

Louisiana Department of Health
628 North 4th Street
Baton Rouge, LA 70802



GENERAL SAFETY / LOSS PREVENTION MANUAL

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Part I DEPARTMENTAL SAFETY POLICY STATEMENT

John Bel Edwards
GOVERNOR



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SECRETARY

State of Louisiana Louisiana Department of Health Office of the Secretary

DEPARTMENTAL SAFETY POLICY STATEMENT

Secretary's Statement of Policy

It is the policy of the Louisiana Department of Health (LDH) to provide safe and efficient services to the patients/clients of the State of Louisiana and a safe working environment for the employees of the Department. Each state employee must willingly assist management in accomplishing this goal, which cannot be achieved without safe work practices. This policy, with certain procedural requirements, will serve as a guide to Offices' in developing internal procedures to fit their particular operations. It is the Departments objective to follow federal, state, and local codes/policies to maintain safe and healthy conditions.

Safe work habits are criteria for satisfactory job performance. Each employee is responsible for immediately reporting accidents, unsafe conditions and work practices to supervisory staff and taking effective temporary actions to minimize risk to themselves and others.

Each Assistant Secretary is responsible for ensuring that both he/she and his/her employees are oriented and trained to follow applicable safety rules/policies and procedures outlined in the Department's Safety Policy, the Department's Safety Manual, Office Procedures and/or work location plan or as they may be amended in the future. It is the Department's intent to provide good supervision, effective training and safe equipment for employees to perform their work. The success of the LDH Safety Program will be based on the joint commitment of management and staff to minimize and eliminate all potential hazards to clients/patients, employees, and property.

A handwritten signature in black ink, appearing to read "Rebekah E. Gee".

LDH Secretary

6/13/16
Date

PART II APPLICABILITY

The LDH Safety/Loss Prevention Manual applies to all offices within the Louisiana Department of Health.

PART III IMPLEMENTATION

This policy and procedural manual will be effective January 2012.

PART IV RESPONSIBILITIES

LDH Office of Management and Finance (OMF) will be responsible for the coordination and monitoring of safety efforts and the reduction of loss severity in LDH by:

1. Implementing policies and establishing a Departmental General Safety/Loss Prevention Manual necessary to formalize an effective general safety program within the entire Department.
2. Assisting with the development of resources necessary for safety program implementation and enhancement.
3. Providing information to management regarding the effectiveness of the safety program within the Department and providing consultative services to management in such areas as program compliance, loss trends, identification of problem areas and assistance regarding program enhancement.
4. Assist offices in reviewing their procedures to ensure compliance with Department policy and the Departmental Safety/Loss Prevention Manual.
5. Assist offices with the development of both external and internal resources to meet these needs.
6. Coordinating intra-departmental Safety/Loss Prevention matters.
7. Serving as Departmental liaison to the Office of Risk Management on Safety/Loss Prevention matters.
8. Promoting and coordinating Departmental efforts in the areas of Occupational Health programs (i.e. Blood-borne pathogens).

Departmental office's fall upon the responsibility of the Undersecretary and offices' Assistant Secretary/Director. The Undersecretary and/or the Offices' Assistant Secretary/Director is required to implement safe procedures within their Offices/Divisions/Bureau/Unit/24-hr facility and ensure compliance with State and Federal laws and accrediting bodies.

Each office will develop and maintain internal procedures in accordance with the Departmental Safety/Loss Prevention Manual. Each office's internal safety procedures will reflect the commitment of management to direct its safety program and will be kept on file for review and updating as needed.

Office safety procedures must address the following:

1. Appointment of an office safety coordinator to coordinate safety efforts within the office and to serve as a liaison to the LDH Safety Manager on safety matters. Other duties of the office Safety Coordinator will be to develop office safety procedures, identify safety resources, and to advise management on the status of the offices' safety program in compliance with the Office of Risk Management (ORM).
2. Establishment and implementation of a safety plan in each work location (i.e.: regional/field office) to comply with ORM guidelines. NOTE: offices may develop a single safety plan that

is applicable to all work locations where management has determined program and work location safety needs are essentially the same.

3. Appointment of a safety coordinator at each work location.
4. Documentation of ORM compliance of all work locations maintained at the operating location, a summary within the offices' main office and/or regional/field office.

PART V General Safety/Loss Prevention Plan

All work locations of the Department (offices, division, bureau, unit, and 24-hr facility)

Must have safety plans, which comply with the requirements of ORM. Either work sites must have an individual safety plan or, if the work location houses employees of several offices or departments, the employees must participate and be included in a safety plan addressing the safety of the combined work locations.

Work locations of fewer than fifteen (15) employees may either have their own safety plan or participate in the safety plan of the nearest organizational entity of the same office of the Department that has an established safety plan. (Example: a satellite clinic could be a part of the main clinic).

Offices and/or Human Resources shall have and maintain documentation that all of the Departments employees have read and understand the LDH Safety Rules and the LDH General Safety/Loss Prevention Plan.

A. ELEMENTS OF A GENERAL SAFETY/LOSS PREVENTION PLAN

In situations where work locations are substantially similar in staff and work conditions, offices may find it convenient to develop a safety plan that is applicable to all such work locations with accommodations made to allow local variances to be addressed. (Example: Parish, OPH, work locations may have one plan that is utilized by all parish offices with sections to be added to address local variances.)

1. MANAGEMENT POLICY STATEMENT

LDH Safety Policy Statement is located in part 1, pg. 3, of the LDH General Safety/Loss Prevention Manual. The Departmental Safety Policy Statement shall be posted at all work locations.

2. RESPONSIBILITY FOR SAFETY

The responsibility for safety shall be addressed in safety plans of every work location in accordance with the Departmental Safety Policy Statement and ORM guidelines.

