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ADMINISTRATION

I. PURPOSE

The employees of Nassau County are the organization's most valuable resource, and for that reason their health and safety are of paramount concern. It is the policy of Nassau County to establish a safe and healthy work environment for all of its employees by administering the Nassau County Safety Policy (NCSP). The purpose of this manual is to establish standards for a safety program and establishment of safety rules that govern Nassau County employees. The NCSP has been developed by the Risk Management Division with voluntary input from Nassau County employees, workers' compensation carriers, labor organizations, trade associations and other industry leaders.

The NCSP is designed to comply with the Occupational Safety and Health Act of Florida and all other applicable Federal, State and local laws and regulations, and applicable union agreements. The policy is designed to provide not only a safe physical working environment, but also an atmosphere of safety awareness through safety education, training, and employee involvement. The participation and earnest cooperation of all employees of Nassau County is imperative.

II. GENERAL OVERVIEW

- A.** The Nassau County Risk Management Division in conjunction with the County Manager, County Attorney and Human Resources will govern the NCSP. The NCSP is both a planning and an operations-based document that provides guidance for all aspects of safety.
- B.** It is intended that this safety manual will be a "living" document which should be enhanced and continuously improved by Nassau County. Any section of this plan may be modified to accommodate actual operations and work practices.

Furthermore, the NCSP is intended to serve as the primary safety program for Nassau County. However, where appropriate by individual departments, safety programs may be created to address specific exposures and risks that are unique to that department. Any such departmental safety programs must not conflict with the policies and principles of the NCSP and acknowledge that the NCSP is the primary safety program for Nassau County. Departmental safety programs should be reviewed and discussed with the Nassau County Risk Management Division.

- C.** The NCSP is divided into the following six (6) sections:

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1. **Administration** – outlines management's commitment to safety; identifies responsibilities of all personnel to assist in overall safety initiatives; outlines the role of the safety committee; reviews safety training procedures; and outlines potential disciplinary actions.
2. **Claim Reporting Procedures** – details the procedures used by all employees to investigate and report claims for Vehicle Accidents, General Liability Accidents, Incidents, and Property Claims to Risk Management. Workers' Compensation claims are reported directly to Human Resources at wc@nassaucountyfl.com.
3. **Return to Work** – establishes transitional employment standards allowing for workers injured on the job to return to work following a disabling event and to ultimately resume permanent employment within their restrictions and limitations.
4. **Vehicle Use** – outlines the general policies and procedures established to reduce the chance of vehicle accidents, create a safer working environment, and to control losses and liabilities.
5. **Drug Free Workplace** – outlines the County's primary concern to protect the health and safety of its employees and the general public through the management of a drug free workplace.
6. **Personal Protective Equipment** – documents steps Nassau County has taken to minimize injury resulting from various occupational hazards present at our construction/work sites by protecting workers through the use of Personal Protective Equipment (PPE).

III. MANAGEMENT COMMITMENT AND INVOLVEMENT

- A. The management of the Nassau County Board of County Commissioners (BOCC) is committed to providing employees with a safe and healthy workplace. It is the policy of this organization that employees report unsafe conditions and do not perform work tasks if the work is considered unsafe. Employees must immediately report all accidents, injuries, and unsafe conditions to their Supervisors.
- B. Employee recommendations to improve safety and health conditions will be given thorough consideration by Nassau County management. Management will give top priority to and provide the financial resources for the correction of unsafe conditions. Similarly, management will take disciplinary action against an employee who willfully violates the safety

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policy or is a repeat offender of workplace safety policies. This action may include verbal counseling, written reprimand, remedial training, suspension without pay, reimbursement of damages to County vehicles or property, or reimbursement of insurance coverage deductible in place at the time of the loss or up to a maximum of \$2,500 (whichever is less) and/or dismissal.

- C. Management will be actively involved with employees in establishing and maintaining an effective safety program. Risk Management and/or other members of the County's management team will participate with the employees in ongoing safety program activities, which include:
 - 1. Promoting Nassau County Safety Committee (NCSC) participation;
 - 2. Providing safety and health education and training; and
 - 3. Reviewing and updating workplace safety rules.

IV. RESPONSIBILITIES

- A. **Department Heads and Constitutional Officers** – Department Heads and Constitutional Officers shall be responsible for establishing a safety culture within their department to promote safe and healthy working conditions and practices for employees under their supervision. (Note: References to Department Heads throughout this policy also include Constitutional Officers.)

Duties Include:

- 1. Ensure that safety procedures pertinent to their department's activities are developed and enforced.
- 2. Ensure the department's representation on the Nassau County Safety Committee (NCSC).
- 3. Ensure that safety training is provided to all employees in their department.
- 4. Promote a positive safety culture within their department by actively following safe practices and encouraging others to do so.
- 5. Periodically review accident records to determine if the loss control plan is effective.
- 6. Periodically review progress and re-emphasize your support of the program.

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7. Establish written departmental safety guidelines, as needed.
8. Maintain Vehicle Inspection Logs.
9. Call upon Risk Management for needed assistance.

B. Supervisors – Due to their constant contact with employees, Supervisors must take a primary role in the prevention of accidents and the safety of employees under their supervision.

Duties Include:

1. Provide adequate job training and instructions for their employees.
2. Provide continuing safety instructions while issuing daily work assignments.
3. Observe and evaluate working conditions and procedures for unsafe conditions or practices and report or correct any found.
4. Promptly investigate all accidents.
5. Encourage employees to report all unsafe conditions and practices.
6. Check and ensure that tools, equipment and protective devices are in place, properly maintained and used.
7. Be familiar with and enforce all safety procedures and practices applicable to their work.
8. Understand all claim reporting procedures; complete required forms; and report them within twenty-four (24) hours to their Department Head, Human Resources and Risk Management.
9. Transport injured workers to an approved medical facility for non-emergency treatment. If the injury requires emergency care, call 911 and accompany the injured worker to the hospital.
10. Communicate with Risk Management, Human Resources, and the Department Head on serious events.

C. Employees - All employees are responsible for exercising care and good judgment in preventing accidents. Employees shall adhere to and follow all safety rules and practices as set forth in this plan as well as their departmental guidelines.

Duties Include:

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1. Become familiar with and observe established safe working procedures and practices for their work activities.
2. Where prescribed by Risk Management or department, employees will properly wear and/or use all safety equipment.
3. Immediately report all work related accidents and injuries to their supervisor and Human Resources. Failure to do so may result in disciplinary action and/or loss of workers' compensation benefits.
4. Report all unsafe conditions and practices to their supervisors or in writing to Risk Management in such circumstances where unsafe practices or conditions exist.
5. Support the safety culture by encouraging co-workers to work safely.
6. Complete and review all safety training materials provided upon hire and throughout employment.

D. Risk Management - Will establish, maintain and promote the NCSP.
Duties Include:

1. Develop accident prevention methods, procedures and programs.
2. Review investigations of accidents and hazardous conditions and make recommendations for corrective actions.
3. Coordinate safety inspections on all Nassau County facilities as needed by the insurance carrier loss control.
4. Assist in the formation and activities of safety committees.
5. Assist in the maintenance of records and reports concerning safety issues.

E. Human Resources – Conduct or coordinate initial safety training for all BOCC new hires; Constitutional Offices and NC Fire Department will handle trainings internally

V. NASSAU COUNTY SAFETY COMMITTEE (NCSC)

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- A.** The NCSC is established to identify and review factors related to all accidents and job injuries with an emphasis on the implementation of necessary corrective action to promote safety and well-being in the workplace.
- B.** The NCSC shall review recent accident history and recommend improvements that will enhance workplace safety and health programs. The committee will identify corrective measures needed to eliminate or control hazards to safety and health. Risk Management will oversee the management aspect of the NCSC.
- C.** Animal Control, Building, Code Enforcement, Facilities Maintenance, Fire/Rescue, Human Resources, Public Works, Road Department, Sheriff and Solid Waste are required to send, at a minimum, one (1) representative from their department to serve as a NCSC member. This individual should be someone who has the experience and knowledge to offer insight into specific job hazards for that department. The representative should be someone with the skills and leadership qualities that allow them to communicate and enact safety recommendations to the department's employees.
- D.** An Agenda (S-2) shall be prepared by Risk Management prior to each meeting for the NCSC meeting which will contain the date, time and location of the meeting; actions/items from the previous meeting; review of accidents since the previous meeting; recommendations to correct and prevent re-occurrence, and methods of subsequent training. Agendas and meeting notes from the meetings must be kept on file in the Risk Management Division for three (3) years.
- E.** Meetings will be held a minimum of 4 times during the calendar year or at such other times as Risk Management deems necessary.
- F.** Primary functions of the NCSC:

 - 1.** Review and evaluate claims to determine trends and implement loss control schedule to aid in evaluating the effectiveness of measures used to protect employees from workplace hazards.
 - 2.** Assist management in reviewing and updating workplace safety based on accident investigations/inspections, employee reports of unsafe conditions or work practices and accepting and addressing anonymous complaints and suggestions from employees as they are provided to Risk Management and/or Supervisors.

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3. Assist management in updating the workplace safety program by evaluating employee injuries and accident records. Identify trends, and formulate corrective measures to prevent reoccurrences.
4. Promote safety and health awareness, and co-worker participation through on-site monitoring of workplace activities.

VI. SAFETY TRAINING

Workplace safety training will be provided for all employees as part of the new hire process. An orientation of the NCSP will be provided to each new employee by a representative of Human Resources. All employees will sign an acknowledgment form after receiving the safety orientation (S-1). The signed acknowledgment will then become a part of the official employee file. Each employee will have access to a copy of the NCSP through their department. Specific job site safety training will be provided by the department in which the employee works.

- A. Supervisors will initially train employees on how to perform assigned tasks in their department in a safe manner. Supervisors will carefully review with each employee all applicable safety rules, policies and procedures that are described in the NCSP. Supervisors will observe employee's performance to assure that work is performed safely. If necessary, the Supervisor will provide a demonstration of safe work practices and remedial instruction to correct training deficiencies before employees are permitted to work without supervision. All employees will receive familiarization training on seldom-used or new equipment before placing it in operation. Supervisors will review safe work practices with all affected employees before permitting any new, non-routine, or specialized procedures to be performed.
- B. Supervisors will require all employees to participate in refresher classes regarding policies and procedures as needed when changes are made to the NCSP. All employees will receive refresher training after a work related injury is caused by an unsafe act or condition or when a Supervisor observes employees engaged in unsafe behavior or acts. Trainings are determined by the Department and can include, but are not limited to, written documentation, periodic departmental or group meetings, safety videos, etc.
- C. Supervisors will require all employees to sign an acknowledgment form after receiving safety training. The signed acknowledgment will then become a part of the official Department file.
- D. Department Safety meetings will be held periodically during which all

assigned employees will be present. A roster of attendees will be maintained for record by the department, as well as a brief synopsis of the subject matter presented.

