

YOUTH SERVICES POLICY

Title: Safety Program	Type: C. Field Operations Sub Type: 2. Security Number: C.2.27
	Page 1 of 8
References: See Attachment (a) - References	
STATUS: Approved	
Approved By: William A. Sommers, Deputy Secretary	Date of Approval: 07/19/2022

I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

II. PURPOSE:

To provide a safe, protective work environment for Youth Services (YS) employees, contract staff, interns, volunteers, students, visitors, vendors, WAEs and youth in YS custody or under YS supervision, in order to protect them from accidents and prevent injuries that are painful and potentially disabling.

III. APPLICABILITY:

All YS employees, including contract staff, interns, volunteers, students, visitors, vendors, WAEs and youth in YS custody or under YS supervision.

IV. DEFINITIONS:

Agency – For the purpose of this policy, agency refers to Central Office, Secure Care Facilities and Regional Probation and Parole offices.

Class A Agency – An audited agency that receives a Non-Compliant score on the ORM audit or compliance review will be required to conduct safety meetings and building inspections on a monthly basis effective July 1st of the upcoming fiscal year.

Class B Agency – An audited agency that receives a Compliant score on an ORM audit or compliance review will be required to conduct safety meetings and building inspections on a quarterly basis effective July 1st of the upcoming fiscal year.

Designated Safety Coordinator – An Executive Management Officer located at Central Office (CO), who has been designated as YS Safety Coordinator.

Unit Head – For the purpose of this policy, Unit Head refers to the Deputy Secretary, Probation and Parole Program Director, Youth Facilities Director - Statewide, Regional Directors, Facility Directors and Regional Managers.

Unit Safety Officers and Alternates - Employees located at each unit of YS who have been designated as Safety Officers, each with an alternate.

V. POLICY:

It is the Deputy Secretary's policy to implement a Safety Program pursuant to the provisions of existing statutes and the Office of Risk Management. Employees and youth may enjoy a safer work environment. Fewer accidents may reduce absenteeism. Increased productivity may result because of safer work methods. The agency may experience the added benefit of reducing the agency's insurance costs.

NOTE: YS Policy No. A.1.7 establishes policies and procedures for providing insurance coverage and for reporting all accidents, property damage and injuries sustained where the state may be liable for damages.

The success of the Safety Program depends upon the efforts of all employees to minimize and eliminate all potential hazards. Therefore, YS employees are instructed to devote daily attention to making their activities and/or operations as safe and accident free as possible by complying with this policy.

VI. MISSION STATEMENT

Each Unit Head shall develop a clear statement of the unit's commitment to a safe environment for employees and youth. The statement shall include the concept that safety is an integral part of all operations of the unit, and the expectation of employees concerning safety. The responsibilities for supervisors and employees concerning safety shall be outlined in the statement, as well as a developed system of accountability to ensure that all employees adhere to safety policies, rules and procedures at all times. The statement must include managements's expectation of all employees to follow outlined rules, policies and procedures, and reflect that supervisors will be held accountable for the action of their employees.

A copy of the Unit Mission Statement shall be maintained in the Safety Program Manual and be updated as instructed by the CO Designated Safety Coordinator. The CO Designated Safety Coordinator shall ensure that each unit Safety Officer receives and maintains a copy of the Governor's Mission Statement and the Deputy Secretary's Mission Statement. The CO Designated Safety Coordinator shall ensure that the Deputy Secretary's mission statement is updated as needed and distributed to the unit Safety Officers.

VII. SAFETY RULES

- A. Each Unit Head shall develop a set of written general safety rules that apply to all employees and a set of site-specific safety rules that apply for Firearms, Food Services, Maintenance, Vehicles including Golf Carts, Vocational classes, Boy's Club, Gym, Laundry, Outside Recreation, Chemical Control area, Youth Escort/Mechanical Movement on Campus, Youth Escort/Line Movement, Youth Off Campus Transport, and Swimming Pool, as applicable. Site-specific safety rules are necessary where hazardous activities/operations/tasks exist and other general safety rules are inadequate to reduce or eliminate recognized/potential hazards.
- B. Safety rules shall be enforceable and written in terms that are easily understood. Safety rules shall be posted throughout the secure care facilities and in an area that is accessible to all central office and probation and parole employees.
- C. All YS employees shall be trained on General/Site-Specific Safety Rules within 90 days of hire and annually thereafter. Each unit must obtain 100% staff participation to meet ORM requirements. Training documentation shall include employee's' signatures acknowledging training, training transcripts and/or receipt of safety rules. The unit Safety Officer shall maintain documentation on file for auditor review.
- D. General and Site-Specific Safety Rules shall be reviewed annually and updated as needed.

VIII. ASSIGNMENT OF STAFF RESONSIBILITY

- A. The ultimate responsibility for preventing accidents and controlling hazards rests with management. Safety should be managed like any other administrative function. Management should direct the safety effort by setting achievable goals and by planning and organizing activities to achieve those goals. The keys to effective safety performance are management procedures that assign accountability.
- B. Each Unit Head shall be responsible for the assignment of staff's safety responsibilities. Included in the definition of responsibility shall be Unit Heads, other executive management personnel as deemed appropriate by Unit Heads, supervisors, human resource staff, group leaders, shift supervisors, department heads, staff development, Unit Safety Officers and alternates, maintenance supervisors or foremen, CO Safety Coordinator, and all other

employees. The supervisors written responsibilities must outline that staff must report to the Safety Officer staff's failure to comply with safety rules and staff responsibilities via UOR. There must be a documented method of training accountability for these responsibilities.