3. SAFETY INSPECTIONS OF WORK SITES

Work site safety inspection programs are to be established at all work locations in compliance with ORM requirements. Responsibility for the inspections will rest with the work location administrator to ensure inspections are conducted and documented. Reports of inspections will be kept at the work location for a minimum of three (3) years.

All safety inspection forms will contain the following information:

1. The address of the work location;
2. The person(s) performing the safety inspection;
3. Work site problem(s) and location of the problem at the work location;
4. Why the problem(s) exists; and

5. What actions have been taken and who has been informed of the problem.

In the interest of consistency within the Department, the reporting of safety inspections and any identified problems shall comply with the procedures contained in the LDH General Safety/Loss Prevention Manual, Part VI, Section B., entitled, "Safety Inspections of Work Sites", p. 20. The report form, in Part VII, Attachment 2, is entitled, "LDH INSPECTION SUMMARY REPORT."

4. ACCIDENT/INCIDENT INVESTIGATIONS

In accordance with ORM, an investigation and subsequent report will be made of all accidents resulting in medical treatment, loss time, or death. The purpose of the investigation(s) will be to ascertain all facts surrounding an accident through careful questioning and investigation of activities contributing to the event. The objective will be to document all the facts and causes of the accident and to determine the actions necessary to prevent recurrence.

For standardization of accident, investigation within the Department, all offices and work sites under their jurisdiction will use the DA2000 form. For a visitor or client the DA3000 is to be used.

An **accident** is defined as "an unplanned event(s) that caused personal injury or property damage." An **incident** is defined as "an unplanned event(s) that could have caused personal injury or property damage." All accidents/incidents, including those occurring to non-employees at a work setting that result in injury, shall be investigated by the supervisor or other designated office personnel responsible for the area in which the accident/incident occurred. After acquiring the necessary medical aid for the injured person, the supervisor shall begin investigating the accident/incident by following these steps:

1. Immediately assemble facts surrounding the accident/incident.
 - a. If possible, have the injured person tell what happened, sign a statement regarding the incident and the believed extent of injury (DON'T FIX BLAME OR FIND FAULT JUST GET THE FACTS).
2. Survey the accident/incident scene for information.
3. Determine if there are witnesses. If so, get their account of the accident/incident, SEPARATELY.
4. Record all information.
5. Complete the proper Accident/Incident Investigation Form
6. The safety coordinator is to complete the root cause analysis.
7. The original form is to be retained by the offices' safety coordinator where the accident occurred.

5. SAFETY MEETINGS

Office safety procedures shall provide for safety officers, supervisors, and/or work location administrators to meet with staff on a monthly or quarterly basis based on their Agency Rating. The Office of Risk Management-Loss Prevention determines the classification.

- "Class A" will meet monthly.

- “Class B” will meet at least quarterly.

Meetings must be documented indicating the date, persons attending, and topics discussed. The safety meeting sign off form, provided in this manual, is designed to record the above data. Safety meetings can be incorporated into other meetings such as staff meetings. However, at minimum the meeting will provide a systematic method to examine work practice(s) or condition(s) for unsafe and potentially unsafe acts or conditions that have produced or have the potential to produce personal injury or property loss.

The safety meeting should solicit effective methods to prevent occurrence or recurrence of accidents and/or property damage. Any variance from the safety meeting sign off form shall provide the same information for documentation and safety audit purposes.

Documentation of “Safety Meetings”, as well as “Safety Inspections” shall be kept on file for a minimum of three (3) years. The Office of Risk Management- Loss Prevention Section carries safety audits out each year, for the previous year. Therefore, documentation must be on hand to verify that all required safety elements have been carried out to meet the established minimum standards.

6. SAFETY RULES

Each office shall provide for the establishment of the following safety rules relative to the specific work being performed by subordinate organizational units. These rules shall be uniformly enforced and made a part of all safety plans. Documentation shall indicate that all staff have received and understand the safety rules. Safety rules may be modified to fit individual offices.

7. EMPLOYEE TRAINING

The following training is **required** for each employee:

- Blood borne Pathogen training is mandatory within the first 90 days of employment, then every 5 years thereafter, for employees who do not work in high-risk situations.
- High Risk Blood Borne Pathogen must take this training within the first 90 days of employment and then every year thereafter.
- Defensive driver training is mandatory within the first 90 days of employment, then every 3 years thereafter.
- LDH’s Drug Abuse and Testing Policy training is mandatory within the first twelve 90 days of of employment, then every 5 years thereafter for all LDH employees.
- Sexual Harassment training is mandatory first 90 days of employment, then every year thereafter for all LDH employees.
- Transitional Return to work training is mandatory within the first 90 days of employment, and every 5 years thereafter.
- LDH Safety Rule Training is required within the first 90 days of employment, and annually thereafter.
- LDH General Safety and Loss Prevention Manual Training is mandatory within the first 90 days of hire.

Additionally, 24-hr facilities shall develop and implement a training program for

- a) each new employee;
- b) an existing employee on a new job;
- c) when new jobs are created; and
- d) use of required personal protective equipment (PPE) and where to get assistance as needed.

NOTE: It is recommended that all employees receive documented instruction in job-specific safety areas of their particular job in a formalized orientation program or by the supervisor.

Such programs shall be incorporated into 24-hr facility and/or office policy and shall be furnished for review by the LDH Safety Manager upon request.

- a) Hazard recognition and method of corrective action;
- b) Involvement of employees in accident prevention programs;
- c) Awareness and acceptance of employee safety;
- d) Provision of information to employees on accident causes, occupational health hazards and accident prevention programs;
- e) Compliance with all Safety/Loss Prevention rules, regulations and guidelines; or
- f) Training in the areas appropriate for the job.

