Stoughton Wisconsin

CITY OF STOUGHTON
POLICY & PROCEDURE MANUAL
& RELATED FORMS

As adopted by the Stoughton City Council

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Americans with Disabilities Act (ADA) / Americans with Disabilities Amendments Act (ADAAA) Policy

1.0 Purpose

The Americans with Disabilities Act (ADA) and the Americans with Disabilities Amendments Act (ADAAA) are federal laws that require employers with 15 or more employees to not discriminate against applicants and individuals with disabilities and, when needed, to provide reasonable accommodations to applicants and employees who are qualified for a job, with or without reasonable accommodations, so that they may perform the essential job duties of the position.

It is the policy of the City of Stoughton to comply with all federal and state laws concerning the employment of persons with disabilities and to act in accordance with regulations and guidance issued by the Equal Employment Opportunity Commission (EEOC). Furthermore, it is the city's policy not to discriminate against qualified individuals with disabilities in regard to application procedures, hiring, advancement, discharge, compensation, training or other terms, conditions and privileges of employment.

2.0 Policy Terms

As used in this ADA policy, the following terms have the indicated meaning:

- Disability: A physical or mental impairment that substantially limits one or more major life activities of the individual, a record of such an impairment, or being regarded as having such an impairment.
- Major life activities: Term includes caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working.
- Major bodily functions: Term includes physical or mental impairment such as any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more body systems, such as neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, immune, circulatory, hemic, lymphatic, skin and endocrine. Also covered are any mental or psychological disorders, such as intellectual disability (formerly termed "mental retardation"), organic brain syndrome, emotional or mental illness and specific learning disabilities.
- Substantially limiting: In accordance with the ADAAA final regulations, the determination of whether an impairment substantially limits a major life activity requires an individualized assessment, and an impairment that is episodic or in remission

may also meet the definition of disability if it would substantially limit a major life activitywhen active. Some examples of these types of impairments may include epilepsy, hypertension, asthma, diabetes, major depressive disorder, bipolar disorder and schizophrenia. An impairment, such as cancer that is in remission but that may possiblyreturn in a substantially limiting form, is also considered a disability under EEOC final ADAAA regulations.

- Direct threat: A significant risk to the health, safety or well-being of individuals with disabilities or others when this risk cannot be eliminated by reasonable accommodation.
- Qualified individual: An individual who, with or without reasonable accommodation, can perform the essential functions of the employment position that such individual holds or desires.
- Reasonable accommodation: Includes any changes to the work environment and may include making existing facilities readily accessible to and usable by individuals with disabilities, job restructuring, part-time or modified work schedules, telecommuting, reassignment to a vacant position, acquisition or modification of equipment or devices, appropriate adjustment or modifications of examinations, training materials or policies, the provision of qualified readers or interpreters, and other similar accommodations for individuals with disabilities.
- Undue hardship: An action requiring significant difficulty or expense by the employer. In determining whether an accommodation would impose an undue hardship on a covered entity, factors to be considered include:
    - The nature and cost of the accommodation.
    - The overall financial resources of the facility or facilities involved in the provision of the reasonable accommodation, the number of persons employed at such facility, the effect on expenses and resources, or the impact of such accommodation on the operation of the facility.
    - The overall financial resources of the employer; the size, number, type and location of facilities.
    - The type of operations of the City, including the composition, structure and functions of the workforce; administrative or fiscal relationship of the particular facility involved in making the accommodation to the employer.
    - Essential functions of the job: Term refers to those job activities that are determined by the employer to be essential or core to performing the job; these functions cannot be modified.

The examples provided in the above terms are not meant to be all-inclusive and should not be construed as such. They are not the only conditions that are considered to be disabilities, impairments or reasonable accommodations covered by the ADA/ADAAA policy.

3.0 Procedures

When an individual with a disability requests accommodation and can be reasonably accommodated without creating an undue hardship or causing a direct threat to workplace safety, he or she will be given the same consideration for employment as any other applicant. Applicants who pose a direct threat to the health, safety and well-being of themselves or others in the workplace when the threat cannot be eliminated by reasonable accommodation will not be hired.

The City of Stoughton will reasonably accommodate qualified individuals with a disability so that they can perform the essential functions of a job unless doing so causes a direct threat to these individuals or others in the workplace and the threat cannot be eliminated by reasonable accommodation or if the accommodation creates an undue hardship to The City of Stoughton. Contact human resources (HR) with any questions or requests for accommodation.

All employees are required to comply with the City's safety standards. Current employees who pose a direct threat to the health or safety of themselves or other individuals in the workplace will be placed on leave until an organizational decision has been made in regard to the employee's immediate employment situation.

Individuals who are currently using illegal drugs are excluded from coverage under the City's ADA policy.

The HR department is responsible for implementing this policy, including the resolution of reasonable accommodation, safety/direct threat and undue hardship issues.

