

10.00 HEALTH AND SAFETY

10.01 SAFETY POLICY. It is the policy of the county to make every effort to provide healthful and safe working conditions for all of its employees.

10.02 EMPLOYEE RESPONSIBILITIES AND REPORTS. Employees are responsible for conducting their work activities in a manner that is protective of their own health and safety, as well as those of other employees.

An employee must report every on-the-job accident, no matter how minor, to his or her supervisor within 24 hours. The supervisor is responsible for filing a written accident report immediately with the elected official or department head in charge, who must forward the reports to the Human Resources office, who shall also provide the information to the Health and Safety Office. The Human Resources office shall make regular reports to the Commissioners Court concerning on-the-job accidents and immediately report any serious or unusual incidents. Failure to report an on-the-job injury, no matter how minor, is grounds for disciplinary action.

(Legal Reference: U.S. Occupational Safety and Health Act of 1970, as amended)

10.03 EMPLOYEE SUGGESTIONS. Employees shall report immediately to their immediate supervisors any conditions that in their judgment threaten the health and safety of employees or visitors.

Employees are encouraged to make suggestions to their supervisors for improvements that would make the county workplace safer or more healthful.

10.04 ON-THE-JOB INJURIES.

Insurance. The county provides workers' compensation insurance for all of its employees. This insurance provides medical expenses and a weekly payment if an employee is absent from work for more than one week because of a bona fide, on-the-job, work-related injury. Workers' compensation insurance claim forms must be submitted to the Human Resources office immediately for appropriate action to be taken.

(Legal Reference: Workers' Compensation Act, V.T.C.A., Labor Code, Chapter 504)

Medical Attention. An employee who sustains a bona fide, on-the-job, work-related injury must contact the Human Resources office for information to obtain medical attention from a medical facility or professional that accepts Work Comp claims, who is an approved medical provider in the worker's compensation network, and is approved by Texas Workers Compensation Commission (TWCC); except in the case of an emergency

injury when the employee or his/her representative shall notify the Human Resources office as soon as practical following the receipt of emergency attention. The county encourages employees to return to work as soon as they are able to do so. An employee returning to work must submit a physician's statement of medical condition and release to return to work. , An employee may be required to submit to examination by an independent physician.

Initiation of Injury Leave. An employee who is put on leave for a bona fide, on-the-job, work-related injury will be provided with a copy of the county's policy on "On-the-Job Injuries" prior to or as soon after the beginning of the leave as is feasible. Injury leave begins on the first scheduled workday of disability and continues until the employee returns to work, his or her eligibility expires, or the employee is removed from injury leave coverage by the commissioners' court.

Compensation. If an employee sustains a bona fide on-the-job, work-related injury which renders him or her unfit for performing the duties of the job The employee may choose to supplement the first seven days with full day using any accrued leave minus deductions. When an employee misses time due to a work related injury, no accrued time will be taken, however the amount of hours will be deducted from pay unless the option to supplement the pay is made.

After the seven-day waiting period, an employee with accrued leave may elect to continue to supplement his or her workers' compensation payments with leave payments from the county, provided that the employee has adequate accrued leave. The supplemental leave check from the county will be in an amount that, when added to the workers' compensation payment, equals the employee's regular "take home" pay (that is, the employee's gross salary minus income tax, social security, and any other deductions). The employee must sign a leave request form to exercise this option.

An employee receiving workers' compensation payments does not accrue vacation or sick leave and is not entitled to receive holiday pay.

Duration and Termination of Injury Leave. An employee is eligible for occupational disability or injury leave only as long as the employee is unable to work as a direct result of a bona fide on-the-job, work-related injury. The maximum duration of this type of leave is one year

Continuation of Supplemental and/or Dependent's Insurance. To continue medical insurance for the employee and/or the employee's dependent(s) when the employee is on injury leave and no longer receiving a regular county paycheck, the county will continue to pay the county's portion of the employee's medical insurance for a period of time not to exceed 90 days following the employee's injury and after all FMLA leave, which runs concurrently with injury leave, is exhausted. Thereafter, the employee must pay both the employees and the county's portion of these insurance premiums to the county on the schedule established by the Human Resources office in order to maintain coverage.

Exclusion. Injuries caused by willful intent to harm self or another, intoxication, act of God, or act of a third party for personal reasons are excluded specifically from coverage by injury leave with pay.

