

AGENDA

JFHQ & Readiness Centers, Region 2 thru 8

Safety Committee Meeting

Location: JFHQ Conf. Room 219

Date: Tuesday, September 13, 2011

Time: 1:30 PM

1. Review and approve July & August meeting minutes – All
2. Review of Accident/Incident Reports for July & August
3. Hazard Log Update – Need to review closed facilities?
4. September Safety Topics
5. Safety Committee Trng date reschedule
6. Due Outs:
 - a. AED Status & Maint. update – Robin
 - b. Confined Space list update – Robin
7. New Business
8. Next Meeting Date



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JOINT FORCE HEADQUARTERS, OREGON NATIONAL GUARD
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P.O. BOX 14350
SALEM, OREGON 97309-5047

AGP

September 14, 2011

MEMORANDUM FOR RECORD

Subject: Safety Meeting for September 13, 2011

The Oregon Military Department Safety Committee met on 13 September 2011, at the Military Department in room 219. The meeting convened at 1:30 PM. The status of Member attendance was as follows:

Jeff Beck	AGI	Chairman	Present
Bruce Vollstedt	AGI	Vice Chair	Present
Robin Webb	AGP	Safety Manager/Recorder	Present
Bryce Dohrman	AGC	Risk Manager	Absent
Terri Kroeker	DS-Air	Member	Present
Terry Sevey	RTI	Member	Absent
Dave Provost	AGI	Member	Present
George Wilson	Region 2 (cw)	Member	Present
Mark Duncan	Region 3	Member	Absent
Ted Thornley	Region 4	Member	Absent
John Unger	Region 5	Member	Present
Russell Turner	Region 6	Member	Absent
Mark Fillman	Region 7	Member	Present
Vacant	Region 8	Member	Absent
David Stuckey	OEM	Member	Absent
Cherie Cline	OEM	Alternate for OEM	Absent
Ryan Palmer	FED	Member	Absent

1. Review of Minutes: First order of business is to review the minutes from the July and August meetings. A motion was made to approve the July minutes by Bruce Vollstedt and a second was given by John Unger. Another motion was made to approve the August minutes by Jeff Beck and a second was given by Bruce Vollstedt.

2. Review of Accident/Incident Reports for July & August: First report was dated September 7th in which a Facilities Maintenance Specialist was getting into an X-Lift when he felt tightness in his back. Bruce indicated he was loading a scissor lift, used a ladder for some business on the top of the armory, when going up the ladder or coming down, felt something in his back twitch. He thought if he rested he would feel better but ultimately went home at 9:00AM and could barely walk across the parking lot. He did go to the Emergency Room and so an 801 was completed.

The remainder of Incident/Accident reports did not fall under this safety committee so only a brief review was performed. The first one was dated July 22nd in which a Fire Fighter was loading a flight line extinguisher into the back of a vehicle and felt

something in his right elbow pop. The second injury is dated July 16th, another Fire Fighter who was doing apparatus checks in the Bay area when the wind picked up and blew dust in his eye.

Robin did indicate that she received another Incident Report of another Fire Fighter in which he was flipping a water tanker pond. After that he went to the gym and felt tightness in his low back, more to follow.

3. Hazard Log: Robin and Jeff spoke earlier about what to do with the facilities listed on the Hazard Log that were being closed. Robin indicated that she has taken them off the open log and moved them to the closed log. Jeff stated Lake Oswego, Maison/Tigard are all being vacated but the buildings will probably still be rented so we need to go back through the lists to see what is still a safety hazard from a rental standpoint. Most of the stuff like extension cords or shelves that are not attached to the wall for seismic issues will probably no longer be an issue. Robin indicated that Snook had made a recommendation that when the buildings were vacated that a safety walk through be made to determine what hazards remained that may still need to be repaired. George and Jeff are going to do the final walk through at Lake Oswego on October 3rd and will review those action items then. Robin will move those closed buildings to a "Vacated" tab on the Hazard Log for their convenience when they do the walk through.

