SAFETY PROGRAM AND REVIEW BOARD

POLICY

The policy of this department is to reduce all types of departmental accidents through a safety program and review process. The true value of the program will be determined by the manner and spirit with which the individual members and employees accept their responsibility and recognize the importance of their contributions to the safety and welfare of all department members and employees.

DEFINITIONS

ACCIDENT is defined as any incident involving Department personnel which results in property damage or personal injury, regardless of who is injured, what property damage, or the extent of injury or damage.

PREVENTABLE ACCIDENT is any incident involving Department personnel that results in property damage or personal injury, regardless of who is injured, what property is damaged, or the extent of injury or damage, in which the member or employee involved has failed to do everything he reasonably could have done, and failed to exercise due care and caution to prevent the accident.

PREEVENTABLE ACCIDENT WITH JUSTIFICATION is an accident that is preventable (in that the employee or member failed to do everything reasonable to prevent the accident), but his actions were taken purposely in order to accomplish a Sheriff’s mission using acceptable Sheriff procedures.

NON-PREVENTABLE ACCIDENT is one in which the member or employee has done everything reasonable to prevent the accident.

PROCEDURE

DEPARTMENT SAFETY PROGRAM

1) Accident Prevention
   a) The Department Safety Program is intended to assist in the prevention of vehicular and non-vehicular accidents and to provide for the proper investigation and review of accidents that occur.
   b) Every member and employee is obligated to conduct his work with care and skill necessary to preclude accidents and shall avoid work habits that are detrimental to safety.
   c) Superior officers shall continuously attempt to improve the working habits of subordinates and shall take action to correct acts of influence, misconduct, carelessness, or negligence that may result in accidents or abuse of Department equipment and property.
2) Safety Education Program
   a) Commanding Officers shall secure and cause to be prepared any training aids deemed
      by them, or the safety Review Board, to be necessary in the dissemination of safety
      education information. Such training aids may include, but are not limited to, the
      following:

      (1) Safety Procedures.

      (2) Bulletin Board Displays.

      (3) Daily bulletin Messages.

      (4) Motion pictures.

      (5) Film slides.

      (6) Safety demonstrations.

   b) The commanding Officer shall consult with supervisory members and employees for the
      purpose of reviewing safety needs and assisting in providing safe work conditions and
      safe work habits-

3) Investigation of Accident causes
   a) Investigations to determine the causes of accidents are the responsibility of the
      Commanding Officers of the personnel involved in the accidents and the Safety Review
      Board.

   b) The purpose of investigating accidents is to determine the causes, identify violations of
      statutory law or Departmental directives, provide for the correction, and to determine
      methods or preventing further occurrences.

SAFETY REVIEW BOARD

1) The members shall be six in number, consisting of:
   a) Lieutenant – (1)
   b) Sergeant – (1)
   c) Representative of M.C.D.S.A. – (1)
   d) Deputy Sheriffs – (2)
   e) Appointed member by Sheriff – (1)

2) Designation of members:
   a) Chairperson – Lieutenant
   b) Vice-Chairperson – Sergeant
   c) Secretary – to be selected by Board Members
   d) Members (3)

3) Selection of Members
   a) Initial recommendation for the Lieutenant will be made by the Bureau of Field Operations
      Commander. Recommendations for the Sergeant and two Deputy Sheriff members will
      be made by Division/District Commanders with final approval by the Sheriff.

   b) The appointed member shall be selected by the Sheriff from wither a department
      employee or an individual not employed by this Department.
c) The M.C.D.S.A. member will be selected by their association.

d) Thereafter, the members of the Board, except for the M.C.D.S.A. member and the appointed member, will recommend their successors. The appointments will be processed as outlines in C-above.

e) All members of the Safety Review Board will remain in their position until replaced. If a member wishes to no longer serve on the Board, a written request should be sent to the Chairperson who, in turn, will direct it to the Captain of Field Services.

4) Duties of the Safety Review Board Members

a) Duties of the Chairperson

(1) Responsible for organization and notification of meetings.

(2) Responsible for care, custody, control and proper disbursement or records.

c) Duties of the Secretary

(1) Responsible for the recording of the minutes of each meeting.