Reporting Requirements. While on leave because of a bona fide, on-the-job, work-related injury, each time the employee sees the doctor for consultation or treatment, he or she must provide a progress report to the Human Resources office, which submits the report to the elected official or department head. Any change in the employee's condition which might affect his or her entitlement to workers' compensation payments must also be reported to the Human Resources office. In addition, the injured employee must contact his or her supervisor periodically to report on his or her condition. Failure to provide the required medical status reports or to contact the supervisor on the schedule required by the elected official or department head is grounds for revoking the employee's leave and for taking disciplinary action.

Return to Service. A written statement from an appropriate physician certifying that the employee has been released to return to work and specifying the types of work he or she is capable of performing as well as any limitation(s) must be received by the county before an employee may return to work. All employees on injury leave must return to work after approval of either the employee's attending physician or an independent physician paid by the county. Failure to return to work when directed will result in appropriate disciplinary action including discharge.

Temporary Light Duty Status. During the course of an occupational disability leave of absence, if an employee is released by his or her doctor for light duty, the employee's job or alternative job assignment(s) will be evaluated for a determination of whether a position is available in which the county can use the employee's limited services for a temporary period of time.

If no acceptable light duty assignment can be found, the employee will be placed on inactive status until released by the doctor and workers' compensation to return to his or her previous job.

An employee who is able to return to work in light duty status may be required to work in a different department and perform duties not contained within his or her current job duties. When an employee is assigned to temporary light duty status and performing different duties, he or she will be paid according to the level of pay that he or she would receive for the temporary light duty job if the assignment were the result of reorganization. In addition, the employee will receive workers' compensation payments in a reduced amount.

Final Release of Settlement. At the time of final release, the employee must furnish the county with a certificate from the employee's physician stating that the employee is able to return to work. The certificate must also specify any limitation(s) on the employee's physical condition and the estimated duration of the limitation(s). The county will then evaluate the employee's physical condition and determine whether he or she can perform

the duties of the job previously held. If (a) the employee cannot perform his or her previous duties, or (b) no vacancy exists, or (c) no other suitable position is available, and (d) a reasonable effort has been made to place the employee in a suitable position, then he or she will be separated and paid accrued benefits. If the employee is separated from county employment at this point, the Human Resources office will:

1. Send him or her a certified, return receipt requested, letter;
2. Explain the circumstances, outlining the reasonable effort made to place the employee in a suitable position; and
3. Inform the employee that he or she has been separated from county employment and that he or she will be mailed a final paycheck, if applicable, for any accrued and payable leave benefits.

10.041-Paid Quarantine Leave for Fire Fighters, Peace Officers, Detention Officers, and Emergency Medical Technicians-Exposure to Communicable Disease while on duty

Polk County shall provide paid quarantine leave for fire fighters, peace officers, detention officers, and emergency medical technicians employed by Polk County and ordered by a supervisor or the health authority to quarantine or isolate due to a possible or known exposure to a communicable disease while on duty. This includes fire fighters, peace officers, detention officers and emergency medical technicians, as defined by this policy, who are employed by, appointed to or elected to their position.

"Detention officer" means an individual appointed or employed by a county as a county jailer or other individual responsible for the care and custody of individuals incarcerated in a county jail.

"Emergency medical technician" means an individual who is certified as an emergency medical technician under Chapter 773, Health and Safety Code; and employed by the county.

"Fire fighter" means a paid employee of a municipal fire department or emergency services district who holds a position that requires substantial knowledge of firefighting; has met the requirements for certification by the Texas Commission on Fire Protection under Chapter 419, Government Code; and performs a function listed in Section 143.003(4)(A).

"Health authority" has the meaning assigned by Section 121.021, Health and Safety Code. A health authority is a physician appointed under the provisions of Chapter 121 to administer state and local laws relating to public health within the appointing body's jurisdiction. A health authority must be: a competent physician with a reputable professional standing who is legally qualified to practice

medicine in the state and a resident of the state. They must take an official oath and file with the department.

For counties that do not establish a local health department or public health district, they may appoint a physician as health authority to administer state and local laws relating to public health in the county's jurisdiction.

"Peace officer" means an individual described by Article 2.12, Code of Criminal Procedure, who is elected for, employed by, or appointed by the county.

Eligible employees who are on qualifying paid quarantine leave shall receive all employment benefits and compensation, including leave accrual, retirement, and health benefits for the duration of the leave; and, if applicable, shall be reimbursed for reasonable costs related to the quarantine, including lodging, medical, and transportation. An employee on qualifying paid quarantine leave will not have their leave balances reduced. Each qualifying employee should discuss benefits and reimbursement with Human Resources.

Off duty exposures will not be covered under this policy.