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

Emergency Response Requirements Policy

1.0 Purpose

Response time is defined as the time it takes an employee to arrive at his/her place of work.

2.0 Policy Details

Response time requirements are as follows:

- **Police Department Non-Represented Employees** (except Chief): Reside within 45 miles of the police department.
- **Police Chief**: Establish residency within twelve (12) months of appointment, and live within 15 miles of jurisdictional limits.
- **Public Works Department Employees**: Reside within required response time of 30 minutes.
- **Stoughton Municipal Utilities Non-Represented and Represented Employees** (Employees serving on, and being compensated for, standby service): Must be within 30 minutes' drive of Stoughton Utilities when On Call.
- **Stoughton Fire Department Volunteers**: Reside or work within the fire protection area served by the City of Stoughton Fire Department; including the City of Stoughton, the Town of Dunkirk, and parts of the Towns of Dunn, Rutland and Pleasant Springs.
- **Stoughton Area EMS Volunteers**: On-Call and response time criteria are covered by SAEMS Bylaws which say that a person must be within 5 minutes of the ambulance garage while on call.

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

Demotion/Lateral Transfer Policies

1.0 Purpose

This policy explains the process for Promotion/Demotion/Lateral Transfers in regard to employment opportunities.

2.0 Policy Details

Demotion

A demotion is defined as any movement of an employee from their existing position to another position having a lower grade level rating. When an employee is moved to a position with a lower grade level rating, their pay rate will be reduced to the pay grade for the lower position.

Lateral Transfer

A lateral transfer is movement of an employee from one position to another position having the same grade level and compensation.

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

Job Posting Policy

1.0 Purpose

The purpose of the job posting policy is to ensure positions are made available to potential applicants.

2.0 Policy Details

Recruiting for an existing, vacant or soon to be vacant position is initiated by the Department Director by completing the Request for Personnel Form and sending it to the Human Resources and Risk Management Director and Mayor that the position is vacant or being vacated and providing a recommendation to fill or not fill the position. If the position is approved to be filled, Human Resources will begin the recruiting process.

Request for a new position requires the advice of the Mayor and the approval of the Personnel Committee and the Council. Positions in the Electric, Wastewater and Water Utilities also require Utilities Committee approval. The next step in the procedure is contact with the Director of Human Resources & Risk Management. The Director will add the request to hire to the next Personnel Committee Agenda. The committee will be provided with a Job Title, Position Description and recommended pay range as determined by the Springsted Study.

Police (excluding dispatchers) and/or Fire Department positions are recruited with the approval of the Police and Fire Commission. There is no Personnel Committee involvement, unless a new position is created. The Director of Human Resources & Risk Management or designee will participate in the interview process.
Posting of the positions (new or replacement) internal and external will occur concurrently. The posting will take place on the City's Website and other advertising options such as websites and/or newspaper.

All applications shall be submitted to and reviewed by the Human Resources & Risk Management Department. The Interview Panel will consist of the Department Director or designee, a member of the Common Council and other appropriate City employee(s) or non-city employee(s) with the appropriate technical/professional background. The City Director of Human Resources & Risk Management will participate in all interviews.

The Human Resources Department along with the Department Director will develop questions for the prospective interviews and develop benchmark answers for those questions. The Human Resources & Risk Management Department will provide the protocol and forms to be used by the Interview Panel.

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

City of Stoughton – Request for Job Position Recruitment

Director for position: _____

Department: _____

Title of Position to be posted: _____

- ☐ New Position
- ☐ Replacement for: _____
  Do you have budget approval? Y / N
- ☐ Full Time
- ☐ Part Time (Please specify number of hours to be worked) _____
- ☐ Temporary/Seasonal <599
- ☐ Volunteer
- ☐ Other (Please specify) _____

Position days of the week & hours of work: _____

Position Pay Rate or Range: _____ Position Pay Grade: _____

Anticipated Start Date: _____

Requested Begin Date of posting: _____ Requested End Date of posting: _____

Reminder: Internal and external postings are concurrent.

<u>Position Advertising:</u> Is this a nationwide search? Y / N

NEOGOV: City Website/Governmentjobs.com (Automatic)
CVMIC: (Automatic)
Note: Your department will be charged for any other forms of advertising that incur a charge.

- ☐ Hub Courier/Great Dane: Length of duration: 1 week 2 weeks Other: _____
- ☐ Wisconsin State Journal Length of duration: 1 week 2 weeks Other: _____
- ☐ Other newspapers: (Please specify) _____
- ☐ SCLS (South Central Library System)
- ☐ WLA (Wisconsin Library Association)
- ☐ LWM (League of Wisconsin Municipalities)
- ☐ WPPI (Wisconsin Public Power Inc.)
- ☐ WWOA (Wisconsin Wastewater Operators' Association)
- ☐ WRWA (Wisconsin Rural Water Association)
- ☐ MEUW (Municipal Electric Utilities of Wisconsin)
- ☐ WPRA (Wisconsin Parks & Rec)
- ☐ Other Associations: Name/Website _____
- ☐ Colleges (Via Handshake): _____
- ☐ Indeed
- ☐ Craigslist
- ☐ Other _____

Any other information you would like to add: _____

_____

_____

City of Stoughton

Additional Staffing Request Form

General Information

Date:	
Director:	
City Department:	
Requested Position Title:	
Status:	☐ 40 Hours ☐ 30 Hours ☐ 24 Hours ☐ 22.5 Hours ☐ Other _____

Directions:

Before adding a new position to our budget, we need to justify the significant additional expense. Increasing headcount is an important and expensive decision that can only be funded with anticipated increased productivity, expense reduction, and/or additional revenues.