VII. DISCIPLINE

A. Disciplinary Action:

1. In the event disciplinary action is required, the case will be reviewed by the Department Head, Risk Management, Human Resources, and submitted to the County Manager for a final decision. Disciplinary action taken as a result of an accident (unplanned event that results in personal injury or property damage) or incident (unplanned event that does not result in personal injury but may result in minor property damage or is worthy of recording) shall be administered in accordance with current bargaining unit agreements or as follows.
2. The Department Head and Human Resources may recommend any of the following courses of action or a combination thereof as disciplinary action;
 - a. Verbal Counseling
 - b. Written Reprimand
 - c. Remedial Training
 - d. Suspension without pay
 - e. Reimbursement of damages to County vehicles or property or reimbursement of insurance coverage deductible in place at the time of the loss, up to a maximum of \$2,500.00 (whichever is less)
 - f. Dismissal

B. Recommendation for Disciplinary Action: Disciplinary action shall be based on the following criteria:

1. Type and seriousness of violation of the County policies and procedures or violation of established traffic or civil law.
2. Monetary amount of damage to vehicle, loss of property, or physical injury.

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3. Past driving history.
4. Past accident or injury history.
5. The determination that drugs or alcohol was involved.

CLAIM REPORTING PROCEDURES

I. PURPOSE

The purpose of this section is to establish standard claim reporting procedures for Department Heads, Supervisors, and employees of Nassau County for the following types of claims: Vehicle Accidents, General Liability, Workers' Compensation, Property, and Incidents. The objective of this section is to ensure prompt reporting of claims to the Risk Management Division, so that claims can be investigated and processed with the insurance carrier for proper adjustment and payment.

These procedures are intended to act as a procedural guide and are not intended to establish blame. This manual also provides a systematic approach to accident investigation that leads to identification of causal factors and implementation of corrective action that will assure a safe work environment.

II. VEHICLE INCIDENT/ACCIDENT REPORTING

The purpose for this section is to establish procedures for the investigation and timely reporting of vehicular incidents/accidents involving vehicles owned by Nassau County and operated by Nassau County employees and/or other authorized operators.

A. Forms needed to file a Vehicle Accident are:

- 1. Accident/Incident Report CLM-1**

B. Field Procedures Governing Vehicular Accidents:

- 1. Vehicular accidents are defined as a Nassau County vehicle having a collision with any of the following:**
 - a. Civilian vehicles**
 - b. Non-vehicular property (i.e. mailbox)**
 - c. County vehicles**
- 2. Employee Driver actions/responsibilities:**
 - a. Dial 911 and report the matter to the Nassau County Sheriff Office or Florida Highway Patrol and request medical assistance if needed by any of the parties involved. A police**

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report must be filed for all vehicle vs. vehicle accidents, regardless of severity.

(Note): For vehicular accidents involving minor, non-vehicular property (i.e. mailboxes), a police report does not need to be filed.

(Note): If an accident occurs outside Nassau County jurisdiction, report to the proper authorities.

- b.** Notify their Supervisor or department immediately.
- c.** Obtain a copy of the law enforcement Driver Exchange information.
- d.** Complete the Accident/Incident Report (CLM-1) within twenty-four (24) hours of the accident occurring and provide to Supervisor. If an employee is unable to complete the Accident/Incident Report (CLM-1) the supervisor will complete it on behalf of the employee.

3. Supervisor actions/responsibilities:

- a.** Upon arrival, re-assess damages/injuries to County and/or civilian personnel/property. Dial 911 and advise dispatcher of known damages if not already done.
- b.** Obtain pictures of the scene, point of impact on each vehicle, tag numbers, property damage, and intersection if applicable.
- c.** Determine status of the County vehicle and initiate towing if necessary.
- d.** Complete the Supervisor's Section (Section VI) of the Accident/Incident Report (CLM-1) within twenty-four (24) hours of the accident occurring.
- e.** Coordinate with the Human Resources Department to ensure that injured employees are sent for a post-accident drug test in compliance with the Nassau County Drug Free Workplace Policy.

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- f. If the employee driver is unable to complete the Accident/Incident Report (CLM-1) complete it on behalf of the employee.
- g. Email or deliver the completed Accident/Incident Report (CLM-1), and any pictures taken to the Risk Management Division at riskmanagement@nassaucountyfl.com within twenty-four (24) hours of the accident occurring. If the accident occurs during other than normal business hours (8:00 A.M. to 5:00 P.M., Monday through Friday) reports are to be emailed or delivered on the next business day.
- h. Obtain copy of Driver Exchange Report from appropriate Law Enforcement Agency

4. Risk Management actions/responsibilities:

- a. Review the Accident/Incident Report (CLM-1), Driver Exchange Report and any pictures taken and file the claim with the appropriate insurance carrier and broker.
- b. Request additional information needed from appropriate Departments
- c. Evaluate claims involving minor, non-vehicular damage (i.e. mailboxes), and where the value is under the insurance policy deductible, advise Department of options for handling.
- d. Communicate with the Human Resources Director and the County Manager regarding any serious claims.

C. Circumstances Requiring Drug Testing – Non DOT:

In accordance with the Nassau County Drug Free Workplace Policy, Non DOT covered employees, drug testing will be required for the following circumstances:

- 1. The employee involved in the incident/accident was actively engaged in the activity which objectively could have caused or contributed to the injury or damage; or the employee was operating, controlling, or repairing any machinery, tool, device, equipment or vehicle that was involved in the incident/accident; or the employee's

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action or inaction was likely a contributing factor to the incident/accident or cannot be completely discounted as a contributing factor based on current info.

2. Reasonable suspicion.

A. Circumstances Requiring Drug Testing –DOT:

In accordance with the Nassau County Drug Free Workplace Policy, DOT covered employees, drug testing will be required for the following circumstances:

The following table notes when a post-accident test is required to be conducted:

Type of Accident Involved	Citation issued to the CMV Driver	Test must be performed
Human Fatality	Yes No	Yes Yes
Bodily Injury with immediate medical treatment away from the scene	Yes No	Yes No
Disabling damage to any motor vehicle requiring tow away	Yes No	Yes No

III. WORKERS' COMPENSATION PROCEDURES

The objective of this section is to provide administrative procedures that enable timely reporting of incidents/accidents, the provisions of necessary medical treatment, and prompt investigation of accidents of injuries/illnesses that occur as a result of on-the-job incidents/accidents.

A. Claim Reporting Procedures:

1. Employee actions/responsibilities:

- a. In the event of a workplace incident/accident, (regardless of severity) employees must report the incident/accident

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immediately to their supervisor. Failure to timely report the claim may result in disciplinary action and/or a loss of workers' compensation indemnity benefits or claim denial per Florida Statute 440.

- b.** Complete an Accident/Incident Report (CLM-1) as soon as possible following the event and provide a copy of the form with their signature to their Supervisor. Human Resources must receive this form from the supervisor within twenty-four (24) hours of the accident. After the initial appointment/diagnosis from an approved medical facility, the employee shall immediately inform Human Resources, by phone at (904) 530-6075, as to their work status, i.e., off work, light duty, etc. Human Resources will immediately contact the employee's Supervisor to advise of the return to work status.
- c.** Email or deliver to Human Resources at WC@nassaucountyfl.com the doctors' return to work slip/restrictions on the date received or at the start of business the next day.
- d.** Employees are required to provide regular communication to Human Resources and Supervisors regarding their medical and work status.

2. Supervisor actions/responsibilities:

- a.** Upon notice of an accident, Supervisors must conduct an initial investigation of the accident, accompany the injured worker to the medical provider (See Section C below), facilitate post-accident drug testing in accordance with Nassau County's Drug Free Workplace Policy, and complete the Supervisor's Section (Section VI) of the Accident/Incident Report (CLM-1)
- b.** Notify Human Resources via email at WC@nassaucountyfl.com of the employee's on-the-job injury and provide the Accident/Incident Report (CLM-1) to Human Resources via email or deliver within twenty-four (24) hours of the injury. If the accident occurs during other than normal business hours (8:00 A.M. to 5:00 P.M., Monday through Friday) reports are to be emailed on the next business day.

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- c. Provide signed copies of the following additional forms to Human Resources via email at WC@nassaucountyfl.com or deliver.
 - 1) Authorization for Release of Medical Information (WC-2)
 - 2) Authorization for Medical Treatment (WC-1)
 - 3) Consent for Drug and/or Alcohol Testing (DF-2)
 - 4) Notice of Referral for Testing (DF-1CDL or DF-1 Non CDL)
 - 5) Drug-Free Workplace Policy Summary (DF-3)
 - d. Provide the initial treating physician with the Authorization for Medical Treatment (WC-1)
 - e. Maintain a copy of the Accident/Incident Report (CLM-1) within the department.
3. Human Resources actions/responsibilities:
- a. Input the Accident/Incident Report (CLM-1) into the carrier web portal within twenty-four (24) hours of receipt from the injured employee's department.
 - b. After verification of the return to work status from the employee and/or attending physician, Human Resources will immediately contact the employee's supervisor as to the employee's return to work status.

B. Medical Treatment:

- 1. Emergency Treatment - If the injured worker has severe injuries and is in need of emergency medical attention, dial 911 and have the employee transported to an appropriate medical facility for emergency treatment. Authorization from Human Resources is not needed for persons with severe injuries or injuries requiring emergency room care; medical care should be the first priority.

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2. Non-Emergency Treatment - Employees with non-emergency injuries will be transported, using Nassau County provided transportation if available, to an approved medical clinic and will be accompanied by their Supervisor. The Supervisor will ensure that necessary drug testing is completed.
3. Approved Clinics - Medical treatment will be provided by a physician or medical facility authorized by the current workers' compensation carrier for Nassau County, as follows:

(Note: Failure to use an approved facility may result in denial)

(Note: Injuries occurring outside of Nassau County should be seen by the closest emergency facility. Notification must be made to Human Resources as soon as possible.)

Amelia Urgent Care
96279 Brady Point Road
Fernandina Beach, FL 32034
904-321-0088

Business Hours
M-F: 7:30 am to 7:00pm.
Saturday 9:00 a.m. – 5:00 p.m.
Sunday 9:00 a.m. – 2:00 p.m.

