Lockout/Tagout Removal: A LOTO device can only be removed by the authorized employee who applied it. If the employee is absent, the LOTO device can be removed under the following circumstances:

1. Department Head or designee must assure that the person applying LOTO device is absent and reasonable efforts have been made to contact the employee to inform him that the LOTO device is being removed.
2. The employee who applied the LOTO device(s) must be notified of the removal of the LOTO device(s) before resuming work at the location.
3. Follow procedures to assure equipment can be safely reenergized.

Contractor Lockout/Tagout: When contractors or their employees are utilized, they must follow LOTO procedures and be properly trained in LOTO procedures. The Contractor employees and Hamilton County employees shall inform each other of their respective lockout-tagout program and procedures. Contractors are responsible for protecting their employees and

ensuring lockout procedures are in place to protect their employees while working on County equipment.

Group Lockout/Tagout: If more than one employee or crew is required to LOTO equipment, the same level of protection must be afforded for the group as for each individual.

1. One authorized employee must be assigned responsibility for the LOTO and assure that each employee is protected.
2. The assigned authorized employee must keep abreast of the status of individual group members.
3. Each authorized employee must attach their own personal LOTO device to the group LOTO device (*e.g.*, multi-lock hasp or group lock box) when they work. These devices must be removed by each employee when they are done working.

Release of a group LOTO must be accomplished using the normal LOTO removal procedures with the inclusion of the following:

1. All authorized employees must remove their LOTO devices.
2. All authorized employees must be safely positioned before energizing.

Procedures for Shift Changes: If there is a shift change and different employees will take over the service or maintenance of equipment, the employee leaving the scene must remove his/her LOTO device and at the same time the oncoming employee must install his/her LOTO device.

Periodic Inspections: At least annually, the Department Head or designee must inspect and verify the effectiveness of the LOTO procedures used by each authorized employee. Each inspection must be properly documented using the attached form - *Lockout/Tagout Annual Inspection/Evaluation Report*.

Training: Before LOTO can take place, authorized employees must be trained in the following:

1. Recognition of applicable hazardous energy sources, the type and magnitude of the energy source, and the methods necessary for energy isolation and control.
2. Purpose and function of LOTO.
3. Safe application, usage, and removal of energy controls and LOTO devices.
4. Prohibition relating to attempts to restart or reenergize equipment which has been locked or tagged.
5. This program.

Affected employees must be trained in the following.

1. Purpose and function of LOTO.
2. Recognition of LOTO devices.

All training must be properly documented.

Retraining: Retraining is necessary under the following conditions:

1. Change in job requirements.
2. New hazard introduced due to change in machines, equipment, or processes.
3. Change in LOTO procedures.
4. Annual evaluations, inspections, observations, or employee reveals inadequacies in following LOTO procedures.

Record Retention

- Training: Employment plus 30 years, then destroy
- LOTO Annual Evaluations: 10 years, then destroy
- LOTO Equipment Procedures: Until superseded or obsolete, then destroy.

Attachments

1. Form - Lockout/Tagout Procedure Checklist Energy Source Determination
2. Form - List of all Lockout/Tagout Procedures (blank)
3. Form - List of Authorized Lockout/Tagout Individuals (blank)
4. Form - Lockout/Tagout Annual Inspection/Evaluation Report

Lockout/Tagout Procedure Checklist
Energy Source Determination

Date: _____ Company Name: _____

Instructions: In order to determine all energy sources for each piece of equipment, all questions must be answered. If the question does not apply, write N/A.

Location: _____ Work Center: _____

Equipment Name: _____ Equipment #: _____

Serial: _____ Lockout/Tagout Procedure #: _____

1. Does this equipment have:
   a. **Electric power** (including battery)? o Yes o No o N/A
      If yes, Motor Control Center (MCC) or power panel & breaker number: _____
      _____
      Does it have a lockout device? o Yes o No o N/A
      Battery location: _____
      Battery disconnect location: _____

   b. **Mechanical power**? o Yes o No o N/A
      Mark each type of energy source that applies:
      1. Engine driven o Yes o No o N/A
         If yes, switch or key location: _____
         Is lockout device installed? o Yes o No o N/A
         If no, method of preventing operation: _____

      2. Spring loaded? o Yes o No o N/A
         If yes, is there a method of preventing spring activation? o Yes o No
         If no, how can spring tension be safely released or secured? _____
         _____

      3. Counter weight(s)? o Yes o No o N/A
         If yes, is there a method of preventing movement? o Yes o No
         If yes, can it be locked? o Yes o No
         If no, how can it be safely secured? _____
         _____

      4. Flywheel? o Yes o No o N/A
         If yes, is there a method of preventing movement? o Yes o No
         If yes, can it be locked? o Yes o No
         If no, how can it be safely secured? _____
         _____

Lockout/Tagout Procedure Checklist (page 2)

1. Does this equipment have (continued):
   c. **Hydraulic Power**? o Yes o No o N/A
   If yes, location of main control/shut-off valve: _____
   Can control/shut-off valve be locked in the "OFF" position? o Yes o No
   If no, location of closest manual shut-off valve: _____
   Does manual shut-off valve have a lockout device? o Yes o No
   If no, what is needed to lock valve closed? _____
   _____
   Is there a bleed or drain valve to reduce pressure to zero? o Yes o No
   If no, what will be required to bleed off pressure? _____
   _____

   d. **Pneumatic Energy**? o Yes o No o N/A
   If yes, location of main control/shut-off valve: _____
   Can control/shut-off valve be locked in the "OFF" position? o Yes o No
   If no, location of closest manual shut-off valve: _____
   Does manual shut-off valve have a lockout device? o Yes o No
   If no, what is needed to lock valve closed? _____
   _____
   Is there a bleed or drain valve to reduce pressure to zero? o Yes o No
   If no, what will be required to bleed off pressure? _____
   _____

   e. **Chemical System**? o Yes o No o N/A
   If yes, location of main control/shut-off valve: _____
   Can control/shut-off valve be locked in the "OFF" or closed position? o Yes o No
   If no, location of closest manual shut-off valve: _____
   Is there a bleed or drain valve to safely reduce system pressure and drain system of chemicals? o Yes o No
   If no, how can the system be drained and neutralized? _____
   _____
   What personal protective clothing or equipment is needed for this equipment? _____
   _____

   f. **Thermal Energy**? o Yes o No o N/A
   If yes, location of main control/shut-off valve: _____
   Can control/shut-off valve be locked in the "OFF" or closed position? o Yes o No
   If no, location of closest manual shut-off valve: _____
   Does manual shut-off valve have a lock valve? o Yes o No
   Is there a bleed or drain valve to safely reduce system pressure & temperature and drain system chemicals? o Yes o No
   If no, how can the system be drained and neutralized? _____
   _____
   What personal protective clothing or equipment is needed for this equipment? _____
   _____

Lockout/Tagout Procedure Checklist (page 3)

Special precautions not noted above (i.e. fire hazards, chemical reactions, required cool down periods, etc.): ___
_____
_____
_____
_____
_____
_____
_____

Recommendations or Comments: _____
_____
_____
_____
_____
_____
_____

Completed by: _____

Reviewed by: _____

Approved by: _____

List of all Lockout/Tagout Procedures

Procedure Number	Equipment, Machinery or Process

List of Authorized Lockout/Tagout Individuals

Work Center	Lock Number	Name	Mechanical (yes/no)	Electrical (yes/no)

Lockout/Tagout Annual Inspection/Evaluation Report

Date of Evaluation: _____

Evaluation was made by: _____
Policy has been reviewed: o Yes o No

Comments on policy: _____
_____
_____
_____

The following procedures have been reviewed: _____
_____
_____
_____

The following procedures were modified: _____
_____
_____
_____

The following procedures were added: _____
_____
_____
_____

A review of the OSHA log 200, associated accident reports, and OSHA Form 101 were conducted? : o Yes o No

The following injuries resulted from lockout/tagout:

Injury	Procedure Number for Applicable Equipment	Process or Machinery

Comments:

_____ _____
Signature Date

Section: Safety	**Policy#:** **3.7**
Title: Permit-Required Confined Spaces	
Dept: Human Resources	**Division:** Risk Management
Issued: 1/12/2018	**Revised:** **N/A**

Purpose: Section 3.7 outlines the procedures used by Hamilton County ("County") to protect its employees who are required to enter or work in confined spaces. These procedures are based on requirements in OSHA Code of Federal Regulations 29 CFR 1910.146 as adopted by Ohio's Public Employment Risk Reduction Program, Ohio Revised Code 4167.

Departments and Personnel Affected: This policy, Section 3.7, applies to all County Departments with employees who are required to enter or work in confined spaces. Confined spaces include one or more of the following: boiler, cupola, furnace, pipeline, pit, pumping station, reaction or processor vessel, septic tank, sewage digester, sewer, silo, storage tank, utility vault, vat, or any other object or work area that meets the OSHA definition of a permit-required confined space.

Procedures: The following procedures explain how the County will comply with the Permit-Required Confined Spaces Standard.

1. *Responsibility*. Department Heads are responsible for complying with this program. Department Heads will appoint an Entry Supervisor within each work unit who will be responsible for determining if acceptable entry conditions are present in a space where entry is planned, for authorizing entry and overseeing entry operations, and for terminating entry as required.

2. *Key Definitions.* Below is a partial listing of important definitions found in the Permit-Required Confined Space Standard.

   a. **Acceptable entry conditions** means the conditions that must exist in a permit space to allow entry and to ensure that employees involved with a permit-required confined space entry can safely enter into and work within the space.

   b. **Attendant** means an individual stationed outside one or more permit spaces who monitors the authorized entrants and who performs all attendant's duties in the Hamilton County permit space program.

   c. **Authorized entrant** means an employee who is authorized by the County to enter a permit space.

   d. **Confined space** means a space that:

      (1) Is large enough and so configured that an employee can bodily enter and perform assigned work; and

      (2) Has limited or restricted means for entry or exit (For example, tanks, vessels, silos, storage bins, hoppers, septic tanks, vaults, and pits are spaces that may have limited means of entry.); and

(3) Is not designed for continuous employee occupancy.

e. **Entry** means the action by which a person passes through an opening into a permit-required confined space. Entry includes ensuing work activities in that space and is considered to have occurred as soon as any part of the entrant's body breaks the plane of an opening to the space.

f. **Entry permit (permit)** means the written or printed document that is provided by the County to allow and control entry into a permit space and that contains the information specified in this program.

g. **Entry supervisor** means the person (such as the supervisor, foreman, or crew chief) responsible for executing entry permits, determining if acceptable entry conditions are present inside a permit space where entry is planned, for authorizing entry and overseeing entry operations, and for terminating entry as required by this section. The Department Head selects this person.

h. **Hazardous atmosphere** means an atmosphere that may expose employees to the risk of death, incapacitation, impairment of ability to self-rescue, injury, or acute illness from one or more of the following causes:

(1) Flammable gas, vapor, or mist above acceptable limits;

(2) Airborne combustible dust at a concentration above acceptable limits;

(3) Atmospheric oxygen concentration below 19.5 percent or above 23.5 percent.

(4) Atmospheric concentration of any substance recognized by OSHA at or above acceptable limits.

(5) Any other atmospheric condition that is immediately dangerous to life or health.

i. **Non-permit confined space** means a confined space that does not contain or, with respect to atmospheric hazards, have the potential to contain any hazard capable of causing death or serious physical harm.

j. **Permit-required confined space (permit space)** means a confined space that has one or more of the following characteristics:

(1) Contains or has a potential to contain a hazardous atmosphere;
(2) Contains a material that has the potential for engulfing an entrant;
(3) Has an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross section; or
(4) Contains any other recognized serious safety or health hazard.

k. **Permit system** means the written procedure for preparing and issuing permits for entry and for returning the permit space to service following termination of entry.

l. **Rescue service** means the personnel designated to rescue employees from permit spaces.

m. **Retrieval system** means the equipment (including a retrieval line, chest, or full body harness, wristlets, if appropriate, and a lifting device or anchor) used for non-entry

rescue of persons from permit spaces.

o. **Testing** means the process by which the hazards that may confront entrants of a permit space are tested, identified, and evaluated. Testing includes specifying the tests that are to be performed in the permit space.

3. *General Requirements*.

a. Initial Evaluation. Department Heads or an appropriate designee must perform an initial evaluation of all work areas determine if any spaces are permit- required confined spaces. Proper application of the "Confined Space Decision Flow Chart" (Appendix A to OSHA 1910.146) and the "Confined Space Evaluation Form (both attached) would facilitate compliance with this requirement.

b. Labeling. All affected employees must be informed of the location of permit- required confined spaces by the posting of danger signs or by any other equally effective means. A sign reading, "DANGER---PERMIT-REQUIRED CONFINED SPACE---DO NOT ENTER" or using other similar language would satisfy this requirement.

c. Reevaluation. The Department Head or a designee must reevaluate all non- permit confined spaces periodically. If there are changes in the use or configuration of the space that might increase the hazards to entrants, the space must be reclassified as a permit-required confined space.

d. Except for properly trained and equipped fire and emergency medical service employees, County employees must not enter permit spaces unless continuous forced air ventilation alone is sufficient to control all hazards in the space. If a confined space cannot meet the requirements of this program, the department must use a qualified contractor to perform the work, as detailed below in Section 3.700(4).

4. *Permit-Required Confined Space Entry 1910.146(c)(5)*

a. Initial Requirements. The following specific requirements must be met before an employee may enter a confined space.

(1) The only hazard posed by the confined space is an actual or potential hazardous atmosphere.

(2) Continuous forced air ventilation alone is sufficient to maintain the space safe for entry.

(3) The county develops monitoring and inspection data that supports the demonstrations required by (1) and (2) above.

(4) If an initial entry into the space is necessary to obtain monitoring and inspection data, the entry **must** be performed using **all safety procedures in the full OSHA standard, not the modified procedures listed below**. Call Safety Manager's Office for assistance before entering the space.

(5) If these initial requirements have not been met, entry into the space is absolutely forbidden.

b. Entry Procedures

(1) Any condition making it unsafe to remove an entrance cover must be eliminated before the cover is removed. (For example, blanking, blinding, lock-out, tag-out, double block and bleed, etc.)

(2) The opening to the confined space must be guarded to prevent an accidental fall through the opening and to prevent objects from falling on entrants.

(3) The atmosphere must be tested with a calibrated direct-reading instrument, for the following conditions in the order given:

i. Oxygen content,
ii. Flammable gases and vapors, and
iii. Potential toxic air contaminants.

(4) There may be no hazardous atmosphere within the space whenever an employee is inside the space.

(5) Continuous forced air ventilation must be used as follows:

i. An employee may not enter the space until the forced air ventilation has eliminated any hazardous atmosphere;
ii. The forced air ventilation shall be so directed as to ventilate the immediate areas where an employee is or will be present within the space and shall continue until all employees have left the space;
iii. The air supply from the forced air ventilation shall be from a clean source and may not increase the hazards in the space.

(6) The Entry Supervisor must periodically test the atmosphere as necessary to ensure that the continuous forced air ventilation is preventing the accumulation of a hazardous atmosphere.

(7) If a hazardous atmosphere is detected during entry;

i. Each employee shall leave the space immediately;
ii. The space shall be evaluated to determine how the hazardous atmosphere developed; and
iii. Measures shall be implemented to protect employees from the hazardous atmosphere before any subsequent entry takes place.

(8) The Entry Supervisor must verify that the space is safe for entry by completing a copy of the attached form. This form must be completed **before** the entry, and must be made available to each employee entering the space.

5. *Reclassification of a Permit-Required Confined Space.* Requests to reclassify a permit-required confined space to a non-permit confined space should be referred to the Safety Manager.

