# SOUTHWESTERN COMMUNITY SERVICES, INC.

## SAFETY MANUAL

Revised 09.23.26

## A MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

To All Staff:

The safety and well-being of the employees of Southwestern Community Services is of the utmost importance. All of our Safety policies and procedures are established, maintained, and enforced to ensure that all employees work in safe environments, and that employees are well-trained and well-equipped in the areas of health and safety.

Risk control techniques and methods will be employed to prevent or control incidents which could threaten anyone's health and welfare, but it is the intention of Southwestern Community Services, Inc. to abide by all applicable laws and regulations which govern the health and safety of our staff, consumers, and visitors.

Safety is the responsibility of everyone at Southwestern Community Services, Inc. Both management and staff will work together to make sure that the highest level of safety is provided and maintained. I encourage everyone to access available resources as needed. Some of those resources include the Safety Team, health and safety trainings, the Human Resource Officer, and members of agency leadership.

Safety is our #1 priority, and we appreciate everyone's commitment to keeping Southwestern Community Services, Inc. a safe environment for all.

Beth Daniels

Beth Daniels, Chief Executive Officer

## MISSION STATEMENT

The core mission of the Safety Team is to reduce the number of employee work-related injuries through a review of current Worker's Compensation claims and the development and continued updating of the agency safety policies and procedures.

The Safety Team is committed to providing our SCS staff the necessary knowledge for a safe and healthy working environment.

The Safety Manual and Safety Team will ensure the successful implementation of the SCS Mission.

C

# SOUTHWESTERN COMMUNITY SERVICES, INC.

## SAFETY MANUAL

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## SECTION I – SAFETY PLAN SUMMARY

### SAFETY PLAN SUMMARY

| Southwestern Community Services | 63 Community Way, PO Box 603, Keene, NH 03431-0603 |
|---|---|
| Company Name | Company Address |

| Mandy White | Human Resources / Safety Coordinator | 24796 | 02-6013808 |
|---|---|---|---|
| Contact Person | Title | Business Code | FED ID# |

| COMPANY LOCATIONS | | |
|---|---|---|
| NAME | STREET | CITY, STATE, ZIP |
| Transit / Head Start Center | 6 Kinney Place | Claremont, NH 03743 |
| Head Start Center | 35 Oak Street | Jaffrey, NH 03452 |
| Head Start Center | 64 Dunbar Street | Keene, NH 03431 |
| Head Start Center | 360 Sunapee Street | Newport, NH 03773 |
| Head Start Center | 37 West Street | West Swanzey, NH 03469 |
| Office | 63 Community Way | Keene, NH 03431 |
| Office | 27 Pleasant Street | Claremont, NH 03743 |
| Office | 96-102 Main Street | Claremont, NH 03743 |

New Hampshire's Department of Labor requires, per RSA 281-A:64, that employers with 15 employees have a written safety and health program, file a Safety Summary Form one time, review and update the written plan biennially, and establish a Joint Loss Management Committee, also known as the SCS Safety Team.

Potential safety and health hazards of our company consist of the following: interaction with infants and other WIC participants; interaction with client/families needing assistance in offices and at homeless shelters and living in SCS housing; interaction with preschool children at the five Head Start centers; interaction with developmentally challenged adults in day and employment programs, including transportation to job sites; vulnerability to transmission of communicable diseases from "at risk" clients/consumers/tenants; and Sullivan County Transportation Program paid rides and volunteer drivers.

Health and safety inspections are done frequently. The Safety Team and building maintenance personnel are responsible for inspections at the main offices in Keene and Claremont. Managers, staff, and families are responsible for inspections at the five Head Start centers. At the homeless shelters, program supervisors and city inspectors carry out the annual inspections. The local Fire Departments carry out inspections for all Head Start centers and homeless shelters. Additionally, there are annual inspections of all sprinkler systems, fire extinguishers, elevators, and boilers.

**Safety Team Instructions**

Goals and Objectives

Our goal is to bring staff and management together in a cooperative effort to promote health and safety in the workplace. The team makes recommendations for the improvement of health and safety for all SCS staff work environments.

Safety Team Membership

The team is composed of equal numbers of employer and employee representatives. All members are trained in workplace hazard identification and accident/injury investigation. Team members are required to attend meetings, training activities, and inspections, which will be scheduled by the Safety Coordinator as needed. Team meetings are scheduled quarterly. One central team addresses the safety and health concerns of SCS staff in all locations. Management will respond to team recommendations either verbally or in writing.

Duties and Responsibilities of the Safety Team

Meeting recordings will be kept and made available to all staff in company HRIS system (*Paylocity*).

The Safety Team will review workplace accidents and injuries to help meet goals and objectives of creating and maintaining a safe and healthy workplace.

The Safety Team will establish specific safety programs to include, but not be limited to, the following: safety inspections; communicating to management identified hazards and recommended control measures; and required training to staff to ensure a safe and healthy work environment.

The members of the SCS Safety Team include the following personnel:

- Mandy White, *Safety Coordinator*
- Beth Daniels, *Chief Executive Officer*
- Becky Lydon, *Assistant Director New Hope New Horizons Program*
- Bob Blair, *Maintenance Associate Manager*
- Peggy Reynolds, *Occupancy Specialist II*
- Marnie Bouchard, *EAP Coordinator*
- Colleen Adams, *Head Start Facilities Manager*
- Ian Molten Brey, *The Lawson Group – Loss Control*
- James Berquist, *Transit Director*
- Liza Regan, *HSS Facilities Coordinator*

We have emergency response procedures in place for fire, employee injuries, motor vehicle situations, and workplace violence. We also have bloodborne pathogens protocols and a Safety Data Sheets binder for cleaning products. Head Start Centers have established emergency preparedness protocols.

To carry out emergency response procedures, we do the following 1) Assess the situation; 2) Determine action steps; 3) Document the incident and the response; and 4) The Safety Team reviews the assessment and makes recommendations for prevention and improved responses.

The persons responsible for safety and health instruction include:

- Mandy White, S*afety Coordinator*
- Ian Molten Brey, *The Lawson Group*
- Chad Butler, *CPR/AED, and first aid instructor*
- Convenient MD, *administer hepatitis vaccine/TB testing*

The following persons are qualified to take corrective actions regarding safety and health hazards:

- Mandy White, S*afety Coordinator*
- Keith Thibault, *Chief Development Officer*
- Stacey McGilvery, *Facilities & Maintenance Department Director*
- Beth Daniels, *Chief Executive Officer*

When sub-contractors or outside service providers are utilized, SCS communicates that, regarding safety and health concerns, agency policy requires they carry their own Workers Compensation and/or Liability Insurance. Agency staff assures compliance with regulations and codes.

Employees violating safety and health policies are subject to the same as for other agency infractions, namely, the Progressive Disciplinary Policy, which follows these steps: documented verbal warning, written warning, suspension (with or without pay), and possible termination of employment.

In summary, our policy is to provide adequate resources dedicated to safety includes quarterly Safety Team meetings; distributing a periodically reviewed and revised Safety Plan to all program directors, who are responsible for implementation and enforcement of all policies and procedures; providing required CPR, AED, First Aid, Safety Care, and Bloodborne Pathogens trainings; and implementing additional training as needed, that includes such topics as safe lifting, information about slips, trips, and falls, working in extreme weather, office ergonomics, and emergency preparedness.

Employees may access our safety and health policies a variety of ways. A Safety Plan summary is included in the Personnel Policies and Procedures Manual, which is available to everyone. For new employees, safety awareness training takes place at the New Employee Orientation. A Safety Plan Manual is available at all SCS locations as well as in the self-service portal in the SCS HRIS system (*Paylocity*). The Safety Team's quarterly meeting minutes are posted in the self-service portal in the SCS HRIS system (*Paylocity*).

## SECTION II – HEALTH AND SAFETY INSPECTIONS

The SCS Safety Team, with help from other SCS staff members, will conduct ongoing annual inspections of all SCS work sites. These inspections include monitoring fire safety procedures. Recommendations for improvements are given to all program directors and to the Senior Leadership Team. Inspection reports are reviewed by the Safety Team. All SCS staff is required to contribute to keeping their SCS work environment as safe as possible.

### SAFETY INSPECTION CHECKLISTS AND WORKSHEETS

1) The Safety Inspection Checklist will aid in the facility of inspections. Each section must be completed. Any item that is not checked off must be reported to a supervisor and to the maintenance department so that the issues can be addressed. (See page 5.)
2) The Office Inspection Worksheet will aid in the inspection of office workspaces. Unsatisfactory conditions must be indicated and explained. (See page 6.)
3) The SCS Head Start Health and Safety Checklist is specific to the inspection of Head Start centers. (See page 7.)
4) The Safety Self Audit is used to determine if the SCS safety program meets the basic requirements of House Bill 1579, as well as to see that very basic safety requirements are being addressed in the agency. (See page 12.)

# SAFETY INSPECTION CHECKLIST

This checklist shall aid in facility inspections. Each section shall be completed by checking off items on the list. If an item is not checked off, it must be reported to your supervisor or maintenance to be fixed.

ERGONOMICS
___ Chair height and comfort
___ Keyboard and mouse alignment
___ Monitor position
___ Printer location

HOUSEKEEPING
___ Spills and leaks cleaned up promptly and completely
___ Equipment cleaned properly after use
___ Floors in aisles and work areas kept relatively clean and dry

ELECTRICAL
___ Electric appliances (vacuum cleaners, polishers, kitchen appliances, etc.) should be grounded.
___ Extension cords being used have a grounding conductor
___ Exposed wiring and cords with frayed or deteriorated insulation repaired or promptly replaced
___ Electrical enclosures (switches, junction boxes, etc.) provided with tight-fitting covers or plates
___ Electrical cords are not run under carpeting

WALKWAYS/STAIRWAYS
___ Aisles and passageways kept clear
___ Spilled materials cleaned up immediately
___ Carpets and floor runners

FIRE PROTECTION
___ Fire alarm system has been tested annually
___ Fire doors in good operating condition
___ Fire extinguishers recharged regularly and noted on the inspection tag
___ Employees periodically instructed in the use of extinguishers and fire procedures

EXITS
___ Exits marked with illuminated signs
___ Exits kept free of obstructions
___ Elevator Inspections

HAZARDOUS SUBSTANCE COMMUNICATION
___ List of hazardous substances used in the workplace
___ Material Safety Data Sheets (MSDS) available to all employees
___ Employees are aware of how to use MSDS

MEDICAL AND FIRST AID
___ Adequate medical and first aid supplies on hand
___ Employees replace medical supplies when used
___ Employees know the locations of first aid kits

# OFFICE INSPECTION WORKSHEET

Facility _____ Date _____

Location _____ Dept. _____

If not checked, explain unsatisfactory conditions in the remarks section below.

| WALKING SURFACES | |
|---|---|
| ☐ | Free of foreign matter (spills, elastics, paper clips) |
| ☐ | No tripping hazards (boxes, wastebaskets) |
| ☐ | Floor dressing procedures, materials satisfactory |
| ☐ | Carpeting in good condition, snug to floor |
| ☐ | Floor cleaning, dressing done outside normal business hours |
| ☐ | Parking lots, sidewalks in satisfactory condition |
| ☐ | Snow, ice removal procedures satisfactory |
| ☐ | No inherently slippery areas (highly polished masonry) |
| **FIRE PREVENTION, PROTECTION** | |
| ☐ | Extinguishers adequate, accessible, properly charged |
| ☐ | Stairways, doors, exit paths properly marked and unobstructed |
| ☐ | Flammable liquids, rubbish properly contained |
| ☐ | Combustibles away from heating units |
| ☐ | Posted evacuation plan |
| ☐ | Emergency lighting functional |
| **STAIRS** | |
| ☐ | Head of stairs differentiated (carpet pattern, warning) |
| ☐ | Handrails firm, accessible, on both sides |
| ☐ | Lighting adequate, no glare or shadows |
| ☐ | Free of stored materials or other obstructions |
| ☐ | Treads firm, level, clean, not excessively worn or slippery |
| **WASHROOMS** | |
| ☐ | Non-slip floor surfaces (even when wet) |
| ☐ | Obstructions or other tripping hazards |
| ☐ | Ground-fault circuit interrupter(s) for vanity-located outlets |

| FURNITURE AND EQUIPMENT | |
|---|---|
| ☐ | Office machines, equipment guarded, grounded |
| ☐ | Desks, furniture, chairs in good condition |
| ☐ | Work chairs easily adjustable, with 5-point base |
| ☐ | File cabinets secure, connected |
| ☐ | Electric cords not spliced, good condition, out of the way |
| ☐ | Desk cabinet, file drawers closed when not in use |
| ☐ | Paper cutters guarded |
| ☐ | Ladders or step stools available, in good condition |
| ☐ | Workstations properly adjusted for computer users |
| ☐ | Glare minimal on monitors, illumination satisfactory |
| ☐ | Aisles between work areas maintained, unobstructed |
| ☐ | Noise from printers controlled |
| ☐ | No octopus-type electrical adapters |
| ☐ | Proper furniture moving equipment available |
| | |
| **FIRST AID** | |
| ☐ | First aid kit properly maintained |
| ☐ | First aid log available, up to date |
| ☐ | First aid administered only by trained first-aiders |
| ☐ | Emergency phone numbers posted and available |
| ☐ | First aid kit properly maintained |
| **DOORS** | |
| ☐ | Doors swing in direction of least traffic |
| ☐ | Emergency exit doors swing in outward direction |
| ☐ | Decals or tape affixed at eye level (54") to glass doors |

Remarks and recommendations: _____

_____

Signature _____ Title _____

# SCS HEAD START
## HEALTH AND SAFETY SCREENER

**Introduction**

Organizations that serve young children have an obligation to ensure that children in their care are in healthy and safe environments.

This health and safety screener will help organizations to identify where they need to make changes and build capacity in order to ensure children are healthy and safe while in their care.

**Suggestions for Use**

1) Complete a health and safety screening for each site where children receive services.
2) Mark each item in the screening form "yes" or "no." Provide descriptions for items marked "no."
3) Determine issues, priorities, and staff responsible for actions and improvements within each site and across the program.
4) Follow up to ensure improvements are made in a timely fashion.

Note: This screening does not include all applicable Head Start Program Performance Standards, nor does it cover every possible health and safety concern or replace each grantee's responsibility to ensure ongoing compliance with local, state, and Federal health and safety requirements.

Grant Number: _____

Grantee Name: _____

Center or Site Name: _____

Program option(s) and variation(s) provided as this time: _____

_____

_____

_____

_____

_____

| AREA #1: ENVIRONMENTS | | | |
|---|---|---|---|
| Requirements | Yes | No | Description of conditions |
| 1. Equipment, toys, materials, and furniture are safe, age, and developmentally appropriate. | ☐ | ☐ | |
| 2. Environments for infants and toddlers are free of choking hazards. | ☐ | ☐ | |
| 3. Exits are clearly marked, and emergency evacuation routes and other safety procedures are posted in the classroom and in appropriate locations throughout the site. | ☐ | ☐ | |
| 4. Lighting is sufficient and adequate for all classroom activities. | ☐ | ☐ | |
| 5. Emergency lighting is available in case of a power failure. | ☐ | ☐ | |
| 6. Fire extinguishers are available, accessible, tested, and serviced regularly. | ☐ | ☐ | |
| 7. Smoke, carbon monoxide, and, as necessary, radon detectors are installed, properly located, and tested regularly. | ☐ | ☐ | |
| 8. Childcare, health, fire, and other applicable licenses and inspection certificates are current. | ☐ | ☐ | |
| 9. Medication is properly stored and labeled and is not accessible to children. | ☐ | ☐ | |
| 10. Cleaning supplies and other potentially dangerous materials are not accessible to children. | ☐ | ☐ | |
| 11. All classrooms meet minimum square footage requirements for indoor space per local, state, tribal, and Head Start regulations, whichever is more stringent. | ☐ | ☐ | |
| 12. Playground and indoor gross motor equipment is age appropriate, in good repair, and protected from sun. Fall zone surfaces and equipment meet Consumer Product Safety Commission requirements. All playground areas are visible to supervising adults. | ☐ | ☐ | |
| 13. Necessary accommodations modifications are made to ensure the safety, comfort, and participation of children with disabilities. | ☐ | ☐ | |
| 14. Children are protected from potential hazards presented by windows and glass doors, including falls and breakage. | ☐ | ☐ | |
| 15. Toilets and hand washing facilities are clean, in good repair, and easily accessible for children's use. Supplies, including toilet paper, hand soap, and towels, are available and accessible. | ☐ | ☐ | |

| AREA #1: ENVIRONMENTS (continued) | | | |
|---|---|---|---|
| Requirements | Yes | No | Description of conditions |
| 16. Toileting and diapering areas are separated from areas used for food preparation, service and eating, and equipped with sanitizing supplies for exclusive use in the area. | ☐ | ☐ | |
| 17. Garbage is stored in a safe and sanitary manner to prevent contamination. | ☐ | ☐ | |
| 18. Children and staff are protected from potential injuries from heating and cooling systems, including burns from hot water (water should not exceed 120 degrees). | ☐ | ☐ | |
| 19. Indoor and outdoor environments are free of mold and pollutants, including smoke, lead, pesticides, and herbicides, as well as soil and water pollutants. | ☐ | ☐ | |
| 20. Child accessible electrical outlets have covers, are tamper-resistant, or have safety plugs. | ☐ | ☐ | |
| 21. Sleeping arrangements for infants are free of soft bedding materials (e.g., soft mattress, crib bumpers, pillows, stuffed animals, fluffy blankets, and comforters). No drop side cribs are in use. | ☐ | ☐ | |
| 22. Emergency supplies, including parent and emergency contact information, first aid kits, etc., are available in the event evacuation is needed. | ☐ | ☐ | |
| 23. Children are protected from any hazards posed by classroom or family childcare pets. | ☐ | ☐ | |

| AREA #2: HEALTH AND SAFETY PROCEDURES | | | |
|---|---|---|---|
| Requirements | Yes | No | Description of conditions |
| 1. All staff has criminal background checks, initial health exams, and TB screenings. | ☐ | ☐ | |
| 2. All staff is trained in mandated reporter responsibilities, including recognizing suspected child abuse and neglect, and following mandated reporting requirements. | ☐ | ☐ | |
| 3. Policies and procedures ensure children are released only to authorized adults. | ☐ | ☐ | |
| 4. Direct service staff are trained in first aid, CPR, and medication administration (including the special needs of children with health issues), and to respond to specific medical emergencies, including asthma and allergies. | ☐ | ☐ | |
| 5. Agency policies and procedures protect children with allergies from known allergens. | ☐ | ☐ | |

| AREA #2: HEALTH AND SAFETY PROCEDURES (continued) | | | |
|---|---|---|---|
| Requirements | Yes | No | Description of conditions |
| 6. Staff is trained to protect children in emergencies (e.g., natural disasters, community violence, intruders, attempted removal of child by unauthorized adult or adult who appears intoxicated). | ☐ | ☐ | |
| 7. Agency maintains current parent or guardian and emergency contact list. Staff carry list on field trips and during evacuations. | ☐ | ☐ | |
| 8. Staff is trained in using standard or universal precautions and proper hand-washing techniques. Precautions are followed while assisting with toileting and diaper-changing, when administering first aid, and during tooth brushing. | ☐ | ☐ | |
| 9. Infectious disease policies and procedures are in place and include contacting parents and communicating with the local health department as necessary. | ☐ | ☐ | |
| 10. Staff notifies parents when children are sick or injured. | ☐ | ☐ | |
| 11. Indoor and outdoor premises are inspected prior to each use by children. Premises are kept free of undesirable and hazardous materials and conditions. | ☐ | ☐ | |
| 12. Infant toys are cleaned and sanitized as needed between each use by individual children. | ☐ | ☐ | |

| AREA #3: SUPERVISION | | | |
|---|---|---|---|
| Requirements | Yes | No | Description of conditions |
| 1. Children, including sleeping children, are supervised by staff at all times. | ☐ | ☐ | |
| 2. Children in outdoor areas do not have access to unsafe or unsupervised areas (e.g., body of water, roads or parking lots, or other hazards). | ☐ | ☐ | |
| 3. Staff is trained and implement policies that ensure children are released only to a parent, legal guardian, or other formally designated individual. | ☐ | ☐ | |
| 4. Redundant procedures are in place to ensure that no child is left alone, i.e., a second staff person is designated to check classroom, outdoor play areas, sleeping areas, and vehicles during transitions and prior to departure. | ☐ | ☐ | |
| 5. Required staff to child ratios are maintained at all times per local, state, and Head Start regulations, whichever is more stringent. | ☐ | ☐ | |

| AREA #4: TRANSPORTATION (if applicable) | | | |
|---|---|---|---|
| Requirements | Yes | No | Description of conditions |
| 1. Program vehicles are properly equipped (e.g., two-way communication system, labeled and charged fire extinguisher, labeled first aid kit, seat belt cutter, reverse beeper, etc.). | ☐ | ☐ | |
| 2. Vehicles used for child transportation are registered and inspected per local, state, tribal, and Federal regulations. | ☐ | ☐ | |
| 3. Children are seated using age and weight appropriate child passenger safety systems unless the agency holds a current waiver. | ☐ | ☐ | |
| 4. Bus monitors and drivers have been trained on child boarding and exiting procedures, use of child passenger safety systems, emergency response, evacuation procedures, and child pick-up and release procedures. | ☐ | ☐ | |
| 5. Bus monitors and drivers complete pre- and post-trip vehicle checks, including second or third complete interior inspections to ensure no child is ever left on a vehicle. | ☐ | ☐ | |
| 6. Bus drivers possess CDL licenses with passenger endorsement and meet all other health, training, and safety qualifications prior to transporting children. | ☐ | ☐ | |
| 7. Bus routes are planned to include only curbside pick-up and drop-off and no backing up or U-turns. Children are escorted as they board and exit vehicles. | ☐ | ☐ | |

# SAFETY SELF AUDIT

Use this self-audit to determine if your safety program meets the basic requirements of House Bill 1579, as well as to see that very basic safety requirements are being addressed in your facility.

This checklist is general and does not necessarily cover every site-specific requirement for your business.

| Yes | No | |
|---|---|---|
| ☐ | ☐ | 1. Is there a written Safety Program? |
| ☐ | ☐ | 2. Is the Safety Program made available to all employees? |
| ☐ | ☐ | 3. Does the Safety Program contain a mission statement? |
| ☐ | ☐ | 4. Does the Safety Program contain goals and objectives? |
| ☐ | ☐ | 5. Does the Safety Program contain a responsibilities section for general employers/employees? |
| ☐ | ☐ | 6. Does the Safety Program contain a responsibilities section for person(s) responsible for training? |
| ☐ | ☐ | 7. Does the Safety Program contain a responsibilities section for person(s) responsible for corrective actions? |
| ☐ | ☐ | 8. Does the Safety Program contain a responsibilities section for person(s) responsible for inspections? |
| ☐ | ☐ | 9. Does the Safety Program contain a disciplinary system? |
| ☐ | ☐ | 10. Does the Safety Program contain a team of resources? |
| ☐ | ☐ | 11. Does the Safety Program contain emergency procedures? |
| ☐ | ☐ | 12. Does the Safety Program contain safety rules and regulations? |
| ☐ | ☐ | 13. Does the Safety Program contain provisions for at least annual inspections and follow-up? |
| ☐ | ☐ | 14. Does the Safety Program contain provisions for adequate training? |
| ☐ | ☐ | 15. Does the Safety Program contain accident investigation procedures? |
| ☐ | ☐ | 16. Does the Safety Program contain accident/near-miss reporting procedures? |
| ☐ | ☐ | 17. Does the Safety Program contain a subcontractor policy? |
| ☐ | ☐ | 18. Does the Safety Program contain a program for alternative duty? |
| ☐ | ☐ | 19. Does the Safety Program contain provisions for adequate personal protective equipment? |
| ☐ | ☐ | 20. Does the Safety Program contain provisions to deal with hazardous materials? |
| ☐ | ☐ | 21. Is the Safety Summary Form filed annually with the Department of Labor? |
| ☐ | ☐ | 22. Is the Safety Summary Form complete and accurate? |
| ☐ | ☐ | 23. Is there a designated person responsible for site-specific safety requirements and implementation? |
| ☐ | ☐ | 24. Is there a Safety Team? |
| ☐ | ☐ | 25. Are Safety Team members trained in workplace hazard identification and accident investigation adequate to carry out their functions? |
| ☐ | ☐ | 26. Does the Safety Team have an equal number of employer/employee representatives? |
| ☐ | ☐ | 27. Does the Safety Team represent the major work areas of the facility? |
| ☐ | ☐ | 28. Does the Safety Team have a rotated chairperson? |

## Safety Self Audit (continued)

| Yes | No | |
|---|---|---|
| ☐ | ☐ | 29. Does the Safety Team meet at least quarterly? |
| ☐ | ☐ | 30. Does the Safety Team keep minutes of meetings available to all employees? |
| ☐ | ☐ | 31. Does the Safety Team have a team policy statement available to all employees? |
| ☐ | ☐ | 32. Does the Safety Team have goals and objectives? |
| ☐ | ☐ | 33. Does the Safety Team review workplace accident/injury data to prevent recurrence? |
| ☐ | ☐ | 34. Does the Safety Team review all policies for periodic updating/changing? |
| ☐ | ☐ | 35. Does the Safety Team have a schedule for at least annual formal inspections with follow-up? |
| ☐ | ☐ | 36. Does the Safety Team ensure required safety training is available for all employees? |
| ☐ | ☐ | 37. Does the Safety Team assist with definitions of temporary alternative tasks? |
| **GENERAL** | | |
| ☐ | ☐ | 38. Are workplace injury records kept appropriately? |
| ☐ | ☐ | 39. Is there a process for handling employee complaints/suggestions? |
| ☐ | ☐ | 40. Is proper Safety and Health Training provided to employees? |
| ☐ | ☐ | 41. Is there a formal safety orientation program for all new employees? |
| ☐ | ☐ | 42. Are all employees periodically re-trained? |
| ☐ | ☐ | 43. Are posting requirements met? |
| ☐ | ☐ | 44. Are employees instructed of specific job hazards? |
| ☐ | ☐ | 45. Is necessary personal protective equipment provided and used (including machine safeguards)? |
| **EMERGENCY RESPONSE/FIRST AID** | | |
| ☐ | ☐ | 46. Are emergency numbers posted? |
| ☐ | ☐ | 47. Do all employees know what to do in an emergency? |
| ☐ | ☐ | 48. Are there procedures for fire drills, emergency evacuations, and head counts? |
| ☐ | ☐ | 49. Are first aid supplies available and periodically restocked? |
| ☐ | ☐ | 50. Are first aid supplies adequate for the types of potential injuries in the workplace, including eyewash and water flush stations? |
| ☐ | ☐ | 51. Are there personnel trained in first aid/CPR? |
| ☐ | ☐ | 52. Are the names of the personnel trained in first aid/CPR listed? |
| **FIRE SAFETY** | | |
| ☐ | ☐ | 53. Are the proper extinguishers in place, charged, and marked/inspected? |
| ☐ | ☐ | 54. Are there policies and procedures in place for fighting fires? |
| ☐ | ☐ | 55. Are employees properly trained in extinguisher use? |
| ☐ | ☐ | 56. Are fire alarms/sprinklers present and in working order? |
| ☐ | ☐ | 57. Are exits unblocked and properly marked and visible? |
| ☐ | ☐ | 58. Is "*no smoking*" posted and enforced where necessary? |

## Safety Self Audit (continued)

| Yes | No | |
|---|---|---|
| **ELECTRICAL SAFETY** | | |
| ☐ | ☐ | 59. Are all frayed/defective electrical cords put out of service? |
| ☐ | ☐ | 60. Are fuses and circuit breakers the right type and size for the load on each circuit? |
| ☐ | ☐ | 61. Are all switches marked to show their purpose? |
| ☐ | ☐ | 62. Are all wall outlets in good condition? |
| ☐ | ☐ | 63. Are electrical cords/plugs used properly? |
| ☐ | ☐ | 64. Is there a proper loading of circuits (not overloaded)? |
| ☐ | ☐ | 65. Is there proper electrical grounding? |
| ☐ | ☐ | 66. Is the circuit breaker panel free of any openings? |
| ☐ | ☐ | 67. Are all live electrical parts inaccessible? |
| ☐ | ☐ | 68. Are all electrical dangers posted? |
| ☐ | ☐ | 69. Are there ground fault circuit interrupters near sinks or water sources? |
| **HOUSEKEEPING** | | |
| ☐ | ☐ | 70. Is smoking allowed only in designated areas? |
| ☐ | ☐ | 71. Are waste receptacles provided and emptied appropriately? |
| ☐ | ☐ | 72. Is there proper lighting in the facility? |
| ☐ | ☐ | 73. Are aisles and stairways kept clear from obstructions? |
| ☐ | ☐ | 74. Are floor surfaces clean, dry, and undamaged? |
| ☐ | ☐ | 75. Is the general condition of work area clean and orderly? |
| ☐ | ☐ | 76. Are toilet and washing facilities clean and sanitary? |
| ☐ | ☐ | 77. Are eating facilities kept separate from any health or safety exposures? |
| ☐ | ☐ | 78. Are outside walkways/parking in good condition? |

Remarks: _____

## SECTION III – KITCHEN AND FOOD SAFETY

Safe handling of food supplies, use and handling of knives, safe operation of kitchen equipment, and safety during cooking and serving is required by all SCS staff.

### PERSONAL HEALTH GUIDELINES

Health Precautions

1) If you are sick, do not go to work. A worker with an illness, such as a cold, cough, or infection or other communicable disease could easily contaminate food.
2) If you have a sore that is open, a boil, or other skin eruption, do not handle food.
3) All childcare staff, including cooks, must have a physical every three years. Persons who have a documented positive reaction to a TB skin test should be examined by a doctor, receive a chest x-ray, and be considered for taking preventative therapy (INH) before continuing to work in a childcare facility. TB and persons with a positive skin test are reportable by New Hampshire law to the Division of Public Health Services' Bureau of Disease Control. Telephone: 603.271.4496. Any Head Start employee with a positive TB skin test may be required to have additional TB skin tests to meet Head Start program compliance.

Personal Hygiene

1) Shower or bathe regularly; wear clean work clothes and when cooking, wear a clean apron (aprons provided by Head Start).
2) Brush your teeth after eating.
3) Keep hair clean and use effective hair restraints to prevent the contamination of food or food-contact surfaces.
4) Keep fingernails clean and well-trimmed.
5) Wear clean, low-heeled shoes with nonskid. The heel and toe should be completely enclosed for sanitation and safety reasons.
6) Do not smoke or chew gum in food preparation, storage, serving, dining, or clean-up areas.
7) Do not wear jewelry other than plain wedding bands. This precaution is for sanitary reasons and to protect the worker and the jewelry.

Hygiene Practices

1) Wash your hands often. Proper hand washing is the single most effective way to prevent the transmission of food-borne and other communicable illness.
2) Wash hands with soap and warm water at the following times:
    - before starting work
    - after smoking, eating, or using the toilet
    - before handling food, utensils, or dishes
    - before and after handling raw meat, raw poultry, or raw seafood
    - after using a tissue
    - after coughing or sneezing
3) Do not cough or sneeze near food. Use disposable tissues as necessary, and throw used ones away.

## GUIDELINE FOR FOOD-BORNE ILLNESS OUTBREAKS

The following are general guidelines to follow if food-borne illness is suspected.

### Preserve the Evidence

If a portion of the suspect food is available, wrap it securely in a heavy plastic bag, and place it on ice in a secure container marker "DANGER." Write down the name of the food, when it was consumed, and the date of the illness. Store the container away from children, pets, and other foods, in a location where it will not be mistaken for edible food.

The sample may be useful to medical personnel treating the illness and/or health authorities tracking the problem.

If available, also save the container, wrapping, and any metal clips used on the original package. This is where the establishment number, which indicates the plant that a meat or poultry product is from, is shown.

### Seek Necessary Treatment

As with any illness, use good judgment to determine if and when to seek professional medical advice or care.

Keep in mind that it is important to drink liquids, such as water, bouillon, sports drinks, or ginger ale to replace fluids lost through any episodes of vomiting or diarrhea.

If symptoms are severe, or the victim is a young child, pregnant, elderly, or has a chronic illness, professional medical advice or care should be sought immediately.

### When to Call the Local Health Department

Call the local health department if the suspect food was served at a large gathering; if the suspect food was from a restaurant, delicatessen, sidewalk vendor, or other commercial or institutional kitchen; if the suspect food is prepared and packaged in a retail grocery store; or if the suspect food is a commercial product.

### Information to Have When Calling the Local Health Department

Try to have the following information available when calling the local health department: your name, address, and daytime phone number; the name and address of the event, party, or establishment where the suspect food was consumed or purchased; and the date that the food was consumed and/or the date of purchase.

If the suspect food is a commercial product, have the container or wrapping in hand for reference while on the phone. Most meat and poultry products have a USDA or state inspection stamp and a number that identifies the plant where the product was manufactured. Many products also have a code indicating when the item was produced. This information can be vital in tracing a problem to its source.

### Other Authorities to Call

Food-borne illnesses involving a USDA-inspected meat or poultry product may also be reported to the toll-free Meat and Poultry Hotline at 1.888.674.6854.

Food-borne illness involving other products that cross state lines may be reported to the nearest Food and Drug Administration office, found online at www.fda.gov.

Food-borne illness involving products that are sold only within the state may be reported to the State Health Department by calling 603.271.4427, by contacting the USDA at 603.223.6000, or via the web at www.usda.gov.

**KITCHEN SAFETY**

| FOOD ITEM | REFRIGERATOR (40°F) | FREEZER (0°F) |
|---|---|---|
| Eggs | | |
| Fresh, in shell | 3 weeks | Don't freeze |
| Raw yolks, whites | 2-4 days | 1 year |
| Hard cooked | 1 week | Do not freeze |
| Liquid pasteurized eggs or egg substitutes—opened | 3 days | 1 year |
| Liquid pasteurized eggs or egg substitutes—unopened | 10 days | 1 year |
| Meat, fresh | | |
| Beef | 3-5 days | 6-12 months |
| Pork | 3-5 days | 4-6 months |
| Veal | 3-5 days | 4-8 months |
| Hamburger, ground | 1-2 days | 3-4 months |
| Meat leftovers, cooked | | |
| Cooked meat and meat dishes | 3-4 days | 2-3 months |
| Gravy and meat broth | 1-2 days | 2-3 months |
| Poultry, fresh | | |
| Chicken or turkey, whole | 1-2 days | 1 year |
| Chicken or turkey, pieces | 1-2 days | 9 months |
| Poultry leftovers, cooked | | |
| Cooked poultry dishes | 3-4 days | 4 months |
| Poultry pieces, plain | 3-4 days | 4 months |
| Covered with broth, gravy | 1-2 days | 6 months |
| Chicken nuggets, patties | 1-2 days | 1-3 months |
| Fried Chicken | 3-4 days | 4 months |
| Hot dogs and lunch meats | | |
| Hot dogs, opened package | 1 week | |
| Hot dogs, unopened package | 2 weeks* | Freezer wrap—1-2 months |
| Lunch meats, opened package | 3-5 days | |
| Lunch meats, unopened package | 2 weeks* | Freezer wrap—1-2 months |
| Soups and stews | | |
| Vegetable or meat-added | 3-4 days | 2-3 months |
| Mayonnaise, commercial | | |
| Refrigerate after opening | 2 months | Do not freeze |
| Prepared salads | | |
| Tuna, ham, macaroni, egg, chicken | 3-5 days | Does not freeze well |
| Seafood, fish, shellfish | | |
| Seafood, fish, shellfish—fresh | 2 days | 2-4 months |

*But not more than one week after the "sell by" date.

Source: Preventing Food-Borne Illness, A Guide to Safe Food Handling, Sept. 2013, USDA/Food Safety & Inspection Service

# TEMPERATURE GUIDE FOR FOOD PROTECTION

Keep Hot Foods Hot (above 140°F)
Keep Cold Foods Cold (below 40°F)

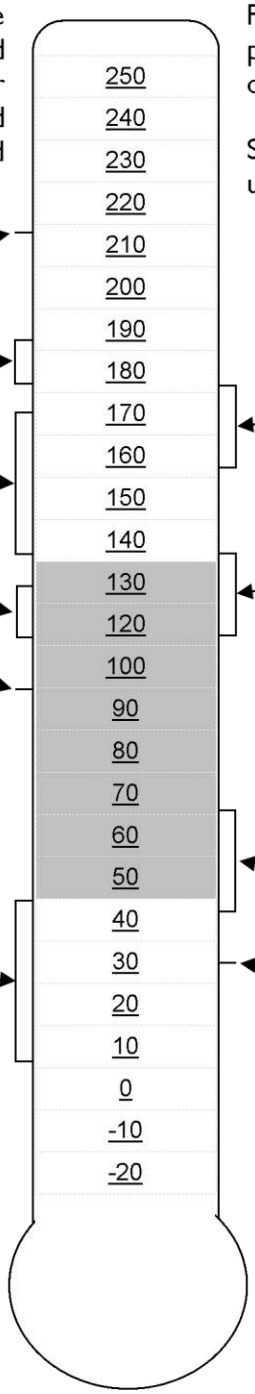
Pressure Equipment is needed to obtain temperatures above boiling.

Potentially hazardous foods that have been cooked and then refrigerated should be reheated rapidly to 165°F or higher throughout before being served or before being placed in a hot food storage facility.

Temperatures above boiling are necessary to kill spore forming bacteria.

Foods to be served hot should be prepared just before serving. Long storage of hot foods may cause problems.

Store or display hot foods above 140°F until consumed.




Water boils at 212°F

Dish and utensil rinse temperatures

Mechanical dishwashing

Hand dishwashing

Body temperature (98.6°F)

Most bacteria killed at these temperatures.

Some bacteria can grow.

Temperatures range (50° to 120°F) for rapid growth. Never store potentially hazardous foods at these temperatures.

Danger Zone: Bacteria grow rapidly over this temperature range. Do not store potentially hazardous foods at these temperatures.

Some bacteria can grow.

Refrigerate prepared sandwiches and salads to prevent growth of bacteria.

Water freezes (32°F).

Store frozen foods below zero. Thaw foods rapidly or in the refrigerator, or cook them from a frozen state.

Cool leftovers rapidly to below 40°F. Use shallow pans.

## HEAD START KITCHEN KNIFE SAFETY POLICIES AND PROCEDURES

1) Knife Safety Tips will be posted in each kitchen. Contact the Head Start Nutrition Manager if you need a copy of the Knife Safety Tips.
2) Refer to Commercial Food Cutlery Chart when in doubt about what knife to use for various cutting and/or chopping tasks. Contact the Head Start Nutrition Manager if you need a copy of the Commercial Food Cutlery Chart.
3) Sharpen knives with a knife sharpener as often as needed. Knife sharpening techniques will be covered at the Head Start cooks' meetings.
4) Store knives in a wooden knife block or on a magnetic strip.

Kitchen knife Safety Policies and Procedures created April 2008.

