AGENDA
EMPLOYEE SAFETY COMMITTEE
REGULAR MEETING
FEBRUARY 28, 2024
10:00 AM
CITY COMMISSION CHAMBERS
204 ASH STREET
FERNANDINA BEACH, FL 32034

1. CALL TO ORDER

2. PLEDGE OF ALLEGIANCE

3. ROLL CALL

4. APPROVAL OF MINUTES

4.1 *Approval of minutes from January 31, 2024*

5. OLD BUSINESS

5.1 **AUTOMATED EXTERNAL DEFIBRILLATOR (AED)** - *Update on the status of AED's*

5.2 **SAFETY TRAINING/SAFETY MANUAL -** *Continue discussion from January 31, 2024 meeting; HR Director Denise Matson will provide examples of information from other entities.*

5.3 **MONTHLY SAFETY TOPICS -** *Continue discussion from January 31, 2024 meeting.*

6. NEW BUSINESS

6.1 **REVIEW OF INCIDENT REPORTS** - *HR Director Denise Matson will provide an overview of all incident reports received for the past month.*

6.2 **REVIEW/UPDATE SAFETY POLICY (Res. 2000-90 and 2022-137) -** *Review and discuss Resolutions for possible updating/editing.*

6.3 **COMMITTEE MEMBER DISCUSSION/COMMENTS**

7. PUBLIC COMMENT

8. NEXT MEETING DATE

8.1 *Wednesday, March 27, 2024; 10:00 A.M.*

9. ADJOURNMENT

All members of the public are invited to be present and be heard. Persons with disabilities requiring accommodations in order to participate in this program or activity should contact the City Clerk at (904) 310-3115 or TTY/TDD 711 (for the hearing or speech impaired). All interested parties may appear at said meeting and be heard as to the advisability of any

action, which may be considered with respect to such matter. For information regarding this matter, please contact the City Attorney.

DRAFT

MINUTES
Employee Safety Committee
January 31, 2024

The Employee Safety Committee of the City of Fernandina Beach, Florida met on Wednesday, January 31, 2024, at 10:00 AM in the City Commission Chambers. Present were Chair Cathy Sabattini; Vice Chair Joshua Simmons; Members James Branch, Chad Manning, Jamel Heard, Deborah House, Lance Phillips, Freddie Peake, and Fino Murallo. Absent were Brian Cook and Denise Matson. Teresa Bryan in Human Resources attended as Ms. Matson's designee.

Chair Sabattini called the meeting to order and led the Pledge of Allegiance to the Flag.

4. APPROVAL OF MINUTES: The minutes of the November 29th, meeting were reviewed. Member Murallo made a motion to approve; Member Peake seconded. Approved unanimously.

5. OLD BUSINESS: Automated External Defibrillator (AED). Discussion ensued regarding information needed to replace current AED's. Information on number of AED's should be forwarded to Denise Matson for information to be provided to Member Murallo to determine costs. Member Murallo discussed we should look at cellular service on AED's to monitor status of equipment.

6. NEW BUSINESS:

6.1 REVIEW OF INCIDENT REPORTS: There were six incidents between November 14, 2023 to January 7, 2024. Ms. Bryan reviewed the incidents with the Committee. Regarding incident on 12/7/2023, Member Manning stated the door should never be open in transport. Discussion ensued concerning refresher training for equipment operation, development of standard operating, and ensuring a 360 around vehicle is conducted for backing. Member Murallo recommended a safety manual for all employees on proper procedures. Chair Sabattini recommended adding agenda item under Old Business for next meeting on trailer safety and safety training. Member Murallo recommended having a checkoff list for vehicles to ensure everything is in proper working order. Chair Sabattini recommended that departments report any property damage they see via the property/incident report to ensure insurance filed for reimbursement.

6.2 COMMITTEE MEMBER DISCUSSION/COMMENTS: Member Branch shared OSHA Top 10 Occupational Health and Safety Hazards in the Workplace and 12 Safety Topics for Monthly Meetings. Information to be shared with Committee and also to add in the monthly newsletter. Member House has been moved to a salaried position and her position on the Committee should be replaced by a LiUNA member. Member Manning reiterated that there is a need to formulate generalized procedures for equipment use and safety.

7. PUBLIC COMMENT: No public comment.

8. NEXT MEETING DATE: February 28, 2024; 10:00 A.M.

9. ADJOURNMENT: The meeting adjourned at 10:45 A.M.

Minutes Prepared By:

_____

Denise Matson
Human Resources Director/Recording Secretary

From: Denise Matson
To: Cathy Sabattini; James Branch; Jamel Heard; Fino Murallo; Deborah House; Chad Manning; John Phillips; Freddie Peake; Joshua Simmons
Subject: AED Units
Date: Tuesday, February 20, 2024 9:08:50 AM

PLEASE DO NOT REPLY ALL

Good Morning,
This is the list I have so far for AED Units. If any additional are needed, please send me an email so that we can finalize the numbers for discussion at the next Safety Committee meeting (2/28), and to provide to Fire. Thank you!