Emergency Room
Baptist Medical Center Nassau
1250 S. 18th Street
Fernandina Beach, FL 32034
904-321-3500

Holidays/After-Hours

Baptist Medical Center North
11236 Baptist Health Dr.
Jacksonville, FL 32218

4. Medical Authorization: During normal business hours (8:00 a.m. to 5:00 p.m. Monday – Friday), Human Resources will coordinate medical treatment. If an injury occurs after business hours, weekends or holidays, employees do not need prior approval to seek medical treatment. Notification must be made to Human Resources at WC@nassaucountyfl.com on the next business day.
5. Follow-up Medical Treatment: All medical treatment beyond the initial visit must be authorized by the Workers' Compensation carrier. Supervisors and Human Resources do not have authority to authorize additional medical treatment.
 - a. After an appointment/diagnosis from a medical facility the employee shall immediately inform Human Resources by

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phone (904) 530-6075, as to their work status, i.e., off work, light duty, etc. Human Resources will immediately contact the Employee's supervisor to advise of the return to work status. Employees of Constitutional Officers report through their Human Resources Department.

C. Return-To-Work / Light Duty Program

1. Supervisors and Human Resources will coordinate all efforts to comply with Nassau County's Return to Work Program by placing injured employees in alternate work environments in order to accommodate their work-related restrictions.

D. Post-Accident Drug Testing:

1. In accordance with the Nassau County Drug Free Workplace Policy, drug testing will be required for the following circumstances:
 - a. The employee involved in the incident/accident was actively engaged in the activity which objectively could have caused or contributed to the injury or damage; or the employee was operating, controlling, or repairing any machinery, tool, device, equipment or vehicle that was involved in the incident/accident; or the employee's action or inaction was likely a contributing factor to the incident/accident or cannot be completely discounted as a contributing factor based on current info.
 - b. Reasonable suspicion.

E. Workers' Compensation Supplemental Wage Benefits

1. When an employee is absent from work due to a job related injury for a period greater than seven (7) days, his/her wages are paid by the workers' compensation insurance carrier at a rate equal to sixty-six and two-thirds percent (66 2/3%) of his/her average weekly wage based on the thirteen (13) weeks preceding his/her injury, up to the maximum wage permitted by Florida Statute 440. These paid benefits are exempt from taxation.
2. The average weekly wage is based on the wages the employee received during the thirteen (13) week pay period prior to the date of injury. Human Resources will request a thirteen (13) week Wage

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Statement from finance, once an employee has been advised he/she will be absent from work due to an on the job injury. Human Resources will forward this document to the insurance adjuster for review.

3. Nassau County supplements the remaining thirty-three and one-third percent (33 1/3%) of benefits, so that injured employees are compensated at one hundred percent (100%) of their regular straight-time wage prior to the date of injury. The County will supplement the indemnity benefit by paying the remaining thirty-three and one-third percent (33 1/3%) of the employee's wages concurrent with receipt of workers' compensation benefits paid by the insurance carrier as follows:
 - a. Employees represented under the current agreement between Northeast Florida Public Employees' Local 630 and the Nassau County BOCC: During the first seven hundred and twenty (720) hours of such disability, said employee shall receive pay based upon one hundred percent (100%) of regular straight-time wages reduced by the Workers' Compensation Indemnity Payable.
 - b. Employees represented under the current agreement between Nassau County Fire Rescue Professionals Local 3101, International Association of Firefighters and the Nassau County BOCC: During the first one hundred eighty (180) calendar days of such disability, said Employee shall receive pay based upon one hundred percent, (100%) of regular straight-time wages reduced by the Worker's Compensation Indemnity payable.
 - c. Nassau County BOCC employees not represented by a collective bargaining unit: Ninety (90) cumulative working days from the date of the injury based upon one hundred percent (100%) of his/her regular straight-time wages.
4. In the event the job related injury occurs as a result of the employee's failure to wear the appropriate County provided safety appliance or Personal Protective Equipment (PPE) there may be a reduction of twenty five percent (25%) of the lost wage benefit per the Florida Workers' Compensation Statute 440.
5. FMLA runs concurrent with Workers' Compensation in accordance with Nassau County's FMLA policy.

- F. Supervisors should refer to the Nassau County Drug Free Workplace Policy for further Drug & Alcohol testing procedural instructions.

IV. GENERAL LIABILITY REPORTING and INCIDENT REPORTING

The purpose for this section is to establish procedures and guidelines for the investigation and timely reporting of liability incidents. These incidents/accidents arise out of the County's operations, premises, products or services in which either "bodily injury" or "property damage" occurs to third (3rd) parties.

- A. The following forms need to be completed when filing an incident report:

- 1. Accident/Incident Report (CLM-1)

- B. Employee actions/responsibilities:

- 1. Employees involved in or with knowledge of a general liability event must report the situation immediately to their Supervisor and Complete an Accident/Incident Report (CLM-1)

- C. Supervisor actions/responsibilities:

- 1. Upon receipt of notice of a general liability incident, Supervisors should take immediate action to investigate the report to ensure the reported condition/incident does not pose a hazard to public safety until remedial action can be taken to correct/eliminate the hazard.
 - 2. Supervisors should complete the Supervisor's Section (Section VI) of the Accident/Incident Report (CLM-1). Supervisors should go to the site of the incident and take any pictures if applicable.
 - 3. Supervisors will email or deliver the Accident/Incident Report (CLM-1) and any applicable pictures to Risk Management at riskmanagement@nassaucountyfl.com within twenty-four (24) hours of the incident/accident occurring. If the incident occurs during other than normal business hours (8:00 a.m. to 5:00 p.m. Monday-Friday), reports are to be emailed or delivered on the next business day.

- D. Risk Management actions/responsibilities:

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1. Risk Management will email the Accident/Incident Report (CLM-1) and any pictures if taken to the insurance carrier and broker within twenty-four (24) hours of receipt of information.
2. Request additional information needed from the appropriate Departments
3. Risk Management will notify the Human Resources Director and the County Manager regarding any serious claims.
4. Risk Management will serve as the liaison between the broker/insurance carrier and the County regarding future information and communication needed to resolve the claim.

V. PROPERTY CLAIM REPORTING

The purpose for this section is to establish procedures and guidelines for the investigation and timely reporting of Property claims. These incidents arise out of damage to County property (non-vehicular).

A. The following forms need to be completed when filing an incident report:

1. Accident/Incident Report (CLM-1)

B. Employee actions/responsibilities:

1. Employees involved in or with knowledge of an event causing damage to County property (non-vehicular) must report the situation immediately to their Supervisor and complete an Accident/Incident Report (CLM-1)

C. Supervisor actions/responsibilities:

1. Upon receipt of notice of property damage, Supervisors should take immediate action to investigate the report to ensure the reported condition/incident does not pose a hazard to public safety until remedial action can be taken to correct/eliminate the hazard.
2. Supervisors should complete the Supervisor's Section (Section VI) of the Accident/Incident Report (CLM-1). Supervisors should go to the site of the incident and take any pictures if applicable. Pictures of the damaged property should be taken, including the potential cause of damage. If the damaged condition does pose a hazard, contact the appropriate department to assist with remediation and appropriate safety warnings.

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3. Supervisors will email or deliver the Accident/Incident Report (CLM-1) and any applicable pictures to Risk Management at riskmanagement@nassaucountyfl.com within twenty-four (24) hours of the incident/accident occurring. If the incident occurs during other than normal business hours (8:00 a.m. to 5:00 p.m. Monday–Friday), reports are to be emailed or delivered on the next business day.

D. Risk Management actions/responsibilities:

1. Risk Management will email the Accident/Incident Report (CLM-1) and any pictures if taken to the insurance carrier and broker within twenty-four (24) hours of receipt of information.
2. Risk Management will notify the Human Resources Director and County Manager of any serious claims.
3. Risk Management will serve as the liaison between the broker/insurance carrier and the County regarding future information and communication needed to resolve the claim.

VI. ACCIDENT/INCIDENT INVESTIGATION PROCEDURES

The purpose of this section is to supplement the claim reporting sections listed above by providing specific guidance to Supervisors in conducting incident/accident investigation techniques to ensure a complete evaluation of the events involving vehicle accidents, workers compensation, general liability and property damage. The Supervisor at the site of the incident/accident will perform the initial investigation and is responsible for seeing that the incident or accident reports are properly completed and forwarded to Risk Management. The Supervisors will investigate all incidents, accidents, injuries, and occupational diseases using the following investigative procedures:

- A. Implement temporary control measures to prevent any further occurrences.
- B. Review the equipment, operation and procedures to gain an understanding of the situation.
- C. Identify and interview each witness and any other person who might provide clues to the cause of the incident/accident.

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- D.** Investigate causal conditions and unsafe acts; make conclusions based on existing facts.
- E.** Obtain pictures of the vehicle accident site, intersections, point of impact, tag numbers and property damage (if applicable).
- F.** In the event the incident/accident involves a county-owned vehicle or item of construction equipment, obtain the maintenance record file for review.
- G.** Attach investigation reports prepared by attending law enforcement officials.
- H.** Provide recommendations for corrective actions.
- I.** Indicate the need for additional or remedial safety training.
- J.** Accident/Incident Reports (CLM-1) must be submitted to Risk Management at riskmanagement@nassaucountyfl.com or Human Resources at WC@nassaucountyfl.com or delivered within twenty-four (24) hours of the incident/accident. If the incident/accident occurs during other than normal business hours (8:00 a.m. to 5:00 p.m. Monday–Friday), reports are to be emailed or delivered on the next business day.

RETURN TO WORK POLICY

I. PURPOSE

The goal of Nassau County's Return to Work Program is to provide a temporary light duty job to employees who are unable to perform the essential functions of their regular job due to physical restrictions resulting from a compensable workers compensation injury. Efforts to place an injured employee in a temporary light duty job will be made by all departments of Nassau County, assuming a light duty job is available within the physical restrictions provided by the authorized treating physician.

