



# SHARE

APRIL 2023  
ISSUE #24

**SAFETY HEALTH AND RISK E-CONNECT NEWSLETTER**

LOCAL GOVERNMENT RISK MANAGEMENT SERVICES, INC. - A Service Organization of the ASSOCIATION COUNTY COMMISSIONERS OF GEORGIA and the GEORGIA MUNICIPAL ASSOCIATION

The opinions expressed in this newsletter are those of the author's and do not reflect the views of LGRMS, ACCG, or GMA.

# WARM WEATHER HAZARDS

**P. 37**

*Also in this issue*

LE May Roll Call Training  
Allergies

**SAFETY THEME**

DOWNLOAD THIS  
MONTH'S SAFETY POSTER

**HEALTH PROMOTION SERVICES**

CHECK OUT THE LIVING  
WELL GEORGIA CORNER

**RISK/LIABILITY**

CHECK OUT THIS MONTH'S  
LIABILITY BEAT

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Suite 110  
Peachtree Corners, GA 30092

[www.lgrms.com](http://www.lgrms.com)

## UPCOMING WEBINARS AND TRAINING EVENTS

### WORKERS COMPENSATION 101 PROGRAM TRAINING

**HALF DAY | 8:30AM - 12:30PM**

May 16 - Macon, GA  
July 18 - Gainesville, GA  
August 15 - Cartersville, GA

### CONTRACTS REGIONAL PROGRAM TRAINING

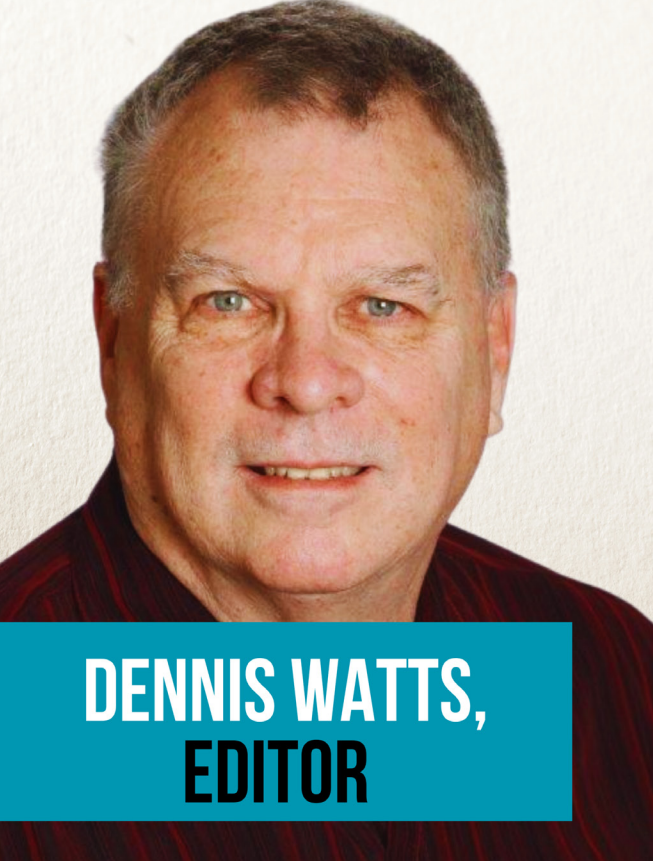
**FULL DAY | 8:30AM - 3:30PM**

July 19 - Gainesville, GA  
July 25 - Macon, GA  
August 16 - Cartersville, GA  
August 22 - Statesboro, GA  
August 23 - Tifton, GA

### IMPORTANT NOTE:

Dates may be subject to change. Please check the LGRMS website for the most current listing of training events in your area. Please visit:

[www.lgrms.com/trainingeventcalendar](http://www.lgrms.com/trainingeventcalendar)



**DENNIS WATTS,  
EDITOR**

# A NOTE FROM THE EDITOR

## *Welcome to April*

Welcome to the April edition of SHARE, the monthly publication of Local Government Risk Management Services (LGRMS). SHARE is sent to all GIRMA/IRMA, WC, and Life & Health members 10 times per year.

SHARE has two sections: (1) a general safety, risk, and health section, and (2) a worker safety-focused section similar to the old Safety Theme.

We cover those topics and issues most relevant to Local Governments in Georgia, plus some new features. We look forward to your feedback. The LGRMS SHARE is published on or around the 20th of each month. If you are not currently on the distribution list to receive our monthly newsletter, it can be downloaded for free from the LGRMS website ([www.lgrms.com](http://www.lgrms.com)).

## IN THIS ISSUE

In this issue we have a variety of articles focusing on current topics affecting local governments. Workers and worker safety is always our number one focus. As part of that, our focus for the April Safety Theme discusses Warm Weather Hazards. The issue also includes the Law Enforcement May Roll Call Training, Work Zone Safety, , Allergies, and the HPS Monthly Toolkit.

We have also included the list of upcoming training events for the 2023 calendar year. To find out what's available, go to [www.lgrms.com](http://www.lgrms.com) and click on TRAINING EVENT CALENDAR (No login credentials are necessary to register). For questions or issues, contact Tamara Chapman at [tchapman@lgrms.com](mailto:tchapman@lgrms.com), or Cortney Steptor at [csteptor@lgrms.com](mailto:csteptor@lgrms.com).

## QUESTIONS OR CONCERNS

Should you have any questions or concerns, please contact: Dennis Watts, [dwatts@lgrms.com](mailto:dwatts@lgrms.com), or Tammy Chapman, [tchapman@lgrms.com](mailto:tchapman@lgrms.com).



# ACCIDENT VS. INCIDENT

What is an Incident?



## DIRECTOR'S CORNER



By Dan Beck, LGRMS Director

Over the next few months, I'm going to attempt to provide you with an overview of what I think are the elements of a sound incident investigation program/process. Below is the outline of the upcoming article.

- Why Investigate?
- What is an Incident? Accident vs. Incident
- The Incident Pyramid / Analyze & Estimate Risk/ What Incidents Should Be Investigated
- Document Incident Investigation Program/ Policy
- The Steps Required to Conduct a Sound Investigation.
- How to Conduct a Witness Interview
- How to Identify the Root Cause
- Elements of a Sound Incident Investigation Report
- Hierarchy of Controls

- Interim vs. Long-Term Controls
- Corrective Actions / SMART Goals

By the end of 2023, you should have all my thoughts on conducting incident investigations. We have several different incident investigation training courses that we could use to train you and your supervisors. Please contact me or your Risk Consultant for further information.

My last article in November of 2022 discussed “Why Investigate?” In this month’s article, I would like to review the difference between an “accident” and an “incident”.

A basic rule for any good safety culture is, “there’s no such thing as an accident”. There are things that go wrong, certainly. But they’re not accidents. Here’s the definition of an accident: an unforeseen and unplanned event or circumstance.

With that definition in mind, let’s look at an example. Say you place a glass of water on the edge of the counter. Someone walks by and brushes the glass with his/her elbow, pushing it off counter. Is that an accident?

Well, let’s check the definition of an accident again. Most people could predict that eventually that glass would be knocked to the ground or that it was foreseen. So, was it planned?

Well, if you were planning to have the glass hit the ground, where would you put it on the counter? Right on that edge. So yes, in a way you could say it was planned.

Let’s look at another example. Driver A is tailgating Driver B in heavy stop and go traffic. Driver B stops suddenly, and Driver A runs into the back of his/her car. Is that an accident?

Let’s consider the definition again. Anyone with any driving experience could anticipate that Driver B would suddenly stop at some time. So, the incident was definitely foreseeable. But was it planned? Again, in a way. Because if you wanted to rearend the car in front of you, what better way than by tailgating in heavy traffic?

So, there really are no accidents. There are injuries, collisions, crashes, and motor vehicle & employee injury incidents, certainly. But don’t call them “accidents.”



Someone walks by and brushes the glass with his/her elbow, pushing it off counter. Is that an accident?"