## BROKEN GLASS STORAGE POLICIES AND PROCEDURES

1) You are expected to safely pick up any broken glass by avoiding picking it up with your hands, using a broom and dustpan and the required personal protective equipment for your hands or face.
2) Kitchens should have a non-breakable container (for example, a plastic five-gallon mayonnaise jar with a cover) available to contain broken glass.
3) The container should clearly be marked "CAUTION: BROKEN GLASS."
4) Broken glass should be disposed of promptly in the dumpster in the marked container.

# HEAD START KITCHEN SAFETY SELF-INSPECTION CHECKLIST

| Prevention of Burns |
|---|
| 1. Are handles of pans on the range turned so the pans cannot be knocked off? |
| 2. Is heat turned off when removing pans from range? |
| 3. Are dry potholders used for lifting hot pans? |
| 4. When removing the cover from a boiling pan, is the cover pulled forward and the back tilted up? (Prevents steam burns on face and hands.) |
| 5. When filling a pan with water for boiling, is it filled less than to the top? (a full pan will boil over and spatter.) |
| Prevention of Cuts |
| 1. Are broken dishes and glasses promptly cleaned up and disposed of in special container provided? |
| 2. Are knives stored in a slotted case? |
| 3. Are knives left on the drain board to be washed, not dropped into the sink? |
| 4. Is the can opener in good repair so it cuts sharply and leaves no ragged edges? |
| 5. Are mixing bowls properly placed and beaters securely fastened before the mixer is started? |
| 6. Is the mixer turned off before attempting to retrieve any article that has fallen into the bowl? |
| 7. Is the proper knife used for a given job? |
| 8. Are the knives sharp to require minimum effort and maximum control in use? |
| 9. Is cutting done away from the body? |
| 10. Is cutting always done on a cutting board? |
| Electrical Safety |
| 1. Are electrical cords in good repair? |
| 2. Are sufficient outlets provided for the equipment in use? |
| 3. Are hands always dry before touching electrical equipment? |
| 4. If there is a fuse box, are there extra fuses in the fuse box? |
| 5. Is the electricity on appliances always shut off before new fuses are installed or before the circuit breaker is returned to "on"? |
| Prevention of Falls |
| 1. Are spilled foods cleaned up immediately? |
| 2. Are corridors and stairways free from debris? |
| 3. Are articles placed on shelves securely so they will not fall off? |
| 4. Are stepladders sturdy and in good repair? |
| 5. Are brooms and mops put away promptly after use? |
| 6. Are hallways well-lit and steps marked so no one will trip? |
| 7. Do all personnel walk and never run in the kitchen? |
| Storage |
| 1. Are heavy materials stored on lower shelves and lighter materials on upper shelves? |
| 2. Are items stored neatly, similar foods stored together, and cleaning materials stored away from food? |
| 3. Are stored materials kept at least 18 inches away from light bulbs? |
| 4. Are safe stepladders used to reach high shelves? |
| 5. When lifting from low levels, are knees bent and back straight? |
| 6. Is the load lifted by straightening the knees and rising to upright position? |
| Head Start |
| 1. Kitchen safety inspections will be done by the cooks twice each school year. |
| 2. Nutrition Manager will inspect kitchen three times per year; to include meal observation, food prep, cleaning. |
| Source: Training Guide for Foodservice Personnel in Programs for Young Children, DHHS Publication No. (OHDS) 87-31152 |

Avoid "horseplay" and be alert at all times.

| Handling Food Supplies Safely |
|---|
| 1. Use the correct method for lifting. |
| 2. Place heavy cases or containers on lower shelves. |
| 3. Keep aisles in the storage area lighted and clear of obstructions. |
| **Use and Handling of Knives** |
| 1. Keep knives sharp. |
| 2. Use the right knife for the job. |
| 3. Cut in a direction away from the body. |
| 4. Use a cutting board to dice, cut, or slice foods. |
| 5. Keep knives out of pockets. Step back from a falling knife, never attempt to grab it. |
| 6. Wash knives individually, never with other utensils. |
| 7. If you are not using a knife, do not walk around with it. |
| 8. Store knives in a knife rack when they are not being used. |
| **Operate Equipment Safely** |
| 1. Use safety guards when required. |
| 2. Keep hands and utensils out of rotary equipment during its use. |
| 3. Secure loose clothing and apron strings when using equipment. |
| 4. Remain at the equipment when it is in use. |
| 5. Unplug electrical equipment immediately after use. |
| **Safety Procedures During the Cooking and Serving Process** |
| 1. Keep floors clean and dry. |
| 2. Remove waste products and empty containers immediately. |
| 3. Use pads when handling hot items. |
| 4. Stand to the side when opening over doors. |
| 5. Clean up spills immediately. |
| 6. Select a place to set hot items before removing them from the stove or oven. |
| 7. Turn handles of pots and pans so that they do not extend over cooking surface edge. |
| 8. Walk (don't run) when carrying food products. |
| 9. Alert others before walking behind them. |
| 10. Low-heeled, non-skid shoes (not sneakers) are required. |
| **Fire Prevention Precautions** |
| 1. Store toxic or flammable materials in an outside storage area. |
| 2. Wipe grease from cooking equipment with disposable towels. |
| 3. Check to see that all electrical switch boxes in the dining facility are closed. |
| 4. Check fire extinguishers for proper type and serviceability. |
| 5. Report unserviceable or damaged electrical wiring or plugs to supervisor. |
| 6. Use only non-flammable liquid cleaners. |

# SECTION IV – MOTOR VEHICLE SAFETY

## USE OF SEATBELTS AND CHILD SAFETY RESTRAINTS

Seatbelt use is required in all agency-owned vehicles and in all personal vehicles, by drivers and passengers. Seatbelt use is also required when transporting clients in personal vehicles. Child safety restraints must be used as required by New Hampshire Law.

## DRIVER ELIGIBILITY GUIDELINES

The following guidelines apply to any individual who operates an agency-owned vehicle, individuals who transport agency clients in their own vehicles, and individuals who are traveling to other SCS worksites or for off-site work-related activities or events.

### Motor Vehicle Driving Record Check

A motor vehicle driving record check must be completed upon employment. The motor vehicle driving record will be rechecked as required by a contract or grant.

### Driver Eligibility Restrictions

Certain conditions will deem a driver ineligible for operating a motor vehicle for work-related activities.

An unacceptable driver includes anyone who has a history of one or more of the following convictions within the last three years:

- driving while ability impaired (DWAI) due to drugs or alcohol
- hit and run
- failure to report an accident
- negligent homicide using a motor vehicle
- driving while the Motor Vehicle Report (MVR) is suspended or revoked
- using a motor vehicle for the commission of a felony
- operating a motor vehicle without the owner's authority (grand theft)
- permitting an unlicensed person to drive
- reckless driving
- speed contest
- any combination of accidents (regardless of fault) and moving violations which total four

A driver who has an international or foreign driver's license is also ineligible to operate a motor vehicle for work-related activities.

Any driver with a past history over three years old with more than one of the convictions noted above could be considered either a marginal driver or an unacceptable driver unless the violation dates are eight years old or older.

Drivers with two or more accidents (regardless of fault) in the last three years or who have two or more of any type of violation in the last three years will be monitored and have MVR checks processed more frequently or as required by program standards/regulations.

Drivers 21 years old and younger who have had two or more accidents (regardless of fault) or violations in the last three years or have less than three years driving experience may be considered unacceptable for SCS drivers.

New Hampshire Law requires drivers to be re-licensed within 60 days of a move to this state. Any driver who is not licensed in the state where he or she resides is an unacceptable driver.

## AGENCY VEHICLE POLICY

Purpose

The purpose of the vehicle policy is to ensure the safety of those individuals who drive agency vehicles. Vehicle accidents are costly to the agency, but more importantly, they may result in injury to you or others. It is the driver's responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage. As such, the agency endorses and follows all applicable state motor vehicle regulations relating to driver responsibility. The agency expects each SCS driver to drive in a safe and courteous manner pursuant to following safety rules and regulations.

Authorized Drivers

Agency vehicles are to be driven by authorized employees only, except in emergencies, or in case of repair testing by a mechanic. The vehicles are to be driven for work-related purposes and not for personal use unless prior approval has been obtained from appropriate agency personnel, in most cases, the program director.

An employee whose driver's license has been revoked or suspended must immediately notify his/her supervisor and discontinue use of agency vehicles. Failure to do so may result in disciplinary action, including termination of employment.

All accidents, regardless of severity, must be reported to the police and to the program supervisor. Failing to stop after an accident and/or failure to report an accident may result in disciplinary action, including termination of employment.

Drivers must immediately report to his/her supervisor all summonses received for moving violations during the operation of a program vehicle. This includes parking tickets. The agency will not pay parking tickets received due to negligence in paying for parking. The agency will also not pay for any resultant fines due to "ignored" tickets or motor vehicle fines, including fines for distracted driving.

Driver Safety

1) The use of an agency vehicle while under the influence of intoxicants and other drugs is forbidden and is sufficient cause for discipline, including termination of employment.
2) No driver shall operate a program vehicle when his/her ability to do so safely has been impaired by illness, fatigue, injury, or prescription medications.
3) All drivers and passengers operating or riding in agency vehicles must wear seatbelts.
4) Drivers are responsible for the security of agency vehicles. The vehicle's engine must be shut off, ignition keys removed, and the doors locked whenever the vehicle is left unattended.
5) All other state laws, local laws, or Department of Transportation Motor Carrier Safety Regulations must be obeyed.
6) Drivers must also adhere to the Hands-Free Electronic Devise Law that became effective July 1, 2015. See page 27 of this manual for Southwestern Community Services' Distracted Driver Policy.

What to Do in Case of an Accident

1) In an attempt to minimize the results of an accident, the driver must prevent further damages or injuries and obtain all pertinent information and report it accurately.
2) Call for medical aid, if necessary, and then secure the scene by pulling onto the shoulder or over to the side of the road. Redirect traffic if necessary.
3) Call the police. All accidents, regardless of severity, must be reported to the police. If the driver cannot get to a phone, he should write a note giving the location to a reliable-appearing motorist and ask them to notify the police.
4) Obtain and accurately record the names and addresses of any other drivers and occupants, witnesses, and any medical personnel who may arrive at the scene.
5) Obtain and record pertinent information. This information would include the license plate number of other vehicles involved; the insurance company names and policy numbers of the vehicles involved; the make, model, and year of the vehicles involved; the date and time of the accident; and the overall road and weather conditions.
6) Do not discuss the accident with anyone at the scene except the police. Be sure not to accept any responsibility for the accident, and do not argue with anyone.
7) Provide the other party or parties with your name, address, phone number, driver's license number, and insurance information.
8) Immediately report the accident to your supervisor and provide the recorded information to your supervisor as soon as possible.

See page 25 of this manual for a sample of the State of New Hampshire Motor Vehicle Accident Report form.

Agency and Program Vehicle Policies Acknowledgement

As a driver of an agency vehicle, a signature and date are required to acknowledge that he/she has read the information contained in the Program Vehicle Policies specific to their department, that the policies have been reviewed with the potential driver, and that a copy of the policies has been furnished to that driver. The driver of a program vehicle must also understand that it is his/her responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage. By providing his/her signature to the policies document, the driver also acknowledges that while the vehicle is in his/her possession, he/she is responsible for it and for following the agency and program specific policies.

## REGULAR VEHICLE MAINTENANCE

Drivers must remove trash and other items when returning an agency vehicle. If the vehicle needs cleaning, report this fact to your supervisor.

Any damage to an agency vehicle while in a driver's care must be reported to a supervisor immediately.

Agency vehicles must receive periodic maintenance. A Vehicle Maintenance Checklist (see page 30) is provided to help track the condition of the vehicle and note any repair/maintenance that needs attention.

Annual inspections must be performed as required on an annual basis by a licensed automobile technician.

# STATE OF NEW HAMPSHIRE
## Department of Safety
## Division of Motor Vehicles
## MOTOR VEHICLE ACCIDENT REPORT
### N.H.RSA 264:25 – REPORTING REQUIRMENTS

**M.V. Use Only**

In the State of New Hampshire, any Motor Vehicle Accident causing death, personal injury, or combined vehicle/property damage in excess of $1,000 must be reported in writing to the Division of Motor Vehicles within 15 days. Failure to report in the case of death or personal injury is a felony. Failure to report following a property damage only accident is a misdemeanor.

**INSTRUCTIONS**—PLEASE PRINT OR TYPE ALL INFORMATION—USE BLACK OR DARK BLUE INK

1. The date and location of the accident is very important and you must describe it as accurately and completely as possible in the space provided. When describing the location of your accident, indicate the direction and distance from the crash site to the nearest intersecting road or, for interstate highways, to the nearest mileage marker or exit number.

2. In Section C, for each occupant of your vehicle, or for a pedestrian or bicyclist, enter the requested information on a single line. Utilize a further report form if more than six persons involved. For a witness, enter a "W" in the "WHICH VEHICLE OCCUPIED" column; for a Pedestrian, enter a "P" in the box; for a Bicyclist, enter a "B" . For a new born child (less than one year) enter "NB" for age. Enter "M" for Male and "F" for female.

3. You must enter Injury information on all occupants, utilizing the following designations:
   - K – Any injury that results in death.
   - A – Severe lacerations, broke or distorted limbs, skull fracture, crushed chest, internal injuries, unconscious when taken from the accident scene, unable to leave the accident scene without assistance.
   - B – Lump on head, abrasions, minor lacerations.
   - C – Momentary unconsciousness. Limping, nausea, hysteria, complaint of pain (no visible injury).
   - U – Unknown.
   - N – Not injured.

4. Give your own and your vehicles owner's CURRENT name and address when completing the YOUR VEHICLE part of the form. Report all other driver's and vehicle's information exactly as it appears on their licenses and registrations. If you were involved in an accident with a Pedestrian or Bicyclist, check the appropriate box under OTHER VEHICLE and enter the Pedestrian or Bicyclist information in the OTHER VEHICLE – DRIVER section. If the other vehicle was unoccupied, be very sure to enter the correct vehicle plate number and vehicle make in the appropriate boxes. If you were involved in an accident in which there were more than two vehicles, additional report(s) must be filled out.

5. If you are driving a Commercial Motor Vehicle (Truck over 26,000 GVWR, Bus with more than fifteen seats, or vehicle placarded for Hazardous Materials), please indicate it in the appropriate box.

6. It is mandatory to provide complete insurance information in the section provided, or to indicate that your vehicle and/or license does not have insurance coverage. Your report must be signed and dated, else the report cannot be accepted.

7. If you have difficulty completing this form, your insurance agent may be able to assist you, otherwise contact the Accident Section of the Division of Motor Vehicles at (603) 227-4040 (Speech/Hearing Impaired HELP TTY/TDD Relay 225-4033).

8. Submit your completed and signed reports to:
   Department of Safety
   Accident Section
   23 Hazen Drive
   Concord, NH 03305

## SECTION A

| DATE OF ACCIDENT | DAY OF WEEK | TIME | ☐ AM ☐ PM | CITY/TOWN |
|---|---|---|---|---|
| NUMBER OF VEHICLES | DID POLICE INVESTIGATE ACCIDENT AT SCENE? | | ☐ YES ☐ NO | POLICE DEPARTMENT |

**ACCIDENT OCCURRED**

**ON** _____ ROUTE # OR STREET NAME

Use the one that applies

1. AT THE INTERSECTION WITH _____ ROUTE # and/or EXIT # OR STREET NAME

2. _____ FEET N☐ W☐ E☐ S☐ OF _____ ROUTE # and/or EXIT # OR STREET NAME

## SECTION B

Enter the number of the item in the corresponding box provided which best describes the circumstances of the accident.

**TYPE OF ACCIDENT** → box 1

**COLLISION WITH:**
1. Other Motor Vehicle
2. Motor Vehicle Crossing Median
3. Parked Motor Vehicle
4. Railroad Train
5. Bicyclist
6. Pedestrian
7. Animal
8. Thrown or Falling Object
9. Other Object
17. Motor Vehicle in Transport
18. Pedal Cycle/Moped
19. Snowmobile/OHRV
10. Fixed Object

**NON-COLLISION**
11. Overturn
12. Spill (2 Wheel Vehicle)
13. Fire
14. Submersion
15. Jackknife
16. Explosion
98. Other*

**If you enter 10 in box 1**, enter number below for OBJECT STRUCT in box 2. Otherwise leave box 2 blank.

→ box 2
1. Traffic Signal
2. Sign Post
3. Guard Rail
4. Crash Cushion
5. Light Pole
6. Telephone/Electric Pole
7. Tree
8. Building Wall
9. Bridge/Pier
10. Median
11. Barrier/Fence
12. Culvert/Headwall
13. Embankment/Ditch/Curb
14. Fire Hydrant/Parking Meter
15. RR Crossing Device
16. Overpass
17. Rock/Sideslope
98. Other*

**ACCIDENT LOCATION** → box 3
1. At Intersection
2. Intersection Related
3. Along the Road
4. Along Road at Driveway Access
5. Off Roadway on Shoulder/Median
6. Off Roadway Beyond Shoulder
7. Ramp/Rotary
8. Toll Plaza/Booth
9. In a Driveway
10. In a Parking Lot
98. Other*

**TRAFFIC CONTROLS** → box 4
1. None
2. Traffic Signals
3. Stop Sign
4. Yield Sign
5. Lane Control
6. Visible Road Markings
7. Officer/Flagman
8. RR Crossing-Flasher-Gate
9. No Passing Zone
98. Other*

**ROAD DESIGN** → box 5
1. Interstate
2. Other Divided Highway
3. Not Physically Divided (2-way Traffic)
4. Undivided Road (1-Way Traffic)
5. Driveway or Access Way
98. Other*

**ROAD SURFACE CONDITIONS** → box 6
1. Dry
2. Wet
3. Snow/Slush
4. Ice
5. Muddy
6. Debris
7. Sand/Dust/Oil
98. Other*
99. Unknown

**WEATHER** → box 7
1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet
6. Fog
7. Blowing Material
8. Severe Cross Winds
9. Rain and Fog
10. Sleet and Fog
11. No Adverse Conditions
99. Unknown

## SECTION C

| TYPE OF INJURY K, A, B, C, U, N (See Instructions Above) | LOCATION OF MOST SEVERE INJURY | OCCUPANT'S/INJURED'S POSITION IN OR ON: | THROWN FROM VEHICLE? Yes / No |
|---|---|---|---|
| | 1. Head 2. Neck 3. Chest 4. Arm(s) 5. Trunk/Torso 6. Leg(s) 7. Multiple 8. None 99. Unknown | VEHICLE: 1 2 3 / 8 4 5 6 8 / 7 / 8 — 1. Driver 2-7. Passengers 8. Ride/Hang on Vehicle — MOTORCYCLE/BIKE/SNOWMOBILE: 9 10 11 — 9. Driver (2/3/ Wheeled Vehicle) 10. Passengers (2/3/ Wheeled Vehicle) 11. Sidecar/Sled/ Hang on Vehicle 99. Unknown | SAFETY EQUIPMENT UTILIZED: Seat Belts used S; Child Restraint used C; Air Bag Deployed A; Air Bag & Seat Belt B; Helmet Worn (Motorcycles) H; No equipment used – |

| 8 AGE | 9 SEX | 10 | 11 | 12 WHICH VEHICLE OCCUPIED? | NAME(S) OF OCCUPANTS IN YOUR VEHICLE / WITNESSES — ADDRESS / PHONE NO. | 13 | 14 | 15 |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

DSMV 400 (Rev. 04/12)

**SEE REVERSE SIDE**

*Without DESCRIPTION OF ACCIDENT, ESTIMATE OF REPAIR, or OPERATOR'S SIGNATURE, report will NOT be accepted.

## SECTION D

| YOUR VEHICLE | | | | OTHER VEHICLE | | | | BICYCLIST ☐ PEDESTRIAN ☐ |
|---|---|---|---|---|---|---|---|---|
| DRIVER LICENSE NO. | STATE | CLASSIFICATION | | DRIVER LICENSE NO. | STATE | CLASSIFICATION | | |
| DRIVER'S NAME LAST, FIRST, MIDDLE | | | | DRIVER'S NAME LAST, FIRST, MIDDLE | | | | |
| D.O.B. | | SEX | | D.O.B. | | SEX | | |
| CURRENT ADDRESS, NUMBER AND STREET | | PHONE NO. | | CURRENT ADDRESS, NUMBER AND STREET | | PHONE NO. | | |
| CITY/TOWN | STATE | ZIP CODE | | CITY/TOWN | STATE | ZIP CODE | | |
| PLATE NO. | STATE | TRAILER PLATE NO. | STATE | PLATE NO. | STATE | TRAILER PLATE NO. | STATE | |
| SAME AS DRIVER ☐ | OWNER NAME LAST, FIRST, MIDDLE | | | SAME AS DRIVER ☐ | OWNER NAME LAST, FIRST, MIDDLE | | | |
| CURRENT ADDRESS, NUMBER AND STREET | | PHONE NO. | | CURRENT ADDRESS, NUMBER AND STREET | | PHONE NO. | | |
| CITY/TOWN | STATE | ZIP CODE | | CITY/TOWN | STATE | ZIP CODE | | |
| MAKE | YEAR | COMMERCIAL VEHICLE ACCIDENT ☐ | | MAKE | YEAR | COMMERCIAL VEHICLE ACCIDENT ☐ | | |
| V.I.N. | | | | V.I.N. | | | | |
| VEHICLE TOWED ☐ | BY | TO | | VEHICLE TOWED ☐ | BY | TO | | |
| DESCRIBE DAMAGE TO VEHICLE | | | | DESCRIBE DAMAGE TO VEHICLE | | | | |
| *ESTIMATED COST TO REPAIR | | | | *ESTIMATED COST TO REPAIR | | | | |

## SECTION E

| | |
|---|---|
| YOUR INSURANCE CO. | ESTIMATED PROPERTY DAMAGE (OTHER THAN VEHICLE) |
| AGENT | IDENTIFY DAMAGED PROPERTY OTHER THAN VEHICLE(S) |
| ADDRESS | |
| POLICY NUMBER / EFFECTIVE DATE | |

## SECTION F

### ACCIDENT DIAGRAM

Check one of the diagrams if it adequately describes the accident, OR draw your own diagram on a separate sheet and attach. Number the vehicles, with your vehicle being No. 1.

| Rear | Passing | Lt. Turn | Intersection | Rt. Turn | Rt. Turn | Head On | Sideswipe |
|---|---|---|---|---|---|---|---|
| 1☐ | 2☐ | 3☐ | 4☐ | 5☐ | 6☐ | 7☐ | 8☐ |

* DESCRIBE THE ACCIDENT

* OPERATOR'S SIGNATURE | DATE OF REPORT ( DAY / MONTH / YEAR)

**VEHICLE TYPE** — YOUR Vehicle 1 / Other Vehicle 2 — 16 / 17

1. Automobile
2. Pick-Up/Light Truck
3. Panel/Van
8. Motorcycle
9. Moped
10. Motor Home
11. Passenger Light Van
12. Utility Vehicle (4x4)
13. Other/Unknown Light Truck
97. Motor Carrier
98. Other* *

**VEHICLE DIRECTION** — YOUR Vehicle 1 / Other Vehicle 2 — 18 / 19

1. North
2. East
3. South
4. West
99. Unknown

**PRE-ACCIDENT ACTION** — 20 / 21

VEHICLE: (Box 20 and/or 21)
1. Following Roadway
2. Right Turn on Red
3. Making Right Turn
4. Making Left Turn
5. Making U-Turn
6. Starting From Parked
7. Starting in Traffic
8. Slowing or Stopping
9. Stopping in Traffic
10. Entering Park Position
11. Parked Properly
12. Parked and Rolled
13. Changing Lanes/Merging
14. Overtaking/Passing
15. Passing on Right
16. Backing
17. Parked Improperly
18. Avoid Something in Road
19. Wrong Way on a 1-Way
97. OTHER Action in Road

(Box 21 only)
41. Crossing with Signal
42. Crossing against Signal
43. Crossing at Crosswalk No Signal
44. Crossing No Signal/Crosswalk
45. Walk/Ride with Traffic
46. Walk/Ride against Traffic
47. Emerge from Front/Rear of Parked Vehicle
48. Get On/Off School Bus
49. Get On/Off Vehicle
50. Pushing/Working on Vehicle
51. Playing/Jogging
52. Standing/Walking
98. OTHER Pedestrian/Bicyclist Action

YOUR Vehicle 1 / Other Vehicle or Ped/Bike 2

## DISTRACTED DRIVER POLICY

In order to increase employee safety and eliminate unnecessary risks behind the wheel, Southwestern Community Services, Inc. has enacted a Distracted Driving Policy, effective July 1, 2015. We are committed to ending the epidemic of distracted driving and have created the following rules, which apply to any employee operating a company vehicle or using a cell phone while operating a personal vehicle on company business:

1) Three main distracted driving driver variables are visual, manual, and cognitive. This means your hands should remain on the wheel and your focus should remain on the safety hazards associated with driving. Consuming food or beverage and driving while under mental distress can also be considered distracted driving.
2) Employees may not use a hand-held cell phone while operating a vehicle – whether the vehicle is in motion or stopped at a traffic light. This includes, but is not limited to, answering or making phone calls, engaging in phone conversations, and reading or responding to emails, social media, or text messages.
3) If employees need to use their phones, they must pull over safely to the side of the road or another safe location.
4) Additionally, employees are required to:
    - Turn cell phones off or put them on silent or vibrate before starting the car
    - Consider modifying voice mail greetings to indicate that you are unavailable to answer calls or return messages while driving
    - Inform clients, associates, and business partners of this policy as an explanation of why calls may not be returned immediately
5) Employees who knowingly violate this policy may face disciplinary action, up to and including termination of employment.

## RELEASING CHILDREN TO IMPAIRED OR UNAUTHORIZED DRIVERS

Head Start Policy

SCS Head Start staff will share this policy (updated in 2022) with every family in the program:

1) No authorized adult who is unable to safely transport a child for any reason, including alcohol, drugs, or other condition will be allowed to transport a child from an SCS Head Start Center.
2) A child will never be released to an unauthorized adult.

Solutions

Staff will determine if a person coming to pick up a Head Start child is under the influence of alcohol, drugs, or any other condition to make it unsafe to release the child to an impaired driver. In a case where staff is concerned but not worried enough to keep the child from leaving with the adult, the staff person can say:

- "I'm a little worried about you and the child, please call me when you get home."
- "I'm worried enough that I'm going to follow you home to make sure that you get there safely."

In a case where the pickup person is not able to guarantee the safety of the child to the staff's satisfaction, these solutions will be offered:

- Call the parent(s) of the child (if the parent is not the impaired driver)
- Suggest an alternative pick-up person from the family's emergency contact list
- Call a taxi to transport the family home

- Keep the person and child at the center until the alternative driver arrives
- Talk with the incapacitated adult about any topic to keep him/her occupied

If the driver becomes uncooperative or belligerent:

- Call other staff for assistance
- Have another staff person remove the child to a safe place
- Call the police or emergency number (911)
- Keep talking to the hostile adult about any topic until help arrives

If the impaired driver succeeds in driving off with the child:

- Call police or emergency number and report what has occurred, including your concern
- Share the name of the individual
- Describe the car including make, model, year, and color

## PREVENTABLE ACCIDENTS

Many accidents are preventable. Whatever the weather conditions, always be aware of your speed. Adjust your driving according to visibility and other factors, such as road construction. If you feel it's not safe to drive, then don't. Remember to follow the rules of the road and be courteous to others. Try to anticipate the actions of others; a simple swerve should indicate that you need to be cautious. Pay attention at all times and avoid distractions.

### Backing Accidents

The driver is entirely responsible for backing safely. Backing is dangerous only if the driver neglects to make sure the way is clear and remains so during the entire movement. Backing should be assisted by another person when lacking visibility.

### Intersection Accidents

Stop lights, stop signs, or right-of-way is no protection against collision with violators, funeral processions, and fire, police, or ambulance vehicles. Always be aware of your environment.

### Pedestrian Accidents

Whether or not pedestrians have the right-of-way, a pedestrian accident should not be decided unavoidable unless the investigation fails to uncover anything that the driver could have done to prevent it. If the left lane stops at a crosswalk, and you are in the right lane, slow down and/or stop for the potential pedestrian.

### Rear-End Collisions

Rear-end collisions, whether with the vehicle ahead or behind, are caused by sudden stops at intersections, grade crossings, passenger stops, when preparing to turn or park, when improperly parked, or when rolling back before starting. They are seldom excusable. Most rear-end collisions can be avoided by foresight in controlling speed and allowing sufficient following distance. Watch the traffic situation ahead of the vehicle in front of you so that you can anticipate the need to stop. Stop gradually, not suddenly.

Traffic Lane Encroachment Accidents

Sudden accidents result from passing, weaving, squeeze plays, shut outs, or entering a line of moving traffic. Be patient and cautious when switching lanes.

Accidents Resulting from Mechanical Conditions

These consist of any accident that is blamed on mechanical failure that reasonable and prudent attention could have foreseen but was not reported for repair. This includes any accident blamed on mechanical failure as a result of the driver's operating his vehicle in excess of its mechanical limits, or from mechanical failure that results from a driver's rough or abusive handling.

Accidents with Fixed Rail Vehicles

Trains always have the right-of-way because they run on fixed tracks, cannot dodge or maneuver, and need greater braking distance than rubber tires. Make sure to stop at every train crossing and stay a safe distance back from all vehicles.

Miscellaneous and Non-Collision Accidents

These types of accidents typically include collisions with stationary objects, accidents where there is no collision, and accidents involving unattended vehicles.

Accidents involving scraping or striking curbs, buildings, signs, trees, posts, bridges, parked vehicles, and overhead obstructions, and accidents resulting from overturning, running off the roadway, or colliding with stationary objects are sometimes caused by taking emergency action to avoid another accident. Investigation usually reveals, however, that the driver was not driving defensively prior to that instant. Pay attention!

Accidents Blamed on Adverse Weather Conditions

Rain, fog, snow, sleet, or icy pavements do not cause accidents, but they do add more hazards to driving and make the normal hazards worse. Accidents blamed on skidding or bad weather conditions are usually classed as preventable because they can be prevented by reducing speed, installing skid chains, using sand, or stopping entirely.

Parking Accidents

Unconventional parking locations, double parking, or failure to put out warning devices generally constitute evidence for judging an accident preventable. Pull-away accidents from a parked position can be classified preventable (including unauthorized entry into an unlocked and unattended vehicle), failure to properly block wheels, or failure to turn wheels toward the curb to prevent vehicle movement.

## DEFENSIVE DRIVING COURSES

Defensive driving courses are recommended for any staff whose primary responsibility is transporting agency clientele. It is required for staff that has transportation responsibilities.

# VEHICLE MAINTENANCE CHECKLIST

Vehicle _____ Mileage _____ Date _____

Check each item. Mark each one that needs work.

| Okay | Needs Work | Item | Remarks |
|---|---|---|---|
| ☐ | ☐ | 1. Service Brakes | |
| ☐ | ☐ | 2. Parking Brakes | |
| ☐ | ☐ | 3. Steering Gear | |
| ☐ | ☐ | 4. Tires | |
| ☐ | ☐ | 5. Engine | |
| ☐ | ☐ | 6. Exhaust System | |
| ☐ | ☐ | 7. Clutch | |
| ☐ | ☐ | 8. Transmission | |
| ☐ | ☐ | 9. Windshield Wipers | |
| ☐ | ☐ | 10. Defroster and Heater | |
| ☐ | ☐ | 11. Horn | |
| ☐ | ☐ | 12. Rear View Mirrors | |
| ☐ | ☐ | 13. Cab Glass | |
| ☐ | ☐ | 14. Cab Doors | |
| ☐ | ☐ | 15. Lights and Reflectors | |
| ☐ | ☐ | 16. Emergency Equipment | |
| ☐ | ☐ | 17. Fire Extinguisher | |
| ☐ | ☐ | 18. Accident Report Forms | |
| ☐ | ☐ | 19. Regular Oil Changes | |
| ☐ | ☐ | 20. Check Fluids | |
| ☐ | ☐ | 21. Other | |

I have checked the above items and found them as noted.

Driver's Signature _____ Date _____

Follow-Up _____ Date _____

## SECTION V – WORKPLACE SAFETY

### LOCK OUT / TAG OUT

Purpose

This establishes SCS policy for protecting employees who must do service or maintenance on machines or equipment and who could be injured by an unexpected start-up or release of hazardous energy. Service or maintenance includes erecting, installing, constructing, repairing, adjusting, inspecting, unjamming, setting up, troubleshooting, testing, cleaning, and dismantling machines, equipment, or processes. This policy will ensure that machinery or equipment is stopped, isolated from all hazardous energy sources, and properly locked or tagged out.

Scope

This policy applies to all SCS employees who may be exposed to hazardous energy during service or maintenance work. Uncontrolled energy includes potential, kinetic, flammable, chemical, electrical, and thermal sources.

Employer and Employee Responsibilities

SCS is responsible for implementing and enforcing this policy. All employees must comply with this policy. Supervisors must enforce the use of lockout and tagout devices when employees do service or maintenance work and may be exposed to hazardous energy. Employees who do service and maintenance work must follow the lockout/tagout procedures described in this policy. Employees who work in areas where lockout/tagout procedures are used must understand the purpose of the procedures and are prohibited from attempting to restart machines or equipment that are locked or tagged out.

Lockout and Tagout Devices

Lockout and tagout devices must meet the following criteria to ensure that they are effective and not removed inadvertently:

- Lockout devices must work under the environmental conditions in which they are used. Tagout device warnings must remain legible even when they are used in wet, damp, or corrosive conditions.
- Lockout and tagout devices must be designated by color, shape, or size. Tagout devices must have a standardized print and warning format.
- Lockout devices and tagout devices must be strong enough that they can't be removed inadvertently. Tagout devices must be attached with a single-use, self-locking material, such as a nylon cable tie.
- Any employee who sees a lockout or tagout device must be able to recognize who attached it and its purpose.
- Each lock must have a unique key or combination.

Energy-isolating devices are the primary means for protecting SCS employees who service equipment and must be designed to accept a lockout device. Energy isolating devices must clearly identify function.

Electrical energy sources: Lockout or tagout of electrical energy sources must occur at the circuit disconnect switch. Electrical control circuitry does not effectively isolate hazardous energy. See also, *Alternative Methods* (page 33).

Exposure Survey

Maintenance will conduct a hazardous-energy survey to determine affected machines and equipment, types and magnitude of energy, and necessary service and maintenance tasks. Eash task will be evaluated to determine if it must be accomplished with lockout or tagout procedures.

Energy Control Procedures

Authorized employees who lockout or tagout equipment or do service and maintenance must follow specific written energy-control procedures. The procedures must include the following information:

- The intended use of the procedure
- Steps for shutting down, isolating, blocking, and securing equipment
- Steps for placing, removing, and transferring lockout devices
- Equipment-testing requirements to verify the effectiveness of the energy-control procedures

When re-energizing equipment is necessary — when power is needed to test or position the equipment, for example — temporary removal of lockout or tagout devices is allowed. This applies only for the time required to perform the task and the procedure must be documented.

Employees must do the following before they begin service or maintenance work:

1) Inform all affected employees of equipment shutdown.
2) Shut down equipment.
3) Isolate or block hazardous energy.
4) Remove any potential (stored) energy.
5) Lockout or tagout the energy sources.
6) Verify the equipment is isolated from hazardous energy and de-energized.

Employees must do the following to remove lockout or tagout devices and re-energize equipment:

1) Remove tools and replace machine or equipment components.
2) Inform coworkers about energy-control device removal.
3) Ensure all worker are clear of the work area.
4) Verify machine or equipment power controls are off or in a neutral position.
5) Remove the lockout or tagout device.
6) Re-energize the equipment.

Specific Energy-Control Procedures

This company has developed specific energy-isolation procedures for all machines and equipment that have energy-isolating devices.

Special Lockout/Tagout Situations

A) *Energized Testing*: When an energy-isolating device is locked or tagged and it is necessary to test or position equipment, do the following:
    1) Remove unnecessary tools and materials.
    2) Ensure that all other employees are out of the area.
    3) Remove locks or tags from energy-isolating devices.
    4) Proceed with test.
    5) De-energize equipment and lockout or tagout energy-isolating devices.
    6) Operate equipment controls to verify that the equipment is de-energized.

B) *Contract Service and Maintenance*: SCS and contractors must be aware of their respective lockout/tagout procedures before the contractor does onsite work. SCS employees must understand and comply with the contractor's energy-control procedures.

C) *Group Lockout*: When authorized employees must service equipment that has several energy sources and several energy-isolating devices, the employees must follow group lockout procedures.

D) *Shift Changes and Long-term Shutdowns*: Employees must follow SCS specific written procedures when it is necessary to continue lockout/tagout when work shifts change and during long-term shutdowns. Maintenance is responsible for monitoring lockout and tagout devices that control the energy to equipment during long-term shutdowns.

E) *Alternative Methods*: When lockout or tagout is not used for tasks that are routine, repetitive, and integral to the production process, or prohibits the completion of those tasks, then an alternative method must be used to control hazardous energy. Selection of an alternative control method must be based on a risk assessment of the machine, equipment, or process. The risk assessment must consider existing safeguards provided with the machine, equipment, or process that may need to be removed or modified to perform a given task. For example, when control circuits are used as part of the safeguarding system, the system must be designed to ensure protection as effective as a mechanical disconnect switch or master shutoff valve. A control-reliable dual channel hardwired circuit of industrially rated components that satisfies the design features as specified in ANSI B11.19, with a safety relay or safety PLC to ensure integrity and performance of the safeguarding system, must be used. Under all circumstances, the individual must have exclusive personal control over the means to maintain the state of the control circuit in a protective mode.

Training

Employees who may be exposed to hazardous energy will receive training before assignment to ensure that they understand SCS energy-control policy and have skills to apply, use, and remove energy controls. The training will include the requirements of 1910.147 and the following:

- Affected employees will be trained in the purpose and use of energy-control procedures. An affected employee uses equipment that is being serviced under lockout or tagout procedures or works in an area where equipment is being serviced.
- Authorized employees will be trained to recognize hazardous energy sources, the type and magnitude of energy in the workplace, the methods and means necessary for isolating and controlling energy, and

the means to verify that the energy is controlled. An authorized employee locks out or tags out equipment to do service work. An affected employee becomes an authorized employee when that employee's duties include service or maintenance work on equipment.

- Employees whose jobs are in areas where energy-control procedures are used will be trained about the procedures and the prohibition against starting machines that are locked or tagged out.
- Employees will be retrained annually to ensure they understand energy-control policy and procedures.
- Authorized and affected employees will be retrained whenever their job assignments change, energy-control procedures change, equipment or work processes present new hazards, or when they don't follow energy-control procedures.
- Current training records will be maintained for each authorized and affected employee, including the employee's name and the training date.

Inspections of Written Energy-Control Procedures

SCS will perform and document annual inspections of energy-control procedures to ensure that employees understand and use them effectively. Documentation will include the following:

- The equipment on which the procedure is used
- The date of inspection
- The employees included in the inspection
- The inspector

If an inspector finds that employees are not following an energy-control procedure or that the procedure is not protecting them, employees must be retrained, and the procedure's deficiencies corrected.

