

## **SAFETY POLICY & PROCEDURES**

**Maine Staffing Group / New Hampshire Staffing Group** and its corporate divisions; Project Flagging Inc., Project Staffing Inc., Special Teams Inc., Direct Personnel LLC., and One Source Preferred Inc., referred to as The Employer.

MSG/NHSG is committed to:

- Provide a safe place of work
- Provide safe systems of work
- Provide training, instruction and supervision
- Working collaboratively with employees, client-companies, and medical providers
- Facilitate communications with customers, jobsite supervisors, and other external sources to help mitigate workplace injuries and illnesses through education and intervention.
- Developing processes and procedures to meet the requirements of the policy.

As your employer, we are responsible for providing you with Workers Compensation Coverage, as provided by law. As your employer, we simply cannot and will not tolerate unsafe work habits or practices. If you have any questions or concerns about the safety of your job assignment, discuss it with your jobsite supervisor and contact your Account Manager immediately. We welcome your input and appreciate your commitment to safe work practices.

All staff/employees are to abide by the safety practices of the workplace, whether internal or field-staff's assigned jobsite, and to follow the safety rules pertaining to the job description/Assignment Sheet, client-company rules, and the employer. Failure to follow any/all safety requirements may result in disciplinary action, including up to immediate termination of employment.

### **RESPONSIBILITY**

Health & Safety Manager has overall responsibility for management, communication, and enforcement of health and safety matters within MSG/NHSG, and in cooperation with our client-companies.

Account Managers and Branch Managers have day-to-day responsibility for ensuring this policy is put into practice and carrying out **Safety-Questionnaire** form (Addendum A) for new Client-Companies.

Jobsite supervisors and managers must provide adequate supervision to ensure the safe systems of work are being followed.

Employees have a responsibility to take care of the health and safety of themselves, those around them, to follow safe practices and the rules of this policy, and to report any concerns to appropriate personnel.

### **TRAINING**

All employees will be trained on our policy and procedures.

All new Client-Companies will be reviewed on what their safety processes are using a Risk-Assessment Form.

Appropriate review of our MSG/NHSG policy will be conducted with new Client-Company supervisors to ensure the most comprehensive methods of safety practices and protocols are afforded and followed.

A copy of this training and the review with customers will be contained with the employee personnel file (Avionte'; Employee>Documents) as Training Receipt, and the customer electronic account documentation.

The Health & Safety Manager is responsible for ensuring a record of conducted Risk-Assessments of client-companies are completed and retained on file. This may be accomplished by utilizing the Branch Managers to conduct and submitting monthly reporting of Safety Risk Assessment document type, from Avionte' Advanced Search.

## **REPORTING A WORK-RELATED INJURY/ILLNESS**

It is the employee's direct responsibility to inform their employer (MSG/NHSG) by either the Account Manager or the Safety Manager if they have suffered a work-related injury or illness "as soon as you are aware of your work-related injury or illness". \*just notifying the jobsite supervisor is Not Enough; you MUST report to your Employer.

If after office hours, leave a message and the Safety Manager will contact you first thing the next business morning. Be sure to provide:

Your Name

Call-Back Phone Number

Assignment location

Injury/Illness – issue (briefly)

### **Emergency V. Non-Emergency**

An Emergency is by definition: *a serious, unexpected, and often dangerous situation requiring immediate action*. If your work-related injury or illness is of non-urgent/critical care need, then the Safety Manager will direct you to one of our designated Occupational Health Providers in the local area.

### **Preferred Medical Provider**

All employees who are injured and require medical treatment beyond basic first aid, shall contact their MSG Account Manager or our Safety Manager. Non-emergency issues should Always be seen to through our designated Occupational Health Provider under the direction of our Safety Manager.

*Note: If the injury/illness is life threatening or of serious nature such as broken bone(s), the nearest emergency hospital/facility shall be used.*

### **Light-Duty / Return-T0-Work**

It is this employer's policy to return all injured employees to work as soon as practicable within their physician-approved capabilities. MSG/NHSG will work with the employee, physician, and the client-company/jobsite to enable the employee to return to work performing meaningful work. Light-Duty work can/may be provided at different site locations, all within the requirements of the law.