# ORGANIZATION CHART



**Dan Beck**  
Director



**Sherea Robinson**  
Health Promotion  
Service Manager



**Dennis Watts**  
Training and  
Communication Manager



**Steve Shields**  
Risk Control Manager  
and North GA Rep



**Tamara Chapman**  
Office Manager



**Candace Amos**  
Senior HPS Consultant



**David Trotter**  
Senior Public Safety  
Risk Consultant



**Natalie Sellers**  
Senior Law Enforcement  
Risk Consultant



**Chris Ryan**  
Senior Risk  
Consultant West Rep



**Cortney Stepter**  
Administrative  
Coordinator



**Paige Rinehart**  
HPS Consultant



**Mike Earl**  
Public Safety Risk  
Consultant



**Vincent Scott**  
Risk Consultant East Rep and  
PW Specialist



**Griffin Attaberry**  
Public Safety Risk  
Consultant



**Westin Cox**  
Risk Consultant South  
Rep

# 2023 LGRMS REGIONAL TRAINING

Next LGRMS Training Begins:



Tuesday, 7th March 2023



08:30 AM - 11:30 AM

## OTHER REGIONAL TRAINING



**SC Module I, II, III, & V**  
**Next Class March 7th**  
Cornelia, GA



**Workers**  
**Compensation 101**  
**Next Class March 28th**  
Tifton, GA



**LE Risk Mgmt. Training**  
**Next Class March 9th**  
Gainesville, GA



**Spring Healthcare**  
**Workshop**  
**Next Class April 4th**  
Statesboro, GA



**2023 SAFETY COORDINATOR**  
**I - CORNELIA, GA**

**Register for a Class Now**

**For more information:**

[cstepter@lgrms.com](mailto:cstepter@lgrms.com)

[www.lgrms.com](http://www.lgrms.com)

# REGISTER FOR AN LGRMS IN-PERSON REGIONAL TRAINING CLASS TODAY!

Register for an LGRMS Regional Training Event Today! [No images? Click here](#)



**- SIGN UP TODAY -**

**LGRMS Regional Training Classes are  
NOW OPEN for Registration!**

[CLICK HERE TO REGISTER](#)



**HAS ANYTHING CHANGED?  
FILL OUT THE FORM ON PG. 9**

To ensure that we are able to keep you abreast of program changes, training dates, etc., we are asking that you please take a moment to complete the Contact Information form on page 9.

For your convenience, we have made it fillable (meaning that you can fill it out online, save, and send it back via email); or if you prefer, you may print it out, complete the required fields, and send it back to us via mail or fax.

**LGRMS**  
Attn: Cortney Stepter  
3500 Parkway Lane  
Suite 110  
Peachtree Corners, GA 30092

**Email:** [lgrmsadmin@lgrms.com](mailto:lgrmsadmin@lgrms.com)

**Fax:** 770-246-3149



# CONTACT LIST FORM

Date: .....

## ORGANIZATIONAL INFORMATION

ACCG

GMA

ADDRESS

CITY

STATE

ZIP CODE

COUNTRY

PHONE

E-MAIL

## CONTACT INFORMATION

PRIMARY CONTACT NAME

TITLE

ROLE

LOSS CONTROL

HEALTH & WELLNESS

EMAIL ADDRESS

PHONE NUMBER

ARE YOU THE SAFETY COORDINATOR

YES

NO

IF NO, PLEASE PROVIDE NAME & EMAIL

SECONDARY CONTACT NAME

TITLE

EMAIL ADDRESS

## MEMBER DISTRIBUTION LISTS & ACCESS

Select all that apply

SHARE Newsletter

LGRMS WEBSITE

LocalGovU

BrainShark

Other

## FOR LGRMS OFFICE ONLY

Contact info has been added to:

Date Received: \_\_\_\_\_

Request Recieved by: \_\_\_\_\_

CAMPAIGN MONITOR

IMIS

EMAIL LIST

BrainShark

SHARE LIST

LIABILITY BEAT



*May*  
**ROLL CALL  
TRAINING**



by Natalie Sellers,  
Sr. LGRMS Law Enforcement Risk Consultant

## May Roll Call Training - Road Patrol

### **Officer-Involved Domestic Violence**

Police agency employees come from the community. They may become involved in domestic matters. Because their status as police employees is usually known to other persons in the community and they are representatives of the police agency, the agency must take positive steps to ensure that these domestic matters do not adversely affect the employee's ability to perform; compromise the conduct of agency missions; or create moral, operational or efficiency problems for the agency. The agency provides assistance for the employee during these critical times, so that the employee may resolve the situation and return to being a productive member of the agency without the adverse effects of personal and/or family concerns.

**Domestic Misconduct:** The agency defines this type of conduct very broadly. This definition may be broader than State law, but it is intended to assure the continuation of positive performance within the agency by the involved employee and other members of the agency. A domestic relationship involves any employee who is or has been married to the other party, involves any member of the employee's household who is living or has lived with the other party, has had a child with the other party, or has engaged in an intimate relationship with the other party. Misconduct refers to any physical assault or battery, vandalism, stalking, intimidation, coercion, or criminal act against a party within this form of domestic relationship.

**Scenario:** The wife of an officer who works at a nearby

law enforcement agency calls 911 and reports that, during an argument, her husband just committed domestic violence.

**Question:** According to policy, what actions must be taken by the agency in response to this call?

**Answer:**

1. Two uniformed officers and a supervisor must respond to the scene.
2. The supervisor should ensure that all violence has stopped, all parties are safe, and any needed medical treatment is provided.
3. The supervisor should request a domestic violence investigator if the agency has such a resource available.
4. The investigator is responsible for this investigation. The supervisor is responsible for the investigation if no investigator is available.
5. The supervisor should notify Internal Affairs at the earliest opportunity and establish a liaison with the agency at which the officer is employed.
6. The decision to arrest is the responsibility of the supervisor.
7. When probable cause exists, the employee shall be arrested and processed the same as any civilian.



ROLL CALL



# FORMS



B. Collateral misconduct  
C. Servicing  
D. Self-inspection  
E. Adversarial  
F. Internal  
IV. Preliminary

Domestic Misconduct	Related Policies:
<p>This policy is for internal use only and does not enlarge an employee's civil liability in any way. The policy should not be used as evidence against employees. A violation of this policy, if proven, can only form the basis of a complaint by the department for non-judicial administrative action in accordance with the laws governing employee discipline.</p>	
<p>Applicable Georgia Statutes:</p>	
<p>CALEA Standard: <b>52.1.3</b></p>	
<p>Georgia Law Enforcement Certification:</p>	

## JAIL POLICIES

# DOMESTIC MISCONDUCT

**I. Purpose:** Police agency employees come from the community. They may become involved in domestic matters. Because they are police employees and their status is usually known to other persons in the community and they are representatives of the police agency, the agency must take positive steps to ensure that these domestic matters do not adversely affect the employee's ability to perform, or compromise the conduct of the agency's missions, or create moral, operational or efficiency problems for the agency. The agency is dedicated to providing assistance for the employee during these critical times so that the employee may resolve the situation and return to being a productive member of the agency without these types of personal and family concerns.

**II. Policy:** It is the policy of this agency to deal directly and positively with any employee involved in acts of domestic misconduct. The ultimate mission of the agency is to assist the employee to resolve these family/relationship problems, to ensure that these acts do not adversely affect the employee or the agency during the period of resolution, and to provide the agency with a safe work environment.

**III. Definitions:**

**A. Domestic misconduct:** The agency defines this type of conduct very broadly. This definition may be broader than State law, but it is intended to assure the contribution of positive performance within the agency by the involved employee and other members of the agency. A domestic relationship involves any employee who is or has been married to the other party, involves any member of the employee's household, who is living or has lived with the other party, has had a child with the other party, or is or has engaged in an intimate relationship with the other party. Misconduct refers to any physical assault or battery, vandalism, stalking, intimidation, coercion, or criminal act against a party within this form of domestic relationship.



<b>Domestic Misconduct</b>	Related Policies:
<p><i>This policy is for internal use only and does not enlarge an employee’s civil liability in any way. The policy should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third party civil claims against employees. A violation of this policy, if proven, can only form the basis of a complaint by this department for non-judicial administrative action in accordance with the laws governing employee discipline.</i></p>	
Applicable Georgia Statutes:	
CALEA Standard: <b>52.1.3</b>	
Georgia Law Enforcement Certification:	

- I. **Purpose:** Police agency employees come from the community. They may become involved in domestic matters. Because they are police employees and their status is usually known to other persons in the community and they are representatives of the police agency, the agency must take positive steps to ensure that these domestic matters do not adversely affect the employee’s ability to perform, or compromise the conduct of agency missions, or create moral, operational or efficiency problems for the agency. The agency is dedicated to providing assistance for the employee during these critical times so that the employee may resolve the situation and return to being a productive member of the agency without these types of personal and family concerns.
- II. **Policy:** It is the policy of this agency to deal directly and positively with any employee involved in acts of domestic misconduct. The ultimate mission of the agency is to assist the employee to resolve these family/relationship problems, to ensure that these acts do not adversely affect the employee or the agency during the period of resolution, and to provide the agency with a safe work environment.
- III. **Definitions:**
  - A. **Domestic misconduct:** The agency defines this type of conduct very broadly. This definition may be broader than State law, but it is intended to assure the continuation of positive performance within the agency by the involved employee and other members of the agency. A domestic relationship involves any employee who is or has been married to the other party, involves any member of the employee’s household, who is living or has lived with the other party, has had a child with the other party, or is or has engaged in an intimate relationship with the other party. Misconduct refers to any physical assault or battery, vandalism, stalking, intimidation, coercion, or criminal act against a party within this form of domestic relationship.