City Hall	1
Peck Center	2 (Gymnasium; Auditorium)
Marina	1
Golf	1 (Clubhouse)
Streets	1
Fleet	1 (Gas Pumps)
Airport	1
Police	~~9~~ Change to 11
Parks & Rec	12
Utilities	7

								Safety Committee Review		
Date	Employee/ Citizen	Dept	Personal Injury/ Property Damage	Location	Accident/Incident Details	Workers Compensation	Supervisor Determined:	Meeting Date	Preventable/Non-Preventable	Comments
1/31/2024	Citizen	Citizen	Personal injury	Sidewalk on Atlantic past 15th, before 16th	Tripped and fell on uneven sidewalk. Skinned hands, gash on chin and left cheek, glasses cut bridge of nose teeth through lip, jaw jammed up	n/a		2/28/2024		
2/5/2024	Employee	Police	Personal injury	Police Dept	Scenario based training with officer playing role of unruly subject. During training was escorted to the ground and something on the student's vest struck officer in the back of the head causing several minor abrasions.	Yes	Non-Preventable.	2/28/2024		
2/5/2024	Employee	Police	Personal injury	Police Dept	Scenario based training with officer acting as role player. Taken down to the ground, landing on left side of body with right knee crossing over left. Pain in left shoulder, right knee and back.	Yes	Non-Preventable.	2/28/2024		
2/5/2024	Employee	Police	Personal injury	Police Dept	Injured left and right shoulder while role playing during scenario based training.		Non-Preventable.	2/28/2024		
2/6/2024	Employee	Fire	Personal injury	6th Street	Assisting patient to their feet during a lift assist call with the help of another firefighter when he felt pain in left arm which increased with time.	Yes	Preventable.	2/28/2024		
2/7/2024	Employee	Police	Personal injury	Parking Lot 2nd and Ash	Crossing Ash Street at City Hall, stepped on sidewalk curb awkwardly and tweaked left knee. Did not seek medical treatment.	Did not seek medical treatment.	Non-Preventable.	2/28/2024		
2/8/2024	Citizen	Citizen	Property damage	2528 Sadler Road	Ran over a valve cover for a sewer force main that had become dislodged after being milled and overlaid by the City's contract paving company causing damage to vehicle.	n/a		2/28/2024		
2/15/2024	Citizen	Parks & Rec	Personal Injury	Atlantic Ave/Pirate Playground	Walked out the gate of pirate playground close to restroom pavilion and tripped over the step. Fell onto right knee	n/a		2/28/2024		
2/20/2024	Citizen	Building	Personal Injury	Centre and 5th St	Fell in hole in front of parking lot where sheriff entrance is on 5th Street. Sidewalk was repaired, lght pole square is not level. Scratched her glasses and injured leg/right ankle	n/a		2/28/2024		Reported to Streets.

RESOLUTION 2022-137

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF FERNANDINA BEACH, FLORIDA, AMENDING RESOLUTION 2000-90 BY REVISING THE POSITION TITLE OF THE SAFETY PROGRAM COORDINATOR, MAKEUP AND NUMBER OF EMPLOYEES ON THE SAFETY COMMITTEE, AND RECORDKEEPING REQUIREMENTS; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the safety and health of employees and customers of the City is of primary importance; and

WHEREAS, accident prevention results from a well-informed workforce that practices safe work practices; and

WHEREAS, safety is the responsibility of all City employees; and

WHEREAS, in December 2000, via Resolution 2000-90, the City Commission established a safety policy in order to provide a safe and healthful workplace for City employees and customers; and

WHEREAS, the position titles for the program coordinator and safety committee members have been modified and recordkeeping requirements methods have changed requiring an amendment to Resolution 2000-90 to better define the safety policy.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF FERNANDINA BEACH, FLORIDA, THAT:

SECTION 1. The City Commission hereby amends Section 2 of Resolution 2000-90 to read as follows:

SAFETY PROGRAM COORDINATOR

a) The Human Resources ~~and Technical Services~~ Director is designated the Safety Program Coordinator for the City.

b) The primary responsibilities of the Coordinator will be to implement and maintain a workplace safety program to include developing written safety plans, promoting an active safety committee, enforcing safety policies and practices, and ensuring employee safety training is provided.

SECTION 2. The City Commission hereby amends Section 3 Resolution 2000-90 to read as follows:

SAFETY COMMITTEE

a) The safety committee will recommend improvements to the workplace safety and health program and identify corrective measures needed to eliminate or control

recognized safety and health hazards. The committee will consist of the following supervisory and non-supervisory members:

- Police Captain
- ~~Fire Marshall~~Fire Marshal
- Human Resources ~~and Technical Services~~ Director
- One Representative appointed by members of the IAFF
- One Representative appointed by members of the PBA
- Five Representatives appointed by members of ~~UBC~~ the LiUNA representing various departments within the City
  - ~~Two from Public Works~~
  - ~~One from Golf Course~~
  - ~~One from Parks and Recreation~~
  - ~~One from Administrative Staff (City Clerk or Finance Department or Community Development Department~~
  - ~~One from Marina~~
- One Non-union Representative appointed by the City Manager

b) The Safety Committee ~~shall~~ determines the schedule for evaluating the effectiveness of control measures used to protect employees and customers from safety and health hazards in the workplace.

c) The Safety Committee will be responsible for:

1. Assisting City management in reviewing and updating workplace safety rules based on accident investigation findings, workplace safety inspection findings, reports of unsafe work practices and addressing workplace safety complaints and suggestions from employees.