4. September Safety Topics: The Safety Topics for September were reviewed by the committee. Topics were Safety in the Workplace and Awareness; Understanding the Hazards of Asbestos; and Workplace Violence.

As part of Safety in the Workplace, Bruce reminded everyone that with fall and winter fastly approaching slips and falls will be ever present again. Jeff indicated with Asbestos, if a building was built before 1984, there is a pretty good chance it has asbestos in it. It could be in floor tiles, ceiling tiles, or insulation around piping. For piping with asbestos insulation, most of those if not all should be labeled. As long as those items are not disturbed or have been encapsulated such as floor tiles (floor wax), they do not pose a danger. For the most part, AGI employees should not be dealing with it, a Contractor who is licensed should be called in to make repairs. Terry K. covered the highpoints from the OSHA Fact sheet on Violence in the Workplace.

5. Safety Committee Trng date reschedule: The committee recommends that we look at January, February or March as a possible reschedule dates due to year end, hunting season, holidays, etc. Robin will work with Marc Snook on possible reschedule dates.

6. Due Outs:

- a. **AED Status & Maint. Update:** Robin indicated she sent an email to CPT Ottaway to see what the status is of getting AED's in those facilities that are still lacking one. Jeff stated there are still several locations that still have not received their PADS they requested that were expired. Robin will follow up with Ottaway as to status.

- b. Confined Space list update:** Robin stated she is still working on gathering information. Next week when she goes over the mountain with Snook she is going to bring her Confined Space book and list with her so she can take pictures and document while doing inspections. George indicated that Jared Huber sent a master map by fax to Environmental in AGI for Camp Withycombe. Robin stated she was cc'd on the email but there was no attachment. She also stated that Ken Hill is working on putting together a master so she will get with him.

7. New Business:

a. Review of Membership: Jeff indicated that Tim Gilbert is not able to attend as this meeting meets at the same time as the FMB Working group. Therefore, we need to elect a different Vice Chair. Bruce Vollstedt volunteered; a motion was given by Jeff and a second given by John Unger and George Wilson. Region 8 still shows a vacancy; Bruce indicated he will talk with Ken Long to see if he is willing to be a representative on the committee. Mark Fillman indicated that if Ken is not willing, he would volunteer to cover Region 7 and 8. Dave Provost is now an AGI member, he will work with Mark Duncan who is interested in volunteering to be on the Safety Committee as Region 3.

OEM has not attended a meeting in a long time and neither has Bryce Dohrman. Robin stated that she will contact Cherie to see why they have not been attending and that Bryce needs to stay on the committee as he is Risk Management. Ryan Palmer is a Federal employee, and has not attended a meeting in a long time. Robin will follow up with him also.

b. Safety Committee Scheduled days: John Unger indicated that Tuesdays are bad days for him for Safety Committee meetings and so is the time. Jeff indicated that we will look into figuring something out in the next several months.

c. CPR/AED Training: Robin reminded everyone that we have a CPR and AED Training scheduled for both October 26th and also November 2nd. The one on the 26th is for those needing a recertification and will be from 9:00 to Noon at the ARC. The other class in November is a full day class for those who have not had a prior CPR card and will also be at the ARC. Both classes will be held in Room 114. Class sizes are limited so let Robin know if you are interested in attending one of them.

8. Next Meeting Date: The next meeting is scheduled for Tuesday at 1:30 PM, October 4th, 2011 (conflict with Jeff's schedule) in the JAG Conference room 219. The call in number is still to be determined. Meeting adjourned at about 2:30 PM.