- B. Collateral misconduct:** Any conduct by another member of the police agency to assist another agency employee in the continuation of the act of domestic misconduct. This would also include any actions designed to shield the employee or impair the ability of the agency to be informed of the domestic misconduct.
  - C. Service of court papers:** Any documents from a judicial proceeding which are designed to assist in ameliorating the domestic misconduct or curtailing specific actions by the parties involved in the domestic misconduct.
  - D. Self-reporting:** It is the responsibility of the employee to provide the agency with specific notice whenever he/she is involved in any acts of domestic misconduct. This is specifically true whenever the employee is the subject of any judicial proceeding concerning these types of acts, whether the employee is the person complained of or the victim.
  - E. Administrative no-contact orders:** These are written orders by a supervisory employee, preferably Internal Affairs or Professional Standards, and served upon an agency employee designed to curtail any further domestic misconduct.
  - F.** Internal Affairs/Professional Standards would include those persons designated with internal affairs responsibility in agencies that do not have full-time IA/Professional Standards positions.
- IV. Procedure:** The agency shall take immediate action when notified of any act of domestic misconduct involving an employee of this agency.
- A.** When the incident occurs within the jurisdiction of this agency:
    1. Assign the call for response by two uniformed officers and a supervisor.
    2. The supervisor will assure that any violence is curtailed, all parties are protected, and any required medical assistance is provided.
    3. The supervisor shall ensure that all evidence is properly recorded and collected.
    4. Once the incident is contained, the supervisor shall call for a response by an agency's domestic violence investigator.
    5. The criminal investigator, or the supervisor if no investigator responds, is responsible for the criminal investigation, if warranted. The supervisor of the investigating officer shall respond to oversee the conduct of the investigation.
    6. The supervisor shall notify Internal Affairs at the earliest moment.
    7. The decision to arrest an agency employee involved in domestic misconduct shall be the responsibility of the on-scene supervisor with consultation with Internal Affairs. When probable cause exists, the employee shall be arrested and processed the same as any civilian.
  - B.** The supervisor, domestic violence investigator, or, if not done by these persons, the Internal Affairs person shall take immediate steps to ensure that there is no continuation of the domestic misconduct.
    1. Ensure that victim advocate assistance is offered and provided when necessary.
    2. Ensure that an immediate safety plan is discussed with the victim of the domestic misconduct and assist in any manner to ensure this continued safety.

**C.** Internal Affairs shall be responsible for:

1. Issuing an administrative no-contact order to the agency employee if warranted.
2. Ensuring that the appropriate assignment decision is made regarding the agency employee.
3. Ensuring that the criminal investigation has been conducted in a reasonable manner.
4. Developing and/or implementing any necessary safety plan to ensure employee safety.
5. Conducting the administrative investigation of the incident and any collateral employee misconduct. The agency shall be listed as the complainant.

**D.** When the incident involving domestic misconduct occurs in a jurisdiction other than that of this agency:

1. The agency person notified of this incident shall immediately notify Internal Affairs
2. Internal Affairs shall make immediate contact with the involved agency to ensure that our agency is kept on notice of the progress of the investigation.
3. Internal Affairs shall ensure that the employee and the persons involved are aware that the agency will assist them during this process.
4. Internal Affairs is responsible for determining whether an administrative no-contact order is warranted and will be responsible for serving this upon the agency employee, when necessary.

**E.** Service of court orders:

1. Internal Affairs shall facilitate, when requested, the service of any court orders upon agency employees.
2. Internal Affairs shall be responsible for the determination regarding any assignment limitations involving the employee who is subject to the court order.

**V. Conviction of a crime of domestic violence:** When a sworn employee is convicted of a crime of domestic violence that brings in the provisions of 18 U.S.C. 922(g)(9) law, the employee shall be terminated as not being able to function completely with the job classification for which s/he was hired.

## May Roll Call Training-Jail High-Risk Critical Task

### **Medical Care**

An issue that arises when holding prisoners is that of medical attention. While observable injuries are fairly simple to deal with, problems often occur when a prisoner complains of illness. In dealing with 42 U.S.C. sec.1983 actions based on a failure to provide for medical needs, the courts have followed the Eighth Amendment standards governing cruel and unusual punishment to the pre-trial detention setting. In this type of case, a plaintiff must prove that the jail staff was deliberately indifferent to his or her serious medical needs.

While it is difficult for plaintiffs to meet the standard of deliberate indifference to serious medical needs, law enforcement agencies should recognize that this is one area where due process places an affirmative obligation on the agency to protect a citizen based on the fact that the citizen is in custody. Officers, who generally are not trained beyond basic first aid, should err on the side of caution when a prisoner indicates that he or she is injured or ill. Other than time, officers have nothing to lose by having a prisoner evaluated by medical professionals. Health care shall be made available to prisoners from the time of admission until such time as they are released from jail.

When applicable, referrals will be made to community health care agencies upon release. The medical staff's decisions with respect to treatment/action shall take precedence except where the security of the jail will

be threatened. In those cases, an action plan will be developed by the sheriff and the medical staff which accomplishes the treatment without adversely impacting security. Medical treatment for a serious medical need shall not be refused, unreasonably delayed, or interfered with.

Every prisoner shall be screened for current and ongoing health needs. Intake staff must complete a medical health screening form that has been approved by the medical authority.

The intake screening must identify and triage: serious medical needs; any prescriptions or needed medications; drug and alcohol withdrawal; communicable diseases, acute and chronic conditions requiring immediate attention; dental problems, and the possibility of pregnancy.

**Scenario:** A prisoner arrives at the facility in the custody of a law enforcement agency. During the intake screening and medical evaluation process, the prisoner complains of serious abdominal pain and is hunched over. There are no visible signs of injury.

**Question:** Should the prisoner be accepted?

**Answer:** The booking officer should not admit any seriously injured, seriously ill, or unconscious person to the jail until a medical examination has been conducted by a licensed medical professional and the prisoner has been medically cleared for commitment to the jail. Even though there is no visible injury, based on the complaint of serious pain the prisoner should be evaluated and medically cleared.



ROLL CALL

# FORMS



MEDICAL  
(THIS IS A SAMPLE FORM-ALL  
APPROVED BY THE

CASE # \_\_\_\_\_  
PRISONER \_\_\_\_\_  
COMMITTING AGENCY \_\_\_\_\_

- 1. Booking Officer is to complete
- 1. COPY TO REMAIN ON FILE
- 1. ORIGINAL WILL BE FORWARDED TO

Booking Officer

1. Is offender conscious? Yes

If no, do not admit to jail and arrange

2. Does offender exhibit signs

Yes  No

If yes, do not admit to jail and arrange

3. Is offender complaining

Yes  No

If yes, do not admit without a medical

4. Is offender carrying p

If yes and medical authority is

unavailable, try to check with

custodial. Check with medical

dispensing any medication.

office hours, follow emergency

5. If yes, list drug name

6. Was prescribing r

## JAIL POLICIES

<b>Medical Care</b>	
<i>The policy is for internal use only and does not enlarge an employee's civil liability in any way. The policy should not be construed as creating a higher duty of care. In an evidentiary sense, with respect to third party civil claims against employees, a violation of this policy, if proven, can only form the basis of a complaint by the office for non-judicial administrative action in accordance with the laws governing employee discipline.</i>	
Applicable Georgia Jail Standards: 23.00	Georgia Code 42-4-12
Date Implemented	Revised Date

- I. Purpose: To provide for procedure and practice of this facility to perform medical, dental, and mental health screening commencing upon intake. To detect prisoners who pose a health or safety threat to themselves or others and who require immediate health care committed to this facility.
- II. Policy: The policy of this jail is to provide for the physical and mental health of all persons committed to this facility.
- III. Definitions:
  - A. Intake Screening: The collection of information related to physical and mental health during the intake process for purposes of identifying prisoners who have immediate physical or mental health needs or who will require specialized housing due to their condition under the jail classification policy.
  - B. Booking Officer: The person responsible for collecting and documenting all admission documents prior to placing the prisoner in lock-up.
  - C. Medical Staff: means the person or persons licensed and certified to provide medical care to prisoners in the jail's custody.
- IV. Procedure:
  - A. Medical Staff: All health care staff working in the jail shall comply with state licensure and certificate requirements commensurate with health care personnel working in the community.
  - B. Audit of Certifications/Licenses: The sheriff or his designee shall maintain a copy of each health care worker's license/certification and ensure that these licenses are active at all times.
  - C. Intake Screening: The booking officer shall
    - a. Not admit any seriously injured, seriously ill, or unconscious person to the jail until a medical examination has been conducted by a licensed medical professional and the prisoner has been medically cleared for commitment to the jail.