The Employee Cost Summary will be completed by the Director of Human Resources & Risk Management once this form is received.

Justification

Give a specific explanation regarding why the proposed position is critical to the operation of your department: Attach proposed or existing position description and organizational chart.

Impact

If position is not approved, give specific departmental impact as well as impact to City services and other departments:

Alternatives

List alternatives to filling this position: Give specific alternatives, i.e., restructure – attach additional documents, if necessary.

Submitted By

Director:	
Signature:	**Date:**

Nepotism Policy

1.0 Purpose

A member of the "immediate family" of a City employee shall not be employed by the City ina position if either individual would have authority with respect to the other employee to:

- hire promote, discipline, terminate or effectively recommend such actions
- direct, supervise, evaluate or financially audit the work of the other;
- determine or effectively recommend compensation and/or benefits;
- have access to confidential materials which would create the appearance of improperor inappropriate access to that material by the other; or
- would otherwise create the appearance of impropriety.

For the purpose of this section, "immediate family" includes: spouse, son, daughter, stepchild, father, mother, step parent, brother, sister, grandparent, father-in-law, mother-in-law, brother-in-law, sister-in- law, son-in-law or daughter-in-law or individuals who reside at the employee's household.

2.0 Policy Details

When a prohibited working relationship arises after an individual is employed with the City, the employees will be given the opportunity to transfer to another department, if a position is available, or identify which employee shall resign from City employment. If the employees do not exercise their choice, the City will terminate one of the employees. Employees and applicants are expected to disclose these relationships to Human Resources & Risk Management whenever they may come into existence. Failure to do so may lead to discipline, up to and including termination.

If a prohibited working relationship arises after an individual is employed with the City because one employee has authority over an immediate family member as set forth above the City may continue to employ the two employees in their positions if the authority giving rise to the prohibited relationship can be delegated to another appropriate supervisor or Department Head, if possible. The City shall have the sole authority to determine if any such alternative arrangement is possible or acceptable.

The City shall not hire an immediate family member, as defined above, of any elected City official or Department Head, Manager or Supervisor.

City employees who become aware that a City official or employee has attempted to seek an unfair advantage or unduly influence any person with hiring authority in the selection process for City employment shall immediately report that information to the Director of Human Resources & Risk Management.

This policy does not apply to the hiring of immediate family members for volunteer positions in the Volunteer Fire and EMS Departments or to the employment of seasonal workers. This policy shall not apply to City employees in their positions as of the date this policy becomes effective.

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

Hiring Policy – Full & Part-Time Positions

(Does Not Include Leadership)

1.0 Purpose

This policy outlines the steps taken when a position has been approved for recruitment of a non-leadership full time or part time position.

2.0 Policy Details

The Department Director will review the position description to see if changes are needed.
IF NO: Go to section one (1) "Recruiting for an Existing Position with No Changes to the Position Description".
IF YES: Go to section two (2) "Recruiting for an Existing Position with Changes to the Position Description".
If creating a new non-leadership position: Go to section three (3) "Creating a New Non-Leadership Position with a New Position Description".
NOTE: Police, Fire (excluding dispatchers), and Library personnel are hired by the Police and Fire Commission and Library boards, respectively, in accordance with state statutes. The Personnel Committee and City Council are not involved in the hiring of these positions. The Human Resources and Department Director works directly with the PFC and Library Boards in regards to job posting, candidate selection, interviews, background checks, and offer of employment. The Human Resources and Department Director reviews the position description and sets the schedule for hiring with the Department Director.

I. Recruiting for an Existing Position with No Changes to the Position Description
Leadership notifies the Human Resources and Department Director regarding the opening.
See Procedure.

II. Recruiting for an Existing position with Changes to the Position Description
Leadership contacts the Human Resources and Risk Management Director the opening along with the position description changes. The Director of Human Resources & Risk Management reviews the requested changes.
Minor changes to Position Description: wordsmithing, adding duties of the same nature; with no grade level changes the Director of Human Resources & Risk Management will approve the changes and update the position description. Human Resources will start the recruiting process.
Major changes to Position Description: new duties that will affect the grading of the position. Position description will be updated and graded. The Director of Human Resources & Risk Management will meet with the Department Director to discuss pay grade and if funding is available. If yes, position description will be presented to the Mayor, Personnel and Finance Committees. If approved, the Director of Human Resources & Risk Management will present to Council for final approval.
If approved by Council approval the recruiting process will begin.
See Procedure.

