



Massachusetts

Safety and Health Orientation for Law Enforcement

Fall 2018



Massachusetts Department of Labor Standards
Workplace Safety and Health Program for Public employees
www.mass.gov/dols/wshp
(508) 616-0461
Email: safepublicworkplace@state.ma.us

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Welcome

On March 9, 2018, Chapter 44 of the Acts of 2018, *An Act Relative to Standards of Employee Safety*, was enacted. The law amends M.G.L. c. 149, § 6 ½, to update and clarify employee safety requirements in public sector workplaces. The law will be enforced by the Department of Labor Standards (DLS) and will take effect on February 1, 2019.

Thank you for attending this orientation. Our goal for this orientation is to provide you with an overview of the law, general information about safety regulations, details on how a DLS inspection is structured, what steps you can take now to make your employees safer, and to address common questions. We have worked with the Massachusetts Chiefs of Police Association in developing this content. We encourage you to participate and provide feedback to help us understand the impact this new law will have on your workplace.

Sincerely,
Rosalin Acosta, Secretary
William McKinney, Director
Michael Flanagan, Chief
Mary Dozois, Supervisor

OSHA Safety for Public Sector Employees

Highlights of Updated Law G.L. c. 149, § 6 ½

On March 9, 2018, Chapter 44 of the Acts of 2018, *An Act Relative to Standards of Employee Safety*, was enacted. The law amends G.L. c. 149, § 6 ½, updates and clarifies employee safety requirements in public sector workplaces, and will be enforced by the Department of Labor Standards (DLS). **The law will take effect on February 1, 2019.**

Highlights:

- The law defines a public sector workplace to include counties, municipalities, all state agencies, quasi-public independent entities, courts, bureaus, commissions, divisions or authorities of the commonwealth, political subdivisions, and public colleges and universities.
- The law requires all public sector employers to implement methods of reducing work-related injury and illness that meet the minimum requirements provided under the federal Occupational Safety and Health Act of 1970.

How Safety Requirements are Enforced:

- DLS conducts safety and health inspections of public sector workplaces. Federal OSHA inspectors will not inspect public sector employers. The updated law clarifies the public sector employer's obligations and does not change current DLS standards or procedures.

How Workplaces are Selected for Inspection:

DLS prioritizes inspections in the following order. For all except "Imminent" inspections, DLS makes an appointment with the public sector employer.

- **Imminent Hazard:** DLS inspectors stop at active trenches, aerial lift operations, and roofing to ensure safety equipment and procedures are used.
- **Accident Investigation:** DLS inspects workplaces in response to a worker injury.
- **Voluntary:** An employer can request a voluntary safety and health audit.
- **Complaint:** DLS responds to complaints about workplace safety conditions. Examples of complaints include ladder handling, lack of respirators, and facility maintenance.
- **Planned Programmed Inspection:** DLS performs a representative number of inspections in workplaces expected to contain machinery or other hazards. Examples of recent inspections include wastewater treatment plants, drinking water plants, highway departments, municipal electric power stations, school kitchens, and crossing guard locations.

OSHA Safety for Public Sector MGL c149 §6 ½

Frequently Asked Questions

On March 9, 2018 House Bill 3952, An Act to Further Define Standards of Employee Safety that amends M.G.L. chapter 149 §6 ½ was enacted. The law updates and clarifies employee safety requirements in public sector workplaces, and is enforced by the Department of Labor Standards (DLS). **This law is effective February 1, 2019**