# JAIL POLICIES MEDICAL CARE



**MEDICAL SCREENING-INTAKE**  
**(THIS IS A SAMPLE FORM-ALL QUESTIONS AND PROTOCOLS MUST BE APPROVED BY THE JAIL'S MEDICAL AUTHORITY)**

CASE # \_\_\_\_\_

SCREENING DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PRISONER \_\_\_\_\_

SCREENING TIME \_\_\_\_\_

COMMITTING AGENCY \_\_\_\_\_

- ! **BOOKING OFFICER** IS TO COMPLETE THIS FORM IN DETAIL
- ! **COPY** TO REMAIN ON FILE
- ! **ORIGINAL** WILL BE FORWARDED TO MEDICAL AUTHORITY

BOOKING OFFICER IDENTIFICATION (PRINT/SIGN/ID NUMBER)

QUESTIONS

**1. Is offender conscious? Yes  No**

*If no, do not admit to jail and arrange for immediate emergency medical care.*

**2. Does offender exhibit signs of injury/illness requiring immediate medical attention?**

**Yes  No**

*If yes, do not admit to jail and arrange for such immediate medical attention.*

**3. Is offender complaining of injury or illness requiring immediate medical attention?**

**Yes  No**

*If yes, do not admit without a medical examination and clearance by a medical professional authorized by the jail's medical authority.*

**4. Is offender carrying prescription drugs? Yes  No**

*If yes and medical authority is available, notify medical authority for review. If medical authority is unavailable, try to check with the prescribing doctor to determine if the medication is required to be continued. Check with medical authority during next regular office hours for instructions before dispensing any medication. In the event that medication is necessary prior to next scheduled office hours, follow emergency medical requirements.*

**5. If yes, list drug name and prescribing doctor here:**

**6. Was prescribing doctor contacted? Yes  No**

**7. If yes, is immediate continuation of medication necessary Yes  No**

*If it is indicated that continuation is necessary notify and get approval from medical authority or transfer to hospital.*

**8. Is prisoner showing any signs of infection i.e. fever, cough? Yes  No**

*If prisoner shows signs of fever, the medical authority should be immediately notified during regular hours. If outside regular hours, the prisoner shall be transferred to a hospital for examination.*

**9. Does prisoner have signs of skin infections including: body vermin; rashes; needle marks; jaundice; lesions; bruising; other trauma marks? Yes  No**

*If immediate medical assistance is required, transfer immediately to hospital, otherwise the medical authority shall be contacted during the next office hours. Until such time as the prisoner can be examined by the medical authority they will be isolated from other prisoners and their condition shall be monitored frequently. During this time, the prisoner will eat on paper plates with disposable utensils which shall be disposed of immediately after use. All bedding shall be kept separate and sterilized before reissue.*

**Vermin:** *Isolate the prisoner and instruct the prisoner on the use of Kwell® or scabicide.*

**10. Does the prisoner show any symptoms that they are withdrawing from alcohol or drugs?**

Yes  No

*If yes, contact the medical authority and describe the symptoms. Remove the prisoner to a quiet monitoring area and exclude other disturbing persons. Monitor frequently. If condition requires, call for immediate emergency medical services.*

**11. Does the prisoner exhibit signs of being under the influence of alcohol, drugs or other substances? Yes  No**

*See Interview section-Notify medical authority during regular business hours. Monitor condition frequently and transfer to hospital if condition requires such or worsens.*

**12. Does the prisoner show any signs of mobility restrictions? Yes  No**

**13. Does the prisoner exhibit any signs of a disability i.e. deformity, hearing etc.?**

Yes  No

**Prisoner Interview**

**Emergency Contact Person**

**Phone Number**

**14. Have you ever been exposed to a contagious disease such as: aids, hepatitis,**

tuberculosis; etc.? Yes  No

*Until such time as the prisoner can be examined by the medical authority they will be isolated from other prisoners and their condition shall be monitored frequently. During this time, the prisoner will eat on paper plates with disposable utensils which shall be disposed of immediately after use. All bedding shall be kept separate and sterilized before reissue.*

**15. Are you presently on any medications? Yes  No**

*See protocol requirements #4-7 above*

**16. If yes, to medications- List medications:**

**17. Do you have any allergies? Yes  No**

**18. If yes, to allergies- List allergies:**

*If yes, contact the medical authority if necessary.*

**19. Have you fainted recently Yes  No**

**20. Have you ever been diagnosed with:**

diabetes yes  no

seizures yes  no

ulcers yes  no

high blood pressure yes  no

heart condition yes  no

psychiatric disorder yes  no

**21. Do you have any injuries? Yes  No**

**22. Have you ever suffered a head injury? Yes  No**

**23. Have you been hospitalized or treated by a physician within the past year?**

Yes  No

*If yes, during regular office hours contact the doctor/psychiatrist concerned for prescription information, diet restrictions and any other directives to be followed. Schedule prisoner to be seen by medical authority during next available office hours.*

**24. If yes, to treatment or hospitalization, what was the treatment or hospitalization for?**

**25. Are you on a special diet directed by a doctor? Yes  No**

*If yes, determine the nature of the diet, follow protocols from #23 above.*

**26. Do you have any dental problems? Yes  No**

27. Do you have any medical problems that I have not asked about? Yes <input type="checkbox"/> No <input type="checkbox"/>
28. If so, what are they?
29. Do you have any disabilities? (List)
<b>Alcohol Usage</b>
30. Do you use alcohol? Yes <input type="checkbox"/> No <input type="checkbox"/>
31. If yes, what kind?
32. If yes, how often do you use alcohol?
33. When was the last time you used alcohol?
<b>Drugs/Other Substances</b>
34. Do you use drugs? Yes <input type="checkbox"/> No <input type="checkbox"/>
35. If yes, how often do you use drugs?
36. If yes, what type of drugs/substances?
37. When was the last time you used drugs/substances?
38. Do you have any withdrawal symptoms? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>See protocols #10</i>
<b>Additional History</b>
39. Do you have any past history of infections or communicable diseases? Yes <input type="checkbox"/> No <input type="checkbox"/>
40. Have you ever received mental health treatment? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Women</b>
41. Are you pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/>
42. Date of last menstrual period?



# JAIL POLICIES

<b>Medical Care</b>	
<i>This policy is for internal use only and does not enlarge an employee's civil liability in any way. The policy should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third party civil claims against employees. A violation of this policy, if proven, can only form the basis of a complaint by this office for non-judicial administrative action in accordance with the laws governing employee discipline.</i>	
Applicable <a href="#">Georgia Jail Standards 23.00</a> <a href="#">Georgia Code 42-4-12</a>	
Date Implemented:	Review Date:

- I. **Purpose:** To provide for procedure and practice of this facility to perform medical, dental, and mental health screening commencing upon intake. To detect prisoners who pose a health or safety threat to themselves or others and who require immediate health care.
- II. **Policy:** The policy of this jail is to provide for the physical and mental health of all persons committed to this facility.
- III. **Definitions:**
  - A. **Intake Screening:** The collection of information related to physical and mental health during the intake process for purposes of identifying prisoners who have immediate physical or mental health needs or who will require specialized housing due to their condition under the jail classification policy.
  - B. **Booking Officer:** The person responsible for collecting and documenting all admission documents prior to placing the prisoner in lock-up.
  - C. **Medical Staff:** means the person or persons licensed and certified to provide medical care to prisoners in the jail's custody.
- IV. **Procedure:**
  - A. **Medical Staff:** All health care staff working in the jail shall comply with state licensure and certificate requirements commensurate with health care personnel working in the community.
  - B. **Audit of Certifications/Licenses:** The sheriff or his designee shall maintain a copy of each health care worker's license/certification and ensure that these licenses are active at all times.
  - C. **Intake Screening:** The booking officer shall:
    - a. [Not admit any seriously injured, seriously ill, or unconscious person to the jail until a medical examination has been conducted by a licensed medical professional and the prisoner has been medically cleared for commitment to the jail.](#)

- b. Prisoners shall be asked whether or not they speak English and whether or not they can read.
- c. Every prisoner, upon admittance to detention shall be screened for mental health risk issues, including mental illness, suicide, mental retardation, and acquired brain injury, by the personnel of the facility in which the prisoner is to be detained.
- d. Every prisoner shall be screened for current and ongoing health needs. Intake staff must complete a medical health screening form which has been approved by the medical authority. The intake screening must identify and triage:
  - i. Serious medical needs
  - ii. Any prescriptions or needed medications-where prescriptions are present or indicated the booking officer shall follow the prescription drug policy for the jail.
  - iii. Drug and alcohol withdrawal
  - iv. Communicable diseases
  - v. Acute and chronic conditions requiring immediate attention
  - vi. Dental problems
  - vii. Possibility of pregnancy
  - viii. Person to be notified in the event of any emergency
  - ix. Current illnesses and health problems
  - x. Special health requirements
  - xi. Behavioral observation, Including state of consciousness and mental status
  - xii. Notation of body deformities, tattoos, trauma, markings, bruises, lesions, jaundice,
  - xiii. Ease of movement, condition of skin, including rashes and infestations
  - xiv. Disposition/referral of inmates to qualified medical personnel on an emergency basis
- e. Prisoner privacy shall be respected during the intake screening.
- f. If a prisoner refuses to cooperate with medical/mental health screening, the refusal shall be documented and the prisoner shall be treated in accord with high-risk protocols to include **15-minute** contact checks in which staff will look for signs of physical distress, mental health symptoms, and suicidal indicators.
- g. Intoxicated inmates: - When not provided in a community health facility, detoxification from alcohol, opiates, barbiturates, and other drugs shall be performed at the facility under close supervision as approved by the responsible physician.
  - i. Inmates who appear to be intoxicated will be tested with a Portable Breath Test (PBT).
  - ii. Inmates who appear to be under the influence of drugs will be monitored using pupil dilation, blood pressure, pulse, and pain stimuli, and urinalysis where possible.