- C. Each Unit Head shall develop Standard Operating Procedures (SOPs) outlining staff safety responsibilities, which shall include consequences for those employees who do not comply (see YS Policy No. A.2.1). It must be written that staff's failure to comply may result in disciplinary action as outlined by OJJ Employee Rules of Conduct. A copy of the safety responsibilities shall be given to all employees at new hire orientation training and such action documented. Additionally, safety rules and staff responsibilities shall be reviewed with employees upon any change in position that would place them in a different category. (Refer to Section XII STAFF DEVELOPMENT of this policy.)
- D. Management and the appropriate Unit Heads are responsible for staff being trained on and following the Staff Safety Responsibilities Manual [Attachment b] and the ORM Equipment Management Program [Attachment C].
- E. Assignment of Staff's Safety Responsibilities shall be reviewed annually and updated as needed.
- F. All new hire staff is trained on Assignment of Staff Responsibilities within 90 days of hire and annually thereafter during annual in-service training.

IX. AGENCY CLASSIFICATION:

The Office of Risk Management (ORM) classifies each audited agency as either Class A or Class B based upon the results of the most recent audit or compliance review. This classification determines how often, monthly or quarterly, the agency is required to conduct safety meetings and building inspections.

X. REQUIRED SAFETY RECORDS:

- A. Good record keeping is essential to occupational safety and loss prevention. Without records, it is impossible to analyze or measure success. Records supply the information to transform haphazard, costly, and ineffective safety methods into a planned program that controls unsafe conditions and/or acts that may contribute to accidents. A second important use of safety records is to compare the safety effort of an agency to others performing similar functions. This comparison enables an agency to evaluate its own safety accomplishments.

- B. The Unit Safety Officer is responsible for maintaining all documentation as it relates to the Safety Program.
- C. All Training Records shall be maintained for the previous five (5) years.

XI. ANNUAL AUDIT OR COMPLIANCE REVIEW (CR):

- A. Central Office, Probation and Parole Regional Offices and Secure Care Facilities shall be audited every three (3) years by the Loss Prevention Unit of ORM concerning the implementation of the loss prevention program.

NOTE: YS Policy No. A.7.1, "Safety Plan" contains information concerning loss prevention.

- B. During the non-audit years, a compliance review (CR) shall be conducted by a Loss Prevention Officer.
- C. Self-audits shall be conducted prior to either the audit or CR in February of each year. A copy of the self-audit reports shall be forwarded to the CO Designated Safety Coordinator and to the assigned Loss Prevention Officer for review.
- D. The CO Designated Safety Coordinator shall conduct quarterly audits of the Safety Program at Secure Care Facilities.
- E. Each unit shall complete corrective action plans as needed for the secure care Quarterly Safety Program Audits, ORM Audits or Compliance Review, as needed.

NOTE: Compliance with the Safety Program is just one factor in determining the insurance premium paid in the following or subsequent fiscal years.

XII. STAFF DEVELOPMENT:

- A. ORM Mandatory Training Topics:

Safety related training shall be provided to all employees who must perform new tasks or operate new equipment or whose safety performance is not satisfactory. The safety related training, whether conducted by a supervisor on the job or by a training specialist, shall include instruction in correct work procedures, use of safety equipment, and availability of assistance.

Additionally, a maximum of 25% of the required safety meetings are allowed to be “policy review only” meetings. The remainder of the meetings must cover specific safety and health topics, encourage discussion when possible, and strive for a variety of content from year to year. All safety related training, whether formal or on-the-job training (OJT) shall be documented.

Unit heads/designees shall ensure that trained persons are conducting safety meetings, inspecting work areas, investigating accidents, analyzing jobs for safety, and demonstrating leadership skills in safety.

Documented training for hazard communication is required when an employee is working in a new area, a new material or procedure is introduced into the work place, or if it is determined by a supervisor that refresher training is needed.

The Designated Safety Coordinator, Unit Safety Officers and alternates shall have documented proof of attendance at least once every five years in the ORM Loss Prevention Program course. In addition, they must also show proof of attendance for training on accident/incident investigations, building inspections, safety meetings, job safety analysis and supervisor responsibility.

New Hire Orientation:

All units are required to conduct new hire orientation training on the following topics. Training documentation and curriculum shall be maintained on file for auditor review. The curriculum shall consist of PowerPoint Presentations, YS Policies and Unit SOP's. It is required that 100% of staff participates to meet program requirements.

- Safety Plan with 90 days of hire
- Hazard Communication (FTC/SDS) within 30 days hire
- Haz-Comm (Ammunition) within 30 days of hire (applicable to CO and P&P)
- Blood Borne Pathogens (classroom instruction or virtual) within 90 days
- Drug Free Workplace within 90 days of hire
- Fire and Emergency Procedures within 90 days of hire
- Return to Work within 90 days of hire
- Safety Rules and Staff Responsibilities within 90 days of hire

Annual In-Service:

All units are required to conduct annual in-service training on the following topics. Training documentation and curriculum shall be maintained on file for auditor review. The curriculum shall consist of PowerPoint Presentations, YS Policies and Unit SOP's. It is required that 100% of staff participates to meet program requirements.

- Hazard Communication (FTC/SDS)
- Haz-Comm (Ammunition) (applicable to CO and P&P)
- Blood Borne Pathogens (classroom instruction or virtual)
- Fire and Emergency Procedures
- Safety Rules and Staff Responsibilities

NOTE: Annual In-Service Training must be conducted prior to or during the same month as the previous year's training.

Every Five Years:

All units are required to have a documented training on the following topics every five years. Training documentation and curriculum shall be maintained on file for auditor review. The curriculum shall consist of PowerPoint Presentations, YS Policies and Unit SOP's. It is required that 100% of staff participates to meet program requirements.

- Drug-Free Workplace (Refer to YS Policy No. A.2.7.)
- Transitional Return to Work (Refer to YS Policy No. A.2.28)

Blood Borne Pathogens:

All Youth Services employees are considered to be **high-risk**. Training on Blood Borne Pathogens must be completed within 90 days of hire and annually thereafter. It is required that 100% of staff participates to meet program requirements.