2. Assisting City management in updating the workplace safety program by evaluating employee injury and accident records, identifying trends and patterns, and formulating corrective measures to prevent recurrence.

3. Assisting City management in evaluating employment accident and illness prevention programs and promoting safety and health awareness and co-worker participating for continuous improvements to the workplace safety program.

4. Participating in safety training and assisting City management in monitoring workplace safety education and training to ensure that it is in place, is effective and is documented.

SECTION 3. The City Commission hereby amends Section 6 of Resolution 2000-90 to read as follows:

RECORDKEEPING

a) All injuries, accidents, or incidents involving employees on or off City property and customers of the City-on-City property will be reported using the

Accident/Injury/Incident Form shown in ~~Appendix A~~ designated by Human Resources.

~~b)~~ All first reports of employee injuries will be provided to the Human Resources ~~and Technical Services~~ Department using the form ~~shown in Appendix A~~ designated by Human Resources for workers' compensation reporting. ~~and maintenance of the OSHA 200 log. The Human Resources and Technical Services Department will ensure the bulletin board posting of the OSHA 200 log in February each year.~~

c) Accidents and incidents involving customers of the City and/or damage to City property, vehicles and/or equipment will be provided to the Legal Department and Finance Department using the form ~~shown in Appendix A~~ designated by Human Resources for insurance carrier reporting purposes.

d) The Human Resources ~~and Technical Services~~ Department will maintain and post minutes of all safety committee meetings.

e) Each department will maintain copies of any written safety plans and procedures applicable to the work performed in the department as well as copies of all Material Safety Data Sheets for chemicals and other compounds to which employees in the department may be exposed.

f) Results of safety audits will be maintained by the department in which the audit occurred and in the Human Resources ~~and Technical Services~~ Department.

SECTION 4. REPEAL: This Resolution supersedes and repeals any previous policies in conflict herewith.

ADOPTED this 2nd day of August, 2022.

ATTEST:

Caroline Best

CAROLINE A. BEST
City Clerk

CITY OF FERNANDINA BEACH

MICHAEL A. LEDNOVICH
Mayor - Commissioner

APPROVED AS TO FORM AND LEGALITY:

TAMMI E. BACH
City Attorney

RESOLUTION NO. 2000-90

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF FERNANDINA BEACH, FLORIDA, ESTABLISHING A SAFETY POLICY IN ORDER TO PROVIDE A SAFE AND HEALTHFUL WORKPLACE FOR EMPLOYEES AND CUSTOMERS OF THE CITY OF FERNANDINA BEACH; AND PROVIDING FOR AN EFFECTIVE DATE

WHEREAS, the safety and health of employees and customers of the City is of primary importance; and

WHEREAS, accident prevention results from a well-informed work force that practices safe work practices; and

WHEREAS, safety is the responsibility of all employees of the City.

NOW, THEREFORE, BE IT RESOLVED, by the City Commission of the City of Fernandina Beach, as follows:

SECTION 1. POLICY

The City of Fernandina Beach is committed to providing employees and customers of the City with a safe and healthful workplace. Safety is the responsibility of all employees. City management will be actively involved with employees in establishing and maintaining an effective workplace safety program. The City will give top priority to safe work practices and providing financial resources necessary to correct unsafe conditions. Employees should report any unsafe conditions and should not perform any work considered unsafe. Employees must report all accidents, injuries and unsafe conditions to their supervisors. Accidents or injuries involving customers of the City will be promptly reported by the supervisor of the location where the accident or injury occurred. No employee reports of unsafe conditions will result in retaliation, penalty, or other disincentive. Employee recommendations to improve safety and health conditions will be given thorough consideration by City management. City management will take disciplinary action against an employee who willfully or repeatedly violates workplace safety rules.

SECTION 2. SAFETY PROGRAM COORDINATOR

a. The Human Resources and Technical Services Director is designated the Safety Program Coordinator for the City.

b. The primary responsibilities of the Coordinator will be to implement and maintain a workplace safety program to

include developing written safety plans, promoting an active Safety Committee, enforcing safety policies and practices, and ensuring employee safety training is provided.

SECTION 3. SAFETY COMMITTEE

a. The Safety Committee will recommend improvements to the workplace safety and health program and identify corrective measures needed to eliminate or control recognized safety and health hazards. The committee will consist of the following supervisory and non-supervisory members:

- Police Captain
- Fire Marshall
- Human Resources and Technical Services Director
  Representative appointed by members of IAFF
- Representative appointed by members of PBA
- Representatives appointed by members of UBC
  - Two from Public Works
  - One from Golf Course
  - One from Parks and Recreation
  - One from Administrative Staff (City Clerk or Finance Department or Community Development Department)
  - One from Marina

b. The Safety Committee shall determine the schedule for evaluating the effectiveness of control measures used to protect employees and customers from safety and health hazards in the workplace.

c. The Safety Committee will be responsible for:

(1) Assisting City management in reviewing and updating workplace safety rules based on accident investigation findings, workplace safety inspection findings, reports of unsafe work practices and addressing workplace safety complaints and suggestions from employees.

(2) Assisting City management in updating the workplace safety program by evaluating employee injury and accident records, identifying trends and patterns,

and formulating corrective measures to prevent recurrence.