/s/
Robin Webb
Safety Manager & Recorder

REPORT OF INCIDENT/ACCIDENT/ILLNESS

- ✓ PRINT OR TYPE ONLY. TO BE COMPLETED BY THE INJURED EMPLOYEE OR ATTENDING STAFF
- ✓ IF A DOCTOR'S VISIT IS REQUIRED; COMPLETE SAIF 801 FORM IN ADDITION TO THIS FORM & FORWARD IMMEDIATELY.
- ✓ FOLLOW THE GUIDELINES ON THE MEDICAL TRANSPORT CHECKLIST

1. NAME OF INDIVIDUAL: ██████████	2. Section: AGI	3. DATE OF REPORT: 9-7-11
4. JOB TITLE: Facility Maintenance Specialist	5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: BACK STRAIN	
6. EXTENT OF INJURY(Body part or location of pain):BACK		
7. LOCATION WHERE INJURY OCCURRED: COUTES		
8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: 9-7-11 about 730 am		
11. DATE REPORTED: 9-7-11	12. REPORTED TO WHOM: Bruce Vollstedt	
13. WITNESS (attach statement if necessary) RELATIONSHIP: PHONE: _	WITNESS (attach statement if necessary) RELATIONSHIP: _____ SUPERVISOR, CO-WORKER, ETC. NAME: _____ PHONE: _____	
14. DESCRIBE INCIDENT/ACCIDENT/ILLNESS FULLY (Include how it occurred, conditions when it occurred (weather, clothing, safety equipment, etc), and describe how it felt to the individual when it occurred): Getting into the X-lift, felt tightness in back,		
15. DESCRIBE FIRST AID/MEDICAL TREATMENT: Went home to rest		
16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED):	17. MEANS OF TRANSPORTATION:	
18. INJURED INDIVIDUALS WRITTEN COMMENTS: _____ _____ _____ _____		

THIS SIDE TO BE COMPLETED BY SUPERVISOR

19. CONTRIBUTING FACTORS OF INCIDENT/ACCIDENT/ILLNESS:	
UNSAFE ACTIONS: PPE / face shield	UNSAFE CONDITIONS:
<input type="checkbox"/> DISTRACTION, TEASING, HORSEPLAY <input type="checkbox"/> OPERATING WITHOUT AUTHORITY <input type="checkbox"/> MAKING SAFETY DEVICES INOPERATIVE <input type="checkbox"/> TAKING UNSAFE POSITION <input type="checkbox"/> FAILURE TO USE PERSONAL PROTECTIVE DEVICES <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> INADEQUATE SUPERVISION <input type="checkbox"/> DEFECTIVE TOOLS, EQUIPMENT, OR SUBSTANCE <input type="checkbox"/> HAZARDOUS ARRANGEMENT <input type="checkbox"/> SUB-STANDARD PHYSICAL CONDITIONING <input type="checkbox"/> UNSAFE CLOTHING <input type="checkbox"/> PREVIOUS INJURY <input type="checkbox"/> HAZARDOUS OBSTACLES <input type="checkbox"/> OTHER: _____

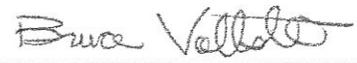
20. BACKGROUND:
ARE THERE ANY CONTRIBUTING FACTORS, SUCH AS LEVEL OF TRAINING, PERSONAL CHARACTERISTICS, HABITS, FAILURE TO ADHERE TO SAFETY POLICIES, ETC. THAT CAUSED THE INCIDENT/ACCIDENT/ILLNESS? NO

GUIDES TO CORRECTIVE ACTION

21. IF AN UNSAFE ACTION AND/OR CONDITION WAS IDENTIFIED, LIST CORRECTIVE ACTION TAKEN:

22. ADDITIONAL SUPERVISOR COMMENTS:

_____ was having a difficult time walking to his vehicle, I suggested he see a Doctor, this was about 9 am

23. SUPERVISOR NAME (PRINT): Bruce Vollstedt	24. SUPERVISOR SIGNATURE: 	25. DATE: 9-7-11
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SAFETY COMMITTEE REVIEW

26. SAFETY COMMITTEE RECOMMENDATIONS:

27. SAFETY CHAIR SIGNATURE:	28. DATE:
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REPORT OF INCIDENT/ACCIDENT/ILLNESS