III. Creating a New Non-Leadership Position with a New Position Description
Request for a new position requires the advice of the Mayor and recommendation from the Personnel and Finance Committees to go to Council for final approval. The Department Director will work with the Director of Human Resources & Risk Management to write the position description Human Resources will complete the position grading. The Personnel Committee will be provided with a Position Description and recommended grade level.
If denied by the Personnel or Finance Committee: no action will be taken.
If approved by the Personnel Committee: The Director of Human Resources & Risk Management will forward the request to Finance and Council. Council will be provided with the resolution, a Position Description and recommended grade level.
If approved by Council the recruiting process will begin.
See Procedure.

3.0 Procedures

Human Resources will post the position. Recruiting occurs concurrently both internally and externally. The posting will take place on the City's Website and other advertising locations. An email regarding the open position is also sent to City Network employees and a hard copy posted at City Hall.
All applications shall be submitted to Human Resources for review. The Director of Human Resources & Risk Management will review the applications.
Human Resources will work with the Department Director or Designee to determine the number of candidates to be interviewed (minimum of one (1) up to five (5)). Human Resources and Department Director or Designee will select the interview panel. If possible, a member of Council will be present during interviews (does not include LTE, Part-time or Seasonal positions).
Following the interview, the panel will discuss the candidates and determine if a second round of interviews is needed or if they have a recommendation for hire. Second interviews are not required.
The final candidate is screened by Human Resources including: background check, drug/alcohol screening, physicals, reference verification and any other screening deemed necessary for the position.
Human Resources will contact the final candidate to make the contingent offer and send a contingent offer letter of employment to the candidate. The offer will include the position title, compensation, status along with the start date and time. Orientation of the new employee will be conducted by Human Resources
Candidates who were interviewed, but not selected, may be considered for up to one year for like positions.

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

July 9, 2019

Hiring Policy – Leadership

1.0 Purpose

This policy and procedure outlines the steps taken when hiring a leadership position.

2.0 Policy & Procedure

Hiring process for an existing Leadership Position: The Mayor and/or Director of Human Resources & Risk Management shall inform the Personnel Committee that a Leadership Position has been or will bevacated. The Mayor will notify the Council of the vacancy. The Mayor and the Director of Human Resources & Risk Management will review the position description and see if changes or updates are necessary. The Personnel Committee will meet to discuss the position description and review any potential changes.

If no changes to the Position Description: The Personnel Committee will provide the authorization forthe Human Resources & Risk Management Director to move forward with the hiring process with nochanges to the position description.

If changes to the Position Description: The Mayor and Director of Human Resources & Risk Management will review the position description and make the requested changes to the Position Description to evaluate with the Personnel Committee. The Personnel Committee will review and mayrecommend additional changes. Provided the Personnel Committee votes to move the changes forward, the position description along with the recommended changes, would then be presented to the City Council for approval.

If changes for the position description are approved by the Council: The Director of Human Resources & Risk Management will begin the recruiting process once the position descriptionchanges have been approved by the City Council.

If changes for the position description are not approved by Council: No Action will be taken by Director of Human Resources to begin recruiting and will meet with the Mayor to discuss Council'sdirective, if provided.

Creating a new Leadership position:

A new Leadership Position requires the advice of the Mayor, Human Resources / Risk ManagementDirector and the Personnel Committee and with final approval of the Council. The Personnel Committee must be provided with a Job Title, Job Description and recommended pay range as provided by the Human Resources & Risk Management Director for review. After approval by the Personnel Committee the proposed Job Description and pay range must be approved by the Council before the recruiting process begins.

Leadership positions to be filled in the Police or Fire Departments:

Police and Fire Leadership positions are directed and approved by the Police and Fire Commission (PFC).

The Director of Human Resources & Risk Management receives direction from the PFC regarding the recruiting process. The Human Resources & Risk Management Director is to attend the interviews and PFC candidate selection meeting. The creation of the position description and approval to move forward with the hiring process must be approved by the Personnel and Council prior to recruiting

and hiring. Leadership positions to be filled at the Library: Library Leadership positions are directed and approved by the Library Board. The Director of Human Resources & Risk Management receives direction from the Library Board regarding the recruiting process. The Human Resources & Risk Management Director is to attend the interviews and PFC candidate selection meeting. The creation of the position description and approval to move forward with the hiring process must be approved by the Personnel and Council prior to recruiting and hiring. Recruiting efforts will be initiated and managed by Human Resources Department and in consultation with the Personnel Committee and appropriate staff, in conformance to Federal, State and local requirements.

Posting of the positions (new or replacement) internal and external recruiting will occur concurrently.The job posting will take place on the City's Website and other advertising options such as websites and/or newspaper(s) and other recruiting venues.