6. *Outside Contractors.* All Departments must use the following procedures when using outside contractors to perform work in confined spaces. (See the attached "Contractor Certification Form.")

   a. County Responsibilities. The Entry Supervisor or a designee must:

      (1) Inform the contractor that the work place contains confined spaces, and that all entry operations must comply with the OSHA standard;

      (2) Inform the contractor of the hazards identified in the space and the County's experience in the space;

      (3) Inform the contractor of any precautions or procedures that the County has implemented for the protection of employees in or near the confined space where the contractor will be working;

      (4) Coordinate entry operations with the contractor when both County employees and contractor employees will be working in or near a confined space; and

      (5) Debrief the contractor at the conclusion of the entry operations regarding the confined space program followed and regarding any hazards confronted or created in the confined space.

   b. Contractor Responsibilities. In addition to complying with the requirements of the OSHA standard, contractors must:

      (1) Obtain any available information regarding permit space hazards and entry operations from the County;

      (2) Coordinate entry operations with the County when both contractor employees and County employees will be working in or near a confined space; and

      (3) Inform the County of the confined space program that the contractor will follow and of any hazards confronted or created in confined spaces, either through a debriefing or during the entry operation.

7. *Training*

   a. Adequate training must be provided to all employees affected by this program

      (1) Before the employee is first assigned duties requiring work in confined spaces;

      (2) Whenever there is a change in assigned duties;

      (3) Whenever there is a change in confined space operations that presents a hazard about which an employee has not previously been trained; and

      (4) Whenever there is evidence that there are inadequacies in an employee's knowledge or willingness to follow proper procedures.

   b. Training must be documented in writing. The written training records must be retained by the Department Head or designee for the duration of the employee's employment.

8. *Non-Entry Rescue.* Wherever possible, the use of non-entry rescue systems or methods must be used (*e.g.*, tripod and harness retrieval). To facilitate non-entry rescue, retrieval systems or methods must be used whenever an authorized entrant enters a permit space, unless the retrieval equipment would increase the overall risk of entry or would not contribute to the rescue of the entrant.

    a. Non-Entry Rescue Retrieval Systems shall meet the following requirements:

        i. Each authorized entrant shall use a chest or full body harness, with a retrieval line attached at the center of the entrant's back near shoulder level, or above the entrant's head. Wristlets may be used in lieu of the chest or full body harness if the employer can demonstrate that the use of a chest or full body harness is infeasible or creates a greater hazard and that the use of wristlets is the safest and most effective alternative.

        ii. The other end of the retrieval line shall be attached to a mechanical device or fixed point outside the permit space in such a manner that rescue can begin as soon as the rescuer becomes aware that rescue is necessary. A mechanical device shall be available to retrieve personnel from vertical type permit spaces more than five (5) feet deep.

        iii. If an injured entrant is exposed to a substance for which a Safety Data Sheet (SDS) or other similar written information is required to be kept at the worksite, that SDS or written information shall be made available to the medical facility treating the exposed entrant.

9. *Rescue and Emergency Services.* Where non-entry rescue is not possible, County Departments must coordinate rescue and emergency services with the local fire department. The Departments must ensure that the fire department is familiar with these spaces and space configurations and that the fire department has the equipment to perform entry rescue.

Confined Space Evaluation Form

Date of Survey	Confined Space #	Permit Required o Yes o No If yes, space must be labeled.
Location of Space		
Description of Space		
Possible atmospheric hazards		
Possible content hazards		
Configuration of space		
Unusual hazards		

1. Space can be bodily entered?	o Yes	o No	**4. Hazardous atmosphere?**	o Yes	o No
2. Limited or restricted entry?	o Yes	o No	**5. Potential for engulfment?**	o Yes	o No
3. Not designed for continuous human occupancy?	o Yes	o No	**6. Internal configuration hazard?**	o Yes	o No
			7. Other serious safety hazards?	o Yes	o No

Reasons for entering space & typical activities
Who usually enters space
Frequency of entry
Number of entry points
External connections to space
Survey completed by: (print & sign)

Confined Space Entry Permit

Confined Space # Hot Work Permit #	Permit Expires	Date/Time Began	Date/Time Finished
Location:		Job Description:	
Entrants:		Attendants:	
Entry Supervisor:		Safety Approval by:	

Atmospheric Testing & Monitoring

Limits	Time/Results	Time/Results	Time/Results	Time/Results
Oxygen (19.5% - 23.5%)				
Flammables (< 10%)				
Explosive Gases (< LEL)				
Chemicals (< PEL) **List:**				

Instrument:	Calibration:

Hazards in Space

Contents:	**Configuration:**	**Nature of Work:**	**Previous content in space:**
o Flammable o Irritant o Corrosive o Toxic o Dust o Asbestos o Solid o Liquid o Gas o Other _____	o Slippery surfaces o Sharp surfaces o Vertical drop o Low overhead o High or low temperature o Sloped o Other _____	o Welding o Cutting o Grinding o Chipping o Scraping o Spray cleaning o Other _____	

Isolation of Space

Electrical:	**Mechanical:**	**Piping:**	**Other:**
o Lockout o Tagout	o Block linkage o Disconnect	o Lockout o Tagout o Blank o Block & Bleed	

Hydraulic: o Lockout o Tagout o Disconnect Lines o Lock Pump & Bleed	**Pneumatic:** o Lockout o Tagout o Disconnect Lines o Lock Comp & Bleed

Equipment Required

Respiratory Protection o SCBA o Supplied Air o Powered. Air Cartridge respirator: o Full-face o Half-face	**Cartridge** o Organic vapor o Acid Gas o Ammonia o Organic vapor/acid gas o HEPA o Dust/Mist

PPE o Coveralls o Hard-hat o Safety goggles o Safety shoes o Leather gloves o Ear plugs/muffs o Welding hood o Welding jacket o Splash suit o Chemical gloves o Faceshield

Lighting o Flashlight o Handlight o Light sticks o Cord lights o Cords o Portable lights o Generator

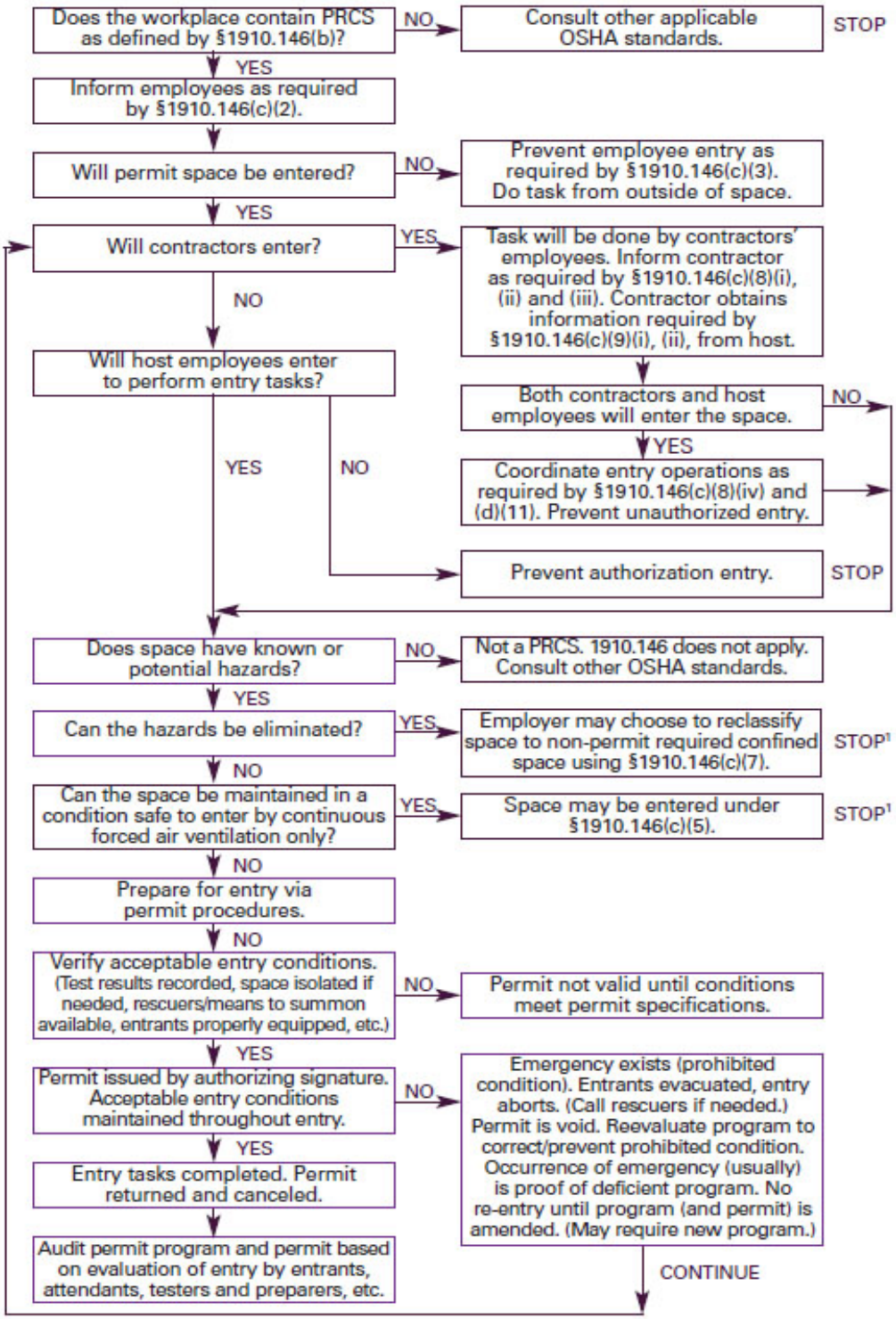
Ventilation o Ventilator o 10' sections of duct o 20' sections of duct o Saddle vent o CFM Required: _____

For Entry o Body Harness o Retrieval device o Tripod o Anchor point o Access ladder o Emergency Signal o Communications o Personal alert device

For Rescue o Body Harness o Retrieval device o Tripod o Anchor point o Access ladder o Alarm horn o Emergency signal o Communications o Personal alert device o SCBA o ABA o Rescue harness o Escape mask o Wristlets o Other: _____

Supervisor Signature:

Permit-Required Confined Space Decision Flow Chart



[1] Spaces may have to be evacuated and reevaluated if hazards arise during entry.

Source: 29 CFR 1910.146 Appendix A.

5

CONTRACTOR ENTRY CERTIFICATION

Date/Time: _____
Department: _____
Division/Section: _____
Location of Confined Space: _____
Purpose of Entry: _____
Name of Contractor: _____

Type of entry to be performed: Permit_____ Non-Permit _____

Have you informed the Contractor of the location of confined spaces in the work area, and the OSHA standard? yes _____ no _____

Have you explained your experience with the confined space in which the Contractor will be working? yes _____ no _____

Have you explained special precautions or procedures which the County uses in or near the confined space? yes _____ no _____

Have you determined how you will coordinate operations with the Contractor when County employees will be working in or near the confined space? yes _____ no _____

Did you debrief the contractor at the conclusion of the work to determine any particular hazards confronted or created in the confined space? yes _____ no _____

What hazards were confronted or created in the confined space? _____

Additional Comments: _____

_____
Printed Name of Entry Supervisor

_____
Signature of Entry Supervisor

Section: Safety	**Policy#:** **3.8**
Title: Walking – Working Surfaces	
Dept: Human Resources	**Division:** Risk Management
Issued: 1/12/2018	**Revised:** **N/A**

Purpose: The purpose of this policy is to inform and outline those procedures which must be performed to meet the requirements of the Code of Federal Regulations 1910 Subpart D – Walking-Working Surfaces as adopted by Ohio's Public Employment Risk Reduction Program to reduce slips, trips, and falls in Hamilton County ("County") workplaces.

Departments and Personnel Affected: This policy applies to all County workplaces and employees including level and elevated Walking-Working Surfaces. These include, but are not limited to:

Level Surfaces
- Office floors
- Hallways
- County-owned exterior sidewalks
- County-owned alleys, courtyards, etc.
- County-owned parking surfaces
- Maintenance / equipment areas

Elevated Surfaces
- Stairs
- Roofs
- Ladders
- Ramps
- Scaffolds
- Elevated walkways and platforms
- Fall Protection Systems

Responsibility: The Department Head is responsible for assuring that regular inspections are performed of all walking-working surfaces and that hazard assessments are performed for the need, selection, and proper use of fall protection equipment for their employees.

Definitions

Competent Person: A competent person is someone is who is capable of identifying existing and predictable hazards in the surroundings or working conditions, which are unsanitary, hazardous, or dangerous to employees, and who has authorization to take prompt corrective measures to eliminate them. The person conducting fall hazard assessments should have some education and/or relevant experience in order to recognize and evaluate all fall hazards. Furthermore, this person should also have practical knowledge and understanding of fall protection requirements and other related fall protection methods.

Designated Area means a distinct portion of a walking-working surface delineated by a warning line in which employees can work without additional fall protection. Designated areas use warning-line systems that consist of ropes, wires or chains, and supporting stanchions that form a barrier to warn those who approach an unprotected roof side or edge. A safety monitoring system (safety monitor) is used in conjunction with a designated area. The safety monitor cannot be one of the workers.

Fall-restraint System consists of an anchor, connectors, and a body harness or a body belt. Unlike the personal fall-arrest system (designed to stop a fall), the fall-restraint systems prevent a fall. The fall-restraint system's anchor must support at least 3,000 pounds. Otherwise, it must be designed, installed, and used under the supervision of a qualified person.

Guardrail Systems are vertical barriers consisting of top rails, midrails, and intermediate vertical members. Guardrail systems can also be combined with toe-boards, which are barriers that prevent materials and equipment from dropping to lower levels.

Hazard Assessment: An assessment or survey of the employee's workplaces to determine whether hazards are present that may require the use of personal protective equipment. For the purposes of this Advisory, the hazard assessment will be performed to determine the presence of slip, trip, and fall hazards and to provide employees with the appropriate protection.

Inspection: Means a visual inspection of all walking-working surfaces for the purpose of maintaining these surfaces in an appropriate condition to prevent slips, trips, and falls.

Personal Fall-arrest Systems consists of an anchor, connectors, and a full body harness that work together to stop one from falling and to minimize the arrest force. Other system components may include a lanyard, a deceleration device, and a lifeline. However, the personal fall-arrest system is effective only if you know how all of the components work together to arrest the fall.

Position-device System enables the worker to work with both hands free on a surface such as a wall or other vertical structure. They are typically used as protection for concrete form work and placing rebar. The difference between a positioning-device system and a personal fall-arrest system is that the positioning device system supports the worker on an elevated surface and limits a fall to two feet.

Qualified Person: A qualified person is one who, by possession of a recognized degree, certificate, or professional standing, or who by extensive knowledge, training and experience, has successfully demonstrated his ability to solve or resolve problems relating to the subject matter, the work, or the project.

Safety Net Systems consist of mesh nets, panels, and connecting components.
They are typically used as protection for those who work 25 feet or more above lower levels.

Walking-Working Surfaces: OSHA defines Walking-Working Surfaces as any horizontal or vertical surface on or through which an employee walks, works, or gains access to a work area or workplace location.

Inspection of Walking-Working Surfaces

The Department Head or their designee must ensure that the following inspection and maintenance activities are performed to prevent slips, trips, and falls. Walking-working surfaces must be inspected regularly and as needed and corrected, repaired, or guarded against hazardous conditions.

Completing a General Inspection. Please refer to the *General Inspection* form attached to this Advisory.

Surface conditions. All places of employment, passageways, storerooms, service rooms, and walking-working surfaces must be kept in a clean, orderly, and sanitary condition.

- All floors in work areas must be maintained in a clean and, to the extent feasible, in a dry condition. When wet processes are used, drainage must be maintained and, to the extent feasible, dry standing places, such as false floors, platforms, and mats must be provided.

- All walking-working surfaces must be maintained free of hazards such as sharp or protruding objects, loose boards, corrosion, leaks, spills, snow, and ice.

Loads. Ensure that each walking-working surface can support the maximum intended load for that surface.

Access and egress. Provide, and ensure each employee uses a safe means of access and egress to and from walking-working surfaces.

Inspection, maintenance, and repair. To accomplish the above, the Department Head must ensure:

- That Walking-working surfaces are inspected, regularly and as necessary, and maintained in a safe condition;

- That Hazardous conditions on walking-working surfaces are corrected or repaired before an employee uses the walking-working surface again. If the correction or repair cannot be made immediately, the hazard must be guarded to prevent employees from using the walking-working surface until the hazard is corrected or repaired; and

- That any correction or repair involving the structural integrity of the walking-working surface, a qualified person performs or supervises the correction or repair.