- 1. Does the amended law replace OSHA?** No. OSHA continues to have jurisdiction over **private** sector employers.
- 2. Are Massachusetts requirements as strict as OSHA?** The new requirements are the same as OSHA's requirements, no stricter or more lenient.
- 3. When is the effective date?** February 1, 2019. In the interim, however, the current law remains in effect, and DLS will continue to conduct safety and health inspections. Before the new law's effective date, DLS will conduct outreach to familiarize employers with their responsibilities.
- 4. Can public sector employers get fined?** Although DLS has the authority to issue fines, its enforcement approach is to issue an order for corrective action to employers for a first offense. When corrective actions are completed within the timeframe specified, no fine is issued.
- 5. When should we notify DLS about an injury?** Contact DLS at 508-616-0461 or safepublicworkplace@state.ma.us within 24 hours if an accident causes a death, amputation, loss of an eye, loss of consciousness, or inpatient hospitalization. For these and all other injuries, continue to follow your current workers' compensation procedures and file First Reports with the Department of Industrial Accidents.
- 6. When should we keep an OSHA 300 Log?** Complete an OSHA 300 Log if you receive a letter from the Bureau of Labor Statistics requesting a copy of your log. Complete an OSHA 300 Log if requested by a DLS inspector. Do not enter your logs on the osha.gov website. More details to follow in 2019.
- 7. What training requirements are there?** Training requirements are job specific. Safety training depends on the tasks and equipment handled by employees, such as aerial lifts, trenches, ladders, or chainsaws. For a summary, see the DLS website at www.mass.gov/dols/wshp and <https://www.osha.gov/Publications/osha2254.pdf>.
- 8. Is OSHA 10 training required?** Under updated MGL c149 §6 ½, OSHA 10 training is not required of all employees. There is, however, a public bidding law that requires OSHA 10 training on publicly bid construction projects over \$10,000. Provide this training if that law applies to your workers.
- 9. What resources are there to help with the cost of training?** The Department of Industrial Accidents, Office of Safety awards up to \$25,000 to organizations to fund workplace safety training. For more information about this grant email: safety@dia.state.ma.us
- 10. What are the requirements for a private contractor performing work on public property?** Private sector employers are required to comply with OSHA standards. An enforcement inspection can be conducted by federal OSHA inspectors.
- 11. What tools are available to help prepare for compliance?** Self-audit checklists, template programs, and sample trainings are available for public workplaces. We expect to make more educational and compliance

materials available to employers as we conduct outreach prior to the effective date. See www.mass.gov/dols/wshp



Massachusetts Workplace Safety and Health Protection for Public Employees

Massachusetts General Law Chapter 149, §§ 6 and 6-1/2 provide job safety and health protection for state, municipal and county workers through the promotion of safe and healthful work conditions.

- Employers:** Employers are required to provide procedures, equipment and training to prevent work-related injuries and illnesses.
- Employees:** Employees are required to comply with the policies and procedures established in their workplace to reduce work-related injuries and illnesses.
- Inspection:** The Department of Labor Standards (“DLS”) may conduct an on-site inspection to evaluate workplace conditions and make recommendations for the prevention of work-related injuries and illnesses. See “Inspection Summary” at www.mass.gov/dols/wshp.
- Enforcement:** DLS may issue a Written Warning which contains an Order to Correct when an inspection reveals a condition which could cause a work-related injury or illness. DLS may issue a Civil Citation with Civil Penalty in circumstances when the employer repeatedly allows an unsafe condition to occur, the condition has already caused a serious work-related injury, or if the employer has ignored a previous Written Warning.
- Voluntary Assistance:** Public sector workplaces may request technical assistance by contacting DLS at 508-616-0461 or safepublicworkplace@state.ma.us. There are no written warnings or penalties issued for voluntary assistance.
- Complaints:** Public employees or their representatives may file a complaint about safety and health conditions at their workplace by contacting DLS at 508-616-0461 or safepublicworkplace@state.ma.us.
- Safety and Health Management:** Sample safety programs and technical bulletins are available at www.mass.gov/dols/wshp.

Health & Safety Management for Municipalities

From 2009-2011, more than 8,700 work related injuries for municipal workers were reported to the Massachusetts Division of Industrial Accidents. These injuries place a cost burden on cities and towns to provide medical treatment and workers compensation costs. In many cases, methods to prevent the injury were readily available but not used. An active safety management system can help cities and towns reduce their work-related injuries in a cost effective manner.

Safety and Health Management

The following elements are recommended as part of a comprehensive management system to reduce work-related injuries and illnesses.