All applications shall be submitted to the Director of Human Resources & Risk Management forreview. The Director of HR & RM will forward and review the applications with the Mayor and designees, if applicable, to determine which candidates will be interviewed.

The Interview Panel will consist of the Mayor or designee, a Personnel Committee Alderperson, if available, or non-Personnel Committee Alderperson. Other participants may include appropriate Cityemployee(s) or non-city employee(s) with the appropriate technical/professional background. Director of Human Resources & Risk Management or Human Resources & Risk Management designee will participate in all interviews. The Interview Panel may help develop questions for theprospective interviewees and develop benchmark answers for those questions. The Director of Human Resources & Risk
Management will provide the interview protocol and forms to be used by the Interview Panel.

The Interview Panel will interview up to five (5) candidates. Following the interview, the panel will discuss the candidates and determine if a second round of interviews are needed of if they have a recommendation for hire. It is recommended but not required that members of Leadership be given the opportunity to participate in the interview process through a second round of interviews. Final applicant or applicants for all Leadership positions are screened by Human Resources which includes: Background check, Drug/Alcohol screening, physicals, reference verification and any otherscreening of testing that is deemed necessary for the position.

Human Resources will send a contingent offer of employment to the candidate. The offer will includethe position title, compensation, status along with the start date and time. Orientation of the new employee will be conducted by the Human Resources. The Orientation will include the required newhire paperwork. The Work Rules and Safety Rules will be distributed to the new employee and reviewed with the employee by the Leadership member for the Department or the immediately supervisor. Specific safety rules, all work rules and department specific polices will be reviewed and discussed with the Supervisor or Leadership.

3.0 Exhibits / Appendices / Forms

4.0 Document History

5.0 Council Approved

June 13, 2017

Limited Part-time or Seasonal Hiring Policy

(600-1199 hours annually)

1.0 Purpose

This policy outlines the limited part time and seasonal hiring process.

2.0 Policy Details

1. Human Resources receives the Request for Personnel Form from the Department Head.
2. Human Resources works with the Department Head to determine recruiting methods including posting on the City's Website. Recruiting may include other recruiting websites, association websites, newspapers etc.
3. All interested parties must complete and submit an application form to Human Resources by the application deadline to be considered.
4. Applications will be screened by Human Resources to determine if the candidate meets the minimum requirements. Testing may be used.
5. Review of application form with emphasis on:

    a) Past work experience
    b) Past experience directly relating to the job
    c) Education
    d) Attained job related skills
    e) Certifications or licenses

6. Depending on the responsibility of the position, and if time allows, reference checks may be completed.
7. Department Head and Human Resources will interview the top final candidates. The Interview panel is optional.
8. Provide the candidate with following information pertaining to job:

    a) Duration of employment
    b) Wages
    c) Duties and Responsibilities

9. Human Resources will offer the position(s) to individual(s) selected.
10. Human Resources will send notice to individuals not selected.
11. Orientation and Training- Completed by Human Resources and the department for which they will be working.

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

July 12, 2016

Reference & Background Checks Policy

1.0 Purpose

The City of Stoughton believes that hiring qualified individuals to fill positions contributes to the overall success of the City. Reference and background checks serve as an important part of the selection process. This type of information is collected as a means of promoting a safe and productive work environment for current and future City employees. Background checks also help the City obtain additional applicant related information that helps determine the applicant's overall employability and future conduct/performance, ensuring the protection of the employees, citizens, property and information of the City.

2.0 Policy Details

The City may conduct a reference check on prospective employees and/or candidates with a contingent offer of employment. A reference check provides the City an opportunity to obtain information from other sources about the candidate's work history, determine to what extent the work experience of the candidate is related to City needs and to identify job related concerns.

The City follows this procedure for volunteers or applicants for volunteer positions with the City (for example volunteers serving vulnerable populations, handling financial transactions, or representing the City with the general public).

A. Employment Eligibility

The City is required by law to check identity and authorization for employment in the United States. The Bureau of Citizenship and Immigration Services (BCIS) provides the I-9 form for the City to utilize in documenting verification of employment eligibility. This must be verified by the examination of acceptable documents presented by the candidate for employment and completion of the I-9 form within three (3) business days of hire. The I-9 form will be completed by the Human Resources & Risk Management Department.

B. Verification of Submitted Application Information

The City may obtain references to confirm and supplement information in the resume or application. Additionally, the City may seek confirmation of background data (such as dates of employment, salary, position and duties, education and professional licenses) and competency with respect to certain job-related skills (such as attendance, dependability, judgment and initiative). Background checks of all regular and volunteer City positions except minors.

C. Past Employer Checks

The City may contact a candidate's previous employer(s). The candidate's current employer(s) will only be contacted after agreement from the candidate. The Human Resources & Risk Management Director City Clerk or Designee will contact the candidate's immediate supervisor(s). At the very least, the dates of employment and position(s) held shall be confirmed by the City. An attempt will be made to follow the general format on the attached reference check form in requesting information from references.