The inspector must understand the procedure and must be someone other than those following the procedure at the time of the inspection. Each procedure's accuracy, completeness, and effectiveness must be verified.

If the inspection covers a procedure for equipment with an energy-isolating device that can be locked out, the inspector must review the procedure with the employees who use it to service the equipment. The inspector can review the procedure with the employees individually or in a group.

If the inspection covers a procedure for equipment with an energy-isolating device that can only be tagged out, the inspector must review the procedure with the authorized employees who service the equipment and with affected employees who may work in the area when the equipment is serviced. The inspector can review the procedure with the employees individually or in a group.

Definitions

- *Affected employee*: A person who uses equipment that is being serviced under lockout or tagout procedure, or who works in an area where equipment is being serviced.
- *Authorized employee*: A person who locks out or tags out equipment to do service or maintenance work. An affected employee becomes an authorized employee when that employee's duties include service or maintenance work on equipment.
- *Capable of being locked out*: An energy-isolating device that is designed with a hasp or other means of attachment to which or through which a lock can be affixed, or if it has a locking mechanism built into

it. Other energy-isolating devices will also be considered to be 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.

- *Disconnect*: A switch that disconnects an electrical circuit or load (motor, transformer, or panel) from the conductors that supply power to it. An open circuit does not allow electrical current to flow. Inder a lockout procedure, a disconnect must be capable of being locked in the open position.
- *Energized*: connected to an energy source or containing potential energy.
- *Energy source*: Any source of energy. Examples: electrical, mechanical, hydraulic, pneumatic, chemical, and thermal.
- *Energy*-isolating device: A mechanical device that physically prevents transmission or release of energy.
- *Hazardous energy*: Any of the types of energy existing at a level or quantity that could be harmful to workers or cause injury through inadvertent release or start-up of equipment.
- *Lockout device*: A device that locks an energy-isolating device in the safe position.
- *Lockout*: Placing a lockout device on an energy-isolating device, under an established procedure, to ensure the energy-isolating device and the equipment it controls can't be operated until the lockout device is removed. (An energy-isolating device is capable of being locked out if it has a hasp that accepts a lock or if it has a locking mechanism built into it.)
- *Procedure*: A series of steps taken to isolate energy and shut down equipment.
- *Servicing or maintenance*: Workplace activities, such as constructing, installing, setting up, adjusting, inspecting, modifying, and maintaining machines or equipment. Also includes lubricating, cleaning, unjamming, and making adjustments or tool changes if a worker may be exposed to the unexpected startup of the equipment during such activities.
- *Tagout device*: A prominent warning sign, such as a tag, that can be securely fastened to an energy-isolating device to indicate that the energy-isolating device and the equipment it controls can't be operated until the tagout device is removed.
- *Tagout*: Placing a tagout device on an energy-isolating device, under an established procedure, to indicate that the energy-isolating device and the equipment it controls can't be operated until the tagout device is removed.

### SAFE LIFTING

SCS practices safe lifting procedures to avoid unnecessary injuries. A safe lift means maintaining proper body alignment with ears, shoulders, and hips in a straight line. Safe lifting information will be made available to all staff as requested and/or deemed necessary. Training is given to staff on proper lifting techniques when necessary.

Using Proper Lifting Techniques

Follow the techniques listed below before lifting a heavy or bulky load. Never lift anything heavy without assistance.

1) Size up the load before attempting to lift. Check for weight and bulk. If the load is too heavy to lift, use proper lifting equipment, such as a dolly or a back support belt, when necessary.
2) Plan ahead before carrying a load. Ask yourself how far you will be carrying the load. Is the distance within your capacity? Always check the pathway before carrying; look for good walking conditions and face forward when walking.
3) Center yourself over the load. Your feet should be shoulder width apart and placed close to the object. Bend your knees and get a good handhold, then lift straight up, using your legs and not your back.
4) Keep the load close to your body and avoid any sudden twisting or turning. Avoid extending your arms forward of your body.
5) To set the load down properly, lower the object slowly, bending at the knees (not at the waist), keeping a straight back.
6) When catching a falling or a tossed object, your feet should be firmly planted, back straight, and knees slightly bent.
7) When possible, always push; do not pull an object.

Abdominal belts may be worn in an effort to help reduce injury and illness. Keep the following in mind: the belt should be fitted correctly and used properly at all times. An abdominal belt is a tool that is utilized to remind the lifter to use proper lifting techniques. It does not mean that you can lift heavier loads. When worn properly, the abdominal belt increases pressure in the abdominal cavity and helps relieve the spine and back muscles. For this reason, the outer Velcro straps should be loosened when you are not performing a lift, and tightened only for the purpose of a lift.

In addition to safe lifting techniques, flexibility, strength, and muscular endurance all aid in the prevention of aches, pains, and more serious injuries. It is also recommended that you modify your static body position every two to three hours to increase circulation and rest active muscles.

## STRETCHING AND MOVING

Interspersing short movements and exercises a few times throughout the day can boost energy and prevent or reduce stiffness and pain from being in a static position, such as sitting, for long periods of time. Do a warmup first, which can be done by simply walking around the room, to increase the core temperature of your body, followed by stretches or other movements. Stretches and movements should be done slowly and smoothly, not in a jerky motion, to prevent possible injury. Modify your choice of exercise if you experience discomfort.

Some helpful movements and stretches may include the following:

- neutral standing
- finger stretching
- shoulder rolls
- reaching for the sky
- side bend reach
- trunk rotation
- backward bends
- thigh stretches
- hip and buttock stretches
- hamstring stretches
- calf stretches

## PREVENTING SLIPS, TRIPS, AND FALLS

During the winter months, especially when water, snow, and/or ice is present, maintain vigilance regarding outdoor walking and working surfaces. Select proper footwear that offers good traction and modify your pattern of movement or gait when walking on surfaces that are not clear and dry. SCS will provide shoe grips upon request.

## SUN SAFETY

If in an environment where you will be fully exposed to sunlight, care should be taken. Limit exposure time, especially during the summer months, when the sun's rays are most intense, between 10:00 a.m. and 2:00 p.m. If you are working during that time period, take breaks in the shade or bring shade with you on the job.

### Skin Safety

1) Cover up with protective clothing. Choose light, tightly woven comfortable clothing.
2) Use sunscreen and lip balm with an SPF of 30 or higher, applying at least 30 minutes before exposure and reapplying every two hours.
3) Wear a wide-brimmed hat to shade face, ears, and neck. If wearing a baseball cap, remember to protect ears and neck with sunscreen.
4) Wear sunglasses with 100% UVA and UVB absorption to protect your eyes.

### Heat Safety

People suffer heat-related illness when their bodies are unable to compensate for the heat and cool themselves, which is usually accomplished through sweating. A variety of factors can affect someone's ability to cool themselves during extremely hot weather, including high humidity, age, and health issues.

Prevention is best. Air conditioning is the best protective factor. Increased fluid intake will help prevent dehydration. Avoid very cold drinks as they may cause stomach cramps. Wear less clothing, choosing lightweight, light-colored, and loose-fitting clothes. Try to limit outdoor activity during the hottest part of the day, resting periodically in the shade. Eat small meals and eat more often, avoiding foods high in protein.

Problems that can develop with excessive heat include:

1) Heat rash—a skin irritation caused by excessive sweating during hot, humid weather. It is most common with young children and is not usually dangerous.
2) Heat cramps—muscular pains and spasms due to exertion. They are an early signal that the body is having trouble coping with the heat.
3) Heat exhaustion—typically occurs when people exercise or work in a hot, humid place where body fluids are lost through heavy sweating. Blood flow to the skin increases, which decreases the flow of blood to the vital organs. The result is a form of mild shock. If not treated, it can lead to heat stroke.
4) Heat stroke/sunstroke—life-threatening. The body can no longer cool itself. The body temperature can rise so high that brain damage and death may result if the body is not cooled quickly.

If problems occur, know the warning signs and take action.

1) Heat rash—a red cluster of pimples, a red area of skin, or small blisters; this is more likely to occur on the neck and upper chest, in the groin, under arms, and in elbow creases. Provide a cooler, less humid environment, keeping the affected area dry.
2) Heat cramps—If cramps develop with someone who has a heart problem, get medical attention. Otherwise, stop all activity and sit in a cool place, drink clear juice or a sports drink, and seek medical attention if the cramps do not subside in an hour.
3) Heat exhaustion—cool, moist, pale, or flushed skin; heavy sweating; headache; nausea or vomiting; dizziness; and/or fatigue. Body temperature will be near normal. Take cooling measures, such as drinking cool beverages as recommended by a doctor, rest, take a cool shower or bath, go to an air-conditioned space. Seek medical help if the person vomits, has a change in mental status, chest pain, or difficulty breathing.
4) Heat stroke—hot, red skin; changes in consciousness; rapid, weak pulse; and rapid, shallow breathing. Body temperature can be as high as 105°F. If the person was sweating from heavy work or exercise, skin may be wet, otherwise it will be dry. This is a life-threatening emergency. Get the victim to a shady area and call for emergency medical help. Cool the victim rapidly using whatever cooling method is immediately available. Do not give the victim fluids to drink.

### OFFICE ERGONOMICS

The goal of office ergonomics is to set up an employee's workspace so that it fits that person and the job they are doing. Office ergonomics not only provides more comfort, but it can also help lower stress and injury caused by awkward positions and repetitive tasks. Workstation elements are a major factor in office ergonomics.

See page 39 for a Workstation Measurements Guide.

See page 40 for a Workstation Checklist.

## WORKSTATION MEASUREMENTS GUIDE

Please note that the measurements indicated here are a guide only. Each workstation must be adjusted to fit the individual worker.

- ☐ 1. **Height of the work surface**: From where the user will be typing. For example, if the employee uses an under the desk keyboard tray, the measurement should be taken to the top of the tray, not to the top of the desk. It should adjust to approximately 27 inches.
- ☐ 2. **Width of the work surface**: 30 inches. User should have enough room widthwise so that elbows are not restricted.
- ☐ 3. **Viewing distance from user's eyes to monitor**: 18 to 24 inches.
- ☐ 4. **Eyes in relation to screen**: Topmost line of monitor level with user's eyes to ensure proper neck positioning. (Exception: those who wear bifocals or trifocals, in which case the monitor will be lower to permit proper head/neck alignment.)
- ☐ 5. **Knee room**: Pay close attention to be sure that there is adequate knee room (i.e. keyboard tray should not be resting on user's legs). Check under the desk and ensure that it is not cluttered with storage to give the employee adequate room under the desk.
- ☐ 6. **Chair/seat height**: Adjustable 16 to 20.5 inches. Adjust seat so that feet are flat on the floor or use a footrest as needed. If footrest is required, choose a rest that is adjustable and promotes a posture whereby the knees are in line with the hips. Chair should provide adjustment necessary to promote acceptable arm/wrist posture during data input. Knees should be in line with hips when sitting. Adjust back rest for maximum comfort. Arm rests should be used for resting during breaks, not used during typing.
- ☐ 7. **Keyboard**: Position keyboard in line with torso and monitor. If desktop is too high (greater than 27 inches) then an adjustable keyboard tray should be provided and adjusted to proper height. Position the keyboard so that the upper arm and forearm forms a right angle when typing. Maintain elbows at 90 degrees and close to the torso.
- ☐ 8. **Mouse**: Ensure proper mouse placement so that the elbows are close to the torso. Place on same level as keyboard. Minimize reaching when placing mouse.
- ☐ 9. **Wrist rest**: Use soft, rounded wrist rest. Avoid hard, plastic rests that often come with the keyboard tray. Wrist rests help to ensure that the wrist is maintained in a neutral position.
- ☐ 10. **Monitor**: Position monitor directly in front of torso. Avoid positioning monitor directly under overhead lighting in order to reduce glare on the screen.
- ☐ 11. **Document positioning**: Use document holders as necessary to promote neutral head/neck positioning.
- ☐ 12. **Printers, scanners, etc.**: Monitor location of printers, scanners, and other peripherals, as they can cause reaching and awkward postures.
- ☐ 13. **Telephones**: Avoid cross body reaches when placing the telephone. Avoid cradling the phone between neck and shoulder. Provide a headset for those employees who use the phone regularly, as it promotes neutral hand/neck posture. Position the phone close to the body to eliminate overreaching.
- ☐ 14. **Reference Materials**: Avoid extreme reaching overhead or below shoulder. Relocate frequently used materials to work surface.
- ☐ 15. **Stapling**: For job tasks which require significant stapling, provide an electrical stapler.
- ☐ 16. **Breaks**: Remind user to take regular breaks.

# WORKSTATION CHECKLIST

Employee Name _____ Evaluator _____

Date _____

| Yes | No | POSTURAL ANALYSIS |
|---|---|---|
| ☐ | ☐ | Shoulders relaxed when performing data input and related tasks |
| ☐ | ☐ | Frequent reaching over 20 inches |
| ☐ | ☐ | Elbows close to torso |
| ☐ | ☐ | Upper arms hang comfortably from sides |
| ☐ | ☐ | Forearms parallel with floor |
| ☐ | ☐ | Wrist in neutral posture when on home row |
| ☐ | ☐ | Do wrists deviate during data input? |
| ☐ | ☐ | Ears over shoulders when viewing monitor |
| ☐ | ☐ | Neck rotated to either side |
| ☐ | ☐ | Spine in natural "S" curve |
| ☐ | ☐ | Knees equal to or slightly lower than the hips |
| ☐ | ☐ | Lower legs extend straight to floor |
| ☐ | ☐ | Feet flat on floor or supported by footrest |
| ☐ | ☐ | Other: |

| Yes | No | EQUIPMENT LIST |
|---|---|---|
| ☐ | ☐ | Pointing device on same plane as keyboard |
| ☐ | ☐ | Document holder required |
| ☐ | ☐ | Document holder placed to promote neutral head/neck posture |
| ☐ | ☐ | Chair adjustments: Seat pan up/down |
| ☐ | ☐ | Chair adjustments: Positive/negative seat pan tilt |
| ☐ | ☐ | Chair adjustments: Backrest tilts forward/backward |
| ☐ | ☐ | Chair adjustments: Lumbar support |
| ☐ | ☐ | Electric stapler |
| ☐ | ☐ | Calculator placed to reduce reach and promote neutral postures |
| ☐ | ☐ | Footrest required |
| ☐ | ☐ | Forearm/wrist support |
| ☐ | ☐ | Other: |

| Comments: |
|---|
| |
| |

| Yes | No | ENVIRONMENTAL ISSUES |
|---|---|---|
| ☐ | ☐ | Exposure to direct or indirect glare |
| ☐ | ☐ | Task lighting |
| ☐ | ☐ | Temperature extremes |
| ☐ | ☐ | Obvious air quality issues |
| ☐ | ☐ | Noise levels acceptable for tasks |
| ☐ | ☐ | Space constraints |
| ☐ | ☐ | Other: |

| Yes | No | BEHAVIORAL/WORK ISSUES |
|---|---|---|
| ☐ | ☐ | Productivity measurements, i.e., keystrokes, number of documents |
| ☐ | ☐ | Stretches performed throughout the day |
| ☐ | ☐ | Recovery time available |
| ☐ | ☐ | Poor posture due to habits |
| ☐ | ☐ | Trained on computer and monitor usage |
| ☐ | ☐ | Employee appears resistant to change |
| ☐ | ☐ | Eye examination within last two years |
| ☐ | ☐ | Other: |

Recommendations:

## SECTION VI – EMPLOYEE SAFETY TRAINING AND ORIENTATION

The SCS Safety Plan Summary is clearly presented and reviewed in the Personnel Policies and Procedures Manual, and new employees are required to sign off, indicating that it was received, discussed, and understood for immediate compliance.

New employee orientation further reviews the organization's safety policies with new employees as part of the regular agenda. This agency orientation includes a review of the safety plan as well as supplying safety training materials and forms to report accidents, occupational diseases, and unsafe conditions.

Ongoing safety training is available to all employees. Examples include Safety Care Training, CPR/AED training, bloodborne pathogens training, and first aid workshops. Additional topics vary with need and time of year. Dates and times are communicated to all employees. A certificate of safety training should be uploaded to SCS' HRIS system (*Paylocity*).

Safety specific training may include the following:

- defensive driver training for drivers
- safe lifting
- kitchen safety for cooks
- office ergonomics for clerical workers
- universal precautions, preventing disease transmission, and bloodborne pathogens
- fire safety

Additional program specific training will be determined by program directors and/or recommended by the SCS Safety Team.

### SAFETY CHECKLISTS AND TRAINING RECORD

1) For the New Employee Safety Orientation Checklist, see page 43 of this manual.
2) For the Maintenance Department Employee Safety Checklist, see page 44 of this manual.

# NEW EMPLOYEE SAFETY ORIENTATION CHECKLIST

| When every employee takes responsibility for safety: |
|---|
| ☐ The company complies with government safety regulations |
| ☐ There's less risk of injury or illness |
| ☐ The air, water, and safety of the community are protected |
| **The company helps ensure safety with:** |
| ☐ Training programs |
| ☐ Investments in safe systems and equipment |
| ☐ Personal protective equipment |
| ☐ Compliance with safety regulation |
| **You help ensure safety by always following these common-sense safety practices:** |
| ☐ Keep the work area neat and free of hazards |
| ☐ Learn the hazards of the equipment and procedures you use on the job |
| ☐ Learn about and use the protective equipment and procedures called for in your job |
| ☐ Inspect tools and protective equipment before use |
| ☐ Report any defective, malfunctioning, or suspicious tool, machine, or protective equipment immediately |
| ☐ Participate actively in safety training and safety meetings |
| ☐ Ask questions about any hazard, policy, or procedures you aren't sure about |
| ☐ Never run, fool around, or ignore safety rules |
| ☐ Build safety awareness and alertness—better safe than sorry |
| ☐ Make safety your responsibility |
| **In an emergency:** |
| ☐ Know how to recognize and turn on alarms |
| ☐ Know who to contact and where their numbers are posted |
| ☐ Know where to find and how to use fire extinguishers |
| ☐ Know which emergencies must be handled by trained personnel/professionals |
| ☐ Know where to go in an evacuation |
| ☐ Know where to find and how to use first-aid kits, eye washes, and showers |

# MAINTENANCE EMPLOYEE SAFETY CHECKLIST

(Revised January 10, 2017)

Each employee of the SCS Maintenance Department is required to receive training in the following areas when hired and will review this training periodically with the Maintenance Director.

The training will include the following:

| |
|---|
| Fall Protection Training |
| ☐ Always using a harness when working more than four feet above the ground |
| ☐ Never working alone when there is a risk of falling |
| ☐ Proper use of the hydraulic staging |
| Ladder Safety |
| ☐ The proper way to set up a ladder |
| ☐ Inspecting the ladder before use |
| ☐ Proper use of step ladders and extension ladders |
| ☐ When to use a harness on a ladder |
| ☐ Using the right ladder for the job |
| Use of Power Tools |
| ☐ The proper use of guards on table saws and circular saws |
| ☐ Inspecting the equipment before use |
| ☐ Electrical equipment safety |
| Slips and Falls |
| ☐ Wear ice grippers when working on icy surfaces |
| ☐ Safety harnesses |
| ☐ Roof safety |
| Protective Equipment |
| ☐ Eye protection |
| ☐ Hearing protection |
| ☐ Gloves and footwear |
| ☐ Kneepads |
| ☐ Proper clothing |
| First Aid and Injury Procedures |
| ☐ Location and use of the first aid kits |
| ☐ What to do if someone is injured |
| ☐ Report all injuries even when they are minor |

I hereby certify that I have received training in the above procedures and understand that I am required to follow these procedures when working as an SCS Maintenance Associate.

Printed Name

Signature

Date

## SECTION VII – EMERGENCY PROCEDURES

### FIRE SAFETY POLICY

If there is a fire in any portion of the building, evacuate, closing doors behind you to contain the fire. Make sure that everyone is out. Call 911 when you are in a safe location. Do not re-enter the building until it is cleared by emergency personnel. Smoke is more dangerous than fire and can kill quickly; do not enter a smoky building.

For a fire to keep burning, it requires oxygen, fuel (wood, gasoline, paper, etc.), and heat (the fire itself). The burning fire creates a chemical chain reaction. When one of these key ingredients is removed, the fire will go out.

If the fire is small and controllable, a person who is trained in how to properly use a fire extinguisher may attempt to use the extinguisher to put the fire out. However, do not attempt to put out a fire without someone else present, and do not attempt to put out even a small fire if you have not received training on how to properly use a fire extinguisher.

#### Fire Extinguisher Use

For Trained Personnel Only:

Match the type of extinguisher to the type of fire. Do not guess. The picture on its label indicates the type of fire on which the extinguisher should be used.

- Class A: An ordinary fire (can be put out with water, e.g., wood, paper)
- Class B: A liquid fire (flammable liquids, e.g., gasoline, oil)
- Class C: An electric fire
- Class D: A fire involving metals (ending in "ium"; e.g., magnesium, titanium)

In the case of an electrical fire, know the location of the circuit breakers and disconnect the electricity by shutting down the entire building. Once the electricity is disconnected, it becomes a Class A fire. If flammable liquids are burning, it would be a Class B fire.

Never try to fight a fire alone. Always use the buddy system, each person having his own extinguisher. Never leave your buddy alone to fight the fire.

Never turn your back on a fire, even if you think it's out. Follow the evacuation procedure until emergency personnel gives the signal that all is clear.

#### Evacuation Procedure

1) Alarm sounds.
2) The staff person with the most senior position communicates the need to evacuate to all other staff in the immediate vicinity or that section of the building.
3) All available staff assists others in safely evacuating the building.
4) If the building is determined to be safe by emergency services, staff may go back inside the building.

## FIRE EXTINGUISHERS

Fire Extinguisher Inspections

To ensure compliance with all safety regulations, fire extinguisher inspections will be performed annually by professionals at all SCS locations.

Follow this procedure for interim SCS inspections.

1) Pressure gauge: Check to see if the arrow is in the green area.
2) Hose: Check to make sure the hose unit isn't blocked or cracked.
3) Safety Pin: Make certain the pin is in securely.
4) Contents: Turn the extinguisher upside down and tap on the bottom to distribute the contents.
5) Inspection tag: Look for the yellow tag. If the tag is not through the pin, do not use; have the unit serviced.

Fire Extinguisher Procedure

Follow the PASS method:

1) P = PULL: Pull hard to break the yellow tag seal.
2) A = AIM: Always aim the hose at the bottom of the flames.
3) S = SQUEEZE: Squeeze the trigger, holding the bottom of the extinguisher for better leverage.
4) S = SWEEP: Sweep in a nice, even motion.
5) If the extinguisher becomes empty, put it aside and evacuate the building immediately.

## FIRE DRILL PROCEDURES (KEENE LOCATION)

1) Notify all businesses and occupants sharing the building space of the upcoming fire drill.
2) Get the key to the electrical utility room, located in the hallway by the entrance to New Hope.
3) Call Mutual Aid at 603.357.9861, and tell them you are going to disconnect from City Box to conduct a fire drill. Ask them to transfer you to the Watch Desk at the Keene Fire Department.
4) Enter the electrical utility room and open the fire box (key is in the lock).
5) Locate the City Box (a silver box beneath and to the left of the alarm box). Push the lever switch down to disconnect (up is the normal, connected position).
6) Return to the alarm box and locate the four (4) red buttons on the right-hand side. Push the "ack" (acknowledge) button (at the top) until the trouble beeping stops.
7) Push and hold the red "drill" button (third button down) until the fire alarm sounds.
8) After the drill is complete, push the red "reset" button (fourth button down). The alarm should stop sounding.
9) A message of "initializing—please wait" will appear in the window of the alarm system. Once reset, a "system all normal" message will appear in the window.
10) Reset the City Box lever back to normal (up position).
11) Lock the alarm box, leaving the key in the lock.
12) Call Mutual Aid and the Watch Desk and report that a fire drill has been successfully completed.

### WHAT TO DO IN CASE OF FIRE

1) If you discover a fire, immediately yell FIRE and pull the closest fire alarm.
2) Call 911 and communicate the location, severity, and type of fire (electrical, building, furniture, etc.).
3) In the Keene and Claremont office buildings, notify the receptionist, who will announce where the fire is and direct everyone to evacuate the building immediately. For remote locations, communicate with all individuals in other areas of the building and evacuate.
4) Keep calm. Most lives are lost because of panic.
5) If possible, assist all persons who are in immediate danger.
6) If you are the only properly trained person, and it is a small, controllable fire, attempt to use the fire extinguisher to put out the fire. However, never fight a fire alone.
7) If the fire is located in the corridor on your floor, or if you are uncertain of its location, remain in your office. Close all doors. Open windows only as needed for fresh air and yell for assistance. Stay low to the ground to avoid smoke. (History of fires indicates that more people are injured or killed by smoke, heat, or suffocation in a fire than by the flames.)
8) Evacuate the area, and if time allows, turn on lights as you leave, close doors as you exit, and proceed to the nearest emergency exit.
9) Feel all doors before you attempt to open them. If a door is hot, do not open it. If it is not hot, open it slowly and note the condition in the hall.
10) If hallways are clear of fire and smoke, proceed to exit.
11) Check for a posted evacuation route. Walk quickly—do not run—to the exit closest to your area.
12) Keep to the right in halls and stairways, in single file, merging alternately when two lines meet at various floor landings.
13) Use handrails when proceeding downstairs.
14) People using wheelchairs or crutches should be carried. Assistive devices, such as wheelchairs or crutches, should not be taken into the stairwell.
15) Do not turn back for any reason.
16) Proceed to the outside designated assembly area.
17) The most senior employee present will act as supervisor until emergency professionals arrive (see below). They will account for all personnel assigned to that area, will arrange for necessary first aid, and will report any missing personnel to their supervisor or to other persons in authority who will report to the outside emergency response service.

### SUPERVISORS' RESPONSIBILITIES

Note: A supervisor in an emergency is the employee with the most senior position at that time. They will defer to emergency professionals when they are on the scene.

1) Assess the situation and determine whether an emergency exists which requires activating the emergency procedures.
2) Ensure that 911 has been called.

3) If possible, assist with evacuating personnel and with minimizing property loss.
4) Supervisors should account for all personnel assigned to their area, arrange for necessary first aid, and report any missing personnel to their supervisor or to other persons in authority who will report to the outside emergency response service.

**EARTHQUAKES**

During an earthquake, stay as safe as possible. Be aware that some earthquakes are actually foreshocks and a larger earthquake might occur. Minimize your movements to a few steps to a nearby safe place. If you are indoors, stay there until the shaking has stopped and you are sure exiting is safe.

<u>If Indoors</u>

1) Drop to the ground; take cover by getting under a sturdy table or other piece of furniture; and hold on until the shaking stops. If there isn't a table or desk near you, cover your face and head with your arms and crouch in an inside corner of the building.
2) Stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture.
3) Stay in bed if you are there when the earthquake strikes. Hold on and protect your head with a pillow unless you are under a heavy light fixture that could fall. In that case, move to the nearest safe place.
4) Use a doorway for shelter only if it is in close proximity to you and if you know it is a strongly supported, loadbearing doorway.
5) Stay inside until the shaking stops and it is safe to go outside. Research has shown that most injuries occur when people inside buildings attempt to move to a different location inside the building or try to leave.
6) Disruptions are to be expected: Be aware that the electricity may go out or the sprinkler systems or fire alarms may turn on.
7) Do not use the elevators.

<u>If Outdoors</u>

1) If outdoors, stay there. Do not attempt to enter a building.
2) Move away from buildings, streetlights, and utility wires.
3) Once in the open, stay there until the shaking stops. The greatest danger exists directly outside buildings, at exits, and alongside exterior walls. Ground movement during an earthquake is seldom the direct cause of death or injury. Most earthquake-related casualties result from collapsing walls, flying glass, and falling objects.

<u>If in a Moving Vehicle</u>

1) Stop as quickly as safety permits and stay in the vehicle. Avoid stopping near or under buildings, trees, overpasses, and utility wires.
2) Proceed cautiously once the earthquake has stopped. Avoid roads, bridges, or ramps that might have been damaged by the earthquake.

If Trapped Under Debris

1) Do not light a match.
2) Remain still; do not move about or kick up dust.
3) Cover your mouth with a handkerchief or clothing.
4) Signal for help by tapping on a pipe or wall so rescuers can locate you. Use a whistle if one is available. Shout only as a last resort. Shouting can cause you to inhale dangerous amounts of dust.

## TORNADOES

A tornado watch means that a tornado is likely over a large area. A tornado warning means that a tornado has been sighted or is indicated on the weather radar for a specific area. Staff and their clients should be directed to take cover when:

- a tornado is sighted
- a tornado warning is issued that affects the center in which you are working
- high winds exceed 60 miles/hour
- hail is golf ball sized or larger
- pressure drops rapidly; there are dark greenish clouds

When a tornado watch is issued, the acting supervisor should monitor weather updates via a radio or device giving reliable weather alerts. All staff and clients should be prepared to take shelter and remain alert for warnings.

When taking shelter, all individuals should:

- move away from glass windows and doors and do not use elevators.
- close all doors leading to outside rooms and exterior areas.
- seek shelter in a small, interior, windowless room on the lowest level of the building, such as a bathroom, closet, or hallway.
- protect heads with whatever cover might be available, such as a jacket.

## LIFE-THREATENING MEDICAL EMERGENCIES

The primary focus in all emergency management situations is the safety and well-being of the clients and staff. There are different reasons why you may have a medical emergency. Medical emergencies vary in severity. In this situation, the patient needs immediate medical attention to stabilize and prevent the medical condition from deteriorating. In this situation, all clients and staff should remain in designated rooms, and hallways must be emptied to allow emergency personnel clear access. Some possible scenarios may include:

- Compound fractures
- Severe lacerations
- Severe burns
- Heart attack
- Severe allergic reactions
- Unconsciousness
- Internal bleeding

Different scenarios will require different responses. Each incident will vary in degree of severity, and no two incidents will be the same.

Life-threatening Medical Emergencies Procedures

1) Staff member notes incident of concern.
2) Staff member trained in first aid/CPR responds to emergency and provides care within the scope of their training.
3) Staff member remains calm, provides first aid/CPR, and calls for additional help as needed, either from staff or 911.
4) Injured person is not moved unless their safety/health is at risk (e.g., fire, collapsing structure).
5) If the injured person is transported to the hospital, provide emergency medical personnel with any emergency contact information and emergency medical treatment authorization.
6) Contact the person's emergency contacts.
7) If the fire alarm sounds, staff will wait for the all-clear given by authorized personnel when it is safe to leave.
8) The acting supervisor will notify emergency personnel, coordinate staff and ensure procedures are followed, and complete required incident documentation.

# SECTION VIII – HEAD START EMERGENCY PROCEDURES

## INTRODUCTION

The following document is the emergency preparedness plan for the Southwestern Community Services Head Start Program. This plan was originally developed by Sarah Brown, Health/Nutrition Manager for the Southern New Hampshire Services, Inc. Head Start Program and updated by Kiah Williams (January 28, 2022), Health, Safety, and Nutrition Servies Manager at Southwestern Community Services Head Start.

This plan uses the Incident Command System (ICS), which is a method for managing emergencies. This system is utilized by community emergency management personnel and has been proven to be the most efficient and effective way to manage an emergency. Some advantages to this system within the program are compatibility with the local police and fire departments, establishing areas of responsibility for key staff to focus on, and providing the administrators and staff with clear guidelines to effectively manage an incident, regardless of the scope of the incident.

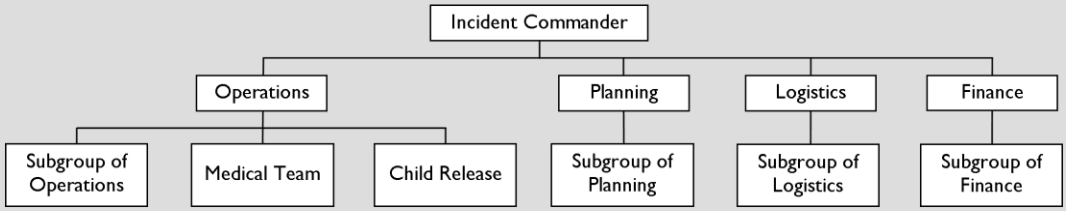
The type and scale of the emergency situation determine how many levels of the Incident Command System (ICS) get involved. The Incident Commander is the person of highest position at the program center, and they will delegate the other responsibilities as they see necessary. All levels of the Incident Command System are activated by the incident commander.

Areas of Responsibility in ICS

1) *Operations*: manages and organizes people; implements strategy and tactics to carry out objectives established by the Incident Commander; delegates assignments and tracks what's going on; deploys the plan, including equipment, facilities, gases, hazmat, and business continuity.
    a. *Medical Team*: responsible for providing emergency medical response, first aid, and support; sets up first aid in safe place, assesses injuries, and documents first aid provided.
    b. *Child Release*: assures that parents, guardians, or authorized adults are reunited with the children in a safe, organized manner.
2) *Planning*: keeps track of what has to be done, what is being done, and what might have to be done; figures out how it will be implemented; collects, posts, and evaluates information; tracks everything, including tracking staff, clients, and documentation; and looks ahead for future issues.
3) *Logistics*: ensures that all the resources that operations will need are available; manages all supplies, equipment, facilities, staffing, and volunteers until they are assigned a position.
4) *Finance*: finds, orders, and pays for materials/resources needed to meet the plan; monitors and documents costs and items purchased.

This system allows for any staff member to pick up this plan and know what to do in any of the above roles in any given situation. For this reason, specific positions and staff members are not named or assigned tasks in this plan. Staff members are responsible for knowing how to respond in each role. Roles may change as an incident unfolds and more skilled or specialized staff members or community members become available.

Each responsibility area of the ICS can continue to assign subgroups as needed to accomplish the tasks at hand.




### UPDATING/REVIEW OF PLAN

This plan will be reviewed annually with program staff. Drills will be conducted throughout the program year, practicing response to different incidents. Plans will be updated as needed through review with the program Health Advisory Committee, SCS Safety Team, input from professionals in the community, and input from staff at each program center.

### CENTER EMERGENCY NUMBERS, SYSTEMS, AND LOCATIONS

(Names Subject to Change)
(See *Attachment B*, pages 89-93 for a more extensive list of emergency numbers.)

| CLAREMONT HEAD START CENTER | | |
|---|---|---|
| NAME | NUMBER | LOCATION |
| Head Start Director | 603.719.4164 | 63 Community Way<br>Keene, NH 03431 |
| Center Supervisor | 603.719.4308 | 6 Kinney Place<br>Claremont, NH 03743 |
| Landlord/Sponsoring Organization: SCS | 603.352.7512 | 63 Community Way<br>Keene, NH 03431 |
| Emergency | 911 | n/a |
| Poison Control | 1.800.222.1222 | n/a |

| SYSTEM | YES | NO | LOCATION |
|---|---|---|---|
| Central alarm control box | x | | Kitchenette located near SCT Transportation |
| Main telephone panel | x | | Closet in SCT Transportation with IT items |
| Central sprinkler shut off | x | | SCT Transportation kitchen |
| Gas shut off | x | | Outside building by the shed located off the parking lot |
| Furnace shut off | x | | Boiler room outside classroom 3 |
| Electrical breaker box | x | | Panels are in SCT Transportation kitchenette; staff bathroom; and cleaning closet |
| Water shut off | x | | Middle of the front of the building |

| JAFFREY HEAD START CENTER | | |
|---|---|---|
| NAME | NUMBER | LOCATION |
| Head Start Director | 603.719.4164 | 63 Community Way<br>Keene, NH 03431 |
| Center Supervisor | 603.719.4336 | 35 Oak Street<br>Jaffrey, NH 03452 |
| Landlord/Sponsoring Organization:<br>Don and Cindy Burgess | 603.209.5632 | Spring Hill Road<br>Sharon, NH 03458 |
| Emergency | 911 | n/a |
| Poison Control | 1.800.222.1222 | n/a |

| SYSTEM | YES | NO | LOCATION |
|---|---|---|---|
| Central alarm control box | x | | In egress between classroom and kitchen |
| Main telephone panel | x | | Classroom art closet |
| Central sprinkler shut off | | x | N/A |
| Gas shut off | x | | Behind the building, on the left side next to the kitchen |
| Furnace shut off | x | | Emergency switch on wall outside furnace room door |
| Electrical breaker box | x | | Classroom art closet |
| Water shut off | x | | Crawl space in cellar |

| KEENE HEAD START CENTER | | |
|---|---|---|
| NAME | NUMBER | LOCATION |
| Head Start Director | 603.719.4164 | 63 Community Way<br>Keene, NH 03431 |
| Center Supervisor | 603.719.4172 | 64 Dunbar Street<br>Keene, NH 03431 |
| Landlord/Sponsoring Organization: SCS | 603.352.7512 | 63 Community Way<br>Keene, NH 03431 |
| Emergency | 911 | n/a |
| Poison Control | 1.800.222.1222 | n/a |

| SYSTEM | YES | NO | LOCATION |
|---|---|---|---|
| Central alarm control box | x | | Fire panel in SCS electrical room |
| Main telephone panel | x | | Fire panel in SCS electrical room |
| Central sprinkler shut off | x | | Sprinkler room outside SCS New Hope |
| Gas shut off | x | | Outside of the building, left of parent room, Community Way side |
| Furnace shut off | x | | Outside of the building, left of parent room, Community Way side |
| Electrical breaker box | x | | Fire panel in SCS electrical room |
| Water shut off | x | | Room 140: SCS storage room |

| NEWPORT HEAD START CENTER | | |
|---|---|---|
| NAME | NUMBER | LOCATION |
| Head Start Director | 603.719.4164 | 63 Community Way<br>Keene, NH 03431 |
| Center Supervisor | 603.719.4360 | 360 Sunapee Street<br>Newport, NH 03773 |
| Landlord/Sponsoring Organization: SCS | 603.352.7512 | 63 Community Way<br>Keene, NH 03431 |
| Emergency | 911 | n/a |
| Poison Control | 1.800.222.1222 | n/a |

| SYSTEM | YES | NO | LOCATION |
|---|---|---|---|
| Central alarm control box | x | | On right side of wall by front door |
| Main telephone panel | x | | Furnace room on left |
| Central sprinkler shut off | | x | n/a |
| Gas shut off | x | | Outside to right of main door |
| Furnace shut off | x | | Red switch to right of furnace room door |
| Electrical breaker box | x | | To left of furnace room door, around wall |
| Water shut off | x | | In furnace room |

| SWANZEY HEAD START CENTER | | |
|---|---|---|
| NAME | NUMBER | LOCATION |
| Head Start Director | 603.719.4164 | 63 Community Way<br>Keene, NH 03431 |
| Center Supervisor | 603.719.4372 | 37 West Street<br>Swanzey, NH 03446 |
| Landlord/Sponsoring Organization: SCS | 603.352.7512 | 63 Community Way<br>Keene, NH 03431 |
| Emergency | 911 | n/a |
| Poison Control | 1.800.222.1222 | n/a |

| SYSTEM | YES | NO | LOCATION |
|---|---|---|---|
| Central alarm control box | x | | Inside door on the right |
| Main telephone panel | x | | Boiler room |
| Central sprinkler shut off | | x | n/a |
| Gas shut off | x | | On gas tank |
| Furnace shut off | x | | On furnace in boiler room |
| Electrical breaker box | x | | Boiler room |
| Water shut off | x | | At each sink and toilet |

### SIGNS AND POSTINGS

Every classroom will have an emergency board that has posted:

- floor plan/diagram indicating a primary and secondary exit route from the classroom
- directions to the closest hospital
- CPR and first aid directions (first aid poster)
- dental emergency care
- poison control number
- emergency numbers for police and fire department
- name and location of evacuation site
- clean-up practices of potentially infectious body fluid spills
- quick reference sheets (laminated, color-coded)
- color cards (green, red, first aid)

Every common area will have a primary and secondary exit route posted on a floor plan/diagram.