Supervisory Training

In order to promote a safe work place, affect reductions of Department loss severity, and fulfill management's obligation to provide a safe work place and work condition. It is recommended for that offices/division/bureau/unit under a Class "B" plan requirement and required by law for those facilities under a Class "A" requirement to establish programs to train supervisors in conducting: safety meetings, safety inspections, accident investigations, and safety analysis.

Documentation of safety training, as well as safety meetings, for employees and/or supervisors must be kept on file a minimum of at least three (3) years for safety audit purposes.

8. JOB SAFETY ANALYSIS (JSA) PROGRAM

The purpose of the JSA Program is to identify hazards, which can exist among certain jobs, develop work procedures, which will eliminate or reduce identified job hazards, and serve as an accident investigation tool.

A. Objectives of the JSA Program are:

- a) To systematically evaluate jobs and work methods to eliminate hazards and potential hazards;
- b) To develop a tool to assist in the teaching of safe work procedures; and
- c) To provide a framework for accident analysis.

B. Procedures/Responsibilities

- a) Within each office/bureau/division/unit, the Assistant Secretary/Director will establish procedures to develop and maintain the JSA Program at each work location.
- b) First-line supervisors and/or other designated staff are to perform job safety analysis and shall be instructed to select jobs to be analyzed by the following factors listed in order of importance:
 1. Trend Jobs - that repeatedly produce accidents should be analyzed for job safety.
 2. Potential Severity - If a job has the potential for severe injury or property damage, it should be analyzed for job safety.
 3. Death - If an individual is killed while performing a job task, as a direct result of the task being performed.
 4. The first-line supervisor or other designated staff who is responsible for performing a job safety analysis should conduct the JSA by using the following steps:
 5. Break the job down into its basic steps (usually less than twelve).
 6. For each step, identify any potential accident(s) or hazard(s) that can exist.
 7. For each step, give recommended safe job procedures that address any identified potential accident(s) or hazard(s).
 8. The JSA Work sheet form (attachments 5 and 6), contained in Part VII: Safety Forms may be used in conducting job safety analysis.

9. RECORD KEEPING

A. Department

The ORM maintains the Departments statistical data indicating the status of the Department's compliance, loss severity, loss trends, statistical records of accident, claims and loss experience indicating the effectiveness of Departmental safety efforts.

- a. The LDH Safety Manager will maintain a list of Office Safety Coordinators and assist them to ensure their office/division/bureau/unit/24-hr facility safety programs is maintained and records kept for a minimum of three (3) years.

B. Office

Each office/division/bureau of the Assistant Secretary/Director will:

- a) Maintain a record of the status of the loss prevention program of each work location.
- b) Maintain a record of the person designated as safety coordinator at the offices' work location(s).
- c) Include in its budget request and legislative proposal package for compliance of the loss prevention program.
- d) Ensure the availability of funding for any incentive/reward.

C. Work Locations

Each work location will maintain reports or forms of all First Reports of Injury, Safety Inspection, Incident/Accident Investigation, Hazard Control,

Safety Meetings, First Aid, Job Safety Analysis, and any other needed/related forms and/or documentation for a period of no less than three (3) years from the end of the year for which the records pertain.

Each work locations shall submit up the chain of command to its regional/field office, copies of required records necessary for ORM Safety Audits.

10. FIRST AID

- A. Office policies will address systematically the provision of training to ensure at least one employee per work location and shift is trained as a first responder and the provisions of a first aid kit is available at each worksite, if it takes 15 minutes or more to attain medical treatment.

- B. Each work location shall maintain a current record of staff trained to deliver first aid included should be an annual inspection of the first aid kits at the work location(s).

11. HAZARD CONTROL PROGRAM

Purpose to establish a systematic method of recognizing, evaluating, and controlling hazards prior to injury to staff, visitors, and/or property. Offices shall develop procedures to implement the LDH Hazard Control Program at all work locations.

- 1. Objectives of the program are:
 - a) To train and require employees to examine and maintain a written record of working conditions, tools, equipment, or work practices that have the potential to cause harm to people, property, or the environment.
 - b) To provide a timely method of discussion, evaluation, risk assessment, and hazard control.
 - c) To provide upward communication in the organization relative to hazards and downward communication from LDH management on actions taken to eliminate such.
 - d) To provide a consistent method of managing hazards until they are eliminated.

- 2. General Procedures/Responsibilities
 - a) Within each office/division/bureau, the Assistant Secretary/Director will establish procedures to develop and maintain the Hazard Control Program at each work location.
 - b) Each first-line supervisor, safety coordinator, and other personnel designated to conduct safety inspections will be trained in the program and will be responsible for continuously detecting, inspecting, correcting, and controlling potential unsafe acts or unsafe conditions that could create a safety hazard.
 - c) The supervisor, safety coordinator, and other personnel designated to conduct safety inspections, upon suspicion/report of hazard(s) shall be responsible for taking immediate temporary control (ITC) to assure that the suspected hazard does not expose life, property, or the environment to danger.

- d) The supervisor is responsible for logging hazards in the Hazard Control Log, reviewing entries made by employees, taking ITC and any other action to eliminate the hazard as soon as possible. Specific procedures and forms for the Hazard Control Log are included in Section VII: Safety Program Forms.
- e) If hazard elimination or control is beyond the ability or authority of the supervisor, and/or safety coordinator, the supervisor must report the hazard to his/her appointing authority. Higher-level supervisors, in turn, must report the hazard upward until the proper level of authority to abate the hazard has been reached, and corrective measures have been taken.