D. Criminal Records

Applicants are required to respond to questions regarding convictions and pending criminal charges, if applicable, on the City's employment application.
Pending criminal charges and conviction history information may not be used against candidates for employment, unless the conviction or pending criminal charge substantially relates to the circumstances of the particular job. In reviewing applicable convictions and pending charges, the City will consider the relationship between the conviction and the position, the nature of the conviction, the number of convictions, rehabilitation efforts and the applicant's fitness for the job.

E. National Criminal Records & Caregiver Background Checks for Applicants, Employees and Volunteers

Police and Dispatch applicants, applicants or volunteers serving vulnerable populations, who work with children or who qualify as a "caregiver" under Wisconsin law (Chapter HFS 12 of the Wisconsin Administrative Code) may have a national criminal records check screening completed, including a caregiver check through the Wisconsin Department of Health and Family Services (as required). The purpose of this criminal history check will be to determine if a prospective or current employee or volunteer has been convicted for a crime that affects their ability to provide for the safety and well-being of children, the elderly or individuals with disabilities. Fingerprints may be obtained by going to the City's Police Department.
A review of driving records is required for all City positions that involve operation of a motor vehicle. Prior to an offer of employment or promotion to a position that requires driving, the City may review the records indicated below against a specific set of screening criteria to evaluate whether the record is acceptable, questionable or unacceptable. In addition, the screening may also take into account how much experience is needed, and what types of vehicles and/or equipment the candidate used in the past.

The City will perform the following driving record reviews:

1. Driver License verification: A candidate's license will be verified to ensure that it has not expired, and to confirm the listed operating classes (A, B, C, D, M), endorsements (T, P, N, H, X) and any restrictions (i.e. air brakes, corrective lenses, etc.)

2. Motor Vehicle Record (MVR) review: This details the accident and traffic history of a candidate over the previous three-year period, and will be compared against the following MVR qualification guidelines to determine if the driving record is acceptable.
    a. Minimum Qualification Guidelines: The following are minimum driver qualification guidelines for consideration by the City:
        1. Must have a valid Driver's License at time of appointment and be maintained during their incumbency.
        2. Meet the minimum posted licensing requirements for the position.

    b. Condition of Employment: It is a condition of employment for City employees who operate motor vehicles or equipment to have an acceptable driving record. Based on the Motor Vehicle Record (MVR) review, a candidate will not be considered for employment if any of the following have occurred during the last three-year period:

1. Conviction of a felony related to the job position.
2. Conviction for the sale, handling or use of drugs.
3. Cancellation, declination or non-renewal of vehicle insurance.
4. Conviction of a drug or alcohol offense while driving.

3. Suspension or revocation of driver's license. The following violations (defined below) may impact whether a candidate obtains employment with the City:
   1. One or more Type A violations in the preceding three-year period.
   2. Two or more Type B violations in the preceding three-year period.
   3. Three or more Type C violations in the preceding three-year period.
   4. One Type B violation and two Type C violations in the preceding three-year period.
      a. Type A Violations: Includes, but not limited to: driving with a revoked or suspended license, DWI, reckless driving, fleeing or evading police, resisting arrest, hit and run, failure to report an accident, involuntary manslaughter or negligent homicide using a motor vehicle, operating a motor vehicle for the commission of a felony, excessive speeding (16 mph above the posted speed limit), and drag racing.
      b. Type B Violations: All vehicle accidents, regardless of fault.
      c. Type C Violations: Includes all moving violations not classified as Type A or B: speeding, improper lane change, failure to yield, failure to obey a traffic signal or sign, and careless driving.
      d. Type D Violations: Includes all non-moving violations: illegal parking and vehicle defects.

CDL Operators will be requested to provide a ten-year employment history as part of the application process (per Federal DOT standard 49 CFR), and must comply with the City Drug and Alcohol-Free Workplace Policy and consent to testing as defined by the DOT and City policy.

G. Background Investigations

A background investigation may be conducted for select City positions, due to the sensitive nature or type of work performed, if required by the position description. Generally, a background investigation attempts to gather information determined to be relevant to a candidate's performance of a job. For example, the Law Enforcement Standards Board describes the background investigation as a search of information relevant to the issue of whether the candidate possesses the following five (5) Performance-Related Behavioral Characteristics: dependability, honesty, judgment, social stability, and assertiveness. The background investigation goes beyond contacting individuals identified in a candidate's application as "references", and may include any one of the following: personal data, residence information, family relationships, personal references, education, military service, employment, financial history, civil/criminal litigation history, motor vehicle and driver's license history. The following City positions require background investigations as part of the selection process: Police and Directors. Psychological evaluations are required for Police and Dispatch.

H. Credit Checks

City positions that have responsibility for initiating or affecting financial transactions may be required to submit to a credit check. These responsibilities may include, but are not limited to: collecting or handling cash or checks, writing checks or approving them, access to a direct money stream or being a fiduciary to the City.