Hazard Assessment Procedure for Fall Protection

The Department Head must ensure that an assessment of each fall situation is performed at all worksites under their control. This assessment must be performed in accordance with §1910.132(d)(2) and fall protection systems must follow those requirements established at

§1910.28 and 1910.29. Each employee exposed to the fall situations listed below must be trained as outlined later in this Advisory.

A. <u>Written Certification</u>. The Department Head or designee must document that the hazard assessment/survey has been performed by completing the Hazard Assessment Certification Form attached to this Advisory. The Hazard Assessment Certification Form will become part of the department's PPE program. The assessment must include the following information:

1. Identification of the workplace evaluated.
2. Signature of person conducting evaluation.
3. Date of hazard assessment.
4. Identification of the fall hazard(s).
5. Type of personal fall protection to protect from each fall hazard.
6. Affected employees (job classifications) for each fall hazard.

Submittal of Certification. The Hazard Assessment Certification must be submitted to the Safety Office of Risk Management upon completion and any time it is updated. The program must also be updated upon notification by the Safety Office of Risk Management or when additional areas/activities have been identified as requiring fall protection PPE.

B. <u>Areas Requiring Fall Protection</u>

Fall protection must be provided when the employee is exposed to falls or falling object hazards in the following areas, but not limited to:

- Unprotected sides or edges >4 feet to lower level
- Hoist areas
- Holes and floor openings
- Dock boards
- Runways or walkways >4 feet to lower level
- Low sloped roofs
- Towers
- Around dangerous equipment
- Service and repair pits
- Fixed ladders more than 24 feet above the lower level
- Stairways
- Scaffolds
- Rope descent systems

C. <u>Fall Hazard Assessment Procedure</u>

Competent Person. A competent person is someone who is capable of identifying existing and predictable hazards in the surroundings or working conditions which are hazardous or dangerous to employees, and has authorization to take prompt corrective measures to eliminate them. The person conducting the assessment should have some education and/or relevant experience in order to recognize and evaluate fall hazards. Furthermore, this person should also have practical knowledge and understanding of fall protection requirements and other related fall protection methods.

Step 1 - Conduct a Fall Hazard Assessment

1. Determine which specific jobs, activities or areas expose employees to fall hazards
2. Determine the type of work performed
3. Determine if employees will be exposed to any of the following:

    a. Unprotected sides and edges
    b. Leading edges
    c. Floor holes
    d. Wall openings and hoisting areas
    e. Slippery surfaces
    f. Ramps, runways and other walkways
    g. Portable ladders and stairways
    h. Working above dangerous equipment
    i. Obstructions (materials)
    j. Working overhead and related work
    k. Roof work
    l. Aerial lifts
    m. Scaffolds

4. Determine the frequency the work is being performed
5. Determine if workers require horizontal and/or vertical movement
6. Determine the number of workers exposed to a fall hazard (skilled trades and/or operators)
7. Determine the type of walking/working surface
8. Determine the distance to floor level
9. Determine if the edge of the building or the working surface is protected by a guardrail system or parapet wall. If yes, is it adequate?
10. Determine if employees could be exposed to other types of health and/or safety hazards. Can it affect selection or use of fall protection systems?

Step 2 - Eliminate the Need for Fall Protection if Possible
Note: Design buildings and other walking/working surfaces to eliminate or reduce exposure.

Eliminate	**Control**
– Work from ground	– Safety monitors
– Walls/enclosures	– Warning lines
– Covers	– Positioning devices
	– Roof brackets/slide guards

Prevent	**Arrest**
– Railings	– Personal fall arrest systems
– Aerial lifts	– Personal fall restraint systems
– Fences/barricades	– Nets
– Parapets	– Positioning devices
	– Roof brackets/slide guards

Step 3 - Select the Appropriate Type of Fall Protection System

A fall protection system refers to equipment designed to control fall hazards. All fall protection systems either prevent a fall from occurring or safely arrest a fall.

Typical fall protection systems include the following:

- Guardrail systems
- Covers
- Handrail / stair rail systems
- Ladder safety systems
- Designated Area (warning line system with safety monitor)
- Safety net systems
- Personal fall arrest system
- Personal fall restraint system
- Positioning device systems
- Rope descent systems

Damaged/Defective Equipment. Damaged or defective fall protection equipment may not be used and must be disposed of properly.

Fall Protection Rescue Plan. When using a personal fall arrest system, restraint system, or safety net system, employers must provide for prompt rescue in case of a fall or assure that employees are able to rescue themselves.

Rescue comes down to planning and preparing. Where self-rescue is not feasible, the following must be arranged and performed:

- Train in-house rescuers in rescue techniques and practice rescue attempts; or
- Arrange, coordinate, and communicate with outside rescue services where used
- Ensure rescue equipment is readily available
- Arrange and communicate with other personnel on site
- Designate someone to summon rescue help and direct rescue personnel upon arrival
- Plan a route for rescue services and establish lines of communication

Use of Designated Areas

A designated area is a distinct portion of a *Walking-Working Surface* delineated by a warning line in which employees may perform work without additional fall protection. Designated areas use warning-line systems that consist of ropes, wires or chains, and supporting stanchions that form a barrier to warn those who approach an unprotected roof side or edge.

Designated areas can only be used in certain conditions and in accordance with the requirements listed below:

Working distance limits from unprotected edges

Less than 6 feet from edge – Use of designated areas is prohibited as a sole means of fall protection. Each employee must be protected from falling by a guardrail system, safety net system, travel restraint system, or personal fall arrest system.

Greater than 6 feet and less than 15 feet from edge - The employer may use a designated area when performing work that is both infrequent and temporary. When work is performed at least six (6) feet but less than fifteen (15) feet from the roof edge, each employee must be protected from falling by using a safety net system, travel restraint system, or personal fall arrest system.

Greater than 15 feet from edge - When work is performed fifteen (15) feet or more from the roof edge, the employer is not required to provide any fall protection provided the work is both infrequent and temporary; and a work rule must be implemented and enforced prohibiting employees from going within fifteen (15) feet of the roof edge without using fall protection including a safety net system, travel restraint system, or personal fall arrest system.

Designated Area Requirements Include:

- A safety monitoring system (safety monitor) is used in conjunction with a designated area.
- The safety monitor cannot be one of the workers.
- Designated area must be defined with a warning line;
- Warning line must –
  - Be as close as possible to work area
  - Have a minimum breaking strength of 200 lbs.
  - Be 34 to 39 inches at its lowest point
  - Be visible from 25 feet away
- Must consist of a rope, wire, tape, or chain

Employee Training

The Department Head must ensure that employees are trained and able to recognize fall hazards and to use fall protection equipment.

Employees must be trained on:

- Personal fall protection systems
- Safety nets
- Ladder safety systems
- Rope descent systems
- Portable guardrails
- Dock boards
- Designated areas
- Ladders
- Scaffolds

Employee Must (Deliverables):

- Recognize fall hazards
- Minimize the fall hazards
- Correctly –
  - Install,

- Setup,
- Operate and use,
- Maintain,
- Disassemble, and
- Store fall protection systems and equipment.

Employee Must Be Retrained When:

- Previous training is obsolete due to –
  - Engineering controls
  - Administrative controls
  - Change in Fall Protection System(s)
- The employee demonstrates a lack of understanding or skill necessary to –
  - Use equipment
  - Perform the job safely

References

OSHA 1910 Subpart D: Walking – Working Surfaces
OSHA 1910 Subpart I: Personal Protective Equipment

GENERAL INSPECTION FORM

WALKING-WORKING SURFACES: GENERAL INSPECTION FORM			DIRECTIONS: ***Some hazardous conditions require a **QUALIFIED PERSON** to oversee or perform corrections. For the definition of a **QUALIFIED PERSON,** please refer to your supervisor or the Risk Management Manual, Advisory 3.8. Upon completion of the general inspection, this form must be kept on file with the department performing the inspection.***	
PERFORMED BY: NAME: _____ TITLE/POSITION:	DATE:	DEPARTMENT:	IMMEDIATE SUPERVISOR:	REVIEWED BY: Name: _____ Date: _____

PLEASE LIST THE LOCATION AND DESCRIPTION OF THE INSPECTION.	NAME AND TITLE OF PERSON(S) PERFORMING WORK	
	NAME	TITLE
	1	
	2	
	3	

ASSESSMENT ITEMS	RESPONSES (Circle Y or N)		
Are all floors maintained in a clean and dry condition? If no, please describe.	Y	N	Comments:
Where wet processes or surfaces exist, are drainage systems, mats, false floors, or dry standing places provided? If no, please describe.	Y	N	Comments:
Are common and public walkways inside buildings free of slip and trip hazards due to protruding objects, spills, cords, loose carpet or other such hazards?	Y	N	Comments:
Are exterior common and public walkways free of slip and trip hazards due to protruding objects, uneven surfaces, holes, snow, and ice?	Y	N	Comments:
Was any hazardous condition(s) barricaded until they could be repaired or removed?	Y	N	Comments:
Are all elevated work surfaces above 4 feet properly guarded with standard railing? If not, has a fall hazard assessment been performed to identify the required fall protection needed?	Y	N	Comments:
Has a fall hazard assessment been performed and is fall protection provided for employees who work on roofs? If no, exlpain. See Advisory 3.8 of the County Risk Manual.	Y	N	Comments:
If a designated area is proposed to be used, does the work in question meet the conditions stipulated in OSHA 1910 Subpart D *Walking-Working Surfaces* ?	Y	N	Comments:
Have all step ladders, portable ladders, aerial equipment, and/or scaffolding been inspected? If a failed inspection occurred, please indicate in the comments.	Y	N	Comments:
Are all means of egress and egress paths kept clear in case of a fire or other emergency including during temporary maintenance and construction work?	Y	N	Comments:
Are there any existing fixed ladders that are 24 feet that have not been guarded with a cage or ladder safety system?	Y	N	Comments:

FALL HAZARD ASSESSMENT FORM

HAZARD ASSESSMENT: FALL PROTECTION	DIRECTIONS: ***Before utilizing fall protection, a hazard assessment must be performed and certified by a COMPETENT PERSON. For the definition of a COMPETENT PERSON, please refer to your supervisor or the Risk Management Manual, Advisory 3.8 and OSHA 1910 Subpart D. Upon completion, this form must be kept on file with the department performing the requested work.***

DEPARTMENT:	DATE:	IMMEDIATE SUPERVISOR:	IS THE PERSON PERFORMING THIS HAZARDS ASSESSMENT A **COMPETENT PERSON**?: (Circle One) YES / NO	REVIEWED BY: Name: _____ Date: _____

NAME AND TITLE OF PERSON(S) WEARING FALL PROTECTION:		PLEASE LIST THE LOCATION AND DESCRIPTION OF THE REQUESTED WORK.
NAME	**TITLE**	
1		
2		
3		
4		

ASSESSMENT ITEMS	RESPONSES
What type of Walking-Working surface will the work be performed on? (i.e. scaffold, ladder, roof)?	
Can the Walking-Working surface safely support the requested work (i.e. materials, workers, equipment)?	
What is the frequency of the work being performed (i.e. weekly, montly, as needed/requested)?	
What is the distance of the next floor/grade below from the area of work?	
Is the edge of the building work surface protected by a guardrail system or parapet? If yes, is it sufficient?	
Will there be any work performed on aerial equipment such as scissor lifts, boom lifts, or other?	
Will workers require vertical and/or horizontal movement?	
Is the requested work being performed indoors or outdoors? If outdoors, what are the weather conditions (include precipitation, windy, sunny, etc.)?	
Are there other hazards present? If yes, can they affect the use and selection of fall protection?	

SELECTED FALL PROTECTION FOR REQUESTED WORK Please circle all that apply

Guardrail System	Covers	Hand/Stairrail Systems	Ladder Safety Systems	Safety Net Systems
Personal Fall Arrest System (PFAS)	Personal Fall Restraint System (PFRS)	Positioning Device System	Rope Descent System	Designated Area (warning line system with safety monitor)

Other: _____

RESCUE PLAN

If a Personal Fall Arrest System, Personal Restraint System, or Safety Net System is used, is there a rescue plan in place? YES / NO

INSPECTION OF FALL PROTECTION

Has all selected fall protection been inspected before use? YES / NO

IDENTIFY ALL HAZARDS:	IDENTIFY ALL POTENTIAL HAZARDS:	LIST ALL POSSIBLE CONTROLS (not including PPE):
EXAMPLES: slippery surface/noise/moving parts	*EXAMPLES: fall from ladder/strains and sprains/pinch point*	*EXAMPLES: use absorbents/LOTO/proper lifting techniques*

Section: Safety	**Policy#:** **3.9**
Title: Contractor Safety Policy	
Dept: Human Resources	**Division:** Risk Management
Issued: 1/12/2018	**Revised:** **N/A**

Purpose: This policy has been issued to promote safety and reduce liability for Hamilton County ("County") from work performed by contractors and vendors.

Scope: This policy applies to all contractors and service vendors who perform work in or around County-owned buildings and property.

Responsibility: All officials, departments, and agencies that contract with outside contractors for construction or service work on County-owned property must ensure that those contractors or vendors they contract with for service provide and adhere to the minimum requirements found in this policy.

Policy

The County depends on the contractor to provide management and daily oversight of all aspects of safety on the job. The County does not usually have direct and continuous involvement in the daily activities of the projects or services performed by site contractor personnel. To that end, the County relies on and requires that all service vendors, primary contractors, and all sub-contractors plan for, implement, maintain, and comply with all safety requirements as outlined in the Code of Federal Regulations (OSHA 29 CFR 1910 and 29 CFR 1926), and any safety requirements of the State of Ohio Administrative Codes, local fire and safety codes, and County policies. The safety of all persons including County employees, members of the public, and employees of the contractor is of the highest priority on County projects.

As part of any contract, the contractor or service vendor shall provide sufficient proof in the form of a certificate(s) of insurance or other certified documents that they and any sub-contractors to be used have the following insurance coverages:

1. Current and valid certificate of Worker's Compensation coverage
2. General Liability Insurance

The County, in its contracts, as necessitated by the scope of the contract, may require other forms of insurance (*e.g.*, Automobile Liability Insurance; Errors and Omissions,). The County may also require to be named as an additional insured or be provided indemnification from liability. The limits of said coverage shall be identified within the specific clauses of the contracts.

Hamilton County reserves the right to inspect the contractor's work location, be provided with copies of written safety procedures, policies, and training records upon request, and to require compliance to all federal, state, and local safety and health standards. Depending upon the nature of the work and the specific contract requirements, the County may require a site-specific safety plan that addresses all known and anticipated hazards. Site-specific safety plans must be

reviewed and mutually agreed upon by the County and the Contractor.

In exceptional cases, the County reserves the right to require halt to an ongoing project based on observed serious safety concerns. This policy applies to all activity of the contractor or service vendor as related to any contract it has with the County.

Responsibility for the implementation of safety and health practices, including training, safety equipment purchase, liability, loss, damages, claims, fines, or other expenses of every character are the responsibility of the contractor or service vendor and/or subcontractors thereof.

The County reserves the right to qualify or disqualify any contractor from bidding on or acceptance of a contract based on safety performance and further reserves the right to obtain information to be used in the qualifications, including but not limited to, OSHA lost workday rates, Worker's Compensation Experience Modification rates, and OSHA recordable injury rates.

In the event of an accident causing damage to County property and/or injury to County or contractor employee, the contractor shall immediately notify the County Risk Manager and provide a written report to County within twenty-four (24) hours. When an injury occurs, the report must include all information found on OSHA Form 301 – Injury and Illness Incident Report.

Section: Safety	**Policy#:** **3.10**
Title: Accident Investigation	
Dept: Human Resources	**Division:** Risk Management
Issued: 1/12/2018	**Revised:** **N/A**

Purpose: The purpose of Section 3.10 is to investigate and identify root causes of accidents and recommend corrective actions so that similar events can be prevented from recurring. The goal of an accident investigation is not to attach blame, but to discover unrecognized hazards, correct them, and to create a safer workplace.