II. GENERAL OVERVIEW

- A.** Temporary light duty jobs may be offered to injured employees who possess written documentation of physical restrictions from an authorized workers' compensation medical physician. Employees must obtain from the authorized treating physician an update of physical limitations in order to continue light duty every thirty (30) days.
- B.** Temporary light duty may be provided until the authorized workers' compensation medical doctor releases the employee to full duty or the employee reaches Maximum Medical Improvement (MMI).
- C.** All offers of temporary light duty must be made in writing to the employee. The Modified Duty Assignment Form (WC-3) will provide a description of the job duties being offered, approved physician physical restrictions, work schedule, job location and the supervisor information.
- D.** Overtime is not permitted for injured employees while performing temporary light duty jobs.
- E.** Temporary light duty jobs may be provided in any department within the County.
- F.** Employee's refusal of a temporary light duty job offer, allows for possible denial of lost wage benefits by the insurance carrier per the Florida Workers' Compensation Statute 440. Employees refusing temporary light duty will be required to use their accrued leave.
- G.** Temporary light duty jobs will be offered for up to one hundred eighty (180) calendar days unless one of the conditions noted in letter B above is met. No less than thirty (30) days prior to the end of the one hundred eighty (180) calendar days any request for an extension of temporary light duty must be

submitted in writing by the employee to Human Resources. The extension must be accompanied by medical documentation and will be reviewed by Human Resources and/or the Department Head and/or the County Manager.

III. RESPONSIBILITIES

A. Department Heads and Constitutional Officers actions/responsibilities:

1. Communicate with Human Resources to identify opportunities for temporary light duty work within his/her department.

B. Supervisors actions/responsibilities:

1. Review the Return to Work information with Human Resources and the injured employee after each appointment.
2. Communicate with the injured employee regularly to confirm that they are working within the physical restrictions provided by the authorized treating physician.

C. Employees actions/responsibilities:

1. Provide documentation received from the authorized treating physician to Human Resources immediately following medical appointments.
2. Communicate regularly with Supervisor and Human Resources any concerns regarding your temporary light duty job.

D. Human Resources actions/responsibilities:

1. Work closely with Department Heads and Supervisors to identify temporary light duty jobs within Nassau County.
2. Ensure that approved physicians are aware of Nassau County's Return to Work Program. Provide copies of job descriptions and possible temporary light duty jobs available.
3. Review with injured employees and Supervisors the physical restrictions provided by the authorized treating physician. Determine if injured employees will be allowed to remain in his/her original job with accommodations.

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4. Provide verbal offer to injured employee of the temporary light duty job. Complete a written Modified Duty Assignment Form (WC-3) to the injured employee on the same day of the verbal offer. Request injured employee to sign the form accepting the job. Provide a copy to the employee, Supervisor, Human Resources and the insurance carrier. Human Resources will notify the insurance carrier if an injured employee refuses a temporary light duty job.
5. Human Resources will serve as a liaison between the insurance carriers, authorized treating physician's, the injured employee and the Supervisor regarding future medical appointments and communication needed to assist the injured employee in his/her recuperation.
6. Review the work status with the injured employee and the Supervisor after each authorized physician appointment.
7. Physician appointments will be scheduled by the carrier at the beginning of the day, late in the afternoon or on a scheduled day off when possible.

VEHICLE USE POLICY

I. PURPOSE

Relationships with the public while operating Nassau County vehicles can influence opinion or perceptions in a positive or negative way. Drivers exhibiting courteous, considerate and safe driving habits can enhance and help develop a positive relationship between the County and its citizens. The following policies and procedures have been established to reduce the chance of vehicle accidents, create a safer working environment and to control losses and liabilities.

II. GENERAL RULES

- A.** Vehicle drivers/operators must possess a valid driver's license and must pass a Motor Vehicle Record (MVR) check pursuant to the guidelines of this policy. Only Nassau County employees, Constitutional Officer employees, County Extension Employees and Health Departments employees shall operate a vehicle purchased by or assigned to Nassau County. Only individuals having official business with Nassau County, such as contractors/clients/volunteers, shall be permitted to be a passenger in the vehicle. Family members are not authorized to ride in County vehicles without written consent from the County Manager. (Note: Departments requiring the use of volunteer drivers may make a request in accordance with section 3 below).
- B.** Human Resources will keep a list of BOCC, Health Department and Extension individuals authorized to operate a County vehicle. Constitutional Officers will keep a list of their respective individuals authorized to operate a County vehicle. This list will be updated annually by each department and/or constitutional office as requested by Human Resources.
- C.** The Department Head is responsible for ensuring that all vehicles maintain an official license plate, Nassau County emblem or identification, current insurance card, and vehicle registration papers.
- D.** Pursuant to State law and for the health of employees and members of the public, all Nassau County vehicles are designated as "smoke free" work areas. No passenger or employee is allowed to smoke in any County vehicle.
- E.** Safety belts/seat belts shall be worn at all times by the driver and all passengers. Violators will be subject to disciplinary action.

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- F.** At no time will employees ride in the bed of a truck or any other vehicle or movable equipment for which a seatbelt is not provided.
- G.** Employees shall note that the Florida's Workers' Compensation Law, Section 440.09 (5) Florida Statutes, provides for a reduction of normal compensation by twenty-five (25%) percent if an employee is injured as a result of his/her refusal to use safety appliances or to observe a lawful safety rule.

III. VOLUNTEER DRIVERS

- A.** On rare occasions when volunteers need to operate a vehicle owned by Nassau County a request in writing must be made to Human Resources which will be reviewed for consideration by Human Resources and/or the County Manager.

IV. DRIVER SELECTION

- A.** Human Resources will run a MVR annually for all BOCC, Health Department and Extension Office individuals, . Human Resources will review annually all MVRs, checking for driver's license validity and driving citation history. Constitutional Offices will confirm annually to Human Resources that they have received a MVR on all authorized drivers and that those drivers meet the guidelines outlined in this section.
- B.** All drivers are required to report all moving violations whether on or off duty to their Department Head/Supervisor within twenty-four (24) hours of the violation occurring. If the violation occurs during other than normal business hours (8:00 A.M. to 5:00 P.M., Monday through Friday) violation must be reported the next business day.
- C.** Drivers will report any changes in status of their driver's license (valid vs invalid) immediately to their Department Head or Supervisor. (Department Head will report same to Human Resources).
- D.** Class "A" Violations: Nassau County may suspend the driving privileges for anyone receiving a Class "A" Violation. Additionally, these individuals will be required to attend applicable driver improvement program courses from the Northeast Florida Safety Council, at their own expense, before being permitted to resume driving on behalf of Nassau County.
 - 1.** Class "A" Violations Include:

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- a. DUI (Driving Under the Influence of Alcoholic Beverages, Chemical Substances or Controlled Substances)
- b. Refusal to submit to a breath/urine test
- c. Negligent homicide arising out of the use of a motor vehicle (gross negligence)
- d. Operating a vehicle during a period of suspension or revocation
- e. Using a motor vehicle for the commission of a felony
- f. Aggravated assault with a motor vehicle
- g. Operating a motor vehicle without owner's authority
- h. Permitting an unlicensed person to drive
- i. Reckless driving
- j. Hit and run driving

E. Class "B" Violations

- 1. Any individual who has a combination of two (2) Class "B" moving violation and/or chargeable accidents in a three (3) year period will be counseled verbally by their Supervisor and will complete the **4 Hour Basic Driver Improvement** course.
- 2. Any individual who has more than three (3) moving violations or three (3) chargeable accidents or any combination of more than three (3) of the formerly stated violations in a three (3) year period will have a written counseling by their Supervisor and will complete the **8 Hour Basic Driver Improvement** course through the Northeast Florida Safety Council (either by physical attendance or through the on-line course) at the drivers expense including showing proof of course completions within thirty (30) days of notice. Failure to show proof of attendance with passing grades may result in the employee being suspended from driving on behalf of Nassau County until proof of course completions are received by Risk Management.
- 3. Nassau County may suspend the driving privileges for anyone convicted of four (4) or more Class "B" Violations in a three (3) year period.

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4. Class "B" Violations Include:

- a. All moving violations not listed in the Class "A" Violations, including exceeding the posted speed limit.

F. Disciplinary Action

1. In the event disciplinary action is necessary, the case will be reviewed by the Department Head, Human Resources, and Risk Management and submitted to the County Manager for a final decision if necessary. Disciplinary action taken shall be administered in accordance with current bargaining unit agreements or as outlined in number 2 below.
2. The Department Head and Human Resources may recommend any of the following courses of action or a combination thereof as disciplinary action.
 - a. Verbal Counseling
 - b. Written Reprimand
 - c. Remedial Training
 - d. Suspension of driving privileges
 - e. Suspension without pay
 - f. Reimbursement of damages to County vehicles or property or reimbursement of insurance coverage deductible in place at the time of the loss or up to a maximum of \$2,500.00 (whichever is less)
 - g. Dismissal
3. If the County discovers that an employee has lost their valid driver's license privileges for any reason, failed to inform their Supervisor, and continued to drive a Nassau County vehicle, County vehicle driving privileges will be suspended immediately, and the County may terminate employment.

G. New Hires/Promotions

1. All applicants that apply with the County who are interested in a position which requires driving a County vehicle will have an official

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Motor Vehicle Records check by the Human Resources Department during their conditional offer phase of employment.

2. Applicants applying for a job which requires driving County vehicles that have a Class A violation conviction within the past three (3) years and/or that have four (4) or more Class B violation convictions with the past three (3) years may not be eligible for employment with the County.

V. RESPONSIBILITIES FOR EMPLOYEES DRIVING COUNTY VEHICLES

Operating a Nassau County vehicle is a privilege. All drivers will be responsible and accountable to/for the following:

- A. Possessing a valid motor vehicle driver's license issued in the state of their residency in the United States. This license must have the appropriate classification and any required endorsements needed for operating the vehicle(s) assigned to the operator.
- B. Operating motor vehicles in a safe manner at all times.
- C. Complying with all applicable State laws and regulations.
- D. Maintaining vehicles in a safe operating condition.
- E. Maintaining vehicles in accordance with departmental internal procedures.
- F. Participating in required drivers' safety education and training programs.
- G. Requiring all occupants to wear safety belts/seat belts.
- H. Paying all moving/parking violation fines and fees within the allotted timeframe stipulated on the violation.
- I. Refraining from towing any personal recreational equipment (boats, campers, etc).
- J. Never conducting unauthorized alterations to vehicles leased, owned or rented by the County.
- K. Never deactivating air bags.