For any position where a consumer or credit check is required, the check will be conducted by a consumer reporting agency, and will be held in compliance with all federal and state statutes and collected consistent with the guidelines set forth by the Fair Credit Reporting Act (FCRA).Prior to

requesting the FCRA report, the City will notify the candidate or employee with a conspicuous written disclosure (in a document separate from the application) indicating areport will be requested and obtain their written authorization.

1. The City will provide certification to the consumer reporting agency that compliance with the FCRA and all other applicable equal employment opportunity laws and regulations will be adhered to. Prior to taking an adverse action based on the report, a *pre-adverse action disclosure notice* will be provided to the candidate or employee that includes a copy of the individual's consumer report and a copy of the Federal Trade Commission's (FTC) document "A Summary of Your Rights Under the Fair Credit Reporting Act", which includes their ability 4.3. to dispute inaccurate information. Once notified, the candidate or employee will be given the opportunity to correct or explain any information included in the report before the City takes the adverse action.

2. The City will provide written notification to the candidate or employee of the following: (1) the adverse action taken; (2) the name, address and telephone number of the consumer reporting agency that furnished the consumer report; (3) a statement that the consumer reporting agency that supplied the report did not make the decision to take the adverse action and cannot give specific reasons for it; (4) a notice of the individual's right to dispute the accuracy or completeness of any information the agency furnished, and their right to an additional free consumer report from the agency upon request within 60 days.

I. Record-keeping

Information attained as part of the reference and background checks process will be used as part of the employment process and will be kept strictly confidential. The Human Resources & Risk Management Director will store and maintain the information obtained as part of a reference check. Any City employee who has authority to conduct a reference check should forward all pertinent documentation to the Human Resources & Risk Management Director. The Human Resources & Risk Management Director and the Human Resources & Risk Management Generalist will only have access to this information, which will be kept separate from the employee's personnel file.

J. Legal Restrictions

Reference checks must be conducted in compliance with anti-discrimination laws. Therefore, inquiry about an applicant's race, color, sex (including pregnancy and sexual harassment), national origin, age, disability, religious observation or practice, ancestry, creed, handicap, marital status, arrest record, conviction record, sexual orientation, membership in the National Guard, state defense force on any reserve component of the military force of the United States or this state, use or nonuse of lawful products off the employer's premises during non-working hours, unfair honesty testing, genetic testing or any other protected class under federal, state or local law is expressly prohibited.

The reference checking procedure should not question reference givers in a manner which elicits information specifying the candidate's membership in a protected class. The only information that can be collected is that pertaining to the quality and quantity of work performed by the applicant, the applicant's education, and other issues that impact the workplace.

The City will make inquiries regarding criminal records during the pre-employment or contingent offer state. However, in keeping with the Wisconsin Fair Employment Act, this information will not be used as a basis for denying employment, unless the circumstances of the conviction or pending criminal charge (arrest) substantially relate to the circumstances of the particular job applied for.

K. Providing References

Wisconsin law allows references to be given to prospective employers in good faith and protects employers from civil liability for reference provided in good faith. Per Wisconsin State Statute 985-487(2) "An employer who, on the request of an employee or a prospective employer of the employee, provides a reference to that prospective employer is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from all civil liability that may result from providing that reference. The presumption of good faith under this subsection may be rebutted only upon a showing by clear and convincing evidence that the employer knowingly provided false information in the reference, that the employer made the reference maliciously or that the employer made the reference in violation of s. 111.322". All inquiries regarding a current or former City employee must be referred to the Human Resources & Risk Management Director, including telephone and written requests.

Information is not provided over the telephone. The Human Resources & Risk Management Department. Must have a signed release from the employee. Reference letters are prohibited from being issued on any current or former City employee, without prior permission from the Human Resources & Risk Management Director.

No other data or information regarding any current or former City employee, or their employment with the City will be furnished unless the employee authorizes the City to furnish this information in writing that also releases the City from liability in connection with furnishing of this information or the City is required by law to furnish the information.

3.0 Procedures

Guidelines for Conducting Reference Checks

Reference checks are conducted by the Human Resources & Risk Management Department. Human Resources & Risk Management will verify that the City application box that gives authorization for the City to contact references is checked. The following guidelines should be utilized to help prepare for the reference check.

1. Following the interview, it will be determined for which candidate(s) the Human Resources & Risk Management Department.is to verify references.
2. Contact the former employer(s) first. In each contact, request the name of others who worked with the candidate and know their performance. Contact may also be made with anyone who may have knowledge about the candidate, or who may direct the City to someone else.
3. Complete the reference check form.

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

City of Stoughton Reference Check Form

If applicable:

1. Verify employment dates:

2. Verify position title and salary.

3. Verify work performed.

4. Who did the candidate work for prior to joining the reference's organization?

5. How does the candidate compare to the person who is currently performing the job? Or, what characteristics would you look for to replace them?