Training for **high-risk** employees shall be instructor-led by someone qualified and knowledgeable in such matters (e.g., trained by ORM/Sedgwick, health care professional, safety and health professional, EMT, First Aid/CPR instructor, Red Cross, etc.) While in-person classroom instruction is always the preferred method of training, virtual training is an acceptable alternative provided that all of the criteria is met in accordance with YS Policy B.6.2, "Communicable and Contagious Diseases and Infection Control Program."

B. Safety Plan Training:

All employees shall be made aware of the contents of this ORM Safety Program during orientation. Documentation shall include employees' signatures acknowledging receipt of the policy and/or how to access it.

A copy of the safety rules and staff responsibilities shall be issued to all employees at new hire orientation and such action documented.

NOTE: Safety rules and staff responsibilities shall be reviewed with employees upon any change in position that would place them in a different category.

C. Supervisor Training

On an annual basis, during the months of July – September, secure care unit Safety Officer shall ensure that each supervisor is trained on the process and procedures for accident/incident investigations, building inspection, emergency preparedness/fire drills, safety meetings, job safety analysis and supervisor responsibilities.

XIII. EFFECTIVE DATE:

This policy will be effective on July 1st, 2022.

Previous Regulation/Policy Number: C.2.27

Previous Effective Date: 06/06/2022

Attachments/References: C.2.27 (a) References June 2022
C.2.27 (b) Staff Safety Responsibilities Manual July 2022
C.2.27 (c) ORM Equipment Management Program June 2022

Office of Risk Management (ORM)

ACA Standards – Standards for Administration of Correctional Agencies

2-CO-1B-01, 2-CO-1B-05, 2-CO-1B-06, 2-CO-1B-07, 2-CO-1B-08 and 2-CO-1B-11

ACA Standards – Performance-Based Standards for Juvenile Correctional Facilities

4-JCF-1A, 4-JCF-1B, 4-JCF-6B, 4-JCF-6D and 4-JCF-6E

YS Policy Nos.

- A.1.7 - Risk Management
- A.1.8 - Emergency Operations Plan
- A.1.13 - Influenza Preparedness, Response and Recovery
- A.1.18 - Shelter/Meals for Employees on Duty During Emergency Situations
- A.2.1 - Employee Manual
- A.2.7 - Drug-Free Workplace
- A.2.8 - Sexual Harassment
- A.2.16 - No Smoking and Tobacco-Free Policy
- A.2.19 - Commissioned Probation and Parole Office-Juvenile/Special Agents
- A.2.22 - Position Descriptions
- A.2.24 - Staff Development and Training Plan
- A.2.30 - Mail Precautions
- A.2.38 - Ethics for Public Employees: Nepotism, Prohibited Relations, Gifts, Ethics Opinions
- A.2.48 - Driver Safety Program
- A.2.49 - Worker's Compensation
- A.2.57 - Prohibited Harassment and Discrimination
- A.2.60 - Domestic Violence
- A.2.67 - Management of Tuberculosis - Employees
- A.3.1 - Asset Management
- A.3.7 - Procurement of Supplies and Equipment
- A.3.8 - Budget and Fiscal Management Activities
- A.3.10 - LaCarte Purchasing Card Program
- A.3.11 - Financial and Property Loss Prevention Program
- A.5.1 - Access to, Security of, and Use of Information Technology Resources and Mobile/Cellular/Smartphone Devices
- A.5.6 - Internet and Email Usage
- A.5.8 - Cell Phone/Smart Phone Usage
- A.5.9 - Social Networking
- A.7.1 - Safety Plan
- B.6.2 - Communicable and Contagious Diseases and Infection Control Program
- B.6.3 - Coronavirus (COVID-19) Procedures and Protocols
- C.1.8 - Firearms Training, Use and Revocation
- C.1.18 - Facility Tours
- C.2.1 - Escapes, Runaways, Apprehensions, and Reporting
- C.2.2 - Facility Riot, Significant Disturbance and Hostage Situation
- C.2.5 - Searches of Visitors – Secure Care
- C.2.7 - Youth Drug/Alcohol Testing
- C.2.10 - Safety and Emergency Management
- C.2.12 - Emergency Escorting
- C.2.13 - Key Control Program
- C.2.14 - Tool Control Program
- C.2.15 - Control and Use of Flammable, Toxic, and Caustic Substances (FTCs)
- C.2.15A - Hazardous Materials Program – Cecil J. Picard Center
- C.2.16 - Entrance Posts for Secure Care Facilities (Front, Rear/Back, Pedestrian and Vehicular)
- C.2.18 - Perimeter Security for Secure Care Facilities
- C.2.20 - Youth Transport – Secure Care Facilities
- C.2.22 - Contraband Control – Secure Care Facilities
- C.6.1 - Food Services
- D.10.5 - Receipt, Security and Disbursement of Funds Collected from Youth – Supervision Fees and Restitution
- D.10.11 - Transporting Youth by Community Based Services



**OFFICE OF
JUVENILE JUSTICE
STAFF SAFETY
RESPONSIBILITIES
MANUAL
FIRST EDITION
2022**

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I. MONTHLY REPORTING:

- A. Each secure care facility shall provide the CO Designated Safety Coordinator and unit Safety Officer with the Monthly HR Reports that consists of the Extended Leave Reports and Staff Activity Reports that include a list of new hires, resignations, separations, promotions, details, transfers, etc. This report is due during the first week of every month for the previous month.

II. SAFETY TOPIC MEETINGS AND TRAINING:

- A. Safety meetings shall be educational, motivational, and demonstrate management's concern for safety.
- B. Safety meetings shall be conducted in accordance with the agency's classification (Class A or Class B).
- C. A maximum of 25% of the required meetings are allowed to be "policy review only" meetings. The remainder of the meetings must cover specific safety and health topics, encourage discussion when possible, and strive for a variety of content from year to year.
- D. Safety meetings are required for supervisors and all employees of each work area. Each unit shall strive for 100% employee participation, with 75% being the minimum allowable attendance at each meeting.
- E. To demonstrate their total support for workplace safety, Unit Heads are required to attend all safety meeting requirements during the audit period meeting 100% participation.
- F. Preparations shall be conducted for safety meetings in order to conduct topics that will benefit all employees in attendance.