- iii. Inmates will be referred for emergency medical treatment if any of the following occur:
  - (a) PBT for adult males greater than .40
  - (b) PBT for juvenile males greater than .30
  - (c) PBT for adult females greater than .35
  - (d) PBT for juvenile females greater than .28
  - (e) Pupils dilated or constricted and unresponsive to light
  - (f) Pulse greater than 120/minute
  - (g) Blood Pressure systolic 200 or greater or less than 90/ Diastolic 110 or greater
  - (h) No response to pressure point pain stimuli.
- iv. If an inmate appears incapacitated with a lower BAC, the inmate shall be referred for medical evaluation.
- v. In the event that medical staff is unavailable, inmates in the above condition shall be taken to the emergency room for further evaluation.
- vi. The shift supervisor shall be notified if any of the conditions listed above occurs.
- h. Complete a mental health screening form in accord with the mental health/suicide prevention policy:
  - i. BJMHS (Brief Jail Mental Health Screen) for male prisoners.
  - ii. CMHS-W (Correctional Mental Health Screen for Women) for female prisoners.
- i. In any case where it is indicated that the prisoner is in need of immediate medical the prisoner shall be transferred to the appropriate provider. In an emergency, emergency medical services shall be notified for immediate response.
- j. In cases of mental health/psychological needs, staff shall follow the protocols for emergency commitment under Georgia law and place the prisoner on high-risk protocols.
- k. Every prisoner shall be informed verbally and in writing at the time of admission of the methods of gaining access to medical care in the jail.

#### **D. On-Going Medical Protocols:**

- a. Health care shall be made available to prisoners from the time of admission until such time as they are released from the jail. When applicable referrals will be made to community health care agencies upon release.
- b. The officer in charge or his designated representative shall assure that each inmate is observed daily, and a physician shall be immediately called if there are indications of serious injury, wound, or illness. The instructions of the physician shall be strictly carried out.
- c. The medical staff's decisions with respect to treatment/action shall take precedence except where security of the jail will be threatened. In those cases, an action plan will be developed by the sheriff and the medical staff which accomplishes the treatment without adversely impacting security.



- d. Medical treatment to a serious medical need shall not be refused, unreasonably delayed, or interfered with.
- e. All detainees confined shall be given medical screening by a medical doctor, registered nurse, licensed practical nurse, or a physician's assistant within **14 days** after confinement and as required by a medical doctor thereafter.
- f. The assessment will include:
  - i. A review of the intake health assessment;
  - ii. A complete medical history;
  - iii. Immunization history;
  - iv. Dental history/screening
  - v. A physical examination;
  - vi. Additional Data to Complete the Medical and Psychiatric History
  - vii. Laboratory and Diagnostic Test to Detect Communicable Diseases, Including Venereal Diseases and Tuberculosis
  - viii. Height, Weight, Pulse, Blood Pressure and Temperature
  - ix. Other Tests and Examinations as Appropriate
  - x. A Standardized Medical Examination with Appropriate Comments About Mental and Dental Status
- g. Dental screening shall include:
  - i. Dental Examination
  - ii. Dental Hygiene by means of providing the prisoner with a tooth brush and tooth paste.
  - iii. Dental treatment, when the lack of treatment would constitute or lead to a serious medical need.
  - iv. Provision of Prostheses - As determined by the responsible, physician, medical and dental prostheses shall be provided when the health of the inmate would otherwise be adversely affected.
- h. Records documenting the assessment and results shall become part of the prisoner's medical record.
- i. A prisoner who screens positively for drug or alcohol withdrawal shall be provided with appropriate treatment, housing, and medical supervision for drug and alcohol withdrawal.
- j. Detoxification will be carried out under the supervision of the medical staff.
- k. Prisoners with a chronic medical condition shall be regularly monitored to determine if their condition and course of treatment have the chronic condition under control.
- l. Emergency: when a prisoner develops an emergency condition-emergency medical response shall occur.

**E. Sick Call:**

- a. Inmates' medical complaints shall be collected daily and responded to by medically trained personnel.
- b. Inmates should not be used to collect complaints. Detention personnel may be trained to carry out this procedure.

**F. Training:**

- a. Sheriffs/Correctional Officers shall have current training in standard first aid equivalent to that defined by the American Red Cross; First aid kits shall be available with the responsible physician approving the number, contents, location, and procedure for periodic inspection of the kit (s).
- b. At least one staff member per shift shall be trained and have a current certification in basic life support and CPR.
- c. All staff shall be trained to recognize signs and symptoms of mental illness, retardation, suicide risk, and chemical dependency.
- d. All staff shall be trained in the recognition of signs and symptoms, and knowledge of action required in situations involving a medical emergency or mental health crisis.

**G. Documentation:**

- a. A daily log shall be maintained documenting specific medical treatment rendered in the jail.
- b. Medical documentation for each prisoner shall be maintained in the prisoner's file, or where applicable the inmate's medical file.

**H. Components of Medical Record File** - The medical record file shall contain the completed receiving screening form health appraisal data collection form, all findings, diagnoses, treatments, dispositions, prescriptions and administration of medications; notes concerning patient education; and notations of place, date and time of medical encounters and discharges from medical treatment. The method of recording entries in the medical record, and the form and format of the, record shall be approved by the responsible physician.

**I. Maintenance and Security of Medical Records** - Access to the medical record shall be controlled by the responsible physician. The physician-patient privilege applies to the medical record. The medical record file shall not be in any way a part of the confinement record. Upon consent of the inmate summaries or copies of the medical record file shall be routinely sent to the facility to which the inmates transferred.

- a. Inmates shall be excluded from access to all medical records.

**J. Consent for Treatment** - Informed consent shall before all examinations, treatments, and procedures. In the case of minors, the informed consent of parents, guardian legal custodian is necessary.

**K. Prohibition Against Medical Experimentation** - The conduct of medical or pharmaceutical testing or treating for experimental or research purposes shall be prohibited.

**L. Requirements for Post-Mortem Examination** - The facility administrator shall ensure that in the event of an inmate death, the medical examiner or coroner is notified immediately and a post mortem examination is requested as required by law. If an

inmate dies suddenly without an attending physician, or as a result of violence, the Georgia Bureau of Investigation shall be notified as required by Georgia Code Annotated 521-205.



# NATIONAL *Work Zone* AWARENESS WEEK

by Vincent Scott  
LGRMS Risk Control Consultant

National Work Zone Awareness Week (NWZAW) began in 1999, it is an annual spring campaign sponsored by federal, state, and local transportation officials to raise the public consciousness about the need for driving safely in work zones. The campaign draws attention to the safety needs of road workers, as well as motorists. This year NWZAW will be observed on April 17th-April 21st.

A work zone is an area where road construction, maintenance, or utility work takes place. Safety for crews in work zones, as well as the vehicles that travel through them, is critically important. Drivers must be on watch for workers coming in and out of work zones, including flaggers who may be directing changing traffic patterns. Unfortunately, daily changes in traffic patterns, narrowed rights-of-way, and other construction activities often create a combination of