(3) Assisting City management in evaluating employment accident and illness prevention programs and promoting safety and health awareness and co-worker participation for continuous improvements to the workplace safety program.

(4) Participating in safety training and assisting City management in monitoring workplace safety education and training to ensure that it is in place, is effective and is documented.

SECTION 4. SAFETY COMMITTEE MINUTES

The minutes of safety committee meetings will be posted on official bulletin boards for a period of thirty (30) days. The minutes will contain the following information:

- Date, time and location of meeting
- Names of all persons attending meeting
- Action items from the previous safety committee meeting
- Discussion of specific items
- Review of accidents since previous meeting
- Discussion of specific accidents
- Recommendations for prevention of accidents and actions taken/proposed
- Suggestions from employees and actions taken/proposed
- Recommended update to safety program
- Recommendations from accident investigation reports and actions taken/proposed
- Safety training recommendations

SECTION 5. SAFETY TRAINING

a. Hazardous communications training will be provided to all new hires that will be exposed to chemicals and other compounds in the workplace.

b. Annual training required by OSHA and State law will be provided to all City employees.

c. Employees who potentially could be exposed to blood in the performance of their duties will receive blood borne pathogens training annually.

d. Employees will be adequately trained by supervisors concerning the nature of all work to be performed and will be oriented on safety measures applicable prior to assigning work that the employees have not previously performed.

e. Specific annual safety training will be provided to employees in conjunction with assigned duties and responsibilities (e.g., hand and power tools, confined space entry, hand and eye protection and lockout/tagout).

SECTION 6. RECORDKEEPING

a. All injuries, accidents, or incidents involving employees on or off City property and customers of the City on City property will be reported using the Accident/Injury/Incident Form shown in Appendix A.

b. All first reports of employee injuries will be provided to the Human Resources and Technical Services Department using the form shown in Appendix A for workers' compensation reporting and maintenance of the OSHA 200 log. The Human Resources and Technical Services Department will ensure the bulletin board posting of the OSHA 200 log in February each year.

c. Accidents and incidents involving customers of the City or damage to City vehicles and equipment will be provided to the Finance Department using the form shown in Appendix A for insurance carrier reporting purposes.

d. The Human Resources and Technical Services Department will maintain and post minutes of all Safety Committee meetings.

e. Each department will maintain copies of any written safety plans and procedures applicable to the work performed in the department as well as copies of all Material Safety Data Sheets for chemicals and other compounds to which employees in the department may be exposed.

f. Results of safety audits will be maintained by the department in which the audit occurred and in the Human Resources and Technical Services Department.

SECTION 7. REPEAL: This Resolution supercedes and repeals any previous policies in conflict herewith.

ADOPTED this 5TH day of December, 2000.

CITY OF FERNANDINA BEACH

JAMES D. RODEFFER
Mayor-Commissioner

ATTEST:

MARY L. MERCER
City Clerk

"Appendix A"

REPORT OF INJURY/ACCIDENT/INCIDENT

NOTE: IF THE INJURED INDIVIDUAL REQUIRES IMMEDIATE MEDICAL ATTENTION, CALL 911

Instructions: Supervisor/Person in charge where injury/accident occurred must complete the form below and forward to Human Resources or Finance Department (See instructions on reverse side).

PERSONAL INFORMATION

Name of Person Involved:	☐ Employee ☐ Customer/Visitor	☐ Male ☐ Female
Address:	☐ Personal Injury ☐ Property Damage	**Social Security number:**
Phone No.:	**Date of Occurrence:**	**Time:** ☐ am ☐ pm
Accident/Incident/Injury Reported to: ☐ Supervisor ☐ Fire Department ☐ Other	**Date:**	**Time:** **Last Day of Work:**

DETAILS OF ACCIDENT/INCIDENT/INJURY

Nature of Accident/Incident/Injury (what happened?):

Date returned to work (if applicable):

Location of Occurrence:

Description of Damages and/or Injuries: (if Vehicle give make, model, year, VIN, license No., etc.)

If personal injury, describe details of bodily injury (See Reverse Side):

Professional Medical attention required? ☐ Yes ☐ No **NOTE: If yes, attach Doctor's statement if available**

Attending Physician: _____

Name **Address** **Phone**

Hospital Treatment Received? ☐ Yes ☐ No **If yes, name of hospital:**

Supervisor's comments:

Corrective Action Taken (what was done to correct unsafe condition):

(Complete Reverse Side)

Recommendations for Future Corrective Action:

_____

_____

_____

Type of Event:

- ☐ Lifting-what? _____
- ☐ Fall-how? _____
- ☐ Theft/Loss-what? _____
- ☐ Contact with tools/equipment-what? _____
- ☐ Other _____

Nature of Injury:

- ☐ Laceration/Cut
- ☐ Contusion/Abrasion
- ☐ Bruise
- ☐ Fracture/Dislocation
- ☐ Burn Scald
- ☐ Infection
- ☐ Sprain/Strain/Pulled Muscle
- ☐ Allergic Reaction/Rash
- ☐ Other _____
- ☐ No apparent Injury

Completed By:

Please print Name: _____

Signature: _____ **Date:** _____

Reviewed By:

HR Manager: _____ **Date:** _____

To Safety Committee on (DATE) _____

Finance Director: _____ **Date:** _____

Reported to WC/Insurance Carrier: _____ _____

Initials **Date**

Safety Committee Action:

Signature Safety Coordinator: _____ **Date:** _____

INSTRUCTIONS

Completion of this form is mandatory for all injuries/accidents involving employees on or off City property and citizens on City property.