10.05 DRUG-FREE WORKPLACE. The following policy has been adopted to implement the county's desire to establish itself as a Drug-Free Workplace:

1. All employees of the county are hereby notified that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance or alcoholic beverage is prohibited in the workplace of the county. Employees who violate this policy will be subject to immediate disciplinary action up to and including discharge.
2. The county has established a drug-free awareness program providing information about the dangers of drug and alcohol abuse in the workplace, the county's policy of maintaining a drug-free and alcohol-free workplace, information about available drug and alcohol counseling and rehabilitation, and information about the penalties that may be imposed on employees for drug or alcohol abuse violations occurring in the workplace.
3. Each employee of the county will be furnished a copy of this policy.
4. All employees of the county will abide by the terms of this policy and will notify the county of any drug statute conviction for a violation occurring in the workplace no later than five days after such conviction.
5. The county will notify any funding agency which requires notification within 10 days after receiving notice under the above paragraph from an employee or otherwise receiving actual notice of such conviction.
6. Any employee so convicted will be subject to disciplinary action up to an including immediate discharge.
7. The county will make a good faith effort to continue to maintain a drug-free and alcohol-free workplace through the implementation of this policy.

Please refer to the county's Substance Abuse Policy, a copy of which is given to every employee, for additional information and requirements related to use and abuse of alcohol and drugs.

(Legal Reference: U.S. Drug-Free Workplace Act of 1988, as amended, and Texas Workers' Compensation Act, V.T.C.A., Labor Code, Chapter 41)

(Refer to the Health & Safety Program Insert (pages HS-1 through HS-59) for detailed program procedures.)

10.06 NON-EMPLOYEE INCIDENT/INJURY REPORT

POLICY

Polk County seeks to keep records of any accidents or incidents occurring on county-owned property that result in bodily injury, as that term is defined by 1.07(a)(8), Texas Penal Code, to members of the public. (Injuries to county employees are addressed in the Polk County Health & Safety Policy.) The County will follow the reporting procedures outlined herein for all accidents/incidents resulting in injury, whether or not it appears at the time that the County is liable.

SCOPE

This policy is applicable to all offices and departments within the County, insofar as it does not conflict with the laws of the State of Texas.

PROCEDURES/REQUIREMENTS

1. If the individual injured requires immediate medical attention, representatives of the county department first on the scene will contact emergency services and will fill out a copy of the attached Polk County Non-Employee Incident/Injury Report Form. Only properly certified individuals should attempt to provide medical assistance.
2. If the individual injured does not require immediate medical attention, representatives of the county department first on the scene will ask the injured party for the information requested on Part One of the attached Polk County Non-Employee Injury Report Form.
3. If there is more than one individual injured in a single incident, a separate "Non-Employee Incident/Injury Report" shall be filed for each injured individual.
4. The completed Report Form/s will be delivered to the County Judge's Office, where it/they will be forwarded to the county's insurance agents and filed.
5. Delivering the report form/s to the county's insurance agent in no way implies that the county assumes any responsibility for an injury.

POLK COUNTY

NON-EMPLOYEE INCIDENT/INJURY REPORT FORM

This is an injury report form for record-keeping purposes only. Please complete the form and deliver it to the County Judge's Office.

PART ONE – INJURED PARTY INFORMATION

DATE ___/___/___ TIME OF INCIDENT ___:___ AM / PM TIME NOTIFIED ___:___ AM / PM

INJURED PARTY NAME _____

AGE _____ ADDRESS _____

CITY _____ STATE _____ SOC.SEC.# ___/___/___

PHONE NUMBERS: HOME (___)___-___ WORK (___)___-___

PARENT/GUARDIAN NAME _____

HOME PHONE (___)___-___ WORK PHONE (___)___-___

ADDRESS _____ CITY _____ ST _____

WAS AMBULANCE CALLED? YES ___ NO ___ OFFERED? YES ___ NO ___

VICTIM'S RESPONSE: YES ___ NO ___

LOCATION OF INCIDENT _____

EXTENT & TYPE OF INJURY _____

NARRATIVE (Explain what happened, how victim was removed from scene, where taken, any treatment given at scene, any other pertinent information – **use back of form if necessary**)

NAME, POLICY NUMBER AND GROUP NUMBER OF THE INJURED PARTY'S HEALTH INSURANCE PROVIDER:

PART TWO – TO BE COMPLETED BY COUNTY EMPLOYEE REPORTING INCIDENT

ASSESSMENT OF CONDITIONS WHICH CONTRIBUTED TO INJURY

SIGNATURE OF REPORTING PARTY

ADDRESS AND PHONE NUMBER OF REPORTING PARTY

NAME, ADDRESS, PHONE OF WITNESSES

DATE RECORDED BY COUNTY JUDGE'S OFFICE:

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