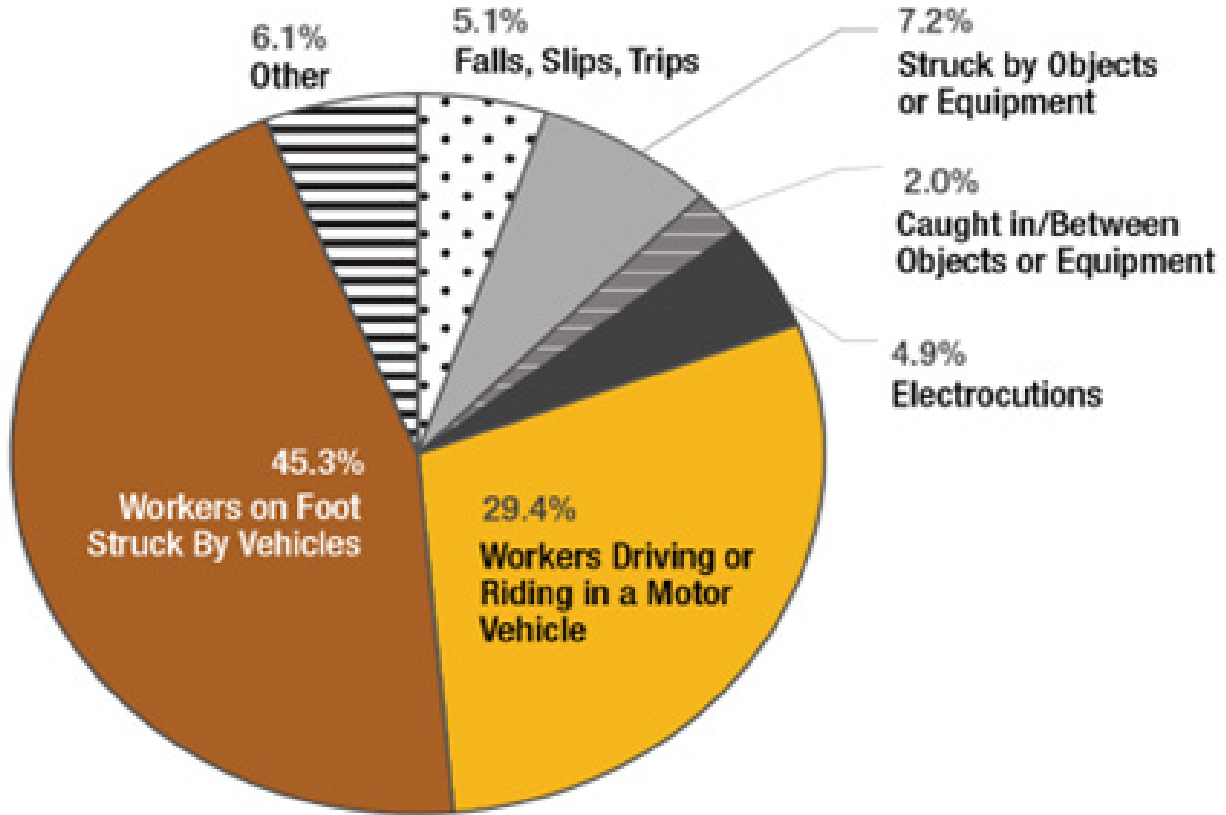
factors resulting in crashes, injuries, and fatalities.

There were 12,640 total number of crashes in Georgia work zones that resulted in 4,236 injuries and 57 fatalities in 2022.

In fact, statistics reveal a high risk of injury for traffic control zone workers. Roadway construction workers are three times more likely to be killed on the job than other construction workers, and eight times more likely to be killed at work than employees in other industries. The National Institute of Occupational Safety and Health (NIOSH) says that each year more than 100 workers are killed, and over 20,000 more are injured in highway work zones.

Road and Street Department workers have a dangerous job. They face the risk of serious injuries and, in some cases, even death. Workers in work zones are exposed to

## Types of Events Resulting in Highway Worker Fatalities at Road Construction Sites, 2017-2019 Average



the risk of injuries from the movement of construction vehicles and equipment, as well as from passing motor vehicle traffic.

LGRMS strongly encourages Road and Street Department workers continually follow these best practices:

- All Work Zones should be reviewed by a Temporary Traffic Control Supervisor.
- Keep on hand a copy of the Manual on Uniform Traffic Control Devices (MUTCD) Parts 1, 5, & 6.
- Review legal requirements for local governments and public entities with regards to roadways and liability.
- Annually train on identifying different sections of temporary traffic control zones, work zone setup,

and your responsibilities.

LGRMS routinely offers Roads Liability Regional Training and can connect you with other sources for in-person and web-based training, please contact your Risk Control Consultant to identify what works best for your organization.

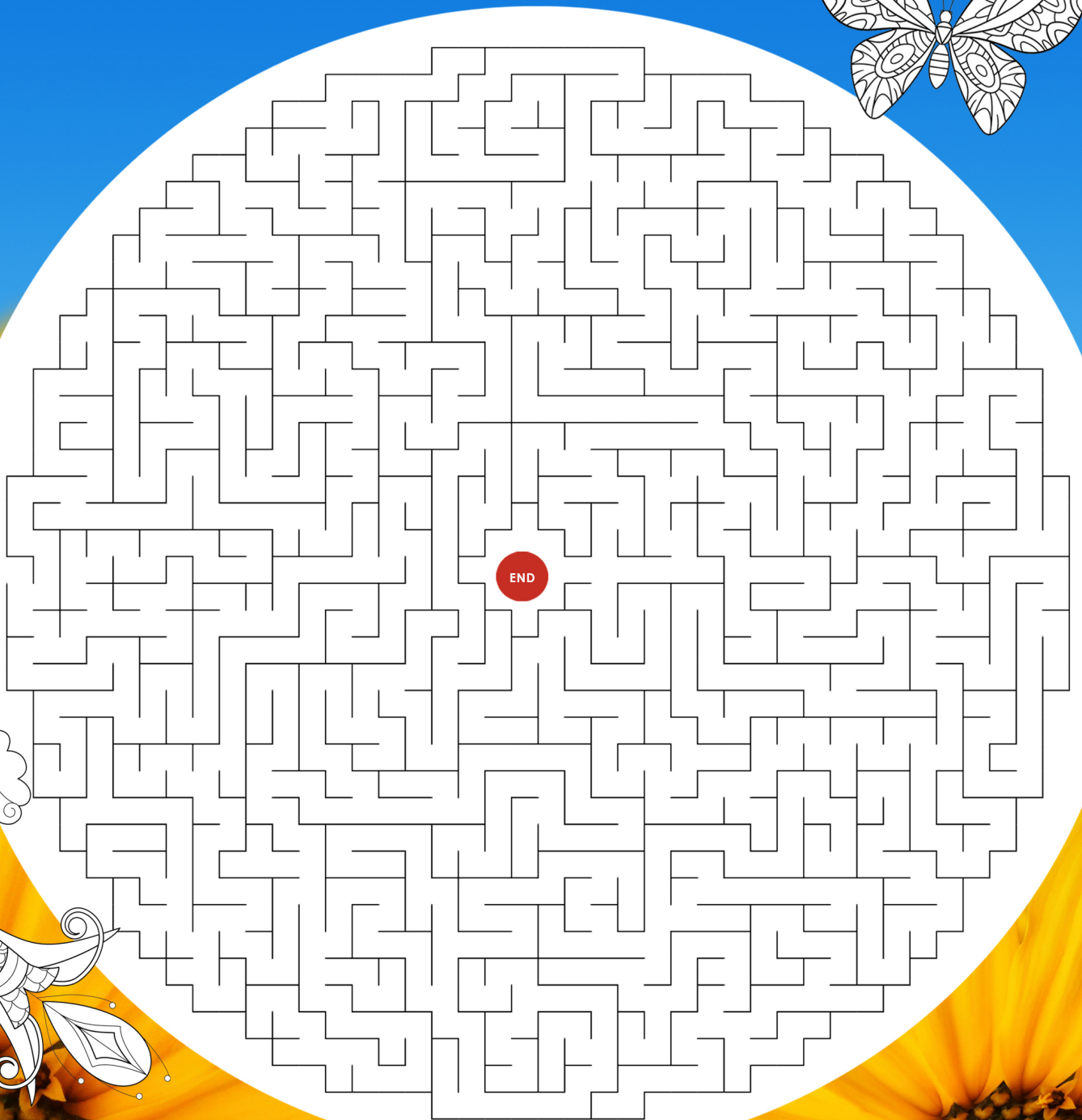
### References

- <http://www.dot.ga.gov/DriveSmart/SafetyOperation/WorkZoneSafety/WZS-FactSheet.pdf>
- <https://www.nwzaw.org/>
- <https://workzonesafety.org/work-zone-data/work-zone-fatal-crashes-and-fatalities/>





**MAZE.** Spring is here, but don't get too lost in its beauty, because hazards are all around. Test your abilities to move past perilous situations in our a-Maze-ing puzzle. Answers on pg.36.



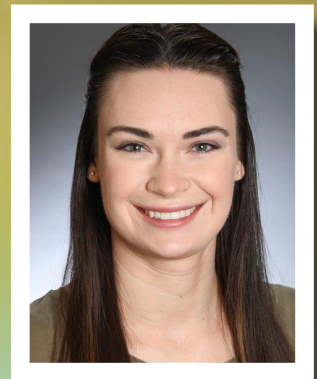
START

END





# ALLERGIES



by Paige Rinehart  
Sr. LGRMS Health Promotion Consultant



Are you sneezing, suffering from stuffy or runny nose and itchy eyes because it's seasonal allergy time?

Allergy symptoms aren't pleasant but thankfully there are things you can do to ease the suffering:

- Get treated. An allergist can help with a diagnosis and management plan to help you feel better.
- Wash up. Shower and wash your hair every night before bed.
- Shut out the pollen. Close the windows in the car and at home and set the air-conditioner to re-circulate.
- Stay inside. Check the pollen count and avoid outside activities with the pollen count is high.

In addition to prescriptions, over the counter drugs and precautions from keeping the elements out of your home, there are ways to nourish yourself that act as a natural approach to give some relief from allergies and balance your immune system.