In case of an employee injury, the form should be completed by the supervisor of the employee injured as soon as possible following the injury and forwarded to Human Resources for reporting to Workers' Compensation, if applicable.

In case of an injury/accident to a citizen, the form should be completed by a supervisor of the location in which the citizen was injured. A copy of the completed form will be forwarded to the Finance Department for reporting to the City's insurance carrier.

CC: Jim Isom

MINUTES

DEC 1115 2000

CITY COMMISSION AGENDA ITEM
CITY OF FERNANDINA BEACH

SUBJECT: RESOLUTION NO. 2000-90 - SAFETY IN THE WORKPLACE

DEPARTMENT: HUMAN RESOURCES

ATTACHMENTS: ____Ordinance __x__ Resolution ___Budget Resolution

____ Other ___ Support Documents Available in City Manager's Office

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SUMMARY: The proposed resolution establishes a safety policy for the City in order to provide a safe and healthful workplace for employees and customers alike. A strong policy concerning safety is the initial step in meeting Federal requirements of the Occupational Safety and Heath Act.

This resolution designates the Human Resources and Technical Services Director as the Coordinator for the safety program within the City. The Coordinator is responsible for implementing and maintaining a workplace safety program to include written safety plans, promoting an active safety committee and safety training.

The proposed resolution has received the concurrence of Department Heads and the presidents of the recognized bargaining units.

Adoption of the resolution is recommended.

RECOMMENDED MOTION. Approve Resolution No. 2000-90.

DEPARTMENT HEAD	Submitted: Jim Isom Requested Agenda	Date: 10/16/00 Date: 12/5/00
FINANCE DEPARTMENT	Approved as to Budget Requirements	Date:
CITY ATTORNEY	Approved as to Form and Legality WRP	Date: 11-24-00
CITY MANAGER	Approved Agenda Item for: AMB	Date: 12-5-00

COMMISSION ACTION:

✓ Approved as Recommended ___ Disapproved

___ Tabled Indefinitely ___ Continued to Certain Date

___ Approved with Modification ___ Other

RESOLUTION NO. 2000-90

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF FERNANDINA BEACH, FLORIDA, ESTABLISHING A SAFETY POLICY IN ORDER TO PROVIDE A SAFE AND HEALTHFUL WORKPLACE FOR EMPLOYEES AND CUSTOMERS OF THE CITY OF FERNANDINA BEACH; AND PROVIDING FOR AN EFFECTIVE DATE

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- Fire Marshall
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  Representative appointed by members of IAFF
- Representative appointed by members of PBA
- Representatives appointed by members of UBC
  - Two from Public Works
  - One from Golf Course
  - One from Parks and Recreation
  - One from Administrative Staff (City Clerk or Finance Department or Community Development Department)
  - One from Marina

b. The Safety Committee shall determine the schedule for evaluating the effectiveness of control measures used to protect employees and customers from safety and health hazards in the workplace.

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b. Annual training required by OSHA and State law will be provided to all City employees.

c. Employees who potentially could be exposed to blood in the performance of their duties will receive blood borne pathogens training annually.

d. Employees will be adequately trained by supervisors concerning the nature of all work to be performed and will be oriented on safety measures applicable prior to assigning work that the employees have not previously performed.

e. Specific annual safety training will be provided to employees in conjunction with assigned duties and responsibilities (e.g., hand and power tools, confined space entry, hand and eye protection and lockout/tagout).

SECTION 6. RECORDKEEPING

a. All injuries, accidents, or incidents involving employees on or off City property and customers of the City on City property will be reported using the Accident/Injury/Incident Form shown in Appendix A.

b. All first reports of employee injuries will be provided to the Human Resources and Technical Services Department using the form shown in Appendix A for workers' compensation reporting and maintenance of the OSHA 200 log. The Human Resources and Technical Services Department will ensure the bulletin board posting of the OSHA 200 log in February each year.

c. Accidents and incidents involving customers of the City or damage to City vehicles and equipment will be provided to the Finance Department using the form shown in Appendix A for insurance carrier reporting purposes.

d. The Human Resources and Technical Services Department will maintain and post minutes of all Safety Committee meetings.

e. Each department will maintain copies of any written safety plans and procedures applicable to the work performed in the department as well as copies of all Material Safety Data Sheets for chemicals and other compounds to which employees in the department may be exposed.

f. Results of safety audits will be maintained by the department in which the audit occurred and in the Human Resources and Technical Services Department.

SECTION 7. REPEAL: This Resolution supercedes and repeals any previous policies in conflict herewith.

ADOPTED this 5TH day of December, 2000.

CITY OF FERNANDINA BEACH

JAMES D. RODEFFER
Mayor-Commissioner

ATTEST:

MARY L. MERCER
City Clerk

"Appendix A"

REPORT OF INJURY/ACCIDENT/INCIDENT

NOTE: IF THE INJURED INDIVIDUAL REQUIRES IMMEDIATE MEDICAL ATTENTION, CALL 911

Instructions: Supervisor/Person in charge where injury/accident occurred must complete the form below and forward to Human Resources or Finance Department (See instructions on reverse side).