Management Leadership

- Establish a department and town-wide Safety & Health Policy.
- Establish management and employee accountability.
- Authorize a joint labor-management Safety Committee.
- Set goals for safety.

Control Risk

- Establish written safety procedures for department tasks. Sample safety programs are available at www.mass.gov/dols/wshp.
- Provide safe and adequate equipment to perform job tasks:
 - o Operations equipment
 - o Safety equipment
- Implement an equipment inspection and maintenance schedule.
- Pre-plan job tasks to include injury prevention.
- Follow established industry standards for workplace safety.
- Conduct periodic workplace inspections and control hazards.
- Provide new hire and annual training.

Measure Performance

- Monitor department injury patterns and injury costs. A worksheet is available at www.mass.gov/dols/wshp.
- Conduct accident investigations and determine preventive strategies.
- Conduct self-audits using a joint labor-management team.
- Compare performance to annual safety goals.

YOU MUST REPORT A FATALITY OR CATASTROPHE

**Notify the Department of Labor Standards
at 508-616-0461 ext. 9488
or email safepublicworkplace@state.ma.us**

Notify the Department of Labor Standards within eight hours of any work-related injury to a Public Sector employee involving:

- Fatality
- Loss of an Eye
- Amputation
- Inpatient Hospitalization

Please include:

- Name of agency
- Location of incident
- Time and date of incident
- Number of injured or deceased employee(s)
- Name of contact person, including phone number and email address
- Brief description of incident

**Learn how to prevent work-related injuries or fatalities at
www.mass.gov/dols/wshp**



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF LABOR STANDARDS

MASS*safety***Works!**
Workplace Safety is No Accident





THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT DEPARTMENT OF LABOR STANDARDS

Workplace Safety and Health Program Inspection Summary

Massachusetts General Laws Chapter 149 §6 authorizes the Department of Labor Standards to conduct inspections and provide recommendations to prevent work-related injuries and illnesses at public employee workplaces.

What to Expect during a Safety and Health Inspection

- The DLS representative will conduct an opening conference to explain the purpose of the visit, and the scope of the inspection. The opening conference will include a request to speak with the workplace union representative, if applicable. The DLS representative may request to review injury records.
- After the opening conference, the DLS representative will conduct a site walkthrough to evaluate tasks, equipment or conditions which could cause a work related injury or illness.
- At the conclusion of the inspection, the DLS representative will conduct a closing conference to discuss observations. The representative will also indicate conditions where corrective action may be required. The representative may also request documentation such as safety policies and training records. Due to the nature of work activities or equipment, additional research by DLS may be required before a report is provided.

Inspection Report

- A written report which identifies hazards and provides recommendations for the prevention of work-related injury or illness will be sent to the department management. The report may take the following formats:
 - a. A **Technical Assistance Report** will be issued when a municipality voluntarily requests on-site assistance. A correction due date is provided for conditions which could cause employee injury or illness.
 - b. **Written Warning** may be issued when a workplace inspection reveals conditions which could cause employee injury or illness. A correction due date is provided.
 - c. A **Civil Citation with Civil Penalty** may be issued which contains a fine of up to \$1,000 per violation, and a correction due date. DLS may consider issuing a Civil Citation with Civil Penalty in circumstances when the employer repeatedly allowed an unsafe condition to occur, the condition has already caused a serious work-related injury, or if the employer has ignored a previous Written Warning.

Massachusetts Department of Labor Standards • Workplace Safety and Health Program

Notice of Alleged Safety and/or Health Hazard

Reporting of Alleged Safety and/or Health Hazard

Complaints regarding occupational safety and health conditions at a public sector workplace (municipality, county, state agency) in Massachusetts can be submitted to the Department of Labor Standards (DLS) using this form. If you prefer to phone in your complaint, the form will be started for you and your signature will be requested.

Complaints regarding occupational safety and health conditions at a private sector employer, including private sector employers working on public property, should be made by contacting the local OSHA area office. See www.osha.gov for a list of OSHA offices.

