

## YOUR INDIVIDUAL ROLE IN SAFETY

KNOW YOUR  
ROLE



The biggest part of your safety on the job is up to you! Taking your role seriously in preventing accidents at work will help you avoid most situations that could result in painful and time-consuming injuries. Paying attention to the basics of personal job safety is fundamental to a healthy and secure workplace for all. (Keenan 2022)

Keeping your attention on the task at hand and avoiding distractions puts focus on what you are responsible for in your work. Stay aware of your situation and use the tools that are available to you for assistance, especially when/ if lifting or moving heavy objects or reaching for items on a high shelf. If you notice an unsafe condition, be sure to communicate it to your supervisor (or by utilizing the [Hazard Reporting form](#)) so that it can be properly corrected in a timely manner.

Setting up your workspace for sound ergonomics will help prevent the kind of discomfort that can happen over long periods of time, refer to the [County of Riverside Repetitive Motion Injury training](#) for information on adjusting your workstation. Keeping your desk, chair, computer keyboard, mouse, and monitor, as well as other tools you regularly use for your job in harmony with your body makes all the difference in how you feel at the end of the workday and for many days to come. Ensure that Ergonomic principles are being followed both in the office and your home workstation.

Slips, trips and falls are among the most frequently encountered workplace incidents and are also among the most avoidable. Good housekeeping is great safety! Eliminating clutter, keeping floors clear of obstructions, cords and cables, and immediately wiping up spills makes the workspace safer for all! For more resources and forms, visit the [HR– Safety Loss Control webpage!](#)

**HAZARD REPORTING FORM**  
(Attach additional pages as needed)

DATE: \_\_\_\_\_

TO: \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

FROM: Human Resources Safety Division Mail Stop 2170 DEPARTMENT \_\_\_\_\_

To report a hazard anonymously, please call the Safety Office Hotline at (951) 955-5868

Please indicate type of hazardous circumstances:  Hazardous Condition  
 Hazardous Act (Procedure or Practice)

Location: \_\_\_\_\_

Description of unsafe condition or act: \_\_\_\_\_

Employee's Suggestion for Improving Safety: \_\_\_\_\_

**SUPERVISOR'S RESPONSE – WITHIN 5 WORK DAYS**

**I agree this is a hazard**

Date Corrected: \_\_\_\_\_  
Estimated Date of Correction: \_\_\_\_\_  
Action Taken: \_\_\_\_\_

**I do not agree that this is a hazard**

Reason: \_\_\_\_\_

Employees are advised that use of this form or other reports of unsafe conditions or practices are protected by law. The employer is prohibited from taking any action against an employee in reprisal for exercising rights to participate in the reporting of hazards. The employer will investigate all hazard reports as required by the Injury and Illness Prevention Program Standard (Title 8, 3203) and advise the person who reported it of the employer's response. If the report was made anonymously, the employer will advise employees of the area affected.

**EMPLOYEE:** Complete Hazard Reporting Form and send copy of form to your immediate supervisor. Provide a copy to Department Safety Representative/Coordinator and County Safety Division.

**SUPERVISOR:** Send a copy of the Hazard Reporting Form Response to employee, Safety Representative/Coordinator and County Safety Division. Keep original copy for review by Department Head and required record-keeping.

SOP Form No. 401 (05/13)

Created 5/2013



# Safety Center



printable forms.

Forms



Serious Injuries



Cal-OSHA



Safety Manual

# DRIVING REAR-END COLLISIONS



A rear-end collision is when a vehicle following another vehicle fails to stop in enough time to avoid colliding with the car in front of it. The National Highway Traffic Safety Administration (NHTSA) states that rear-end collisions are the most common type of car accident, however it is least likely to be fatal than some other types of accidents. Only **29 percent of the car accidents that produced a serious injury** were rear-end collisions and accounts for 7.2 percent of all roadway fatalities.