Scope: This policy and the Supervisor Accident Investigation Report apply to accidents that result in: death, loss of consciousness, professional medical treatment beyond first aid, days away from work beyond the day of injury, or modified or restrictions of the employee's work duties beyond the day of injury. The Supervisor Accident Investigation Report **DOES NOT REPLACE** the forms required by Worker's Compensation. Claims Coordinators should continue to report claims as previously instructed including submittals of: (1) FROI, (2) Authorization to Release Medical Information form, (3) Salary Continuation form; (4) Supervisor Verification Form; (5) Witness Form(s); and (6) Physicians' Work Ability (Medco-14)

Departments and Personnel Affected: This policy applies to all County departments under the Worker's Compensation Program. Supervisors shall ensure that accidents are reported and investigated promptly and thoroughly and measures taken to prevent the same or similar accident in the future.

Procedure

1. The purpose of the Supervisor's Accident Investigation Report is to identify causes and prevent future occurrences: FACT FINDING, NOT FAULT FINDING.
2. Electronic version of Supervisor Accident Investigation Report is available on the County Risk Management Office of Safety and Security website.

<u>When an Accident Occurs</u>

1. Take immediate action:
   - Notify 911, medical, fire, rescue as appropriate.
   - Render any necessary first aid and medical assistance.
   - Take steps to provide for emergency rescue or evacuation if necessary
2. Secure the incident site
   - Get the big picture
   - Isolate the incident scene (*e.g.*, ropes, caution tape, barricades, flashing lights)
   - Lock out any equipment that might have been involved.
   - Maintain the site and preserve the evidence until investigation is completed.
3. Identify potential witnesses and make a list (eye/ear witnesses)

Conducting the Investigation

1. Conduct the investigation at the scene as soon as safely possible.
2. Take photos and sketches of the scene.
3. Interview employee
    - Put employee at ease and show concern
    - Ask employee to provide as much clear and specific information as possible
    - Reenact the incident with employee(s)
    - Ask open-ended questions
4. Interview witnesses (separately)
    - Put witness at ease and show concern
    - Ask witness to provide as much clear and specific information as possible
    - Reenact the incident with witness
    - Ask open-ended questions
    - Avoid bias
5. Review data and determine what happened:
    - **who** was involved;
    - **when** did it happen;
    - **where** did it happen;
    - **what** happened – *i.e.*, a description of the accident
6. Determine **why it happened** focusing on causal factors (root causes)
    - Direct cause(s): the conditions or behaviors that were the immediate cause of the incident.
    - Root cause(s): the underlying condition or behavior that will, once corrected, prevent similar incidents from occurring.
7. Determine corrective actions to eliminate root causes to prevent reoccurrence.

Reporting and Follow Up

1. Prepare the Supervisor's Accident Investigation Report available on the County Risk Management Office of Safety and Security website.
    - Page 1 – Record basic employee / injury information (who, what, when, where)
    - Page 2 – Record accident account and basic causes (what happened)
    - Page 3 – Discuss direct causes and root causes (why did it happen)
    - Page 3 – Recommend corrective actions and schedule (based on root causes)
    - Fax report within seventy-two (72) hours to Worker's Compensation Specialist at (513) 946-4730
    - If additional time is needed to complete the accident investigation, notify the Worker's Compensation Specialist.
2. Follow up:
    - Ensure corrective actions as decided upon are implemented
    - Talk to people involved to ensure necessary training was given
    - Talk to people to ensure that the corrective actions work

Section: Safety	**Policy#:** **3.11**
Title: PERRP Investigation Response	
Dept: Human Resources	**Division:** Risk Management
Issued: 1/12/2018	**Revised:** **N/A**

Purpose: Section 3.11 outlines the actions to be taken when a Public Employment Risk Reduction Program (PERRP) Representative arrives at a Hamilton County ("County") facility to conduct an investigation, or if the County receives a complaint inquiry from PERRP officials via telephone call, fax, or email.

Background: The Board of County Commissioners ("Board") is subject to regulatory oversight by the Ohio Public Employment Risk Reduction Program (PERRP) which incorporated by reference all Federal Occupational Safety and Health Administration (OSHA) standards found in the Code of Federal Regulations (CFR) Title 29 Parts 1910, 1926 and 1928 as Ohio Employment Risk Reduction Standards. It is the responsibility of the Administrator of the Bureau of Workers' Compensation (BWC) to operate and enforce the public employment risk reduction program created by R.C. Chapter 4167. As such, the Administrator is authorized by law to conduct investigations pursuant to a request by an employee, public employee representative, employer, or upon the notification the administrator receives of a refusal to work occurrence (*i.e.*, a formal complaint by a public employee or employee representative who believes that a violation of an Ohio employment risk reduction standard exists that threatens them physical harm, or that an imminent danger exists). Consequently, the Administrator is also authorized to issue citations and hazard abatement orders. The agency may assess penalties of up to several thousand dollars in connection with any citation issued, depending on the nature of the violation.

Authorized County Representative for PERRP related issues will be the County Risk Manager. All correspondence in response to PERRP investigations or complaint inquiries must be reviewed, approved, and signed by the County Risk Manager.

Procedure: This Advisory will use the following procedures for (1) Receipt of a "Notification of Alleged Violation from the Administrator" by certified mail, or (2) a site inspection by the Administrator (or representative) of the BWC.

Notification of Alleged Violation

Notification of County

The Administrator of BWC must notify the County within one (1) week after receiving a request or complaint of an alleged violation or imminent danger refusal to work. The County will be notified by certified mail, return receipt requested, of the alleged violation or danger. This notification will typically be sent to the County Administrator and include:

1. A copy of the complaint notice provided to the administrator by the employee or public employee representative that informs the County of the alleged violation or danger and that the administrator will inspect the workplace.

2. The County must respond to the administrator concerning the alleged violation or danger within thirty (30) days after receipt of the notice.

3. If the County does not correct the violation or danger within the thirty (30) day period or fails to respond within that time period, the Administrator of BWC will investigate and inspect the workplace. The administrator is not allowed to conduct any inspection prior to the end of the thirty (30) day period unless requested or permitted by the County.

4. The Administrator of BWC may perform an inspection at any time at the request of the employer. For a period of three (3) years, neither the Administrator nor any other person may use any information obtained from the inspection neither in any proceeding for a violation of the law or standards nor in any court action.

Action
The Notification of Alleged Violation shall be immediately forwarded to the County Risk Manager. The County Risk Manager of their designee shall review the OSHA standards cited in the letter, investigate the allegations, determine the legitimacy of the complaint items, correct them or put the corrections in motion. This may include necessary collaboration with other affected parties such as department heads or County Facilities.

Response
The County Risk Manager will draft the reply letter no later than ten (10) days after receipt of the Notice of Alleged Violation. The reply should include the following:

1. Address it exactly as the return address appears on the complaint letter, to the attention of the Administrator of BWC or representative that signed off on the letter;
2. Include the official complaint number on the "Subject" line;
3. The salutation should match the salutation of the complaint letter;
4. Make sure to address and reference each violation and/or hazard that is "alleged" and refer to them likewise. Where the Administrator of BWC cites specific standards, refer to those specific standards likewise.
5. **State the facts**. Make no excuses. Do not raise the possibility of a disgruntled employee. Most importantly, ask NO questions, such as "Will this satisfy the inquiry?" or "Is there anything else we can do to address these allegations?"
6. State the purpose of the letter (such as to address the allegations), present the findings and whatever action(s) the Count has taken.
7. Remember, the purpose of your letter is to CLOSE THE FILE. Don't give the impression that: You're minimizing the seriousness of the allegation; or You're blaming an employee for playing games or seeking revenge.
8. **Provide documentation**. Collect an appropriate amount of supporting information (*e.g.*, purchase orders, monitoring results, vendor/contractor contact information, photographs, etc.).
9. **Show confidence**. Close the letter by expressing your commitment to employee safety and health, and confidently stating what has been done to address the "allegations" contained in the complaint letter. Again, do not ask any questions.

10. **Guarantee delivery**. Send the letter by Certified Mail with a receipt signature request, or by private courier.

Site Inspection by Administrator of BWC
Should the Administrator of BWC decide to perform a site inspection, the following procedure will be followed:

1. Arrival of the Compliance Officer (PERRP Inspector)

a. Request to see credentials.
b. Record their name, identification number, the name of his/her supervisor, and office location.
c. Ask the inspector to wait in a lobby or conference room. Immediately call the following County Representatives:
   - County Risk Manager (513) 946-4322, and/or
   - County Safety Manager (513) 946-5059,
   - Assistant Director Facilities Management (513) 946-5030,
   - Director Facilities (513) 946-5025, and
   - Facilities Building Manager
   - Others as deemed appropriate (*e.g.*, Department Head, Manager)
f. If the Risk Manager or Safety Manager is not available, ask the Officer to wait until the Risk or Safety Manager can be located. If he/she cannot wait or the Risk or Safety Manager will not be available, the Director or Assistant Director of Facilities will proceed with the inspector.
d. Escort the inspector to the nearest conference room or office for the required opening conference (here the inspector is required to explain the reason for the inspection – See Item 2).
e. Do not volunteer any information *only* answer questions.

2. Opening Conference

a. The scope of the inspection will be discussed by the inspector.
b. The Officer will explain the reason for the inspection (*i.e.*, employee complaint, alleged violation, and location)
c. Request a copy of the alleged complaint or violation.

d. Document Requests – Give the inspector photocopies of any document requested. Do not give the inspector any original documents or allow the inspector to use a copy machine in your office. Ask the inspector for a written list of all documents requested. Make a list of all documents requested by and provided to the inspector. Include the date of each document that was provided and if necessary, make the copies later and mail them to the Administrator of BWC.
e. Surveys and questionnaires – do not complete any surveys or questionnaires provided without assistance from the County Risk Manager.
d. Take comprehensive notes and request to record the meeting and walk-around.

3. The Walk-Around (inspection)

a. The County representatives shall accompany the Compliance Officer throughout the inspection.
b. The Officer may ask to interview employees. Employees should cooperate. The County representative should attempt to participate in the interview but should not interfere if not allowed to participate.
d. If at all possible, correct any violations immediately that the Officer points out.
e. Take photographs of the same items or areas that are photographed by the Compliance Officer.
f. Take notes. Write down every possible violation, standards cited, corrective action needed, and a deadline date.

4. Closing Conference

a. The Compliance Officer will review any violations discovered during the inspection. Compare these to the notes you took during the inspection. Point out any discrepancies and areas already corrected.
b. Be polite. Do not argue or get defensive with the Compliance Officer.
c. If you are not clear on something, ask questions.
d. Ask the inspector to submit any additional requests or questions in writing at some time after the current closing conference.

5. PERRP Investigation Follow-up

a. The goal of Hamilton County is to provide a safe and healthy work environment. If the County is cited for OSHA violations, corrective action will be completed as quickly as possible and before the deadline provided by PERRP.
b. It will be the decision of the County Risk Manager to appeal any citations.
c. Send County Risk Manager a copy of any documentation requested by PERRP at the time such documentation is submitted to PERRP.
d. Send County Risk Manager a status update regarding correction work within 30 days of completion. County Risk Manager will review the Abatement Verification Notice and as the Authorized Representative of the County will sign such and submit to PERRP.

Records

All documentation related to the inspection will be kept by the County Risk Manager

References

- BOCC Policy – 6.13 Safety
- Public Employment Risk Reduction Act – State of Ohio (also referred to as House Bill 308) Chapter 4167 of the Ohio Revised Code (ORC)

Section: Safety	**Policy#:** **3.12**
Title: County Motor Vehicle Safety	
Dept: Human Resources	**Division:** Risk Management
Issued: 1/12/2018	**Revised:**

Purpose: The purpose of this program is to inform all employees of proper driving standards when they are using a vehicle on County business. This will lead to a reduction in the frequency and severity of physical damage, workers' compensation, and third party liability claims.

Departments and Personnel Affected: This program applies to all employees who use a County vehicle or drive on County business.

Procedures: This program will use the following procedures:

1. All employees will review the County Motor Vehicle Safety program before they are permitted to operate a County vehicle.

2. The Department Head will keep a copy of the program available for review within each department.

Motor Vehicle Rules

All employees who drive a County-owned vehicle must abide by the following safety rules:

1. Employees are required to inspect their assigned vehicle (before taking it on the road) to ensure that it is in proper driving condition. The attached inspection form should be used.
2. Any defects in the company vehicle should be reported promptly.
3. Employees are required to obey all state, local, and company traffic regulations.
4. Engines are to be stopped and ignition keys removed when parking, refueling, or leaving the company vehicles.
5. Employees are not permitted to use personal cars or motorcycles for company business, unless specifically authorized by the supervisor.
6. Passengers not employed by the County are not permitted in County-owned vehicles unless authorized by the supervisor.
7. Employees should drive safely and practice defensive driving at all times.
8. Seat belts and shoulder harnesses must be worn at all times.
9. Vehicles must be locked when unattended to avoid criminal misconduct.
10. Vehicles must be parked in legal spaces and must not obstruct traffic.
11. Employees should park their vehicles in well-lighted areas at or near entrances to avoid criminal misconduct.
12. Employees should keep their headlights on at all times when driving a vehicle.
13. A vehicle when loaded with any material extending 4 feet or more beyond its rear shall have a red flag or cloth 12 inches square attached by day, or a red light visible for 300 feet by night, on the extreme end of the load.

14. Articles, tools, equipment, etc. placed in cars or truck cabs are to be hung or stored in such a manner as not to impair vision or in any way interfere with proper operation of the vehicle.
15. When you cannot see behind your vehicle (truck), the driver shall walk behind the truck prior to backing.
16. Personal use of County vehicles is not permitted without approval of management. Non-County employees are prohibited from using County vehicles.
17. Operating a County vehicle while under the influence of alcohol and other drugs is prohibited. Violators are subject to termination of employment.
18. Every accident shall be reported to the County Risk Manager via the attached Vehicle Accident Report Form. The County Risk Manager may investigate accidents and review them with the Department Head and/or Risk Management and Safety Committee.

Commercial Driver's License (CDL)

Drivers, who operate a commercial vehicle as defined below, are required to obtain a commercial driver's license.

1. A vehicle with a gross vehicle weight rating of 26,001 or greater pounds, or
2. A vehicle designed to transport 15 or more passengers (including the driver) or
3. A vehicle of any size transporting hazardous material in sufficient quantities meeting the hazardous materials transportation regulations posting requirements.

Drivers must meet the following requirements:

1. All commercial drivers must be in good health and pass a DOT physical. The doctor will provide the driver a medical examiner's certificate that must be carried at all times when driving. The certificate must be renewed every 2 years.
2. All commercial drivers must comply with the Company's Drug and Alcohol-Free Workplace Policy and consent to testing as defined by DOT and the Company.
3. Be at least 21 years of age.
4. Speak and read English well enough to do his/her job and respond to official questions.
5. Have a valid driver's license and pass a commercial driver's road test.
6. Take a DOT written exam for drivers.
7. Not be disqualified to drive a commercial motor vehicle.
8. Be able to determine whether the vehicle is safely loaded and know how to block, brace, and tie down cargo.

Motor Vehicles Records (MVR)

1. MVR checks shall be performed for all positions which involve driving as part of the job.
2. All current employees who drive as a part of the job may also undergo MVR checks as determined by Human Resources in consultation with the hiring department.
3. Violations gathered from MVRs are categorized as follows:

TYPE A VIOLATION: Includes, but is not limited to, DWI/DUI/OWI/OUI, refusing a drug/alcohol test, reckless driving, manslaughter, hit & run, eluding a police officer, any felony, drag racing, license suspension, and driving while under license suspension. Any

driver with these types of violations is a major concern and could be subject to removal of driving privileges and/or termination of employment.

TYPE B VIOLATION: Includes all vehicle accidents, regardless of fault.

TYPE C VIOLATION: Includes all moving violations not classified as Type A or B (i.e. speeding, improper lane change, failure to lead, running red lights or stop signs, etc.)

TYPE D VIOLATION: Includes all non-moving violations (i.e. parking, vehicle defects, etc.)

3. The following disciplinary action will apply:
   Termination of Employment, Refusal to hire, or Reassignment to a non-driving position (if available):
   - ≥ 1 Type A violation in preceding 36 months
   - ≥ 2 Type B violations in preceding 36 months
   - ≥ 3 Type C violations in preceding 36 months
   - 1 Type B violation and 2 Type C violations in preceding 36 months

   Probation (6 months):
   - 1 Type B violation in preceding 36 months
   - 2 Type B violations in preceding 36 months
   - 1 Type C violation and 2 Type D violations in preceding 36 months
   - 3 Type D violations in preceding 36 months

Driver Qualification File

The County will maintain the appropriate qualification files for each regularly employed driver.