Who may submit a complaint? Any employee or a representative of employees who believes that a violation of a safety or health standard exists that threatens physical harm, or that an imminent danger exists, may submit a complaint to DLS. Signed complaints are given priority over unsigned complaints. DLS also accepts referrals about potential safety and health conditions from other state agencies, federal agencies and public safety departments.

Can an employer retaliate against the complainant? MGL c. 149 § 185 provides explicit protection for employees exercising their rights, including making safety and health complaints. Complainants are not protected against discipline by their employer for work performance issues. Filing a complaint with DLS regarding safety conditions does not preclude the employer from continuing with disciplinary proceedings or personnel assignments that may be underway.

What happens after a complaint is submitted? DLS evaluates information in the complaint. DLS may respond to the complaint by contacting the employer by phone or letter, by conducting a site inspection, or by referring the complaint to the appropriate government agency that has authority if DLS does not have jurisdiction. If DLS determines that there are no reasonable grounds to believe that a violation exists, the complainant will be notified in writing of such determination when contact information has been provided. The employer is permitted to request a copy of the written complaint. If the complainant has requested, the employee information is redacted before it is submitted to the employer.

Instructions

1. Complete page 2 as accurately and completely as possible.
2. Describe each hazard you think exists in as much detail as you can.
3. If the hazards described in your complaint are not all in the same area, please identify where each hazard can be found at the worksite.
4. If there is any particular evidence that supports your suspicion that a hazard exists (for instance, a recent accident or physical symptoms of employees) include the information in your description.
5. If you need more space than is provided on the form, continue on another sheet of paper.

After you have completed the form, return it by mail, fax or e-mail to:

Department of Labor Standards
167 Lyman Street
Westboro, MA 01581
E-mail: safepublicworkplace@state.ma.us.
Fax: 508-616-0467, Phone: 508-616-0461

Massachusetts Department of Labor Standards • Workplace Safety and Health Program

Notice of Alleged Safety and/or Health Hazard

Complaint Number (for office use) _____

Agency Name (Please provide full name) _____

Site Address _____ Site Phone _____

Mailing Address _____ Mail Phone _____

Management Official for your department _____ Telephone _____

Management Official for the Agency _____

Hazard Description/Location Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists. Include drawings, sketches or photographs if applicable and possible.

Please describe employees affected by the hazard:

- Municipal or County employees
- State employees
- Employees of a private company

Has this condition been brought to the attention of:

- Employer
- Other Government Agency (specify) _____

Please Indicate Your Desire:

- Do NOT reveal my name to my Employer
- My name may be revealed to the Employer

The Undersigned believes that a violation of an Occupational Safety or Health standard exists at the agency named on this form.

(Mark "X" in ONE box)

- Employee
- Safety and Health Committee
- Representative of Employees
- Other (specify): _____

Complainant Name _____ Telephone _____

Address (Street, City, State, Zip) _____

Complainant email _____

Signature _____ Date _____

If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:

Organization Name _____ Your Title _____





Self-Audit Safety Checklist for Emergency Exits

This Emergency Exit checklist contains minimum OSHA requirements for an office setting. There may be additional requirements established by state building code, local Fire Departments. For details about items contained in this checklist, review the state building code and NFPA 101 Lifesafety Code.