- PRINT OR TYPE ONLY. TO BE COMPLETED BY THE INJURED EMPLOYEE OR ATTENDING STAFF
- IF A DOCTOR'S VISIT IS REQUIRED; COMPLETE SAIF 801 FORM IN ADDITION TO THIS FORM & FORWARD IMMEDIATELY.
- FOLLOW THE GUIDELINES ON THE MEDICAL TRANSPORT CHECKLIST

1. NAME OF INDIVIDUAL: _____		2. Section: <i>Fire</i>	3. DATE OF REPORT: <i>July 22 2011</i>
4. JOB TITLE: <i>Firefighter</i>		5. TYPE OF INCIDENT/ACCIDENT/ILLNESS:	
6. EXTENT OF INJURY (Body part or location of pain): <i>Possible pulled or torn tendon (R) Elbow</i>			
7. LOCATION WHERE INJURY OCCURRED: <i>Boise, ID.</i>			
8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: <i>18 July 2011 0900</i>			
11. DATE REPORTED: <i>July 20 2011</i>		12. REPORTED TO WHOM: <i>Chief Hurst</i>	
13. WITNESS (attach statement if necessary) RELATIONSHIP: _____ SUPERVISOR, CO-WORKER, ETC. NAME: _____ PHONE: _____		WITNESS (attach statement if necessary) RELATIONSHIP: _____ SUPERVISOR, CO-WORKER, ETC. NAME: _____ PHONE: _____	
14. DESCRIBE INCIDENT/ACCIDENT/ILLNESS FULLY (Include how it occurred, conditions when it occurred (weather, clothing, safety equipment, etc), and describe how it felt to the individual when it occurred): <i>while loading flight line extinguishers into back of vehicle felt something in right elbow pop, later in day there was some slight swelling and soreness</i>			
15. DESCRIBE FIRST AID/MEDICAL TREATMENT: <i>Ibuprofen</i>			
16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED): <i>N/A</i>		17. MEANS OF TRANSPORTATION: <i>N/A</i>	
18. INJURED INDIVIDUALS WRITTEN COMMENTS: 			

THIS SIDE TO BE COMPLETED BY SUPERVISOR

19. CONTRIBUTING FACTORS OF INCIDENT/ACCIDENT/ILLNESS:		
UNSAFE ACTIONS:		UNSAFE CONDITIONS:
<input type="checkbox"/> DISTRACTION, TEASING, HORSEPLAY <input type="checkbox"/> OPERATING WITHOUT AUTHORITY <input type="checkbox"/> MAKING SAFETY DEVICES INOPERATIVE <input type="checkbox"/> TAKING UNSAFE POSITION <input type="checkbox"/> FAILURE TO USE PERSONAL PROTECTIVE DEVICES <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> INADEQUATE SUPERVISION <input type="checkbox"/> DEFECTIVE TOOLS, EQUIPMENT, OR SUBSTANCE <input type="checkbox"/> HAZARDOUS ARRANGEMENT <input type="checkbox"/> SUB-STANDARD PHYSICAL CONDITIONING <input type="checkbox"/> UNSAFE CLOTHING <input type="checkbox"/> PREVIOUS INJURY <input type="checkbox"/> HAZARDOUS OBSTACLES <input type="checkbox"/> OTHER: _____	
20. BACKGROUND: ARE THERE ANY CONTRIBUTING FACTORS, SUCH AS LEVEL OF TRAINING, PERSONAL CHARACTERISTICS, HABITS, FAILURE TO ADHERE TO SAFETY POLICIES, ETC. THAT CAUSED THE INCIDENT/ACCIDENT/ILLNESS?		
_____ _____		
GUIDES TO CORRECTIVE ACTION		
21. IF AN UNSAFE ACTION AND/OR CONDITION WAS IDENTIFIED, LIST CORRECTIVE ACTION TAKEN:		
_____ _____		
22. ADDITIONAL SUPERVISOR COMMENTS:		
_____ _____		
23. SUPERVISOR NAME (PRINT):	24. SUPERVISOR SIGNATURE:	25. DATE:
SAFETY COMMITTEE REVIEW		
26. SAFETY COMMITTEE RECOMMENDATIONS:		
_____ _____		
27. SAFETY CHAIR SIGNATURE:	28. DATE:	