### CLASSROOM EMERGENCY SUPPLIES

Every classroom will also have the following:

- a first aid kit
- nonporous gloves
- sanitation solution
- CPR masks

### CENTER ACCOUNTABILITY PROCESS

Child attendance in each classroom will be recorded daily using time-in/time-out sheets. Staff and volunteers will record time-in/time-out as they come and go from the center. All visitors will be recorded using time-in/time-out sheets placed in a central location near the entrance/exit to the center. These sheets, along with the emergency contact sheets for each child and staff, will be used to account for people during an incident at the center. If the incident involves evacuation, these sheets will be brought out of the center during the evacuation.

All staff, volunteers, and visitors will wear name badges at all times in the centers.

### EIGHT BASIC DRILLS

(See *Attachment D*, Job Sheets, pages 95-98)

1) *Evacuation*: When all staff and students need to exit the building.
2) *Reverse Evacuation*: When students and staff are outside and need to return to the building.
3) *Secure Building/Lockout*: When outside situations necessitate students and staff to remain in the building. Access in and out of the building is still permitted but is limited. May escalate to lockdown.
4) *Secure Building/Lockdown*: When all students and staff need to stay in rooms and out of hallways due to external threat.
5) *Drop Drill*: When students and staff need to take cover and reduce visibility.

6) *Shelter in Place*: When students and staff are sheltered inside due to a hazardous materials incident outside.
7) *Life-threatening Medical Emergencies*: Scenarios include compound fractures, severe lacerations, severe burns, difficulty breathing, heart attack, severe allergic reactions, unconsciousness, internal bleeding.
8) *Scan*: In the event of a bomb threat, when students and staff scan the area for any objects they are unable to identify.

**CENTER EVACUATION SITES**

1) *Center Evacuation Site*: The area outside the building where you evacuate to if it is safe to be onsite.
2) *Primary evacuation site away from the center*: The destination that needs to be established if it is unsafe to evacuate onsite.
3) *Secondary evacuation site away from the center*: The backup destination in case the primary site is inaccessible or unsafe.

| CLAREMONT HEAD START CENTER | | |
|---|---|---|
| | LOCATION | DIRECTIONS/INSTRUCTIONS |
| Center Evacuation Site | Light pole | Across parking lot |
| Primary Evacuation Site away from the center | McGee Toyota (old building) | 168 Charlestown Road<br>Claremont, NH 03743 |
| Secondary Evacuation Site away from the center | Marro Home Center (Ace Hardware) | 141 Charlestown Road<br>Claremont, NH 03743 |

| JAFFREY HEAD START CENTER | | |
|---|---|---|
| | LOCATION | DIRECTIONS/INSTRUCTIONS |
| Center Evacuation Site | Outside of the fence by the playground | n/a |
| Primary Evacuation Site away from the center | American Legion | 20 Webster Street<br>Jaffrey, NH 03452 |
| Secondary Evacuation Site away from the center | Jaffrey Rindge Middle School | 1 Conant Way<br>Jaffrey, NH 03452 |

| KEENE HEAD START CENTER | | |
|---|---|---|
| | LOCATION | DIRECTIONS/INSTRUCTIONS |
| Center Evacuation Site | Head Start playground | n/a |
| Primary Evacuation Site away from the center | SCS Railroad Square Conference Room | 49 Community Way<br>Keene, NH 03431 |
| Secondary Evacuation Site away from the center | Keene Public Library | 60 Winter Street<br>Keene, NH 03431 |

| NEWPORT HEAD START CENTER | | |
|---|---|---|
| | LOCATION | DIRECTIONS/INSTRUCTIONS |
| Center Evacuation Site | Behind Apartments Next Door (previously Cinnamon Street Childcare) | n/a |
| Primary Evacuation Site away from the center | Dominos | 362 Sunapee Street<br>Newport, NH 03773 |
| Secondary Evacuation Site away from the center | Mi Jalisco | 339 Sunapee Street<br>Newport, NH 03773 |

| SWANZEY HEAD START CENTER | | |
|---|---|---|
| | LOCATION | DIRECTIONS/INSTRUCTIONS |
| Center Evacuation Site | Dumpster | In parking lot |
| Primary Evacuation Site away from the center | The Fieldhouse | 2 South Winchester Street<br>Swanzey, NH 03446 |
| Secondary Evacuation Site away from the center | Gomarlo's Supermarket | 765 West Swanzey Road<br>Swanzey, NH 03446 |

**EVACUATION**

The main focus in all emergency management situations is the safety and well-being of the children and staff. There are different reasons why you may have to evacuate a building. Some possible scenarios include:

- Fire in building
- Nearby fire
- Explosion
- Hazmat spill or leak in building
- Bomb threat
- Impending flood

Different scenarios will require different responses from each responsibility of the ICS. Each incident will vary in degree of severity and no two incidents will be the same. Below are some examples of what a person in each role may do during the incident. The Incident Commander will be the person in the highest position at the center and will delegate the other responsibilities as they see necessary.

| RESPONSIBILITY | POSSIBLE TASKS IN THE EVENT OF AN EVACUATION |
|---|---|
| Planning | ▪ Determine the number of children, staff, and visitors in need of first aid.<br>▪ Determine the number of relocation signs needed.<br>▪ Anticipate any problems that may arise.<br>▪ Assess the type of incident and which shelter is safe.<br>▪ Determine when the group may need to move to a different shelter.<br>▪ Determine how staff and classrooms will be notified of an evacuation and the reason for an evacuation when an alarm is not required.<br>▪ Determine the location of back-up files away from center in the event the center must be evacuated long-term or if files are destroyed. |

| RESPONSIBILITY (CONT.) | POSSIBLE TASKS IN THE EVENT OF AN EVACUATION (CONT.) |
|---|---|
| Logistics | ▪ Make sure that operations have the supplies needed to administer first aid, make relocation signs, make emergency phone calls, set up back-up files, etc. |
| Finance | ▪ Determine how will finance food, more first aid supplies, classroom supplies, long-term shelter location, etc. for children if evacuation/relocation is prolonged. |
| Operations | ▪ Check the classroom and center sign-in/sign-out sheets and obtain a count of staff, children, and visitors.<br>▪ Report to emergency personnel if anybody is still in the building.<br>▪ Moves staff, children, and visitors to shelter.<br>▪ Set up relocation center and assign areas for each group.<br>▪ Set up staff to post relocation signs.<br>▪ Set up staff to make phone calls to or contact the parent/guardians.<br>▪ Set up medical team to administer first aid.<br>▪ Set up child release to safely release children to authorized adults.<br>▪ Notify classrooms of an evacuation and the reason for evacuation in an event that does not require an alarm<br>▪ Make back-up files for the center and place them at the alternate location away from center in the event the files are destroyed or the center is evacuated long-term. |
| Medical Team | ▪ Administer first aid and obtain additional medical treatment as needed. |
| Child Release | ▪ Track the release of children to authorized adults. |

Some evacuations will be immediate, such as in the event of a fire, and an alarm will sound. Some evacuations will be more planned, and while they have to happen in a timely manner, there will be more time to organize. An example of this would be if there was an impending flood or a nearby fire.

Supporting Documents and Supplies

The following documents and supplies must be maintained at each center and will be monitored by management.

1) Emergency contact information and emergency medical treatment authorization on all children at the center and emergency contact information on all staff; this information will be updated quarterly and as needed. Child and staff forms will be kept on a clipboard in each classroom and will be carried out during an evacuation.
2) Evacuation map with a primary and secondary route posted in each classroom and in the main areas of the center.
3) Portable first aid kits and emergency kits (see *Attachment C*, page 94).
4) Color cards. Three cards (red, green, and first aid) will be kept on a clipboard with the emergency contact information in each classroom.
5) Center sign-in/sign-out sheets for children, staff, and visitors. Sign-in/sign-out sheets will be kept in a central location and will be carried out during an evacuation.
6) Signs to post relocation. Two copies of the Relocation Notice will be kept on the clipboard with the emergency contact information in each classroom (see *Attachment A*, page 88).

Immediate Evacuation Procedures

1) Alarm sounds.
2) All available staff assists children in safely evacuating the building.
3) Primary evacuation site is used if determined to be safe.
4) Secondary evacuation site is used if primary is not safe.
5) The available person of the highest position will take on the role of Incident Commander and communicate the need to evacuate to staff.
6) The Incident Commander will delegate operations tasks as needed for support.
7) The Operations Chief will collect a count on all staff and children, notifying the Incident Commander if staff, children, or visitors are still in the building so this can be conveyed to emergency personnel.
8) To assist Operations, once evacuated and at the relocation site, each classroom will hold up a color card to let Operations know their status.
    - GREEN = Everything is fine; all staff, visitors, and children are accounted for, and no one needs immediate medical attention.
    - RED = Attention is needed immediately; all staff, visitors, and children are not accounted for.
    - FIRST AID = Someone is injured, and attention is needed.
9) Once the safety of staff, children, and visitors is determined, tasks will be assigned to post relocation signs, administer first aid, and contact parents, if necessary. At this time, the positions of Planning Chief, Logistics Chief, and Finance Chief will be delegated by the Incident Commander, as needed.
10) The Operations Chief, Planning Chief, Logistics Chief, and Finance Chief will brief the Incident Commander on their tasks. The Incident Commander will notify emergency services of the status.
11) If the building is determined to be safe by emergency services, center staff will be notified and staff, children, and visitors will file back inside.

Procedures for Evacuation to a Relocation Facility

1) Incident Commander determines that evacuation of the building is required and delegates positions of Operations Chief, Planning Chief, Logistics Chief, and Finance Chief.
    - The Planning Chief determines steps that need to happen.
    - The Logistics Chief makes sure supplies are available to Operations to carry out the plan.
    - The Operations Chief carries out the plan.
2) The Operations Chief should notify classrooms that they will be evacuating and when they need to be ready. The Operations Chief will delegate operations tasks to one staff member in each classroom.
3) The Operations staff from each classroom will make sure that all children are accounted for, have warm clothing, if needed, and shoes. They will also make sure they bring with them the emergency contact information and emergency medical administration information during the evacuation, along with all rescue medication needed by the children in their classroom, and their portable first aid kit and emergency kit.

4) All available staff assist children in safely evacuating the building.
5) The primary evacuation site is used if determined to be safe.
6) The secondary evacuation site is used if the primary is not safe.
7) Once evacuated, the Operations Chief will collect a count on all staff and children, notifying the Incident Commander if staff, children, or visitors are still in the building.
8) The Incident Commander will call emergency personnel if needed.
9) Once evacuated and at the relocation site, each classroom will hold up a color card to let Operations know their status.
    - GREEN = Everything is fine; all staff, visitors, and children are accounted for, and no one needs immediate medical attention.
    - RED = Attention is needed immediately; all staff, visitors, and children are not accounted for.
    - FIRST AID = Someone is injured, and attention is needed
10) Once the safety of staff, children, and visitors is determined, tasks will be assigned to post relocation signs, administer first aid, and contact parents, if necessary. At this time, the positions of Planning Chief, Logistics Chief, and Finance Chief will become more active to determine long-term needs.
11) The Operations Chief, Planning Chief, Logistics Chief, and Finance Chief will brief the Incident Commander on their tasks. The Incident Commander will notify emergency services of the status.
12) When the building is safe, staff and children will return.

<u>Additional Note Regarding Fires</u>

1) If your clothes catch on fire, you should stop, drop, and roll until the fire is extinguished. If someone else's clothes are on fire, instruct the person to stop, drop, and roll until the fire is extinguished. Running only makes the fire burn faster.

2) To escape a fire, you should check closed doors for heat before you open them. If you are escaping through a closed door, use the back of your hand to feel the top of the door, the doorknob, and the crack between the door and door frame before you open it. Never use the palm of your hand or fingers to test for heat; burning those areas could impair your ability to escape a fire (i.e., ladders and crawling).
    - Hot door: Do not open. Escape through a window. If you cannot escape, hang a white or light-colored sheet outside the window, alerting fire fighters to your presence.
    - Cool door: Open slowly and ensure fire and/or smoke is not blocking your escape route. If your escape route is blocked, shut the door immediately and use an alternate escape route, such as a window. If clear, leave immediately through the door and close it behind you. Be prepared to crawl. Smoke and heat rise. The air is clearer and cooler near the floor.
3) Crawl low, under any smoke, to your exit — heavy smoke and poisonous gases collect first along the ceiling.
4) Close doors behind you as you escape to delay the spread of the fire.
5) Stay out once you are safely out. Do not reenter. Call 911.

Additional Note Regarding Potentially Violent Situations

In the event that there is a potentially violent situation, you may need to perform a selective evacuation. The following should be done:

1) Immediately call 911.
2) Notify others in the center that a selective evacuation is going to take place.
3) Evacuate areas closest to the individual causing the situation, to isolate the person.
4) If the person chooses to leave the building/grounds, make sure their exit is not blocked.
5) If you suspect a weapon, follow procedures for secure building/lockdown (see page 65).
6) Do not physically block or restrain the intruder's movement.
7) Remain calm and polite.

## REVERSE EVACUATION

The main focus in all emergency management situations is the safety and well-being of the children and staff. There are different reasons why you may have to perform a reverse evacuation. Some possible scenarios include:

- Severe weather
- Fire nearby
- Rabid animal
- Hazardous materials outside
- Car accident in nearby street
- Guns fired (or any other situation deemed unsafe by playground staff)

Different scenarios will require different responses from each responsibility of the ICS. Each incident will vary in degree of severity and no two incidents will be the same. Below are some examples of what a person in each role may do during the incident. The Incident Commander will be the person of highest position outside at the time and will delegate the other responsibilities as they see necessary.

| RESPONSIBILITY | POSSIBLE TASKS IN THE EVENT OF A REVERSE EVACUATION |
|---|---|
| Planning | ▪ Determine the number of children, staff, and visitors in need of first aid.<br>▪ Determine the number of children, staff, and visitors that need to go inside.<br>▪ Anticipate any problems that may arise.<br>▪ Assess the type of incident and safest route to reenter the building.<br>▪ Determine how quickly the group needs to reenter the building.<br>▪ Determine how staff and children will be notified of a reverse evacuation and the reason. |
| Logistics | ▪ Make sure that Operations has the supplies needed to administer first aid, to make relocation signs, to make emergency phone calls, etc. |
| Finance | ▪ Determine how you will finance repair/purchase of any outdoor structures that may have been damaged in the event |

| RESPONSIBILITY (CONT.) | POSSIBLE TASKS IN THE EVENT OF A REVERSE EVACUATION (CONT.) |
|---|---|
| Operations | ▪ Obtain a count from classroom(s) for how many staff and children are outside.<br>▪ Move staff, children, and visitors to shelter.<br>▪ Set up medical team to administer first aid, if needed, once inside.<br>▪ Set up child release to safely release children to authorized adults.<br>▪ Notify classrooms of a reverse evacuation and reason for reverse evacuation . |
| Medical Team | ▪ Administer first aid and obtains additional medical treatment as needed. |
| Child Release | ▪ Track the release of children to authorized adults. |

Supporting Documents and Supplies

The following documents and supplies must be maintained at each center and will be monitored by management.

1) Emergency contact information and emergency medical treatment authorization on all children at the center and emergency contact information on all staff; this information will be updated quarterly and as needed. Child and staff forms will be kept on a clipboard and should be brought with the staff whenever classroom(s) go outside.
2) Portable first aid kits and emergency kits.
3) Color cards. Cards will be kept on a clipboard with the emergency contact information.

Reverse Evacuation Procedures

1) Staff member notes incident of concern.
2) Staff member acts as Incident Commander and delegates operations tasks.
3) Operations Chief notifies each staff member that a reverse evacuation will be taking place and the time frame that this will happen.
4) All available staff assist children in safely reentering the building.
5) Incident Commander will delegate the role of Operations.
6) Operations chief will delegate task of operations as needed for support.
7) Operations will collect a count on all staff and children, notifying Incident Commander if staff, children, or visitors did not reenter the building.
8) To assist operations, once back inside, each classroom will place a color card in the door of the classroom to let Operations know their status.
    - GREEN = Everything is fine; all staff, visitors, and children are accounted for, and no one needs immediate medical attention.
    - RED = Attention is needed immediately; all staff, visitors, and children are not accounted for.
    - FIRST AID = Someone is injured, and attention is needed.

9) Once the safety of staff, children, and visitors is determined, tasks will be assigned to determine if additional safety measures are needed. Incident Commander will notify emergency personnel, if needed.

10) Parents/guardians will be notified of outdoor incident concern, if necessary.

Additional Note Regarding Hazardous Materials
(See *Shelter in Place*, page 71)

Hazardous materials (hazmat) are substances that are flammable, combustible, explosive, toxic, noxious, corrosive, oxidizable, an irritant, or radioactive. If a hazmat accident occurs in or within close proximity of your center, notify the fire department and follow safety directions. Be prepared to perform an evacuation or reverse evacuation.

If requested to stay inside:

1) Close and lock all exterior doors and windows. Close vents, fireplace dampers, and as many interior doors as possible.
2) Turn off air conditioners and ventilation systems. In large buildings, set ventilation systems to 100 percent recirculation so that no outside air is drawn into the building. If this is not possible, ventilation systems should be turned off.
3) Go into the pre-selected shelter room. This room should be above ground and have the fewest openings to the outside.
4) Seal gaps under doorways and windows with wet towels or plastic sheeting and duct tape.
5) Seal gaps around window and air conditioning units, bathroom and kitchen exhaust fans, and stove and dryer vents with duct tape, plastic sheeting, wax paper, or aluminum wrap.
6) Use material to fill cracks and holes in the room, such as those around pipes.
7) If gas or vapors could have entered the building, take shallow breaths through a cloth or towel. Avoid eating or drinking any food or water that may be contaminated.

## SECURE BUILDING/LOCKOUT

The main focus in all emergency management situations is the safety and well-being of the children and staff. There are different reasons why you may have to secure a building or lockout. Some possible scenarios include:

- Wild animal
- Non-custodial parent
- Armed robbery near the center
- Threat from former parent/client

Different scenarios will require different responses from each responsibility of the ICS. Each incident will vary in degree of severity, and no two incidents will be the same. Below are some examples of what a person in each role may do during the incident. The Incident Commander will be the person of highest position outside at the time and will delegate the other responsibilities as they see necessary.

| RESPONSIBILITY | POSSIBLE TASKS IN THE EVENT OF A SECURE BUILDING/LOCKOUT |
|---|---|
| Planning | ▪ Determine the number of children, staff, and visitors in the center or outside the center.<br>▪ Anticipate any problems that may arise.<br>▪ Assess the type of incident and what type of emergency response is safest.<br>▪ Determine when the group may need to move to a different location.<br>▪ Determine how staff and classroom will be notified of the need to secure building/lockout.<br>▪ Determine how staff and children will be notified of an escalating situation.<br>▪ Determine the number of children, staff, and visitors in need of first aid. |
| Logistics | ▪ Make sure that Operations has the supplies needed to administer first aid, to make emergency phone calls, to contact classrooms, etc. |
| Finance | ▪ Determine how will finance food, more first aid supplies, classroom supplies, etc., if needed. |
| Operations | ▪ When the situation is safe/clear, check sign-in/sign-out sheets to obtain a count of staff, children, and visitors. This can also be done with the use of phones.<br>▪ Report status to Incident Commander so emergency personnel can be notified.<br>▪ Perform evacuation or reverse evacuation as needed.<br>▪ Set up staff to make phone calls/contact the parent(s)/guardians.<br>▪ Set up medical team to administer first aid.<br>▪ Set up child release to safely release children to authorized adults.<br>▪ Notify classrooms of a secure building/lockout and the reason. |
| Medical Team | ▪ Administer first aid and obtain additional medical treatment as needed. |
| Child Release | ▪ Track the release of children to authorized adults. |

Supporting Documents and Supplies

The following documents and supplies must be maintained at each center and will be monitored by management.

1) Emergency contact information and emergency medical treatment authorization on all children at the center and emergency contact information on all staff. This information will be updated quarterly and as needed. Child and staff forms will be kept on a clipboard in each classroom and will be carried out during an evacuation.
2) Evacuation map with a primary and secondary route posted in each classroom and in the main areas of the center.
3) Portable first aid kits and emergency kits.
4) Color cards. Three cards (red, green, and first aid) will be kept on a clipboard with the emergency contact information in each classroom.
5) Center sign-in/sign-out sheets for children, staff, and visitors. Sign-in/sign-out sheets will be kept in a central location and will be carried out during an evacuation.

Secure Building/Lockout Procedures

1) Staff member notes incident of concern.
2) Staff member acts as Incident Commander and delegates operations tasks.
3) Students and staff who are outside commence a reverse evacuation if deemed necessary. Students who are inside commence an evacuation if deemed necessary.
4) Cancel outdoor activities if the threat is outside.
5) Close curtains/blinds on outside windows if threat is outside.
6) Continue normal class activities if practical.
7) For monitoring purposes, if the situation permits, establish one entry for use of entering and exiting the building.
8) Next step may be lockdown. Operations Chief notifies each staff member in each classroom, via phone or in person, that a secure building/lockdown will be taking place and the time frame that this will happen. If overhead PA is available, the operator will be called to make a general announcement for the center about the incident. Individual phone extensions can be called to make sure all center staff has received the message.
9) All available staff secures rooms and makes sure all children are safely inside rooms.
10) If the fire alarm sounds, staff will wait for the all-clear, via phone, overhead PA, or in person, that it is safe to leave lockdown.
11) Operations Chief will delegate task of operations for support as needed.
12) Operations will collect a count on all staff and children, notifying Incident Commander.
13) To assist Operations, each classroom will place a color card in the door of the classroom to let operations know their status.
    - GREEN = Everything is fine; all staff, visitors, and children are accounted for, and no one needs immediate medical attention.
    - RED = Attention is needed immediately; all staff, visitors, and children are not accounted for.
    - FIRST AID = Someone is injured, and attention is needed.
14) Incident Commander will notify emergency personnel.
15) Parents/guardians will be notified of the incident when able and will be alerted when it is safe to enter the building.

**SECURE BUILDING/LOCKDOWN**

The main focus in all emergency management situations is the safety and well-being of the children and staff. There are different reasons why you may have to secure a building or lockdown. In this situation, all students and staff need to stay in rooms and clear the hallways. Some possible scenarios include:

- Intruder
- Angry parent/guardian
- Threatening behavior
- Severe medical emergency in the building

Different scenarios will require different responses from each responsibility of the ICS. Each incident will vary in degree of severity and no two incidents will be the same. Below are some examples of what a person in each role may do during the incident. The Incident Commander will be the person of higher position at the center and will delegate the other responsibilities as they see necessary.

| RESPONSIBILITY | POSSIBLE TASKS IN THE EVENT OF A SECURE BUILDING/LOCKDOWN |
|---|---|
| Planning | ▪ Determine the number of children, staff, and visitors in or outside the center.<br>▪ Determine the number of children, staff, and visitors in need of first aid.<br>▪ Anticipate any problems that may arise.<br>▪ Assess the type of incident and what type of emergency response is safest.<br>▪ Determine when the group may need to move to a different shelter.<br>▪ Determine how staff and classrooms will be notified of the need to secure building/lockdown.<br>▪ Determine how staff and classrooms will be notified of an escalating situation. |
| Logistics | ▪ Make sure that Operations has the supplies needed to administer first aid, to make emergency phone calls, to contact classrooms, etc. |
| Finance | ▪ Determine how will finance food, more first aid supplies, classroom supplies, etc. |
| Operations | ▪ When the situation is safe/clear, check classroom and center sign-in/sign-out sheets and obtain a count of staff, children, and visitors. This can also be done with the use of phones.<br>▪ Report status to Incident Commander so emergency personnel can be notified.<br>▪ Set up a Medical Team to administer first aid.<br>▪ Set up staff to make phone calls/contact the parent(s)/guardians.<br>▪ Set up Child Release to safely release children to authorized adults.<br>▪ Notify classrooms of a secure building/lockdown and reason. |
| Medical Team | ▪ Administer first aid and obtain additional medical treatment as needed. |
| Child Release | ▪ Track the release of children to authorized adults. |

<u>Supporting Documents and Supplies</u>

The following documents and supplies must be maintained at each center and will be monitored by management.

1) Emergency contact information and emergency medical treatment authorization on all children at the center and emergency contact information on all staff; this information will be updated quarterly and as needed. Child and staff forms will be kept on a clipboard in each classroom for portability.
2) Evacuation map with a primary and secondary route posted in each classroom and in the main areas of the center.

3) Portable first aid kits and emergency kits.
4) Color cards. Cards will be kept on a clipboard with the emergency contact information in each classroom.
5) Center sign-in/sign-out sheets for children, staff, and visitors. Sign-in/sign-out sheets will be kept in a central location.

Lockdown Procedures

1) Staff member notes incident of concern.
2) Staff member acts as Incident Commander and delegates operations tasks.
3) Operations Chief notifies each staff member, via phone or in person, in each classroom that a secure building/lockdown will be taking place and the time frame that this will happen. If overhead PA is available, the operator will be called to make a general announcement for the center about the incident. Make sure all center staff has received the message.
4) All available staff secure rooms and make sure all children are safely inside rooms.
5) Each room will lock doors, prop chair against knob, or use door stop to keep door closed. Shades will be down (if applicable). Students will be kept out of plain view, calm, and quiet.
6) If the fire alarm sounds, staff will wait for the all-clear, via phone, overhead PA, or in person, that it is safe to leave lockdown.
7) The Operations Chief will delegate the task of operations, as needed, for support.
8) Operations will collect a count on all staff and children once the incident is over, notifying Incident Commander.
9) To assist Operations, each classroom will place a color card in the door of the classroom to let Operations know their status after the incident is over.
    - GREEN = Everything is fine; all staff, visitors, and children are accounted for, and no one needs immediate medical attention.
    - RED = Attention is needed immediately; all staff, visitors, and children are not accounted for.
    - FIRST AID = Someone is injured, and attention is needed
10) Incident Commander will notify emergency personnel.
11) Parents/guardians will be notified of the incident when able and will be alerted when it is safe to enter the building.

Additional Note Regarding Hostage Situations

In the event that a hostage situation was to occur:

1) Remain calm.
2) Remain polite.
3) Follow hostage taker's instructions.
4) Do not resist.
5) Any staff member can call 911.
6) If time permits, staff should alert other staff that a situation is developing.
7) If staff believe it is safe, evacuate children from the center in the opposite direction of the hostage taker.

Additional Note Regarding a Missing Child

In the event of a missing child, follow these procedures:

1) Follow procedures for secure building/lockdown (see page 67). All staff and children should stay in rooms and be accounted for until given the all-clear.
2) Immediate notification of the police should be made once an initial search of the center/grounds has been made and rapid attempts to confirm whether or not a parent, guardian, or someone on the pick-up list has picked up the child.
3) Conduct a search of all areas of the center, including closets, cabinets, and the surrounding area.
4) Make all other required notifications.
5) Continue searching while waiting for the police/security to show.
6) A point person should remain at the center to gather information/description of the child to share with authorities.

**DROP DRILL**

The main focus in all emergency management situations is the safety and well-being of the children and staff. There are different reasons why you may have to perform a drop drill. In this situation, all students and staff need to take cover and reduce visibility. Some possible scenarios include:

- Intruder
- Explosion
- Guns
- Severe weather (e.g., tornado or earthquake)
- Plane crash

Different scenarios will require different responses from each responsibility of the ICS. Each incident will vary in degree of severity and no two incidents will be the same. Below are some examples of what a person in each role may do during the incident. The Incident Commander will be the person of highest position at the center and will delegate the other responsibilities as they see necessary.

| RESPONSIBILITY | POSSIBLE TASKS IN THE EVENT OF A DROP DRILL |
|---|---|
| Planning | ▪ Determine the number of children, staff, and visitors in need of first aid.<br>▪ Determine the number of children, staff, and visitors in the center.<br>▪ Anticipate any problems that may arise.<br>▪ Assess the type of incident and what type of emergency response is safest.<br>▪ Determine when the group may need to move to a different shelter.<br>▪ Determine how staff and classrooms will be notified of drop drill. |
| Logistics | ▪ Make sure that Operations has the supplies needed to administer first aid, to make emergency phone calls, to contact classrooms, etc. |
| Finance | ▪ Determines how will finance food, more first aid supplies, classroom supplies, etc. |
| Operations | ▪ When the situation is safe/clear, check sign-in/sign-out sheets and obtain a count of staff, children, and visitors. This can also be done with the use of phones.<br>▪ Report status to Incident Commander so emergency personnel can be notified.<br>▪ Set up staff to make phone calls/contact the parent(s)/guardians.<br>▪ Set up the Medical Team to administer first aid.<br>▪ Set up Child Release to safely release children to authorized adults.<br>▪ Notify classrooms of drop drill. |
| Medical Team | ▪ Administer first aid and obtain additional medical treatment as needed. |
| Child Release | ▪ Tracks the release of children to authorized adults. |

<u>Supporting Documents and Supplies</u>

The following documents and supplies must be maintained at each center and will be monitored by management.

1) Emergency contact information and emergency medical treatment authorization on all children at the center and emergency contact information on all staff; this will be updated quarterly and as needed. Child and staff forms will be kept on a clipboard in each classroom for portability.
2) Evacuation map with a primary and secondary route posted in each classroom and in the main areas of the center.
3) First aid kits and emergency kits.
4) Color cards. Cards will be kept on a clipboard with the emergency contact information in each classroom.
5) Center sign-in/sign-out sheets for children, staff, and visitors. Sign-in/sign-out sheets will be kept in a central location.

Drop Drill Procedures

1) Staff member notes incident of concern.
2) Staff member acts as Incident Commander and delegates operations tasks.
3) The Operations Chief notifies each staff member, via phone or in person, in each classroom that a drop drill will be taking place and the time frame in which this will happen. If overhead PA is available, the operator will be called to make a general announcement for the center about the incident. Make sure all center staff has received the message.
4) All available staff makes sure all children are safely secure.
5) When drop command is given, all staff and children will move under desks/tables, draw shades, lock doors (if possible), cover the back of head and neck with hands for protection, face away from windows and doors. Fall flat on ground if outside and cover.
6) Remain very still and quiet; wait for further instructions.
7) Operations Chief will delegate task of operations for support as needed.
8) Operations will collect a count on all staff and children once the incident is over, notifying Incident Commander.
9) To assist Operations, each classroom will place a color card in the door of the classroom to let Operations know their status after the event is over.
    - GREEN = Everything is fine; all staff, visitors, and children are accounted for, and no one needs immediate medical attention.
    - RED = Attention is needed immediately; all staff, visitors, and children are not accounted for.
    - FIRST AID = Someone is injured, and attention is needed
10) Incident Commander will notify emergency personnel.
11) Parents/guardians will be notified of the incident when able and will be alerted when it is safe to enter the building.

Additional Note Regarding Tornado

A tornado watch means that a tornado is likely over a large area. A tornado warning means that a tornado has been sighted or is indicated on weather radar for a specific area. Staff and children should be directed to take cover when:

1) a tornado is sighted
2) a tornado warning is issued that affects the center
3) high winds exceed 60 miles/hour
4) hail is golf ball sized or larger
5) pressure drops rapidly; there are dark greenish clouds

When a tornado watch is issued, the Incident Commander should monitor the weather on a radio, and the center staff should be reminded of where to take shelter. Staff in classrooms should:

- avoid glass windows and doors
- close doors to outside rooms
- protect heads of children and staff with blankets

Additional Note Regarding Earthquakes

Sometimes a small earthquake precedes a larger earthquake. In the event of an earthquake, staff and children should do the following:

When indoors:

1) Drop to the ground, take cover by getting under a sturdy table or other piece of furniture, and hold on until the shaking stops. If there is not a table or desk nearby, everyone should protect their faces and heads with their arms and crouch in an inside corner of the building.
2) Stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture.
3) Stay in bed if you are there when the earthquake strikes. Hold on and protect your head with a pillow, unless you are under a heavy light fixture that could fall. In that case, move to the nearest safe place.
4) Use a doorway for shelter only if it is in close proximity to you and if you know it is a strongly supported, load-bearing doorway.
5) Stay inside until shaking stops and it is safe to go outside. Research has shown that most injuries occur when people inside buildings attempt to move to a different location inside the building or try to leave.
6) Be aware that the electricity may go out, or the sprinkler systems or fire alarms may turn on.
7) Do not use the elevators.

When outdoors:

1) Stay outdoors; do not attempt to enter any building.
2) Move away from buildings, streetlights, and utility wires.

**SHELTER IN PLACE**

The main focus in all emergency management situations is the safety and well-being of the children and staff. There are different reasons why you may have to shelter in place. In this situation, all students and staff need to remain inside so the building can be used to protect them from outside conditions. Some possible scenarios include:

- Hazmat situation outside (i.e., spill or accident)
- Hurricane/flooding
- Nearby fire with toxic plume of smoke

Different scenarios will require different responses from each responsibility of the ICS. Each incident will vary in degree of severity, and no two incidents will be the same. Below are some examples of what a person in each role may do during the incident. The Incident Commander will be the person of highest position at the center and will delegate the other responsibilities as they see necessary.

| RESPONSIBILITY | POSSIBLE TASKS IN THE EVENT OF A DROP DRILL |
|---|---|
| Planning | ▪ Determine the number of children, staff, and visitors in need of first aid.<br>▪ Determine the number of children, staff, and visitors in the center.<br>▪ Anticipate any problems that may arise.<br>▪ Assess the type of incident and what type of emergency response is safest.<br>▪ Determine when the group may need to move to a different shelter.<br>▪ Determine how staff and classrooms will be notified of shelter in place. |
| Logistics | ▪ Make sure that Operations has the supplies needed to administer first aid, to make emergency phone calls, to contact classrooms, etc. |
| Finance | ▪ Determine how will finance food, more first aid supplies, classroom supplies, etc. |
| Operations | ▪ When the situation is safe/clear, check sign-in/sign-out sheets and obtain a count of staff, children, and visitors. This can also be done with the use of phones.<br>▪ Report status to Incident commander so emergency personnel can be notified.<br>▪ Set up staff to make phone calls/contact the parent(s)/guardians.<br>▪ Set up a Medical Team to administer first aid.<br>▪ Set up Child Release to safely release children to authorized adults.<br>▪ Notify classrooms of a shelter in place and reason. |
| Medical Team | ▪ Administer first aid and obtains additional medical treatment as needed. |
| Child Release | ▪ Track the release of children to authorized adults. |

Supporting Documents and Supplies

The following documents and supplies must be maintained at each center and will be monitored by management.

1) Emergency contact information and emergency medical treatment authorization for all children at the center and emergency contact information for all staff; this information will be updated quarterly and as needed. Child and staff forms will be kept on a clipboard in each classroom for portability.
2) Evacuation map with a primary and secondary route posted in each classroom and in the main areas of the center.
3) First aid kits and emergency kits.
4) Color cards. Cards will be kept on a clipboard with the emergency contact information in each classroom.
5) Center sign-in/sign-out sheets for children, staff, and visitors. Sign-in/sign-out sheets will be kept in a central location.

Shelter in Place Procedures

1) Staff member notes incident of concern.
2) Staff member acts as Incident Commander and delegates operations tasks.
3) Operations Chief notifies each staff member, via phone or in person, in each classroom that a shelter in place will be taking place and the time frame that this will happen. If overhead PA is available, the operator will be called to make a general announcement for the center about the incident. Individual phone extensions can be called to make sure all center staff has received the message.
4) All available staff secures the center and makes sure all children are safe inside in the designated area of refuge.
5) Each room will close and lock windows, seal any openings, expect loss of electricity, conserve water, prepare for possibility of evacuation, and await further instructions.
6) Operations Chief will delegate task of operations for support as needed.
7) Operations will collect a count on all staff and children, notifying Incident Commander.
8) To assist Operations, each classroom will place a color card in the door of the classroom to let Operations know their status.
    - GREEN = Everything is fine; all staff, visitors, and children are accounted for, and no one needs immediate medical attention.
    - RED = Attention is needed immediately; all staff, visitors, and children are not accounted for.
    - FIRST AID = Someone is injured, and attention is needed.
9) Incident Commander will notify emergency personnel.
10) Parents/guardians will be notified of incident when able and will be alerted when it is safe to come to the center.

Additional Note Regarding Hurricanes

In the event of a hurricane:

1) Monitor hurricane watch and warnings.
2) Secure outside equipment.
3) Check status of battery-powered radio and alternate light sources.
4) Remain indoors until the storm passage is confirmed.
5) Prepare to evacuate. If necessary, evacuate children and staff to a more secure facility depending on road and safety conditions. Post information on where the center plans to evacuate for families (see *Attachment A* on page 88 of this manual).

Additional Note Regarding Flooding

Procedures to follow in the event of flooding:

1) Monitor announcements of flood watch or warnings.
2) Close or evacuate (see evacuation procedures on page 59) center if needed. Follow evacuation order of public safety officials.

If you have to leave the building, remember these evacuation tips:

1) Do not walk through moving water. Six inches of moving water can make you fall. If you have to walk in water, walk where the water is not moving. Use a stick to check the firmness of the ground in front of you.
2) Do not drive into flooded areas. You and the vehicle can be quickly swept away. If floodwaters rise around your car, abandon the car and move to higher ground if you can do so safely.