12. EMERGENCY PREPAREDNESS PROGRAM

The Undersecretary/Assistant Secretary shall establish within his/her offices/division/bureau an Emergency Preparedness Program (EPP), relative to office safety procedures to ensure the safe evacuation or placement of employees and rapid control of hazards during a life threatening situation at all work locations within his/her authority. Such life threatening situations as hurricane, tornado, chemical spill, earthquake, terrorist attack, and fire or explosion shall be included in written EPP and taught to each employee. Evacuation drills (such as fire drill) and internal placement drills (such as chemical spill or tornado drills) shall be conducted at least once a year.

The objectives of such a program will be to:

- a. To prevent and control emergency situations,
- b. To warn employees of an actual or impending disaster and prepare them for possible evacuation, and
- c. To establish safe routes of exit.

The LDH Safety Manager is available for assistance in development of evacuation plans. A copy of the LDH Emergency Preparedness Plan for the Bienville Building is available on the LDH Safety and Security website to assist as a guideline.

13. SAFETY RESPONSIBILITY DOCUMENTATION

Offices shall address in their safety procedures the responsibility for adhering to the safety plan, safety rules, safety procedures, and safety training as an on-going responsibility of every LDH employee. Failure to adhere to safety rules, policies, or the safety plan for the work location, when it can be clearly shown that the employee has been trained, instructed, and/or counseled in proper safe work performance shall be considered poor work performance and failure to properly perform the duties of one's position. Such incidents may subject the employee to disciplinary action. This policy applies to all employees from executive managerial to the front-line employee to ensure a safe work environment.

B. AUDIT OF THE GENERAL SAFETY/LOSS PREVENTION PLAN

1. INTRODUCTION

The 1980 legislation creating the Office of Risk Management (ORM) also created the Loss Prevention Unit, within the ORM, to assist state agencies in the prevention and

reduction of employee job-related accidents, injuries and property losses. Assistance includes auditing agency programs and incentives for compliance.

ORM has determined that every state agency will be under either a Class "A" or Class "B" operating safety plan. The class criterion is as follows:

- a. Class "A" Safety Plan - the plan required of agencies where worker's compensation rate per \$100 of payroll is \$5 or more for classification with highest amount of payroll;
- b. Class "B" Safety Plan - the plan required of agencies where worker's compensation rate per \$100 of payroll is less than \$5 for classification with highest amount of payroll.

The ORM will notify each agency regarding which class operating safety plan they are under. The Class "A" Safety Plan is more stringent or requires that certain elements of the safety plan be performed more often (An example would be that a Class "A" requires safety inspections and safety meetings be conducted monthly, while a Class "B" requires safety inspections and safety meetings be conducted at least quarterly.). Both Class "A" and "B" operating safety plans must address the following:

1. Department Safety Policy Statement
2. Responsibility for Safety
3. Safety Inspections
4. Accident Investigations
5. Safety Meetings
6. Safety Rules
7. Safety Training
8. Record Keeping
9. First Aid
10. Emergency Preparedness
11. Comprehensive Hazard Control
12. Implemented Job Safety Analysis (JSA) Program
13. Policy and Procedures (see Part VI: Procedures for Conducting Safety Inspections and Accident Investigations)

2. AUDIT PROCEDURES and APPEAL PROCESS

Annual audits will be performed between January and April of each year by ORM to determine if a particular agency complies with existing statutes and the state loss prevention program. Audits cover six (6) separate programs or lines of insurance, which include the following:

- a) General Safety/Loss Prevention*
- b) Driver Safety*
- c) Bonds & Crime*
- d) Equipment (Boilers & Machinery) Management
- e) Water Vessel Operator Safety Program
- f) Aircraft Safety

Note that the Department is directly impacted by only three (3) separate safety programs noted with an asterisk () above.*

Copies of the ORM Sample Audit Form can be found on the LDH Safety and Security website.

An agency may request a pre-audit by the ORM, such pre-audit can be used to determine if the agency is in compliance, what needs to be accomplished, and certify if it is not in compliance (or meeting the minimum standards set by the ORM). Pre-audits should be requested between July and December or the 1st half of a fiscal year when the agency has time to take any necessary action(s) to meet minimum standards or the Loss Prevention Program.

Any agency which has undergone a loss prevention audit and has received certification from the ORM as being in compliance with State law and loss prevention standards prescribed by the ORM; shall receive a credit to be applied to the agency's annual self-insured premium per line of insurance coverage, excluding the coverage for road hazards and medical malpractice, equal to five percent (5%) of the agency's total annual self-insured premium paid per line of coverage.

An agency, which has failed to receive certification after undergoing a loss prevention audit by the ORM, shall be liable for a penalty of five percent (5%) of the agency's total annual self-insured premium paid per line of coverage, excluding the coverage for road hazards and medical malpractice. The ORM shall notify such agency of the penalty at least sixty (60) days prior to assessing the penalty.

An agency may, after a period of six (6) months from the agency's receipt of the notice of noncompliance, request that a subsequent audit be performed if such agency can demonstrate that the deficiencies cited in their previous audit have been remedied.

PART VI PROCEDURES FOR CONDUCTING SAFETY INSPECTIONS AND ACCIDENT INVESTIGATIONS

INTRODUCTION

Departmental policy requires specific procedures and forms be used for certain functions of the safety plan. Facilities wanting to use other forms than those required by the LDH General Safety/Loss Prevention Manual may submit requests to the LDH Safety Manager for exemption, along with specific justification for consideration.

SAFETY INSPECTIONS OF WORK SITES

The administrative head of each work location or his/her designee(s) shall periodically conduct safety inspections of the work location. Complex work locations may be divided into areas to accomplish safety inspections.

Such inspections shall occur:

- a) Every three (3) months for work locations with Class "B" Safety Plans.
- b) Work locations with Class "A" Safety Plans are required to conduct the inspections monthly.