PERSONAL INFORMATION

Name of Person Involved:		☐ Employee ☐ Customer/Visitor	☐ Male ☐ Female
Address:		☐ Personal Injury ☐ Property Damage	**Social Security number:**
Phone No.:		**Date of Occurrence:**	**Time:** ☐ am ☐ pm
Accident/Incident/Injury Reported to:	☐ Supervisor ☐ Fire Department ☐ Other	**Date:**	**Time:** **Last Day of Work:**

DETAILS OF ACCIDENT/INCIDENT/INJURY

Nature of Accident/Incident/Injury (what happened?):

Date returned to work (if applicable):

Location of Occurrence:

Description of Damages and/or Injuries: (if Vehicle give make, model, year, VIN, license No., etc.)

If personal injury, describe details of bodily injury (See Reverse Side):

Professional Medical attention required? ☐ Yes ☐ No **NOTE: If yes, attach Doctor's statement if available**

Attending Physician: _____

Name **Address** **Phone**

Hospital Treatment Received? ☐ Yes ☐ No **If yes, name of hospital:**

Supervisor's comments:

Corrective Action Taken (what was done to correct unsafe condition):

(Complete Reverse Side)

Recommendations for Future Corrective Action:

_____

_____

_____

Type of Event:

- ☐ Lifting-what? _____
- ☐ Fall-how? _____
- ☐ Theft/Loss-what? _____
- ☐ Contact with tools/equipment-what? _____
- ☐ Other _____

Nature of Injury:

- ☐ Laceration/Cut
- ☐ Contusion/Abrasion
- ☐ Bruise
- ☐ Fracture/Dislocation
- ☐ Burn Scald
- ☐ Infection
- ☐ Sprain/Strain/Pulled Muscle
- ☐ Allergic Reaction/Rash
- ☐ Other _____
- ☐ No apparent Injury

Completed By:

Please print Name: _____

Signature: _____ Date: _____

Reviewed By:

HR Manager: _____ Date: _____

To Safety Committee on (DATE) _____

Finance Director: _____ Date: _____

Reported to WC/Insurance Carrier: _____ _____

Initials Date

Safety Committee Action:

Signature Safety Coordinator: _____ **Date:** _____

INSTRUCTIONS

Completion of this form is mandatory for all injuries/accidents involving employees on or off City property and citizens on City property.

In case of an employee injury, the form should be completed by the supervisor of the employee injured as soon as possible following the injury and forwarded to Human Resources for reporting to Workers' Compensation, if applicable.

In case of an injury/accident to a citizen, the form should be completed by a supervisor of the location in which the citizen was injured. A copy of the completed form will be forwarded to the Finance Department for reporting to the City's insurance carrier.

RESOLUTION NO. 2000-90

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF FERNANDINA BEACH, FLORIDA, ESTABLISHING A SAFETY POLICY IN ORDER TO PROVIDE A SAFE AND HEALTHFUL WORKPLACE FOR EMPLOYEES AND CUSTOMERS OF THE CITY OF FERNANDINA BEACH; AND PROVIDING FOR AN EFFECTIVE DATE

WHEREAS, the safety and health of employees and customers of the City is of primary importance; and

WHEREAS, accident prevention results from a well-informed work force that practices safe work practices; and

WHEREAS, safety is the responsibility of all employees of the City.

NOW, THEREFORE, BE IT RESOLVED, by the City Commission of the City of Fernandina Beach, as follows:

SECTION 1. POLICY

The City of Fernandina Beach is committed to providing employees and customers of the City with a safe and healthful workplace. Safety is the responsibility of all employees. City management will be actively involved with employees in establishing and maintaining an effective workplace safety program. The City will give top priority to safe work practices and providing financial resources necessary to correct unsafe conditions. Employees should report any unsafe conditions and should not perform any work considered unsafe. Employees must report all accidents, injuries and unsafe conditions to their supervisors. Accidents or injuries involving customers of the City will be promptly reported by the supervisor of the location where the accident or injury occurred. No employee reports of unsafe conditions will result in retaliation, penalty, or other disincentive. Employee recommendations to improve safety and health conditions will be given thorough consideration by City management. City management will take disciplinary action against an employee who willfully or repeatedly violates workplace safety rules.

SECTION 2. SAFETY PROGRAM COORDINATOR

a. The Human Resources and Technical Services Director is designated the Safety Program Coordinator for the City.

b. The primary responsibilities of the Coordinator will be to implement and maintain a workplace safety program to

include developing written safety plans, promoting an active Safety Committee, enforcing safety policies and practices, and ensuring employee safety training is provided.