### LIFE-THREATENING MEDICAL EMERGENCIES

The main focus in all emergency management situations is the safety and well-being of the children and staff. There are different reasons why you may have a medical emergency. Medical emergencies vary in severity. In this situation, the patient needs immediate medical attention to stabilize and prevent the medical condition from deteriorating. In this situation, all students and staff need to stay in rooms and clear the hallways. Some possible scenarios may include:

- Compound fractures
- Sever lacerations
- Severe burns
- Heart attack
- Severe allergic reactions
- Unconsciousness
- Internal bleeding

Different scenarios will require different responses from each responsibility of the ICS. Each incident will vary in degree of severity and no two incidents will be the same. Below are some examples of what a person in each role may do during the incident. The Incident Commander will be the person of highest position at the center and will delegate the other responsibilities as they see necessary.

| RESPONSIBILITY | POSSIBLE TASKS IN THE EVENT OF A LIFE-THREATENING EMERGENCY |
|---|---|
| Planning | ▪ Determine the number of children, staff, and visitors in need of first aid.<br>▪ Determine the number of children, staff, and visitors in the center.<br>▪ Anticipate any problems that may arise.<br>▪ Assess the type of incident and what type of emergency response is safest.<br>▪ Determine when the group may need to move to a different location.<br>▪ Determine how staff and classrooms will be notified of a life-threatening medical emergency. |
| Operations | ▪ When the situation is safe/clear, check sign-in/sign-out sheets and obtain a count of staff, children, and visitors. This can also be done with the use of phones.<br>▪ Report status to Incident Commander so emergency personnel can be notified.<br>▪ Move staff, children and visitors into a classroom.<br>▪ Set up staff to make phone calls/contact the parent(s)/guardians.<br>▪ Set up a Medical Team to administer first aid.<br>▪ Set up Child Release to safely release children to authorized adults.<br>▪ Notify classrooms that a life-threatening medical emergency has occurred and that the classrooms will be in lockdown. |

| RESPONSIBILITY (CONT.) | POSSIBLE TASKS IN THE EVENT OF A LIFE-THREATENING EMERGENCY (CONT.) |
|---|---|
| Logistics | ▪ Make sure that Operations has the supplies needed to administer first aid, to make emergency phone calls, to contact classrooms, etc. |
| Finance | ▪ Determine how will finance food, more first aid supplies, classroom supplies, etc. |
| Medical Team | ▪ Administer first aid and obtain additional medical treatment as needed. |
| Child Release | ▪ Track the release of children to authorized adults. |

A lockdown in this situation will be more planned, and while they have to happen in a timely manner, there will be more time to organize than in other situations.

Supporting Documents and Supplies

The following documents and supplies must be maintained at each center and will be monitored by management.

1) Emergency contact information and emergency medical treatment authorization on all children at the center and emergency contact information on all staff; this information will be updated quarterly and as needed. Child and staff forms will be kept on a clipboard in each classroom for portability.
2) Evacuation map with a primary and secondary route posted in each classroom and in the main areas of the center.
3) First aid kits and emergency kits.
4) Color cards. Cards will be kept on a clipboard with the emergency contact information in each classroom.
5) Center sign-in/sign-out sheets for children, staff, and visitors. Sign-in/sign-out sheets will be kept in a central location.

Life-Threatening Emergencies Procedures

1) Staff member notes incident of concern.
2) Staff member acts as Incident Commander and delegates operations tasks.
3) Staff member trained in first aid/CPR responds to emergency. Staff member remains calm, provides first aid/CPR, and calls for additional help as needed, either from staff or 911.
4) Injured person is not moved unless their safety/health is at risk.
5) If the injured person is transported to the hospital, provide emergency medical personnel with emergency contact information and emergency medical treatment authorization. Contact the person's emergency contacts.
6) Operations Chief notifies each staff member, via phone or in person, in each classroom that a secure building/lockdown will be taking place and the time frame that this will happen. If overhead PA is available, the operator will be called to make a general announcement for the center about the

incident. Individual phone extensions can be called to make sure all center staff has received the message.

7) All available staff secure rooms and make sure all children are safely inside rooms.
8) If the fire alarm sounds, staff will wait for the all-clear, via phone, overhead PA, or in person, that it is safe to leave lockdown.
9) Operations Chief will delegate task of operations for support as needed.
10) Operations will collect a count on all staff and children, notifying Incident Commander.
11) To assist Operations, each classroom will place a color card in the door of the classroom to let operations know their status.
    - GREEN = Everything is fine; all staff, visitors, and children are accounted for, and no one needs immediate medical attention.
    - RED = Attention is needed immediately; all staff, visitors, and children are not accounted for.
    - FIRST AID = Someone is injured, and attention is needed.
12) Incident Commander will notify emergency personnel.
13) Parents/guardians will be notified of the incident when able and will be alerted when it is safe to enter the building.

### SCAN

The main focus in all emergency management situations is the safety and well-being of the children and staff. Scan is used in the event of a bomb threat. In this situation, all staff needs to scan their surrounding area for suspicious articles or threat.

Different scenarios will require different responses from each responsibility of the ICS. Each incident will vary in degree of severity, and no two incidents will be the same. Below are some examples of what a person in each role may do during the incident. The Incident Commander will be the person of highest position at the center and will delegate the other responsibilities as they see necessary.

| RESPONSIBILITY | POSSIBLE TASKS IN THE EVENT OF A LIFE-THREATENING EMERGENCY |
|---|---|
| Planning | ▪ Determine the number of children, staff, and visitors in the center or outside of the center.<br>▪ Anticipate any problems that may arise.<br>▪ Assess the type of incident and what type of emergency response is safest.<br>▪ Determine when the group may need to move to a different location.<br>▪ Determine how staff and classrooms will be notified of the need to scan.<br>▪ Determine how staff and classrooms will be notified of an escalating situation.<br>▪ Determine number of children, staff, and visitors in need of first aid.<br>▪ Determine when emergency personnel need to be notified. |
| Logistics | ▪ Make sure that Operations has the supplies needed to administer first aid, to make emergency phone calls, to contact classrooms, etc. |

| RESPONSIBILITY (CONT.) | POSSIBLE TASKS IN THE EVENT OF A LIFE-THREATENING EMERGENCY (CONT.) |
|---|---|
| Finance | ▪ Determine how will finance food, more first aid supplies, classroom supplies, etc. |
| Operations | ▪ When the situation is safe/clear, check sign-in/sign-out sheets and obtain a count of staff, children, and visitors. This can also be done with the use of phones.<br>▪ Report status to Incident Commander so emergency personnel can be notified.<br>▪ Perform evacuation or reverse evacuation as needed.<br>▪ Set up staff to make phone calls/contact the parent(s)/guardians.<br>▪ Set up a Medical Team to administer first aid.<br>▪ Set up Child Release to safely release children to authorized adults.<br>▪ Notify classrooms that a scan has been requested and that the classrooms will be in lockdown until otherwise notified. |
| Medical Team | ▪ Administer first aid and obtain additional medical treatment as needed. |
| Child Release | ▪ Track the release of children to authorized adults. |

Supporting Documents and Supplies

The following documents and supplies must be maintained at each center and will be monitored by management.

1) Emergency contact information and emergency medical treatment authorization on all children at the center and emergency contact information on all staff; this information will be updated quarterly and as needed. Child and staff forms will be kept on a clipboard in each classroom for portability.
2) Evacuation map with a primary and secondary route posted in each classroom and in the main areas of the center.
3) First aid kits and emergency kits.
4) Color cards. Cards will be kept on a clipboard with the emergency contact information in each classroom.
5) Center sign-in/sign-out sheets for children, staff, and visitors. Sign-in/sign-out sheets will be kept in a central location.

Scan Procedures

1) Staff member notes threat.
2) Staff member acts as Incident Commander and delegates operations tasks.
3) If a suspicious article is found, evacuate to a safer area. Students and staff who are outside commence a reverse evacuation if deemed necessary. Students and staff who are inside commence an evacuation if deemed necessary.
4) Cancel outdoor activities if the threat is outside.
5) Continue normal class activities if practical.
6) Do not use cell phones or walkie-talkies.

7) Do not touch or move a suspicious article.
8) Operations Chief will delegate task of operations for support as needed.
9) Operations will collect a count on all staff and children, notifying Incident Commander.
10) To assist Operations, each classroom will place a color card in the door of the classroom to let Operations know their status.
    - GREEN = Everything is fine; all staff, visitors, and children are accounted for, and no one needs immediate medical attention.
    - RED = Attention is needed immediately; all staff, visitors, and children are not accounted for.
    - FIRST AID = Someone is injured, and attention is needed
11) Incident commander will notify emergency personnel.
12) Parents/guardians will be notified of the incident when able and will be alerted when it is safe to enter the building.

Additional Note Regarding Suspicious Article

Evidence of a suspicious article, package, or letter should be reported to the Site Facilitator immediately. Communication with the police should be the next step. Do not touch or attempt to move the article unless instructed by the police. Follow the advice of the police department on how to handle the situation.

Additional Note Regarding Bomb Threats/Threatening Calls or Messages

In the event that a threatening call is received, it should be recorded as accurately as possible and reported to the police. Depending on the nature of the call, appropriate action should be to protect lives, which may include evacuation. Get advice from the police department on how to handle the situation.

**PANDEMIC FLU**

Influenza, commonly called "the flu," is caused by the influenza virus, which infects the respiratory tract (nose, throat, lungs). The flu usually spreads from person to person when an infected person coughs, sneezes, or talks, and the virus is sent into the air. The flu can cause illness in all ages, and it is more likely than other viral respiratory infections, such as the common cold, to cause severe illness and life-threatening complications.

Avian influenza, also known as "avian flu" or "bird flu," is caused by one of many viruses that exist naturally in wild birds. Wild birds usually do not become sick, but they can carry the virus and pass it on to non-wild birds, such as chickens, turkey, and ducks (fowl), which can become very sick and die. Flu viruses can exist not only in birds, but also in other animals, such as swine.

Because all influenza viruses have the ability to change, scientists are concerned that the viruses could change so that it can easily spread from sick people to otherwise healthy people. If this happens, and the influenza spreads around the world, it would be called a pandemic. Pandemic influenza is a unique public health emergency. Outbreaks are expected to occur simultaneously throughout much of the country and in the state of New Hampshire, preventing shifts in human and material resources that normally occur in most other natural disasters. For this reason, the State of New Hampshire Department of Health and Human Services (NH DHHS) recommends that institutions, such as educational facilities and childcare centers, plan now for their response to pandemic influenza. (NH DHHS, Division of Public Health Services. March 2, 2006. Influenza Pandemic Public Health Preparedness & Response Plan, p. 53)

Purpose

The purpose of this section is to outline a pandemic influenza preparedness and response plan specific to Southwestern Community Services, Inc. Head Start. Unlike the other emergency situations outlined previously in this document, preparation for a pandemic influenza is likely to take place gradually. For this reason, the following information is broken down a little differently than other emergency situations. The plan will be broken into levels corresponding to the phases of how a pandemic would most likely occur, as recommended by the NH DHHS, Division of Public Health Services.

The phases are:

- Phase 1: Present in animals, low risk to humans.
- Phase 2: Present in animals, higher risk of human disease.
- Phase 3: Human infection present, but no or very limited human-to-human spread.
- Phase 4: Evidence of increased human-to-human transmission but still limited.
- Phase 5: Evidence of significant human-to-human transmission (substantial pandemic risk)
- Phase 6: Evidence of sustained transmission in general population.
- Post pandemic period

Response Activities by Level of Alertness

LEVEL 1: READY

Cases of epidemic respiratory infection (ERI) are occurring in countries other than the US but have yet to be reported domestically or in neighboring countries.

1) Access Control:

    - Centers should develop a plan for limiting or controlling access of outside vendors and visitors to the center when a known exposure to an infected person has occurred. This may involve limiting access to one entrance.

2) Surveillance and Screening:

    Centers will develop a plan for screening children when they arrive at the center for any signs or symptoms of influenza (see *Attachment F*, page 109). Staff will ask parents the following question, "Does your child have a new cough that has developed over the last 10 days?" Children with a new cough or other symptoms will be:

    - Provided with a surgical mask and/or tissues and directed to cover their cough.
    - Documented in the running records of the child's file the date of the noted symptoms and what they are.
    - Checked for a fever, excluded if fever is 100.5 or higher (100.0 for COVID-19).
    - Encouraged to see their health care provider for evaluations.
    - Excluded if the child is exhibiting unusual lethargy, uncontrolled coughing, irritability, persistent crying, difficulty breathing, or wheezing until medical evaluation allows inclusion. (See Exclusion for Illness Policy, in the SNHS, Inc. Health Information Guide.)

Informative infection control signs will be placed at the entrance to each center, each classroom, and restroom facilities. These posters will ask that:

- Persons with a new cough wear a surgical mask or use tissues to cover their mouth and nose when coughing and use good hand hygiene while in the center if they are not able to leave immediately or until medical evaluation determines them as not contagious.
- Persons with a new cough, fever, and other signs/symptoms of influenza delay attending until medical evaluation allows inclusion, or their symptoms resolve.

Centers will monitor national, regional, and local data related to ERI. This can be monitored through the NH DHHS website: New Hampshire Department of Health and Human Services (nh.gov).

3) Infection Control/Protection:
   - All staff, students, and visitors that develop a cough while at the center will be provided with a surgical mask and/or tissues.
   - Staff exhibiting signs and symptoms of influenza will be asked to take mandatory sick leave until medical evaluation allows attendance at the center.
   - Each center will maintain an adequate supply of surgical masks, hand sanitizer with at least 60% ethyl alcohol, surface cleaners and disinfectants, and tissues throughout public areas, classrooms, and meeting rooms.
   - Refer to the *Cleaning and Sanitation Procedures* for proper cleaning and disinfecting.
   - Hand washing posters will be displayed in all high traffic areas.

4) Communication/Education:
   - The centers will make sure all information regarding ERI is communicated effectively to the families, utilizing translators as necessary.
   - Staff training on signs and symptoms of influenza and the pandemic plan will be conducted and updated as events develop.
   - Centers will utilize the Disaster Behavioral Health Response Teams in the State of NH as needed for children, families, and staff:
     - Disaster Behavioral Health Response Teams | New Hampshire Department of Health and Human Services (nh.gov).
     - Contact: Disaster Behavioral Health Coordinator 603.271.9454 or 603.419.0074
   - Centers will also be familiar with the following sections in *Attachment E – Common Responses to Disasters and/or Crisis* (see pages 99-108: *Key Concepts of Disaster Behavioral Health*, *Helping Children Cope with Trauma*, and *Post Intervention: Stress Prevention and Management*.

5) Additional Preparedness:
   - Promote influenza vaccination during the regular influenza season to reduce morbidity from seasonal influenza if a pandemic strain emerges, to reduce confusion if a pandemic strain emerges (one may have a higher suspicion for a pandemic strain if the patient is known to have

been vaccinated against seasonal influenza), and to prepare communities for providing vaccination clinics in the event that vaccination for a pandemic strain is necessary.

- Develop educational and promotional materials to promote availability and desirability of influenza vaccine for all.
- Encourage and promote attendance at vaccination clinics.

LEVEL 2: PANDEMIC ALERT PERIOD

A case or cases of ERI has affected a community member or a community member in close contact with the center, but no documented community spread from this person to others.

The recommendations and activities in each level are cumulative through the phases, so the recommendations in Level 1 should be carried over to Level 2, in addition to the recommendations below.

1) Access Control:

   Review possible need to restrict vendors, visitors, and conferences at the center and refer to individual center plan designed in the Access Control section of Level 1.

2) Surveillance and Screening:

   Infection control signs are posted at all entrances, and in all common areas. Posters should include specific risk factors for the targeted infection, to encourage persons in the institution to self-screen for infection.

   - Persons who think they may be at risk for infection should wear surgical masks and get evaluated by their health care provider.
   - Children, families, and staff that have or may have had contact with persons suspected of having fever, cough, or other respiratory problems should report this to the center.

3) Infection Control/Precautions:

   - Droplet and contact precautions are required for all contact with any person who has been screened as a possible ERI case until an alternate diagnosis is made (see *Attachment G*, pages 110-112).

Droplet precautions are required for any person who has a new cough and fever, but no risk factors for ERI until a diagnosis of a non-contagious respiratory illness or an infection requiring a higher level of precautions is made. Persons with the above symptoms will be excluded from the program until medical evaluation allows their inclusion. If this person has to remain in the center while waiting to be picked up, a mask should be used, and classroom sanitation procedures should be followed (see page 3 of the *Health* section of the *Head Start Policies and Procedures* manual).

4) Additional Preparedness Activities:
   - The Health, Safety, and Nutrition Services Manager will be in regular contact with centers to review current situation and strategies.
   - Centers will keep in regular contact with families, tracking their status.

LEVEL 3: PANDEMIC PERIOD

There is evidence of transmission of ERI in the center or there is widespread human-to-human transmission in the region of the center.

The recommendations and activities in each level are accumulative through the phases, so the recommendations in Levels 1 and 2 should be caried over to Level 3, in addition to the recommendations below. Level 3 is the highest level of alert, which means restriction of access to the centers, more active screening, and a shift away from the normal operations of the center.

1) Access Control:
    - All entrances to the center will be locked except the main entrance.
    - Entry into the building will be restricted to:
        - Staff with a valid ID
        - Enrolled children and their families, depending on SCS Head Start Back to School Protocol
    - All meetings, events, and activities occurring at the centers may be suspended based on the judgment of the Program Director and the Health, Safety, and Nutrition Services Manager, or the agency.
    - The decision to close the center may also be made as a means to prevent the further spread of an epidemic. This may be done either by the program, by the state, or by city officials.

2) Surveillance and Screening:
    - Staff, children, and families allowed into the centers will be screened for fever, cough, and may require their temperature to be taken.
    - Those identified as having a fever, cough, or other symptoms will be excluded from attending and instructed to see their health care provider.

3) Infection Control/Precautions:
    - Staff screening families at the entrance of the center are required to wear a mask.
    - Adequate supplies of surgical masks, hand sanitizer with at least 60% ethyl alcohol, gloves, and tissues will be maintained at each center.
    - Close contacts of confirmed cases will be monitored closely for signs and symptoms. Close contact is defined as those who spend more than 15 minutes within six feet of the infected person during his/her infectious period, which is two days before illness onset to five days after illness onset.
    - NH DHHS will make recommendations for isolation or quarantine, if deemed necessary.

4) Communication/Education:
    - Daily or more frequent updates to families, staff, and community members will be provided as determined by the Program Director, the Site Facilitators, the Health, Safety, and Nutrition Services Manager, and the Agency.

<u>Signs and Symptoms of Influenza</u>

Influenza viruses are spread from person to person, primarily through respiratory droplet transmission (e.g., when an infected person coughs or sneezes in close proximity to an uninfected person).

The typical incubation period for influenza is one to four days, with an average of two days. Adults can be infectious from the day before symptoms begin through approximately five days after illness onset. Children can be infectious for more than 10 days after the onset of symptoms, and young children can also shed virus before their illness onset. Severely immunocompromised persons can shed virus for weeks or months.

Uncomplicated influenza illness is characterized by the abrupt onset of respiratory signs and symptoms:

- Fever
- Myalgia (muscle pain)
- Headache
- Malaise (discomfort)
- Nonproductive cough
- Sore throat
- Rhinitis (runny nose)

In addition, children may also have:

- Otitis media (middle ear infection)
- Nausea
- Vomiting

Uncomplicated influenza illness typically resolves after three to seven days for the majority of persons, although cough and malaise can persist for more than two weeks.

On the basis of signs and symptoms alone, respiratory illness cause by influenza viruses are difficult to distinguish from illnesses caused by other respiratory pathogens. Laboratory tests are needed to determine the actual pathogen causing the illness.

Precautions

*Droplet Precautions*: Droplet Precautions are designed to reduce the risk of droplet transmission of infectious agents. Droplet transmission involves contact of the conjunctivae or the mucous membranes of the nose or mouth or a susceptible person with large particle droplets containing microorganisms generated from a person who exhibits a clinical disease or who is a carrier of the microorganism. The patient can generate these droplets from coughing, sneezing, and talking. Transmission via large droplets requires close contact (within three feet or less) between the source patient and the susceptible individual. Droplets, due to their large size, do not remain suspended in the air and travel short distances, three feet or less. Thus, droplet precautions require the use of a standard surgical mask within three feet of the patient. However, it is prudent to wear a mask upon entering the room of a person on Droplet Precautions to avoid any inadvertent exposure.

*Contact Precautions*: Contact Precautions require the use of gloves for all contact with the infected person and the immediate environment, and disinfection of horizontal surfaces in the immediate vicinity of the infected person at least once daily. Follow classroom sanitation procedures (see page 3 of the *Health* section of the *Head Start Policies and Procedures* manual).

## SCS HEAD START EMERGENCY OPERATION PLAN (EOP) FOR CHILDREN WITH DISABILITIES

In case of evacuation for any emergency situation, all children are accounted for including children with disabilities, which may include children with a physical, emotional, medical, or with any other disability under the IDEA.

In all monthly emergency evacuation drills and in actual emergency evacuations, all staff at SCS Head Start will follow the SCS Head Start Emergency Evacuation Plan as well as Active Supervision Policy/Protocol to ensure that all children, including children with disabilities are accounted for during evacuation to a safe place. If there is a child in a wheelchair, the staff will use the wheelchair accessible ramp for evacuation. The evacuation maps are posted in the classrooms and at the centers by each exit showing the exit routes in case of emergencies.

SCS Head Start will do this by assigning a staff member to the individual children with disabilities. The staff who are assigned to individual children with disabilities would be aware of the individual needs of the children and if they need rescue meds and other mobility devices other than their wheelchairs. Children with one-on-one tutors will have someone with them to help them throughout the emergency evacuation reporting to Teacher/Center Supervisor upon reaching previously designated safe destination.

Children who are able to walk would exit the building under staff supervision. The staff will follow the redundant Active Supervision Policy/Protocol, counting children at various points to account for all children in their care. The Teacher/Center Supervisor will direct staff as to what their role is in case of an emergency during emergency since the staff will be familiar with the various emergency scenarios as when they practice procedures to respond to mock emergencies monthly to stay safe.

SCS Head Start's protocol for the emergencies below are:

1) Evacuation: To account for a child with disabilities, the staff assigned to these children would make sure they are aware of what the child needs and if medication or other mobility devices are needed.
2) Reserve Evacuation: To account for a child with disabilities, the staff assigned would make sure these children are able to come inside in an orderly fashion, with each child being accounted for.
3) Secure Building Lockout: To account for a child with disabilities, the staff would monitor these children and take into consideration any actions needed.
4) Secure Building Lockdown: to account for a child with disabilities, the staff would move the children to a safe space, away from windows. If a child is mobile, they would stay with the group and another staff, and all would remain calm with continuous check-ins.
5) Drop Drill: To account for a child with disabilities, the staff would monitor what these children need and would make sure their head and neck are protected. If an additional staff needs to be placed with one specific child, that will be assigned.
6) Shelter in Place: To account for a child with disabilities, the staff would monitor these children and check-in with them to make sure they feel secure and safe.
7) Life-Threatening Medical Emergencies: To account for a child with disabilities, the staff would make sure that the child is safe while the medical emergency is being dealt with. Anticipation for any incident that may arise. If children need to be moved to a safer space, any mobility issues will be taken into account.
8) Scan: to account for a child with disabilities, the staff would monitor the children and make sure they are included, and if any further action is needed to take it.

I have read the above Emergency Operation Plan (EOP) for children with disabilities and understand what my role is during this time, as the lead teacher/site facilitator will direct me.

Signature _____ Date: _____

## SOURCES

*Applying ICS in Schools*. June 18, 2007). NH Emergency Management. Manchester, NH.
*City of Manchester's Emergency Preparedness and Response Process*. (June 14, 2007).
*Emergency Planning Guide for Child Care.* NHDHHS. http://www.dhhs.nh.gov/DHHS/BCCL
*Emergency Preparedness*. Federal Management Association. www.ready.gov
*Emergency Preparedness Manual*. National Center on Early Childhood Health and Wellness (2020). Retrieved from https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/emergency-preparedness-manual-early-childhood-programs.pdf.

## SHORT-TERM EXCLUSION DUE TO ILLNESS

The policy below applies to children and staff.

The New Hampshire Child Car Program Licensing Rules determine how staff care for a child who is ill or injured. The New Hampshire Code of Administrative rules states that: Childcare personnel shall observe each child each day upon arrival and throughout the day for injuries and symptoms of illness, which:

1) Impair or prohibit the child's participation in the regular childcare activities; or
2) Require more care than childcare personnel can provide without compromising the health and safety of the ill or injured child or the other children.

Therefore, a child or staff member should remain home or return home if they have the symptoms of illness referenced above, including:

- Diarrhea (two to three loose and watery bowel movements in four hours)
- Uncontrolled coughing or wheezing
- Unusual or extreme fatigue or lethargy
- Rash with fever or behavior change that has not been diagnosed or treated by a licensed health practitioner
- A tympanic temperature (inner ear) of 100.4 degrees Fahrenheit or higher, combined with any of the following:
    - Diarrhea
    - Rash
    - Earache
    - Sore throat
    - Vomiting
    - Cannot fully participate in activities

When a child exhibits symptoms of illness as specified above, Head Start staff will contact the child's parents and inform them that their child must be removed from the program.

Head Start staff will provide any child wo is ill with an opportunity to rest or engage in a quiet activity in a comfortable, private, supervised area until parents arrive to remove the child from the program.

Children need to be free of diarrhea and vomiting 24 hours before they may return to the center. The New Hampshire Childcare Disease Handbook defines diarrhea as an increased number of stools compared with a person's normal pattern, along with watery stools and/or decreased stool form. The National Resource Center for Health and Safety in Child Care and Early Education, in its Caring for Our Children Guidelines, defines a temperature of 100.4 or higher as a fever.

If a child has a fever of 100.4 but no other signs of illness, such as the symptoms above or any change in behavior, SCS Head Start will not exclude that child; however, staff should closely monitor the child's well-being.

### DECIDING WHEN A CHILD OR STAFF MEMBER CAN RETURN TO THE CENTER

To return to the center:

1) A child or staff member must be fever-free and not need medication to control fever.
2) A child or staff member must be free of diarrhea and/or vomiting for 24 hours.
3) When the individual is on an antibiotic for a contagious disease, they must have been on the medication for a full 24 hours before returning to the center. In some cases, a doctor's note may be required to return to the center.
4) When an individual is on an antibiotic for fan ear infection and has no fever, they may return to the center when they are comfortable enough to participate in all activities fully.
5) A child must be able to fully participate in all activities, including outdoor play, before returning to the center. There are not enough staff to care for individual children who are not well enough to join the group in all activities. Staff must be able to perform their usual duties and responsibilities.
6) These guidelines may be adjusted at the discretion of the Health, Safety, & Nutrition Services Manager to individualize for a child's particular situation or needs.

As of fall 2011, conjunctivitis has been removed from the list of conditions requiring exclusion from Head Start. SCS Head Start will not require that staff or children be excluded from school if they have symptoms of conjunctivitis. However, staff and families should monitor their own well-being, and families should monitor their children's well-being to decide for themselves whether to stay home if they are not feeling well.

SCS Head Start follows the NH Child Care Disease Handbook. A copy of the guidelines is available for parents and staff at each SCS Head Start Center. (A PDF version, disease-handbook-complete.pdf, can also be found on the on nh.gov website.) SCS Head Start also follows the National Health and Safety Performance Standards Guidelines for Early Care and Education Programs *Caring for Our Children | National Resource Center* (nrckids.org).

### CONDITIONS REQUIRING CONSULTATION WITH A HEALTH PROFESSIONAL

When the following conditions occur, a health professional must be consulted before a child or staff can return to school:

- Chicken pox: until six days after the start of the rash or all sores have crusted over
- Fifth's disease: also known as "slapped cheek"

- Hepatitis A: until seven days after start of symptoms (e.g., jaundice)
- Impetigo: until 24 hours after treatment begins and the individual is free of fever
- Measles: until six days after the start of the rash
- Mononucleosis: until clinically recovered
- Mumps: until nine days after start of symptoms (swelling of "cheeks")
- Oral herpes (if child is drooling or lesions cannot be covered): until lesions heal
- Pertussis: until five days after treatment begins
- Pinworms: until treatment has begun
- Roseola: high fever and breakout rash
- Rubella (German measles): until six days after the start of the rash
- Scabies
- Shingles (if lesions cannot be covered): until treatment has begun
- Sneezing, a discharging nose, red or watery eyes, sensitivity to light, sore or inflamed through, cough, headache, vomiting, fever, or rash should be looked upon as signs and symptoms leading to suspicion of communicable disease.
- Staphylococcal disease: until treatment has begun
- Strep throat, scarlet fever, or other strep infection: until 24 hours after treatment begins and individual is free of fever
- Tuberculosis (TB): until a health care provider determines that the disease is not contagious

# Head Start Center

# Children and staff have relocated to:

(Facility Name)

The facility is located at: _____

SCS Staff Cell Phone: _____

| CLAREMONT HEAD START CENTER | | |
|---|---|---|
| NAME/COMPANY | TELEPHONE NUMBER | LOCATION |
| Head Start Director | Keene Office: 603.352.7512<br>Office: 603.719.4164 | 63 Community Way<br>Keene, NH 03431 |
| Ambulance/Medical Emergency:<br>Golden Cross Ambulance | 911<br>603.542.6660 | 5 Lincoln Heights<br>Claremont, NH 03743 |
| Fire | 911<br>603.542.5156 | 100 Broad Street<br>Claremont, NH 03743 |
| Poison Control | 1.800.222.1222 | n/a |
| Police | 911<br>603.542.9538 | 152 South Street<br>Claremont, NH 03743 |
| Local Health Department | 603.504.0348<br>603.504.0346 | 58 Opera House Square<br>Claremont, NH 03743 |
| Head Start Facilities Maintenance:<br>Colleen Adams | Office: 603.719.4297<br>Cell: 603.209.4734 | 63 Community Way<br>Keene, NH 03431 |
| SCS Maintenance:<br>Stacey McGilvery | 603.719.4213 | 63 Community Way<br>Keene, NH 03431 |
| Hospital or Clinic:<br>Valley Regional | 603.542.7771 | 243 Elm Street<br>Claremont, NH 03743 |
| Local Emergency Mgt. Agency | 603.542.6660<br>603.542.5156 | 100 Broad Street<br>Claremont, NH 03743 |
| Electric Company:<br>Eversource | 800.662.7764 | PO Box 330<br>Manchester, NH 03105 |
| Alarm System/Electrician:<br>Amer Electric | 603.357.8553 | 82 Pearl Street<br>Keene, NH 03431 |
| Heating Company:<br>Eastern Propane & Oil | 603.542.5175 | 286 Main Street<br>Claremont, NH 03743 |
| Water Company:<br>Town of Claremont | 603.542.7020 | 8 Grandview Street<br>Claremont, NH 03743 |
| Waste Disposal:<br>Casella Waste Systems | 802.281.4114 | 264 John Stark Highway<br>Newport, NH 03773 |
| Insurance Provider | n/a | n/a |

| JAFFREY HEAD START CENTER | | |
|---|---|---|
| NAME/COMPANY | TELEPHONE NUMBER | LOCATION |
| Head Start Director | Keene Office: 603.352.7512<br>Office: 603.719.4164 | 63 Community Way<br>Keene, NH 03431 |
| Ambulance/Medical Emergency:<br>Jaffrey Rindge Memorial Ambulance | 911<br>603.532.6868 | 119 Main Street<br>Jaffrey, NH 03452 |
| Fire | 911<br>603.532.8377 | 138 Turnpike Road<br>Jaffrey, NH 03452 |
| Poison Control | 1-800-222-1222 | n/a |
| Police | 911<br>603.532.7865 | 26 Main Street<br>Jaffrey, NH 03452 |
| Local Health Department | 603.532.7445 Ext. 108 | 28 Main Street<br>Jaffrey, NH 03452 |
| Head Start Facilities Maintenance:<br>Colleen Adams | Office: 603.719.4297<br>Cell: 603.209.4734 | 63 Community Way<br>Keene, NH 03431 |
| SCS Maintenance:<br>Stacey McGilvery | 603.719.4213 | 63 Community Way<br>Keene, NH 03431 |
| Hospital or Clinic:<br>Monadnock Community Hospital | 603.924.7191 | 452 Old Street Road<br>Peterborough, NH 03458 |
| Local Emergency Mgt. Agency | 603.352.7880<br>603.532.7445 | 28 Main Street<br>Jaffrey, NH 03452 |
| Electric Company:<br>Eversource | 800.662.7764 | 19 Production Ave<br>Keene, NH 03431 |
| Heating Company:<br>Dead River Propane – Allen & Matherson | 603.352.5240 | 452 Winchester Street<br>Keene, NH 03431 |
| Water Company:<br>Town of Jaffrey | 603.532.6521 | 104 Turnpike Road<br>Jaffrey, NH 03452 |
| Waste Disposal:<br>Monadnock Disposal Services | 603.532.8088 | 101 Old Sharon Road<br>Jaffrey, NH 03452 |
| Insurance Provider | n/a | n/a |

| KEENE HEAD START CENTER | | |
|---|---|---|
| NAME/COMPANY | TELEPHONE NUMBER | LOCATION |
| Head Start Director | Keene Office: 603.352.7512<br>Office: 603.719.4164 | 63 Community Way<br>Keene, NH 03431 |
| Ambulance/Medical Emergency | 911<br>603.357.0341 | 49 Court Street<br>Keene, NH 03431 |
| Fire | 911<br>603.357.9861 | 31 Vernon Street<br>Keene, NH 03431 |
| Poison Control | 1.800.222.1222 | n/a |
| Police | 911<br>603.357.9815 | 400 Marlborough Street<br>Keene, NH 03431 |
| Local Health Department | 603.352.5400 | 3 Washington Street<br>Keene, NH 03431 |
| Head Start Facilities Maintenance:<br>Colleen Adams | Office: 603.719.4297<br>Cell: 603.209.4734 | 63 Community Way<br>Keene, NH 03431 |
| SCS Maintenance:<br>Stacey McGilvery | 603.719.4213 | 63 Community Way<br>Keene, NH 03431 |
| Hospital or Clinic:<br>Cheshire Medical Center | 603.354.5400 | 580 Court Street<br>Keene, NH 03431 |
| Local Emergency Mgt. Agency:<br>City of Keene Emergency Preparedness & Mgmt. | 603.352.5440<br>603.352.6550<br>603.357.9804 | 3 Washington Street<br>Keene, NH 03431 |
| Electric Company:<br>Eversource | 800.662.7764 | 19 Production Avenue<br>Keene, NH 03431 |
| Alarm System/Electrician:<br>Amer Electric | 603.357.8553 | 82 Pearl Street<br>Keene, NH 03431 |
| Heating Company:<br>Lawrence Brothers | 603.352.5548 | 18 West Swanzey Road<br>Swanzey, NH 03446 |
| Water Company:<br>City of Keene Public Works | 603.352.3239 | 3 Washington Street<br>Keene, NH 03431 |
| Waste Disposal:<br>Monadnock Disposal Services | 603.532.8088 | 101 Old Sharon Road<br>Jaffrey, 03452 |
| Insurance Provider | n/a | n/a |

| NEWPORT HEAD START CENTER | | |
|---|---|---|
| NAME/COMPANY | TELEPHONE NUMBER | LOCATION |
| Head Start Director | Keene Office: 603.352.7512<br>Office: 603.719.4164 | 63 Community Way<br>Keene, NH 03431 |
| Ambulance/Medical Emergency:<br>Newport Fire & EMS | 911<br>603.863.1416<br>603.863.5577 | 11 Sunapee Street<br>Newport, NH 03773 |
| Fire | 911<br>603.863.1416 | 11 Sunapee Street<br>Newport, NH 03773 |
| Poison Control | 1.800.222.1222 | n/a |
| Police | 911<br>603.863.3232 | 59 Main Street,<br>Newport, NH 03773 |
| Local Health Department | 603.863.1416 | 11 Sunapee Street<br>Newport, NH 03773 |
| Head Start Facilities Maintenance:<br>Colleen Adams | Office: 603.719.4297<br>Cell: 603.209.4734 | 63 Community Way<br>Keene, NH 03431 |
| SCS Maintenance:<br>Stacey McGilvery | 603.719.4213 | 63 Community Way<br>Keene, NH 03431 |
| Hospital or Clinic:<br>Newport Health Center | 603.863.4100 | 11 John Stark Hwy<br>Newport, NH 03773 |
| Local Emergency Mgt. Agency:<br>Newport Fire & EMS | 911<br>603.863.1416 | 11 Sunapee Street<br>Newport, NH 03773 |
| Electric Company:<br>Eversource | 800.662.7764 | PO Box 330<br>Manchester, NH 03105 |
| Heating Company:<br>Eastern Propane | 800.523.5237<br>603.542.5175 | 286 Main Street<br>Claremont, NH 03743 |
| Water Company:<br>Newport Town Water | 603.863.8006 | 449 South Main Street<br>Newport, NH 03773 |
| Waste Disposal:<br>Casella Waste Systems | 802.281.4114 | 264 John Stark Highway<br>Newport, NH 03773 |
| Insurance Provider | n/a | n/a |

| SWANZEY HEAD START CENTER | | |
|---|---|---|
| NAME/COMPANY | TELEPHONE NUMBER | LOCATION |
| Head Start Director | Keene Office: 603.352.7512<br>Office: 603.719.4164 | 63 Community Way<br>Keene, NH 03431 |
| Ambulance/Medical Emergency:<br>Cheshire County EMS | 911<br>603.355.1900 | 66 Lake Street<br>Keene, NH 03431 |
| Fire | 911<br>603.358.6455 | 34 Main Street<br>Swanzey, NH 03446 |
| Poison Control | 1.800.222.1222 | n/a |
| Police | 911<br>603.352.2869 | 34 Eaton Road<br>Swanzey, NH 03446 |
| Local Health Department | 603.313.6571<br>603.352.7411 | 620 Old Homestead Highway<br>Swanzey, NH 03446 |
| Head Start Facilities Maintenance:<br>Colleen Adams | Office: 603.719.4297<br>Cell: 603.209.4734 | 63 Community Way<br>Keene, NH 03431 |
| SCS Maintenance:<br>Stacey McGilvery | 603.719.4213 | 63 Community Way<br>Keene, NH 03431 |
| Hospital or Clinic:<br>Cheshire Medical Center | 603.354.5400 | 580 Court Street<br>Keene, NH 03431 |
| Local Emergency Mgt. Agency:<br>Emergency Management Director<br>Cheshire Public Health Emergency Network | 860.808.6170<br>603.354.5454 ext. 2130 | n/a |
| Electric Company:<br>Eversource | 800.662.7764 | 19 Production Ave<br>Keene, NH 03431 |
| Alarm System/Electrician:<br>Amer Electric | 603.357.8553 | 82 Pearl Street<br>Keene, NH 03431 |
| Heating Company:<br>Lawrence Brothers | 603.352.5548 | 18 West Swanzey Road<br>Swanzey, NH 03446 |
| Water Company:<br>West Swanzey Water Company | 603.352.0770 | 2 South Winchester Street<br>West Swanzey, NH 03469 |
| Waste Disposal:<br>Monadnock Disposal Services | 603.532.8088 | 101 Old Sharon Road<br>Jaffrey, 03452 |
| Insurance Provider | n/a | n/a |

## EMERGENCY KIT AND SUPPLIES

A portable/wheeled backpack will contain the following:

1) A clipboard with:
    a. all child and staff emergency contacts and medical treatment authorization
    b. first aid color cards
    c. two blank relocation notices
    d. lined paper
    e. pens, pencils, permanent marking pen
2) Portable first aid kit
3) Whistle
4) Scissors
5) One box of tissues
6) Pull-ups
7) Wipes
8) Emergency blankets
9) One roll of duct tape
10) Hand sanitizer
11) Four gloves, non-porous
12) Tarp
13) Rope, 15 feet
14) CPR face mask
15) Water
16) Flashlight

Reminder: When going outside, bring medicine in a locked box and a cell phone.

Backpacks will be checked and replenished as needed.