1. Objectives of the Safety Inspections are:

- a) To keep each area of State owned or operated grounds and facilities free from safety and fire hazards and effectively control or isolate people and property from exposure to potential hazards;
- b) To ensure each area in all LDH owned or operated grounds and facilities is inspected at least once every three months for the purpose of eliminating potential safety and fire hazards (every month for those work locations under a Class "A" Safety Plan)
- c) To eliminate or immediately control potential safety or fire hazards at their source when possible; to report those hazards to the administrative head of the agency when appropriate;
- d) To document on the LDH Building Inspection Form. Inspections with hazards detected, immediate temporary control taken, and action taken to eliminate the hazards from recurring;
- e) To summarize hazards which cannot be eliminated within thirty (30) days of recognition on the Hazards Over Thirty Days Summary and forward it to the agency head, the office safety coordinator and the LDH Safety Manager; and
- f) To enable the agency head to audit and evaluate the work location to detect, correct and control potential hazards.

2. Specific Procedures for Inspections

- a) The work location administrator or his/her designee will complete the LDH Building Inspection Form for their area. He/She will remain accountable for the thoroughness and accuracy of the information on this document.
- b) The work location administrator or his/her designee will meet with the first line supervisors and employees to explain the purpose and objectives of the program. Each employee should be encouraged to assist in identifying, eliminating, or effectively controlling potential safety and fire hazards.
- c) Suggested items to look for:
 - a) Slip or trip hazards (i e., cut, torn or broken floor covers, extension cords, etc.);
 - b) Foreign materials which could cause loss of balance (i e., food, grease, water, etc.);
 - c) Holes or protrusions (i.e., eroded, broken or sunken walking surfaces, etc.); and
 - d) Temporary accumulation of flammable or combustible materials.
- d) The completed forms shall remain at the work location for at least three (3) years.
- e) Questions concerning the form shall be referred to the offices' safety coordinator or LDH Safety Manager.

Hazard Control Program

1. Procedures

- a) The work location administrator or his designee will maintain a Hazard Control Log for each operating area.

- b) The work location administrator his/her designee will meet with supervisors to explain the purpose, objectives and procedures for implementing and managing the hazard control program.
 - c) Supervisors will introduce the program and explain its purpose, objectives and procedures to all employees. The employees should understand that this program would assist them in communicating potential hazards to management for corrective action.
2. Responsibility
- a) Each employee of the agency will be responsible for detecting and reporting unsafe acts or unsafe conditions to the work location administrator or his/her designee.
 - b) The work location administrator or designee, upon suspicion of a hazard will be responsible for taking immediate temporary control (ITC) to assure that the suspected hazard does not expose people, property or the environment to danger.
 - c) The work location administrator or designee is responsible for entering hazardous acts/conditions in the Hazard Control Log.
 - d) If hazard elimination or control is beyond the ability or authority of the work location administrator, he/she must report the hazard to his/her superior or until the proper level of ability or authority to abate the hazard has been reached and corrective action taken.
3. Hazard Priority and Communication
- a) The work location administrator will determine the priority of enacting a long-term solution.
 - b) The work location administrator should seek counsel from his/her subordinates (and superior as necessary) in determining methods of effective corrective action to abate the hazard.
 - c) Each person exposed to the hazard will be informed of the immediate temporary control (ITC) and of the hazard itself.
4. Maintenance and Distribution of Forms
- a) LDH Hazard Control Log is to be retained in the originating work area for at least three (3) years.

PART VII SAFETY PROGRAM FORMS

All forms attached shall be used unless prior approval is obtained from the LDH Safety Manager. Forms are also available on the ORM website under Loss Prevention Forms.

Safety Coordinators/Officers Responsibilities

Safety Coordinators/Officers are responsible for implementation and compliance with the General Health and Loss Prevention Policies of the Department of Health and is to be held accountable for results as measured by criteria such as incident rates and safety audit scores as established by the Office of Risk Management (ORM).

Other Responsibilities include:

1. Resolve questions and make necessary recommendations to correct unsafe conditions.
2. Make regular facility inspections to determine if safe work practices are being observed, and ensure that unsafe conditions do not exist.
3. Actively participate and follow the General Safety and Loss Prevention policies of the Department.
4. Plan, coordinate and perform, or delegate all safety training and testing given to employees.
5. Review results to be sure they are satisfactory. Maintain appropriate records of training and testing (as applicable).
6. Review corrective actions with the employees.
7. Personally perform safety inspection and review safety inspection reports and unsafe conditions report by supervisors, employees or others. Make or obtain corrections as required to maintain a safe workplace and ensure compliance.
8. Conduct regular safety meeting with employees to promote safety awareness and compliance with the General Safety and Loss Prevention policies of the Department.
9. Investigate accidents/incidents and assist supervisors with the completion of Accident/incident Report. Ensure that you complete the Root Cause Analysis and submit claim(s) timely to the LDH Workers Compensation Claim submittal staff in LDH Human Resources.
10. Review reports of first aid incident and reportable injuries to determine possible preventive actions. Take immediate corrective actions as required.
11. Ensure that specific programs (i.e., blood borne pathogen, etc.) are implemented and complied with consistently.

Safety Committee Responsibility

In order to promote better communication and active engagement of employees with the General Safety and Loss Prevention policies of the Department, a Safety Committee will be established for the Office of the Secretary/Office of Management and Finance. Its primary function is to serve as a two-way channel of communication and to promote safety awareness throughout the workplace.

Organization:

The Safety Committee is comprised of the all headquarter office/Division/Bureau/Unit Safety Coordinators/Officers and other interested personnel. The members of the Safety Committee will meet quarterly. The Office of the Secretary/Office of Management and Finance Safety Coordinator will chair the meeting.