(2) Responsible for transcription of minutes for distribution.

d) Duties of the Members

(1) All members, including the Chairperson, Vice Chair-Person, and Secretary will be responsible for the reviewing of accidents or other information presented to the Board for review and for making appropriate recommendations.

5) Meeting Dates

a) The meeting dates will be as follows:

(1) Meetings will be held at the discretion of the chairperson, but in no event will they be held less than bimonthly.

(2) The Chairperson will notify the members of the date and time of the meeting at least seven (7) working days before the meeting.

6) Procedures

a) The Board will review all pertinent information submitted and other facts obtained regarding the incidents submitted for review and attempt to determine the cause and whether or not the incident was preventable, preventable with justification, or non-preventable by the involved member(s) or employee(s).

b) If, after review, it was determined advisable to interview the involved parties, a meeting will be scheduled for the interview at a convenient time and location. The purpose of the interview will be to clarify points in question and to discuss alternate actions which could have been taken to avoid the accident.

c) The Board shall present its findings in a written report submitted through channels to the Division/District Commander of the person(s) involved. The report will include any pertinent facts concerning the accident developed during the course of the review. Copies of the person’s individual accident record and copies of the report prepared on the subject accident shall also be forwarded with the Board’s report on all accidents deemed
preventable or preventable with justification.

d) The Board Chairperson will, upon receiving a recommendation for corrective or disciplinary action form the Division/District Commander of the person involved, attach that recommendation and the Board’s recommendation to the findings of the Board and submit the record to the Bureau Commander of the person(s) involved and Sheriff.

e) The Chairperson will forward to the member or employee involved a copy of the findings of the Board, along with the recommendations of the Division/District Commander.

f) The Board will keep a record of all accidents to determine if any member or employee is establishing a pattern of poor or careless habits. This is for the purpose of identifying and recommending specific training needs which may be necessary as established by recognized or demonstrated habits.

g) The Board may make its own recommendations to the Bureau Commander and/or the Sheriff as the circumstances of the incident, the individual’s past safety record and/or training may so warrant.

COMMANDING OFFICERS’ DUTIES

1) Upon notification that an accident involving a member or employee under his supervision has been determined by the Safety Review Board to be preventable or preventable by justification, a Division/District Commander shall notify the member or employee of the findings and shall conduct an interview with him adhering to all of his Peace Officer’s Bill of Rights.

2) The Commander shall make a recommendation concerning the action that should be taken with the member or employee involved. The recommendation shall be based upon the person’s past accident record, his attitude regarding safety consciousness and the degree of his judgment. The Division Commander shall recommend one or more of the following forms of corrective or disciplinary actions as may be appropriate:
   a) Counseling
   b) Training
   c) Vision and Reaction Test
   d) Driving Test
   e) Oral Reprimand
   f) Written Reprimand
   g) Voluntary Relinquishment of Overtime
   h) Suspension
   i) Any other appropriate action, which may be considered appropriate under the circumstances of the accident.

3) It is the responsibility of the Division/District Commander to return the Board’s findings within five (5) working days after receipt, along with his recommendations to the Safety Review Board’s Chairperson.

4) A Division/District Commander shall, upon receipt of the Board’s written report that an accident involving a member or employee under his supervision has been rules non-
preventable, notify the person(s) of the findings.

ADMINISTRATIVE NOTIFICATION

1) The supervisor of the member or employee involved shall respond to all vehicular accidents and industrial injuries involving departmental personnel for the purpose of insuring the thoroughness of the investigation and the completeness of the reports submitted.


a) “County of Marin Motor Vehicle Accident” Form 2810-4.

1) Any member or employee involved in an accident in a Sheriff’s/County owned vehicle will complete the form. A sheriff’s case number will be obtained.