REPORT OF INCIDENT/ACCIDENT/ILLNESS

- > PRINT OR TYPE ONLY. TO BE COMPLETED BY THE INJURED EMPLOYEE OR ATTENDING STAFF
- > IF A DOCTOR'S VISIT IS REQUIRED; COMPLETE SAIF 801 FORM IN ADDITION TO THIS FORM & FORWARD IMMEDIATELY.
- > FOLLOW THE GUIDELINES ON THE MEDICAL TRANSPORT CHECKLIST

1. NAME OF INDIVIDUAL: Matthews Gray	2. Section:	3. DATE OF REPORT: 7-16-11
4. JOB TITLE: Fire fighter	5. TYPE OF INCIDENT/ACCIDENT/ILLNESS: Eye Injury	
6. EXTENT OF INJURY (Body part or location of pain): Left eye		
7. LOCATION WHERE INJURY OCCURRED: Fire station		
8. DATE & TIME OF INCIDENT/ACCIDENT/ILLNESS: 08:00 7-16-11		
11. DATE REPORTED: 7-16-11	12. REPORTED TO WHOM: Assistant Chief Briedenthal	
13. WITNESS (attach statement if necessary) RELATIONSHIP: Supervisor NAME: Starvo D... PHONE: _____ SUPERVISOR, CO-WORKER, ETC.	WITNESS (attach statement if necessary) RELATIONSHIP: _____ NAME: _____ PHONE: _____ SUPERVISOR, CO-WORKER, ETC.	
14. DESCRIBE INCIDENT/ACCIDENT/ILLNESS FULLY (Include how it occurred, conditions when it occurred (weather, clothing, safety equipment, etc), and describe how it felt to the individual when it occurred): During morning Apparatus checks with Bay doors open something blew into my left eye. At first it was a small annoyance (see TX) and swelling and irritation progress through day. I lost effect to eyesight		
15. DESCRIBE FIRST AID/MEDICAL TREATMENT: Immediate eye flushing and 3X through day. Report to supervisor		
16. WHERE WAS INDIVIDUAL SENT (IF TRANSPORTED): 0	17. MEANS OF TRANSPORTATION: 0	
18. INJURED INDIVIDUALS WRITTEN COMMENTS: Unknown foreign body in eye. tried to take steps to clear on my own and feel bad that it requires a Dr. office trip		

THIS SIDE TO BE COMPLETED BY SUPERVISOR

19. CONTRIBUTING FACTORS OF INCIDENT/ACCIDENT/ILLNESS:

UNSAFE ACTIONS: NONE

UNSAFE CONDITIONS: NONE
~~Dist, Organ obje~~

- DISTRACTION, TEASING, HORSEPLAY
- OPERATING WITHOUT AUTHORITY
- MAKING SAFETY DEVICES INOPERATIVE
- TAKING UNSAFE POSITION
- FAILURE TO USE PERSONAL PROTECTIVE DEVICES
- OTHER: _____

- INADEQUATE SUPERVISION
- DEFECTIVE TOOLS, EQUIPMENT, OR SUBSTANCE
- HAZARDOUS ARRANGEMENT
- SUB-STANDARD PHYSICAL CONDITIONING
- UNSAFE CLOTHING
- PREVIOUS INJURY
- HAZARDOUS OBSTACLES
- OTHER: _____

20. BACKGROUND:

ARE THERE ANY CONTRIBUTING FACTORS, SUCH AS LEVEL OF TRAINING, PERSONAL CHARACTERISTICS, HABITS, FAILURE TO ADHERE TO SAFETY POLICIES, ETC. THAT CAUSED THE INCIDENT/ACCIDENT/ILLNESS?

A NO.

GUIDES TO CORRECTIVE ACTION

21. IF AN UNSAFE ACTION AND/OR CONDITION WAS IDENTIFIED, LIST CORRECTIVE ACTION TAKEN:

NONE

22. ADDITIONAL SUPERVISOR COMMENTS:

was performing truck check out with normal and Adac safety measures in place.