Functions:

1. The Safety Committee has the following functions
2. Conduct and review monthly safety inspection of the facility.
3. Review, made recommendations, update safety rules, and safe operating procedures.
4. Review accidents and incidents reports reported since the last meeting, and suggest means for preventing future occurrences.
5. Convey, review, and comment on safety suggestions submitted by LDH employees.
6. Promote safety awareness among all employees through safe attitudes and day-to-day inter actions.
7. Other matters pertinent to LDH safety and security

Employee Safety Responsibilities

The primary responsibility of Louisiana Department of Health employees is to perform their duties in a safe manner in order to prevent injury to themselves and others.

As a condition of employment employees must become familiar with, observe, and obey LDH Safety Rules and established policies for safety and loss prevention while at work. Additionally, employees must learn the approved safe practices and procedures that apply to their work.

Before beginning a new assignment, an employee should review applicable and appropriate safety rules. If an employee has any questions about any safety related issues please discuss with your supervisor first. If after discussing a safety situation with his or her supervisor, an employee still has questions or concerns, he or she is required to contact their Safety Coordinator.

NO EMPLOYEE IS EVER REQUIRED to perform work that he or she believes is unsafe, or that he or she think is likely to cause injury or health risk to themselves or others.

Louisiana Department of Health

Quarterly Building Inspection Form

Date: _____

Building: _____

Inspector's Name: _____

| FIRE SAFETY AND EMERGENCY EQUIPMENT | | | | | |
|-------------------------------------|---|-----|----|-----|----------|
| | Item | Yes | No | N/A | Comments |
| 1 | Are all fire extinguishers visible & accessible? Are they fully charged? (check for needle in the green) Is the pin in place & secure? | | | | |
| 2 | Are fire extinguisher tags in place and less than one year old? (check punched date for year & month) | | | | |
| 3 | Is the fire alarm system functioning properly and has it been tested within the past year? (look for green inspection tag by alarm control panel) | | | | |
| 4 | Are smoke alarms functioning correctly? (test each alarm, push test button) | | | | |
| 5 | Are all exits marked with exit signs and illuminated? (if battery operated, push test button) | | | | |
| 6 | Are evacuation plans posted near doors? | | | | |
| 7 | Are all doors and hallways leading to an exit, free to access with no possibility of being locked in? | | | | |
| 8 | Are exit routes kept free of obstructions? | | | | |
| 9 | Do exit doors open outwards? Will fire & exit doors close and latch properly? | | | | |
| 10 | Has a fire / evacuation drill been conducted within the past year? | | | | |
| 11 | Do portable heaters have automatic shut off if tipped over? Are portable heaters operated away from flammable materials? | | | | |
| 12 | Are emergency phone numbers posted? (ex: security, fire, ambulance) | | | | |
| 13 | Are emergency lights functioning correctly? (test by pushing button) | | | | |
| 14 | Are 1st aid kits visible & accessible? Are they stocked? Are expiration dates current? | | | | |
| 15 | Are BBP spill kits stocked and accessible? | | | | |
| 16 | Is there at least 18" clearance for all sprinkler heads? | | | | |
| 17 | Are boxes, paper or other combustible items allowed to accumulate that would present a fire hazard? | | | | |
| | | | | | |
| BUILDING AND OFFICE SAFETY | | | | | |
| | Item | Yes | No | N/A | Comments |
| 1 | Are there any slip / trip / fall hazards located inside or outside of the building? | | | | |

Louisiana Department of Health Quarterly Building Inspection Form

| | | | | | |
|--|--|------------|-----------|------------|-----------------|
| 2 | In areas that may be wet, greasy or slippery are floor mats or other anti-slip material used and in good condition? | | | | |
| 3 | Are service holes, man holes, drains, etc. properly covered? | | | | |
| 4 | Is the building well lit, inside & outside? | | | | |
| 5 | Are floors in good condition with no loose or broken flooring? | | | | |
| 6 | Are stairways in good condition with handrails in place? Are stair treads in good condition? | | | | |
| 7 | Does the building have any pest problems? | | | | |
| 8 | Are all ceiling tiles in place and in good condition throughout the building? | | | | |
| 9 | Is the building secure? Are all outside doors locked at the end of each day? Are all locks and other security devices functioning properly? | | | | |
| 10 | If equipped, is the security system for the building working properly? | | | | |
| 11 | Are all maintenance and mechanical areas secure? (i.e. boiler rooms, air handlers) | | | | |
| 12 | Do any windows have broken panes? | | | | |
| 13 | Are all elevators working correctly? Are elevators equipped with an emergency phone? | | | | |
| 14 | Is the parking lot in good condition? (i.e. no potholes, parking lines visible, etc.) | | | | |
| 15 | Are there any water leaks in the building? Note exact location of leaks if it can be determined. | | | | |
| 16 | Are all plumbing systems working properly? (toilet flushing problems, drainage problems, leaks from faucets, pipes, etc.) | | | | |
| 17 | Is the Hazard Control Log posted? | | | | |
| 18 | Are safety rules posted? | | | | |
| 19 | Do employees stand on chairs/desks instead of approved ladders/stepstools? | | | | |
| | | | | | |
| | | | | | |
| ELECTRICAL SAFETY AND STORAGE METHODS | | | | | |
| Item | | Yes | No | N/A | Comments |
| 1 | Are all breaker boxes labeled correctly? Are empty breaker slots covered? Are the doors closed? | | | | |
| 2 | Do panel boxes have any hot spots? If so, note location of hot spot & which panel box. | | | | |
| 3 | Check extension cords: are they properly grounded and adequately sized for the current being drawn? Are they placed in a manner to prevent tripping? | | | | |