Common causes of vehicle collisions are as followed:

- **Tailgating**, which means following another car too closely, is the leading cause of this type of car accident. In normal circumstances, the driver behind the leading vehicle is expected to have greater control of his or her car. Most police officers and insurance adjusters automatically assign fault to the driver in this position for that reason.
- **Stopping short**: Stopping short means that the driver slammed on his or her brakes for no reason and the car behind did not have enough time to stop to avoid a collision.
- **Faulty brake lights or failure to signal a lane change**: All drivers are responsible to make their intentions known to other drivers. When a brake light doesn't come on indicating the driver intends to stop or the driver doesn't signal that he or she intends to change lanes, tailing drivers may not have enough time to stop.
- **Distracted driving**: Using a cell phone, smoking, applying makeup, and changing the radio station are common forms of distracted driving that keep the driver's eyes off the road and especially the vehicle in front of him or her. It only takes a second of distraction to cause serious consequences.
- **Speeding**: A person who is driving too fast won't be able to stop his or her car in enough time to avoid hitting the car in front if that driver must stop suddenly. Maintaining a safe following distance and obeying the speed limit are the easiest ways to avoid this problem.
- **Poor weather conditions**: Heavy rain, winds, snow, and other types of severe weather can make it much more dangerous to be on the road. Drivers must slow down and give themselves enough stopping distance, so they don't hit the car in front of them due to slippery roads or other problems caused by severe weather.



# DRIVING COLLISIONS



If you get into an accident, you should take the following action:

- Request the local police or CHP to conduct investigation.
- Immediately notify your Supervisor, County Safety Loss Control Office, County Risk Management.
- DO NOT discuss details of the accident or the events leading thereto with anyone other than brief factual answers to questions of investigating officers-and, if the vehicle is owned or maintained by County Fleet Services, notify them as well.

- Identify yourself.
  - 1) Showing your driver's license to the other parties involved.
  - 2) Giving the name of your Agency/ Business Card if available
  - 3) Giving your work telephone number

### Obtain important information:

- 1) Identify the driver (s) of the other vehicle (s) involved through their driver's license (s)
- 2) Ask for the other drivers license and ask if the address shown is current
- 3) Ask for their insurance information card and contact information.
- 4) Completely fill out the information on the [County Confidential Report of Vehicle Accident Form 942.6](#), include an employee statement (in their own words) and attach pictures of vehicles involved. Route documents to the Safety Loss Control Division within 48 hours of accident.
- 5) Ensure the Safety Loss Control Division is immediately made aware of any employee injuries, to ensure reporting requirements are met.

**THIS FORM MUST BE SIGNED BY THE EMPLOYEE & SUPERVISOR**

Clear Form		EMAIL	
<b>County of Riverside Confidential Vehicle Accidents/Incidents Report</b> County of Riverside • Safety Loss Control Division SafetyDivision@rivco.org • Mail Stop# 2170 Phone 951.955.3520 • Fax 951.955.6200			Please use this form to - report all vehicle accidents/incidents only! DO NOT Use this form to - report employees (on-the-job) injuries. Please use Safety Form 674
This Form Should be Provided to the Safety Loss Control Division and to your Department Safety Representative within 48 hours of any Accidents.			
<b>SECTION I- COUNTY VEHICLE DATA</b>			
1. DRIVER'S NAME (Last, first, middle)	2. EMPLOYEE ID NUMBER	3. DRIVER'S LICENSE NO./STATE/LIMITATIONS	4. DATE OF ACCIDENT
5a. DEPARTMENT/AGENCY/DISTRICT	5b. DIVISION/PROGRAM	5c. OFFICE ADDRESS	5d. WORK TELEPHONE NUMBER
6. COUNTY VEHICLE NUMBER -	6b. Non Code (Law Enforcement/Fire Only)	7. YEAR OF VEHICLE	8. MAKE
		9. MODEL	10. SEAT BELTS USED <input type="checkbox"/> YES <input type="checkbox"/> NO
11. DESCRIBE VEHICLE DAMAGE			
<b>SECTION II - OTHER VEHICLE DATA</b>			
12. DRIVER'S NAME (Last, first, middle)		13. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS	
14a. DRIVER'S WORK ADDRESS		14b. WORK TELEPHONE NUMBER	
15a. DRIVER'S HOME ADDRESS		15b. MOBILE TELEPHONE NUMBER	
16. DESCRIBE VEHICLE DAMAGE			
17. YEAR OF VEHICLE	18. MAKE OF VEHICLE	19. MODEL OF VEHICLE	20. LICENSE PLATE NUMBER AND STATE
21a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS		21b. POLICY NUMBER	
		21c. TELEPHONE NUMBER	
22a. VEHICLE IS <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED		22b. OWNER'S NAME - IF DIFFERENT FROM DRIVER(S) (Last, first, middle)	
23. OWNER'S ADDRESS			
<b>SECTION III - INJURIES (If applicable)</b>			
24. NAME (Last, first, middle)		25. SEX	26. DATE OF BIRTH
27. ADDRESS			
28. MARK "X" IN THE APPROPRIATE BOXES <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		29. PART OF BODY INJURED	30. TYPE/EXTENT OF INJURY
31. FIRST AID GIVEN BY			
32. TRANSPORTED BY		33. TRANSPORTED TO	
34. NAME (Last, first, middle)		35. SEX	36. DATE OF BIRTH
37. ADDRESS			
38. MARK "X" IN THE APPROPRIATE BOXES <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		39. PART OF BODY INJURED	40. TYPE/EXTENT OF INJURY
41. FIRST AID GIVEN BY			
42. TRANSPORTED BY		43. TRANSPORTED TO	
44. Pedestrian		a. NAME OF STREET OR HIGHWAY b. DIRECTION OF PEDESTRIAN (SW corner to NE corner, etc.) FROM TO	
c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing intersection with signal, against signal, diagonally, in roadway playing, walking, hitchhiking, etc.)			