23. SUPERVISOR NAME (PRINT):

24. SUPERVISOR SIGNATURE:

25. DATE:

DOUG BRIDGEMAN



7-16-11

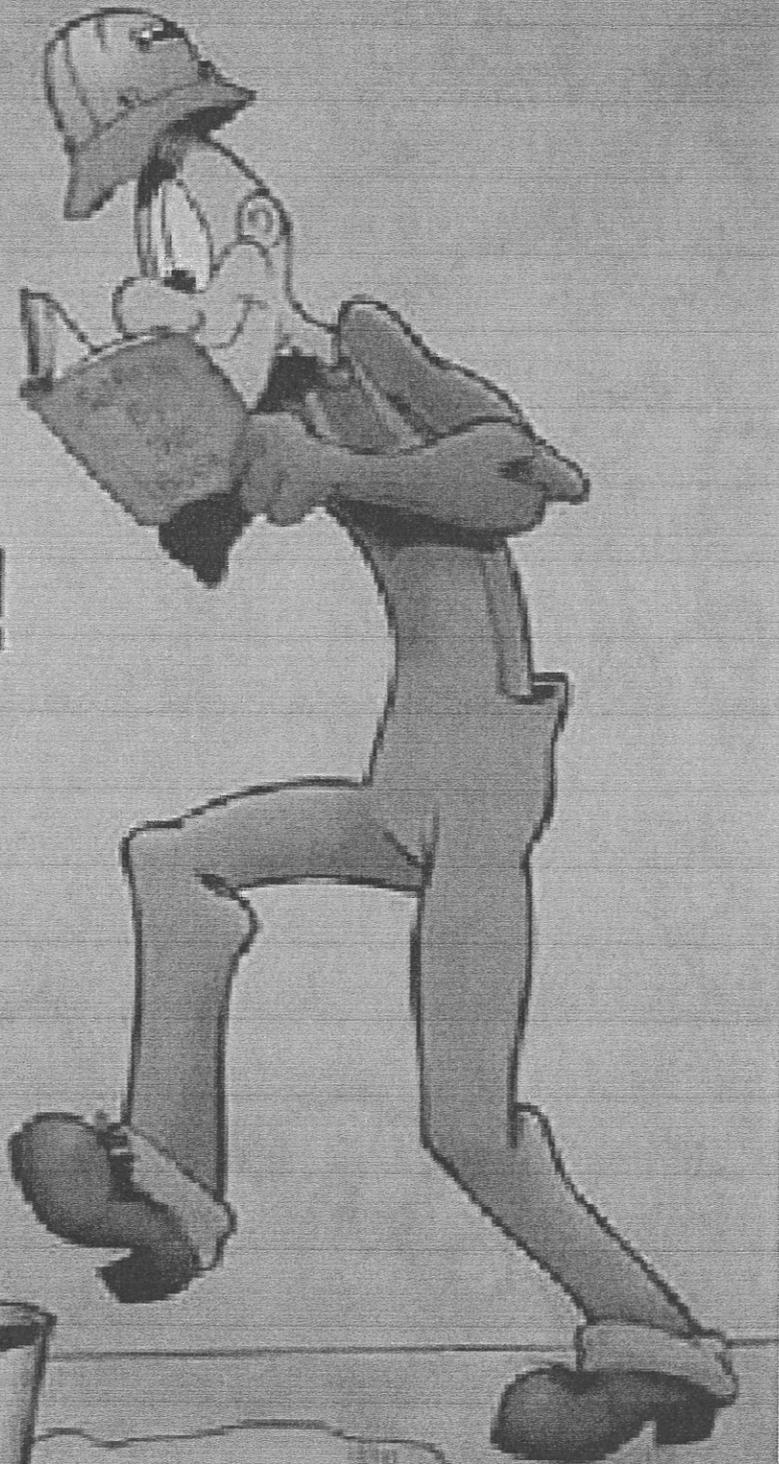
SAFETY COMMITTEE REVIEW

26. SAFETY COMMITTEE RECOMMENDATIONS:

27. SAFETY CHAIR SIGNATURE:

28. DATE:

**Safety awareness
is a big step,
but negligence
could be your last!**



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Understand the Hazards of Asbestos

Overview

Asbestos is a fiber or filament that is used in clothing, automotive parts, and building materials. It may have a fluffy appearance. When mixed, it can be found in forms such as Chrysotile, Amosite, Crocidolite, Tremolite, Anthophyllite, and Actinolite.