2) The Form must be completed and SIGNED by the individual member or employee directly involved in the operation of the vehicle. The form is to be hand-printed with black pen. Supervisors and Department Heads cannot sign the form for you.

a) Exception: In the case of a serious accident where the individual is hospitalized and unable to complete the form, his/her supervisor or Division Head is to complete the form and CLEARLY MARK IN THE UPPER RIGHT-HAND CORNER-“PRELIMINARY” on the back of the form on the signature line (bottom right), print the name of the employee or member – driver who is incapacitated, and either above or below that sign as follows: By: Signature.

b) When the incapacitated employee or member driver is able to review that report made up by the Supervisor or Division Commander, and he finds any of the report to be in error, he is to complete another report, marking it “FINAL” in the upper right hand corner on the front of the report, and he, himself, will sign the final. But if he finds no error, he may simply make a copy of the preliminary report, mark it “FINAL” and sign it.

c) The completed form (preliminary) if incapacitated WILL be completed within twenty-four (24) hours of the accident.

b) Supervisor’s Report of Vehicle Accident Form

1) The Supervisor’s Report of Vehicle Accident will be completed within Twenty-four (424) hours of the accident.

2) The form will be sent to the driver’s Commanding Officer with a copy of the Motor Vehicle Accident Form and California Highway Patrol Municipal Police
Report (if one is made). The Commanding Officer will review the documents and deliver to the Administration Division within 2 working Days following the accident.

3) The Administration Division will make three copies of the original report. The original will be forwarded to the County Counsel’s Office within three (3) working days after the accident. Two copies will go to the Safety Review Board, and one copy of the report will be placed in the member or employee’s personnel folder, and one copy given to the employee.

c) Employer’s Report of Occupational Injury or Illness

1) An insurance form will be completed whenever any employee or member is injured in a motor vehicle accident while in a Sheriff’s/County owned vehicle.

2) The form will be completed within eight (8) hours of the accident and forwarded to the individual’s District/Division Commander through the Chain of Command.

   (a) If the employee or member or member cannot complete the form because of injury, their immediate supervisor will complete the form.

3) The completed form will be forwarded by the District/Division Commander to the Administrative Division by the second (2nd) working day after the accident.

d) Highway patrol or Local Police Traffic Report

1) Whenever a Sheriff’s/County owned vehicle is involved in an accident with another vehicle, or a citizen is injured by the vehicle, or private property is damaged, the driver of the Sheriff’s/County owned vehicle will have the California Highway patrol (if in an unincorporated area or the local Police Department in a city which has no full time traffic section) respond or if in an unincorporated city, the Police Department’s traffic accident officer, to take a traffic accident report.

2) It is the member or employee driver’s responsibility to see that a copy of the finalized traffic accident report is sent to the Administrative division as soon as possible.

3) Non-Vehicle Accident Report Procedures

   a) The Supervisor of the injured employee shall give the employee an Employee’s Claim for Workers’ Compensation Form (new form [1] attached). Remove the Receipt of Workers’ Compensation Form attached to the bottom of the form, fill in the date and time, and have the employee sign the Receipt. Forward the Receipt by inter-office mail to the Sheriff’s Secretary.

   1) If the employee completes the Employee’s Claim for Workers’ compensation Benefits form on the spot, return the original to the employee and forward the yellow copy to the sheriff’s secretary with the signed Receipt.

   2) There is a $100 fine for not providing the form within 24 hours of notice of injury.

   b) The employee’s supervisor will conduct a preliminary investigation into the circumstances of the
injury. If the employee’s supervisor is not on duty, then the Division/Watch Commander will be immediately notified so that a supervisor can be assigned to do a preliminary investigation. The supervisor will make a comprehensive Supervisor’s report of the injury and forward it through the chain of Command to the Bureau Commander. This comprehensive report should not be confused with the County of Marin Supervisor’s Report of Employee Injury form.

c) The employee’s supervisor must complete the Employer’s Report of Occupational Injury or illness form 23 attached, and the County of Marin Supervisor’s Report of Employee Injury for [3] attached. These forms are to be completed as soon as possible, but no later than thee 930 days after the employee report the occupational injury. The completed forms will be forwarded to the Sheriff’s secretary.

ATTACHMENTS

A. Employee’s Claim for Workers’ Compensation Benefits with Receipt.

B. Employer’s Report of Occupational Injury or Illness


RELATED STANDARDS:

Marin County Administrative Regulation #20 (4/25/2000)  
GO-02-17

AFFECTED DIVISIONS:

All.

DATE OF REVISIONS:

4-00-90 [GN 90-04]  
1010-02 [Replaces GN 90-04]

By order of:

ROBERT T. DOLE  
SHERIFF