Accident Reporting

Driver Conduct at the Scene of the Accident

1. Take immediate action to prevent further damage or injury.
   - Pull onto the shoulder or side of the road.
   - Activate hazard lights (flashers) and place warning signs promptly
   - Assist any injured person, but don't move them unless they are in danger of further injury.
2. Call the Police
   - If someone is injured, request medical assistance.
3. The vehicle should not be left unattended, except in an extreme emergency.
4. Exchange identifying information with the other driver. **Make no comments about assuming responsibility.**
5. Secure names, addresses, and phone numbers of all witnesses, or the first person on the scene if no one witnessed the accident.
6. Call and immediately report the accident to the supervisor and Risk Manager.

Complete the Vehicle Accident Report Form

1. Complete the Vehicle Accident Report Form (a copy can be obtained from the Risk Manager) and forward it to the Risk Manager. Write legibly. Answer all questions

completely or mark "not known." Use additional sheets of paper as needed to provide pertinent information.

Inspection Records & Preventative Maintenance

All drivers must regularly inspect, repair, and maintain their company vehicle. All vehicle parts and accessories must be in a safe and proper working order at all times. The following rules apply:

1. All truck drivers must complete the vehicle inspection report at the end of each day. Drivers of County cars should complete the vehicle inspection report semi-annually. Notify the Department Head of any unsafe conditions or defective parts immediately.

2. Before the vehicle is driven again, any safety defects must be repaired.

3. A copy of the last vehicle inspection report must be kept in the vehicle for at least 3 months.

4. Quarterly preventative maintenance must be conducted on each vehicle.

5. Maintenance and inspection records must be kept at the County (County Department operating the vehicle) for 1 year or for 6 months after the vehicle leaves the County's ownership.

Vehicle Inspection Report

(Use your safety belt)

Date: _____

Department: Location: Vehicle Number:

Driver Name: Driver Name:

Driver Signature: Driver Signature:

Instructions: Drivers will perform necessary inspections. A (√) indicates satisfactory condition. An (X) indicates unsafe or improper conditions. An (O) indicates condition does not apply. Corrected deficiencies should be circled by management certifier.

INSIDE
- o Parking brake (apply)
- o Release trailer emergency brakes
- o Apply service brake (air loss should not exceed 3 psi/min on single vehicles, 4 psi/min on combinations)

START ENGINE
- o Oil Pressure (light or gauge)
- o Air Pressure or Vacuum (gauge)
- o Low air or vacuum warning device (air pressure below 40 psi check on pressure build-up. Air pressure above 60 psi deplete air until warning device works. Vacuum below 8 inches Hg, check on build-up. Above 8 inches Hg. Deplete vacuum until device works.
- o Instrument panel (telltale lights, buzzer, gauges)
- o Horn
- o Windshield Wiper and Washer
- o Heater-defroster
- o Mirrors
- o Steering wheel (excess play)
- o Apply trailer brakes in EMERGENCY
- o Turn on all lights including 4-way flasher
- o Starts properly

EMERGENCY EQUIPMENT
- o Fire extinguishers
- o Flags, standards, warning lights
- o Spare fuses
- o Spare bulbs
- o Chains in season
- o First-aid kit

FRONT
- o Headlights
- o Clearance lights
- o Identification lights
- o Turn signals and 4-way flasher
- o Tires and wheels-lugs and serviceability

SIDE (Left Right)
- o o Fuel Tank and Cap
- o o Sidemarker lights
- o o Reflectors
- o o Tires and wheels-lugs and serviceability
- o o Cargo tie-downs or doors

REAR
- o Tail lights
- o Stop light
- o Turn signals and 4-way flasher
- o Clearance lights
- o Identification lights
- o Reflectors
- o Tires and wheels, lugs and serviceability
- o Rear end protection (bumper)
- o Cargo tie-downs/doors

MECHANICAL OPERATION
- o Engine knocks, misses, overheats, etc.
- o Clutch skips, grabs, other
- o Transmission noisy, hard shifting, jumps out of gear, other:
- o Axles - noisy, other:
- o Steering loose, shimmy, hard, other:
- o Air, oil, water, leaks
- o Springs broken, other:
- o Brakes noisy, pulls soft, other:
- o Speedometer, tachometer
- o Tachograph, speed control devices

ON COMBINATIONS
- o Hoses, connections
- o Couplings (fifth wheel, tow bar, safety chains, locking devices)

OTHER
- o _____
- o _____
- o Equipment inspection enroute (yes, no)
- o Cargo securing devices (yes, no)

Start time: Mileage: End time: Mileage:

Remarks/Other Defects:

Defects corrected (initial) o Yes o No

Defect correction unnecessary (initial)

Certified by: Date

Preventative Maintenance Report

Date/Time	Department	Location
Inspected by:	Employee I.D. Number	
Vehicle License	Vehicle Number	
	Satisfactory	**Needs Attention**
Brakes: Brake adjustment: Left Right Brake hoses Brake drums Brake shoes Parking brake Brake pedal travel		
Steering Steering suspension Change in steering action Steering components		
Tires Wear/Defect Overloading Groove depth 2/32” minimum **Wheels** Cracks Loose Nuts Rims		
Windows Windows & Windshields Wipes & Washers		
Lights Head lights Tail lights Turn signals Reflectors		
Mirrors		
Horn		
Instruments/Gauges		
Seat belts		
Battery		
Radiator & Hoses		
Exhaust system		
Suspension		
Fuel system		
Oil/Water leaks		
Oil level		
Water level		
Transmission		
Engine performance		
General condition of body & interior		
Comments:		

HAMILTON COUNTY AUTOMOBILE ACCIDENT REPORT

Immediately after an auto accident, complete this form and send it to:
County Risk Manager, 138 E. Court Street, Room 707, Cincinnati, Ohio 45202
Phone: (513) 946-4322 Fax: (513) 946-4720

Department:_____ Date of Accident:_____Time of Accident:_____

PART 1 OF 2

County Vehicle No. 1	Year_____ Make_____ Model_____ License Plate#_____Vehicle#_____ Name of Driver _____ Operators License#_____State_____ Parked? (Y) (N) Moving (Direction)_____On (Street)_____ Approximate Speed _____ Part of Vehicle Damaged_____
Other Vehicle No. 2	Year_____ Make_____ Model_____License Plate#_____ State_____ Driver Name_____ Phone#_____ Address _____Operator License#_____ State_____ Owner_____ Phone#_____ Address _____ Insured? (Y) (N) Name of Insurance Co._____ Policy#_____ Address of Insurance Co._____ Parked? (Y) (N) Moving (Direction) _____On (Street)_____ Approximate Speed _____ Part of Vehicle Damaged _____ In your opinion, is there a possibility of a claim being filed against the County? (Y) (N)
	Damage to Property Other than Vehicles? (Y) (N) Describe: _____ Owner_____ Phone#_____ Address _____ Describe Damage_____
Persons Injured or Killed	Name _____ Age _____ Gender_____ Occupation _____ Address _____ Pedestrian (Y) (N) Driver or Passenger in Vehicle No_____ Killed? (Y) (N) Injured? (Y) (N) Extent of Injuries_____ Taken to_____ By _____
	Name _____ Age _____ Gender_____ Occupation _____ Address _____ Pedestrian (Y) (N) Driver or Passenger in Vehicle No_____ Killed? (Y) (N) Injured? (Y) (N) Extent of Injuries_____ Taken to_____ By _____
	Name _____ Age _____ Gender_____ Occupation _____ Address _____ Pedestrian (Y) (N) Driver or Passenger in Vehicle No_____ Killed? (Y) (N) Injured? (Y) (N) Extent of Injuries_____ Taken to_____ By _____
	Name _____ Age _____ Gender_____ Occupation _____ Address _____ Pedestrian (Y) (N) Driver or Passenger in Vehicle No_____ Killed? (Y) (N) Injured? (Y) (N) Extent of Injuries_____ Taken to_____ By _____

PART 2 OF 2

Witnesses	1) Name_____ Phone#_____ Address_____ 2) Name_____ Phone#_____ Address_____ 2) Name_____ Phone#_____ Address_____
Arrests / Citations	1) Name_____ Phone#_____ Address_____ Charges_____ 2) Name_____ Phone#_____ Address_____ Charges_____ 3) Name_____ Phone#_____ Address_____ Charges_____

Name of Police Officer Investigating Accident_____
Name of Police Department_____
County Crash Report Taken by Deputy Sheriff_____

Brief Summary of Accident by County Driver:

Describe Accident	Sketch

This Report Made by:

_____
Signature of County Driver Making Report

Reviewed By:

_____
Department or Division Head

Section: Safety	**Policy#:** **3.13**
Title: Job Safety Analysis	
Dept: Human Resources	**Division:** Risk Management
Issued: 1/12/2018	**Revised:**

Purpose – This Advisory outlines the procedures for completing a Job Safety Analysis (JSA). A JSA is a procedure that focuses on job tasks to identify hazards before they occur and to make a job safe by:

1. Defining the job task and the proper steps of the job task.
2. Identifying the hazards associated with each step of a job task.
3. Developing a solution for each hazard that will eliminate, reduce or control the exposure.
4. Provide a step-by-step, written procedure for job tasks.

Role of Job Safety Analysis - By developing JSA's for all jobs and using them for employee training, all employees will have a better idea of what their jobs entail. They will know the steps to take, possible hazards to avoid, and how to protect themselves.

Employees who are new to a job will receive instructions in a logical, organized manner. Many questions will be anticipated and answered. The old, unsafe "short-cuts" and bad habits possibly taken by previous employees will not be taught.

The learning curve of the employees will be shortened and supervisors will have a very logical and complete training tool to assist them in their training and follow-up.

Safety observations can be made by almost anyone when using the JSA as a guide.

JSA's can be used to review job procedures after an accident and can help determine possible improvements at the job.

Departments and Personnel Affected – This advisory applies to all Hamilton County departments whose employees fall under the Hamilton County Worker's Compensation program.

Scope – JSAs are required for all of the following types of jobs:

- Jobs with the highest injury or illness rates;
- Jobs with the potential to cause severe or disabling injuries or illness, even if there is no history of previous accidents;
- Jobs in which one simple human error could lead to a severe accident or injury;
- Jobs that are new to your operation or have undergone changes in processes and procedures; and

- Jobs complex enough to require written instructions

JSA Prerequisites – The following criteria must be met and/or implemented before beginning a JSA:

1. All employees must be trained in the work, job, or task(s) being analyzed and reflects at least one of the job type descriptions outlined under **"Scope"**;

2. All employees will be trained on how to complete a JSA and understand its purpose;

3. Each department head and/or supervisor will maintain a copy of each completed JSA for review and training purposes;

4. Participating in the Job Safety Analysis (JSA) activity is required by employees and supervision for all work reflecting the descriptions outlined under **"Scope".**

Procedure

1. Select jobs and tasks with the highest risk for a workplace injury or illness as outlined under **"Scope."**

2. Select an experienced employee who is willing to be observed. Involve the employee and his/her immediate supervisor in the process.

3. Identify and record each step necessary to accomplish the task. Use an action verb (i.e. pick up, turn on) to describe each step.

4. Identify all actual or potential safety and health hazards associated with each task.

5. Determine and record the recommended action(s) or procedure(s) for performing each step that will eliminate or reduce the hazard (i.e. engineering changes, job rotation, PPE, etc.).

6. Determine and record the required personal protective equipment that must be available and worn when performing the job.

7. Record the information on a standard JSA Form. See attachment or contact Hamilton County Risk management for the appropriate form.

Record Retention

- Training: Employment plus 30 years, then destroy
- JSAs: Until superseded or obsolete, then destroy.

Attachments

Form – Job Safety Analysis

Jobs Safety Analysis (JSA)

JSA#

DATE:

DIRECTIONS:

1. Identify and record each step necessary to accomplish the task. Use an action verb (i.e. pick up, turn on) to describe each step.
2. Identify all actual or potential safety and health hazards for each task step.
3. Determine and record the recommended controls to eliminate or reduce the hazards (i.e. safe procedure; equipment, PPE, etc.).
4. Determine and record the required personal protective equipment that must be available and worn when performing the job task.

JOB/ACTIVITY NAME:		NAME AND TITLES OF PERSONS PERFORMING JSA:	
DEPARTMENT/GROUP NAME	BLDG/AREA LOCATION(s):	REVIEWED BY:	APPROVED BY:

REQUIRED PERSONAL PROTECTIVE EQUIPMENT FOR ENTIRE JOB

- ☐ safety glasses
- ☐ chemical goggles
- ☐ face shield
- ☐ welding goggles
- ☐ safety shoes
- ☐ hard hat
- ☐ harness/lanyard
- ☐ hearing protection
- ☐ chemical resistant gloves
- ☐ welding gloves
- ☐ leather gloves
- ☐ other _____
- ☐ other _____
- ☐ other _____
- ☐ other _____

Basic Steps	Potential Hazards	Controls

Section: Safety	**Policy#:** **3.14**
Title: AED Procedures and Guidelines	
Dept: Human Resources	**Division:** Risk Management
Issued: 1/12/2018	**Revised:**

Purpose – This Advisory outlines the procedures and guidelines for the use of Automated External Defibrillators (AED's) including:

- Training;
- Determining AED locations;
- Proper installation of AED's with cabinets;
- Selecting the right AED; and
- Maintaining the AED's.

Departments and Personnel Affected – This advisory applies to all Hamilton County departments and their employees who use or have AEDs in their work locations.

Scope – The Hamilton County Risk Management Division is committed to the overall safety and health of County employees, County partners, and members of the public. The purpose of the AED Advisory is to ensure safe usage and proper maintenance is conducted by those who choose to operate and/or maintain Automated External Defibrillators (AED's).

Procedure:

1. Training

a. Training is not required. But Hamilton County employees are encouraged to contact Hamilton County Risk Management or Human Resources Development to arrange training in CPR/First Aid in order to provide the highest level of assistance. However;
b. Employees who **are mandated** by their respective department to use an AED in the event of a CPR event, the designating department **must** provide training in CPR/First Aid to those employees.
c. All employees who choose to utilize an AED for its' intended use, or provide CPR/First Aid regardless of training, are protected by the "Good Samaritan Law". This law protects individuals from liability when providing CPR/First Aid.

2. Determining AED Locations

a. It is recommended the Hamilton County Risk Management be contacted to assist in determining the most optimal AED location(s).
b. When determining AED location(s), take the following into consideration:
    1. AED's should be visible to everyone;
    2. Located in high risk/populated areas;
    3. Within 3 minutes (round-trip) of anywhere within the facility; and

4. Able to be installed in an area where ADA guidelines can be followed.

3. Proper Installation of AED's With Wall Cabinets

a. Mounting Heights – ADA Guidelines

1. The height to reach the handle of an automated external defibrillator (AED) should be no more than 48 inches high;
2. With an unobstructed approach, the maximum forward reach to the AED is 48 inches above the floor;
3. The maximum side reach for an unobstructed approach to an AED is 54 inches.

b. Wall Projections – ADA Guidelines and Ohio Fire Code

1. Automated external defibrillator wall cabinets shall not protrude more than 4 inches from the wall into walks, corridors, passageways, or aisles.

4. Selecting the Right AED

a. It is recommended that Hamilton County Risk Management be contacted to assist in selecting the most optimal AED for your department;
b. The AED should offer voice guided instructions upon opening the AED cover;
c. The display should be easy for the user to read;
d. The size of the AED should allow for easy transport and storage (for AED cabinets);
e. Users can be easily trained; and
f. The AED is cost effective.

5. Maintaining the AED

a. Hamilton County Risk Management (HCRM) recommends following the manufacturers maintenance guidelines for all AED's not maintained by the Board of County Commissioners (BOCC);
b. For AED's maintained under the BOCC, refer to "AED Inspection Schedule" located on the HCRM website to verify specific AED inspection time-frames;
c. For AED's maintained under the BOCC, refer to "AED Inspection Schedule" for the manufacturers maintenance guidelines located on the HCRM website.