Building Name: _____ Date _____
 Address: _____
 Conducted by: _____

Facility Inspection – Exit Routes in Office Settings	Standard	Y	N	Correction Required
Emergency Action Plan				
The workplace has a written Emergency Action and Fire Prevention Plan when building has more than 10 employees.	1910.38 and 1910.39			
Evacuation maps are current and clearly posted.	1910.38(c) (2)			
Emergency Alarm				
An audible employee alarm system must be operable and employees trained on the system.	1910.37(e) and 1910.38(d)			
Exit Doors				
Employees must be able to open an exit route door from inside at all times without keys, tools, or special knowledge.	1910.36(d)(1)			
Exit doors are free of any device or alarm that could restrict emergency use of the exit route if the device or alarm fails.	1910.36(d)(2)			
Exit route doors are operable using one hand.	NFPA 101 Lifesafety Code: 7.2.1.5.10; 2015			
Force required to open doors is not excessive. See NFPA 101 Lifesafety codes for maximum forces: 7.2.1.4.5	1910.36(d)(1) NFPA 101 chptr 7.2.1.4.5			
No snow or ice buildup outside of exit doors.	1910.36(d)(1)			
Exit Signs				
When direction of travel to the exit is not immediately apparent, signs must be posted indicating the direction of travel to the nearest exit.	1910.37 (b)(4)			
Line of sight to exit signs must be clearly visible at all times.	1910.37 (b)(4)			
Exit sign is lighted to at least 5 foot candles.	1910.37(b)(6)			
Exit Route Access				
There are two or more exit routes from each floor. The two exits must be located far away from each other. More than two routes are required if size of building or occupancy reduces employee egress.	1910.36(b)(1)-(2)			
A door that connects to an exit route must swing out in the direction of exit travel if the room is designed to be occupied by more than 50 people.	1910.36 (e)(2)			
A side-hinged door must be used to connect any room to an exit route.	1910.36(e)(1)			
Exit routes shall not go through bathrooms, offices, closets or other rooms subject to locking.	1910.37(a)(3)			
Each exit route is adequately lighted so that an employee with normal vision can see along the exit route.	1910.37 (b)(1)			

Facility Inspection – Exit Routes in Office Settings	Standard	Y	N	Correction Required
Exit Route Dimensions				
Width of exit route must be at least 28 inches wide at all points. NOTE: NFPA 101 requires 36" for existing stairs; and 44" minimum width of new construction.	1910.37(g)(2)			
Objects that protrude into exit route must not reduce the width of exit route to less than minimum requirements.	1910.37(g)(2)			
Ceiling of exit route must be at least 7'6" feet tall. Any projection from ceiling must not reach a point less than 6'8". Mark projections.	1910.37(g)(1)			
Walkways should be smooth and substantially level.	1910.37(h)(3)			
Fire Doors				
Fire doors in stairwells are self-closing and not propped open.	1910.36(a)(3)			
Fire doors in exit route are not propped open. Doors remain closed or automatically close in an emergency upon sounding of a fire alarm or employee alarm system.	1910.36(a)(3)			
Fire doors open in direction of travel to the emergency exit.	1910.36 (e)(2)			
Fire Prevention				
Fire extinguishers—monthly visual check conducted.	1910.157(e)(2)			
Fire extinguishers—annual maintenance check	1910.157(e)(3)			
Flammables stored away from ignition sources.	1910.106(d)(5)(iii)			
Extension cords are not used as permanent wiring, and not strung together.	1910.303(b)(2)			
Toaster, microwave, refrigerator, heaters and other appliances are not connected to power strips.	1910.303(b)(2)			
Items are not hung from sprinkler heads, and storage of items is kept at least 18" below sprinkler.	1910.159(c)(10)			
Fire Safeguards for Exit Routes				
Exit routes must be kept free of flammable furnishings or other decorations.	1910.37(a)(1)			
No storage of flammable materials stored under exit stairs or along exit route.	1910.37(a)(1)			
Exit routes must be maintained during building renovation and maintenance.	1910.37(d)			
Stairs				
Handrail and railing on stairs and exposed landings.	1910.25(b)(1)			
Stairs kept clear. Storage not allowed on stairs or egress.	1910.176(c)			
Platform provided when a door opens directly onto a stairway.	1910.25(b)(5)			

Other Comments:



Self-Audit Safety Checklist for Office Buildings

Purpose:

This checklist is a guide to assist public employers provide a safe workplace and reduce the risk of work-related injuries. This is not a complete list, but includes some key items needed to initiate a safety program at your workplace. Refer to the actual standards for a more detailed description.

Scope: This checklist is designed for Office Employees in public buildings, such as town hall, libraries, and state offices. A separate checklist is available for Custodial and Facilities areas.