**PLANNING TASKS**

| PLANNING TASKS DURING: | ACTION: |
|---|---|
| Evacuation | ▪ Determine the number of children, staff, and visitors in need of first aid.<br>▪ Determine the number of relocation signs needed.<br>▪ Anticipate any problems that may arise.<br>▪ Assess the type of incident and which shelter is safe.<br>▪ Determine when a group may need to move to a different shelter.<br>▪ Determine how staff and classrooms will be notified of an evacuation and reason for an evacuation when an alarm is not required.<br>▪ Determine location of back-up files away from center in the event the center must be evacuated long-term or files are destroyed. |
| Reverse Evacuation | ▪ Determine the number of children, staff, and visitors in need of first aid.<br>▪ Determine the number of children, staff, and visitors that need to go inside.<br>▪ Anticipate any problems that may arise.<br>▪ Assess the type of incident and the safest route to reenter the building.<br>▪ Determine how quickly the group needs to reenter the building.<br>▪ Determine how staff and children will be notified of a reverse evacuation and reason. |
| Secure Building/<br>Lockout or Lockdown | ▪ Determine the number of children, staff, and visitors in the center or outside the center.<br>▪ Anticipate any problems that may arise.<br>▪ Assess the type of incident and what type of emergency response is safest.<br>▪ Determine when a group may need to move to a different location.<br>▪ Determine how staff and classrooms will be notified of the need to secure building/lockout or lockdown.<br>▪ Determine how staff and classrooms will be notified of an escalating situation.<br>▪ Determine the number of children, staff, and visitors in need of first aid. |
| Drop Drill | ▪ Determine the number of children, staff, and visitors in need of first aid.<br>▪ Determine the number of children, staff, and visitors in the center.<br>▪ Anticipate any problems that may arise.<br>▪ Assess the type of incident and what type of emergency response is safest.<br>▪ Determine when a group may need to move to a different shelter.<br>▪ Determine how staff and classrooms will be notified of drop drill. |
| Sheltering in Place | ▪ Determine the number of children, staff, and visitors in need of first aid.<br>▪ Determine the number of children, staff, and visitors in the center.<br>▪ Anticipate any problems that may arise.<br>▪ Assess the type of incident and what type of emergency response is safest.<br>▪ Determine when a group may need to move to a different shelter.<br>▪ Determine how staff and classrooms will be notified of shelter in place. |

**PLANNING TASKS** (continued)

| PLANNING TASKS DURING: | ACTION: |
|---|---|
| Life-Threatening Medical Emergencies | ▪ Determine the number of children, staff, and visitors in need of first aid.<br>▪ Determine the number of children, staff, and visitors in the center.<br>▪ Anticipate any problems that may arise.<br>▪ Assess the type of incident and what type of emergency response is safest.<br>▪ Determine when a group may need to move to a different location.<br>▪ Determine how staff and classrooms will be notified of a life-threatening medical emergency. |
| Scan | ▪ Determine the number of children, staff, and visitors in the center or outside the center.<br>▪ Anticipate any problems that may arise.<br>▪ Assess the type of incident and what type of emergency response is safest.<br>▪ Determine when a group may need to move to a different location.<br>▪ Determine how staff and classrooms will be notified of the need to scan.<br>▪ Determine how staff and classrooms will be notified of an escalating situation.<br>▪ Determine the number of children, staff, and visitors in need of first aid.<br>▪ Determine when emergency personnel need to be notified. |

**OPERATIONS TASKS**

| OPERATIONS TASKS DURING: | ACTION: |
|---|---|
| Evacuation | ▪ Check sign-in/out sheets, obtain count of staff, children, and visitors.<br>▪ Report to emergency personnel whether anyone is still in the building.<br>▪ Move staff, children, and visitors to shelter.<br>▪ Set up relocation center and assign areas for each group.<br>▪ Set up staff to post relocation signs.<br>▪ Set up staff to make phone calls/contact the parents/guardians.<br>▪ Set up medical team to administer first aid.<br>▪ Set up child release to safely release children to authorized adults.<br>▪ Notify classrooms of an evacuation and reason for evacuation in an event that does not require an alarm.<br>▪ Make back-up files for the center and place them at the alternate location away from the center in the event files are destroyed or center is evacuated long-term. |
| Reverse Evacuation | ▪ Obtain a count from classroom(s) for number of staff and children outside.<br>▪ Move staff, children, and visitors to shelter.<br>▪ Set up a medical team to administer first aid once outside, if needed.<br>▪ Set up child release to safely release children to authorized adults.<br>▪ Notify classrooms of a reverse evacuation and reason for reverse evacuation. |

Operations Tasks (continued)

| OPERATIONS TASKS DURING: | ACTION: |
|---|---|
| Secure Building/<br>Lockout or Lockdown | ▪ When the situation is safe/clear, check sign-in/sign-out sheets to obtain a count of staff, children, and visitors. This can also be done with the use of phones.<br>▪ Report status to incident commander for notifying emergency personnel.<br>▪ Perform evacuation or reverse evacuation as needed.<br>▪ Set up medical team to administer first aid.<br>▪ Set up staff to make phone calls/contact parents/guardians.<br>▪ Set up child release to safely release children to authorized adults.<br>▪ Notify classrooms of a secure building/lockout or lockdown and reason. |
| Drop Drill | ▪ When the situation is safe/clear, check sign-in/sign-out sheets, to obtain count of staff, children, and visitors. This can also be done with the use of phones.<br>▪ Report status to incident commander for notifying emergency personnel.<br>▪ Set up staff to make phone calls/contact parents/guardians.<br>▪ Set up medical team to administer first aid.<br>▪ Set up child release to safely release children to authorized adults.<br>▪ Notify classrooms of drop drill. |
| Sheltering in Place | ▪ When the situation is safe/clear, check sign-in/sign-out sheets, to obtain count of staff, children, and visitors. This can also be done with the use of phones.<br>▪ Report status to incident commander for notifying emergency personnel.<br>▪ Set up staff to make phone calls/contact parents/guardians.<br>▪ Set up medical team to administer first aid.<br>▪ Set up child release to safely release children to authorized adults.<br>▪ Notify classrooms of a shelter in place and reason. |
| Life-threatening<br>Medical Emergencies | ▪ When the situation is safe/clear, check sign-in/sign-out sheets, to obtain count of staff, children, and visitors. This can also be done with the use of phones.<br>▪ Report status to incident commander for notifying emergency personnel.<br>▪ Move staff, children, and visitors into the classroom.<br>▪ Set up staff to make phone calls/contact parents/guardians.<br>▪ Set up medical team to administer first aid.<br>▪ Set up child release to safely release children to authorized adults.<br>▪ Notify classrooms that a life-threatening medical emergency has occurred and that the classrooms will be in lockdown. |
| Scan | ▪ When the situation is safe/clear, check sign-in/sign-out sheets, to obtain count of staff, children, and visitors. This can also be done with the use of phones.<br>▪ Report status to incident commander for notifying emergency personnel.<br>▪ Perform evacuation or reverse evacuation as needed.<br>▪ Set up staff to make phone calls/contact parents/guardians.<br>▪ Set up medical team to administer first aid.<br>▪ Set up child release to safely release children to authorized adults.<br>▪ Notify classrooms if lockdown is necessary.<br>▪ Notify classrooms that a scan has been requested and that the classrooms will be in lockdown until otherwise notified. |

### LOGISTICS TASKS

| LOGISTICS TASKS DURING: | ACTION: |
|---|---|
| Evacuation | ▪ Make sure that operations has the supplies needed to administer first aid, to make relocation signs, to make emergency phone calls, to set up backup files, etc.<br>▪ System/location tables for each center (see pages 52-55). |
| Reverse Evacuation | ▪ Make sure that operations has the supplies needed to administer first aid, to make emergency phone calls, etc. |
| Secure Building/Lockout or Lockdown | ▪ Make sure that operations has the supplies needed to administer first aid, to make emergency phone calls, to contact classrooms, etc. |
| Drop Drill | ▪ Make sure that operations has the supplies needed to administer first aid, to make emergency phone calls, to contact classrooms, etc. |
| Sheltering in Place | ▪ Make sure that operations has the supplies needed to administer first aid, to make emergency phone calls, to contact classrooms, etc. |
| Life-threatening Medical Emergencies | ▪ Make sure that operations has the supplies needed to administer first aid, to make emergency phone calls, to contact classrooms, etc. |
| Scan | ▪ Make sure that operations has the supplies needed to administer first aid, to make emergency phone calls, etc. |

### FINANCE TASKS

| FINANCE TASKS DURING: | ACTION: |
|---|---|
| Evacuation | ▪ Determine how will finance food, more first aid supplies, classroom supplies, long-term shelter location, etc. for children if evacuation/relocation is prolonged. |
| Reverse Evacuation | ▪ Determine how will finance repair/purchase of any outdoor structures that may have been damaged in the event. |
| Secure Building/ Lockout or Lockdown | ▪ Determine how will finance food, more first aid supplies, classroom supplies, etc. |
| Drop Drill | ▪ Determine how will finance food, more first aid supplies, classroom supplies, etc. |
| Sheltering in Place | ▪ Determine how will finance food, more first aid supplies, classroom supplies, etc. |
| Life-threatening Medical Emergencies | ▪ Determine how will finance food, more first aid supplies, classroom supplies, etc., if needed. |
| Scan | ▪ Determine how will finance food, more first aid supplies, classroom supplies, etc., if needed. |

Attachment E – COMMON RESPONSES TO DISASTERS AND/OR CRISIS

*KEY CONCEPTS OF DISASTER BEHAVIORAL HEALTH*

| Traditional Mental health Practice | Disaster Behavior Health (DBH) Interventions |
|---|---|
| Primarily office-based | Primarily home- and community-based |
| Focus on diagnosis and treatment of mental illness | Assessment of strengths, adaption, and coping skills |
| Attempt to impact personality and functioning | Seeks to restore pre-disaster functioning |
| Examines content | Accepts content at face value |
| Encourages insight into past experiences and influence on current problems | Validates appropriateness of reactions and normalizes experience |
| Psychotherapeutic focus | Psychoeducational focus |

Source: ESCRB Program Guide Dec. 1999, DBHRT Training Manual – Section 2: Key Concepts of Disaster Behavioral Health

When Dealing with a Disaster

- Disaster stress and grief reactions are understandable and expected responses to an abnormal situation.
- Many emotional reactions of disaster survivors stem from problems of living brought about by the disaster.
- Disaster relief assistance may be confusing to disaster survivors. They may experience frustration, anger, and feelings of helplessness related to federal, state, and non-profit agencies' disaster assistance programs.
- Most people do not see themselves as needing mental health services following a disaster and will not seek such services.
- Survivors may reject disaster assistance of all types.
- Disaster behavioral health assistance is often more practical than psychological in nature.
- Disaster behavioral health services must be uniquely tailored to the communities they serve.
- Behavioral health workers set aside traditional methods, avoid the use of mental health labels, and use an active outreach approach to intervene successfully in disaster.
- Survivors respond to active, genuine interest and concern.
- Interventions must be appropriate to the phase of disaster.
- Social support systems are crucial to recovery.

AT-RISK GROUPS/SPECIAL POPULATIONS

Disaster behavioral health programs actively fit the disaster-affected community. Considerations include ethnic and cultural groups represented, languages spoken, rural or urban locales, values about giving and receiving help, and who and what the affected groups are most likely to trust. Access and acceptance are gained more quickly when disaster behavioral health programs coordinate and collaborate with local trusted organizations.

Disaster Reactions of Potential Risk Groups

Although there are many feelings and reactions people share in common following a disaster, there are also expressions that are more specifically influenced by the survivor's age, cultural and ethnic background, socioeconomic status, and pre-existing physical and psychological vulnerabilities. Disaster behavioral health workers are prepared to design effective interventions based on how the demographic and health factors interact with disaster stress.

This section describes groups commonly found within communities following a disaster and provides suggestions for disaster behavioral health interventions. Common issues, concerns, and reactions are also briefly presented in this section.

Common Needs and Reactions

First is a review of some thoughts, feelings, and behaviors common to all who experience a disaster:

- Concern for basic survival
- Grief over loss of loved ones and loss of valued, meaningful possessions
- Fear and anxiety about personal safety and the physical safety of loved ones
- Sleep disturbances, often including nightmares and imagery from the disaster
- Concerns about relocation and related isolation or crowded living conditions
- Need to talk about events and feelings associated with the disaster, often repeatedly
- Need to feel one is a part of the community and its disaster recovery efforts

Potential Risk Groups

Each disaster-affected community has its own demographic composition, prior history with disaster or other traumatic events, and cultural representation. When assessing community needs after a disaster, consideration will be given to the following, as well as additional groups unique to the locale:

- Age groups
- Cultural and ethnic groups
- Socioeconomic groups
- People with serious and persistent mental and physical illness
- Persons with addictions
- Persons with handicaps
- Those more directly exposed
- Human service and disaster relief workers

The majority of survivors are resilient and, with time, can integrate their disaster experiences and losses and move on. However, survivors who have significant concurrent psychosocial, health, or financial problems are at greater risk for depression, anxiety, post-traumatic stress symptoms, or an exacerbation of their pre-existing condition. When survivors have personally sustained severe disaster losses (e.g., death of a loved one, devastation of home and community), their reactions are more intensely expressed and over a longer period of time (Solomon and Green, 1992). This section includes a brief overview of each group. The disaster reactions described normally resolve over time with sufficient support and physical recovery.

## Age Groups

Each stage of life is accompanied by special challenges in coping with the aftermath of a disaster and age-related vulnerabilities to disaster stress. For children, their age and development determine their capacity cognitively to understand what is occurring around them and to regulate their emotional reactions. Children are more vulnerable to difficulty when they have experienced other life stresses in the year preceding the disaster, such as divorce, a move, or the death of a family member or pet (Vogel and Vernberg, 1993). For adults, stress associated with family and home disruptions, financial setbacks, and work overload predominate. For older adults, concerns regarding health, financial stability, and living independently become primary. For age specific symptoms, see the charts beginning on page 101.

## Cultural and Ethnic Groups

In many disasters, ethnic and racial minority groups may be especially hard hit because of socioeconomic conditions that force the community to live in housing that is particularly vulnerable. Language barriers, suspicion of governmental programs due to prior experiences, rejection of outside interference or assistance, and differing cultural values often contribute to disaster outreach program's difficulty in establishing access and acceptance. Communities that take pride in their self-reliance are reluctant to seek or accept help.

Cultural sensitivity is conveyed when disaster information and application procedures are translated into primary spoken languages and available in non-written forms. Intense emotions are typically experienced and expressed in a person's language of origin, so outreach reams that include bilingual, bicultural staff, and translators are able to interact more effectively with disaster survivors.

Cultural groups have considerable variation regarding views on loss, death, home, spiritual practices, use of particular words, grieving, celebrating, mental health, and helping. The role of the family, who is included in the family, and who makes decisions also varies. Elders and extended family play a significant role in some cultures, whereas isolated nuclear families are the decision-makers in others.

## Socioeconomic Groups

In contrast to more affluent families, low-income survivors have fewer resources and greater pre-existing vulnerability when disaster strikes. While they may have developed more crisis survival skills than the more protected upper-class individuals, they often lack the availability of support and housing from family and friends and do not have insurance coverage or monetary savings. Without these, the recovery process is even more arduous and prolonged, and sometimes impossible. Federal and state disaster assistance programs are designed to meet serious and urgent needs. The intent of these programs is not to replace all losses. Uninsured, poor families may have unmet needs and should be referred to non-profit disaster relief organizations and unmet needs committees. If they are renters, they may be faced with unaffordable increases in rent after landlords have invested money to repair their properties. They may be dislocated to temporary disaster housing that is undesirable and removed from their social supports. Relocation may make transportation to appointments more difficult.

Faced with these multiple challenges and assistance that falls short of solving the problems before them, low-income disaster survivors can feel overwhelmed. For those with limited reading and writing abilities, obtaining accurate information and completing forms is difficult.

Attachment E – COMMON RESPONSES TO DISASTERS AND/OR CRISIS

| Ages | Behavioral Symptoms | Physical Symptoms | Emotional Symptoms | Intervention Options |
|---|---|---|---|---|
| **1-5 years** | Clinging to parents or familiar adults<br>Helplessness and passive behavior<br>Resumption of bedwetting or thumb sucking<br>Fears of the dark<br>Avoidance of sleeping alone<br>Increased crying | Loss of appetite<br>Stomach aches<br>Nausea<br>Sleep problems, nightmares<br>Speech difficulties<br>Tics | Anxiety<br>Generalized fear<br>Irritability<br>Angry outbursts<br>Sadness<br>Withdrawal | Give verbal reassurance and physical comfort<br>Provide comforting bedtime routines<br>Help with labels for emotions<br>Avoid unnecessary separations<br>Permit child to sleep in parent's room temporarily<br>Demystify reminders<br>Encourage expression regarding losses (deaths, pets, toys)<br>Monitor media exposure<br>Encourage expression through play activities |
| **6-11 years** | Decline in school performance<br>School avoidance<br>Aggressive behavior at home or school<br>Hyperactive or silly behavior<br>Whining, clinging, acting like a young child<br>Increased competition with younger siblings for parent's attention<br>Traumatic play and reenactments | Change in appetite<br>Headaches<br>Stomach aches<br>Sleep disturbances, nightmares<br>Somatic complaints | Fear of feelings<br>Withdrawal from friends, familiar activities<br>Reminders triggering fears<br>Angry outbursts<br>Preoccupation with crime, criminals, safety, ad death<br>Self-blame<br>Guilt | Give additional attention and consideration<br>Relax expectations of performance at home and at school temporarily<br>Set gentle but firm limits for acting out behavior<br>Provide structured but undemanding home chores and rehabilitation activities<br>Encourage verbal and play expression of thoughts and feelings<br>Listen to child's distortions and misconceptions<br>Identify and assist with reminders<br>Develop school program for peer support, expressive activities, education on trauma and crime, preparedness planning, identifying at-risk children. |
| **12-18 years** | Decline in academic performance<br>Rebellion at home or school<br>Decline in previous responsible behavior<br>Agitation or decrease in energy level<br>Delinquent behavior<br>Risk-taking behavior<br>Social withdrawal<br>Abrupt shift in relationships | Appetite changes<br>Headaches<br>Gastrointestinal problems<br>Skin eruptions<br>Complaints of vague aches and pains<br>Sleep disorders | Loss of interest in peer, social activities, hobbies, recreation<br>Sadness or depression<br>Anxiety and fearfulness about safety<br>Resistance to authority<br>Feelings of inadequacy and helplessness<br>Guilt, self-blame, shame and self-consciousness<br>Desire for revenge | Give additional attention and consideration<br>Relax expectations of performance at home and at school temporarily<br>Set gentle but firm limits<br>Encourage discussion of experience of trauma with peers, significant adults<br>Avoid insistence on discussion of feelings with parents<br>Address impulse to recklessness<br>Link behavior and feelings to event<br>Encourage physical activities<br>Encourage resumption of social activities, athletics, clubs, etc.<br>Encourage participation in community school activities and school events<br>Develop school programs for peer support and debriefing, at-risk student support groups, telephone hotlines, drop-in centers, and identification of at-risk teens |

US Department of Health & Human Servies. (2004). Mental Health Response to Mass Violence and Terrorism: A Training Manual. Page 6.

Attachment E – COMMON RESPONSES TO DISASTERS AND/OR CRISIS

| Age Group | At Home | At School or Other Organizations for Children |
|---|---|---|
| **Pre-schoolers** | Maintain family routines<br>Give extra physical comfort and reassurance<br>Avoid unnecessary separations<br>Permit child to sleep in parent's room temporarily<br>Encourage expression of feelings through play<br>Monitor media exposure to disaster trauma<br>Develop disaster safety plan | Draw expressive pictures<br>Tell stories of disaster and recovery<br>Use coloring books on disaster, loss, coping with feelings<br>Read books on related themes<br>Use dolls, puppets, toys, blocks for reenactment play<br>Facilitate group activities that foster empowerment and understanding<br>Talk about safety and self-protection<br>Provide parent education and support meetings *<br>Provide absenteeism outreach to families and children *<br>Identify stressed children for assessment and referral *<br>Provide in-service training on children and disaster, trauma, and grief *<br>Provide school-based crisis hotline *<br>Encourage students to resume normal roles and routine activities * |
| **Elementary Age Children** | Give additional attention and consideration<br>Set gentle but firm limits for acting-out behavior<br>Listen to child's repeated telling of disaster experience<br>Encourage verbal and play expression of thoughts and feelings<br>Provide structured but undemanding home chores and rehabilitations activities<br>Rehearse safety measures for future disasters | Encourage free drawing after discussion of disaster<br>Encourage free writing after discussion of disaster, complete-a-sentence exercise<br>Tell stories of disaster, loss, and recovery<br>Read books on related themes that may generate discussion or healing<br>Create a play about related themes that may generate discussion or healing<br>Create a play about related themes and survivorship<br>Facilitate school study or projects to increase understanding, promote discussion *<br>Teach calming techniques (dee breathing, visualization) *<br>Conduct small group or individual interventions for at-risk children *<br>Group discussion to express/normalize reactions, give information, enhance coping/peer support * |
| **Pre-adolescents and Adolescents** | Give additional attention, consideration<br>Encourage discussion of disaster experiences with peers, significant adults<br>Avoid insistence on discussion of feelings wit parents<br>Encourage physical activities<br>Encourage resumption of regular social and recreational activities | * All interventions starred above apply<br>Conduct school programs for assisting community with recovery, helping others<br>Conduct projects for commemoration and memorialization<br>Encourage discussion of losses and feelings with peers and adults<br>Address rebellious, risk-taking, aggressive, or isolating behaviors<br>Resume sports, club, and social activities when appropriate |

Attachment E – COMMON RESPONSES TO DISASTERS AND/OR CRISIS

| Ages | Behavioral Symptoms | Physical Symptoms | Emotional Symptoms | Intervention Options |
|---|---|---|---|---|
| **Adults** | Sleep problems<br>Avoidance of reminders<br>Excessive activity level<br>Protectiveness toward loved ones<br>Crying easily<br>Angry outbursts<br>Increased conflicts with family<br>Hyper-vigilance<br>Isolation, withdrawal, shutting down | Nausea<br>Headaches<br>Fatigue, exhaustion<br>Gastrointestinal distress<br>Appetite change<br>Somatic complaints<br>Worsening of chronic conditions | Shock, disorientation, and numbness<br>Depression, sadness<br>Grief<br>Irritability, anger<br>Anxiety, fear<br>Despair, hopelessness<br>Guilt, self-doubt<br>Mood swings | Protect, direct, and connect<br>Ensure access to emergency medical services<br>Provide supportive listening and opportunity to talk about experience and losses<br>Provide frequent rescue and recovery updates and resources for questions<br>Assist with prioritizing and problem solving<br>Assist family to facilitate communication and effective functioning<br>Provide information on traumatic stress and coping, children's reactions, and tips for families<br>Provide information on criminal justice procedures, roles of primary responder groups<br>Provide crime victim services<br>Assess and refer when indicated<br>Provide information on referral resources |
| **Older Adults** | Withdrawal and isolation<br>Reluctance to leave home<br>Mobility limitations<br>Relocation adjustment problems | Worsening of chronic illnesses<br>Sleep disorders<br>Memory problems<br>Somatic symptoms<br>More susceptible to hypo and hyperthermia<br>Physical and sensory limitations (sight, hearing) interfere with recovery | Depression<br>Despair about losses<br>Apathy<br>Confusion, disorientation<br>Suspicion<br>Agitation, anger<br>Fears of institutionalization<br>Anxiety with unfamiliar surroundings<br>Embarrassment about receiving "handouts" | Provide strong and persistent verbal reassurance<br>Provide orienting information<br>Ensure physical needs are addressed (water, food, warmth)<br>Use multiple assessment methods, as problems may be underreported<br>Assist in obtaining medical and financial assistance<br>Encourage discussion of traumatic experience, losses, and expression of emotions<br>Provide crime victim assistance |

US Department of Health & Human Servies. (2004). Mental Health Response to Mass Violence and Terrorism: A Training Manual. Page 65.

(continued)

Attachment E – COMMON RESPONSES TO DISASTERS AND/OR CRISIS

*HELPING CHILDREN COPE WITH TRAUMA*

HELPING CHILDREN COPE WITH TRAUMATIC EVENTS

Be a Role Model

- Set an example of calm and in-control behavior.
- Keep in mind that children learn from watching the adults in their lives, and that includes teachers.
- Monitor the tone and content of your conversations with other adults when children are present.
- Take time for yourself, too, and try to deal with your own reactions to the situation as fully as possible.

Connect with Children

- Pay attention to children's fear. Children can feel embarrassed or criticized when their fears are minimized.
- Respect a child's wish not to talk until ready.
- Help children to put the events of the situation in perspective.
- Look for ways to inject humor into classroom discussions and activities.

Foster Open Communication

- Reassure children that there is no "right" or "wrong" reaction. Give children an opportunity to express their thoughts and concerns in many ways.
- Help children separate real from imagined fears.
- Any time that a child is motivated enough to ask a question, use it as an opportunity for a teachable moment.
- Speak to children in terms they can easily understand.
- Be prepared to answer your students' questions; use it as an opportunity for a teachable moment.
- Be prepared to answer your students' questions factually and take time to think about how you want to frame events and your reactions to them.
- Talk with children about their art or written images and how they feel.
- Have ongoing discussions to address children's changing worries and concerns.

Enforce the Same Rules

- Expect and respond to changes in behavior. All children are likely to display some signs of stress. Immature, aggressive, oppositional behaviors are normal reaction.
- Maintain consistent academic and behavioral expectations. Be sure children understand that the same rules apply but be realistic about an individual child's coping skills.

## Attachment E – COMMON RESPONSES TO DISASTERS AND/OR CRISIS

Help Children Understand

- Help children interpret what has happened and make sense of what they see and hear.
- Dispel rumors and correct misinformation.

Reinforce Ideas of Safety and Security

- Reassure children that school is a safe place and that responsible grownups are there to protect them.
- Teach a sense of optimism. Inform children that our nation has survived other difficult times and help them to stay optimistic about the future.

Foster Resilience

- Help children explore positive ways of coping with their fears and anxieties.
- Involve children in creating a school disaster plan.

Be Alert to Special Needs

- Spend extra time with certain children, if necessary. Pay attention to children who may feel isolated.
- Watch for signs of stress or anxiety.
- Be alerted to signals of stress and be prepared to alert the student's parents or caregivers to your concerns.

Open Lines of Communication with Parents and Caregivers

- Coordinate information between school and home. Inform parents about school activities being planned.
- Share information with parents about relevant classroom discussions.
- Invite parents with relevant professional experience to come to talk about their jobs and their skills.
- If a child is showing signs of stress in school, provide parents with helpful suggestions or information about community resources.

For Additional Help

If any of the children seem to need help beyond what is normally available at the center, alert the child's parents or caregivers about your concerns. By creating an environment of open communication is which children feel free to come to you for help, you can help them cope and reduce the risk of lasting emotional difficulties.

National Mental Health Information Center, http://www.mentalhealth.samhsa.gov/cmhs/TraumaticEvents/teachers.asp. Coping with Traumatic Events. (2005)

*POST INTERVENTION: STRESS PREVENTION AND MANAGEMENT*

POST INTERVENTION: HOW TRAUMATIC INCIDENTS AFFECT OUR BODY

When affected by a critical incident, stress chemicals are released in our bodies.

1) Effect of stress chemicals on our bodies:
    a. Vision may be distorted
    b. Hearing may be distorted
    c. Startle reflex may increase
    d. Thyroid speeds up
    e. Breathing is rapid and shallow
    f. Digestion slows
    g. Blood pressure increases
    h. Muscles tense
    i. Blood sugar rises
2) Some effects of chronic stress on the body:
    a. Dehydration
    b. Depression/anxiety
    c. Dull hair/premature graying/hair falling out
    d. Increased immune system susceptibility to disease
    e. Changes in appetite (difficulty eating, overeating)
    f. Changes in sleep patterns (insomnia, hypersomnia)
    g. Fatigue
    h. Heart damage
    i. Inability to concentrate
    j. Irritability
    k. Libido changes (increased, decreased)
    l. Respiratory disorders/jaw tension

<u>Self-Care Suggestions to Minimize the Effects of Stress</u>

- Hydrate: Drink enough water to increase urination in order to remove adrenaline from your system. Adrenaline dehydrates the body.
- Exercise: Do not exercise more than you normally do. If you do not exercise regularly, gently exercise (walk, bike, yoga, tai chi, qigong, or swim) for 30 minutes.
- Increase protein and decrease or eliminate sugars and carbohydrates within the first 24 to 48 hours following a traumatic incident. Increase vegetable and fruit intake.
- It is recommended that you do not use alcohol or non-prescription drugs during high stress.
- Talk to friends, family, counselor, or cleric. Do not isolate. Make a list of friends who would be available to talk no matter the time and vice versa. Make sure you carry their number so when in need you can call wherever you might be.

- Write in your journal.
- Sleep: healing takes place during sleep. It is important to work on getting a proper amount of sleep. If there is difficulty falling asleep, consider restful and meditative activities that will assist you in getting to sleep. Meditation, herbal teas, showers, hot baths, soothing music, etc.
- Have fun, laugh. Laughter is a powerful elixir. Many people feel uncomfortable laughing or having any fun following a traumatic incident or death of a loved one. These feelings are normal. However, it is equally normal to appropriately laugh and find ways to have fun as a vehicle to heal and cope.

DBHRT Training Manual. Section 5: Post Intervention.

Child's Name: _____ DOB: _____ Parent Name: _____ Parent Signature: _____

| Date | Arrival Temperature (must be below 100.0) | Before Lunch Temperature (must be below 100.0) | Have you traveled outside of the country or on a cruise ship in the past 14 days? | Have you been in close contact with a confirmed or suspected case of COVID-19? | Are you experiencing any new muscle aches or chills? | Have you experienced any change in your sense of taste or smell? | Are you experiencing any new or unusual respiratory symptoms , including a runny nose, sore throat, cough, or shortness of breath, or gastrointestinal symptoms, such as nausea, vomiting or diarrhea? (Please circle symptom) | Drop off time | Pick up time |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
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Contact Precautions

Use contact precautions for patients with known or suspected infections that represent an increased risk for contact transmission.

Droplet Precautions

Use droplet precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking.

Airborne Precautions

Use airborne precautions for patients known or suspected to be infected with pathogens transmitted by the airborne route (e.g., tuberculosis, measles, chickenpox, disseminated herpes zoster).

# SECTION IX – ACCIDENT AND INJURY REPORTING PROCEDURES

## ACCIDENT AND/OR INJURY REPORTING AND INVESTIGATION

The safety and protection of each Southwestern Community Services employee is the primary concern when a workplace injury or accident occurs.

All workplace accidents and/or injuries must be reported to the employee supervisor on the day of the incident. The employee supervisor will then notify Human Resources. For non-employee incidents, a Non-Employee Incident Report Form can be found in the SCS Forms folder in OneDrive. After it has been filled out, submit it to the Fiscal Department.

Sometimes first aid can be given at the worksite. Other times, the employee is able to drive him/herself to the doctor for treatment. In an emergency situation, it may be necessary to call an ambulance. It is the responsibility of both the injured employee and the supervisor to make this determination at the time of the accident and/or injury.

There must be at least one other employee present to drive the injured worker to the appropriate destination and another employee to assist the injured worker with mobility. If needed, call 911.

## INCIDENT REPORTING PROCEDURE

There are two parts to this procedure.

Part one: Fill out, sign, and date the following three forms. The first two forms must be completed and the signed originals forwarded to Human Resources for processing as soon as possible, but within 48 hours of the incident. These forms can be found in the SCS Forms folder in OneDrive as well as in the self-service portal in the SCS HRIS system (Paylocity).

### DOL Notice of Accidental Injury

It is the responsibility of the supervisor to see that the employee completes the DOL Notice of Accidental Injury Form (see page 116). The supervisor must review the report for accuracy and completeness. Then, both the supervisor and the employee sign and date the form.

### DOL First Report of Injury

It is the supervisor's responsibility to complete the First Report of Injury form (see page 117) by using the information obtained from the Notice of Accidental Injury form. If employer information is unknown, contact Human Resources. The supervisor's signature is required; if possible, the employee should also sign the document.

### Lawson Group - Accident Investigation Report

This form (see page 118) will be completed by the supervisor in concert with a discussion with the injured employee and witnesses as necessary. Return this report to Human Resources within five days of the incident.

Part two: Claims are reviewed by the Safety Team at the quarterly team meeting. Prevention of similar future injuries is the intent of this review. Recommendations are given to program directors and staff members to include any necessary training for the promotion of a safe work environment.

### EXPOSURE INCIDENTS

In addition to the completion of the incident reporting documents, an exposure incident report must also be completed. (See Exposure Incident Evaluation and Follow-up form on page 140.)

At times, an employee has to clean up after an incident that involves bodily fluids, such as vomit, feces, urine, or blood. Since there is the potential to exposure of a communicable disease during this clean-up process, it is necessary that every employee knows the correct way to do the cleanup and to follow universal precaution guidelines. This information is contained in the Exposure Control Plan section of the Safety Plan Manual (see page 132). A report should be made whenever cleanup of this kind occurs. We need to know what happened, who cleaned up, and any notes of importance on "unusual" events during the process, any known disease that the employee may have been exposed to, and the method of disposal. A copy of this report must be forwarded to Human Resources for Safety Team review.

### RETURN-TO-WORK PLAN

It is the goal of Southwestern Community Services to facilitate the employee's return to work after an injury by addressing physical, emotional, and environmental factors which hinder the return-to-work process.

Members of the Safety Team, the Human Resource Department, and program directors will work together to identify essential job functions and provide reasonable accommodations to the injured worker so that they may return to work as soon as possible.

### RETURN-TO-WORK PLAN IMPLEMENTATION

There will be an understanding between the employee and the agency that we expect the employee to cooperate in his/her recovery and to return to work as soon as possible. The employee has an obligation to keep the agency informed of medical restrictions resulting from injury. The agency will provide a temporary alternative work plan. All injured employees are expected to participate in this plan.

Accurate Job Description:

1) Identify all requirements of the position.
2) Include specific skills, education, experience, and physical demands.

NH Worker's Compensation Task Form:

1) Evaluate all specifics of the job.
2) Include work-station design and job functions.
3) Identify job re-design and alternative or modified work accommodations.
4) Match job requirements with physical capabilities.

5) A copy of the NH Worker's Compensation Task Form is to be sent to treating physician to help in determining work readiness and restrictions. Ask the physician to keep the agency informed during follow-up visits and to suggest changes and further accommodations.

See page 122 for a sample of the form.

### TEMPORARY ALTERNATIVE WORK PLAN

1) Alternative work will be limited and transitional in nature, duties variable as the employee's work capacity increases.
2) Program directors will provide reasonable accommodations to employees with work-related injuries (i.e., assistance with lifting, adaptive equipment, etc.).
3) The Safety Team will review those positions that experience the most workplace injuries.
4) The Safety Team will develop a plan, along with the program directors and/or supervisors, to facilitate employees' return to work.
5) Employee and agency will obtain needed medical information that will enable the employee to safely increase his/her duties to bring the employee back to his/her original position.

### ACCIDENT AND INJURY REPORTING FORMS

Forms can be found on the following pages:


- DOL Notice of Accidental Injury Form: page 116
- DOL First Report of Injury Form: page 117
- Lawson Group Accident Investigation Report Form: page 118
- Incident Report Form (New Hope New Horizons): page 120
- NH Worker's Compensation Task Analysis: page 122
- Non-Employee Incident Report Form: page 123

THE STATE OF NEW HAMPSHIRE
**DEPARTMENT OF LABOR**
SPAULDING BUILDING
95 PLEASANT STREET
CONCORD, NEW HAMPSHIRE 03301

## NOTICE OF ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE 8aWCA

**(Please print or type)**

To_____ Phone #_____
(Name of **Employer**)

_____
(Business Name and Address)

**IN ACCORDANCE WITH RSA 281-A:20,** This is to notify you that an injury occurred.

_____ SS #_____
(Name of Injured **Employee**)

_____Daytime Phone #_____
(Address of Injured Employee)

_____
(Date of Accident or First Treatment)

_____
(Place Accident Happened)

Describe your injury or disease, and how it happened. Identify the body part(s) affected._____

_____

_____

_____

I have been unable to work since my injury. ☐ Yes ☐ No

I have incurred the following medical bills.

| | | |
|---|---|---|
| Name of Doctor | Dates of Service | Amount |
| Name of Hospital | Dates of Service | Amount |
| Other | Dates of Service | Amount |

_____ _____
**(Employer's Signature)** **(Employee's Signature)**

_____ _____
**(Date)** **(Date)**

**This form can be returned to DOL with or without employer's signature.**

## NOTICE TO EMPLOYER

YOU MUST FILE AN EMPLOYER'S FIRST REPORT, Form No. 8WC, WITH THE LABOR COMMISSIONER AND THE NEAREST CLAIMS OFFICE OF YOUR INSURANCE CARRIER, AS SOON AS POSSIBLE AFTER ACQUIRING KNOWLEDGE OF THE OCCURRENCE OF AN OCCUPATIONAL INJURY OR DISEASE TO ONE OF YOUR EMPLOYEES OR UPON PRESENTATION OF THIS NOTICE BY HIM, BUT NO LATER THAN FIVE DAYS THEREAFTER. FAILURE TO COMPLY CARRIES AN AUTOMATIC CIVIL PENALTY OF UP TO $2500. (RSA 281-A:53)

Form No. 8aWCA (Rev. 07/22/14)

Retrieved from Dept. of Labor website 02/11/16.