- L.** Never operating a computer while the vehicle is moving. This does not apply to a motor operator performing official duties as an operator of an authorized emergency vehicle as define in S. 322.01, a law enforcement or fire service professional, or an emergency medical services professional.
- M.** Adhering to all cell phone guidelines. This does not apply to a motor operator performing official duties as an operator of an authorized emergency vehicle as define in S. 322.01, a law enforcement or fire service professional, or an emergency medical services professional. (Section VI)

VI. CELL PHONE GUIDELINES

- A.** Only use hands-free cell phone devices while driving, if there is no hands-free device available, pull off the road to complete work-related phone calls.
- B.** Suspend conversations during hazardous driving conditions or situations such as rainstorms or during heavy traffic.
- C.** Do not take notes, look up phone numbers or take photos while driving.
- D.** Only place calls while you are not moving or before you begin driving.
- E.** Do not send or read text messages or emails on your cell phone while driving.
- F.** When possible, the driver should let calls roll over to voicemail until their destination is reached.
- G.** FS 316.304 - No person shall operate a vehicle while wearing a headset, headphone, or other listening device, other than a hearing aid or instrument for the improvement of defective human hearing. A person using a headset in conjunction with a cellular telephone that only provides sound through one ear and allows surrounding sounds to be heard with the other ear is acceptable.

* Note: Failing to abide by the above guidelines may result in disciplinary action.

VII. EMPLOYEE OWNED VEHICLES USED FOR NASSAU COUNTY PURPOSES

There are situations where drivers use their personal vehicles for Nassau County business. For drivers utilizing their personal vehicles on County business, the following rules apply:

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- A.** Employees must comply with driver selection criteria, have a valid driver's license in their state of residence and meet the same MVR and accident criteria as drivers of County owned vehicles.
- B.** Automobile liability and property damage insurance coverage must be maintained by the driver.
- C.** The understanding that in case of an accident and subsequent claim, the coverage provided by the employee's personal insurance will be primary.

Driver should perform basic safety check quarterly, including but not limited to, tires, tire pressure, lighting systems, look for leaks, check wipers, investigate all warning lights, test steering, check all fluids, check hoses and belts, perform all safety notifications or recalls.

- D.** Drivers must comply with all applicable State laws and regulations.

* Note: Failing to abide by the above guidelines may result in disciplinary action.

VIII. RENTED VEHICLES

- A.** Vehicles may be rented for Nassau County business in certain circumstances, such as:
 - 1.** Out of town travel,
 - 2.** Replacement vehicle for a vehicle being repaired,
 - 3.** Special events, or
 - 4.** Unexpected shortages of transportation resources
- B.** While operating a rental vehicle for County business, all requirements of the vehicle safety program apply. This includes but is not limited to the following:
 - 1.** Employees must have a valid driver's license and meet the same MVR and accident criteria as all other drivers of County vehicles.
 - 2.** Drivers must comply with all applicable State laws and regulations.
 - 3.** Only authorized drivers may operate the vehicle.

- C. Vehicle should be rented in the name of Nassau County Board of County Commissioners. Auto Liability and Physical Damage coverage should be purchased for all short-term rentals. A copy of the agreement and all attachments should be sent to Risk Management for review. Please call Risk Management for long-term rentals.

IX. ALCOHOL AND DRUGS

The use of any Nassau County equipment, including vehicles, is prohibited from any employee who has consumed alcoholic beverages, illegal substances, or taken medication that causes impairment of normal functions or reflexes. Violations of this section may result in disciplinary action up to and including termination. Please refer to Nassau County Drug Free Workplace Policy for more information.

X. GENERAL VEHICLE SAFETY PROCEDURES

- A. When behind the wheel of any vehicle, drivers shall maintain a safe following distance. If someone tailgates a Nassau County vehicle, the driver should slow down, pull over to the right, and let the vehicle pass.
- B. Drivers shall signal intentions of lane changing or change of direction at least one hundred (100) feet before the change occurs.
- C. When a trailer is in tow, there shall be safety chains of sufficient strength and appropriate security connections to maintain connection of the trailer to the pulling vehicle under all conditions while the vehicle is towing the trailer.
- D. Drivers shall not cross any railroad crossing when the crossing warning lights are activated.
- E. When necessary, drivers shall enlist the assistance of the passenger or another employee to guide them while backing. If the driver is alone, he/she shall exit the vehicle and inspect the area before backing up.
- F. Getting on or off a vehicle is prohibited while the vehicle is in motion.
- G. No more than three (3) persons shall ride in the front seat of any vehicle. In vehicles with only two (2) single front seats, there shall be only one (1) person per seat.

- H. Tailgates shall be up and locked when vehicles so equipped are in motion. If the situation requires the tailgate to remain open, red flags shall be attached to the outward corners of the gate.
- I. All items to be transported shall be secured. Any cargo extending beyond the boundaries of the vehicle shall be clearly marked with a red flag.
- J. Roll covers shall be used and in place when hauling loads.
- K. Loads shall not exceed the limits stipulated by the manufacturer for that specific vehicle or piece of equipment.

XI. DRIVING IN HAZARDOUS WEATHER CONDITIONS

- A. During periods of limited visibility or anytime windshield wipers are required to be used, vehicle headlights shall be turned on.
- B. Drivers should exercise extra caution when driving in the rain, especially during the first (1st) hour of rainfall. There is a greasy residue on the road that when combined with water forms a slippery surface causing tires to lose contact with the road, which results in the driver losing control of the vehicle.
- C. During a rainstorm or while on wet roads, drivers should slow their speed by at least ten (10) mph below the posted speed limit.
- D. During stormy weather, drivers should allow more distance than usual from the vehicle in front.
- E. When entering fog, driver should use their low beams, reduce speed, and keep to the right side of the road as much as possible.

XII. SKID CONTROL

Skids, spins, and slides can occur on wet or dry surfaces when the vehicle is in motion and the driver changes direction too quickly. Most of the time when a car goes into a slide or skid, it's because the vehicle is going around a corner or changing its forward direction. Some basic rules for keeping control include the following:

- A. Recognize the type of situations that cause skidding such as wet or icy roads, oil slicks, sand or gravel roads, bald tires and excessive speed.

- B.** Ease off the accelerator and avoid heavy breaking. If the vehicle does not have ABS (antilock brake system) brakes, pump the brakes so that there is a momentary application and then release. Hard, heavy applications of brakes usually make the vehicle skid. If the vehicle has ABS brakes, apply firm, constant pressure.
- C.** Turn the front wheels in the same direction the rear wheels are sliding. The resistance felt is the skid coming under control; turn the front wheels back into the opposite direction and then into a straight line.

XIII. PARKING SAFETY

- A.** Employees shall not park vehicles in “No Parking” zones except in an emergency or in the required performance of official duties. When a situation requires a vehicle to be parked in a “No Parking” zone, the driver shall activate emergency blinkers. Fire Rescue will comply with State Statute when parking in a “No Parking” zone.
- B.** No vehicle shall be left unattended with the key in the ignition.
- C.** Employees shall park County vehicles in well-lighted areas whenever possible.
- D.** Vehicles shall be locked when not in use.
- E.** Drivers parking a vehicle must stop the motor, set the emergency brake, and leave the vehicle in park for automatic transmissions and in gear for manual transmissions except when the situation requires otherwise (i.e. emergency vehicles, vehicles with heat and cold sensitive equipment).
- F.** To brace your car when parking downhill, turn your wheels toward the curb and drive forward slowly until the wheel is against the curb.
- G.** To brace your car when parking uphill, turn your wheels sharply away from the curb and back up slowly until the rear of the tire is against the curb.
- H.** Employees shall not park County vehicles facing traffic except in the case of an emergency.
- I.** Before leaving the curb, employees should signal their intentions and look to see that no cars are approaching from either direction.
- J.** When exiting or entering a vehicle parked on a curb, employees should take care not to open the car door or step into traffic.

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- K.** In the daily operation of a County vehicle, the employee shall survey the area when approaching to determine if parking can be accomplished without backing.
- L.** After parking the vehicle, the employee shall place an orange traffic cone (min 28") behind the vehicle at the driver side rear bumper. Before departing the location, the employees shall perform a walk-a-round inspection (referred to as a Circle of Safety) to identify any potential hazards. The employee shall return the cone to the vehicle for storage before leaving. This procedure will not be appropriate for each and every circumstance.

XIV. LARGE MOBILE EQUIPMENT SAFETY

- A.** All persons operating or riding in/on County-owned vehicles/equipment are to be positioned properly in a seat belt/safety belt or safety harness fastened.
- B.** If possible or necessary, equipment operators shall enlist the assistance of another employee to guide them when backing up. If the driver is alone, he/she shall exit the vehicle and inspect the area before backing up.
- C.** Construction type equipment shall travel at no more than twenty (20) mph and use the right lane except when a left turn is required. Operators of such equipment shall give the right-of-way to all other motor vehicles. Equipment headlights will be on at all times when traveling. This type of equipment shall display the orange triangular slow moving vehicle sign on the rear of the vehicle.
- D.** Use of special equipment without authorization and training of record will result in disciplinary action against the operator.
- E.** Construction equipment should be trailered and towed for any distance over five (5) miles.

XV. AGGRESSIVE DRIVING

At no time shall any Nassau County employee engage in aggressive driving while operating a County owned vehicle or operating a motor vehicle for official County business. Aggressive driving can include but is not limited to:

- A.** speeding,
- B.** tailgating,

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- C. failure to signal a lane change,
- D. running red lights and stop signs,
- E. weaving in traffic,
- F. yelling,
- G. making obscene gestures, or
- H. excessive use of the horn

XVI. VEHICLE PREVENTATIVE MAINTENANCE AND INSPECTION

Through the maintenance of Nassau County vehicles accidents and excessive repair expenses can be avoided.

- A. Employees assigned a vehicle or given the responsibility of driving a piece of equipment shall be responsible for conducting a safety check of the vehicle/equipment prior to its use, each day they are assigned the vehicle.

Equipment inspections should be conducted according to the manufacturers or equipment manual guidelines specific to the equipment.

- B. Any items requiring maintenance should be immediately reported to the Supervisor and/or Fleet Manager who shall make arrangements for necessary repairs to be completed by the County maintenance crew or, if applicable, the contracted maintenance company.
- C. All vehicles are placed on a rotating schedule by Fleet Manager for preventative maintenance inspections to be completed every ninety (90) days or per manufacturer recommendations.
- D. Any vehicle found to have unsafe conditions shall be tagged-out until such time as the necessary repairs are complete and the vehicle passes inspection.

XVII. DRIVER'S SAFETY COURSES

Northeast Florida Safety Council (or other FL Council)
1725 Art Museum Drive, Jacksonville, FL 32207
904-399-3119

<http://www.nefsc.org>

*Costs are subject to change.

Basic Driver Improvement (BDI)

\$24.95 4 Hour BDI Online Course

\$59.95 8 Hour BDI Online Course

Basic Driver Improvement (BDI)

Florida Statute (F.S) 318.14(9)-(10) (a) – allows for attendance in a Department-approved basic driver improvement course in lieu of a court appearance for most non-criminal traffic infractions. In such cases, adjudication must be withheld and points may not be assessed, as provided by F.S. 322.27.