Examples of appropriate topics are as follows

- New job;
- Procedural changes in an operation; or
- An unsafe behavior or activity.

(The below section applies to Secure Care.)

Secure care facilities cannot use a topic that is being covered by Staff Development in new hire orientation or annual in-service as a safety meeting topic.

The title of the topic and methods used to conduct the safety meeting shall be documented on the attendance roster. The attendance roster shall at a minimum reflect the following:

- Date of training;
- Topics discussed;
- Curriculum must be detailed with the full name of PowerPoints, full name of YS Policies and the full name of Unit SOP's, as applicable;
- Instructor's signature;
- Total number of employees on staff;
- Total number of employees in attendance at the training;
- Percentage of staff participation;
- Signatures and personnel numbers of employees on attendance sheets; and
- Employee suggestions or follow up.

The Secure Care Safety Officer must track staff participation and conduct make-up training, as needed, until compliance is met.

- G. Safety meetings may be distributed via LEO e-mail, handouts or correspondence. Employees shall be required to indicate that they "have read and understand" the materials or provide a read receipt for training conducted via email.
- H. The Central Office and Probation and Parole shall conduct this training via LEO. The CO Designated Safety Coordinator shall select a topic or topics and forward the topic or topics to CO Staff Development to articulate and place on LEO. CO Staff Development shall provide the CO Designated Safety Coordinator and the Probation and Parole unit Safety Officers with the LEO Report. The CO Designated Safety Coordinator and the Probation and Parole unit Safety Officers shall track staff participation, send out reminders to staff to complete training and, when needed, ensure compliance.
- I. There is a written procedure in place that ensures that those employees not able to attend the safety topic training receive the safety topic training information/material upon their return to duty.

- J. There is a written procedure in place that ensures secure care new hire staff receive the safety topic training during orientation training with Staff Development.
- K. A make-up meeting shall be conducted and documented for any absent employee. All make-up meetings must occur within the same month or quarter, depending on agency classification.
- L. (This section applies to Secure Care only.) A copy of all attendance rosters must be forwarded to staff development for entry in TREC. The original attendance rosters along with a copy of all hand-outs/training curriculum is maintained on file by the unit Safety Officer for auditor review.

The unit Safety Officer at the Acadiana Center for Youth must forward all attendance rosters to CO Staff Development for entry into LEO for tracking purposes. The original attendance rosters along with a copy of all hand-outs/training curriculum is maintained on file by the unit Safety Officer for auditor review.

- M. Each Secure Care Unit Safety Officer is responsible for conducting and documenting site-specific training meetings with all vocational classes, food services, maintenance, etc.
- N. Documentation of all safety meetings shall be available for review at the next audit or compliance review.
- O. The CO Designated Safety Coordinator, Unit Safety Officers and alternates shall have documented proof of attendance at least once every five years in the ORM Loss Prevention Program course. In addition, they must also show proof of attendance for training on accident/incident investigations, building inspections, safety meetings, job safety analysis and supervisor responsibility.

III. BUILDING INSPECTIONS:

- A. Inspections are required for all unit buildings/structures. The operational safety plan shall include general housekeeping guidelines that outline the process and procedures for conducting inspections of the unit to identify and correct hazards.
- B. A written report shall be completed for each inspection, and maintained for review at the next audit or compliance review. The report shall include identification of unsafe conditions or acts and the recommended corrective action.
- C. Inspections serve two basic functions:
 - 1. To maintain a safe work environment and to control the safe actions of people; and
 - 2. To maintain operational efficiency.
- D. Regular interior and exterior inspections of all buildings (whether in use or not) shall reinforce to employees the importance of safety and management's commitment to safety. Buildings used as a staff's primary residence only require an exterior inspection.
- E. Inspections encourage employees to inspect their own work areas and identify unsafe conditions. Building inspections shall be conducted in accordance with the most recent agency classification, using a site-specific inspection checklist, regardless of whether a problem has been reported.
- F. Unsatisfactory conditions shall be reported immediately and corrected to meet accepted and approved standards. Discrepancies noted on a building inspection that do not require a work order are reported immediately to the supervisor for correction. The name of the supervisor is documented on the original building inspection. Discrepancies noted on a building inspection that require a work order number is forwarded to maintenance for follow-up. The work order number is documented on the original building inspection.
- G. The building inspection checklist shall be site-specific, used for analyzing work areas and include building safety, electrical safety, emergency equipment, fire safety, office safety and storage methods.

- H. Employees are responsible for immediately reporting any recognized potentially hazardous condition of practice. Employees shall report any unsafe condition to the supervisor and/or the Unit Safety Officer via the Hazard Control Log or other acceptable method (Maintenance Work Order System).
- I. The authorized person(s) shall take immediate temporary control of the area to prevent exposure until corrective action is taken. If a supervisor or the Unit Safety Officer cannot correct the hazard, they shall immediately report it to the next level of management.
- J. Hazard Control Logs (or other similar reporting forms) shall be reviewed on a regular basis, and signed/initialed and dated each time. All discrepancies noted on a hazard control log shall be corrected as quickly as possible and documented on the hazard control log as being repaired and/or completed. Hazard Control Logs are to be posted by the quarter. Example: July – September 2022. The Unit Safety Officer reviews, follows up on corrective actions, signs and dates the report when replacing for the next quarter (such as Oct – December 2022).
- K. Secure Care Monthly Maintenance Reports shall be completed and forwarded to the CO Designated Safety Coordinator no later than the 15th of every month for the previous month. The report shall address regular work orders, preventive maintenance work orders and emergency work orders. The report shall include a Summary of Open and Completed Orders by Worker, Open Orders Past Target Completion Date, and Work Order List Report – Detailed.
- L. If a hazard exists for more than 30 days, the supervisor or the Unit Safety Officer shall notify the Unit Head of the situation for reporting to the assigned loss prevention officer (ORM/Sedgwick staff).
- M. The report of a hazard shall be retained in the affected work area until all hazards are corrected and made available for review at the next audit or compliance review.