- Drink more water. Consuming half your body weight in ounces of water will thin mucus secretions and hydrate your mucus membrane tissues.
- Add more anti-inflammatory foods. Omega-3 fatty acids help to stomp out inflammation in your nasal passages. Eat more ground flaxseed, walnuts, and salmon.
- Cut back on mucus-forming foods. Dairy products, for example, may promote inflammation.

If your allergies are worse indoors you may be allergic to dust mites, pet dander or mold. In this case avoid

triggers by making a few changes inside the home:

- Wash bedding weekly in hot water and try "mite-proof" bedding.
- Use a dehumidifier to control mold.
- Wash your hands after petting animals

There are many ways you can protect yourself, as well as your employees, from allergies. You can start by participating in the LGRMS HPS Forum Call, in which we'll go over a Health Toolkit that provides "tools" to promote health in your organization. The Health Toolkit for May is available now. In it, you'll receive all the tools you'll need beforehand to start planning.

The 2023 Monthly Forum Call calendar is out too. The Forum Call is for Health Promotion Champions and individuals responsible as health promotion leaders, administrators, HR and personnel directors, clerks, health/safety coordinators, and wellness/health benefit coordinators. All are welcome to participate. You'll receive an invite each month. Please stay on the lookout!



"Every season can be allergy season, depending on what you're allergic to."

CLARA CHUNG



## 2023 Monthly Forum Call Calendar

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• <b>January</b><ul style="list-style-type: none"><li>• Monthly Forum Call Calendar placed in SHARE</li><li>• February Toolkit available</li></ul></li><li>• <b>February</b><ul style="list-style-type: none"><li>• Forum Call will be held on <u>02/17/2023</u></li><li>• Will discuss March Toolkit</li></ul></li><li>• <b>March</b><ul style="list-style-type: none"><li>• Forum Call will be held on <u>03/17/2023</u></li><li>• Will discuss April Toolkit</li></ul></li><li>• <b>April</b><ul style="list-style-type: none"><li>• Forum Call will be held on <u>04/21/2023</u></li><li>• Will discuss May Toolkit</li></ul></li><li>• <b>May</b><ul style="list-style-type: none"><li>• Forum Call will be held on <u>05/19/2023</u></li><li>• Will discuss June Toolkit</li></ul></li><li>• <b>June</b><ul style="list-style-type: none"><li>• Forum Call will be held on <u>06/16/2023</u></li><li>• Will discuss July Toolkit</li></ul></li></ul> | <ul style="list-style-type: none"><li>• <b>July</b><ul style="list-style-type: none"><li>• Forum Call will be held on <u>07/21/2023</u></li><li>• Will discuss August Toolkit</li></ul></li><li>• <b>August</b><ul style="list-style-type: none"><li>• Forum Call will be held on <u>08/18/2023</u></li><li>• Will discuss September Toolkit</li></ul></li><li>• <b>September</b><ul style="list-style-type: none"><li>• Forum Call will be held on <u>09/15/2023</u></li><li>• Will discuss October Toolkit</li></ul></li><li>• <b>October</b><ul style="list-style-type: none"><li>• Forum Call will be held on <u>10/20/2023</u></li><li>• Will discuss November Toolkit</li></ul></li><li>• <b>November</b><ul style="list-style-type: none"><li>• Forum Call will be held on <u>11/17/2023</u></li><li>• Will discuss December Toolkit</li></ul></li><li>• <b>December</b><ul style="list-style-type: none"><li>• Forum Call will be held on <u>12/01/2023</u></li><li>• Will discuss January Toolkit</li></ul></li></ul> |
|--|--|

### Call Time

11:30 AM-12:00 PM

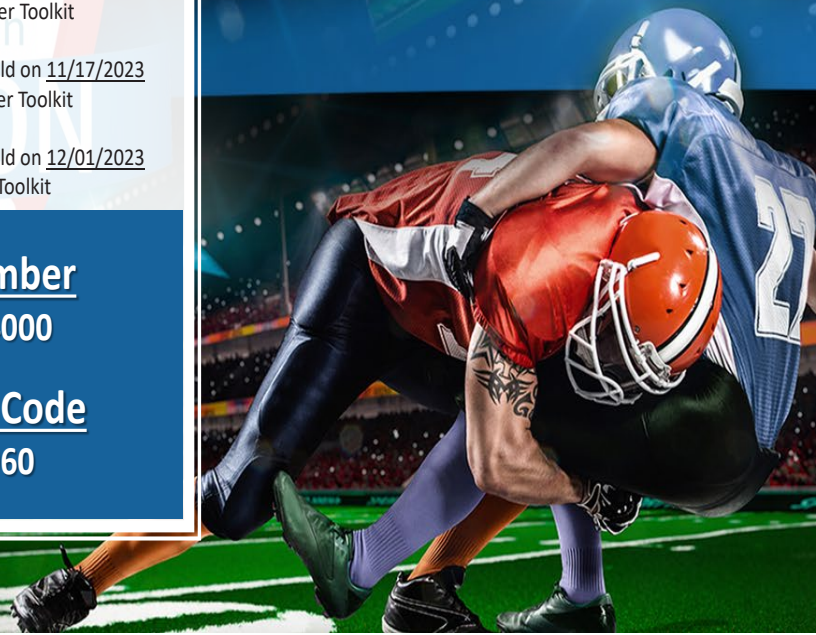
### Dial-In Number

(267) 930-4000

### Participant Code

491-626-960

# TACKLING OUR WAY INTO 2023





# FUN WITH RECIPES

## SIMPLE SALMON CAKES

### INGREDIENTS:

Olive Oil | Salmon | Wheat bread crumbs | Panko | Egg |  
Onion | Parsley | Dijon Mustard | Salt | Pepper



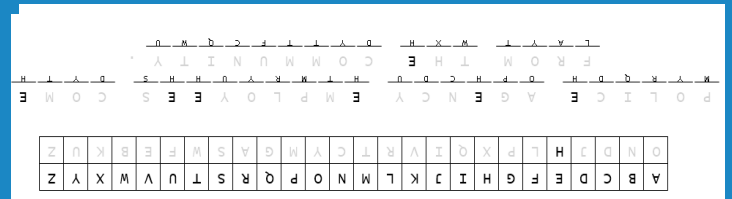
- 1 tbsp olive oil
- 14oz salmon (2 cans Alaskan Wild Salmon)
- 1 cup wheat bread crumbs or panko
- 1 egg beaten
- 1/3 cup chopped onion
- 1/4 cup parsley
- 1 teaspoon dijon mustard
- Salt and Pepper

Mix all ingredients except the olive oil and make into patties. Line a baking sheet with foil, and spray with a little cooking spray. Set oven to 350° degrees. Add olive oil to pan and add patties cooking 5-10 minutes on each side until browned.

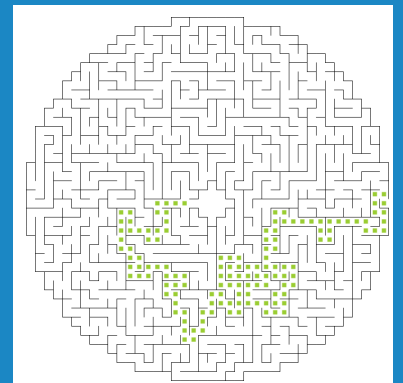
# FUN WITH SAFETY ANSWER KEY



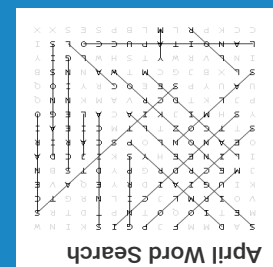
“Typically the frig becomes overloaded with magnets and then blows.”



Cryptogram Puzzle Answer Key



Maze Puzzle Answer Key



Word Search Puzzle Answer Key



# SHARE

APRIL 2023  
ISSUE #24

**SAFETY THEME**

LOCAL GOVERNMENT RISK MANAGEMENT SERVICES, INC., - A Service Organization of the ASSOCIATION COUNTY COMMISSIONERS OF GEORGIA and the GEORGIA MUNICIPAL ASSOCIATION

The background of the lower half of the page is a close-up photograph of vibrant green leaves. Several leaves are in sharp focus, showing their intricate vein patterns. Small, clear water droplets are visible on the surface of the leaves, suggesting a recent rain or dew. The overall tone is fresh and natural.

## WARM WEATHER SAFETY

*Hazards to Outdoor Workers*

## Be Safe Outside!

### Hazards to Outdoor Workers

Outdoor workers – including water, wastewater, parks, groundskeepers, public works, streets, police, and fire – can be exposed to physical hazards and biological hazards. Employers should train their workers about their workplace hazards, including hazard identification and recommendations for preventing and controlling their exposures.

### Sun and Heat

Extreme heat can cause heat stroke, heat cramps, heat exhaustion, and heat rash. Take shade breaks and hydrate throughout the work shift. Ultraviolet radiation (UV) can cause sunburn and, potentially, skin cancer. Limit skin exposure by wearing long-sleeved shirts, long pants, and hats. Use sunscreen, and reapply when needed.