# VEHICLE BACKING



Imagine this: you're rushing to your county vehicle clutching your keys tightly in your hands, you had a rough start to the morning and now you're late, you toss your belongings in the passenger seat, turn on the car, throw it in reverse, the only thing on your mind is "how fast can I get there", and BAM. You hear the crunching of metal, and now you spend the next few hours filing reports with the owner of the car you just backed into.

This is a common scenario, with about 25% of parking lot accidents caused by vehicles backing up. Don't underestimate backing up due to the low speeds, there are recorded fatalities and serious injuries from these types of incidents. There is also a large amount of time lost and money expenses incurred. Practicing safe, defensive driving habits is a priority, and that starts before you even turn the car on. Below are some tips for ensuring that backing up doesn't ruin your day:

- If you are unsure of your view, get out and check to ensure there is nothing you will hit. This walk around will assist in checking for smaller children, objects, potholes, blind spot areas, and other hazards.
- Know your vehicles blind spots. If you're in a vehicle with a large blind spot and have someone with you, have them get out and be your spotter. Remember, the driver is ultimately responsible for safety.
- Back up slowly. Keep the brake pedal covered in case you need to stop quickly.
- Only accelerate if the situation demands that you reverse quickly, apply pressure to the gas pedal

cautiously.

- Do not rely solely on mirrors. Be sure to turn around and look over your shoulder.
- Don't forget about the front of your vehicle! Remember to also look forward as you turn.
- Many vehicles have parking assistance such as cameras, sensors, and automatic stopping. Do not rely too heavily on parking assistance. These functions can still fail and you as the driver have the ultimate responsibility for the vehicle.
- Don't rush. It is better to be 2 minutes late as opposed to filing a traffic collision report.
- Drive defensively before you park as well; do not put yourself into a situation that will be difficult to back out of. Choose a spot where you can back in easily or pull through if you can. Do not park in an overcrowded space.
- Don't become complacent. If you perform similar maneuvers everyday in the same parking lot, you may begin to let your guard down. Stay vigilant and be aware that every backing situation is new and different.
- Never utilize your phone while backing.

- Never assume there is nothing behind you. Check often! Situations can change in a second.



**Be Alert,**

**Be Defensive,**

**Be Safe!!**

# HEAT ILLNESS

With all the rain and cold weather we've seen so far this year, it's easy to forget how quick the temperatures will ramp up. As we quickly approach the warmer months, we need to ensure we are all being mindful of heat illness— what it is, what the signs are, and most importantly how to prevent it.

**T8CCR 3395(b)** Definitions defines "Heat Illness" as the following:

"Heat Illness" means a serious medical condition resulting from the body's inability to cope with a particular heat load, and includes heat cramps, heat exhaustion, heat syncope, and heat stroke (see T8 CCR Section 3395).

Cal/OSHA investigations showed that 18% of the suspected victims of heat illness died, and 42% required hospitalization for more than 24 hours.