LAB 500

# New Hampshire

## Employer's First Report of Injury

**Submission Date:** _____

**WEB-8WC –**

**NHDOL# -**

| ***EMPLOYEE INFORMATION*** | | | | | |
|---|---|---|---|---|---|
| Employee Name (First & Last) | | Gender | Hired Date | Hired in NH | |
| ID Type - Employee ID | Date of Birth | Age | Occupation when Injured | | |
| Employee Address | Telephone | Wages per Hour | Hrs per Day | Days per Week | Average Weekly Earnings |
| | | | | | |

| ***INJURY INFORMATION*** | | |
|---|---|---|
| Injury Date / Time | Date Employer Notified of Injury | Location/Jobsite & Business Name where accident occurred |
| | | |
| Disability Began Date | | |
| | | |
| Claim Type | Full Wages Paid on Injury Date | |
| | | |
| Accident Description | | |
| | | |

| Body part Injured | Cause of Injury | |
|---|---|---|
| | | |
| Nature of Injury | Witness Name | Witness Phone |
| | | |

| Returned to work? | If so, what date? | If so, at what occupation? | If so, at what duty status? |
|---|---|---|---|
| | | | |

| Initial Treatment | Initial Treatment Date |
|---|---|
| | |

| Name of Treating Physician | Name of Treating Hospital | Has injured died? If so, what date |
|---|---|---|
| | | |

| ***EMPLOYER INFORMATION*** | | | |
|---|---|---|---|
| Employer Name | | Employer FEIN | Industry Code |
| | | | |
| Employer Contact Name | Contact Phone Number | Employer Business Address | |
| | | | |
| Managed Care Organization | | | |
| | | | |
| Leased Employee? Client Company | | OCIP/Wrap-Up Policy? Name of policy holder | |
| | | | |

| ***INSURER INFORMATION*** | | | |
|---|---|---|---|
| Insurance Carrier | Insurer Type | Policy Number | Telephone Number |
| | | | |

| ***SUBMITTER INFORMATION*** | | | |
|---|---|---|---|
| Submitter Name | Title of Submitter | Represents | Telephone Number |
| | | | |

8WC (07/2019) To file this report, email to firstreport@dol.nh.gov Fax Number: (603)271-0126 or
Mail to: NH Department of Labor Workers' Compensation Division 95 Pleasant St. Concord NH 03301



Retrieved from Dept. of Labor website 11/03/23

# Supervisor's Employee Accident Investigation Report

## I. General Information

| Employee Name: | Program (ie. W/IC) | | | Location of Incident (specific): |
|---|---|---|---|---|
| | | | | |

| Job Title: | Date of Incident: | Date Incident Reported: | Time of Incident: | Type of Injury : |
|---|---|---|---|---|
| Time in this position: ☐ <6 mo. ☐ 6 mo.–2 yr. ☐ >2 yr. | | | ☐ A.M. ☐ P .M. | Part(s) of Body Injured: |

## II. Type of Accident – Incident/Illness

☐ Client handling (assisting with the transfer of a client/child)
☐ Caught In/On/Between
☐ Struck By or Against an Object
☐ Burn
☐ Contact with Chemical
☐ Repetitive Motion from Office Envimmt/Computer Use
☐ Material Handling (lifting other than child or client)
☐ Slip/Trip/Fall
☐ Foreign Body in the Eye
☐ Motor Vehicle Accident
☐ Cut, Laceration or Puncture
☐ Combative Client

Other: ____

## III. Description (Use BACK if Necessary)

**Slip and Fall:**
Type of footwear? ____
Location of fall: ____
Wet floor? ☐ Yes ☐ No
Wet floor signs used? ☐ Yes ☐ No

Ice/Snow? ☐ Yes ☐ No
Was area sanded and salted? ☐ Yes ☐ No
Source of water/ice: ____
Stair/walking surface in disrepair? ☐ Yes ☐ No
Cause of fall: ____
Fall from elevated surface? ☐ Yes ☐ No

**Motor Vehicle Accident:**
Cause of accident ____
Were seatbelts being worn? ☐ Yes ☐ No
Was the accident the result of a vehicle? ☐ Yes ☐ No
Maintenance issue ? ☐ Yes ☐ No

**Lifting/Material Handling:**
Item lifted? ____
Weight? ____ Lifting overhead? ☐ Yes ☐ No
Reaching involved? ☐ Yes ☐ No
Cart/Dolly used? ☐ Yes ☐ No
Lifting with assistance? ☐ Yes ☐ No
Indicate where lifted (from and to): ____

**Equipment Related Injuries:**
Was guard in place & being used? ☐ Yes ☐ No
Proper Lock Out Tag Out used? ☐ Yes ☐ No
____

**Cuts/Lacerations (kitchen/maintenance):**
Indicate source of cut (i.e. knife) ____

What type of knife was used? ____

Was the knife sharp? ☐ Yes ☐ No
Did the employee use proper technique? ☐ Yes ☐ No
What was the employee cutting? ____
Cut from slicer? ☐ Yes ☐ No
If yes, was guard used? ☐ Yes ☐ No
Cut from tool? ☐ Yes ☐ No
If yes, was guard provided? ☐ Yes ☐ No

**Burns (kitchen and maintenance related):**
Source of Burn (i.e., oven, soldering) ____

Were gloves/towel used for protection? ☐ Yes ☐ No

**Combative/Aggressive Clients**
Was there something that might have happened prior to the incident that might have caused the client to be in an aggressive state? ____

Review incident with supervisor/how could it have been handled differently? ____

Could employee have taken a different approach? ☐ Yes ☐ No If, yes, explain: ____

What was the staff's pre cursour's? ____
Was the employee in a good space to handle this situation? ☐ Yes ☐ No
Should the staff have asked for assistance? ☐ Yes ☐ No
How did staff try to de-escalate, before it got out of hand? ____
How did staff bring it back around to gain control and hold client accountable? ____

## IV. Causes (Check all that apply – Be specific and use back if neceesary)

**Unsafe Conditions:**

Equipment:
☐ Broken/disrepair ☐ Equipment unavailable
☐ Safety devices lacking/broken or altered

Environment:
☐ Poor lighting ☐ Poor housekeeping
☐ Wet floor ☐ Floor surface in disrepair

**Unsafe Acts and Behaviors:**
☐ Did not use protective equipment (gloves, glasses, etc.)
☐ Did not use Lock Out / Tag Out properly
☐ Did not use proper equipment or equipment safely
☐ Wrong tool for the job
☐ Did not have proper training
☐ Did not ask for assistance
☐ Did not follow procedure

Rev 05.23.23

| V. Action Plan to Prevent Recurrence (be specific) – What is being done to prevent this? | | |
|---|---|---|
| | Person Responsible | Date Completed |
| ☐ Retraining of employee (indicate what and when) ____ | | |
| ☐ Counseled employee: Verbal warning: Written warning: Other: ____ | | |
| ☐ Will perform employee observation to monitor safe work practices ____ | | |
| ☐ Work order written (for equipment in disrepair) ____ | | |
| ☐ Procedures revised ____ | | |
| ☐ Other (Specific action to be taken): ____ | | |

Supervisor's Signature: _____ *Date:* _____

Dept. Head's Signature: _____ *Date:* _____

Rev 05.23.23

Southwestern Community Services

People helping people in Cheshire and Sullivan Counties since 1965

# Incident Report

New Hope New Horizons program staff to notify Monadnock Developmental Services (MDS) immediately of serious incidents via telephone. The completed original report must be submitted to MDS within 24 hours: 121 Railroad Street, Keene, NH 03431. Phone: 603-352-1304. Fax: 603-352-1637.

Individual's name: _____

Agency submitting report: _____

Date of incident: _____ Time of incident: _____ ☐ AM ☐ PM

Names of staff /others present: _____

TYPE OF INCIDENT: ☐ Medical ☐ Verbal outburst ☐ Damage ☐ Theft

Behavioral/Psychiatric directed towards: ☐ Self ☐ Object/Property ☐ Others

☐ 911 called ☐ Police involvement (Notify MDS immediately: 603-352-1304)

☐ Other: _____

Description of incident/what happened? _____

What do you think triggered the incident? (Why did the incident happen?) _____

Where did the incident occur? _____

Who was involved, and how? _____

Did an injury occur? ☐ Yes ☐ No If yes, did you seek medical attention? ☐ Yes ☐ No

If yes, to whom? _____ Complete an injury report.



MDS Revised 04/2014
SCS Revised 11.14.2018

How long did it take to resolve the situation? _____

What *specifically* did you do to resolve the situation? _____

_____

_____

Did the individual need to stop the activity at the time of the incident? ☐ Yes ☐ No

Did you receive any help from others? Indicate who and what kind of help.

_____

Is there a protocol or behavior plan in place? ☐ Yes ☐ No ☐ Unknown

How did you support the individual? _____

_____

_____

What was the outcome? _____

_____

Describe any other information you would like to add: _____

_____

_____

Persons/Organizations notified (list names, title, date, and time)

Name: _____ Title: _____ Date: _____ Time: _____

Name: _____ Title: _____ Date: _____ Time: _____

Name: _____ Title: _____ Date: _____ Time: _____

Name: _____ Title: _____ Date: _____ Time: _____

Would you like any follow-up to this incident?

☐ Supervision ☐ Staff meeting ☐ Full team meeting ☐ No follow-up needed

Report completed by: _____ Title: _____

Agency: _____ Date: _____

Contact phone: _____ Contact email: _____

REPORT REVIEWED BY:

Program supervisor: _____ Date: _____

Action taken: _____

MDS Service Coordinator: _____ Date: _____

Action taken: _____

☐ IMMEDIATE ISP TEAM FOLLOW-UP NEEDED

# NH WORKERS' COMPENSATION TASK ANALYSIS

In compliance with RSA 281-A:23-b, the employer with 5 or more employees must provide temporary alternative/transitional work opportunities to all employees temporarily disabled by a work-related injury or illness.

*Task* is defined as one of the distinct activities that constitute logical and necessary steps in the performance of a job. A *task analysis*, for the purpose of this section, is the evaluation of the physical requirements of each task of a particular job or work assignment.

Employer_____ Employee_____

Telephone #_____ W.C. Insurer_____

EmployerAddress_____

Complete the following information to describe the employee's job at the time of injury:

Job Title _____ Usual Job? Yes ☐ No☐ General Description/Purpose

_____

Department_____ Supervisor _____

Description of Tasks (use additional page as needed):

1. _____
2. _____
3. _____
4. _____
5. _____

Tools& Equipment_____

Describe Special Demands

_____

## PHYSICAL DEMANDS

Complete the following to show the *maximum* physical demand for all of the tasks listed above. For example, if Tasks 1 through 4 require no bending but Task #5 requires "occasional" bending, the overall job must be rated as requiring occasional bending.

| JOB REQUIRES part of day | Continuous 100%-67% | Frequent 66%-34% | Occasional 33%-1% |
|---|---|---|---|
| bending | | | |
| kneeling | | | |
| squatting | | | |
| climbing | | | |
| standing | | | |
| walking | | | |
| sitting | | | |
| reaching | | | |
| driving | | | |
| fine motor skills | | | |

JOB REQUIRES:

maximum lifting/carrying of ____ lbs

frequent lifting/carry of _____lbs

WORK SCHEDULE:

Number of hours/day_____

Number of days/week_____

| Does job require Repetitive Motions? (check if applicable) | | | | |
|---|---|---|---|---|
| | wrist | elbow | shoulder | ankle |
| Right | | | | |
| Left | | | | |

**ATTACH JOB DESCRIPTION IF AVAILABLE**

Completed by _____ Title _____ Date _____

23-b WC (9/2015)

Retrieved from Dept. of Labor website 05/06/26

Southwestern Community Services

People helping people in Cheshire and Sullivan Counties since 1965

# Non-Employee Incident Report

(Please return completed form to Meg Freeman.)

Employee Submitting Report: _____

Name: _____ Date of incident: _____

Address: _____ Phone number: _____

_____

Address where incident happened: _____

Describe what happened:

Describe injuries (if any):

Did you receive first aid? ☐ Yes ☐ No If yes, who provided it? _____

Was a physician seen? ☐ Yes ☐ No Is ongoing medical treatment required? ☐ Yes ☐ No

Name and address of physician: _____

_____

Were there any witnesses? ☐ Yes ☐ No

Names and addresses: _____

_____

_____

_____

Were any pictures taken? ☐ Yes ☐ No If yes, who has them? _____

_____ _____

Signature Date

_____ _____

Signature of Employee Submitting Report Date

63 Community Way
PO Box 603
Keene, NH 03431
Phone: (603) 352-7512
Fax: (603) 352-3618

United Way
Call Toll Free: (800) 529-0005
TTY-NH: (800) 735-2964

27 Pleasant Street
PO Box 1338
Claremont, NH 03743
Phone: (603) 542-9528
Fax: (603) 542-3140

## SECTION X – SAFETY DATA SHEETS

**Potentially Hazardous Materials:** Please see the separate Safety Data Sheets (SDS) binder. Every program should have a copy of the SDS binder, which includes data sheets for a large variety of chemicals found in cleaning supplies and other products used at SCS. There is also a copy of the SDS binder in the Human Resources Office.

## SECTION XI – EXPOSURE CONTROL PLAN

### PURPOSE

Southwestern Community Services recognizes that communicable diseases are a source of considerable concern and present significant and delicate issues for clients and staff. As a result of such recognition, we have established a policy for handling health issues that may arise when a client or staff member is affected by a communicable disease.

### GENERAL INFORMATION

Any individual should assume that any other individual is a potential carrier of a communicable disease (any infectious disease). Therefore, gloves should be worn when coming in contact with any bodily fluids (blood, urine, vomit, feces, etc.) from any other individual. If accidental contact is made with these bodily fluids, immediate hand washing with soap and water will provide adequate protection, providing neither skin nor mucous membranes were compromised.

### TERMINOLOGY DEFINITIONS

1) Blood: human blood, human blood components, and products made from human blood.
2) Bloodborne pathogens: pathogenic microorganisms that are present in human blood and can infect and cause disease in humans. These pathogens include, but are not limited to, the Hepatitis B virus and Human Immunodeficiency Virus.
3) Contamination: the presence or the reasonable anticipated presence of blood or other potentially infectious materials on an item or surface.
4) Exposure incident: a specific eye, mouth, other mucous membrane, non-intact skin, or other contact with blood or other potentially infectious materials that results from the performance of any employee's duties.
5) Occupational exposure: reasonably anticipated exposure to skin, eye, mucous membrane, or other contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
6) Universal precautions: a method of infection control which assumes that all bodily fluids are potentially infectious.

7) Other potentially infectious materials, including, but not limited to:
    - semen
    - vaginal secretions
    - cerebrospinal fluid (brain and spine)
    - synovial fluid (cartilage)
    - pleural (lungs)
    - pericardial fluid (heart)
    - peritoneal fluid (abdominal)
    - parenteral (IV or syringe)

### UNIVERSAL PRECAUTIONS

Universal precautions are designed to protect staff and clients from exposure to potentially infectious agents through the use of barriers, such as hand washing, gloves, personal protective equipment, etc.

Universal precautions eliminates the need for other categories of isolation procedures, unless an airborne disease is diagnosed, i.e., TB or chickenpox. When that occurs, respiratory or strict isolation will be instituted as necessary. These guidelines are the minimum requirements recommended for protection from potentially infectious agents. Our list is not all-inclusive, so judgment is required on the part of staff and clients to assess the need for additional barrier protection in less controlled situations.

Southwestern Community Services has a bloodborne pathogens exposure control plan which provides general infection control measures, including schedule of compliance/standards, housekeeping, waste management, medical follow-up, first aid, record keeping, Hepatitis B vaccination, and education.

AIDS, or HIV, requires no additional precautions since they are not spread through casual contact and day-to-day contact with clients. For more information on these health concerns, staff should contact the Monadnock AIDS Coalition, Home Health Care, HELPLINE, or your personal healthcare provider.

### FIRST AID/MEDICAL EMERGENCIES

All first aid incidents will be reported to the program manager/supervisor/coordinator and the program director or other designee and documented on the Exposure Incident Evaluation and Follow-up Report (see page 140) within 24 hours (one workday) during which the incident occurred.

The Safety Team reviews all reported incidents at the quarterly team meeting.

In the event of a known medical emergency, staff will immediately call 911.

### CLIENTS WITH ILLNESS/DISABILITY

It is the philosophy of SCS that we welcome all individuals and respect their inherent dignity. Without regard for individual circumstances, we will provide services, if at all possible. In this light, we affirm our commitment to provide services to individuals regardless of disease status, known or unknown.

## CONFIDENTIALITY

State and Federal laws protect the confidentiality of people with recognized medical conditions or communicable disease (such as AIDS or those who test positive or negative for HIV). Because precautions such as hand washing and wearing gloves when coming in contact with bodily fluids are the expectation, there is no legal justification for violating the confidentiality of our clients or employees. If a client or employee shares this information with us, we can encourage him/her to share it with others, when appropriate, for referral work, health care, etc. However, it is up to the client or staff person to decide who should have this personal health information. This right to confidentiality extends, as well, to staff that have medical conditions or communicable diseases. Failure to comply with medical/health condition confidentiality could result in disciplinary action up to and including termination of employment.

## STAFF INTERACTION WITH CLIENTS

It is the philosophy of SCS that all people have the right to be treated with dignity and respect. While we recognize that there may be some staff persons who are not comfortable working closely with a client who has a communicable disease, we believe that we have a responsibility to see that our stated philosophy is conveyed to all clients by our attitude, and that we work out among ourselves the division of responsibility for working with a particular client.

## EDUCATION

Recognizing the need for all SCS employees to be accurately informed about diseases, SCS will make every effort to have up-to-date information available on an as-needed basis.

SCS will make available in-service training for employees on the topic of transmission and disease prevention. It is the staff's responsibility to take advantage of the training opportunities that are offered to make sure that their information is current, which is in the interests of protecting themselves and better serving our clients.

## STAFF WITH ILLNESS/DISABILITY

If an employee contracts a communicable disease (including AIDS), he or she will be treated the same as any other person with a physical illness or disability. The employee will be allowed to continue working as long as he/she is able to perform the essential functions of his/her job, with reasonable accommodation made for the illness or disability and that is not in violation of any known health provision.

## SAFETY RESOURCES

Safety resource material is available from the program director and from the Human Resources Office.

## HEPATITIS B AND HUMAN IMMUNODEFICIENCY VIRUS (HIV)

<u>Symptoms</u>

Hepatitis B: The early stages resemble the flu. More severe clinical illness is characterized by lack of appetite, dark urine, jaundice, nausea, vomiting, abdominal pain, and diarrhea. Hepatitis B may place other family

members at risk, and there is a 30% chance that an acutely infected individual's sexual partner will also become infected. If the person is a carrier, others may be at a greater risk for disease transmission.

Human Immunodeficiency Virus (HIV): HIV attacks the body's immune system. In the early stages, there is acute retroviral syndrome, similar to mononucleosis. As the disease progresses, there is fever, diarrhea, and fatigue. HIV infected individuals who develop AIDS may develop neurological problems, cancer, and other opportunistic infections in the esophagus, trachea, bronchi, and lungs. Some people infected with HIV may eventually develop AIDS. The disease can be managed by treating symptoms. The immunodeficiency is irreversible. There is no vaccine available.

Transmission

Intact skin offers some protection. However, bloodborne pathogens can be transmitted through the skin in the following ways:

- by accidental injection with needles, sharps, shards of glass, broken capillary tubes, and other sharp objects
- enter through open cuts, nicks, and skin abrasions
- by splashes to the eyes and mucous membranes

## UNIVERSAL PRECAUTIONS POLICIES AND PROCEDURES

All SCS staff is required to wear protective gloves whenever blood or body fluids are present. Non-latex gloves are provided at all sites and are in all first aid packs.

Before performing any and all of the following procedures, staff shall wash hands and put on non-latex gloves. After giving first aid, remove the gloves without touching the outside of the glove. Wash hands thoroughly with soap and warm water for at least 20 seconds.

Human Bites

1) Immediately wash the area with soap and warm water.
2) Remove gloves and discard in plastic-lined receptacle.
3) Assess for medical follow-up when the skin has been broken.

Nasal Discharge and Saliva

1) Wipe the nose with disposable towels or tissues.
2) Discard towels in a plastic-lined receptacle.

Nosebleeds

1) Use a bandage compress, tissues, or paper towels and hold pressure on the nose or have the person hold pressure on the nose until the bleeding stops.
2) Discard disposable bloody items and gloves in plastic bag, knot the bag, and place in a plastic-lined receptacle.

Scrapes

1) Clean broken areas of skin by washing with warm water and soap.
2) Dispose of bloody items and gloves in a plastic bag, knot the bag, and place in a plastic-lined receptacle.
3) Wash hands and put on fresh gloves to apply bandages, if needed.

Cuts

1) Apply pressure as necessary. Assess the location and depth of the cut and determine if the person needs to be seen by a medical provider.
2) If medical assistance is not required, clean the cut area with soap and warm water.
3) Dispose of bloody items and gloves in a plastic bag, knot the bag, and place in a plastic-lined receptacle.
4) Wash hands and put on fresh gloves to bandage the cut.

Body Contaminants: Containment, Clean-up, and Disinfection Procedure

For body contaminants, such as vomit, feces, urine, or blood, do the following:

1) Contain the spill in the smallest possible area.
2) Seek assistance with clean-up, if needed and available.
3) Clean the area with a cleaning solution, using disposable towels.
4) Discard materials and gloves in a plastic bag, knot the bag, and dispose of in a plastic-lined receptacle.
5) Disinfect the contaminated surfaces with a solution of one part bleach and four parts water, or use agency-supplied germicide, following label directions.
6) Discard materials and gloves in a plastic bag, knot the bag, and dispose of in a plastic-lined receptacle.
7) Disinfect mops, cleaning apparatus, and supplies used in clean-up.
8) Place contaminated clothes in plastic bag and knot the bag.
9) Check personal clothing and footwear for evidence of contamination. Remove any items that may be contaminated, and clean and disinfect footwear as needed.
10) If clothing is contaminated, place it in a plastic bag and knot the bag. Launder these items separately in hot water and hot dryer.
11) Discard gloves in plastic-lined receptacle.

## JOB CLASSIFICATIONS AND POTENTIAL EXPOSURE TO BLOODBORNE PATHOGENS

| WIC | | |
|---|---|---|
| Job Classification | Exposure | Tasks/Procedures Involving Potential Exposure |
| Program Director | Yes | Cleaning of health screening area |
| Nutritionists | Yes | Performs hemoglobin test on WIC clients |
| All of the above | Yes | Response to clients' medical emergencies |

| RESIDENT SERVICES AND CSFP | | |
|---|---|---|
| Job Classification | Exposure | Tasks/Procedures Involving Potential Exposure |
| Program Staff | Yes | One-on-one contact with clients |

| HOUSING STABILIZATION PROGRAM | | |
|---|---|---|
| Job Classification | Exposure | Tasks/Procedures Involving Potential Exposure |
| Program Director | Yes | Potential one-on-one contact with clients |
| Assistant Program Director | Yes | Potential one-on-one contact with clients |
| Program Manager | Yes | Potential one-on-one contact with clients |
| Program Coordinator | Yes | Potential one-on-one contact with clients |
| Shelter-Based Case Manager | Yes | Personal contact with clients |
| Shelter-Based Resident Manager | Yes | Response to clients' medical emergencies; cleaning; housekeeping; trash removal; personal contact with clients |
| Outreach Specialists | Yes | Response to clients' medical emergencies; personal contact with clients |
| Administrative Assistants | Yes | One-on-one contact with clients |

| HEAD START | | |
|---|---|---|
| Job Classification | Exposure | Tasks/Procedures Involving Potential Exposure |
| Program Director | Yes | Respond to children's medical emergencies; personal contact with children and families; cleanup of bodily fluids |
| Program Managers | Yes | Respond to children's medical emergencies; personal contact with children and families; cleanup of bodily fluids |
| Site Facilitators | Yes | Respond to children's medical emergencies; personal contact with children and families; cleanup of bodily fluids |
| Teachers,<br>Teachers' Assistants | Yes | Respond to children's medical emergencies; personal contact with children and families; cleanup of bodily fluids |
| Family Advocates | Yes | Personal contact with children and families; cleanup of bodily fluids |
| Cooks, Cook Assistants | Yes | Cleaning kitchen, floors, stove, etc.; cleaning dishes and utensils; trash removal; cleanup of bodily fluids |

| NEW HOPE NEW HORIZONS | | |
|---|---|---|
| Job Classification | Exposure | Tasks/Procedures Involving Potential Exposure |
| Program Director | Yes | Personal care of clients; respond to medical emergencies; cleaning and housekeeping |
| Assistant Director | Yes | Personal care of clients; respond to medical emergencies; cleaning and housekeeping |
| Program Coordinator | Yes | Personal care of clients; respond to medical emergencies; cleaning and housekeeping |
| Community Employment Specialists | Yes | Personal care of clients; respond to medical emergencies; cleaning and housekeeping |

| PROPERTY AND BUILDING MAINTENANCE | | |
|---|---|---|
| Job Classification | Exposure | Tasks/Procedures Involving Potential Exposure |
| Program Director | Yes | Potential one-on-one contact with staff, tenants, clients; cleaning common areas, including public bathrooms; cleaning, repairing, and repairing empty units for new tenants; emptying trash and recyclables; groundskeeping |
| Maintenance Associates | Yes | Potential one-on-one contact with staff, tenants, clients; cleaning common areas, including public bathrooms; cleaning, repairing, and repairing empty units for new tenants; emptying trash and recyclables; groundskeeping |
| Janitorial | Yes | Potential one-on-one contact with staff, tenants, clients; cleaning common areas, including public bathrooms; cleaning, repairing, and repairing empty units for new tenants; emptying trash and recyclables; groundskeeping |

| PROPERTY MANAGEMENT | | |
|---|---|---|
| Job Classification | Exposure | Tasks/Procedures Involving Potential Exposure |
| Program Director | Yes | Potential one-on-one contact with tenants |
| Support Person | Yes | Potential one-on-one contact with tenants |
| Occupancy Specialists | Yes | Potential one-on-one contact with tenants |

| RECEPTIONISTS | | |
|---|---|---|
| Job Classification | Exposure | Tasks/Procedures Involving Potential Exposure |
| Regular office Receptionists | Yes | Potential one-on-one contact with staff, tenants, clients |
| Substitute Receptionists | Yes | Potential one-on-one contact with staff, tenants, clients |

| TRANSIT | | |
|---|---|---|
| Job Classification | Exposure | Tasks/Procedures Involving Potential Exposure |
| Program Director | Yes | Potential one-on-one contact with staff and riders |
| Dispatchers | Yes | Potential one-on-one contact with staff and riders |
| Drivers | Yes | Potential one-on-one contact with staff and riders |

## INFECTION CONTROL POLICY AND PROCEDURE

Policy

General infection control measures will be used.

Purpose

The purpose of these measures is to control the spread of infection and to protect staff and clients from the transmission of communicable and infectious diseases.

Procedure

1) Staff members will implement infection control procedures with regard to clients, staff, and their environments.
2) Staff will also be alert to signs and symptoms of infection among clients and their family members.
3) Equipment will be thoroughly cleaned and disinfected according to OSHA regulations.
4) Staff will recognize and use a teachable moment to educate clients and their family members about infection control in the home.
5) Universal precautions will be applied to the home environment when appropriate.
6) Client infection control procedures include, but are not limited to, the following:
    - Hand washing by staff before and after direct client contact, after handling soiled or contaminated materials, and before and after going to the bathroom. Handwashing will not take place in a food preparation area.
    - Employees will wear gloves when in direct contact with clients' body fluids, and where splatter could occur, and will wear goggles, gowns, and masks.
    - After use, sharp items (e.g., needles, blades) are considered infected. Place in a leak-proof container that is puncture resistant.
    - Blood and other body fluids can be flushed down the toilet.
    - Contaminated items that cannot be disposed of in the toilet are to be properly wrapped and sealed and properly discarded.
    - Each individual will use only his or her own toilet articles.
7) Environmental infection control procedures include, but are not limited to:
    - maintaining a clean environment
    - having hand washing facilities available away from food prep area
    - covering food by closing cartons and replacing covers
    - refrigerating food if appropriate
    - disposing of garbage
    - draining off liquid before disposing into receptacle

### SCHEDULE OF COMPLIANCE

The complete Safety Plan is kept on file with the Human Resource Department and program directors and is available for employees to review in the self-service portal on the SCS HRIS system (*Paylocity*).

All employees are expected to use universal precautions and to properly dispose of waste products at all times.

All employees of SCS who are identified as being at risk will receive training during their introductory orientation period, and as required by their program thereafter, on bloodborne pathogens, universal precautions, and waste disposal. All new SCS employees receive a copy of the Safety Plan summarized in the agency's Personnel Policies and Procedures Manual upon hire. A copy of the SCS Safety Manual can be found In the SCS Forms folder in OneDrive and the employee self-service portal in the SCS HRIS system (*Paylocity*).

After completing the required universal precautions training, employees identified in the Exposure Control Plan as being at risk will be offered the Hepatitis B vaccination (see page 135 for details).

### INFECTION CONTROL STANDARDS AND UNIVERSAL PRECAUTIONS

All employees identified as being at risk will use universal precaution techniques to provide care and to clean and disinfect equipment and areas according to OSHA regulations.

SCS will provide education and equipment for employees to practice universal precautions. Each employee is responsible for learning and for practicing universal precautions.

### EXPOSURE CONTROL PLAN

Employees may incur risk each time they are exposed to bloodborne pathogens. Any exposure incident may result in infection and subsequent illness. Since it is possible to become infected from a single exposure, exposure incidents must be prevented whenever possible.

Occupational exposure to potentially infectious materials may result from the performance of routine duties. Potentially infectious materials include:

- human body fluids, such as semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids
- any unfixed tissue or organ (other than intact skin) from a human
- syringes, needles, sharps, and any equipment which may become contaminated with blood or other human body fluids named in the listing above

**METHODS OF COMPLIANCE**

Universal precautions will be used to prevent contact with any potentially infectious materials. All body fluids will be considered potentially infectious.

1) SCS will have available personal protective equipment for use by employees.
2) Personal protective equipment will include:
    - disposable gloves, which will be worn when the employee has contact with any potentially infectious materials; gloves must be worn for any procedure that involves contact with blood or body fluids
    - disposable gloves, which will be worn for cleaning equipment where potentially infectious body fluid may be present
    - disposable gowns, masks, and eye protectors, which will be worn whenever splashes, sprays, or droplets of any potentially infectious substance is suspected
    - disposable resuscitation devices, which must be used with any resuscitation efforts
3) Employees must wash their hands immediately after removing and properly disposing of protective equipment.
4) Contaminated needles, sharps, syringes, broken glass, and blood tubes will be placed in a sharps container. Needles are never to be bent or recapped.
5) Specimens of blood or other infectious materials must be placed in a leak-proof container or hazard bag. The container for travel will be appropriately labeled with a hazard sign.

**POLICY FOR UNIVERSAL PRECAUTIONS & MANAGEMENT OF EXPOSURE TO BLOOD AND BODY FLUIDS**

Universal precautions will be used to prevent contact with any potentially infectious materials. All body fluids will be considered potentially infectious.

<u>Mechanisms to Prevent Transmission</u>

1) Gloves: Non-sterile, disposable gloves are provided and must be worn when contact with mucous membranes, non-intact skin, blood, and body fluids is anticipated. Gloves must be worn when toileting clients and when handling diapers, clothing, or linens soiled with blood and body fluids. Gloves must be changed between clients and hands properly washed. Gloves must be replaced as soon as practical when contaminated, or as soon as feasible if they are torn or punctured, or when their ability to function as a barrier is compromised. If an employee is allergic to the gloves provided, alternative gloves will be made available.
2) Hand washing: Hands must be washed before gloves are put on and immediately after gloves or other protective equipment is removed. SCS provides hand-washing facilities in or near all client care areas in the building. If antiseptic hand cleaner is used, hands must be washed with soap and water as soon as is feasible.
3) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and formation of droplets of these substances.

4) Protective eyewear, mask, and disposable gowns must be worn whenever there is a likelihood of spraying, splashing, spattering, or formation of droplets of blood and body fluids to prevent exposure of the mucous membranes of the mouth, nose, and eyes.

5) Needles/sharps: All employees must take precautions to prevent injuries caused by needles, razors, and other sharp instruments. To prevent needle stick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes, needles, and other sharp items must be placed in covered, closeable, leak-proof, puncture-resistant containers with biohazard labels for disposal ("sharps container"). The puncture-resistant containers will be located as close as possible to the area in use. Sharps containers will be maintained upright throughout use, replaced routinely, and not allowed to overfill.

6) Resuscitation: CPR mouthpieces will be available for use in first aid kits. Disposable resuscitation devices will be available to all CPR certified staff.

7) Care of personal protective equipment: Disposable protective equipment soiled with blood and body fluids will be properly wrapped, sealed, and discarded.

8) Skin lesions in employees at risk of exposure: Employees at risk of exposure who have fluid-filled lesions, dermatitis (such as eczema), or other lesions on the hands must wear gloves or refrain from all direct client contact and from handling client-care equipment until the condition has resolved.

9) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a potential for exposure to blood and body fluids.

10) Hepatitis B virus vaccination: SCS will make Hepatitis B virus vaccination available to employees identified at risk at no cost to them.

<u>Environmental Precautions</u>

1) Prevention of cross contamination in work areas: Caution must be used when in contact with blood and bodily fluids to avoid the cross contamination of other areas.

2) Disinfection: Any equipment, toys, or devices that may be contaminated with blood and bodily fluids must be cleaned and disinfected according to OSHA regulations prior to reuse. If areas cannot be decontaminated properly, affix a biohazard label stating which areas may be contaminated. If these devices must be transported to the office for cleaning and disinfecting according to OSHA regulations, they must be placed in a leak-proof or biohazard-labeled container prior to transport.

3) At the worksite:

   - Food and drink will not be stored in refrigerators, freezers, or cabinets where blood or potentially infectious materials are stored.
   - Biohazard labels will be affixed to sharps containers, waste containers, and refrigerators containing blood and other specimens.
   - Any specimens that are collected will be in leak-proof containers and placed in bags with biohazard labels for transport.

Housekeeping

1) Cleaning solution will be a 1:10 ratio of bleach and water. Employees will wear gloves for cleaning.
2) The following items must be cleaned and disinfected according to OSHA regulations after contact with blood or other infectious materials and/or at the end of each day.
    - All equipment, environmental, and working surfaces will be thoroughly cleaned.
    - Counter tops and diaper changing areas will be thoroughly cleaned.
    - All pails, receptacles, and cans intended for reuse, which have the likelihood of contamination, will be cleaned.
3) All broken glass must be picked up with a dustpan and brush. The broken glass is to be placed in a container before disposal. The employee will wear gloves.
4) Any surfaces soiled with blood and/or body fluids will be cleaned and disinfected according to OSHA regulations. Employees are required to wear gloves.
5) Disposable gloves must be worn when cleaning bathrooms.
6) Laundry soiled with blood and/or body fluids must be washed separately with hot water, detergent, and one cup of bleach. If a caregiver objects to disinfection with bleach, soiled clothing will be placed in a properly sealed and labeled bag and sent home with client. Wear gloves and an apron when handling soiled laundry.
7) Laundry soiled with blood and/or body fluid that is taken to a laundromat must be placed in a plastic bag for travel, then washed separately as stated in number six above.
8) Contaminated laundry is not to be sorted.

Regulated Waste

The following forms of regulated waste will be disposed of according to OSHA regulation:

- liquid or semi-liquid blood or other potentially infectious materials
- contaminated items that would release blood or other potentially infectious materials and are capable of releasing these materials during handling
- contaminated sharps
- pathological and microbiological wastes containing blood or other potentially infectious material

Waste

1) All disposable protective covering (gowns, gloves, etc.) must be double-bagged and placed in the trash properly wrapped, sealed, and discarded.
2) Soiled diapers and other laundry contaminated with blood and/or body fluids will be wrapped, sealed, and discarded.
3) Sharps containers, when two-thirds full, will be tightly closed, placed in a hazard bag, and transported to the local hospital for incineration.

Hepatitis B Vaccination

All employees who have occupational exposure risk will receive the required bloodborne pathogens training and will be offered the Hepatitis B vaccination within ten (10) days of their initial assignment.

A copy of the employee's signed Hepatitis B vaccination consent or declination form must be included in their personnel file (see page 139).

If the employee initially declines the Hepatitis B vaccination but decides to accept the vaccination at a later date while still covered under the standard, the employer will make available the Hepatitis B vaccination at that time.

Management of Exposures

Employees must wash hands and any other skin surfaces with soap and water, or flush mucous membranes with water immediately or as soon as is feasible, following contact with blood or other potentially infectious materials.

Protective equipment penetrated by blood or body fluids must be removed immediately, or as soon as is feasible, and will be properly sealed and labeled for disposal.

When an employee has one of the following exposures, further evaluation is necessary:

- parenteral exposure to blood and body fluids (e.g., needle stick or cut)
- mucous membrane exposure to blood and other body fluid (e.g., blood splash to the eye or mouth)
- cutaneous exposure when the employee's skin is chapped, abraded, affected with dermatitis, or otherwise non-intact

The exposure must be reported to the appropriate program director and the Exposure Incident Evaluation and Follow-up Report (see page 140 must be filed within 24 hours (one weekday) of the exposure incident.

Post Exposure Follow-up

Post exposure follow-up of the exposed employee (see page 121 of this manual) will include a confidential medical evaluation and follow-up by a healthcare professional, preferably from Occupational Health or at the emergency room. The healthcare professional may require the following:

- a copy of the regulations
- a description of the exposed employee's duties as they relate to the exposure incident
- documentation of the route of exposure and the circumstances under which the exposure occurred
- results of the source individual's blood testing, if available
- all medical records relevant to the appropriate treatments of the employee, including vaccination status, which are the employer's responsibility to maintain

Medical Follow-up

The healthcare professional's written opinion will be given to the employer and employee within fifteen (15) days of the evaluation.

The healthcare professional's written opinion regarding a Hepatitis B vaccination will be limited to whether the Hepatitis B vaccination is indicated for an employee and if the employee has received such vaccination.

Post exposure evaluation and follow-up shall be limited to the following:

1) The employee has been informed of the results.
2) The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
3) All other findings or diagnosis shall remain confidential and shall not be included in the written report.

First Aid Exposure

1) All first aid incidents will be reported to the program director and documented on the Exposure Incident Evaluation and Follow-up Report (see page 140) within 24 hours (one workday) from when the incident occurred. The report will include the following:
    - names of all first aid providers and others involved
    - a separate description of the circumstances of the incident
    - the date, time, and location of the incident
    - determination of whether an exposure incident has occurred
    - description of any/all areas of contamination
2) The director will immediately investigate to determine if the incident involved the presence of blood or other potentially infectious material.
3) The names of all first aid providers and others involved and a description, including the date and time and determination of whether an exposure has occurred will be documented by the program director on the Incident Report Form.
4) As stated in the Exposure Incident Evaluation and Follow-up Report, the full Hepatitis B vaccination series will be made available within twenty-four hours of the incident to all unvaccinated employees who have rendered first aid assistance involving the presence of blood or other potentially infectious material, regardless of whether a specific exposure occurred.
5) A medical evaluation, including the Hepatitis B vaccination series, will be made available to all who have been determined to have had a possible exposure within 24 hours.

Recordkeeping

1) The tracking of each worker's reported exposure incidents to blood or other potentially infectious material will be maintained.
2) Needle-stick injuries will be included on the OSHA 300 Occupational Injury and Illness Log.
3) HBV and HIV will be recorded on the OSHA 300 Log if the illness can be traced back to an injury or other exposure incident.
4) Records of an exposed employee will be retained for the period of employment, plus thirty years. Their records will be kept in a separate, confidential locked file in the Human Resources Office.

5) All exposure incidents will be included on the OSHA 300 Occupational Injury and Illness Log if medical treatment is provided by licensed medical personnel.

Tags, Labels, and Bags

1) Tags will be used to identify the presence of an actual or potential biological hazard.
2) Tags will contain the word BIOHAZARD or the biological hazard symbol shown here:
3) The word and message must be understandable to all employees who may be exposed to the identified hazard.
4) Labels and tags may be an integral part of the container or affixed as close as safely possible to their respective hazards by string, wire, or adhesive to prevent their loss or unintentional removal.
5) All employees are informed of the meaning of various labels, tags, and color coding.