Building Name: _____ Date _____
 Address: _____
 Conducted by: _____

Facility Inspection for Office Buildings – Areas Occupied Mainly by Office Employees	Standard	Y	N	Correction Required
Electrical				
Electrical outlets and switches– cover plates installed.	1910.305(b)			
GFCI receptacles in kitchens and wet locations.	1910.304(b)			
Extension cords are not used as permanent wiring.	1910.305(a)(2)(ii)			
Power cords – electrical grounding pins (3-prong) are intact.	1910.334(a)			
Power strips are not piggybacked.	1910.303(b)(2)			
Exits				
All exits are unlocked and useable when building occupied.	1910.36(d)(1)			
Exit doors are operable with one-hand.	1910.36(d)(1)			
Exit egress is unobstructed and at least 28 inches wide	1910.37(a)(3)			
There is no storage on stairs, or blocking egress.	1910.37(a)(3)			
Exits signs are in place and proper size.	1910.37(b)(2)			
Doors that could be mistaken for an exit, are marked as “Not an Exit,” or with name of identity of room.	1910.37 (b)(5)			
Emergency lights, alarms, fire doors operational.	1910.37(a), (e)			
Exit discharges are clear of snow and ice	1910.36(h)(2)			
Fire Prevention				
Fire extinguishers mounted off floor, signage.	1910.157(c)(1)			
Items not hung on, or obstructing sprinklers.	1910.159(c)(10)			
First Aid Kit				
First Aid kit available, accessible to office employees.	1910.151(b)			
Hazardous Chemicals				
Containers kept closed, labeled.	1910.1200(f)(6)			
Safety Data Sheet available for each product.	1910.1200(g)(8)			
Kitchen Area				
Appliances have 3-prong plug or double insulated cords.	1910.335(a)(3)(i)			
Appliances do not have live parts exposed.	1910.305(j)(3)(i)			
Extension cords are not used for appliances.	1910.305(g)(1)(i)			
GFCI on all electric receptacles in damp location.	1910.304(b)			

Facility Inspection for Office Buildings – Areas Occupied Mainly by Office Employees	Standard	Y	N	Correction Required
Ladders				
Step stools or ladders available so workers do not step on chairs or desktops.	1910.23(b)(8)			
Material Storage				
Shelves are secured to prevent tipping.	1910.176(b)			
Item height is at least 18 in below sprinkler heads.	1910.159(c)(10)			
Heavy items are stored in manner to reduce lifting injury.	(5)(a)(1)			
Sidewalks and Entrance				
Sidewalks and entry kept free of tripping hazards.	1910.22(a)			
Entrance mats capture moisture when entering building.	1910.22(a)(2)			
Snow cleared frequently.	1910.22(a)(2)			
Slip, Trip Prevention				
Floors maintained as dry as feasible.	1910.22(a)(2)			
“Wet Floor” signs used.	1910.22(a)(2)			
Floors kept free of tripping hazards, computer cords, and clutter.	1910.22(a)(1)			
Carpet is smooth and not creased.	1910.22(a)(2)			
Stairs				
Stairs, treads and railings in good condition.	1910.25(b)31)			
Stairs with >4 risers have railing and handrail.	1910.28(b)(11)ii			
Space Heaters				
If permitted, space heaters have auto-shutoff if tipped over.	1910.39(c)(3)			
Combustible materials not stored near space heaters.	1910.39(c)(1)			
Written Programs – Office Staff	Standard			
Emergency action plan	1910.38(b)			
Hazard communication for chemical products, if used.	1910.1200(e)			
Required Training – Office Staff	Standard			
Emergency action plan for all employees in facility	1910.38(f)			
Hazard communication if employees use chemical products	1910.1200(h)			
Records Maintained	Standard			
Safety Data Sheets for chemical products.	1910.1200			
Fire extinguisher inspections (monthly and annual)	1910.157(e)			
Injury reports	1904.4			

Safety Programs for Law Enforcement

The following template programs are available at <https://www.mass.gov/service-details/safety-programs-for-public-sector>