Reference: Florida Statute (F.S) 322.0261 – mandatory driver improvement course required for traffic accidents involving death or a bodily injury requiring transport to a medical facility; or a second accident by the same operator within the previous 2 year period involving property damage in an apparent amount of at least \$500.

PERSONAL PROTECTIVE EQUIPMENT POLICY

I. PURPOSE

This written policy documents the steps Nassau County has taken to minimize injuries resulting from various occupational hazards present at our worksites and/or construction sites by protecting workers through the use of Personal Protective Equipment (PPE) when the hazards cannot be eliminated. Risk Management has the responsibility for updating the policy and Department Heads and Supervisors are responsible to train employees, monitor their use of PPE, and provide suggestions for updating PPE.

II. GENERAL OVERVIEW

- A. Nassau County acknowledges its obligation to provide a hazard free environment to our employees. Any employee encountering hazardous conditions must be protected against the potential hazards. The purpose of protective clothing and equipment is to shield or isolate individuals from chemical, physical, biological, or other hazards that may be present in the workplace.
- B. PPE is not to be relied on as the only means to provide protection against hazards, but is used in conjunction with internal safety procedures.
- C. Establishing an overall written PPE Policy will ensure that the County has undertaken appropriate measures to identify hazards, train employees on proper use of PPE in the workplace, and provide documentation of the County's PPE efforts in the event of an inspection. This policy contains the following sections:
 - 1. Discipline
 - 2. Hazard Assessment
 - 3. PPE Selection Guidelines
 - 4. Employee Training
 - 5. Cleaning and Maintenance
 - 6. PPE Specific Information
 - 7. Miscellaneous Information
- D. All suggestions for improvements or updates to PPE can be made by contacting the Supervisor or Department Head who will then coordinate with Risk Management. We encourage all suggestions because we are committed to the success of our PPE Policy. We strive for a clear understanding, safe behavior,

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and involvement in the policy from every level of the County's organizational structure.

- E. Unless specifically stated otherwise, all PPE used by Nassau County shall comply with the usage guidelines and recommendations by the American National Standards Institute (ANSI) or Occupational Safety and Health Administration (OSHA).
- F. Any PPE purchased by the employee shall comply with the usage guidelines and recommendations by the American National Standards Institute (ANSI) or Occupational Safety and Health Administration (OSHA).
- G. All newly purchased PPE shall comply with the current usage guidelines and recommendations by the American National Standards Institute (ANSI) or Occupational Safety and Health Administration (OSHA) at time of purchase.

III. DISCIPLINE

- A. The failure to comply with the County's Safety Policy concerning PPE can result in disciplinary actions as well as employee injury. An employee who does not comply with this policy will be disciplined for noncompliance according to the following schedule:
 - 1. Verbal warning for the first (1st) offense accompanied by retraining.
 - 2. Written reprimand for the second (2nd) offense to be included in the employee's personnel file.
 - 3. Suspension without pay for a third (3rd) offense to be included in the employee's personnel file.
 - 4. Dismissal as a last resort.
- B. In the event the job related injury occurs as a result of the employee's failure to wear the appropriate County provided PPE, there may be a reduction of twenty-five percent (25%) of the lost wage benefit per the Florida Workers' Compensation, Statute 440.

IV. HAZARD ASSESSMENT

The purpose of this policy is to provide a process to conduct hazard assessments of worksites throughout the County and determine the use of appropriate PPE to prevent injury to County employees.

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- A. Risk Management, Department Heads, and Supervisors identify where exposures occur or could occur. Tools for conducting these assessments include, but are not limited to:
 - 1. Job descriptions
 - 2. Site inspections
 - 3. Injury/Illness Records
 - 4. First Aid Logs
 - 5. Claim Analysis
- B. A walkthrough survey of the workplace areas where hazards exist or may exist should be conducted to identify sources of hazards to employees.
- C. Results of hazard assessments with a written summary of the exposures and resolutions, including the dates of the assessment and people involved, should be kept on file within the Department.

V. PPE SELECTION GUIDELINES

Once hazards have been identified and evaluated through a hazard assessment, Department Heads or Supervisors should use the following general procedure for selecting appropriate protective equipment:

- A. Become familiar with the potential hazards and the type of PPE that is available.
- B. Compare types of PPE to the hazards associated with the environment.
- C. Select the PPE that meets selection requirements found in the OSHA regulations and ensure a level of protection greater than the minimum required to protect employees from the hazards.
- D. Fit the user with proper, comfortable, well-fitting PPE and instruct employees on care and use of the PPE. It is very important that the employees are aware of all warning labels for and limitations of their PPE. (See the Employee Training section of this policy for a more detailed description of training procedures.)
- E. It is the responsibility of the Department Head or Supervisor to reassess the workplace hazard situation as necessary, to identify and evaluate new equipment and processes, to review accident records, and to re-evaluate the suitability of previously selected PPE. This reassessment will take place as needed, but at least once per year. Elements that should be considered in the reassessment include:

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1. Adequacy of the PPE Safety Policy
2. Accidents and illness experience
3. Levels of exposure (this implies appropriate exposure monitoring)
4. Adequacy of equipment selection
5. Number of hours that workers wear various protective ensembles
6. Adequacy of training/fitting of PPE
7. Policy costs
8. The adequacy of Policy records
9. Recommendation for Policy improvement and modification
10. Coordination with overall Safety Policy

VI. EMPLOYEE TRAINING

- A. The Department Head has the overall responsibility to ensure that training is provided within his/her department. Supervisors provide actual training for each employee who is required to use PPE. Training includes:
 1. When PPE is necessary
 2. What PPE is necessary
 3. How to wear assigned PPE
 4. Limitations of PPE
 5. The proper care, maintenance, useful life, and disposal of assigned PPE
 6. Employees must demonstrate an understanding of the training and the ability to use the PPE properly before they are allowed to perform work requiring the use of the equipment.
 7. Employees are prohibited from performing work without donning appropriate PPE to protect them from the hazards they will encounter in the course of that work.

- B. If Risk Management has reason to believe an employee does not have the understanding or skill required the Department Head, Supervisor or Risk Management must retrain the employee. Circumstances where retraining may be required include changes in the workplace or changes in the types of PPE to be used, which would render previous training obsolete. Also, inadequacies in an employee's knowledge or use of the assigned PPE, which indicates that the employee has not retained the necessary understanding or skills, would require retraining.
- C. The employee must acknowledge, and the Supervisor certifies in writing that the employee has received and understands the PPE training (PPE-1).

VII. CLEANING AND MAINTENANCE

It is important that all PPE be kept clean and properly maintained by the employee to whom it is assigned. Cleaning is particularly important for eye and face protection where dirty or fogged lenses could impair vision. PPE is to be inspected, cleaned, and maintained by employees at regular intervals as part of their normal job duties so that the PPE provides the required protection. Supervisors are responsible for ensuring compliance with cleaning responsibilities by employees. If a piece of PPE is in need of repair or replacement it is the responsibility of the employee to bring it to the immediate attention of his/her Supervisor, Department Head or Risk Management. It is against work rules to use PPE that is in disrepair or not able to perform its intended function. Contaminated PPE that cannot be decontaminated must be disposed of in a manner that protects employees from exposure to hazards.

VIII. PPE SPECIFIC INFORMATION

Eye and face protection—Goggles and face shields (OSHA Standard 29CFR 1910.133)

- A. As a condition of employment, all regular full time, part time, and temporary employees working in designated work areas and/or job assignments are required to wear ANSI Z87.1 approved goggles/face shields to help prevent eye and face injuries, including those resulting from flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, or light radiation.
- B. Each employee shall use eye protection that provides side protection when there is a hazard from flying objects. Detachable side protectors (e.g. clip-on or slide-on side shields) meeting the pertinent requirements of this section are acceptable.
- C. Each department shall ensure that each employee who wears prescription lenses while engaged in operations that involve eye hazards wears eye protection that incorporates the prescription in its design, or wears eye protection that can be

Nassau County Safety Policy

worn over the prescription lenses and not disturb the proper position of the prescription lenses or the protective lenses. Eye protection that incorporates the prescription in its design will be at the expense of the employee.

- D. Nassau County shall ensure that each employee uses equipment with filter lenses that have a shade number appropriate for the work being performed for protection from injurious light radiation.
- E. All employees who work in designated work areas and/or job assignments are responsible for wearing County provided goggles/face shields to comply with this policy. Failure to comply will result in disciplinary action up to and including discharge.
- F. All employees required to wear goggles/face shields must routinely inspect and properly care for their goggles/face shields, including routine cleaning and disinfecting of the equipment.

Foot Protection-Safety Shoes (OSHA Standard 29CFR 1910.136)

- A. As a condition of employment, all regular full time, part time, and temporary employees working in designated work areas and/or job assignments are required to wear ANSI Z41.1 approved safety shoes to prevent foot injuries, puncture injuries, ankle injuries, slips, and falls. Each employee shall wear protective footwear when working in areas where there is a danger of foot injuries due to falling or rolling objects, objects piercing the sole, work assignments involving heavy equipment, machinery, or moving heavy objects, and where such employee's feet are exposed to electrical hazards. *Accommodations will be reviewed for employees who as, determined by physician, cannot wear safety shoes.
- B. Acceptable protective footwear includes shoes that have steel, plastic or other hard cover protective material over the toes.
- C. With the exception of Union 630 and Union 3101, employees are required to purchase his/her own safety shoes/boots. Union 630 and Union 3101 members should refer to their Collective Bargaining Agreement.
- D. Employees should be cautioned that if the shoe they select does not fit properly or otherwise causes discomfort it becomes their responsibility to arrange for necessary adjustment or replacement.
- E. It therefore, becomes the responsibility of the individual employee to report mal-fitting PPE to his/her supervisor immediately when detected.

Nassau County Safety Policy

- F. Those employees who work in non-designated job assignments for the County, vendors and visitors will be allowed to walk through the designated work areas without safety shoes as long as they remain in outlined aisles or walkways.
- G. The Supervisor is responsible for informing new employees who are assigned to designated job assignments of the safety shoe policy and the procedures for obtaining them.