### Insects

Diseases may be spread by mosquitos and ticks. Mosquito-borne diseases include West Nile virus; tick-borne diseases include Lyme disease. Limit skin exposure (follow the same clothing recommendations as for sun and heat) and use repellent. Be aware of spiders (black widows, brown recluse) in dark moist places, heavy bush, or trash. Stinging insects, such as bees, wasps, yellow jackets, ants, and scorpions, can be found everywhere. Wear gloves when moving materials or trash and be alert for nests in the ground or on trees or bushes.

### Animals and Other Critters

Threats include venomous snakes (rattlesnakes,

copperheads, cottonmouth water moccasins, and coral snakes). Rattlesnakes and copperheads range throughout the state; cottonmouths generally range from Middle Georgia to South Georgia, and coral snakes are common in South Georgia. Along with the above clothing recommendations, heavy boots and chaps can provide additional protection.

### Poisonous Plants

Poison ivy, poison oak, and poison sumac can cause allergic reactions from skin contact. They can also be dangerous respiratory hazards if they are burned. In addition to long sleeves, long pants, and gloves, use barrier creams prior to exposure, and thoroughly wash affected areas immediately after exposure. Keep in mind that your clothing could still have residue, so carefully wash them separately from other clothing.

### Other Hazards

Outdoor workers may encounter other hazards in addition to the physical and biological hazards described here. They may be exposed to pesticides or other chemical hazards, traumatic injury hazards, or other safety and health hazards depending on their specific job and tasks. Employers should train outdoor workers about their workplace hazards, including hazard identification and recommendations for preventing and controlling their exposures.

For more information, contact your county extension agent or visit the CDC website at [www.cdc.gov/niosh/topics](http://www.cdc.gov/niosh/topics).



LGRMS  
RISK CONTROL  
ACCG | GMA

# SAFETY THEME POSTER

APRIL 2023  
ISSUE #24

LOCAL GOVERNMENT RISK MANAGEMENT SERVICES, INC., - A Service Organization of the ASSOCIATION COUNTY COMMISSIONERS OF GEORGIA and the GEORGIA MUNICIPAL ASSOCIATION

# WARM WEATHER HAZARDS

*They're Back!*



# General Self Inspection Program

Location, Area, or Department: \_\_\_\_\_ Date: \_\_\_\_\_

Surveyor: \_\_\_\_\_

## General Evaluation

	Needs Action	Needs Improvement	Good	Very Good
<b>A. Property/Liability</b>				
a. Fire protection	_____	_____	_____	_____
b. Housekeeping	_____	_____	_____	_____
c. Slip/trip/fall	_____	_____	_____	_____
d. Public safety	_____	_____	_____	_____
<b>B. Employee Safety</b>				
a. Safety meetings	_____	_____	_____	_____
b. Safety rules	_____	_____	_____	_____
c. Work conditions	_____	_____	_____	_____
d. Auto/equipment	_____	_____	_____	_____

## Property/Liability

	Yes	No
Fire protection	<input type="checkbox"/>	<input type="checkbox"/>
Emergency numbers posted	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguishers available/serviced	<input type="checkbox"/>	<input type="checkbox"/>
Fire alarm panel showing system is operational; no warning lights.	<input type="checkbox"/>	<input type="checkbox"/>
Automatic sprinkler system control valve locked in open position.	<input type="checkbox"/>	<input type="checkbox"/>
Automatic sprinkler heads clear of storage within three feet.	<input type="checkbox"/>	<input type="checkbox"/>
Flammable, combustible liquids stored in UL-listed containers.	<input type="checkbox"/>	<input type="checkbox"/>
Flammable, combustible liquid containers stored in proper cabinet or container.	<input type="checkbox"/>	<input type="checkbox"/>
Smoking, No Smoking areas designated/marked.	<input type="checkbox"/>	<input type="checkbox"/>
Any cigarette butts noticed in No Smoking areas.	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

## Housekeeping

Stairwells clear of combustible items.	<input type="checkbox"/>	<input type="checkbox"/>
Furnace, hot water heater, and electrical panel areas clear of combustible items.	<input type="checkbox"/>	<input type="checkbox"/>
Work and public areas are clear of extension cords, boxes, equipment, or other tripping hazards.	<input type="checkbox"/>	<input type="checkbox"/>
Floor surfaces kept clear of oils, other fluids, or water.	<input type="checkbox"/>	<input type="checkbox"/>
Stored items are not leaning or improperly supported; heavy items are not up high.	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

## Slip/Trip/Fall

Stair treads are in good condition; not worn, damaged or loose.	<input type="checkbox"/>	<input type="checkbox"/>
Handrails for all stairs/steps.	<input type="checkbox"/>	<input type="checkbox"/>
Guardrails for all elevated platforms.	<input type="checkbox"/>	<input type="checkbox"/>
Stair handrails are in good condition; not loose or broken.	<input type="checkbox"/>	<input type="checkbox"/>
Floor surfaces are even, with non-slip wax if applicable.	<input type="checkbox"/>	<input type="checkbox"/>
All rugs are held down or have non-slip backing.	<input type="checkbox"/>	<input type="checkbox"/>
Any holes, pits or depressions are marked with tape, barricades, or guardrails.	<input type="checkbox"/>	<input type="checkbox"/>
Wet floor signs are available and used.	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_



# General Self Inspection Program

## Public Safety

	Yes	No
Public areas kept clear of storage and supplies.	<input type="checkbox"/>	<input type="checkbox"/>
Emergency lighting for public assembly areas in buildings.	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation plans posted for public assembly areas in buildings.	<input type="checkbox"/>	<input type="checkbox"/>
Public areas have necessary warning or directional signs.	<input type="checkbox"/>	<input type="checkbox"/>
Construction work has barriers, covers, and markings.	<input type="checkbox"/>	<input type="checkbox"/>
Street and road signs noted in good condition, clear of obstructions.	<input type="checkbox"/>	<input type="checkbox"/>
Sidewalks smooth and even; no holes, no raised or broken areas.	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____		

## Employee Safety

### Safety Meetings

Held in the department.	<input type="checkbox"/>	<input type="checkbox"/>
Meetings held ___ monthly ___ quarterly ___ other _____ ; documented		
Different topic each time.	<input type="checkbox"/>	<input type="checkbox"/>
Covers department safety rules.	<input type="checkbox"/>	<input type="checkbox"/>

### Safety Rules

Rules specific for this department.	<input type="checkbox"/>	<input type="checkbox"/>
Rules are written, posted in the department.	<input type="checkbox"/>	<input type="checkbox"/>
Reviewed with new employees.	<input type="checkbox"/>	<input type="checkbox"/>

### Work Conditions

Employees exposed to: ___ Heat ___ Cold ___ Rain/sleet/snow ___ Use of chemicals		
___ Noise ___ Work in confined spaces ___ Work in trenches		
___ Traffic ___ Blood/body fluids ___ Other _____		
Proper personal protective equipment available		
Respirators, goggles, face shields, chemical gloves, traffic vests, appropriate clothing		
Trench boxes/shoring for trenching, ear plugs/muffs, body armor (law enforcement)		
Confined space equipment, harness, air testing equipment, ventilation equipment, tripod		
Fire department turn-out gear, blood-borne pathogens kits		
Personal protective equipment required to be worn.	<input type="checkbox"/>	<input type="checkbox"/>
Employees trained on proper use.	<input type="checkbox"/>	<input type="checkbox"/>
Equipment properly maintained.	<input type="checkbox"/>	<input type="checkbox"/>
Shop equipment has proper guards to protect from pinch or caught-between type injuries.	<input type="checkbox"/>	<input type="checkbox"/>
Chemicals used in the department.	<input type="checkbox"/>	<input type="checkbox"/>
MSDS sheets available; employees trained on hazards, proper use, proper PPE to use.	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____		

## Auto and Equipment

Seat belts provided.	<input type="checkbox"/>	<input type="checkbox"/>
Seat belts required to be used.	<input type="checkbox"/>	<input type="checkbox"/>
Drivers noted wearing seat belts.	<input type="checkbox"/>	<input type="checkbox"/>
All lights working including strobe lights, turn signals.	<input type="checkbox"/>	<input type="checkbox"/>
Tires in good condition, tread, sidewalls.	<input type="checkbox"/>	<input type="checkbox"/>
Glass in good condition; not cracked, broken.	<input type="checkbox"/>	<input type="checkbox"/>
Reflective tape, signs in good condition.	<input type="checkbox"/>	<input type="checkbox"/>
Any periodic, documented, self-inspection of the vehicles/equipment.	<input type="checkbox"/>	<input type="checkbox"/>
Proper guards on mowers, other equipment.	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____		

## ***Safety Meeting Attendance Sign Up Sheet***

City/County: \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Topic: \_\_\_\_\_

Attendees:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Next meeting scheduled for \_\_\_\_\_

Safety Coordinator \_\_\_\_\_



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COMMISSIONERS OF GEORGIA  
and the GEORGIA MUNICIPAL  
ASSOCIATION

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