SECTION 3. SAFETY COMMITTEE

a. The Safety Committee will recommend improvements to the workplace safety and health program and identify corrective measures needed to eliminate or control recognized safety and health hazards. The committee will consist of the following supervisory and non-supervisory members:

- Police Captain
- Fire Marshall
- Human Resources and Technical Services Director
  Representative appointed by members of IAFF
- Representative appointed by members of PBA
- Representatives appointed by members of UBC
  - Two from Public Works
  - One from Golf Course
  - One from Parks and Recreation
  - One from Administrative Staff (City Clerk or Finance Department or Community Development Department)
  - One from Marina

b. The Safety Committee shall determine the schedule for evaluating the effectiveness of control measures used to protect employees and customers from safety and health hazards in the workplace.

c. The Safety Committee will be responsible for:

(1) Assisting City management in reviewing and updating workplace safety rules based on accident investigation findings, workplace safety inspection findings, reports of unsafe work practices and addressing workplace safety complaints and suggestions from employees.

(2) Assisting City management in updating the workplace safety program by evaluating employee injury and accident records, identifying trends and patterns,

and formulating corrective measures to prevent recurrence.

(3) Assisting City management in evaluating employment accident and illness prevention programs and promoting safety and health awareness and co-worker participation for continuous improvements to the workplace safety program.

(4) Participating in safety training and assisting City management in monitoring workplace safety education and training to ensure that it is in place, is effective and is documented.

SECTION 4. SAFETY COMMITTEE MINUTES

The minutes of safety committee meetings will be posted on official bulletin boards for a period of thirty (30) days. The minutes will contain the following information:

- Date, time and location of meeting
- Names of all persons attending meeting
- Action items from the previous safety committee meeting
- Discussion of specific items
- Review of accidents since previous meeting
- Discussion of specific accidents
- Recommendations for prevention of accidents and actions taken/proposed
- Suggestions from employees and actions taken/proposed
- Recommended update to safety program
- Recommendations from accident investigation reports and actions taken/proposed
- Safety training recommendations

SECTION 5. SAFETY TRAINING

a. Hazardous communications training will be provided to all new hires that will be exposed to chemicals and other compounds in the workplace.

b. Annual training required by OSHA and State law will be provided to all City employees.

c. Employees who potentially could be exposed to blood in the performance of their duties will receive blood borne pathogens training annually.

d. Employees will be adequately trained by supervisors concerning the nature of all work to be performed and will be oriented on safety measures applicable prior to assigning work that the employees have not previously performed.

e. Specific annual safety training will be provided to employees in conjunction with assigned duties and responsibilities (e.g., hand and power tools, confined space entry, hand and eye protection and lockout/tagout).

SECTION 6. RECORDKEEPING

a. All injuries, accidents, or incidents involving employees on or off City property and customers of the City on City property will be reported using the Accident/Injury/Incident Form shown in Appendix A.

b. All first reports of employee injuries will be provided to the Human Resources and Technical Services Department using the form shown in Appendix A for workers' compensation reporting and maintenance of the OSHA 200 log. The Human Resources and Technical Services Department will ensure the bulletin board posting of the OSHA 200 log in February each year.

c. Accidents and incidents involving customers of the City or damage to City vehicles and equipment will be provided to the Finance Department using the form shown in Appendix A for insurance carrier reporting purposes.

d. The Human Resources and Technical Services Department will maintain and post minutes of all Safety Committee meetings.

e. Each department will maintain copies of any written safety plans and procedures applicable to the work performed in the department as well as copies of all Material Safety Data Sheets for chemicals and other compounds to which employees in the department may be exposed.

f. Results of safety audits will be maintained by the department in which the audit occurred and in the Human Resources and Technical Services Department.

SECTION 7. REPEAL: This Resolution supercedes and repeals any previous policies in conflict herewith.

ADOPTED this 5TH day of December, 2000.

CITY OF FERNANDINA BEACH

JAMES D. RODEFFER
Mayor-Commissioner

ATTEST:

MARY L. MERCER
City Clerk

"Appendix A"

REPORT OF INJURY/ACCIDENT/INCIDENT

NOTE: IF THE INJURED INDIVIDUAL REQUIRES IMMEDIATE MEDICAL ATTENTION, CALL 911

Instructions: Supervisor/Person in charge where injury/accident occurred must complete the form below and forward to Human Resources or Finance Department (See instructions on reverse side).

PERSONAL INFORMATION

Name of Person Involved:	☐ Employee ☐ Customer/Visitor	☐ Male ☐ Female
Address:	☐ Personal Injury ☐ Property Damage	**Social Security number:**
Phone No.:	**Date of Occurrence:**	**Time:** ☐ am ☐ pm
Accident/Incident/Injury Reported to: ☐ Supervisor ☐ Fire Department ☐ Other	**Date:**	**Time:** **Last Day of Work:**

DETAILS OF ACCIDENT/INCIDENT/INJURY

Nature of Accident/Incident/Injury (what happened?):

Date returned to work (if applicable):

Location of Occurrence:

Description of Damages and/or Injuries: (if Vehicle give make, model, year, VIN, license No., etc.)