- N. If applicable, any deficiency discovered during an inspection conducted by the State Fire Marshal's Office shall be corrected and documented on the corrective action plan. This also applies to the Department of Health Inspections. The unit Safety Officer must maintain the initial inspection report, corrective action report, and the follow-up inspection to clear discrepancies for each visit.

IV. REQUIRED TIMEFRAME FOR SAFETY INSPECTIONS:

Building inspections shall be conducted in accordance with the agency's classification (Class A or Class B).

V. ACCIDENT/INCIDENT INVESTIGATIONS:

Accident/Incident Investigations is addressed in Youth Services Policy A.1.7, "Risk Management".

VI. JOB SAFETY ANALYSIS FOR SECURE CARE FACILITIES:

- A. Another component of accident/incident investigation is job safety analysis. As a responsibility of the immediate supervisor/designee, the job safety analysis is a procedure to be used in reviewing work methods and identifying hazards that may result in incidents/accidents. There may have been unforeseen hazards during the design of the building, workstation, equipment, tools, or processes. Hazards may have developed after the work procedure was designed, or they may be the result of a change in the work procedure or personnel. All applicable job safety analyses must be reviewed in post-accident/incident situations.
- B. A job safety analysis is one of the first steps in hazard prevention, accident/incident analysis and safety training because a hazard must be recognized before it can be eliminated. Therefore, a job safety analysis shall be performed on all tasks that have resulted in an accident/incident trend, death, or a change in job procedures or equipment.

- C. The three objectives in job safety analysis are as follows:
1. To systematically evaluate jobs and work methods to eliminate hazards and potential hazards;
 2. To assist in the teaching of safe work procedures; and
 3. To provide a framework for accident/incident analysis.
- D. The process for Job Safety Analysis must be outlined in the unit's standard operating procedure and include the following:
- When to Perform a Job Safety Analysis
 - JSA Procedures
 - Select the Job – Factors to Consider
 - How to Perform the Analysis
 - Identify Hazards
 - Develop Solutions
 - Conduct a Follow-Up Analysis
 - Use of the Job Safety Analysis
 - Record Keeping
- E. An annual review/assessment of the facility is conducted by the Safety Officer and other applicable staff to determine the need for JSA revisions. This assessment is documented on the Job Safety Analysis Review Form. The assessment includes at a minimum, the date of assessment, department, JSA Title needing analysis and the name(s) of staff participation. Job Safety Analysis are revised according to the documented review/assessment.
- F. A review of job safety analysis requires three people as follows:
1. Operator/Instructor;
 2. Supervisor; and
 3. Unit Safety Officer.

All job safety analysis shall be reviewed on an annual basis and updated as needed during the 3rd quarter (Jan – March) every year. This review shall be documented and maintained on file. All applicable staff shall be trained on each job safety analysis. This training shall be documented and maintained on file. Maintenance Supervisors shall ensure that on-the-job training is conducted during new hire orientation. All job safety analysis shall be posted in the same area as the equipment and be accessible to all staff.

- G. The unit Safety Officer shall maintain an up-to-date manual of all job safety analysis by Department. This manual will include a Job Safety Analysis Index that identifies at a minimum the following:

- Name of Department
- JSA Title
- Date JSA Completed
- Date JSA Reviewed
- Revision Needed
- JSA Identifies PPE

The manual shall also include jobs by department and:

- An up-to-date JSA
- Annual Assessment
- Staff Training
- Youth Training

VII. DRUG-FREE WORKPLACE

- A. Each Unit Head shall develop Standard Operating Procedures (SOPs) that addresses Drug-Free Workplace as outlined in YS Policy A.2.7, Drug-Free Workplace.
- B. Each unit shall conduct mandatory, documented training on the basics of the unit SOP and the YS policy on Drug-Free Workplace within 90 days of hire.
- C. In addition, each unit shall conduct mandatory, documented training on Drug-Free Workplace at least once every five (years) thereafter.

VIII. RETURN to WORK PROGRAM

In conjunction with reporting and investigating all accidents/incidents, it is critical that the each unit have standard operating procedures in place to get injured employee(s) back to work as soon as possible thereafter, to the extent possible, as directed by the treating physician.

Return to Work is addressed through Youth Services Policy A.2.28, Return to Work.

Pursuant to R.S. 39:1547, each Unit Head shall ensure that standard operating procedures are developed to address Transitional Return to Work Plan. The development and implementation of the plan is mandatory.

Each unit shall ensure that the WC4000 "Transitional Duty Report" is completed by human resource personnel during the first week of every month for the previous month, regardless of loss claims reporting. Secure Care Facilities must forward the completed WC4000 to the CO Designated Safety Coordinator.

- A. Each unit shall conduct mandatory, documented training on the Transitional Return to Work within 90 days of hire.
- B. In addition, each unit shall conduct mandatory, documented training on Transitional Return to Work at least once every five (years) thereafter.

IX. BLOOD BORNE PATHOGENS REQUIREMENTS:

Blood Borne Pathogens is addressed through YS Policy B.6.2, which outlines the requirements for communicable and contagious diseases and infection control. All YS staff are considered to be high-risk.

- A. Each Unit Head shall develop Standard Operating Procedures (SOPs) that addresses Blood Borne Pathogens as outlined in YS Policy B.6.2, "Communicable and Contagious Diseases and Infection Control". The unit SOP must address the following:
 - Exposure Determination
 - Medical Evaluation for Affected Employees
 - Methods of Compliance
 - Work Practice Controls
 - Spill Procedures
 - Spill Kits – Availability, Maintenance and Stocking
- B. Each unit shall conduct mandatory, documented training on BBP (including the YS policy) for high-risk employees within 90 days of hire.
- C. In addition, each unit shall conduct mandatory, documented training on BBP (including YS Policy) for high-risk employees at least once every year.

