

**Policy:** The Office of the Chief Medical Examiner (OCME) is committed to providing a safe and healthful work environment for all employees.

**Purpose:** To purpose of the Safety policies are to provide a safe and healthy workplace for all employees and a formal Safety and Injury & Illness Prevention Program that involves management, supervisors and employees in identifying and eliminating hazards that exist or may develop during work processes.

**Scope:** The following guidelines are in accordance with the Occupational Safety and Health Administration's (OSHA) standard 29 CFR 1910.

## **1. GENERAL SAFETY POLICY**

1.1. **Employees** are required to comply with all agency safety rules and are encouraged to actively participate in identifying ways to make the agency a safer place to work.

1.1.1. Employees must report unsafe conditions or actions to Supervisor or to the Safety Committee representative.

1.1.2. Employees must report all injuries to the Supervisor or to a Management representative following prescribed procedures.

1.1.3. It is important that all employees that are required to do so, always use personal protective equipment (PPE) that is in good working condition.

1.1.4. Employees should not remove or disable any safety device or safeguard provided for employee protection and should make suggestions to the Supervisor or to Safety Committee for improved employee safety.

1.2. **Supervisors** are responsible for the health and safety of their employees and as a part of their daily duties must check the workplace for unsafe conditions, watch employees for unsafe actions and take prompt action to eliminate any hazards.

1.2.1. It is the duty of Supervisors to ensure employees have received an initial orientation and training on safe operation of equipment or tasks before beginning work and that each employee is competent.

1.2.2. Supervisors must also ensure that employees receive and wear PPE and investigate all incidents within their jurisdiction.

1.2.3. Supervisors must also make recommendations to management regarding work practices or equipment to improve employee and workplace safety.

1.3. **Management** is responsible for identifying and correcting hazards, as well as planning for foreseeable emergencies.

1.3.1. Initial and ongoing training for employees and supervisors and an established disciplinary policy are established by management in order to ensure that agency safety policies are followed.

1.3.2. Management also ensures that all incidents are fully investigated and corrective action is taken to prevent hazardous conditions or behaviors from happening again and also must keep a record of injuries and illnesses.

1.3.3. Management must also devote the resources necessary to form and maintain a safety committee composed of management and employees.

## 2. SAFETY COMMITTEE

2.1. The OCME Safety Committee has been developed to assist employees and management in working together to identify safety problems, develop solutions, review incident reports and evaluate the effectiveness of the Safety and Injury & Illness Prevention Program.

2.2. A Safety Committee is encompassed in both the agency's Labor Management Partnership Council (LMPC) and the Risk Assessment and Control Committee (RACC). The membership of the LMPC includes management representatives, supervisors, and employees. The LMPC meets on a quarterly basis and its mission is "to create a positive environment to enhance effective communication between labor and management based on mutual trust and respect that will result in improved efficiency in performing our statutory mandates. . ." The Safety Committee operates within LMPC to address labor and management issues with regard to safety issues.

2.3. Safety, accident prevention and health and wellness are also a major component of the agency's RACC which is also composed of employees, supervisors and management. Employee, facility, and other incidents are discussed at quarterly risk management meetings and risk control or the prevention of illness or injury is considered based on observations and employee, supervisor and management recommendations.

**3. BASIC SAFETY RULES**

3.1. The following basic safety rules have been established to help make the agency a safe and efficient place to work. These rules are in addition to safety rules that must be followed when doing particular jobs or operating machinery and using equipment. Failure to comply with these rules will result in disciplinary action.

- Never do anything that is unsafe in order to get the job done. If a job is unsafe, report it to your supervisor, management, or safety committee representative. Another way will be established to do that job.
- Do not remove or disable any safety device! Keep guard at all times in operating machinery.
- Never operate machinery or use a piece of equipment unless you have been trained and are authorized.
- Use PPE whenever it is required.
- Obey all safety warning signs.
- Working under the influence of alcohol or illegal drugs or using them at work is prohibited.
- Do not bring firearms or explosives onto company property.
- Smoking is only permitted outside the building away from any entry or ventilation intake.
- Horseplay, running and fighting are prohibited.
- Clean up spills immediately. Replace all tools and supplies after use. Do not allow scraps to accumulate where they will become a hazard. Good housekeeping helps prevent accidents.