BIOHAZARD symbol

# RECOMBIVAX HB HEPATITIS B VACCINE

## SCS INFORMED CONSENT/DECLINATION FORM

### ACCEPTANCE

I have read and understand the attached statement entitled "Information about Recombivax HB Hepatitis Vaccine." I have had an opportunity to address questions to Dr. _____. I understand that I will receive three doses of the vaccine and the need to adhere to the prescribed schedule of inoculations, and that I will have a blood sample drawn to determine previous exposure to the Hepatitis B virus. I understand the benefits and risks of and alternatives to the Hepatitis B vaccine. I understand that I may freely choose not to receive the vaccine. I also understand that there is no guarantee that I will become immune after receiving three doses and that there is a possibility of an adverse side effect from the vaccine. I also understand that _____ is not responsible for any side effects occurring from injection of this vaccine and cannot be held responsible for the lack of protective immunity after the three-dose regimen of this vaccine.

I do wish to participate in the Hepatitis B vaccination program.

| Employee Name | Signature | Date |
|---|---|---|

Pre-vaccination test results for antibody to HbSAg: _____

| | Date of Vaccination | Lot # | Employee Initials |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |

### DECLINATION

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

| Employee Name | Signature | Date |
|---|---|---|

# EXPOSURE INCIDENT EVALUATION AND FOLLOW-UP

Employee name: _____ (last) _____ (first) _____ (middle) SSN: _____ (last four digits)

Location name: _____

Location address: _____

_____

_____

Describe circumstances of exposure incident: _____

_____

_____

_____

_____

Personal protective equipment used: _____

## I. ROUTE OF EXPOSURE

_____ Needle stick, puncture, and/or laceration

_____ Body fluid contact to skin with breaks, cuts, sores, rashes, etc.

_____ Body fluid contact with eyes, nose, or mouth

## II. SOURCE OF EXPOSURE

### A. Treated/Untreated Waste

_____ Treated medical waste (after autoclave or incinerator), requires first aid only

_____ Untreated or unknown status medical waste

### B. Source Individual (source of needle, blood, or body fluid)

_____ Unknown—go to Section III

_____ Known

_____ Refuses to be tested (go to Section III)

_____ Consents to testing (HBV, HIV)

_____ Test results are negative (go to Section III D3)

_____ Test results are positive (proceed )

(continued on next page)

## III. EXPOSURE PLAN

### A. First Aid

_____ Immediately clean wound and protect

### B. Exposure Incident Counseling

1. Employee is informed of the following:

_____ Potential risk of HIV or HBV infection is low

The rate of transmission of HIV from an exposure to blood from an unknown source is extremely low. It is far less likely to become infected with HIV than with HBV; the concentration of the HIV virus is significantly lower than the concentration of HBV virus in blood from infected persons.

_____ Test results from source individual (if tested)

_____ Results of blood tests and medical evaluation

_____ Any medical condition(s) resulting from the incident that would require further evaluation or treatment

_____ In all phases of the follow-up, medical information will be maintained with strict confidentiality

_____ Need for HIV blood testing an immunization therapy (both passive and active)

2. Employee is advised during the follow-up period:

_____ To report to Occupational Health any illness that occurs, particularly if fever, rash, fatigue, swollen glands, or flu-like symptoms develop

_____ To refrain from donating blood, semen, or body organs

_____ To abstain from or use protective measures during sexual intercourse

_____ To not breastfeed (if female employee)

_____ To return to Occupational Health if any questions or concerns arise

_____ To keep all follow-up and/or scheduled appointments

### C. Employee Consent to Baseline Testing

_____ Refuse testing (document)

_____ Refuse testing, allows blood sample to be taken (preserve for 90 days)

_____ Consent to test (proceed)

(continued on next page)

D. Follow-up Procedures

1. HIV Precaution; access current status; Elisa Test. If reactive, perform Western Blot Test to confirm.

| | Scheduled Date | Actual Date | Results | Signature |
|---|---|---|---|---|
| Initial | | | | |
| 6 weeks | | | | |
| 12 weeks | | | | |
| 6 months | | | | |

2. HBV Precautions

Assess current status (vaccination, pre-existing immunity)

_____ Immunity confirmed (proceed to Step 3, HCV)

_____ Confirmation unavailable, test for Anti-HBs (Antibodies to HB Surface Antigens)

_____ Immunity confirmed (proceed to Step 3, HCV)

_____ Immunity not confirmed

_____ Give HB Immune Globulin (Gluteal i.m.)

_____ _____
Signature Date

_____ Initiate vaccine series

| | Scheduled Date | Actual Date | Results | Signature |
|---|---|---|---|---|
| Initial | | | | |
| 2 months | | | | |
| 6-12 months | | | | |

3. Hepatitis Non-A, Non-B/Hepatitis C (HCV) Precaution

_____ Give HB Immune Globulin (Gluteal i.m.)

_____ _____
Signature Date

4. Tetanus Precautions

_____ Booster received within last five years (no action)

_____ Booster required

_____ _____
Signature Date

_____ Never received tetanus/diphtheria primary series

| | Scheduled Date | Actual Date | Results | Signature |
|---|---|---|---|---|
| Initial | | | | |
| 2 months | | | | |
| 6-12 months | | | | |

## SECTION XII – JOB DESCRIPTIONS

### JOB DESCRIPTIONS

All job descriptions should identify any safety area concerns. All agency job descriptions are to include the following:

| | |
|---|---|
| 1. | Job Data Section<br>▪ job title ▪ reports to ▪ program ▪ exempt (yes/no) |
| 2. | Job Summary Section |
| 3. | Essential Functions |
| 4. | Supervisory Responsibilities Section (if any) |
| 5. | Competencies |
| 6. | Qualification Requirements Section<br>▪ education and/or experience<br>▪ licenses<br>▪ certificates<br>▪ notice of any special requirements of the position, i.e., Head Start TB testing, etc. |
| 7. | Physical Demands Section (i.e., lifting up to 35 lbs. – the OSHA weight limit) |
| 8. | Work Environment Section |
| 9. | Comments Section (for job customization) |

## SECTION XIII – SUBCONTRACTORS

Subcontractors and outside service providers must supply their own insurance certificate of coverage to be kept on file. Subcontractors and outside service providers are required to notify the certificate holder (SCS) of cancellation and/or any policy change.

### SUBCONTRACT FOR PURCHASE OF SERVICE

This subcontract is entered into by SOUTHWESTERN COMMUNITY SERVICES, INC., hereinafter referred to as the AGENCY and _____, hereinafter referred to as the SUBCONTRACTOR.

This subcontract is effective _____, and expires _____.

This subcontractor agrees to undertake the performance of this subcontract under the terms and conditions set forth herein.

The AGENCY and SUBCONTRACTOR, in consideration of the mutual covenants and conditions contained herein, agree as follows:

1) Services

   a) The SUBCONTRACTOR will provide the service detailed in Attachment A [see page 151], which is attached hereto and made part hereof, and is generally described as follows:

      Provide scheduling, labor and materials for weatherization, and/or other related work as specified and at a cost indicated by the attached bid form(s).

   b) The service will be of the quality and specifications demanded by the applicable federal, state, and local standards outlined in the latest edition of the New Hampshire Weatherization Field Guide. These standards are subject to changes in program provisions without advance notice. All materials installed must comply with the Department of Energy and the Governor's Office of Energy and Planning Standards as indicated in the New Hampshire Weatherization Assistance Standards Manual.

   c) The SUBCONTRACTOR hereby warrants that all workmanship and all materials (s)he supplies will be free from defects for a period of one year from the date of installation. Such defects shall be corrected without charge and in a timely fashion. Any personal injury or property damage caused by or resulting from a defective installation shall be promptly cured, repaired, or compensated to the injured party at the subcontractor's sole expense.

   d) In all cases in which the AGENCY, upon inspection of the SUBCONTRACTOR'S work, determines that work to be incomplete or unsatisfactory, the SUBCONTRACTOR shall return to complete or correct said work within ten (10) working days following notification. The SUBCONTRACTOR shall do the additional work either:

      (1) For additional compensation if (s)he is completing work that is, by the terms and conditions of this subcontract, eligible for payment, or if the inadequacy of the work is not the SUBCONTRACTOR'S fault; or

      (2) At no charge, if the inadequacy of the work is the SUBCONTRACTOR'S fault, as determined by the AGENCY.

e) In those cases in which the AGENCY has determined the SUBCONTRACTOR'S work to be complete and satisfactory, but the State of New Hampshire Governor's Office of Energy and Planning or the US Department of Energy disagrees and requires corrective action, the SUBCONTRACTOR shall also return to complete or correct said work in accordance with Section 1.D.

2) Payment

a) Payment by the AGENCY and its obligations under this subcontract are conditioned upon and subject to the continuing availability of funds.

b) Payment for services rendered shall be made only upon submission of invoices itemized with regard to type of service, labor, and material, and after verification by the AGENCY that work has been satisfactorily performed and conforms to all applicable standards and specifications. At the discretion of the AGENCY, the SUBCONTRACTOR shall submit written documentation in support of any claimed item as a condition of payment. Any questioned item may be severed from the claim until the issue is resolved. The remaining items shall be paid pursuant to this subcontract.

c) All SUBCONTRACTOR'S billing shall be itemized as to type and quantity of measures performed and the cost of materials separated from the costs of labor.

d) No interest may be paid to any SUBCONTRACTOR by the AGENCY for any reason.

e) All prices and amounts charged for labor and materials billed to the AGENCY by the SUBCONTRACTOR shall comply with all applicable rules and expenditure limits of the Weatherization Program and shall conform to the prices indicated in the SUBCONTRACTOR'S accepted bid and the quantities indicated in the audit estimate. The SUBCONTRACTOR acknowledges that cost plus a percentage of cost ("cost plus") pricing methods are not allowed.

f) In those cases in which New Hampshire Weatherization Assistance Program personnel question or disallow any costs resulting from the SUBCONTRACTOR'S work, where said cause of said problem is determined to be in whole or in part the SUBCONTRACTOR'S fault, and where corrective action will not enable the AGENCY to recover those costs, the SUBCONTRACTOR shall reimburse the AGENCY that portion of the unrecoverable costs determined by the AGENCY to be the SUBCONTRACTOR'S fault.

3) Termination

a) The AGENCY may suspend and/or terminate this subcontract if the contract award is appealed and/or the bid award process is found to be out of compliance with applicable policies, procedures, regulations, and standards resulting in determination that requires reopening of the bid process.

b) The AGENCY or the SUBCONTRACTOR may cancel this subcontract at any time, with or without cause, upon thirty (30) days written notice to the other party, sent by registered mail, and specifying the date of termination.

c) Cancellation of the subcontract by the AGENCY shall terminate the obligations or liabilities of the parties, except that the obligations or liabilities incurred prior to the termination date shall be honored.

d) The AGENCY may cancel this subcontract without regard to any advance notice requirements in any case in which the SUBCONTRACTOR defaults.

4) Default

a) SUBCONTRACTOR default occurs if:

i) the SUBCONTRACTOR fails to perform any of the covenants or conditions of this subcontract; or,

ii) the SUBCONTRACTOR fails to prosecute the work so as to endanger performance of this subcontract, and the SUBCONTRACTOR does not correct such defects in performance within ten (10) days after receipt of any notice from the AGENCY informing of such defects in performance.

b) The SUBCONTRACTOR shall be liable for any and all expenses that are incurred by the AGENCY as a result of the default, including, but not limited to, the costs of procuring substitute performance, legal fees, and losses incurred due to default.

5) Additional Provisions

Appendix B [see page 150], attached hereto and part hereof, sets forth additional provisions, if any, that are agreed to by the parties to this subcontract.

6) Indemnification

The SUBCONTRACTOR shall indemnify, defend, and save harmless the AGENCY, its officers, agents, and employees from and against all liability, claims, damages, losses, expenses, actions, and suits whatsoever, including injury or death of others or any employee of the SUBCONTRACTOR or SUBCONTRACTOR caused by or arising out of performance, act, or omission of any term of this subcontract.

7) No Additional Work

No claim for additional services not specifically provided herein will be allowed by the AGENCY, except to the extent provided by a valid, written change order to this contract.

8) Assignments and Subcontracts

The SUBCONTRACTOR will not, without written consent of the AGENCY, assign the subcontract in whole or in part.

9) Worker's Compensation

If the SUBCONTRACTOR has one or more employees, then, for the duration of this subcontract and until all work specified herein is completed, there shall be in effect a worker's compensation policy issued by a certified insurance carrier. The Subcontractor will show proof of such coverage by maintaining with the AGENCY a valid and current certificate of insurance showing the statutory coverage.

10) Insurance

For the duration of the subcontract and until all work specified in the subcontract is completed, the SUBCONTRACTOR shall maintain in effect a comprehensive public liability insurance policy for personal injury and property damage that, at a minimum, provides coverage of at least $250,000/$2,000,000. The SUBCONTRACTOR shall list the AGENCY with the insurance provider to be notified in the event that such a policy is terminated for whatever reason. Work under this subcontract shall not commence until evidence of all required insurance and bonding is provided to the AGENCY.

11) Inspection and Reports

a) The AGENCY shall have the right to audit, in such a manner and at all reasonable times as it deems appropriate, all activities of the SUBCONTRACTOR arising in the course of its undertakings under this subcontract.

b) The SUBCONTRACTOR shall make progress reports and other reports in a timely manner at such times and under the conditions reasonably required by the AGENCY.

12) Records

a) Fiscal records:

i) The SUBCONTRACTOR agrees to maintain books, records, documents, and other evidence and accounting procedures and practices which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of the subcontract, as required by the AGENCY or federal grantor and as provided in OMB Circular A-102 (a copy of which is on file in the Agency fiscal office).

ii) The AGENCY and the federal grantor agency or Comptroller General of the United States or any of their duly authorized representatives shall have access to any of the SUBCONTRACTOR'S books, documents, or records of the SUBCONTRACTOR which are directly pertinent to this specific subcontract. Access to records includes the right to review, audit, inspect, and make excerpts and transactions.

b) Period Maintenance: Rights on Termination of Subcontractor

i) The SUBCONTRACTOR agrees to retain all books, records, and other documents relevant to this subcontract for three (3) years after final payment, and federal auditors and any persons duly authorized by the AGENCY shall have full access to and the right to examine any of the said materials during this period.

ii) It is agreed that if an audit, litigation, or other action involving records is initiated before the three (3) year period has expired, the records must be retained until all issues arising out of such actions are resolved or until a three (3) year period has passed, whichever is later.

iii) It is understood and agreed that in case of the termination of the existence of the SUBCONTRACTOR by bankruptcy or any other reason, that all records in the SUBCONTRACTOR'S possession, program and fiscal, relating to this subcontract shall remain accessible to the AGENCY.

13) Confidentiality of Records

a) The SUBCONTRACTOR shall observe the confidentiality of information provisions of the State Code and pertinent state and federal regulations. The AGENCY will furnish the SUBCONTRACTOR with such regulations upon receipt of a written request for SUBCONTRACTOR, who shall not sell, barter, or exchange client lists or information. The SUBCONTRACTOR shall not copy client lists or records unless such copying is in the ordinary and necessary course of carrying out duties of this subcontract.

b) The SUBCONTRACTOR and its employees and agents shall not, under any circumstances or conditions, use the client information, or any recommendations, savings, or other data obtained as a part of the Program for the generation of leads for future sale of energy conservation services or installations, or for any other purposes except for the performance of this agreement.

14) Binding Effect of Federal Purchase of Services, Regulations, and State Plans

This agreement is subject to the provisions of any relevant federal regulations and any relevant provisions of the state plan in effect at the time this subcontract is executed, or which thereafter became effective. Such federal regulations and state plans are on file in the Office of Energy and Planning and are available for inspections by the SUBCONTRACTOR.

15) Affirmative Action/Equal Employment Opportunity

a) The SUBCONTRACTOR hereby agrees to provide all services funded through or affected by this subcontract or agreement without discrimination on the basis of race, color, national origin, age, sex, or physical/mental impairment and to comply with all relevant sections of Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975; and to comply with all pertinent amendments to these acts made during the term of the subcontract. The SUBCONTRACTOR further agrees to comply with all pertinent parts of federal rules and regulations implementing these acts.

b) The SUBCONTRACTOR hereby agrees to provide equal employment opportunity and take affirmative action in employment on the basis of race, color, national origin, religion, sex, age, physical/mental impairment, and covered veteran status to the extent required aby Executive Order 11246, as amended by Executive Order 11375; Department of Labor regulations (41 CFR Part 60); Section 503 of the Rehabilitation Act of 1973, as amended; Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974; and to comply with all amendments to these acts and pertinent federal regulations regarding these acts during the term of the subcontract or agreement.

16) Certification Regarding Lobbying

The SUBCONTRACTOR certifies to the best of his/her knowledge and belief that:

a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, member of Congress, an officer or employee of Congress, or employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any federal contract, grant, loan, or cooperative agreement.

b) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, loan, grant, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

c) The undersigned shall require that the language of this certification be included in the awards documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, title 31, US Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000.00 and not more than $100,000.00 for each such failure.

17) Certification of Debarment and Suspension (E.O.s 12549 and 12689)

The SUBCONTRACTOR certifies herein that he/she and/or its principal employees are not listed on the General Services Administration's list of Parties Excluded from Federal Procurement or Non-Procurement Programs in accordance with Executive Orders 12549 and 12689.

18) Time of Performance

Time is of the essence to this subcontract; therefore, all times for performance stated herein will be strictly complied with by the parties.

19) Non-Waiver Breach

The failure of the SUBCONTRACTOR or AGENCY to insist upon strict performance of any of the covenants and conditions of this subcontract or to exercise any option herein conferred in any one or all instances shall not be construed to be a waiver or relinquishment of any such covenant or condition but the same shall be and remain in full force and effect unless such waiver is evidenced by the prior written consent of the SUBCONTRACTOR or AGENCY.

20) Modification

This subcontract may be extended or modified in any particular by the prior written consent of the SUBCONTRACTOR and AGENCY.

21) Complete Statement of Terms

This subcontract and the attached Request for Proposal Forms constitutes the entire agreement between parties hereto and shall supersede all previous oral and written agreements, negotiations, representations, commitments, and all other communications between the parties. It may not be released, discharged, changed, or modified except by an instrument in writing signed by a duly authorized representative of the SUBCONTRACTOR and the AGENCY.

In witness whereof, the parties have executed this agreement.

| SUBCONTRACTOR | AGENCY |
|---|---|
| Signature | Signature |
| Title | Title |
| Date | Date |

Subcontractor's Taxpayer Identification Number (if incorporated), or Social Security Number (if not incorporated)

# APPENDIX B

Revised 09/28/92

These are additional provisions to this subcontract.

Use of Agency-Owned Equipment by Contractors

1) The AGENCY will be responsible for policing the use of equipment with all related stipulations and maintaining written documentation of these details.

2) No SUBCONTRACTOR will be allowed to use equipment on any site unless assigned by the AGENCY as a New Hampshire Weatherization Assistance eligible client.

3) The SUBCONTRACTOR is not to charge the AGENCY for the use of the equipment.

4) The SUBCONTRACTOR agrees to reimburse the AGENCY any fee imposed by the state or federal regulators for the use of the equipment.

5) The AGENCY and the Office of Strategic Initiatives may inspect the equipment and evaluate the working knowledge of its use. Any misuse or misapplication of the equipment will result in immediate suspension of the privilege of use.

6) The SUBCONTRACTOR is responsible for damages to the equipment while in possession, whether from use or not, and must execute repairs at the SUBCONTRACTOR'S expense immediately.

7) The contractor shall indemnify, defend, and save harmless the State of New Hampshire, and the AGENCY, its officers, agents, and employees from and against all liability, claims, damages, losses, expenses, actions, and suit whatsoever, including injury or death of others or any employee of the SUBCONTRACTOR caused by or arising out of performance, act, or omissions.

8) The furnishment of this equipment is on short-term basis only. It is acknowledged that this consent expires permanently on June 30 of the contract year and will not be renewed. Subsequent subcontracts will not include the use of equipment, and subcontractors are encouraged to procure payment provision for their own interests.

9) No SUBCONTRACTOR will be excluded and no SUBCONTRACTOR will be favored by these provisions.

Noncompliance with any of these stipulations will result in termination of privileges of use and may result in dismissal from the New Hampshire Weatherization Program for current year and the following year.

Signature _____ Date _____

Southwestern Community Services Inc.
63 Community Way/PO Box 603
Keene, NH 03431
Phone: 603-719-4124

# Contractors Information/Application Form

Please ask your insurance agent to submit a copy of your Certificate of Insurance.

If qualified, also include a copy of your certificate from a minority/women business program.

*Please Print or Type. If not enough space for entries, type into NOTES section at end of document.*

Date: **Enter date.** Email: _____

Business Name: _____

Owner/Representative: _____

Business Address: _____
Number and Street City State Zip Code

Mailing Address: _____
Number and Street City State Zip Code

How long have you been in the contracting business? Years Months

| Phone Numbers: | |
|---|---|
| | Office: ( ) - |
| | Mobile: ( ) - |
| | Fax: ( ) - |

| |
|---|
| Federal ID No. |
| If not incorporated: |
| Soc. Sec. No. |

Are you registered with a minority/women's business enterprise program or LSA?

☐ No ☐ Yes If YES, please submit a copy of certification.

Please check the type(s) of construction you have performed in the last year:

☐ Home Remodeling ☐ Home Building ☐ Major Construction (specify below)

Please list equipment owned specific to weatherization (example, blower door, insulation blowing machine, infrared camera, etc.)

Please list all education and training that you have had specific to Building Science and Weatherization:

| Training | Date |
|---|---|
| | |
| | |
| | |
| | |

Please list all certifications that you have obtained specific to Building Science or Weatherization:

| Certification | Date |
|---|---|
| | |
| | |
| | |
| | |

List two major suppliers from whom you purchase most of your supplies:

1. _____ ( ) -
Name Phone

_____ _____ _____
Address City State

2. _____ ( ) -
Name Phone

_____ _____ _____
Address City State

List two financial institutions (banks, savings and loan association, etc.) with whom you have established credit:

1. _____ ( ) -
Name Phone

_____ _____ _____
Address City State

2. _____ ( ) -
Name Phone

_____ _____ _____
Address City State

List the names and addresses of the last three clients for whom you have completed construction:

1. _____ Name ( ) - _____ Phone
   _____ Address _____ City _____ State

2. _____ Name ( ) - _____ Phone
   _____ Address _____ City _____ State

3. _____ Name ( ) - _____ Phone
   _____ Address _____ City _____ State

Approximately how many jobs have you completed as a general contractor?

What is the smallest/value job you have done?

What is the largest/value job you have done?

How many employees do you employ full-time?

Have you ever worked for the Department of Housing and Urban Development (HUD)?

☐ Yes If yes, when? Where?

☐ No If yes, what type of job?

Please complete the following ethnic information, gathered by HUD for statistical purposes only:

*Please check one:*

☐ White ☐ American Indian/ Alaskan Native ☐ Hispanic

☐ Black ☐ Asian/ Pacific Islander

Do we have your permission to share your bid amount with other contractors? ☐ Yes ☐ No

NOTES (*Type any additional information in this section*):

THE UNDERSIGNED CONTRACTOR CERTIFIES THAT ALL THE INFORMATION GIVEN HEREIN IS SUBSTANTIALLY CORRECT AND FURTHER AGREES:

- That the work be performed in accordance with the State of New Hampshire Weatherization Program standards outlined in the New Hampshire Weatherization Field Guide latest edition.
- That if the work performed by the contractor is found to be unsatisfactory by the administering agency or if contract relations between the contractor, homeowner or other parties are found to be unsatisfactory, that the administering agency may remove the contractor's name from the approved list, with such accompanying publicity as it deems necessary.
- The contractor will abide by the federal regulations pertaining to equal employment opportunity.
- That the work will be done in conformance with all appliance codes and zoning regulations.
- Upon award of bid/contract, please request that a Certificate of Insurance and Worker's Compensation Certificate be sent to Southwestern Community Services Inc.

Contractor's Signature

Date

# WEATHERIZATION CONTRACTOR FILE CHECKLIST

Color Key: Energy Efficiency Contractor | General Contractor | Insulation | QA | Heating & Plumbing | Electrician | Auditor | Abatement

| COMPLETE | Service | Business Name | W-9 | Subcontract for Purchase of Services | Debarment Search | Certification Regarding Debarment, etc. | Certificate of Liability Insurance | Copy of Propane License | Copy of License to operate in NH | Contractor Information Application Form | LSW Certification | Contractors Agreement | EPA 1089 Cert. | OSHA 30 | OSHA 10 | Letter of Agreement | Permission to Share Bids | List of Towns Covering | DPA Cert | BPI Exp Date | Notes / Prof. Certifications |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Electrician | A2K Electric | X | X | X | X | X | NA | | X | NA | X | NA | | X | NA | | X | NA | | Elec Master - NH License # 13065 |
| | Abatement / Removal | ACM Group | X | X | X | X | X | NA | X | X | NA | X | X | NA | NA | NA | NA | X | NA | | COI exp 11/30/25 |
| | Heating & Plumbing | Adrian Sage | | | X | | X | | | | | | | | | | | | NA | | |
| | Electrician | Amer Electric | X | X | X | X | X | NA | | X | NA | X | NA | | | NA | | X | NA | | Elec Master - NH License # 12166 Exp 04/30/27 |
| | Training | Apple Energy Group | X | | | | X | | | | | | | | | | | | | | |
| | Heating & Plumbing | Bob's Fuel | X | X | X | X | | NA | | X | NA | X | NA | | | NA | | X | NA | | Need update Oil Burner certs. Requested certs and COI 10/25/25<br>Cody Mumane:<br>Mass Burner License: BU 320888<br>EPA License<br>NORA Silver<br><br>Jalon Parks<br>NORA Bronze |
| | Energy Efficiency Contractor | Chez Insulation | X | X | X | X | X | NA | | X | | X | X | X | | | | X | X | Poignant 03/05/27 BA-P | |
| | General Contracting | Claremont Glass Works | | | X | | | NA | | | NA | | | | | NA | | | NA | | |
| | Heating & Plumbing | Country Oil LLC | X | X | X | X | X | X | X | X | NA | X | | | | NA | | X | NA | | NORA Silver, L. Martin - Gas Fitter llc |
| | Chimney | Daniel Connell | | | X | | | NA | | | NA | | | | | | | | NA | | |
| | Heating & Plumbing | Dash Oil | X | X | X | X | X | X | X | X | NA | X | NA | | | NA | | X | NA | | Gas Fitter NH GF#38283-73, Mast. Plumber NH 3505 |
| | Abatement / Removal | EnviroVantage Inc. | X | X | X | | X | NA | | X | | X | | | | NA | N | | | | |
| | General Contracting | Farkas Property Management | X | X | X | X | X | NA | | X | | X | | | | NA | N | | NA | | |
| | Heating & Plumbing | Gary Jackson Heating Services | X | X | X | X | X | | | X | NA | X | NA | | | NA | | X | NA | | |
| | General Contracting | GPI Construction Inc | | | X | | | NA | | | | | | | | NA | | | NA | | Sent cert for home repair RRP, IRC Lead-Safe, & OSHA 30-50 certs. Need updated Lead Safe Supervisor certs |
| | Auditor | HomeTown Inspection Services, Jake Keller | X | X | NA | NA | X | X | NA | NA | NA | NA | | X | | | | NA | EA & BA-P 5057166 | 07/01/27 | |
| | QA | Joshua Butters | X | X | NA | NA | X | X | NA | NA | NA | NA | NA | X | | | NA | NA | CQI 50586613 | CQI-3/23/27, BA-9/13/27, EA 9/17/24 | |
| | Heating & Plumbing | Keating Fuel | X | X | X | | X | | | | | | | | | NA | | X | | | |
| | Plumbing | Legacy Mechanical | X | X | X | X | X | X | X | X | N/A | X | N/A | X | X | N/A | | X | N/A | N/A | OSHA 30 - Brad Sau, Jeremy Goodwin, Gordon Hill, Lemire, May, Paul G, Quinton, Rob, Rogers, Schutz, Stewart, Vega, Whitney, Wormell |
| | Mold Remediation | Mold Managers | X | X | X | X | X | NA | | X | | | | | | NA | Y | | | | Covers all towns |
| | Contracting | Monarch Construction | X | | X | | X | | | | | | | | | | | | | | Roofer |
| | Energy Efficiency Contractor | Newell & Outhern | X | X | X | X | X | NA | | X | | X | | | | NA | NA | X | BA Foote 5069649; BA Linton 50660972; BA Panza 5067007 | Foote-5/11/26, Linton-5/11/24, Panza-5/23/26 | |
| | QA | Peter Tiebin-Tiebin Home Services, LLC | | NA | NA | NA | | NA | NA | NA | NA | NA | NA | | | | NA | NA | CQI 50440974 | CQI-9/30/24, BA-8/24/24, EA 8/24/24 | |
| | Energy Efficiency Contractor | Quality Insulation | X | X | X | X | | NA | | X | X | X | X | X | X | NA | | | DA 5018967 | 02/18/25 | M. Russel - BP, BA Cert |
| | Energy Efficiency Contractor | Resilient Building Group | X | NA | NA | NA | X | X | NA | NA | NA | NA | | | | NA | NA | NA | DA 5061279 | | Only need updated COI & W9 when working on next project |
| | Energy Efficiency Contractor | R-Value General Contracting | X | X | X | X | X | X | NA | X | Velez - R-R-112624 001<br>Nenrotkunski - R-H 062222-002 | X | X | X | X | | | Y | | | LR0003901 exp 11/29/29 |
| | | Sully Pest Services, LLC | | | X | | | NA | | | | | | | | NA | | | NA | | |
| | Contracting | Tamarack Oil LLC | X | X | X | X | X | NA | | X | NA | X | | | | NA | | X | NA | | |
| | Heating & Plumbing | The Vendor Guy | | | X | | | | | | NA | | | | | NA | Y | | NA | | Master Plumber #8964-01 |
| | Energy Efficiency Contractor | Twin Cycle Solutions | X | X | X | X | X | | | X | | X | | | | | | X | | | |
| | Energy Efficiency Contractor | Weatherize Guys (pending) | | | X | | | | | | | | | | | | | | | | |
| | Waterproofing | Wet Basement Solutions | | | X | | | NA | | | | | | | | NA | | | NA | | |

## SECTION XIV – WORKPLACE VIOLENCE POLICY

### PURPOSE

It is the policy of SCS that no workplace violence (zero tolerance) will be tolerated on any of its properties by any employee. The administration of SCS is committed to working with its employees to maintain a safe, pleasant, professional, and productive work environment for all employees. Employees who are found to be in violation of this policy are subject to disciplinary action, up to and including termination of employment.

### DEFINITION OF WORKPLACE VIOLENCE

Workplace violence is defined as any direct or implied oral or written threat of physical harm or actual harm, including, but not limited to:

- Any statement which threatens an individual or their family, friends, associates, or property with physical harm
- Any statement or suggestion which indicates intent to cause injury to another or damage to another's property
- Any intentional action which causes injury to another person
- Any intentional action which causes damage to the property of another person or the property of Southwestern Community Services
- Harassing or threatening telephone calls, voicemail messages, faxes, emails, or texts
- Stalking behavior
- Any course of action which creates an environment in which coworker(s) or client(s) feel threatened by the potential for violence, including, but not limited to, threats of physical harm, verbal harassment and gestures, brandishing weapons, or making threatening reference to the use of weapons

### RECOGNITION OF POTENTIAL WARNING SIGNS

A variety of behaviors serve as warning signs prior to acts of workplace violence with co-workers, clients, and other members of the community. Such warning signs must be reported immediately to any member of management and/or the agency's Human Resource Department for follow-up. Warning signs include, but are not limited to:

- resentment, anger, or hostility
- extreme stress or agitation
- sudden/significant decline in productivity and work performance
- severe personality conflicts
- obsessive preoccupation
- attempts to sabotage work or equipment
- irresponsible, irrational, intimidating, aggressive, or otherwise inappropriate behavior
- expressed fascination with weapons and their destructive potential

## REPORTING WORKPLACE VIOLENCE OR THREATENING CONDUCT

Any employee who witnesses or becomes aware of any actual or threatened workplace violence, whether by being directly involved, witnessing inappropriate conduct or warning signs, or learning of inappropriate conduct or warning signs from others, must report all issues immediately to the Human Resource Department or CEO. Although an employee may speak with his or her direct supervisor about any concerns, this does not replace the requirement to immediately bring all concerns regarding actual or potential workplace violence directly to the attention of the Human Resource Department or CEO.

SCS will promptly take appropriate action related to all reports of actual or potential workplace violence, which often will include undertaking an investigation. SCS will conduct all such investigations with as much confidentiality and privacy for the parties involved as is reasonably possible without compromising the thoroughness of the investigation. Depending on the circumstances, interim corrective measures may be taken before the investigation is completed. When appropriate, SCS will implement any necessary corrective action to ensure that workplace violence does not occur and/or is not repeated. Steps SCS may take include, but are not limited to, training, counseling, warnings, transfers, suspension, probation, and termination of employment.

*No Retaliation*

No employee may be retaliated against or punished in any way for making any truthful complaint of actual or potential workplace violence or for cooperating in any truthful manner in an investigation of a complaint of actual or potential workplace violence.

## APPEALS PROCESS

If you are accused and feel that you have been unjustly punished or accused of an action, you have ten working days to appeal that decision. Your appeal must be in writing and include a detailed account of the incident. The Chief Executive Officer will review the appeal and a final decision will be made within fifteen working days from the date of the appeal.

Southwestern Community Services

People helping people in Cheshire and Sullivan Counties since 1965

# WORKPLACE VIOLENCE INCIDENT REPORT

Date of Incident

Employee Name | Job Title | Program

Where did the incident occur?

Who was involved (both directly and indirectly)?

What occurred (please be specific)?

Summarize the incident. Include the names of witnesses, if there were any:

Employee Signature | Date

## WORKPLACE VIOLENCE ASSESSMENT SURVEY

The following questionnaire is designed to assist the agency in determining problems and concerns in the workplace. All responses are kept confidential. Respondents will be free from retaliation, and any investigations of urgent workplace violence concerns will be conducted on a need-to-know basis.

Yes No

☐ ☐ 1. Are you aware of any actual or potential workplace violence situations in your work experience?

_____

_____

_____

☐ ☐ 2. Have you heard comments by fellow workers or others that described a desire or intention to do physical harm to yourself or other employees?

_____

_____

_____

☐ ☐ 3. Are you aware of any firearms or other weapons being kept at your location?

_____

_____

_____

☐ ☐ 4. Have you been concerned for your personal safety while at work? If yes, did you report your concern?

_____

_____

☐ ☐ 5. Have you been harassed or intimidated at work? If yes, what was your response?

_____

_____

_____

☐ ☐ 6. Have you complained to your supervisor about being harassed or intimidated? If yes, what was the response?

_____

_____

_____

☐ ☐ 7. Are you familiar with the procedures you should follow if confronted by anyone in a bullying, hostile, or intimidating manner?

_____

_____

_____

☐ ☐ 8. Have you attended a workplace violence training? If yes, when? What is your evaluation of that safety information?

_____

_____

_____

☐ ☐ 9. Describe any concerns for your personal safety while you are at work?

_____

_____

_____

☐ ☐ 10. Have you heard comments by anyone that described a desire or intention to do physical harm to yourself or to other employees?

_____

_____

_____

☐ ☐ 11. Do you know who to contact in the event of a workplace violence incident?

_____

_____

_____

Optional

Employee Name (print): _____ Date: _____

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### POTENTIALLY VIOLENT SITUATIONS

In the event that there is a potentially violent situation, you may need to perform a selective evacuation (may involve evacuating a select area or group of people). The following should be done:

1) Immediately call 911.
2) Notify others in the building that a selective evacuation is going to take place.
3) Evacuate areas closest to the individual causing the situation, to isolate the person.
4) If the person chooses to leave the building/grounds, make sure their exit is not blocked.
5) If you suspect a weapon, follow procedures for secure building/lockdown (see next section).
6) Do not physically block or restrain the intruder's movement.
7) Remain calm and polite.

### SECURE BUILDING/LOCKDOWN

The main focus in all emergency management situations is the safety and well-being of the clients and staff. There are different reasons why you may have to secure a building or lockdown. In this situation, all clients and staff need to stay in rooms and clear the hallways. Some possible scenarios include:

- Intruder
- Angry client/individual
- Threatening behavior
- Severe medical emergency in the building

<u>Lockdown Procedures</u>

1) Staff member notes incident of concern and reports to supervisor, if possible.
2) Acting supervisor notifies staff via phone or in person that a secure building/lockdown will be taking place and the time frame that this will happen. Contact the receptionist, if one is available, to make a general announcement. Ensure that all staff has received the message.
3) The acting supervisor will notify emergency personnel.
4) Staff in each room will lock doors, prop chair against knob, or use door stop to keep door closed. Shades will be down (if applicable). All individuals will be kept out of plain view, calm, and quiet.
5) Staff will wait for the all-clear, via phone, intercom message, or in person, that it is safe to leave lockdown.

### HOSTAGE SITUATIONS

In the event that a hostage situation occurs:

1) Remain calm.
2) Remain polite.
3) Follow hostage taker's instructions.
4) Do not resist.
5) Any staff member can call 911, if it is possible and safe to do so.

6) If possible, alert other staff that a situation is developing.
7) If staff believes it is safe, evacuate individuals from the building in the opposite direction of the hostage taker.

## SHELTER IN PLACE

There are different reasons why you may have to shelter in place. In this situation, all clients and staff need to remain inside, so the building can be used to protect them from outside conditions. Some possible scenarios include:

- Hazmat situation outside (i.e., spill or accident)
- Nearby fire with toxic plume of smoke
- Hurricane/flooding
- Civil unrest

Shelter in Place Procedures

1) Staff member notes incident of concern.
2) The acting supervisor notifies each staff member via phone or in person that a shelter in place will be taking place and the time frame that this will happen. If available, the receptionist will be called to make a general announcement. Individual phone extensions can be called to make sure all staff has received the message.
3) The acting supervisor notifies emergency personnel.
4) All available staff secures the building and makes sure all clients are safe inside in the designated area of refuge.
5) Staff in each room will close and lock windows, seal any openings, and expect loss of electricity; conserve water, prepare for possibility of evacuation, and await further instructions.

## WEAPON-FREE WORKPLACE POLICY

Policy

To ensure that Southwestern Community Service, Inc. maintains a workplace safe and free of violence for all employees, SCS prohibits the possession or use of dangerous weapons within agency facilities, including agency-owned vehicles and in the performance of agency duties.

"Dangerous weapons" includes firearms, explosives, knives or swords with blades over four inches in length, or other weapons that might be considered dangerous or that could cause harm. All SCS employees are subject to this provision, including contract employees and temporary employees. A license to carry the weapon on SCS property does not supersede company policy. Any employee in violation of this policy will be subject to disciplinary action, up to and including suspension, termination, or legal action, as appropriate.

New Hampshire state laws allow employees to keep guns in their vehicles. SCS employees who carry guns to work must leave them safely locked in their personal vehicles. SCS employees who carry guns and transport agency clients in their personal vehicles must lock their secured guns in a safe location (such as the trunk) in their vehicles.

This policy does not pertain to authorized security or law enforcement personnel.