- D. Training shall be conducted in a classroom type setting with signed attendance roster documenting employee participation.

X. FIRST AID/BLOOD SPILL KITS:

- A. Each unit must maintain a written First Aid Program (standard operating procedure) that addresses the needs of employees, visitors and youth.
- B. The standard operating procedure must cover the process and procedures for the availability, inventory, maintenance, stocking and re-stocking of first-aid and spill kits.

XI. COMPONENTS OF EMERGENCY PREPAREDNESS:

- A. In addition to general safety rules, special rules are needed to cover various types of emergencies such as fire, natural disasters, proximity threats, or terrorism. Each agency shall have an emergency preparedness plan for such events and contact information for response personnel should be on file with the local police and fire departments.

NOTE: YS Policy Nos. A.1.8, A.1.13, C.2.2, C.2.10 and C.2.12 cover the different components of emergency preparedness.

- B. Each Regional Office shall conduct actual fire drills at least once per year.
- C. Each secure care facility shall conduct monthly fire drills (one on each shift) for each dormitory housing unit. All other areas of the facility shall be conducted once on a monthly basis.
- D. Each unit Safety Officer shall review all Fire Drill Reports and follow-up to ensure the accuracy of the report. The Unit Safety Officer must address all discrepancies, staff comments, concerns and questions.

XII. HAZARD COMMUNICATION AND CHEMICAL SAFETY (FTC/SDS):

- A. The need to have a hazardous materials program is not based on the quantity of certain chemicals, but is based on the exposure potential for employees to those materials. A full assessment of all materials must be conducted by each unit, including a review of the Safety Data Sheet (SDS).
- B. Special rules are needed to cover the handling, storing and use of hazardous material from receipt through disposal. Each unit shall conduct and document a complete inspection of all offices, facilities, grounds, vehicles and any other piece of state property that may contain hazardous materials. B.
- C. A substance is considered “hazardous” if it is classified as either a “physical hazard” (flammables, explosives, etc.) or a “health hazard” (carcinogen, hepatogen, mutagen, etc.)
- D. The Safety Data Sheet (SDS) is a document required by government regulation for all hazardous chemical substances produced and/or sold in the United States.

YS Policy Nos. C.2.15 and C.2.15A provides instructions concerning storing, issuing, controlling, and accounting for all hazardous materials, including caustic, toxic, and flammable, in order to provide protection and safety for all employees and youth.

- E. Documented training on Hazard Communication (FTC/SDS) is required:
 - 1. Within 30 day of hire; and
 - 2. If working in a new area or with new hazardous materials; and
 - 3. Whenever the department head, unit safety officer, or supervisor determines that a refresher is needed; and
 - 4. At least annually, thereafter.

XIII. BONDS, CRIME & PROPERTY PROGRAM

YS Policy Nos. A.3.7, A.3.8, A.3.10, A.3.11, A.5.1, A.5.6, A.5.8, and A.5.9 provides guidelines on the following:

- Prevention of property damage and/or loss;
- Separation of duties;
- Controlling inventories;
- Purchasing procedures;
- Reporting losses/damages;
- Investigating losses/damages
- Timely reporting of losses to the correct claims unit'
- Handling negotiable items;
- Procedures for securing vaults/safes;
- Assigned staff responsible for keeping the program current;
- Outlines employee responsibilities; and
- Conducts documented training in relation to job duties per the program.

XIV. SECURITY PLAN

Each Unit Head shall develop process and procedures that address the following:

- Written security plan that includes but is not limited to procedures that address limited, controlled access for authorized individuals to buildings;
- Procedures that address monitoring and controlling visitor access;
- Procedures that address securing all entrances and exits;
- Procedures that limit access to data on personal computers;

XV. KEY CONTROL

Each Unit Head shall develop process and procedures as outlined in YS Policy C.2.13, "Key Control Program". The program must address at a minimum the following:

- A key control log;
- Methods for issuing, returning, and accounting for lost or stolen keys;
- Assigning responsibility for the program;
- Employee responsibility for handling of keys; and
- Procedures to changes locks and/or codes.

XVI. DRIVER SAFETY PROGRAM

YS Policy A.2.48 provides the guidelines for the Driver Safety Program.



**OFFICE OF
JUVENILE JUSTICE
EQUIPMENT
MANAGEMENT
PROGRAM**

FIRST EDITION

2022

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I. OVERVIEW

All secure care Unit Heads shall implement an equipment management program for all electrical and mechanical equipment. This also applies to the Cecil J. Picard Center.

The Equipment Management Program will assist in lowering the high cost of insurance, reducing the number of unplanned outages and extending the life of the mechanical and electrical equipment. Equipment covered under the boiler and machinery policy is not depreciated; it is covered for the replacement value.

The primary goal of an equipment management program is to ultimately decrease repairs to equipment by increasing the efficiency in managing the scheduled equipment maintenance.

The Equipment Management Program applies only to electrical and mechanical systems, equipment that is integral to the operation of the building and/ are affixed (i.e., hardwired or plumbed) part of the building or structures. It does not apply to mobile portable equipment.

Portable and fixed generators that are used to supply power to any part of the building during an emergency will be included in the electrical portion of the Equipment Management Program. Portable generators that are used for any other purpose (welding, running a sump pump, running an irrigation pump, running power tools at remote site, etc.) will not be included in the Equipment Management Program.

An effective program will reduce the loss of equipment, decrease operational downtime and extend the life of mechanical and electrical equipment. The size, nature and complexity of an operation dictate certain maintenance requirements. All systems shall be monitored so that temperature, humidity, plumbing, lighting, air quality, emergency, and safety equipment are maintained at an acceptable level.