Under Maine Workers Comp rules, section Title 39-A, ss204; 'Compensation for Incapacity to Work is Not Paid for the first 7-days'

- All employees are required to participate in our Light-Duty/Return-to-Work-Program.

### **Paid-Time/Actual Hours Worked**

When a work-related injury or illness occurs while in employment, employees will be paid only for *actual hours worked* and that employees will be placed in a work assignment within the medical limitations that apply (light-duty). Job site locations will/may vary based upon the availability of duties within the defined restrictions and will be within the travel radius as defined under workers comp rules. (*\*receiving medical attention off the job site is not actual hours worked*). Refusing light-duty, accommodated work-assignments will jeopardize any employee benefits.

It is also understood by all field-staff employees, that the employer cannot guarantee anyone a permanent position with a client company, the number of hours worked per week, or how long the job will last.

## Accident Investigation

Our Safety Manager or a company representative will investigate every occupational injury/illness. All investigations will be conducted in a timely matter and are fact-finding, not fault-finding.

## PROHIBITED ON/IN THE WORKPLACE

- Horseplay of any kind is not allowed on any job-site. Horseplay is not-work-related, thus inappropriate on the jobsite and can subject anyone on the jobsite to potentially significant injury or harm.
- Weapons of any kind are Not allowed on any jobsite and this poses a potential dangerous liability to any customer's jobsite thus will not be tolerated.
- Impairment can pose a serious safety liability to any person on a jobsite.

**Horseplay, Weapons, or Impairment are all subject to swift and immediate disciplinary action, up to and including termination.**

*\*REFER TO POLICY 1.3.7 Anti-Weapon/Violence Policy and 1.3.8 Anti-Impairment Policy within this handbook, for employment policy guidance on these matters.*

## USAGE / STORAGE; MATERIALS AND EQUIPMENT

All employees are required to notify their Site Supervisor of any situation where they need instruction of the proper use and storage of various materials, equipment, chemicals, etc that they do not have prior experience with.

Employees are Not to handle or use any power or pneumatic tools without proper training, work procedures, and have been trained on lock-out/tag-out rules. Employees on job assignments who are requested to perform these duties without training must notify their Account Manager immediately so that a proper resolution may be facilitated.

Employees are Not to handle any chemicals or other hazardous materials unless trained by the client-company foreman or other customer-designated professional. Employees are to fully understand:

- Proper storage and disposal procedures
- The requirement of appropriate and required PPE (personal protective equipment)
- Location of First-Aid/Eye-Wash station and who the on-site safety contact person is

## PERSONAL PROTECTIVE EQUIPMENT (PPE)

**Gloves** – To protect skin from chemical exposure when necessary.

**Eye Protection** – *Safety glasses* to protection from ordinary dust and other light hazards.

*Goggles* to protect from chemical splash or heavy dust. *Face shields* to protect from flying an/or hot material. *Welders goggles/shades* to protect eyes from painful welding burns.

**Hearing Protection** – Earplugs or earmuffs to protect hearing from damage by loud noise.

**Respirators** – To protect from over exposure to high levels of mold, dust, fumes, or chemical vapors. Not all respirators are alike!

- RESPIRATORS REQUIRE A MEDICAL-FIT Procedure to ensure the mask is fit to you personally; this is done by a qualified medically trained professional.
- DUST MASK or MASK/FILTER is NOT a Respirator... and does not provide the same protection, nor does it require to be 'fit' to you.

Many Boxes of these products can be confusing with the mask-type name;

EMPLOYEES ARE TO ASK THE SITE SUPERVISOR ABOUT THE PROPER PROTECTION TO USE FOR THE JOB ASSIGNED IF IT IS NOT EXPRESSLY DETAILED IN YOUR ASSIGNMENT SHEET; NOTIFY YOUR ACCOUNT MANAGER.

**Safety Shoes/Boots** – To protect your feet from falling or rolling/moving objects.

**Hard-hats** – To protect your head of injuries from falling or swinging objects.

**Other PPE** may be required by the client company, depending upon the hazards involved (ie. Harness/lanyard, specific reflective vest, etc)

\*If you feel the tasks/duties assigned to you, or the area/environment where you are working is Unsafe, See Your Site Supervisor and Call Your Account Manager immediately, before proceeding with work, for proper guidance.