## What Happens to the Body

Human beings need to maintain their internal body temperature within a very narrow range of a few degrees above or below 98.6° F. People suffer from heat illness when their bodies are not able to get rid of excess heat and properly cool. The body loses its "heat balance" because it can not shed heat at a fast enough rate.

When the body starts to overheat the blood vessels get bigger and the heart beats faster and harder. More blood flows to the outer layers of the skin from the internal "core" so that the heat can be released into the cooler outside environment. If this process does not cool the body fast enough, or the outside air is warmer than the skin, the brain triggers sweating to cool the body. Sweat glands in the skin draw water from the bloodstream making sweat. The sweat evaporates and releases the heat from the body. During an hour of heavy work in hot weather, the body can easily sweat out one quart of water.

Shifting blood to outer body layers (the "shell") causes less blood to go to the brain, muscles, and other organs (the "core"). Prolonged sweating can deplete the body of water and salt causing dehydration. Because the body loses water and the salts that are needed for the muscles to work, muscle cramping may occur. The physiological strain on the body from heat illness may cause the person to become dehydrated, weak, tired, and confused.

As dehydration gets worse the body can no longer keep its temperature within the normal range, sweating stops and severe heat illness occurs. In heatstroke, the person's body temperature rises rapidly damaging the brain, muscles and vital organs causing death.



## WARNING

**Heat illness can develop very rapidly and is not always obvious before it becomes life-threatening. During high heat, heat illness can develop faster and even employees who have been doing their job for sometime are a risk.**

# HEAT ILLNESS



## Variability in Symptom Recognition and Reporting

The symptoms of heat illness may vary between individuals. Also, employees may not accurately recognize and report the symptoms. As a result, victims may be placed at a greater health risk.

Victims of heat illness may not report the full range of symptoms they are feeling because they:

- Choose not to for fear of negative consequences
- Deny that the symptoms may be serious
- Have not been trained to identify the symptoms of heat illness
- Are not physically able to report (e.g., they may have fainted)
- Are not fully aware of what is happening to their bodies (e.g., they may be delirious or mentally confused)

## Types of Heat Illness and Common Signs/Symptoms

Heat illness affects the body, causing employees with mild symptoms to experience weakness, tiredness, and mental confusion, or even exhibit irritable or erratic behavior. Heat illness can also affect employees work performance and increase their risk of having accidents.

**Heat Rash (Prickly Heat)** - Heat rash is a skin irritation caused by excessive sweating and clogged pores during hot, humid weather. General Symptoms:

- Can cover large parts of the body
- Looks like a red cluster of pimples or small blisters
- Often occurs on the neck, chest, groin, under the breasts, or in elbow creases
- Uncomfortable so it can disrupt sleep and work performance

**Heat Cramps** - Heat cramps affect people who sweat a lot during strenuous work activity. Sweating makes the body lose salts and fluids and minerals. If only the fluids are replaced and not the salts and minerals painful muscles cramps may result.

**Heat Exhaustion-** Heat exhaustion is the body's response to an excessive loss of the water and the salt contained in sweat. General Symptoms:

- Heavy sweating
- Painful muscle cramps
- Extreme weakness and/or fatigue
- Nausea and/or vomiting
- Dizziness and/or headache
- Body temperature normal or slightly high
- Fainting
- Pulse fast and weak
- Breathing fast and shallow



## Safety Measures

- ▶ Learn the Signs of Heat Stress
- ▶ Drink Plenty of Water
- ▶ Take Frequent Breaks
- ▶ Be Aware of Heat Factors



## Stay Hydrated

You should drink 3-4 cups of water every hour.



## Four Heat Factors



- ▶ Temperature
- ▶ Humidity
- ▶ Radiant Heat
- ▶ Air Velocity

# Beat the Heat

## Breaks

- ▶ Should be taken in the shade. (examples: canopies, trees, etc.)
- ▶ 5+ minutes to prevent overheating.
- ▶ 10+ minutes if experiencing heat symptoms.



## Signs of Heat Stress

- ▶ Confusion
- ▶ Fainting
- ▶ Nausea
- ▶ Vomiting
- ▶ Headache
- ▶ Weak Pulse
- ▶ Increased Body Temperature