Where can asbestos be found?

Asbestos is found in installed products such as shingles, floor tiles, cement pipe and sheet, roofing felts, insulation, ceiling tiles, fire-resistant drywall, and acoustical products. Very few asbestos-containing products are currently being installed. Consequently, most worker exposures occur during the removal of asbestos and the renovation and maintenance of buildings and structures containing asbestos.

Asbestos Symptoms

Should exposure occur, asbestos symptoms may not surface for many years. Acute exposure can cause shortness of breath, chest or abdominal pain, or irritation of the skin and mucous membranes. Chronic exposure can cause breathing difficulty, dry cough, broadening and thickening of the ends of the fingers, and bluish discoloration of the skin and mucous membranes.

How can it hurt me?

Asbestos fibers enter the body by the inhalation or ingestion of airborne particles that become embedded in the tissues of the respiratory or digestive systems. The long-term effects associated with asbestos include:

- Asbestosis (an emphysema-like condition).
- Lung cancer.
- Mesothelioma (a cancerous tumor that spreads rapidly in the cells of membranes covering the lungs and body organs).
- Gastrointestinal cancer.
- The symptoms of these diseases generally do not appear for 20 or more years after initial exposure.

How can I protect myself?

There are several methods of controlling exposure to asbestos.

Personal protective equipment - Only respirators that have been approved by NIOSH can be worn.

Protective clothing, such as full bodysuits, gloves, and footwear, must be worn when asbestos fiber concentrations exceed the permissible exposure limit. Contaminated clothing shall be placed and stored in closed containers that prevent dispersion of the asbestos outside the container.

Signs - Listed below is the wording for an asbestos warning:

DANGER, ASBESTOS, CANCER AND LUNG DISEASE HAZARD
AUTHORIZED PERSONNEL ONLY
RESPIRATORS AND PROTECTIVE CLOTHING ARE REQUIRED IN THIS AREA

Are state and local government employees protected?

EPA has recently amended the Asbestos Worker Protection Rule and the Asbestos-in-Schools Rule to protect state and local government employees from the health risks of exposure to asbestos. State and local government employees who are performing construction work, custodial work, and automotive brake and clutch repair work are now protected to the same extent as private-sector employees. The Asbestos-in Schools Rule amendments provide coverage for employees of local public education agencies who perform operations, maintenance, and repair activities.



OSHA **FACT** Sheet

Workplace Violence

What is workplace violence?

Workplace violence is violence or the threat of violence against workers. It can occur at or outside the workplace and can range from threats and verbal abuse to physical assaults and homicide, one of the leading causes of job-related deaths. However it manifests itself, workplace violence is a growing concern for employers and employees nationwide.

Who is vulnerable?

Some 2 million American workers are victims of workplace violence each year. Workplace violence can strike anywhere, and no one is immune. Some workers, however, are at increased risk. Among them are workers who exchange money with the public; deliver passengers, goods, or services; or work alone or in small groups, during late night or early morning hours, in high-crime areas, or in community settings and homes where they have extensive contact with the public. This group includes health-care and social service workers such as visiting nurses, psychiatric evaluators, and probation officers; community workers such as gas and water utility employees, phone and cable TV installers, and letter carriers; retail workers; and taxi drivers.

What can these employers do to help protect these employees?