- Bloodborne Pathogen Plan for Police, Fire, and EMS
- Emergency Action Plan (Required for Police Station building)
- Firearm Safety (Required)
- Firearm Range Safety Program (Required if employer operates a range)
- Hazard Communication Sample Program (formerly Right-to-Know)
- Ladder Inspection (Required to perform, but written program not required)
- Lockout Tagout Sample plan (Required for station maintenance staff)
- Personal Protective Equipment Hazard Assessment (Required)
- Pre-trip Vehicle Inspections (Required to perform, but written program not required)
- Respirator Program for Police (Required if employees issued respirators)
- Workzone Safety for Traffic Detail Officers (Required to perform, but written program not required)

Keep officers *safe* on the road.

Motor vehicle-related incidents are a leading cause of on-the-job deaths for law enforcement officers in the U.S.



There were more than
750,000
law enforcement
officers in 2012.¹



Officers spend **many hours**
behind the wheel and face
increased risk when responding
to emergency calls.



564 officers died
due to vehicle crashes,
31% of all line-of-duty
deaths from 2005-2016.²



Of the **152** fatal
crashes from 2012-2016,
almost half were
single-vehicle events.²

Officers can prevent crashes and injuries when they:

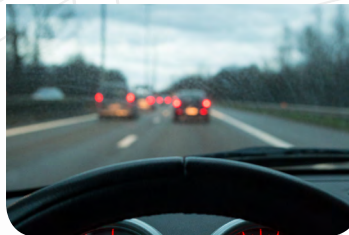
Buckle Up



Slow Down



Focus



Remain Calm



Visit www.cdc.gov/niosh/topics/leo
to access resources to promote
safety behind the wheel.



Visit NLEOMF.org to learn more
about making law enforcement
safer for those who serve.



Centers for Disease Control
and Prevention
National Institute for Occupational
Safety and Health



National Law Enforcement Officers
MEMORIAL FUND
RESPECT. HONOR. REMEMBER.

¹Source: Uniform Crime Reporting Program, www.bjs.gov/content/pub/pdf/nsleed.pdf

²Source: National Law Enforcement Officers Memorial Fund

Employee Injury Reporting Requirements for Public Sector Workplaces in Massachusetts

1. Fatal or Catastrophic Incidents

Notify the Department of Labor Standards within 8 hours of any work related injury to a public sector employee involving:

- Fatality
- Loss of an Eye
- * Amputation
- * Inpatient Hospitalization

Department of Labor Standards

Phone: (508) 616-0461 and choose option #1

Email: safepublicworkplace@state.ma.us

2. Workers Compensation Incidents

Notify the Department of Industrial Accidents when an employee is disabled for 5 full or partial calendar days. Submit Form 101- Employers First Report of Injury/Fatality on-line at <https://www.mass.gov/dia-online-services>.

3. Near Miss and First Aid Incidents

Employers are encouraged to maintain records of “Near Miss” and “First Aid Only” incidents to evaluate patterns. Do not submit to Department of Labor Standards or Department of Industrial Accidents.

4. OSHA 300 Log

Effective February 1, 2019, public sector employers must complete an OSHA 300 Log if the Bureau of Labor Statistics requests a copy of your log. In addition, complete an OSHA 300 Log if requested by a DLS inspector during a site inspection. Do not enter your logs on the osha.gov website.

Survey of Occupational Injuries and Illnesses, 2017



Massachusetts Fax Response Form Send to (617) 626-6944

Employers selected for the BLS Survey of Occupational Injuries and Illnesses are required by Federal Law to respond. If you have questions please contact us at the phone number listed on the front of your survey instructions.

Section 1: Establishment Information

- - Establishment ID Number (from front of survey instructions)

Company Name and Report For (from front of survey instructions)

Today's Date

Contact Name and Title (please print)

Telephone Number (ext)

Fax Number

1 Enter the annual average number of employees for 2017. →

2 Enter the total hours worked by all employees for 2017. →

3. Did you have ANY work-related injuries or illnesses during 2017?

Yes → Complete Section 2 below.