Section: Safety	**Policy#:** **3.15**
Title: Respiratory Protection	
Dept: Human Resources	**Division:** Risk Management
Issued: 1/12/2018	**Revised:**

Purpose: This Policy outlines procedures to be used by Hamilton County to protect employees from respiratory hazards in the course of their work. These procedures are based on requirements in the Code of Federal Regulations 29 CFR 1910.134 *Respiratory Protection* Standard as adopted by Ohio's Public Employment Risk Reduction Program (PERRP), Ohio Revised Code 4167.

Departments and Personnel Affected: This Advisory applies to all departments whose employees are exposed to respiratory hazards at or above regulatory permissible limits that require the use of respiratory protection. The Department Head shall ensure that an evaluation of respiratory hazards has been made in their workplaces and that respiratory protection is provided to employees where required. Where feasible, engineering controls such as mechanical ventilation or substitution of a safer product will be implemented to keep employee exposures below regulatory permissible limits before requiring the use of respirators.

Procedure: The following procedures explain how Hamilton County will comply with the Respiratory Protection Standard when respirators are required:

1) Respirator Selection

A. Each department shall conduct a Respiratory Hazard Assessment of airborne hazards to which employees are exposed.
B. The appropriate respirator will be based on the respiratory hazard(s) to which the employee is exposed.
C. The respirator must be NIOSH certified and used in compliance with conditions of its certification.
D. Respirators must be selected from a sufficient number of models and sizes so that it is acceptable to, and correctly fits, the user.
E. Additional requirements for respirator selection are found in 29 CFR 1910.134 of the OSHA regulations.

2) Respiratory Hazard Assessment

This assessment must be in writing, be worksite specific, and be included as part of this program. It includes the following:

A. Hazard identification and respirator selection:

1. Identification of all respiratory hazards and how they were identified.
2. Identify the type of respiratory protection required for each hazard and how

this was determined.

3. Identify the specific respirator (brand, model, cartridges, etc.) selected and why.
4. Identify the employees exposed to each hazard.
5. Identify when an employee must wear the respirator.
6. Determine when the cartridges and/or respirator must be replaced.
7. Determine how respirators will be made accessible to employees.

B. Identify all employees who wear respirators when not required.

1. Identify the employee.
2. Identify the type of respirator.
3. Determination why the employee wears the respirator.
4. Determine if the respirator, in itself, creates a hazard to the user.

3) Medical Evaluations

A. Prior to being provided a respirator for use and prior to fit testing, the employee must receive a medical evaluation to determine the employee's ability to wear a respirator. This evaluation will be discontinued when the employee no longer wears a respirator. Voluntary users of filtering type dust masks are excluded from medical evaluations.

B. A medical care provider approved by the County must perform the medical evaluation.

C. All medical evaluations must meet the requirements of 29 CFR 1910.134(e).

D. The Department must obtain a written recommendation regarding the employee's ability to use the respirator from the medical care provider. The recommendation will include only the following:

1. Any limitations on respirator use related to the medical condition of the employee, or relating to the workplace conditions in which the respirator will be used, including whether or not the employee is medically able to use the respirator.
2. The need, if any, for follow-up medical evaluations.
3. A statement acknowledging the employee has been provided a copy of the written recommendation.
4. The date of the next evaluation.

E. Additional medical evaluations must be provided if:

1. An employee reports medical signs or symptoms that are related to the ability to use a respirator.
2. A medical care provider, supervisor, Risk Management Office, or Department Head determines that an employee needs to be reevaluated.
3. Information from the program evaluation or fit testing indicates a need for reevaluation.
4. A change in workplace conditions that may result in a substantial increase in the physiological burden placed on an employee.

4) Fit Testing Procedures

A. All tight-fitting respirators, including SCBA and PAPR, must be fit tested as follows:

1. Before being allowed to use a respirator.
2. At least annually thereafter.
3. Whenever a different respirator is used (size, style, model, or make).
4. Whenever there are changes to the employee's physical condition that could affect the fit. This includes:

   a. Facial scarring.
   b. Dental changes.
   c. Cosmetic surgery.
   d. Obvious change in body weight.

5. Only fit test procedures required in 29 CFR 1910.134(f) and Appendix A to 1910.134 may be used.

5) Proper Use

A. Tight fitting respirators (excluding voluntary use) may not be worn by employees who have:

1. Facial hair that comes between the sealing surface of the facepiece and the face or that interferes with valve function.
2. Any condition that interferes with the face-to-facepiece seal or valve function.

B. Employees wearing tight-fitting respirators must perform a seal check each time they put on the respirator using procedures in Appendix B-1 of the respirator standard or procedures recommended by the respirator manufacturer that are as effective. These procedures must be in writing and included as part of this program.
C. Each Department effected by this program must provide appropriate surveillance to assure proper respirator use and program effectiveness.
D. Respirators must be provided before the employee is exposed to the hazard for which the respirator is required.
E. There are additional requirements for respirator use, IDLH atmospheres, and interior structural firefighting in 29CFR1910.134(g).

6) Voluntary Use of Respirators

A. Respirators may be used voluntarily be the employee where respirator use is not required as long as its use, will not in itself, create a hazard. All voluntary use must be documented.
B. Medical approval is required for voluntary use unless the respirator is a filtering facepiece (dust mask).
C. The form (RVU) included in this program must be completed and provided to the user.

7) Cleaning

A. Respirators must be cleaned and disinfected using procedures in Appendix B-2 of the standard or procedures recommended by the manufacturer that are as effective. These procedures must be in writing and included as part of this program.

B. Respirators must be cleaned/disinfected at the following intervals:

1. Exclusive use respirators - as often as necessary to be sanitary.
2. Used by more than one employee - before being used by another employee.
3. Emergency use - after each use.
4. Fit testing and training - after each use.

8) Storage

A. Respirators must be stored to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals.
B. Respirators must be stored to prevent deformation of the facepiece and valves.
C. Emergency respirators must also be:

1. Kept accessible to the work area.
2. Stored in compartments or covers clearly marked as containing emergency respirators.
3. Stored in accordance with manufacturer's instructions.

9) Inspection

A. Respirators must be inspected as follows:

1. Routine use: before each use and during cleaning
2. Emergency use – monthly in accordance with the manufacturers recommendations and before and after each use
3. SCBA units - monthly

B. Regular inspections include the following:

1. Function.
2. Tightness of connections.
3. Condition of all parts including the facepiece, straps, valves, hoses, cartridges, filters, etc.
4. Check of elastomeric parts for pliability and signs of deterioration.

10) Additional requirements for emergency use respirators

A. Certify the respirator by documenting the date the inspection was performed, the name (or signature) of the person who made the inspection, the findings, required remedial

action, and a serial number or other means of identifying the inspected respirator.

B. Provide this information on a tag or label that is attached to the storage compartment for the respirator, is kept with the respirator, or is included in inspection reports stored as paper or electronic files. This information shall be maintained until replaced following a subsequent certification.

C. The employer shall ensure that respirators that fail an inspection or are otherwise found to be defective are removed from service, and are discarded or repaired or adjusted in accordance with the following procedures:

1. Repairs or adjustments to respirators are to be made only by persons appropriately trained to perform such operations and shall use only the respirator manufacturer's NIOSH-approved parts designed for the respirator.
2. Repairs shall be made according to the manufacturer's recommendations and specifications for the type and extent of repairs to be performed.
3. Reducing and admission valves, regulators, and alarms shall be adjusted or repaired only by the manufacturer or a technician trained by the manufacturer.
4. *Air Quality in Atmosphere-Supplying Respirators:* Additional requirements for atmosphere supplied respirators (supplied-air and SCBA) are found in 29CFR1910.134(i).

11) Training for Required Respirator Use

A. The employer must assure that each employee can demonstrate knowledge of at least the following:

1. Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator.
2. What the limitations and capabilities of the respirator are.
3. How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions.
4. How to inspect, don, doff, use, and check the seals of the respirator.
5. What the procedures are for maintenance and storage of the respirator.
6. How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
8. The general requirements of this program and the standard.
9. The demonstration of knowledge may be by written test, demonstration, and/or oral test, but the method must be specified in writing and included as part of this program.

12) Frequency of training:

A. When changes in the workplace or plan are made that affect respirator use.
B. Before being provided a respirator.

C. Inadequacies in the employee's knowledge or use of the respirator indicate that the employee has not retained the requisite understanding or skill.
D. Any other situation arises in which retraining appears necessary to ensure safe respirator use.

E. At least annually.
F. All training and demonstration of knowledge must be documented. Training documentation must include the name and qualifications of the trainer.

13) Program Evaluation:

A. The Department Head or their designee must conduct evaluations of the workplace, as necessary, to ensure that the provisions of the current written program are being effectively implemented and that it continues to be effective.
B. The Department Head or their designee shall regularly consult employees required to use respirators to assess the employees' views on program effectiveness and to identify any problems. Any problems that are identified during this assessment must be corrected. Factors to be assessed include, but are not limited to:

1. Respirator fit (including the ability to use the respirator without interfering with effective workplace performance).
2. Appropriate respirator selection for the hazards to which the employee is exposed.
3. Proper respirator use under the workplace conditions the employee encounters.
4. Proper respirator maintenance.

C. Evaluations must occur as often is necessary to assure that the program is effective and should be an ongoing activity; however, evaluations must occur at least annually.
D. All respirator programs are subject to evaluation by the Risk Management Office.
E. All deficiencies must be corrected as soon as possible.
F. All evaluations and corrective measures must be documented.

SECTION 4 – SECURITY

Section: Security	**Policy#:** **4.1**
Title: Background Checks – Contractors	
Dept: Human Resources	**Division:** Risk Management
Issued: 12-16-2014	**Revised:** 12/14/2016

1.0 PURPOSE

The Hamilton County Human Resources Department, Division of Risk Management (HCRM) supports the commitment of Hamilton County to provide a safe and secure environment for all employees and constituents and to protect the property and equipment used by the County to provide services to the taxpayers. Accordingly, HCRM takes seriously the protection of employees and customers, and desires to provide an environment that is safe and secure.

To help achieve this commitment, the following procedure outlines the required criminal background checks as it applies to consultants, construction contractors, service vendors, and in-house contract services including housekeeping, cleaning contractors, and security contractors.

2.0 REQUIREMENTS

The Criminal History Background Checks may include 3 levels:

1. Local/Regional Check: **RCIC** (Regional Crime Information Center)
2. State Check: **BCI&I** (Ohio Bureau of Criminal Identification & Investigation)
3. Federal: **FBI** (through BCI&I Web Check system)

These include fingerprinting and criminal background checks. Only background checks conducted through the Ohio Bureau of Criminal Identification and Investigation (BCI&I) and the Regional Crime Information Center (RCIC) will be accepted. Copies of these records must also be released and provided to the County.

3.0 DEFINITIONS

BOCC – Board of County Commissioners.

Contractor – for the purposes of this procedure, "contractor" includes, but is not limited to, consultants, construction contractors, service vendors, and in-house contract services including housekeeping, cleaning contractors, security contractors, etc.

L.E.A.D.S. **L**aw **E**nforcement **A**utomated **D**ata **S**ystem that employs various county-owned equipment and systems to allow on-line, real time access to the Criminal Justice Information databases for the purpose of pursuing legitimate Criminal Justice activities throughout the state.

BCI - Ohio Bureau of Criminal Identification and Investigation. This is a State criminal background check.

FBI – Federal Bureau of Investigation. This check is performed via web check through the Ohio BCI system. This is a national criminal background check.

RCIC – Regional Crime Information Center. This is a local and regional background check.

Project Contact Person – The Hamilton County representative responsible for the contract, service, or vendor performing work for the County. This includes the Assistant Director – Facilities; Assistant Director – Support Services; Facilities Project Manager; Building Manager; or Safety and Security Manager.

Web Check - Background checks conducted through the Ohio Bureau of Criminal Identification and Investigation (BCI&I) web check system using a finger print / hand scanner.

4.0 RESPONSIBILITIES

BOCC Department Heads are responsible for:

1. Ensure all consultant, contractor, service vendor, and in-house contract service provider personnel employees under their control are properly background checked and given clearance as defined in the procedure below prior to allowing access to BOCC property.
2. Ensure that the appropriate background checks are performed and received as required by the procedure below.
3. Ensure that all bid packages, contracts, and specifications contain the background check requirements contained in this procedure.

County Safety & Security Manager, Risk Management Division – Human Resources is responsible for:

1. Assist personnel in implementing this procedure and update as needed.
2. Maintain a master file of background checks.
3. Receive and screen all consultant, contractor, service vendor, and in-house contract service provider personnel employee background checks and provide appropriate approvals using the criteria under the procedure below.

5.0 PROCEDURE

1. All contractors (see definition in Section 3.0) who will perform work within a County facility or on a project managed by a Department under BOCC jurisdiction, unless supervised/escorted by a BOCC employee, will require criminal background checks as shown below at the Contractors' cost.
2. Background checks shall be performed by the Hamilton County Sheriff at the following location:

   Hamilton County Justice Center, Records Unit
   South Building, 1st Floor, Room 100
   Between the hours of 7:00 a.m. to 3:00 p.m., Monday through Friday.
   (513) 946-6220
3. Background checks will be required for all contractors (as defined in Section 3.0) in accordance with the following table:

LOCATION	SCENARIO	REQUIRED CHECKS
Inside County-owned Buildings	Escorted – one time	None[1]
Inside County-owned Buildings	Escorted – periodic	None[1]
Inside County-owned Buildings	Escorted – defined area	RCIC, BCI
Inside County-owned Buildings	Unescorted[2]	RCIC, BCI, FBI
Inside County-owned Buildings	In LEADS Areas[2]	RCIC, BCI, FBI
Afterhours access inside County Buildings	Unescorted[2]	RCIC, BCI, FBI
Outside Buildings in non-public area	Escorted	None
Outside Buildings in non-public area	Unescorted[2]	RCIC, BCI, FBI

1. Must go through metal scan in buildings housing courts.
2. Requires Sheriff-issued ID Badge.

4. The "Request for Release of Background Checks" form and instructions found in Attachment A for obtaining background checks must be given to the contractor.
5. The contractor must submit the required background check results (original copies) with corresponding *Request for Release of Background Check(s) Forms* to the Hamilton County Safety and Security Manager.

6.0 SCREENING CRITERIA

Felonies may not be permitted for any Contractor employee. Certain misdemeanors also may not be permitted for any Contractor employee who will have unescorted access inside of a County building. See Attachment C for Screening Criteria.

7.0 RECORDKEEPING

The following records shall be kept on file under lock and key at County's Risk Management Safety and Security Office indefinitely for future reference:

- All background checks including RCIC, BCI, and FBI Web Checks
- Request for Release of Background Check forms

All background checks will be considered current up to 3 years in accordance with County Policy and L.E.A.D.S. policies. Exceptions to this policy are more the stringent requirements found in the Ohio Revised Code.

Record Retention and Disposal:

10 years from date of record check, then destroy.

Attachments

Attachment A - Request for Release of Background Checks
Attachment B - Background Checks Instructions
Attachment C - Background Checks Screening Criteria

ATTACHMENT A - Request for Release of Background Checks

Hamilton County, Ohio
Human Resources Department
Risk Management Division – Safety & Security
1000 Main Street, Room 628
Cincinnati, Ohio 45202

REQUEST FOR RELEASE OF BACKGROUND CHECK(S)

- I understand by this request that I must consent to a local, state, or national criminal background check as indicated below.
- I understand that if a State of Ohio (BCI&I) Background check or an FBI National Criminal Background Check is required that my fingerprints will be submitted to and maintained on file by the State of Ohio and the FBI.
- It is also to be understood by the contractor, and the contractor's employee, that evaluation of the background information is solely for deciding whether to grant the contractor's employee access to Hamilton County owned facilities. Hamilton County reserves the right in its sole discretion to reject any contractor employee based on an inadequate background check or due to the lack of sufficient or acceptable background information.
- The following background checks will be required **(Check Appropriate Boxes):**

☐ Local Background Check;

☐ State of Ohio (BCI&I) Background Check

☐ FBI (through BCI) Background Web Check.

I hereby certify that I have given the below named Hamilton County Representative or agency permission to obtain arrest or conviction records pertaining to me in any of the files of the criminal background investigations checked above.