**4. SAFETY & HEALTH TRAINING AND EDUCATION**

4.1. Training is an essential part of the DC OCME's plan to provide a safe workplace. Supervisors will ensure that all employees are trained before they start a task that requires training in order that they may do the job safely. The Supervisor will keep a record of employee trainings. Employees must complete mandatory courses in the timeframe provided or will be subject to disciplinary action. Required training courses include, but are not limited to:

<b><u>Training</u></b>	<b><u>Required Attendees</u></b>
Basic Orientation	All employees
Ergonomics	All employees
Incident Reporting & Investigation	All employees
Emergency Response Plan (ERP)	All employees

BERT Plan	BERT Members
Mass Fatality Plan (MFP)	All employees
Continuing Operations Plan (COOP)	All employees
Information Technology (IT)	All employees
OSHA Courses, PPE, Universal Precautions Blood-borne Pathogens, Air-borne Pathogens (Respirators/Tuberculosis), Hazard Communication, Radiation Safety, Hazmat	All employees
Radiation Safety	Medicolegal Investigators, Pathologist Assistants, Forensic Anthropologists, Medical Technologists, Forensic Investigators, Mass Fatality Response Coordinator, Autopsy Assistants, Mortuary Technicians, Medical Examiners
Vehicle Operations	Medicolegal Investigators, Pathologist Assistants, Forensic Anthropologists, Medical Technologists, Forensic Investigators, Mass Fatality Response Coordinator, Autopsy Assistants, Mortuary Technicians, Fatality Review Staff, Administrative Staff as applicable
CFL Level I Safety	All employees
CFL Level II Safety	Medicolegal Investigators, Pathologist Assistants, Forensic Anthropologists, Medical Technologists, Forensic Investigators, Mass Fatality Response Coordinator, Autopsy

CFL Level III Safety

Assistants, Mortuary Technicians,  
Medical ExaminersMedicolegal Investigators,  
Pathologist Assistants, Forensic  
Anthropologists, Medical  
Technologists, Forensic  
Investigators, Mass Fatality  
Response Coordinator, Autopsy  
Assistants, Mortuary Technicians,  
Medical Examiners

4.2. The Safety Orientation Training will encompass reviewing the written safety policies with all employees and reviewing the safety committee information. Employees should be informed as to how, when, and to whom to report all illnesses and injuries and hazards. The employees should be shown where first aid supplies are located and who to call for first aid, as well as where the exits are located and the evacuation route from the assigned workstation or work area. The entire emergency response plan should be reviewed. Basic training should also cover what type of chemicals and biohazards are used or exist within the facility, as well as where to find Material Safety Data Sheets (MSDSs) and how to read and use them.

## 5. SAFETY POLICIES DURING MEDICAL EMERGENCIES

### 5.1. Injury Care/Medical Emergencies – OCME Employees

5.1.1. The employee should immediately report work-related injuries to the supervisor.

5.1.1.1. The Employee must complete the *OCME Employee Accident Form* (**See Appendix A**) at the time of the incident or as soon as possible thereafter and provide the form to the supervisor. If the Employee is unable to complete the form due to the nature of the injury/medical emergency, another Employee or the Supervisor may complete the form on their behalf.

5.1.2. Employees who are injured on the job may seek care through a provider of their choice. Employees also have the option to receive care through a provider contracted by the agency: Providence Hospital. This Injury Medical Care is available 24 hours per day, seven days per week, 365 days per year as follows, dependent on the nature of the injury:

#### PROVIDENCE HOSPITAL

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Wellness Institute  
1150 Varnum St., NE  
Washington DC 20017  
202-269-7276  
8:00am – 4:30pm (Closed 12 pm – 1 pm)

- 5.1.2.1. Employee reports to the Wellness Institute for an initial evaluation prior to referral to Emergency Department.
- 5.1.3. In the event of a medical emergency, employees should seek medical attention immediately. In an emergency, the employee should report to an emergency room.

PROVIDENCE HOSPITAL  
Emergency Room  
1150 Varnum St., NE  
Washington DC 20017

- 5.1.3.1. Employee reports to the Emergency Department on a 24 hour basis.
- 5.2. Injury Care/Medical Emergencies – Visitors
- 5.2.1. If a Visitor is injured or experiences a medical emergency within the Consolidated Forensic Laboratory facility, an employee should call 911 dependent on the nature of the incident and inform their Supervisor. The Visitor or the Supervisor of the unit within which the incident occurred must complete the *OCME Incident Report Form* (**See Appendix B**)

5.3. Other Incidents

- 5.3.1. Any accidents or unusual occurrences involving employees or visitors must be reported on the *OCME Incident Report Form* (**See Appendix B**). This includes vehicle accidents, facility incidents within the laboratories, or other incidents that are non-medical.

