

RESOLUTION

98-2012

Personal Protective Equipment Policy

WHEREAS, the Resource Management and Administration Committee met in regular session July 11, 2012, and reviewed the request from the Director of Human Resources to approve the Grand Traverse County Personal Protective Equipment (PPE) Policy; and,

WHEREAS, this policy identifies the process that is required for identifying the appropriate PPE to be used in the workplace and is critical to ensuring that our employees have the appropriate equipment available to them and are trained accordingly; and,

WHEREAS, The Resource Management and Administration recommends approval of this new policy recommended by the Michigan Occupational Safety and Health Administration (MIOSHA).

NOW, THEREFORE, BE IT RESOLVED BY THIS BOARD OF COMMISSIONERS, THAT Grand Traverse County approves and adopts the Personal Protective Equipment Policy attached hereto.

APPROVED: July 25, 2012



GRAND TRAVERSE COUNTY PERSONAL PROTECTIVE EQUIPMENT POLICY

Effective: July 25, 2012

I. PURPOSE and SCOPE

The purpose of this policy is to protect the employees of Grand Traverse County from the occupational hazards within the workplace by providing the proper personal protective equipment (PPE). The scope of this policy includes PPE for eye, face, head, foot, and hand protection for all affected Grand Traverse County employees.

II. HAZARD ASSESSMENTS

Each job/task performed will be assessed to determine foot, head, eye, face, and hand hazards and identify the proper PPE to be worn. The assessments will include observation of the following sources of hazards:

1. Impact: Flying chips, objects, dirt, particles, collision, and motion hazards.
2. Penetration: Falling/dropping objects, sharp objects that cut or pierce.
3. Compression: Rollover or pinching.
4. Chemical: Splashing, burns, fumes.
5. Temperature Extremes: Sparks, splashes from molten materials, burns from high/low temperatures.
6. Harmful Dust: Dirt, particles, asbestos, lead.
7. Light Radiation: Welding, cutting brazing, lasers, furnaces, lights.

The Certification of Hazard Assessment Form (appendix A) will be completed for each job/task and will serve as certification that a hazard assessment has been performed. The supervisor conducting the hazard assessment will also survey jobs that are non-routine or periodic. In some cases these assessments may not be completed until the jobs are scheduled. Hazard assessments will be updated/evaluated whenever conditions or procedures change. The Director of each department is responsible for maintaining the Hazard Assessment Form. The director shall ensure that each matrix is posted in each department for employee reference.

III. EQUIPMENT SELECTION, USE AND MAINTENANCE

A. Supervisor responsibilities

After performing a hazard assessment and determining that hazards are present, or likely to be present, the supervisor shall do the following:

1. Select the types of PPE that the affected employee will use for the hazards identified in the hazard assessment.
2. Assure the adequacy of the PPE including proper fit, protection, maintenance and sanitation.
3. Communicate selection decisions to each affected employee.
4. Ensure every affected employee knows how to use their PPE correctly.
5. Ensure that every affected employee uses the required PPE when performing tasks identified in the hazard assessment that require the use of PPE.

6. Prevent the use of PPE that is defective or damaged. Defective or damaged PPE must be replaced.
7. Never assign a task for which PPE is required but not available.
8. Maintain the hazard assessment form and any other documentation as it pertains to PPE in their department.

B. Employee Responsibilities

After a hazard assessment has been performed and hazards identified that require PPE, the employee shall do the following:

1. Never perform a task for which PPE is required but not available.
2. Always wear and use PPE correctly.
3. Never use PPE that is defective or damaged.

IV. TRAINING REQUIREMENTS

A. The supervisor shall provide adequate training to each employee who is required to use PPE. Each employee shall be trained to know at least the following:

1. When PPE is necessary
2. What PPE is necessary
3. How to properly wear the PPE
4. The limitations of the PPE
5. The proper care, maintenance and disposal of the PPE

B. Each affected employee must demonstrate an understanding of the training provided and the ability to use the PPE properly before performing any work requiring the use of PPE.

C. Situations that render previous training obsolete or inadequate and therefore require new training or retraining include, but are not limited to the following:

1. Changes in the workplace
2. Changes in the type of PPE to be used
3. Inadequacies in the affected employees knowledge or use of the assigned PPE

D. The supervisor is responsible for verifying that each affected employee has received and understood the required training through a written certification (appendix B). Once this form is complete it should be sent to Human Resources.

V. IMPLEMENTATION STEPS

1. Conduct and document PPE assessment for each work task or assignment.
2. Select PPE.
3. Communicate selection decisions to affected employee.
4. Provide PPE (obtain, purchase, rent, etc.)
5. Train each affected employee.
6. Test employee understanding.
7. Document training and employee testing results.
8. Retrain as necessary.
9. Enforce requirements.

Grand Traverse County strives to ensure employee safety. Anyone that is found to be in violation of this policy will be subject to disciplinary action up to and including termination.

**APPENDIX A
CERTIFICATION OF HAZARD ASSESSMENT**

Date(s) of Assessment: _____

Department: _____

Building: _____

Task or Equipment Description: _____

Is this Task or Equipment located on the PPE Matrix? If not, please indicate the date the matrix was updated to include this information: _____

Hazards Identified:

Eye and Face: _____

Respiratory: _____

Head: _____

Foot: _____

Electrical: _____

Hand: _____

Whole Body: _____

Other: _____

PPE Requirements:

Eye and Face: _____

Respiratory: _____

Head: _____

Foot: _____

Electrical: _____

Hand: _____

Whole Body: _____

Other: _____

Other Control Measures Identified:

**APPENDIX B
PERSONAL PROTECTIVE EQUIPMENT
CERTIFICATION OF TRAINING**

All affected employees shall receive PPE training that includes when PPE is necessary, what PPE is necessary and why, how to wear PPE properly, PPE limitations and capabilities, and PPE care and maintenance. Each employee shall be properly fitted with the appropriate PPE.

The following employee has received the above mentioned training for PPE:

Employee Name: _____

Date(s) of Training: _____

Department: _____

Name of Trainer: _____

The following is a list of PPE assigned to this employee including the manufacturer, model and identification numbers: _____

I acknowledge that I have been assigned the above named equipment, have had the opportunity to be properly fitted with this equipment and have received and understand the training provided. I further acknowledge that failure to adhere to the PPE policy and utilize the appropriate PPE may result in disciplinary action up to and including termination.

Signature of Employee: _____

Date: _____