No → Please fax this form to (617) 626-6944.

Section 2: Summary of Work-Related Injuries and Illnesses

1. Refer to the OSHA *Forms for Recording Work-Related Injuries and Illnesses* for the location referenced on the front of the survey instructions under Report For.
2. If you prefer, you may fax your *Summary of Work-Related Injuries and Illnesses* (OSHA Form 300A) with this form. If more than one establishment is noted on the front of the survey instructions, be sure to fax the OSHA Form 300A for each of the specified establishments.
3. If any total is zero on your OSHA Form 300A, write "0" in that space below.
4. The **total** number of cases recorded in G + H + I + J must equal the **total** injury and illness types recorded in M (1 + 2 + 3 + 4 + 5 + 6).

Number of Cases

Total number of deaths

Total number of cases with **days away from work**

Total number of cases with job transfer or restriction

Total number of other recordable cases

(G)

(H)

(I)

(J)

Number of Days

Total number of days away from work

Total number of days of job transfer or restriction

(K)

(L)

Injury and Illness Types

Total number of ...

(M)

- (1) Injuries _____
 (2) Skin disorders _____
 (3) Respiratory conditions _____

- (4) Poisonings _____
 (5) Hearing loss _____
 (6) All other illnesses _____

Injury and Illness Case Form

Tell us about each 2017 work-related injury or illness case if it resulted in days away from work (Column H in Section 2 on Page 1). If you are reporting for a private industry establishment whose six-digit NAICS code begins with: **111, 336, 445, 484, 713, or 722**, also tell us about each case with days of job transfer or restriction (Column I in Section 2 on Page 1). Your NAICS code can be found on the front of your survey instruction sheet. One *Injury and Illness Case Form* should be completed for each injury or illness case.

Tell us about the Case

Go to your completed OSHA Form 300. Copy the case information from that form into the spaces below.

Employee's name (Column B)	Job title (Column C)	Date of injury or onset of illness (Column D)	Number of days away from work (Column K)	Number of days of job transfer or restriction (Column L)
_____	_____	____/____/17 <small>month day year</small>	_____	_____

Tell us about the Employee

1. Check the category which *best* describes the employee's regular type of job or work: (optional)

- | | |
|---|---|
| <input type="checkbox"/> Office, professional, business, or management staff | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Delivery or driving |
| <input type="checkbox"/> Product assembly, product manufacture | <input type="checkbox"/> Food service |
| <input type="checkbox"/> Repair, installation or service of machines, equipment | <input type="checkbox"/> Cleaning, maintenance of building, grounds |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Material handling (e.g. stocking, loading/unloading, moving, etc.) |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Farming |

2. Employee's race or ethnic background: (optional-check one or more)

- American Indian or Alaska Native
 Asian
 Black or African American
 Hispanic or Latino
 Native Hawaiian or Other Pacific Islander
 White
 Not available

NOTE: You may either answer questions (3) to (13) or attach a copy of a supplementary document that answers them.

3. Employee's age: _____ OR date of birth: ____/____/____
month day year

4. Employee's date hired: ____/____/____
month day year

OR check length of service at establishment when incident occurred:

- Less than 3 months
 From 3 to 11 months
 From 1 to 5 years
 More than 5 years

5. Employee's gender:

- Male
 Female

Tell us about the Incident

Answer the questions below or attach a copy of a supplementary document that answers them.

6. Was employee treated in an emergency room? yes no
7. Was employee hospitalized overnight as an in-patient? yes no
8. Time employee began work: _____ am pm
9. Time of event: _____ am pm OR Check if time cannot be determined
 Event occurred: (optional) before during after work shift
10. What was the employee doing just before the incident occurred?
 Describe the activity as well as the tools, equipment, or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
11. What happened? Tell us how the injury or illness occurred.
Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
12. What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
13. What object or substance directly harmed the employee?
Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

Thank you for your participation. Please fax your completed forms to (617) 626-6944.

For office use

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Massachusetts

Safety and Health Orientation for Law Enforcement

Fall 2018