**APPENDIX A**

ACTEC Universal Form		EMPLOYEE ACCIDENT REPORT EMPLOYER'S FIRST REPORT OF INJURY OR ILLNESS			ACTEC REPORT #
EMPLOYER (NAME & MAILING ADDRESS) (AGENCY'S NAME)				CARRIER CLAIM NUMBER	DO NOT WRITE IN SPACE BELOW
COUNTRY:		LOCATION CODE	JURISDICTION CLAIM NUMBER	FILE STATE	
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER:		SIC CODE	UNEMPLOY. I.D. NO.: FED. TAX	PHONE NUMBER (A/C, NO., EXT.)	1
NATURE OF BUSINESS		SPECIFIC PRODUCTS		# EMPLOYEES	2
INSURANCE CARRIER (NAME, ADDRESS, & PHONE NO.)			POLICY/SELF-INSURED NUMBER		3
			POLICY PERIOD TO		4
			CHECK IF APPROPRIATE <input type="checkbox"/> SELF-INSURED <input type="checkbox"/> STATE FUND		5
EMPLOYEE NAME (LAST, FIRST, MIDDLE)		PHONE NO.	SSN	EMPLOYEE NO.	6
ADDRESS		DATE OF BIRTH	MARITAL STATUS	# DEPENDENTS	7
COUNTY:		OFFICER/PARTNER <input type="checkbox"/> YES <input type="checkbox"/> NO	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	# OTHER DEPEND.	8
REGULAR DEPT OR DIVISION		DATE HIRED	STATE WHERE HIRED		9
OCCUPATION		HOW LONG AT CURRENT JOB	CERTIFICATE NUMBER (IF UNDER 18)		10
WAGE INFORMATION					11
RATE PER:		FULL PAY FOR DAY OF INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO		LOST TIME <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	12
DATE RETURN(ED) TO WORK		DOES EMPLOYEE RECEIVE PAY IN KIND? <input type="checkbox"/> NO <input type="checkbox"/> YES		DID SALARY CONTINUE? <input type="checkbox"/> YES <input type="checkbox"/> NO	13
AVERAGE WAGE/WEEK AT TIME OF INJURY				AVERAGE HOURS WORKED PER DAY: AVERAGE DAYS WORKED PER WEEK:	14
OCCURRENCE					15
PLACE OF ACCIDENT OR OCCURRENCE		COUNTY OF INJURY	DATE OF INJURY/ILL.	TIME OF OCCURRENCE   TIME WORKDAY BEGAN <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> AM <input type="checkbox"/> PM	16
EMPLOYER'S PREMISES? <input type="checkbox"/>		LAST WORKDATE	DATE EMP'R NOTIF'D	INDIVIDUAL NOTIFIED	17
DESCRIBE NATURE OF INJURY OR ILLNESS IN DETAIL					18
TYPE AGENCY ICD-9		NATURE BODY PART			19
DESCRIBE EMPLOYEE'S ACTIVITIES WHEN INJURY OCCURRED WITH DETAILS OF HOW EVENT OCCURRED				MISC. INFO	20
IF FATAL, GIVE DATE OF DEATH		WERE SAFEGUARDS OR SAFETY EQUIP. PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WERE THEY USED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PHYSICIAN (NAME & ADDRESS)		<input type="checkbox"/> HOSPITALIZED   HOSPITAL (NAME & ADDRESS) <input type="checkbox"/> OUT-PATIENT <input type="checkbox"/> EMERGENCY ROOM <input type="checkbox"/> IN-HOUSE/ FIRST AID <input type="checkbox"/> NO TREATMENT			
WITNESSES					
DATE AND TIME REPORTED		REPORTED BY	PHONE NUMBER		
(c) 2000 ActecSystems Inc (a Serotec Company)					WC-UNIV (9/01)

ACTEC 1-888-DC CLAIM or 1-888-832-2524

**APPENDIX B**

**OCME INCIDENT  
REPORT FORM**

**DISTRICT OF COLUMBIA GOVERNMENT**  
**DC Office of Risk Management**  
 441 4<sup>th</sup> Street NW, Suite 800S, Washington DC 20001



*This form is used to record an accident, injury, or unusual occurrence. Any incident involving an employee must also be reported to the TPA IMMEDIATELY at 1-877-322-6673.*

**REPORTED BY**

NAME: \_\_\_\_\_ AGENCY'S NAME: \_\_\_\_\_  
 TITLE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

**INCIDENT INFORMATION**

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Date of Report: \_\_\_\_\_

**Incident Location Address:**

Employee's Name (Last, First, Middle):  Last _____ First _____ Middle _____	Mailing Address (including zip code):  Street/PO Box _____ City _____ State _____ Zip _____
Home Telephone Number (with area code): _____	Work Telephone Number (with area code): _____

Witness's Name (Last, First, Middle):  Last _____ First _____ Middle _____	Mailing Address (including zip code):  Street/PO Box _____ City _____ State _____ Zip _____
Home Telephone Number (with area code): _____	Work Telephone Number (with area code): _____

Other Person's Name (Last, First, Middle):  Last _____ First _____ Middle _____	Mailing Address (including zip code):  Street/PO Box _____ City _____ State _____ Zip _____
Home Telephone Number (with area code): _____	Work Telephone Number (with area code): _____

**INCIDENT DESCRIPTION (please continue on reverse side)**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Filer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return Completed Form to:  
 OCME Agency Risk Management Representative  
 • PHONE: 202-698-9004 • FAX: 202-698-9104