**PPE should ALWAYS be used in accordance with OSHA regulations.** See your jobsite supervisor for specific directions. If YOU ever feel you are not provided the appropriate PPE for the worksite condition, contact your Account Manager at MSG/NHSG immediately.

#### **PROPER LIFTING**

- All employees are required to utilize Team-Lift of heavier loads whenever available and appropriate.
- Use appropriate equipment; straps, dollies, carts, etc.
- KEEP YOUR BACK STRAIGHT
- BEND YOUR KNEES TO LIFT / DO NOT bend over from your waist to lift with your back!
- HUG THE LOAD
- AVOID TWISTING
- BEND YOUR KNEES TO SET DOWN/ DO NOT bend over at the waist when setting down the load.

#### **FIRST AID**

All employees are to know the location of first aid kits, eye wash stations, etc. at each jobsite, as well as to know who is responsible and qualified to perform first aid if necessary.

#### **ACCIDENT & HAZARD REPORTING**

##### **EMPLOYEES MUST ALWAYS:**

- Report any unsafe or faulty equipment and conditions immediately!
  - Contact your Site Supervisor AND Your Account Manager
- Go directly to your on-site supervisor, DO NOT let unsafe conditions go unnoticed and undetected!

#### **FIRE – EMERGENCY EVACUATION**

All employees are required to learn from each jobsite supervisor, the evacuation route and procedures.

*SAFETY IS EVERYONE'S RESPONSIBILITY. BE SAFETY-CONSCIOUS AT ALL TIMES.*

Addendum A

## Safety Questionnaire – Client Companies

Date \_\_\_\_\_

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Per our earlier discussion regarding the placement of our employee(s) and practicing proper safety processes, we ask that you please take a moment to complete the following safety questionnaire and return by fax to:

We thank you for your participation and consideration of Safe Work Practices.

MSG/NHSG Staff:

Branch:

### What is the position being Assigned/Placed for:

Is there a current **job description**? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please forward so we can incorporate into our Assignment Sheet for the employee's placement at your jobsite.

Does the company have a **Written Safety Program**? Yes \_\_\_\_\_ No \_\_\_\_\_

Currently does the company conduct **new employee safety training and or new employee safety orientations**?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (Please provide documentation)

Does work involve use of **powered hand tools, portable powered tools, equipment or machinery**? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, then list piece of equipment that will be used \_\_\_\_\_

Does the company have written **Lock out / Tag out program**? Y \_\_\_\_\_ N \_\_\_\_\_

You agree to provide Training Prior to the employee using equipment, if needed: Yes \_\_\_\_\_ No \_\_\_\_\_  
(Acct Mgr; training receipt attached) dated: \_\_\_\_\_

Will employee be working at **heights at or above six (6) ft**? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, does company have a **written fall protection plan**? Yes \_\_\_\_\_ No \_\_\_\_\_

Do they **provide** all required personal **fall arrest equipment**? Yes \_\_\_\_\_ No \_\_\_\_\_

Will employee use or work around **Hazardous Chemicals**? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, does the company have a **Written Hazard Communication Program**? Y \_\_\_\_\_ N \_\_\_\_\_

If necessary, the company agrees to provide **required training PRIOR to perform such tasks**?  
(Acct Mgr; training receipt attached) dated: \_\_\_\_\_

Will employee work in, around or near **confined spaces, open pits, or trenching operations**? Yes \_\_\_\_\_ No \_\_\_\_\_

If necessary, the company agrees to provide **required training PRIOR to perform such tasks**?  
(Acct Mgr; training receipt attached) dated: \_\_\_\_\_

Will employee be working in areas where a **respirator** will be needed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, company **MUST provide proper fit testing and training pertaining to the hazards that employee will be exposed to**. (Acct Mgr; training receipt attached) dated: \_\_\_\_\_

**\*Note- Client Companies are required by OSHA to provide the same safety training to our employees as their own direct-hire employees.**

**For Office Use Only:**

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

Follow up required? Y N

Reviewed by Safety Manager / dated: \_\_\_\_\_