The best protection employers can offer is to establish a zero-tolerance policy toward workplace violence against or by their employees. The employer should establish a workplace violence prevention program or incorporate the information into an existing accident prevention program, employee handbook, or manual of standard operating procedures. It is critical to ensure that all employees know the policy and understand that all claims of workplace violence will be investigated and remedied promptly. In addition, employers can offer additional protections such as the following:

- Provide safety education for employees so they know what conduct is not acceptable,

what to do if they witness or are subjected to workplace violence, and how to protect themselves.

- Secure the workplace. Where appropriate to the business, install video surveillance, extra lighting, and alarm systems and minimize access by outsiders through identification badges, electronic keys, and guards.
- Provide drop safes to limit the amount of cash on hand. Keep a minimal amount of cash in registers during evenings and late-night hours.
- Equip field staff with cellular phones and hand-held alarms or noise devices, and require them to prepare a daily work plan and keep a contact person informed of their location throughout the day. Keep employer-provided vehicles properly maintained.
- Instruct employees not to enter any location where they feel unsafe. Introduce a “buddy system” or provide an escort service or police assistance in potentially dangerous situations or at night.
- Develop policies and procedures covering visits by home health-care providers. Address the conduct of home visits, the presence of others in the home during visits, and the worker’s right to refuse to provide services in a clearly hazardous situation.

How can the employees protect themselves?

Nothing can guarantee that an employee will not become a victim of workplace violence. These steps, however, can help reduce the odds:

- Learn how to recognize, avoid, or diffuse potentially violent situations by attending personal safety training programs.
- Alert supervisors to any concerns about safety or security and report all incidents immediately in writing.

- Avoid traveling alone into unfamiliar locations or situations whenever possible.
- Carry only minimal money and required identification into community settings.

What should employers do following an incident of workplace violence?

- Encourage employees to report and log all incidents and threats of workplace violence.
- Provide prompt medical evaluation and treatment after the incident.
- Report violent incidents to the local police promptly.
- Inform victims of their legal right to prosecute perpetrators.
- Discuss the circumstances of the incident with staff members. Encourage employees to share information about ways to avoid similar situations in the future.
- Offer stress debriefing sessions and post-traumatic counseling services to help workers recover from a violent incident.
- Investigate all violent incidents and threats, monitor trends in violent incidents by type or circumstance, and institute corrective actions.
- Discuss changes in the program during regular employee meetings.

What protections does OSHA offer?

The *Occupational Safety and Health Act's (OSH Act) General Duty Clause* requires employers to provide a safe and healthful workplace for all workers covered by the *OSH Act*. Employers who do not take reasonable steps

to prevent or abate a recognized violence hazard in the workplace can be cited. Failure to implement suggestions in this fact sheet, however, is not in itself a violation of the General Duty Clause.

How can you get more information?

OSHA has various publications, standards, technical assistance, and compliance tools to help you, and offers extensive assistance through its many safety and health programs: workplace consultation, voluntary protection programs, grants, strategic partnerships, state plans, training, and education. Guidance such as *OSHA's Safety and Health Management Program Guidelines* identify elements that are critical to the development of a successful safety and health management system. This and other information are available on OSHA's website at www.osha.gov.

- For a free copy of OSHA publications, send a self-addressed mailing label to this address: OSHA Publications Office, P.O. Box 37535, Washington, DC 20013-7535; or send a request to our fax at (202) 693-2498, or call us at (202) 693-1888.
- To file a complaint by phone, report an emergency, or get OSHA advice, assistance, or products, contact your nearest OSHA office under the "U.S. Department of Labor" listing in your phone book, or call us toll-free at **(800) 321-OSHA (6742)**. The teletypewriter (TTY) number is (877) 889-5627.
- To file a complaint online or obtain more information on OSHA federal and state programs, visit OSHA's website.

This is one in a series of informational fact sheets highlighting OSHA programs, policies, or standards. It does not impose any new compliance requirements or carry the force of legal opinion. For compliance requirements of OSHA standards or regulations, refer to *Title 29 of the Code of Federal Regulations*. This information will be made available to sensory-impaired individuals upon request. Voice phone: (202) 693-1999. See also OSHA's website at www.osha.gov.