Printed Name	**Signature**	**Date**

See background check instructions attached.
Please return background checks (original documents – no copies) to:

Rodney Lofland
County Safety and Security Manager
Risk Management Division – Safety and Security
Human Resources Department
Hamilton County Courthouse
1000 Main Street, Room 628
Cincinnati, Ohio 45202

ATTACHMENT B - Background Checks Instructions

BACKGROUND CHECK INSTRUCTIONS – CONTRACTORS / VENDORS

STEP 1: Complete the *Request for Release of Background Check(s) Form* indicating permission for Hamilton County Risk Management – Safety & Security to receive original copies of the background checks and return to the contact person listed in Step 3.

STEP 2: Obtaining the Required Background Checks: Go to the following location:

Hamilton County Justice Center, Records Unit
South Building, 1st Floor, Room 100
Between the hours of 7:00 a.m. to 3:00 p.m., Monday through Friday.
(513) 946-6220

PAYMENT MUST BE PROVIDED BY CONTRACTOR PRIOR TO BACKGROUND CHECKS.
CALL PHONE NUMBER FOR CURRENT PRICING.

You will need your driver's license or state ID, and your social security number. You do not need your social security card. Simply provide your social security number to Sheriff's Office staff when requested.

Go to the walkup windows and ask for the following to be performed:

- ☐ **Local Background Check**
- ☐ **State of Ohio (BCI&I) Background check**
- ☐ **FBI (through BCI) Web Check**

Authorized Reason Code_____

STEP 3: Submit the required background check results (original copies) with the corresponding *Request for Release of Background Check(s) Form* to:

Rodney Lofland
County Safety and Security Manager
Risk Management Division – Safety and Security
Human Resources Department
Hamilton County Courthouse
1000 Main Street, Room 628
Cincinnati, Ohio 45202

ATTACHMENT C - Background Checks Screening Criteria

Background checks may result in denial to work on County Property based upon the following:

- Any felony convictions regardless if they are or are not on the attached listing
- Any conviction listed as a permanent denial regardless if the jurisdiction of the conviction considers the charge to be a felony or a misdemeanor
- Any misdemeanor conviction on the attached listing in the previous 5 years
- Any convictions for crimes of moral turpitude
- Exhibiting patterns of criminal behavior
- Unresolved warrants or investigations
- Crimes from other States or jurisdictions of similar nature regardless of verbiage will be assessed on an individual basis by HCRM and categorized accordingly

ORC	Offense	Permanent Denial
2903.01	Aggravated murder	Yes
2903.02	Murder	Yes
2903.03	Voluntary manslaughter	Yes
2903.04	Involuntary manslaughter	Yes
2903.05	Negligent homicide	Yes
2903.11	Felonious assault	Yes
2903.12	Aggravated assault	Yes
2903.13	Assault	
2903.14	Negligent assault	
2903.15	Permitting Child Abuse	
2903.16	Failing to provide for a functionally impaired person	
2903.21	Aggravated menacing	
2903.211	Menacing by stalking	
2903.22	Menacing	
2903.34	Patient abuse or neglect	
2905.01	Kidnapping	Yes
2905.02	Abduction	Yes
2905.03	Unlawful Restraint	Yes
2905.05	Criminal child enticement	Yes
2905.11	Extortion	
2905.32	Trafficking in persons	Yes
2907.02	Rape	Yes
2907.03	Sexual battery	Yes
2907.04	Unlawful sexual conduct with minor	Yes
2907.05	Gross sexual imposition	Yes
2907.06	Sexual imposition	Yes
2907.07	Importuning	Yes
2907.08	Voyeurism	Yes
2907.09	Public indecency	
2907.21	Compelling prostitution	
2907.22	Promoting prostitution	

ORC	Offense	Permanent Denial
2907.23	Enticement or solicitation to patronize a prostitute; procurement of a prostitute for another	
2907.25	Prostitution	
2907.31	Disseminating matter harmful to juveniles	Yes
2907.32	Pandering obscenity	Yes
2907.321	Pandering obscenity involving a minor	Yes
2907.322	Pandering sexually oriented matter involving a minor	Yes
2907.323	Illegal use of minor in nudity-oriented material or performance	Yes
2909.02	Aggravated arson	Yes
2909.03	Arson	Yes
2909.04	Disrupting public services	
2909.22	Soliciting/providing support for act of terrorism	Yes
2909.23	Making terrorist threat	Yes
2911.01	Aggravated robbery	Yes
2911.02	Robbery	Yes
2911.11	Aggravated burglary	Yes
2911.12	Burglary	Yes
2911.13	Breaking and entering	Yes
2913.02	Theft	Yes
2913.03	Unauthorized use of a vehicle	
2913.04	Unauthorized use of a property, computer, cable, or telecommunications property	
2913.11	Passing bad checks	
2913.21	Misuse of credit cards	
2913.44	Personating an officer	Yes
2913.48	Workers compensation fraud	
2913.49	Identity fraud	
2913.51	Receiving stolen property	Yes
2917.01	Inciting to violence	Yes
2917.02	Aggravated Riot	Yes
2917.03	Riot	
2917.13	Misconduct at an emergency	
2917.31	Inducing panic	
2917.32	Making false alarms	
2919.12	Unlawful abortion	Yes
2919.22	Endangering children	
2919.24	Contributing to unruliness or delinquency of a child	
2919.25	Domestic violence	
2919.27	Violating a protection order	
2921.02	Bribery	
2921.03	Intimidation	
2921.11	Perjury	
2921.13	Falsification, falsification in theft offense, falsification to purchase firearm, or falsification to obtain a concealed handgun license	Yes
2921.21	Compounding a crime	
2921.31	Obstructing official business	Yes
2921.32	Obstructing justice	Yes
2921.33	Resisting arrest	

ORC	Offense	Permanent Denial
2921.34	Escape	Yes
2921.35	Aiding escape or resistance to lawful authority	Yes
2921.36	Illegal conveyance of weapons, drugs, or other prohibited items onto grounds of detention facility or institution	Yes
2921.51	Impersonation of peace officer	Yes
2923.12	Carrying concealed weapons	Yes
2923.13	Having weapons while under disability	Yes
2923.161	Improperly discharging firearm at or into a habitation, in a school safety zone or with intent to cause harm or panic to persons in a school building or at a school function	Yes
2923.21	Improperly furnishing firearms to minor	Yes
2923.32	Engaging in pattern of corrupt activity	Yes
2923.42	Participating in criminal gang	Yes
2925.02	Corrupting another with drugs	Yes
2925.03	Trafficking, aggravated trafficking in drugs	Yes
2925.04	Illegal manufacture of drugs - illegal cultivation of marihuana - methamphetamine offenses	Yes
2925.041	Illegal assembly or possession of chemicals for the manufacture of drugs	Yes
2925.05	Funding, aggravated funding of drug or marijuana trafficking	Yes
2925.06	Illegal administration or distribution of anabolic steroids	Yes
2919.23	Interference with custody	
2925.11	Possession of controlled substances (other than a minor possession) “Minor drug possession offense" means either of the following: A violation of section 2925.11 of the Revised Code as it existed prior to July 1, 1996; A violation of section 2925.11 of the Revised Code as it exists on and after July 1, 1996, that is a misdemeanor.	Yes
3716.11	Placing harmful objects in food or confection	Yes

Section: Security	**Policy#:** **4.2**
Title: Key Control	
Dept: Human Resources	**Division:** Risk Management
Issued: 1/12/2018	**Revised:**

1) PURPOSE AND SCOPE

The following procedure outlines the Key Control Policy to establish reasonable personal security for members of the Hamilton County (County) community. Its purpose is to ensure the protection of personal and County property through the control of keys to buildings owned or operated under the Board of County Commissioners (BOCC) and other secure areas. The responsibility for implementing this Key Control Policy is with Human Resources, Division of Risk Management (HCRM). This policy does not include Paul Brown Stadium, Great American Ballpark, Developmental Disabilities Services facilities, or secured areas in correctional facilities. This policy also does not include badging and proxy card access.

2) KEY ISSUANCE

a) Request for BOCC facility access keys must be made through HCRM who is the issuing authority and responsible for issuance of all keys.

b) The County Facilities Department is responsible for the making of all keys (excluding security keys such as Schlage Primus, Peak, and Medeco), and for the control and maintenance of lock cylinders. The basic issue/control documents will be the Key Holder Agreement, the Archibus Work Order, and Key Control Register. See Attached *Key Holder Agreement*.

c) The key requestor must sign a Key Holder Agreement which also must be signed by the BOCC Department or Elected Official of the requestor.

d) The Key Holder Agreement must be signed by the HCRM Authorizing Signature before a key can be issued.

e) No key will be duplicated except by approval of the HCRM. The unauthorized duplication of keys so adversely affects the security of persons and property that violations of this rule are considered serious and could lead to discipline up to and including termination.

f) Keys will be issued only to members of the County Government community including: employees and members of services under the BOCC; those having shared responsibility with the BOCC; elected officials and their employees; and tenants of lease spaces in County Buildings.

g) No person will be issued more than one key for a specific door.

3) KEY CONTROL DOCUMENTATION

a) Keys: An identifying serial number will be stamped on each key. The serial number for each key will not identify a building, location or lock. All keys must be marked "Do Not Duplicate."

b) Key Holder Agreement: No key will be issued without a properly completed Key Holder Agreement and without the authorizing signatures of the BOCC Department or Elected Official, and HCRM.

c) Work Order: All keys made by the Department of County Facilities issued to individuals must be tracked by work order within the Archibus facilities management platform.

d) Key Control Register: All keys will be issued by HCRM and recorded in the Key Control Register. The actual key holder must receive and sign the register for the key.

e) Key Control Database: A Key tracking database shall be maintained by HCRM.

f) Building Key Charts: Building key charts shall be prepared and maintained for each BOCC facility by the Director of County Facilities and HCRM.

4) RETURN OF KEYS

a) All keys to County buildings issued to individuals are to be returned to HCRM upon separation, termination, retirement from the County, or when keys are no longer explicitly needed for departmental operation.

b) The employee's separation will not be complete until the key(s) assigned have been returned and verified by HCRM.

c) It is the BOCC Department's or Elected Official's responsibility to ensure that all keys issued to terminated employees are turned in. A list of keys issued to an individual can be obtained through HCRM.

5) LOST OR STOLEN KEYS

a) Lost or stolen keys are to be reported immediately to the HCRM.

b) The Department of County facilities will determine if the key core (cylinder) must be replaced on occasions of lost, stolen or damaged keys or locks. If key core replacement is necessary, the affected department will be responsible for the cost of replacement.

6) STORAGE OF KEYS

a) Security Keys (Schlage Primus, Peak, Medico, etc.)

1) HCRM will store, control, and issue uncut blanks
2) Blanks will be issued only by submission of a Key Holder Agreement signed by the elected official or their designee who must be at the administrative level (ie., Sheriff, Major, Captain, or Lieutenant).
3) Security Key Cut Authorization Cards must be on file at HCRM.

b) Master Keys

1) Department of County Facilities will store uncut blanks.

2) Master keys can only be issued by Key Holder Agreement authorization and Authorizing Signature from HCRM
3) All Master Keys will be stamped "Do Not Duplicate"

c) Maintenance and Engineering Room Keys

1) Department of County Facilities will store uncut blanks.
2) All maintenance, mechanical, electrical closet, and engineering room keys will be issued only to authorized personnel of the County Facilities.

d) Standard Keys

1) All keys cut which are ready for issue will be stored in the Maintenance Offices of each facility.
2) The bulk of uncut key blanks will be secured in the Carpenter's Office in the Department of County Facilities. The supply will be audited and compared to the keys ordered to ensure no unauthorized keys are issued or no blank keys are missing.

e) Building Security Key Boxes

1) Box combinations can only be possessed by HCRM, Department of Facilities, and Contract Security.
2) Other vendors and contractors shall not be allowed access.

7) KEY ISSUANCE TO OUTSIDE CONTRACTORS

Issuance of a key for BOCC facilities to a contractor for the purpose of affecting maintenance or repairs must be approved by the Director of Facilities and/or HCRM. The contractor will be issued and will return the key per established policy. A release form must be signed by the contractor to deduct funds from his fee if the key is lost and the area must be re-keyed.

8) KEY ISSUANCE TO CLEANING CONTRACTORS

a) Keys will be assigned daily by the posted Security Guard on a temporary basis to allow access to the work areas assigned (if the area is secured). The keys must be returned at the end of each work shift and verified by the Security Guard.

b) Keys will not be issued to cleaning staff for designated High Security areas without written permission of the Department Head in charge.

9) LOCK AND HARDWARE CHANGE

a) All repairs or additions to any locking device, key or door hardware will be controlled by the Director of Facilities and documented with a numbered work order.
b) Lock/Hardware changes requiring different keys will require the completion of the Key Holder Agreement and appropriate authorizations.
c) Building Key Charts must be kept updated by the Director of Facilities and forwarded to HCRM.

ATTACHMENTS

Key Holder Agreement
Key Control Register

KEY HOLDER AGREEMENT

Key Holder Name (Print):_____

Department or Company: _____

Phone number:_____ **E-mail address:**_____

Key Information:

Building:_____**Floor:**_____**Room/Area:**_____

KEYS TO BE RETURNED:

☐ **Daily**

☐ **Upon Completion of Work**

☐ **Upon Termination of Employment**

KEY TYPE:

☐ **Security (Primus, Medeco, Peak)**

☐ **Master**

☐ **Standard**

Key(s) Issued (to be completed by HCRM):_____

_____

TIME AND LOCATION OF KEY RETURN:

Please return the keys to the Hamilton County Risk Management Division - Safety & Security Office at (513) 946-5059 for instructions.

I hereby understand and agree that:

- All keys issued to me by Hamilton County Risk Management Division (HCRM) remain the property of Board of County Commissioners and are to be returned to the issuing authority immediately as indicated above under this Agreement.
- I will not loan, duplicate or use the keys issued to me in any unauthorized manner.
- I will ensure the keys are either in my possession or appropriately secured at all times.
- I accept responsibility for the cost of replacement keys, re-keying locks, and any associated damage or losses should I lose the keys or should the keys be lost, stolen or misused while in my possession.

I understand that my failure to adhere to the terms of this key holder agreement could result in my being denied access to Hamilton County property in the future.

Department Head Signature	**Department Head Printed Name**	**Date**
Key Holder Signature	**Key Holder Printed Name**	**Date**

☐ Approved ☐ Disallowed

Authorization Signature (HCRM) **Date**

KEY CONTROL REGISTER

Key Issue and Turn In

Key Number	Issued (Date/Time)	Issued by (Initials)	Issued to (Print then Signature)	Turned In (Date/Time)	Received by (Signature)

Section: Security	**Policy#:** **4.3**
Title: Building Security Policy	
Dept: Human Resources	**Division:** Risk Management
Issued: 1/12/2018	**Revised:**

I. Purpose

The purpose of this policy is to establish organizational guidelines for protecting the property, privacy and security of county employees, volunteers, and members of the public by regulating access to buildings owned and operated by Hamilton County. Using these procedures as a guideline, individual County-owned buildings should establish security procedures specific to their operations and tenants.

In addition to the procedures in this policy, additional provisions may also be required for buildings housing courts in accordance with Rule 9 of the Rules of Superintendence for the Courts of Ohio and as recommended by the Ohio Court Security Standards.

II. Building Security Components

Building security may consist of the following components:

A. Security screening using x-ray and magnetometer screening of visitors.
B. Duress alarms for each tenant office at locations designated by the tenant.
C. Elevator lock outs to non-public floors.
D. County Photo Identification Badges (ID Badges) with proxy card door access for authorized employees of a building. (County Sheriff will be responsible for issuance of entry ID Badges).
E. Proxy card door access to secure areas or private office space.
F. Security camera system inside and outside the building.

III. Photo Identification and Key Card Access

All employees of the building, employees that have official business in the building, and employees with departments in the building must obtain and display a County Photo ID Badge issued by the Hamilton County Sheriff's Office. The County ID Badge will also serve as the door access card where access permission has been granted. These include:

A. BOCC employees
B. Elected Officials and their staff/employees
C. Probation Officers
D. Tenants and non-County agency employees with offices in the building
E. County Facilities Department Staff
F. Contractors and vendors
G. Attorneys

Note: The issuance of County Photo ID badges and building access requires criminal background checks in accordance with Risk Management Security Advisory 4.1 *Contractor and Vendor Background Checks*.