Hand Protection-Gloves (OSHA Standard 29CFR 1910.138)

- A. As a condition of employment, all regular full time, part time, and temporary employees are required to use appropriate hand protection when employees' hands are exposed to hazards such as those from skin absorption of harmful substances; severe cuts or lacerations; severe abrasions; punctures; chemical burns; thermal burns; and harmful temperature extremes.
- B. Department Heads or Supervisors shall base the selection of the appropriate hand protection on an evaluation of the task(s) to be performed, conditions present, duration of use, and the hazards and potential hazards identified.
- C. All employees required to wear protective gloves must routinely inspect and properly care for their assigned gloves (if the gloves are not disposable).

Head Protection- Hard Hats/Helmets (OSHA Standard 29CFR 1910.135)

- A. As a condition of employment, all regular full time, part time, and temporary employees working in areas where there is a possible danger of head injury from impact, or from falling or flying objects, or from electrical shock and burns, shall be protected by protective hard hats/helmets.
- B. Hard hats/helmets for the protection of employees against impact and penetration of falling and flying objects shall meet the specifications contained in American National Standards Institute (ANSI), Z89.1, Safety Requirements for Industrial Head Protection.
- C. Hard hats/helmets for the head protection of employees exposed to electrical conductors or high voltage electrical shock and burns shall meet the specifications contained in American National Standards Institute (ANSI), Z89.2.
- D. All employees required to wear hard hats/helmets must routinely inspect and properly care for their hard hats/helmets.

Hearing Protection-Noise Exposure (OSHA Standard 29CFR 1910.95)

- A. As a condition of employment, all regular full time, part time, and temporary employees must use appropriate ear muffs or ear plugs if it is not possible to

Nassau County Safety Policy

make the workplace less noisy. When employees are subjected to sound exceeding those listed in OSHA Tables, feasible administrative or engineering controls shall be utilized. If such controls fail to reduce sound levels within the levels of PSHA Tables, personal protective equipment shall be provided and used to reduce sound levels within the levels of the table.

- B. Employees shall be given the opportunity to select their hearing protectors from a variety of suitable hearing protectors provided by the employer.
- C. The Supervisor shall provide training in the use and care of all hearing protectors provided to employees.
- D. The Supervisor shall ensure proper initial fitting and supervise the correct use of all hearing protectors.
- E. All employees required to wear hearing protection must routinely inspect and properly care for their hearing protection.

Respirators (OSHA Standard 29CFR 1910.134)

- A. OSHA regulated respirators are provided for the Fire and Rescue Department personnel, as described in the Nassau County Fire Rescue Respiratory Protection operating guidelines.
- B. Nassau County provides Dust Particulate Respirators to those employees who may have exposure to: contaminated air, harmful dust, fumes, fogs, mists, vapors, gases, smokes and sprays when it is not possible to ventilate the work area properly.
- C. All employees using a negative or positive pressure tight-fitting face piece respirator must pass an appropriate qualitative fit test (QLFT) or quantitative fit test (QNFT). Employees must comply with the OSHA Fit Test Standard:
 - 1. The mask must be tested to ensure that it fits on the user's face with adequate room for:
 - a. Eye protection
 - b. Adequate room to talk
 - c. Adequate strap tension
 - d. Appropriate position on the chin
 - e. Ability of the mask to cover nose and mouth

Nassau County Safety Policy

- f. And it must be in a position where it will not slip.
- 2. After a fit has been established, the employee must be allowed to inspect the mask in the mirror to ensure that he or she is comfortable with the fit.
 - a. The employee will then test their ability to breathe regularly and deeply.
 - b. He or she will also ensure the mask stays fitted when talking, moving his or her head, grimacing and bending over.

IX. MISCELLANEOUS INFORMATION

- A. All employees of Nassau County and its associated members must wear all protective equipment where PPE is outlined in this policy.
- B. All employees and passengers operating or riding in/on County-owned vehicles/equipment are to be positioned properly in a seat belt/safety belt or safety harness fastened.
- C. Employees are to wear all required protective clothing prior to initiating a task or procedure conducted in an unsafe area, i.e., excessive dust/debris requires respiratory and eye protection.
- D. All employees working in extreme heat conditions are to maintain sufficient water intake to prevent dehydration. Light colored clothing of one hundred percent (100%) cotton or cotton blend will aid in cooling the body during excessive heat conditions.
- E. All employees exposed to low temperature conditions while working will wear gloves and clothing to ensure protection against cold weather hazards such as frostbite or hypothermia.
- F. All employees working on or above water surfaces, including but not limited to (i.e., river, creek, ocean, holding tanks, etc.), must wear a properly secured and approved floatation device (float coats or life preservers) prior to entering the work area.
- G. In the event work is being performed from a boat or floatation platform, one (1) life preserver must be available for each person requiring access to the work area. When work is performed near the opening of a holding tank, a minimum of one life ring will be accessible at all times.
- H. All life rings or buoys utilized at the site must have a properly attached hand line of at least twenty-five (25) feet in length or not less than the diameter of the holding tank.



HUMAN RESOURCES

ACKNOWLEDGMENT OF RECEIPT OF SAFETY ORIENTATION

1. Nassau County's Safety Mission Statement
2. Safety Policy and Procedures
3. Vehicle Use Policy
4. Drug-Free Workplace Policy
5. On the Job Injury/Worker's Compensation Procedures
6. Sexual Harassment

I hereby acknowledge that I have received an orientation overview on the above listed policies/procedures established by the Nassau County Board of County Commissioners and have had ample opportunity to openly ask questions regarding the same. I also understand that these policies and procedures may be changed at the discretion of the Board.

(Print Name)

(Signature)

(Date)



HUMAN RESOURCES

SAFETY COMMITTEE AGENDA

Date:

Location:

Time:

- I. Approval of Minutes from prior meeting:
- II. Old Business
- III. Accidents, injuries, near-misses:
 1. Incidents that have occurred since last meeting
 2. Any follow up that has been done as a result of investigations into incidents, near misses or injuries. Any recommendations and necessary changes due to investigation.
- IV. Results of Safety Inspection:
 1. Discussion of loss control/safety inspections
 2. Follow up on eliminating or controlling safety hazards
 3. Encourage employees to identify any unsafe conditions or tasks and how to eliminate the hazards.
- V. Training
 1. Discuss any new safe work procedures or other policies and procedures that need to be implemented.
 2. Safety topic: presentation and discussion on chosen topic.
- VI. Open Forum/New Business
 1. Any concern about safety, open discussion.
- VII. Next Meeting
 1. Date and time
 2. Safety topic/presenter

Persons attending this meeting:

Signed: _____



HUMAN RESOURCES

ACCIDENT / INCIDENT REPORT

SECTION I - General Information

Date of accident/incident:

Time of accident/incident:

Location of accident/incident (street, city, state, zip):

SECTION II - Persons Involved

County Employee Involved:

Name:

Dept:

Phone:

County Supervisor/Department Head
Contact:

Name:

Dept:

Phone:

Other

Party/Driver:

Name:

Address:

Phone:

Witness 1:

Name:

Address:

Phone:

Witness 2:

Name:

Address:

Phone:

SECTION III - Accident/Incident Details

Employee Description of Incident:

SECTION IV - Other Party Injured/Property Damaged

Name of Other Party (Injured/Owner):

Address:

Phone:

Injuries:

Yes ☐

No ☐

Transported:

Yes: ☐

No: ☐

Description of Property
Damaged (example: location
address, descr. of vehicle)

Accident/Incident Reported to:

Example: NC Sheriff, FHP,
Fire Department; Supervisor

Note: Department is responsible for securing a copy of the applicable report

Road & Bridge: if damage is
due to Road Maintenance
issues

Please advise whether County had previously been notified of maintenance issue; attach recent maintenance records

SECTION V - Damage to Nassau County Property

Description of County Property Damaged
(example: property address or, if auto, please
list year, make model, and last 4 digits of VIN)

Person Causing Damage:

Address:

Phone:



HUMAN RESOURCES

SECTION VI - Supervisor to Complete this section

Supervisor Description of Accident/Injury and Comments:

Was Accident Preventable? Yes / No Any corrective action taken or recommended?

If Employee was injured, please complete the following questions:

Date Employed/Hired: _____ Was Employee Paid for Date of Injury? __Y or __No

Last Date Employee Worked _____ Has Employee returned to Work? __Y or __N ; If yes, please provide date _____

Rate of Pay \$ _____ per Hour, Week, Day or Month; please select one

Was PPE provided? Yes / No

Was Injured Employee using appropriate PPE at time of accident? Yes / No

Was Employee Drug Tested? Yes / No

SECTION VII - Signatures

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Risk Management Department: _____

Date: _____

Instructions:

Immediate completion of this form is mandatory for all injuries/accidents/incidents.

For Liability incidents that are Notice Only (such as county resident slips and falls on County property):

- The Employee that witnessed event should complete Section I, II and III and sign in Section VII.

For all other Employee injuries or accidents:

- The Employee injured or involved in the accident/incident should complete Section I, II, III, IV, V as soon as possible following the event and sign and date the form.
- The Supervisor should complete the Section VI and sign and date the form.

For ALL injuries/accidents/incidents:

- A copy of the completed form is to be forwarded to Risk Management for reporting to the County's insurance carrier, and also to Human Resources for reporting to the Workers' Compensation carrier, if applicable.
Risk Management Email address: riskmanagement@nassaucountyfl.com
Human Resources Email Address: WC@nassaucountyfl.com
- In the case of an accident with damages to County property, where damages are not to be handled 'in house', a cost estimate for repair/replacement should be obtained from a local vendor and forwarded to Risk Management.

For Windshield Claims:

- Complete Section 1, II, III (indicate Windshield damage only), V, and VII (only supervisor signature is needed)

Vehicle Accident Procedures

- If life-threatening injuries, call 911 immediately; for minor injuries, use Amelia Urgent Care.
- Notify local law enforcement and request an accident report to be completed at the scene of the accident.
- Cooperate fully with law enforcement personnel. Provide license, insurance, & registration as requested.
- Notify Department Head or Supervisor



HUMAN RESOURCES

AUTHORIZATION FOR MEDICAL TREATMENT

Date: _____

To: _____

RE: Workers' Compensation Injury

Employer: Nassau County Board of County Commissioners
Attention: Human Resources Department
96135 Nassau Place, Suite 5
Yulee, FL 32097
(904) 530-6075

Employee: _____

Date of Accident: _____

Nassau County provides Workers' Compensation coverage and Health Insurance to its employees. The ultimate decision as to whether the employee's condition is work related will be made by our Workers' Compensation insurance carrier. Our Workers' Compensation claims are handled by:

FLORIDA LEAGUE OF CITIES
C/O CorVel
PO Box 6966
Portland, OR 97228

To avoid delays in payment, please mail your invoice to Florida League of Cities c/o CorVel, please make sure back up is included with the billing, in accordance with the Florida Workers' Compensation Reimbursement Manual. Include any medical reports.