Louisiana Department of Health Quarterly Building Inspection Form

| | | | | | |
|---|--|-----------------|--|--|--|
| 4 | Are there any surge protectors plugged into other surge protectors? Only one surge protector allowed per outlet. | | | | |
| 5 | Check extension cords: are they damaged in any way? | | | | |
| 6 | Are outlets & switches covered properly? | | | | |
| 7 | Are storage areas neat? Are items stacked properly? Are heavier items stored below shoulder height? | | | | |
| 8 | Do top shelves have overhang? | | | | |
| 9 | Are all custodial areas in good condition? Are chemicals stored in appropriate container? Is this area secure? | | | | |
| 10 | Are flammable items stored in proper cabinets and/or containers? | | | | |
| 11 | Are oxygen and/or acetylene tanks secured properly? | | | | |
| | | | | | |
| | | | | | |
| Other Building Safety Issues & Concerns Noted by the Inspector | | | | | |
| Item | | Comments | | | |
| | | | | | |
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Upon completion send a copy to the Loss Prevention Representative and keep a copy for your file. Any hazards found shall be reported to the Loss Prevention Representative for corrections and/or follow-up.

Inspector's Signature

Date

HAZARD CONTROL LOG

HC-1-90

| DEPARTMENT : | | | | AGENCY : | | | |
|--|--------|-----------------------------|--------------------|-----------------|---------------|--|--------|
| LOCATION : | | | | | DATE : | | |
| DATE | HAZARD | IMMEDIATE TEMPORARY CONTROL | LONG-TERM SOLUTION | HAZARD DETECTED | PRIORITY | SCHEDULED/DATE COMPLETION | |
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| HAZARD NOT CORRECTED AFTER 30 DAYS SEND LOG TO: OFFICE OF RISK MANAGEMENT, LOSS PREVENTION SECTION P.O. BOX 91106 BATON ROUGE, LOUISIANA 70821-9106 | | | | SAFETY PAYS | | PRIORITY E = EMERGENCY C = ONE MONTH A = TODAY D = THREE MONTH B = ONE WEEK | |
| REVIEWED BY : | | | DATE : | | REVIEWED BY : | | DATE : |

Employee Post Incident/Accident Analysis (DA 2000)

[Required for all incidents/accidents]

[This form is NOT for use in reporting a claim. The claim reporting form can be found at: www.laorm.com]

MANAGEMENT SECTION

16. NAME OF PERSON COMPLETING THIS SECTION OF REPORT _____

17. POSITION/TITLE _____

18. IS THE PERSON COMPLETING REPORT TRAINED IN ACCIDENT INVESTIGATION ____ Y ____ N

19. WAS EQUIPMENT INVOLVED ____ Y ____ N (If no, skip to question 20)

A. TYPE OF EQUIPMENT _____

B. IS THERE A JSA FOR EQUIPMENT ____ Y ____ N

C. DATE LAST JSA PERFORMED _____

20. HAVE SIMILAR ACCIDENT/INCIDENTS OCCURRED ____ Y ____ N

21. DID INCIDENT INVOLVE SAME INDIVIDUAL ____ Y ____ N

22. SAME LOCATION ____ Y ____ N

23. WAS THE SCENE VISITED DURING THE INVESTIGATION ____ Y ____ N

A. DATE & TIME _____

B. ARE PICTURES AVAILABLE ____ Y ____ N

C. IF NO, REASON FOR NOT VISITING _____

ROOT CAUSE ANALYSIS

UNSAFE ACT (PRIMARY): Failure to comply with policies/procedures Failure to use appropriate equipment/technique Inattentiveness
 Inadequate/lack of JSA/standards Incomplete or no policies/procedures Inadequate training on policies/procedures Inadequate adherence of policies/procedures

Other (specify) _____

Detailed explanation of checked box _____

WHY WAS ACT COMMITTED:

UNSAFE CONDITION (PRIMARY): Inappropriate equip/tool Inadequate maintenance Inadequate training Wet surface
 Worn/broken/defective building components Broken equipment Inadequate guard Electrical hazard Fire Hazard

Other (specify) _____

Detailed explanation of checked box _____

WHY DID CONDITION EXIST:

CONTRIBUTORY FACTORS (IF ANY):

IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE:

LONG RANGE ACTION TO BE TAKEN:

WHAT ADDITIONAL ASSISTANCE IS NEEDED TO PREVENT RECURRENCE:

KEEP COMPLETED FORMS ON FILE AT THE LOCATION
WHERE INCIDENT/ACCIDENT OCCURRED

Visitor/Client Post Incident/Accident Analysis (DA 3000)

[This form is NOT for use in reporting a claim. The claim reporting form can be found at: www.laorm.com]

**OFFICE OF RISK MANAGEMENT
UNIT OF RISK ANALYSIS AND LOSS PREVENTION
VISITOR/CLIENT ACCIDENT REPORTING FORM
General Liability Claims – For Agency Use Only**

**KEEP COMPLETED FORMS ON FILE AT THE LOCATION
WHERE INCIDENT/ACCIDENT OCCURRED**

(PLEASE TYPE OR PRINT)

1. AGENCY NAME and LOCATION CODE _____

2. DATE and TIME of ACCIDENT _____

3. VISITOR/CLIENT NAME _____

4. VISITOR/CLIENT ADDRESS _____

5. CLAIMANT'S TELEPHONE # _____

6. CLAIMANT DETAIL DESCRIPTION OF HOW ACCIDENT OCCURRED

7. DID THE EMPLOYEE ASK THE CLAIMANT IF HE/SHE WAS INJURED? ___Y ___N

8. DID THE CLAIMANT VERBALLY EXPRESS AN INJURY TO ANY PART OF HIS/HER BODY? ___Y ___N

9. IF THE CLAIMANT EXPRESSED AN INJURY, WHAT PART OF HIS/HER BODY DID THEY STATE WAS INJURED? PLEASE BE SPECIFIC (I.E. RIGHT FOREARM, LEFT WRIST, LOWER RIGHT ABDOMEN) _____