II. COMPONENTS

The components of an Equipment Management Program shall include at a minimum maintenance policies and procedures that address the following:

- A. Responsibilities:
Each unit is responsible for implementing a viable equipment management program. The program shall be made available and assessable to all maintenance and other designated staff. The program shall designate personnel who are responsible for specific maintenance areas. Policies must outline the roles and responsibilities of managers, supervisors and employees within the maintenance program.
- B. Specific Inventory:
Each unit shall develop a specific inventory of all mechanical and electrical equipment in the program including the name of the equipment, location, model number, and serial number.
- C. Preventive Maintenance Procedures:
Each unit shall develop preventive maintenance procedures for each piece of mechanical and electrical equipment included in the program that include:
 - Tasks to be completed
 - Trades skills needed to accomplish the task
 - Estimated time required to complete task
- D. Preventive Maintenance Schedule:
Each unit shall develop preventive maintenance schedule for each piece of equipment included in the program. It is recommended that the suggested manufacturer's preventive maintenance (PM) be followed on its equipment; however, if this information is not available, the ORM Loss Prevention Program contains some suggested schedules. Any secure care facility using a preventive maintenance contract shall specify therein how often the work is to be performed.

- E. Testing Procedures:
Each unit shall develop testing procedures for each piece of equipment that requires testing. The program shall specify the test(s) to be performed and the frequency. It is recommended that each unit follow the suggested manufacturer's testing procedures on its equipment; however, should this information not be available, ORM's Loss Prevention Program contains some suggested test and schedules.
- F. Documentation:
Each unit shall document its preventive maintenance and/or repair procedures, schedules, and testing procedures performed on the mechanical and electrical equipment. The documentation should provide an equipment history and include at a minimum the following, if applicable:
1. What work was performed on the equipment?
 2. Who performed the work?
 3. How long did it take to perform?
 4. What replacement parts were used and their cost.
 5. If the secure care facility is using a contractor to perform preventive maintenance, repairs, testing, etc., the facility shall require the contractor to provide clear, concise documentation of the work performed; and
 6. Date work was performed/completed.
- G. Training:
Each unit shall provide documented training for all maintenance employees trained in areas related to the program, whether formal or on-the-job training, to include training on:
1. The written Equipment Management Program
 2. The operation of equipment in the program
 3. The preventive maintenance of the equipment in the program
 4. The testing procedures for equipment and the operation of testing equipment
 5. The safety precautions to be aware of when performing the preventive maintenance as well as the PPE needed before starting the procedure.

NOTE: Employees who come from elsewhere (public or private sector) with significant, relevant experience and/or training do not need to re-train provided there is proof that the facility reviewed and determined an employee's level of training and competency to safely perform the job.

III. COMMUNICATION/ORGANIZATION

The Third Party Administrator shall, upon request, assist in setting up the program, if needed. The State Loss Prevention Officer shall cite maintenance program deficiencies during their inspections at state facilities. These deficiencies, along with any recommendations for corrective action, shall be reported in writing to the Office of Risk Management. All correspondence shall then be forwarded to the Unit location in question for a response to and/or corrective action plans addressing the recommendations.

Secure care facilities that have maintenance service contracts in force will provide all relevant documentation to the Loss Prevention Officer upon request.

IV. AUDITS AND RECORD KEEPING

The Third Party Administrator shall, upon request, assist in reviewing and analyzing the equipment management program to determine if it is properly designed to have the intended impact. Records will be maintained for the life of the equipment on all program equipment including, but not limited to: preventive maintenance schedules, testing results, repair documents, replacement documents and all completed service documents. The documentation may be listed on the work order comments if using a computer based Maintenance Management program designed specifically for management such as work orders, inventory, preventive maintenance and time management. Loss Prevention Audits shall be conducted on the program every three years. Recertification/compliance reviews shall be conducted in subsequent years.

All maintenance employees shall be trained on the Equipment Management Program during on-the-job (OJT) new hire orientation and annually thereafter during the month of July.

V. PERSONAL PROTECTIVE EQUIPMENT (PPE)

Each Unit Head shall establish a written Personal Protective Equipment Program that includes the following:

- Performing an assessment of its workplace to determine if hazards requiring the use of PPE are present or likely to be present. (If possible, hazards should be reduced or eliminated with engineering or work practice controls rather than PPE. PPE should be a last resort).
- Identifying appropriate PEE and supplying at no cost to the employees.
- Training employees on the use of PPE including:
 - What PPE is required when performing job tasks?
 - When PPE is required when performing job tasks
 - How to obtain the required PPE
 - How to properly use PPE, including properly donning/removing and fit testing the PPE
 - Limitations of the PPE
 - How to properly care for and store
 - Disposal
 - How and/from who to request assistance concerning PPE
 - Identifying how the facility will enforce proper PPE usage
 - Identifying how the facility will provide for an required medical examinations (i.e. for respirator usage), if needed
 - Identifying how and when to evaluate the PPE Program

The facility must be able to provide documentation of implementation for each area of the program as it applies.

All maintenance employees shall be trained on the personal protective equipment (PPE) during on-the-job (OJT) new hire orientation and annually thereafter during the month of July.

VI. WORK ORDER SYSTEM

Each unit location shall have a documented work order system that addresses scheduled preventive maintenance and/or repairs. The procedures should include reporting work orders and assignments and documenting work completion. All repairs should be initiated, and serious work orders completed, within thirty (30) days. Preventative maintenance work orders must be completed during the same month issued.

All maintenance employees shall be trained on the work order system during on-the-job (OJT) new hire orientation and annually thereafter during the month of July.

VII. LOCKOUT/TAGOUT (LO/TO)

Preventing worker injuries and deaths from the uncontrolled release of electrical, mechanical, and other types of hazardous energy is at the heart of any equipment management effort. The ORM Loss Prevention Unit requires that every state entity possessing electrical and mechanical equipment necessitating an equipment management program must include a written Lockout/Tagout plan. Any Lockout/Tagout Plan must first consider who is to be protected, as well as what forms of hazardous energy are present.

If any LO/TO work is to be performed by an outside contractor, the Agency shall ensure that the contractor has its own written LO/TO program and that the Agency's affected employees are trained on the contractor's program.