If personal injury, describe details of bodily injury (See Reverse Side):

Professional Medical attention required? ☐ Yes ☐ No **NOTE: If yes, attach Doctor's statement if available**

Attending Physician: _____

Name **Address** **Phone**

Hospital Treatment Received? ☐ Yes ☐ No **If yes, name of hospital:**

Supervisor's comments:

Corrective Action Taken (what was done to correct unsafe condition):

(Complete Reverse Side)

Recommendations for Future Corrective Action:

_____

_____

_____

Type of Event:

- ☐ Lifting-what? _____
- ☐ Fall-how? _____
- ☐ Theft/Loss-what? _____
- ☐ Contact with tools/equipment-what? _____
- ☐ Other _____

Nature of Injury:

- ☐ Laceration/Cut
- ☐ Contusion/Abrasion
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- ☐ Other _____
- ☐ No apparent Injury

Completed By:

Please print Name: _____

Signature: _____ **Date:** _____

Reviewed By:

HR Manager: _____ **Date:** _____

To Safety Committee on (DATE) _____

Finance Director: _____ **Date:** _____

Reported to WC/Insurance Carrier: _____ _____

Initials **Date**

Safety Committee Action:

Signature Safety Coordinator: _____ **Date:** _____

INSTRUCTIONS

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CC: Jim Isom

MINUTES

DEC 1115 2000

CITY COMMISSION AGENDA ITEM
CITY OF FERNANDINA BEACH

SUBJECT: RESOLUTION NO. 2000-90 - SAFETY IN THE WORKPLACE

DEPARTMENT: HUMAN RESOURCES

ATTACHMENTS: ____Ordinance __x__ Resolution ___Budget Resolution

____ Other ___ Support Documents Available in City Manager's Office

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SUMMARY: The proposed resolution establishes a safety policy for the City in order to provide a safe and healthful workplace for employees and customers alike. A strong policy concerning safety is the initial step in meeting Federal requirements of the Occupational Safety and Heath Act.

This resolution designates the Human Resources and Technical Services Director as the Coordinator for the safety program within the City. The Coordinator is responsible for implementing and maintaining a workplace safety program to include written safety plans, promoting an active safety committee and safety training.

The proposed resolution has received the concurrence of Department Heads and the presidents of the recognized bargaining units.

Adoption of the resolution is recommended.

RECOMMENDED MOTION. Approve Resolution No. 2000-90.

DEPARTMENT HEAD	Submitted: Jim Isom Requested Agenda	Date: 10/16/00 Date: 12/5/00
FINANCE DEPARTMENT	Approved as to Budget Requirements	Date:
CITY ATTORNEY	Approved as to Form and Legality WRP	Date: 11-24-00
CITY MANAGER	Approved Agenda Item for: AMB	Date: 12-5-00

COMMISSION ACTION:

✓ Approved as Recommended ___ Disapproved

___ Tabled Indefinitely ___ Continued to Certain Date

___ Approved with Modification ___ Other

RESOLUTION NO. 2000-90

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF FERNANDINA BEACH, FLORIDA, ESTABLISHING A SAFETY POLICY IN ORDER TO PROVIDE A SAFE AND HEALTHFUL WORKPLACE FOR EMPLOYEES AND CUSTOMERS OF THE CITY OF FERNANDINA BEACH; AND PROVIDING FOR AN EFFECTIVE DATE

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c. Accidents and incidents involving customers of the City or damage to City vehicles and equipment will be provided to the Finance Department using the form shown in Appendix A for insurance carrier reporting purposes.

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e. Each department will maintain copies of any written safety plans and procedures applicable to the work performed in the department as well as copies of all Material Safety Data Sheets for chemicals and other compounds to which employees in the department may be exposed.

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SECTION 7. REPEAL: This Resolution supercedes and repeals any previous policies in conflict herewith.

ADOPTED this 5TH day of December, 2000.

CITY OF FERNANDINA BEACH

JAMES D. RODEFFER
Mayor-Commissioner

ATTEST:

MARY L. MERCER
City Clerk

"Appendix A"

REPORT OF INJURY/ACCIDENT/INCIDENT

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Instructions: Supervisor/Person in charge where injury/accident occurred must complete the form below and forward to Human Resources or Finance Department (See instructions on reverse side).

PERSONAL INFORMATION

Name of Person Involved:		☐ Employee ☐ Customer/Visitor	☐ Male ☐ Female
Address:		☐ Personal Injury ☐ Property Damage	**Social Security number:**
Phone No.:		**Date of Occurrence:**	**Time:** ☐ am ☐ pm
Accident/Incident/Injury Reported to:	☐ Supervisor ☐ Fire Department ☐ Other	**Date:**	**Time:** **Last Day of Work:**

DETAILS OF ACCIDENT/INCIDENT/INJURY

Nature of Accident/Incident/Injury (what happened?):

Date returned to work (if applicable):

Location of Occurrence:

Description of Damages and/or Injuries: (if Vehicle give make, model, year, VIN, license No., etc.)

If personal injury, describe details of bodily injury (See Reverse Side):

Professional Medical attention required? ☐ Yes ☐ No **NOTE: If yes, attach Doctor's statement if available**

Attending Physician: _____

Name **Address** **Phone**

Hospital Treatment Received? ☐ Yes ☐ No **If yes, name of hospital:**

Supervisor's comments:

Corrective Action Taken (what was done to correct unsafe condition):

(Complete Reverse Side)

Recommendations for Future Corrective Action:

_____

_____

_____

Type of Event:

- ☐ Lifting-what? _____
- ☐ Fall-how? _____
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Nature of Injury:

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- ☐ Burn Scald
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Completed By:

Please print Name: _____

Signature: _____ Date: _____

Reviewed By:

HR Manager: _____ Date: _____

To Safety Committee on (DATE) _____

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