Upon the employee's return to regular or light-duty work, please provide us with a written return-to-work release.



HUMAN RESOURCES

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I, _____(employee) do hereby authorize _____
(medical treatment facility/physician) to release to the Nassau County Human
Resources Department or its agent, information regarding treatment of on-the-job
injuries related to the accident that occurred _____(date of accident).

This authorization is valid for release of information regarding treatment for this injury.

(Print or type full name of employee or legal representative)

(Signature of employee or legal representative)

(Date of signature)



HUMAN RESOURCES

Nassau County Board of County Commissioners

Modified duty assignment

Date: _____

Employee Name: _____ Department: _____

Supervisor Name: _____ (Signature) _____

Modified Duty Assignment

Date Employee Will Start Assignment: _____ (Not to Exceed 30 Days)

Department/Location: _____

Supervisor Name: _____ (Signature) _____

Work Schedule: _____

Duties: _____

The above-named employee has been assigned a physical limitation/restriction.

Date of Physical Limitation/Restriction: _____

By Physician: _____

Medical Restrictions as submitted by employee's physician:

I have been notified and read the physical limitation/restriction imposed by my physician and understand that they are to be observed at all times until lifted or modified by competent medical authority. I further understand that it is my responsibility to follow the limitation/restriction imposed by my physician and inform my supervisor if an assignment cannot be completed due to the limitation/restriction.

Employee Signature

Date

Witness Signature

Date

I refuse to accept the modified duty offered to me

Employee Signature

Date

Failure to accept the position may affect your workers compensation benefits.



HUMAN RESOURCES

NOTICE OF REFERRAL FOR TESTING CDL

To: _____
Job Title: _____

As part of the County's Drug-Free Workplace Program, you are being referred for a

1. ☐ drug test;
☐ 5 Panel Drug Test
☐ 10 Panel Drug Test
2. ☐ alcohol test;
3. ☒ drug and alcohol test
☒ 5 Panel Drug Test
☐ 10 Panel Drug Test

☒ If this box is checked, the 5 Panel Drug Test(s) is/are required by Department of Transportation Regulations 49 C.F.R. Part 382.

In connection with this referral, you are being provided with the following documents:

1. Drug-Free Workplace Program: Notice to Employees; and
2. Drug Testing Consent Form

Please acknowledge your receipt of this form and the above-referenced documents by signing your name below:

Applicant/Employee Name: _____ Date: _____

Applicant/Employee Signature: _____ Date: _____



HUMAN RESOURCES

NOTICE OF REFERRAL FOR TESTING NON -CDL

To: _____
Job Title: _____

As part of the County's Drug-Free Workplace Program, you are being referred for a

1. ☐ drug test;
☐ 5 Panel Drug Test
☐ 10 Panel Drug Test
2. ☐ alcohol test;
3. ☐ drug and alcohol test
☐ 5 Panel Drug Test
☐ 10 Panel Drug Test

☐ If this box is checked, the 5 Panel Drug Test(s) is/are required by Department of Transportation Regulations 49 C.F.R. Part 382.

In connection with this referral, you are being provided with the following documents:

1. Drug-Free Workplace Program: Notice to Employees; and
2. Drug Testing Consent Form

Please acknowledge your receipt of this form and the above-referenced documents by signing your name below:

Applicant/Employee Name: _____ Date: _____

Applicant/Employee Signature: _____ Date: _____



HUMAN RESOURCES

NOTICE OF REFERRAL FOR TESTING RAPID

To: _____

Job Title: _____

As part of the County's Drug-Free Workplace Program, you are being referred for a

1. ☐ drug test;
☐ 5 Panel Drug Test
☐ 10 Panel Drug Test
2. ☐ alcohol test;
3. ☐ drug and alcohol test
☐ 5 Panel Drug Test
☐ 10 Panel Drug Test
4. ☒ RAPID Test: Only with PRIOR approval of Human Resources or Risk Management

☐ If this box is checked, the 5 Panel Drug Test(s) is/are required by Department of Transportation Regulations 49 C.F.R. Part 382.

In connection with this referral, you are being provided with the following documents:

1. Drug-Free Workplace Program: Notice to Employees; and
2. Drug Testing Consent Form

Please acknowledge your receipt of this form and the above-referenced documents by signing your name below:

Applicant/Employee Name: _____ Date: _____

Applicant/Employee Signature: _____ Date: _____



HUMAN RESOURCES

NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby consent to submit a urine, breath, or blood sample under the direction of medical or laboratory personnel designated by Nassau County, Florida ("the County"). I further consent to the testing of this sample for the purpose of determining possible alcohol and/or illegal drug use.

I further give my permission to the physician, medical or laboratory personnel collecting the specimen, the testing facility, and any employees or agents responsible for administering or evaluating the test to release the results to the County. I also authorize the County to release the test results to any court or government agency in connection with any contest by me of my test results or any employment action resulting from my test results. This authorization shall be valid for the duration of my employment with the County, for one (1) year following my separation from employment, or for the duration of any legal challenge regarding my test results or any resulting employment action.

I understand that this drug and/or alcohol test is being conducted pursuant to the County's published drug-free workplace program. I acknowledge that any hiring by the County is conditional upon successful completion of all pre-employment screening. I understand that if my drug test is confirmed positive, or if I refuse to submit to any required testing, I will be terminated and/or will be removed from further consideration for employment. If I am currently employed, I understand that a refusal to be tested or a confirmed positive test result will subject me to discipline up to and including discharge. **I also understand that, if I am being tested in connection with an on-the-job injury, a confirmed positive test result or a refusal to be tested will result in a forfeiture of workers' compensation medical and indemnity benefits.**

I understand that medical and laboratory personnel involved in collection of specimens, testing of specimens, and interpreting test results are not agents of the County and that the County is not responsible for their acts or omissions in connection with drug or alcohol testing. Accordingly, I hereby release and agree to hold the County harmless against any and all claims, charges or causes of action which I now have or may have in the futures against the County based on the acts or omissions of any laboratory or medical personnel in operating testing equipment, taking of testing samples, interpreting test results, publishing or reporting test results, or conducting any investigations relating to or arising out of testing.

I CERTIFY THAT I HAVE READ, UNDERSTAND AND VOLUNTARILY AGREE TO THE ABOVE PROVISIONS

Date

Applicant or Employee

Date

Witness



HUMAN RESOURCES

NASSAU COUNTY, FLORIDA

DRUG-FREE WORKPLACE POLICY SUMMARY

(Read carefully, ask any questions, and initial each item separately)

- ☐ I hereby acknowledge that I have received a summary of the Nassau County Drug-Free Workplace Policy. I have had the opportunity to read the Nassau County Drug-Free Workplace program and receive satisfactory answers to any questions that I have. I have also received a copy of the list of over-the-counter and prescription drugs that could alter or affect the outcome of a drug or alcohol test.
- ☐ I know that if I am taking medicine that could affect my ability to perform my job (i.e., there are warning labels on the container) I must inform my supervisor immediately.
- ☐ I know that if I refuse to submit to a pre-employment drug test (for special risk and mandatory testing positions) I will not be hired, and my employment is conditioned upon a negative drug test result.
- ☐ I know that total compliance with the Nassau County Drug-Free Workplace Policy is a condition of continued employment and that a positive confirmed test result will result in discipline, up to and including discharge.
- ☐ I know that if I refuse a reasonable suspicion, post-injury, post accident, random (where permitted), return to duty, follow-up testing, fitness-for-duty or post-treatment drug or alcohol test I may lose my job, my unemployment benefits, and my workers' compensation medical and indemnity benefits.
- ☐ I know that if I am injured or cause or contribute to the cause of an injury or an accident and test positive for drugs or alcohol, I will be subject to discipline up to and including discharge.
- ☐ I know that if I enter into a treatment program for drug or alcohol abuse and test positive for drugs or alcohol following the completion of the primary phase of my treatment, I will be subject to discipline up to and including discharge.
- ☐ I know that I have the right to challenge any positive test result and that I must notify the laboratory that I am challenging the test result.
- ☐ I know that if I am convicted of a drug related crime, I must notify my supervisor within five (5) working days.
- ☐ I agree to comply with drug and alcohol testing requirements of the Nassau County Drug-Free Workplace Policy.
- ☐ I know that the Nassau County Drug-Free Work Policy does not constitute an employment contract between Nassau County and me.



HUMAN RESOURCES

☐ I have read and understood each of the preceding items that I have initialed. I have had the opportunity to question any item that I did not understand. I have voluntarily signed this form.

Employee

Date

Witness

Date

I hereby refuse to submit to a drug test as part of the Nassau County Drug-Free Workplace Program.

Employee

Date

Witness

Date

Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee/Applicant Printed or Typed Name: _____

Employee/Applicant SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, during the two (2) years before the date of the employee/applicant application or transfer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee/Applicant Signature: _____ Date: _____

I-A.

New Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- | | | | | | |
|----|--|-----|------|-----|------|
| 1. | Did the employee have alcohol tests with a result of 0.04 or higher? | YES | ____ | NO | ____ |
| 2. | Did the employee have verified positive drug tests? | YES | ____ | NO | ____ |
| 3. | Did the employee refuse to be tested? | YES | ____ | NO | ____ |
| 4. | Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES | ____ | NO | ____ |
| 5. | Did a previous employer report a drug and alcohol rule violation to you? | YES | ____ | NO | ____ |
| 6. | If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A | ____ | YES | ____ |
| | | | | NO | ____ |

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in *Section II-A*: _____

Title: _____ Phone #: _____

Date: _____

Please email or deliver this form to: 96135 Nassau Place, Suite 57, Yulee, FL 32097, fax: (904) 321-5797, mail: rmobley@nassaucountyfl.com



HUMAN RESOURCES

ACKNOWLEDGMENT OF PERSONAL PROTECTION EQUIPMENT (PPE) TRAINING

1. _____
(List Training Received)

2. _____
(List Training Received)

3. _____
(List Training Received)

I hereby acknowledge that I have received an orientation on the above listed policies/procedures established by the Nassau County Board of County Commissioners and have had ample opportunity to openly ask questions regarding the same. I also understand that these policies and procedures may be changed at the discretion of the Board.

(Employee Print Name)

(Department)

(Employee Signature)

(Date)

(Supervisor Print Name)

(Supervisor Signature)

(Date)