IV. Security Screening

A. During normal operating hours, Hamilton County Sheriff's Deputies will be screening all non-County employees using an x-ray baggage screener and walk through magnetometers. Those persons who do not possess official County ID Badges will be required to pass through the screening process prior to proceeding into the building.

B. All employees as defined in Section III will be required to present their County ID Badge to the Sheriff's Deputies. Only employees as defined in Section III with a County ID badge will be allowed to by-pass screening.

C. Package Delivery: All deliveries, with the exception of routine deliveries managed by the Hamilton County Facilities Department, must be brought in through the main entrance and screened. If, due to size or quantity of material the delivery cannot be screened at the front entrance and must be brought in through a dock entrance, then notification must be made to the Hamilton County Sheriff's Office located at the Courthouse in room 260 at least one day prior to the delivery. The request should include the name of the Delivery Company, description of materials, date and time of expected delivery, and a Hamilton County employee contact. The Hamilton County Sheriff's Office or Hamilton County Risk Management Safety and Security may deny package deliveries at any time due to security concerns.

D. Media & Film Crews: Media and film crews must be brought through the main entrance and screened. Requests for after hours access for Media or film crews must be made in writing to the Hamilton County Sheriff's Office located at the Courthouse in room 260 at least one day prior to the date of access needed. Access should also be coordinated through Hamilton County Risk Management who oversees after hours security. Film and media crews must be escorted by a County employee, elected official, or member of the Courts depending upon the building. The Hamilton County Sheriff's Office and Hamilton County Risk Management Safety and Security may deny access at any time due to security concerns. The party requesting the after hours access may be responsible for the cost of additional security needed to oversee the Media or film crew while in the facility.

V. After Hours Access

A. Access outside of normal building hours is by County ID Badge/card access only.

Employees entering before or after hours must be careful not to allow unauthorized persons into the building. Authorized persons are those who have been properly vetted by background checks and have obtained a Sheriff-issued County ID Badge with access privileges.

B. After hours access by non-County Employees and non-vetted persons must be approved in writing by Hamilton County Risk Management who oversees after hours security. These persons must also be escorted by a County employee. Parties not approved may be subject to criminal prosecution if warranted. The party requesting the after hours access may be responsible for the cost of additional security.

VI. Emergencies and Response

A. The Hamilton County Sheriff's Office will respond when requested during normal working hours from, typically 7:30 AM to 4:00 PM Monday through Friday.

B. In an emergency:

1. Dial 911; or
2. Call 946-5373
3. Press a duress alarm

C. Cincinnati Police will respond after hours via 911. Calls to the Cincinnati Police **MUST** be reported the following business day to the Sheriff's office.

VII. Weapons and Explosives

A. No weapons shall be permitted in County buildings except those carried by Sheriff's deputies, Prosecutor's Office Investigators, bailiff's, law enforcement officers, probation officers, judges, and other authorized court personnel.

B. Law enforcement officers, probation officers, private security or any other person legally authorized to carry a firearm who are parties to a judicial proceeding as a plaintiff, defendant, witness, or interested party outside of the scope of their employment shall not be permitted to carry their duty weapon, any other firearm, or any other potential weapon within the building. Persons falling into this category are not exempt from the screening process.

C. No person entering or while on County property shall carry or possess explosives or items intended to be used to fabricate an explosive or incendiary device, either openly or concealed, except for official business.

VIII. Restricted Access to Offices

The general public shall not be permitted, unless otherwise invited, in the area that houses office space for Elected Officials or any other County employee's space in County buildings. Visitors will not be permitted access to any part of the building without verification from an on premise employee that they have legitimate business.

IX. Incident Reporting

A. Every violation of law that occurs within County buildings shall be reported to the Hamilton County Sheriff.

B. The Hamilton County Sheriff shall report unusual incidents to the Risk Manager or Safety and Security Manager the following business day.

X. Security Staff

A. After hours security will be coordinated by Hamilton County Risk Management Safety and Security using contract security officers.

B. Security Staff (weekdays)

1. Security Officers may be reached at a central phone line (946- 4925) from 4:00 PM to 7:00 AM and dispatched to any downtown BOCC location.
2. Employees are encouraged to call to report any suspicious activity, to be escorted after hours to their vehicles, or for any other security related issue.

C. Security Staff (weekends):

1. Security Officers may be reached at a central phone line (946-4925) from Friday at 4:00 PM to Monday at 7:00 AM (and holidays) and dispatched to any downtown BOCC location.
2. Employees are encouraged to call and report any suspicious activity, to be escorted after hours to their vehicles, or for any other security related issue.

XI. Contractors and Vendors

A. All night cleaning and security personnel will be required to carry and produce identification. A police record check will be performed on all night cleaning and private security staff. All nighttime staff will be subject to the same regulations as described in this procedure.

B. All contractors and vendors contracted by parties of the County must be background checked and issued County Photo ID Contractor badges by the Sheriff according to Risk Management Advisory 4.1 *Contractor and Vendor Background Checks.*

C. All contractors who will perform work in the facility or on a project managed by a Department under BOCC jurisdiction, unless supervised/escorted by a BOCC employee, will require criminal background checks as shown below at the Contractors' cost:

1. Local/Regional Check: **RCIC** (Regional Crime Information Center)
2. State Check: **BCI&I** (Ohio Bureau of Criminal Identification & Investigation)
3. Federal: **FBI** (through NCIC and BCI&I Web Check system)

D. Between the hours of 4:00 PM and 11:30 PM, Monday through Friday, visitors, contractors and employees entering the building must sign in and out at the lobby security desk.

E. No contractor work will be performed between the hours of 11:30 PM and 7:30 AM Monday through Friday, or on weekends and holidays without security guard presence or escort by County Facilities personnel.

Section: Security	**Policy#** **4.4**
Title: Security Camera System Use Policy	
Dept: Human Resources	**Division:** Risk Management
Issued: 1/12/2018	**Revised:**

1.0 Purpose

This Policy outlines the procedures for the administration, access, and use of the Hamilton County Security Camera Network (CCTV) owned, operated, and administered by the Board of County Commissioners. The scope of this Advisory pertains to security cameras located in public areas such as building exteriors, main lobbies, hallways, waiting areas, plazas, courtyards, parking areas, and other areas where the public resides. This Advisory does not cover CCTV provisions or systems located in courtrooms, holding areas, or secure areas not open to the public.

2.0 Background

Hamilton County Risk Management, Office of Safety and Security (HCRM) is the designated administrator of the Network CCTV System in public areas.

The Network CCTV System is to be used by both the Hamilton County Risk Management Office of Safety and Security staff (HCRM) and the Hamilton County Sheriff's Department (HCSD) to enhance safety and security for Hamilton County staff, visitors, and property. Other Hamilton County Departments may be granted limited access on an as needed basis upon approval by HCRM.

3.0 Procedure

3.1 Vicon Camera Network Access

Request for access to the Network CCTV System Access must be submitted in writing to the Manager of Hamilton County Safety & Security. If approved, the party will be assigned a username and password. Access will be kept limited to only those persons who have positions that are associated with security of Hamilton County buildings, assist the HCSD in investigations, or are owners of other Vicon Systems attached to the Hamilton County Vicon Network. Access may be revoked at any time with no notice.

3.2 Requests for Video

Requests for CCTV video footage will be honored as indicated below when in possession of the County or available for retrieval. CCTV footage not previously retrieved and archived within a certain time period may not be available to retrieve if the footage history date exceeds the storage capacity of the Network CCTV System. Video footage is overwritten when the storage capacity is exceeded unless the footage is retrieved and archived before it is overwritten. The

Hamilton County retention storage capacity is 2 weeks or 14 days.

3.2.1 Spoliation Letter - Request to Preserve Evidence

If a spoliation letter is received by the County requesting preservation of CCTV video, the video footage will be retrieved when available by the HCRM Office of Safety and Security and archived. HCRM Safety and Security will then notify the County Risk Manager and Hamilton County Prosecutors Office.

3.2.2 Law Enforcement Request

The HCSD Court Services Division will be responsible for obtaining and providing video footage relating to criminal complaints or criminal investigations. This includes outside law enforcement agency requests. All requests must meet the internal policies and procedures of the HCSD.

3.2.3 Public Records Request

HCRM Office of Safety and Security will be responsible for obtaining and providing video footage for public areas, where available, for all parties whose requests are not criminal including public records requests. The requesting party must provide either a blank USB drive or a blank writable DVD for the media recording.

4.0 Records Retention

Hamilton County keeps approximately 2 weeks of video footage stored at all times. After this, the CCTV system automatically overwrites previous historical footage. Video may be retrieved and archived if it involves suspicious activities as determined by HCRM or the HCSD.

References

Ohio Revised Code 149.43 Availability of public records for inspection and copying.

Section: Security	**Policy#:** **4.5**
Title: Public Use of County Property	
Dept: Human Resources	**Division:** Risk Management
Issued: 1/12/2018	**Revised:**

1.0 Rules Governing the Use of County Property

The following Rules and Regulations have been approved by The Board of County Commissioners. These rules govern the use of County-owned facilities or property.
Except for the area between Main Street and the Courthouse (Courthouse Square) and area between the two buildings which make up the Hamilton County Justice Center (Justice Center Courtyard), the use of county facilities and property is strictly limited to:

(1) State or County Judges, Officials, Employees, and agents performing their official duties;

(2) Members of the public during regular business hours attending public court proceedings, hearings and meetings, seeking information which the State and County government must make available for public inspection, or transacting public business with State or County Judges, Officials, Employees or agents; and

(3) Events or functions sponsored by one or more State or County Judges or Officials and held in the area of the county facilities which has been assigned to the State or County Judge or Official sponsoring the function or event.

Where an area of any county facility has been assigned to a State or County Judge or Official, the County Risk Manager or designee may permit that unassigned area to be used on a temporary basis by any political subdivision as defined in Ohio Revised Code Sec. 2744.01 provided that the county is reimbursed for any costs associated with the temporary use of the area of the county facility. The Risk Manager and Director of County Facilities may require that any Judge, Official or Political Subdivision using space for an event, function or temporary use, to provide reasonable, advance notice of the event, function, or temporary use so that any additional chairs, tables, podiums, and the like may be provided and access to the facility arranged.
The Courthouse Square and Justice Center Courtyard are areas in which individuals have traditionally exercised their First Amendment Rights of Free Speech. Any person or group seeking to use either the Courthouse Square or Justice Center Courtyard for special events or rallies shall obtain a permit for each special event or rally (see Section B).

2.0 Application for Permit to Use County-owned Property

A. All “Applications for Permit” are to be completed by Non-County Agencies. Exceptions can be made at the discretion of the County Administrator. Application for use of Courthouse Square or the Justice Center Courtyard by any person or group shall be made to the Director of Facilities or designee and shall contain:

   1. The name, address, and telephone number of the applicant.

   2. The name, address and telephone number of the officers of the applicant; or any other

person or persons authorized by the applicant to represent it and act as its agent in regard to this application.

3. The proposed use of the Courthouse Square or Justice Center Courtyard.

4. Whether any type of equipment is necessary, such as tables, chairs, amplification, podium etc.

5. The length of time the use of the Courthouse Square or Justice Center Courtyard is necessary which shall not exceed one day. Political Subdivisions or agencies or instrumentalities of the state or federal government may be issued a permit that exceeds one day.

6. The date and hours of intended use, number of attendees expected, and other pertinent information.

B. Application for permit must be submitted at least fourteen (14) calendar days in advance of the event.

C. The County Risk Manager must approve all permits.

3.0 Rules for Using County-owned Property

A. No displays, exhibits, or structures erected pursuant to a use permit shall remain on the premises at times other than those stated in such permit; except that displays, exhibits or structures pursuant to the consecutive days permit issued to a political subdivision (as defined in Ohio Revised Code Sec. 2744.01) or agency or instrumentality of the state or federal government, may be permitted to remain on the premises if necessary to facilitate their use of the Courthouse Square or Justice Center Courtyard. Should there be permit requests for the same dates and times, the Director may issue up to three concurrent permits for less than full use of the Courthouse Square or Justice Center Courtyard, so long as public health, safety and welfare issues can be resolved to the satisfaction of the Risk Manager and Director of Facilities. Concurrent permits shall be issued only where space allows and where activities associated with such multiple permits are compatible, and will not unreasonably interfere with each other. If, in the opinion of the Risk Manager or Director of Facilities, such conflicts cannot be resolved, the Risk Manager may require the Director of Facilities to issue a permit to a person or group, which first applied, or may refuse a permit to a person or group which has received a permit for another date in the same calendar year.

B. No speakers or assemblages will be permitted from 10:00 p.m. to 6:00 a.m. The surrounding community and will generally be permitted only between 12:00 noon and 1:00 p.m., Monday through Friday, and for one hour between 12:00 Noon and 6:00 p.m. on Saturday and Sunday.

C. No food or beverages shall be distributed by the applicant on or near the Courthouse Square or Justice Center Courtyard. No commercial advertising may be placed or commercial material distributed by the applicant. However, in the event other literature, pamphlets, or materials are distributed on or near the Courthouse Square or Justice Center Courtyard, the applicant shall be responsible for removal of anything so distributed which is dropped or falls as litter.

D. Displays, exhibits or structures shall be suitably constructed and protected so as to minimize damage by elements and vandalism. To determine if the display, exhibit or structure is suitably constructed, the Risk Manager or Director of Facilities may require that the display, exhibit or structure comply with the American Association of State Highway and Transportation Officials (AASHTO) engineering and design standards, or other similar applicable standards, and all applicable regulations and laws. Plans and specifications for displays, exhibits or structures shall be submitted to the Director of Facilities no later than fourteen (14) days prior to the event. The Risk Manager or Director of Facilities may limit the size and number of displays, exhibits or structures.

E. Displays, exhibits or structures shall not obstruct entrances, exits or passageways, and shall be so placed to be least obstructive as possible to pedestrian traffic.

F. The Risk Manager or Director of Facilities, at any time before or after issuance of use permit, may require that a display, exhibit or structure be attended, or that appropriate security personnel be provided at cost of applicant, for all or some portion of the permit period, for the purpose of protecting or providing for the public health, safety or welfare.

G. The Risk Manager or Director of Facilities may suspend or revoke any use permit, if necessary, for reasons of public health, safety or welfare.

H. Applicant shall pay to the County the cost of cleaning the Courthouse Square or Justice Center Courtyard in excess of those costs normally associate with routine use. In addition, the applicant shall be responsible for repairing damage to the Courthouse Square or Justice Center Courtyard, its appurtenances, facilities, and landscaping, which in any way arises from the proposed use. After the proposed use of the Courthouse Square or Justice Center Courtyard occurs, the County will inspect the location of the event, will perform the necessary cleanup and/or repair damages, and will bill the charges to the applicant pursuant to the terms and conditions herein. Additional applications for the use of a Courthouse Square or Justice Center Courtyard will not be approved until and unless such charges are paid in full.

I. Applicant shall conform to all responsive directives of the Local Police Department, Fire Forces, Hamilton County Sheriff and to the directives of the Risk Manager or Director of Facilities, as set forth in the permit and as given orally or in writing subsequent to the issuance of the permit and related to the use.

J. By accepting a use permit, an applicant agrees to be solely and exclusively responsible for all displays, exhibits or structures. The applicant agrees to indemnify and hold the County harmless from any and all risks, claims, and causes of action which may arise from or in association with the special event or rally for which the permit is granted. The agreement to indemnify the County, and hold the County harmless is a material condition of the permit being issued.

K. The Risk Manager may require the applicant to post with the County a liability insurance policy, designating the applicant and the County as named insured. The policy will provide insurance in the minimum amounts of $1,000,000 per occurrence, and $2,000,000 in the aggregate, and $50,000 fire damage coverage. If the County has available a Tenant/User Liability Insurance Program, the Risk Manager may require the applicant to participate in that program.

L. If a use permit is granted, the applicant shall be so advised in writing by the Director of Facilities. The permit shall state any limitations inconsistent with the application. If a permit is denied, the reason for the denial shall likewise be stated in writing.