Employees to be protected are primarily those who service and maintain the machinery or equipment, and secondarily, those who operate or use such. These groups of employees are referred to, and defined as:

Affected Employee is the individual who operates or uses a machine or equipment on which servicing/maintenance is being performed under lockout or tagout, or whose job requires working in an area in which such servicing or maintenance is being performed.

Authorized Employee is the individual who locks out or tags out machines or equipment in order to perform servicing or maintenance. An affected employee is also an authorized employee when that employee's duties include performing servicing or maintenance on covered equipment.

Employees may be exposed to hazardous energy in several forms and combinations during installation, maintenance, or repair work: The forms of energy include:

- Kinetic (mechanical) energy in the moving parts of mechanical systems
- Potential energy stored in pressure vessels, gas tanks, hydraulic or pneumatic systems, etc. (Potential energy may be released as hazardous kinetic energy)

- Electrical energy from generated electrical power, static sources, or electrical storage devices (such as batteries or capacitors)
- Thermal energy (high or low temperature) resulting from mechanical work, radiation, chemical reaction, or electrical resistance.

Each Unit must tailor their LO/TO policy and procedure to their own needs.

Each Unit shall train all of their authorized employees annually, during the month of July, and their affected employees once every three years, and document such.

Appropriate LO/TO devices shall be available for employee use.

VIII. ELEVATOR INSPECTIONS AND PROCEDURES

A Commercial Elevator Inspector shall conduct semi-annual elevator inspections at all secure care facilities as applicable. Maintenance deficiencies, recommendations and code violations for the elevator shall be issued to the facility. The facility is responsible for the repair/replacement and documentation of all corrective action and code violations. The facility shall also provide clear documentation that all contractor and owner violations have been corrected.

Secure Care Facilities should take any elevator out of service that poses an immediate threat to life or health until all necessary repairs are complete. Any elevator taken out of service is required to be re-inspected and approved for use by a qualified elevator inspector after repairs are complete prior to being placed back into service.

Each Facility location with an elevator shall have written procedures concerning the availability of the fire service elevator key. It shall include a listing of personnel assigned the responsibility of the fire service key and procedures to ensure the fire service key is provided to the local Fire Department or readily accessible upon their arrival. The elevator equipment room key and the fire service call key shall be in a lockbox, distinctly labeled, at an appropriate location (e.g., such as the building manager's or security office) and the elevator equipment room key may be attached to the fire service key.

Certificates/inspection reports shall be posted in the corresponding elevators or information on their availability must be posted.

IX. BOILERS

The Commercial Insurance Carrier shall perform boiler inspections on applicable equipment to ensure that each facility is operating within the prescribed boiler/machinery code and law. The carrier shall forward a copy of this report to the affected facility for corrective actions, as well as a copy to the Office of Risk Management's Loss Prevention Unit.

Each facility shall maintain a master list of all boilers requiring certificates. Current inspection certificates shall be posted on or near the corresponding approved boilers. A copy of the current inspection certificate must be attached to the master list of boilers.

X. FIRE ALARM SYSTEMS

As required by the State Fire Marshal, each fire alarm system must be inspected annually by a licensed fire alarm service company.

XI. CONFINED SPACE

The Office of Risk Management recognizes the risk to the State whenever confined spaces exist and the facility has no program for the employees to follow. The State also has liability when a facility does not require contractors to follow their own confined space procedures.

"Confined space" (non-permit required) means a space that:

- Is large enough and so configured that an employee can bodily enter and perform assigned work;
- Has limited or restricted means for entry or exit (e.g., tanks, vessels, silos, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry); and
- Is not designed for continuous employee occupancy.

Training

The primary goal of a Confined Space Program is to ensure all confined spaces are identified and no one is permitted to work in an unsafe environment. Training requirements should be appropriate for, and commensurate with, the nature of the work or exposure.

Components include the following:

Each facility shall assess itself in accordance with the definition of a confined space to determine if any exist. This assessment shall be documented in the facility's Equipment Management Program. The facility must know how to identify and classify a confined space and address the hazards associated with each. Any exception to this must be submitted in writing to the ORM Loss Prevention Officer for review/approval. If no confined spaces exist or if the facility contracts out all work in identified confined spaces, the facility shall document this in the Equipment Management Program, and a program does not have to be developed. Provisions shall be available to ensure contractors are required to work under their own program.

If confined spaces do exist, the facility shall determine whether they are permitted or non-permitted spaces.

A permit-required space meets all of the above non-permit criteria plus one or more of the following:

- a substance that has the ability to engulf or asphyxiate the entrant
- a potentially hazardous atmosphere
- inwardly converging walls within the space or a floor that slopes downward, tapering to a small cross-section
- contains any other serious safety or health hazard

Unit Heads are responsible for the development and implementation of a confined space program whenever state employees are required to work in these environments.

The unit's Loss Prevention Officer can assist the facility in setting up their program to include identifying confined spaces and determining whether they are permitted or not. The facility shall ensure that all appropriate equipment is available for personnel assigned to perform confined space entry related work.

Training on the written program shall be provided to all applicable employees:

- (i) Before the employee is first assigned duties under this section;
- (ii) Before there is a change in assigned duties;
- (iii) Whenever there is a change in permit or non-permit space operations that presents a hazard about which an employee has not previously been trained;
- (iv) Whenever the employer has reason to believe either that there are deviations from the permit or non-permit procedures or that there are inadequacies in the employee's knowledge or use of these procedures;

(v) or at least annually and shall cover, as appropriate, the following:

- Equipment
- PPE
- Rescue
- Environmental Testing
- Permits

ORM/Sedgwick staff shall audit the agency's program to determine if it is written in compliance with current Federal, State, or local codes. Documentation shall be present at the time of the audit or compliance review to verify that the program parallels such standards. Program documentation shall be maintained on site for a minimum of three years.

XII. INFRARED INSPECTIONS

Each facility shall conduct an Infrared Inspection on all electrical panels by an outside contractor every five years. Documentation must be maintained for auditor review including corrective action as applicable.