10. IF THE CLAIMANT EXPRESSED INJURY, WAS MEDICAL CARE OFFERED? ___Y ___N

11. DID THE CLAIMANT ACCEPT OR DECLINE MEDICAL CARE? ___ACCEPT ___DECLINE

12. WERE THERE WITNESS (ES) ___Y ___N

13. WITNESS'S NAME, ADDRESS, and TELEPHONE # (use additional sheet if needed)

14. WITNESS STATEMENTS ATTACHED ___Y ___N

Visitor/Client Post Incident/Accident Analysis (DA 3000)

[This form is NOT for use in reporting a claim. The claim reporting form can be found at: www.laorm.com]

15. DETAIL DESCRIPTION OF ACCIDENT LOCATION _____

IS THIS LOCATION IN A STATE-OWNED OR LEASED BUILDING

16. DID THE PERSON CONDUCTING THE INVESTIGATION OBSERVE ANYTHING THAT WAS DIFFERENT THAN THE VISITOR'S/CLIENT'S/WITNESS'S ACCOUNT ___Y ___N IF YES, WHAT

17. CHECK THE APPROPRIATE ENVIRONMENTAL CONDITION THAT IS APPLICABLE TO THE ACCIDENT: RAINING SUNNY
 CLOUDY FOGGY COLD HOT LIGHTING WIND
 OTHER WEATHER CONDITION _____ WEATHER NOT A FACTOR

18. CHECK THE APPROPRIATE BOX (S) THAT PERTAINS TO THE ACCIDENT: LIQUID ON FLOOR—TYPE OF LIQUID

 STAIRS PARKING LOT GARAGE SIDEWALK ELEVATORS GRATING
 SPONSORED ACTIVITY DORMITORY WAITING ROOM WALKWAYS RAILINGS FURNITURE
 FLOORING—DESCRIBE THE TYPE OF FLOOR AND TYPE OF WAX _____
 EQUIPMENT (SPECIFY TYPE) _____
 OTHER CONDITION _____

19. IF THE ACCIDENT INVOLVED ITEMS THAT CAN BE RETAINED (i.e. furniture, muffler, exam table), THE CLAIMS UNIT REQUIRES THAT THE ITEM BE TAGGED WITH THE DATE OF ACCIDENT AND NAME OF CLAIMANT. IF THE ITEM IS BROKEN OR DAMAGED, IT MUST BE PLACED IN A SECURED AREA AFTER BEING TAGGED. THE TAG CANNOT BE REMOVED OR THE BROKE/DAMAGE ITEM CANNOT BE SURPLUS/DISCARDED UNTIL NOTIFIED BY THE CLAIMS UNIT. IF APPLICABLE, WAS THIS DONE Y___ N___

20. WAS THE CLAIMANT AUTHORIZED TO BE IN THIS AREA ___Y ___N

21. DID ANY EMPLOYEE OBSERVE ANYTHING BEFORE/AFTER THAT IS REVELANT TO THE ACCIDENT ___Y ___N IF YES, WAS A STATEMENT OBTAINED AND ATTACHED ___Y ___N

22. DID THE SUPERVISOR OR AGENCY SAFETY OFFICER RECEIVE A REPORT OF ANY OBSERVED CONDITIONS? ___Y ___N

23. WERE PICTURES TAKEN AND ARE THEY ATTACHED TO REPORT? Y_____ N_____

24. NAME AND POSITION OF EMPLOYEE FILLING OUT THIS REPORT

PLEASE DATE

**KEEP COMPLETED FORMS ON FILE AT THE LOCATION
WHERE INCIDENT/ACCIDENT OCCURRED**

LDH Safety Rules

1. Horseplay, fighting, gambling, possession of firearms (where not authorized by management to carry firearms), alcoholic beverages, illegal drugs, or usage of unauthorized/non-physician prescribed drugs will not be tolerated in the work place.
2. Prior to the start of work by employees, supervisors must be notified of any permanent or temporary impairment that may reduce their ability to perform in a safe manner.
3. Use personal equipment for protection from potential hazards that can not be eliminated.
4. Operate equipment only if trained and authorized.
5. Inspect the workstation for potential hazards.
6. Immediately report any unsafe condition(s) and/or act(s) to your supervisor.
7. When doubtful of the safety of work or method to be used, ask the supervisor for assistance.
8. Immediately report all accidents or property damage to a supervisor, regardless of how minor the accident may initially appear.
9. Never throw any object in the work area.
10. Maintain an orderly environment and work procedure. A designated area should be used to store all tools and equipment. Put scrap and waste material in a refuse container.
11. Immediately report any smoke, fire or unusual odor(s) to a supervisor.
12. Keep paper away from hot objects.
13. Never attempt to catch a falling object.
14. If work creates a potential slip or trip hazard, correct the hazard immediately or use safety tape and tag the area to identify the hazard before leaving it unattended. Call on a supervisor if assistance is needed.
15. Fasten restraint belts before starting any motor vehicle.
16. Obey all safety instructions and signs.
17. Comply with all traffic signs, signals, markers and persons designated to direct traffic.
18. Know Departmental rules regarding first aid, evacuation routes and fire department notification.
19. Obey Departmental rules and procedures specific to departmental operations.
20. All LDH facilities/sites are tobacco free.