6. If the candidate was that good, why didn't you try to rehire them or induce them to stay?

7. When there was a particularly urgent assignment, what steps did they take to get that done on time?

8. No matter how good any individual is in the job, there always seems to be some areas that they are better at than others. What are those areas?

9. Have you seen their current resume? Let me read you the part that describes their position with your organization. (Stop at each significant point and ask the reference for acomment.)

10. All employees don't like all other employees. What kind of people did they have problems with?

11. How well equipped is this person to handle specific aspects of the job such as deadline pressures, attention to detail, and people skills?

12. What work and management style do they display?

13. Are you willing to rehire the applicant?

Wisconsin Department of Justice
Law Enforcement Standards Board
DJ-LE-305, Rev. 8/00

AUTHORIZATION FOR RELEASE OF INFORMATION

(For official use only, not to be released to unauthorized persons)

I hereby empower an employee of the Stoughton Police Department
Employing Agency
Or other authorized representative thereof bearing this release to obtain information and records, within one year of the date of this release, pertaining to me from any or all of the following sources:

1. Municipal, State, or Federal law enforcement agencies
2. Selective Service System
3. Any banking institution
4. Any place of business (for purposes of obtaining credit or employment data)
5. Credit rating bureaus or institutions
6. Any previous employer
7. Present employer
8. Any school, college, university, or other educational institution
9. Any law enforcement or jail officer

Exceptions to this blanket authorization

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans with Disabilities Act).
2. _____
3. _____

This release is executed to authorize Stoughton Police Department,
Employing Agency
as a prospective employer, to obtain the above information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

_____ *Date*

_____ *Signature - Full Name*

_____ *Address - Street and Number*

_____ *City* *State* *Zip*

Witness: _____
Signature

Stoughton Wisconsin

City of Stoughton
Volunteer/Contracted Employee Notification and Authorization to Release Criminal Information

Notification

The City of Stoughton requires consent to a criminal background check as a condition of being a Contracted Employee or Volunteer with the City. The criminal background check includes the following: Criminal history reference searches for felony and misdemeanor convictions at the county and federal levels of every jurisdiction where the contractor / volunteer currently resides or where they have resided during the past 7 years; and sex offender registry searches at the county and federal levels in every jurisdiction where the contractor / volunteer currently resides or where they have resided.

Screening and Criminal Background Checks

Consistent use of appropriate screening and background checks will help assure that properly qualified individuals are selected to perform volunteer activities. Such techniques will also help screen out individuals whose background may render them unsuitable for particular activities.

Aggressive screening and background checks are required by law and are critical for volunteer positions that involve work or contact with children, youth, and the elderly or other vulnerable groups.

As part of the screening process it may be necessary to obtain the applicant's authorization to conduct appropriate screening and background checks. The scope of screening and background checks will be determined by the particular volunteer activities and may include:

- Forms requesting information on prior convictions and misconduct.
- Contacting personal and employment references.
- Criminal background checks, including the use of information from the National Crime Information Center (NCIC), state crime information center and state/local sex offender registries.
- Motor vehicle records checks.
- Prior employment and military background checks.
- Verification of education, training, certification and licenses.
- Personal, face-to-face interviews.

Authorization

I hereby authorize the City of Stoughton to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or other background check organizations to assist the City of Stoughton in collecting this information.

I also am aware that records of arrests on pending charges and/or convictions are not an absolute bar to contracting / volunteering with the City. Such information will be used to determine whether the results of the background check reasonably bear on my trustworthiness or my ability to perform the duties of the contracted / volunteer position in a manner which is safe for the City of Stoughton employees, program/event participants, and other program/event staff.

Contracted / Volunteer Position:_____

Department:_____

Please print (for identification purposes):

Full Legal Name:_____

First Middle Last

Other Names You Have Used in Past Seven Years:_____

Current Address:_____

Previous Address (most recent):_____

Addresses in the 7 years prior to completing this authorization:_____

_____

Phone Number:_____Alternate Phone Number:_____

Date of Birth:_____ Gender: Female_____Male_____

Month/Day/Year

Social Security Number:_____/_____/ _____

Driver's License #_____State of Driver's License_____

Have you ever been convicted of a criminal *offense or have any pending criminal* charges against you?

*This refers only to felonies and misdemeanors; you do not need to include non-criminal traffic violations or municipal ordinance violations.

Yes ___ (provide detail on next page) No___

To the best of my knowledge, the information provided in this Notice and Authorization and anyattachments thereto is true and complete. I understand that any falsification or omission of information may disqualify me from contracting / volunteering with the City of Stoughton.

By signing below, I hereby provide my authorization to the City of Stoughton to conduct a criminal background check. I understand that I have a right to appeal an adverse decision made by the Cityof Stoughton based on my background check information within three business days of receipt of such notice and that a determination on my appeal will be made in seven working days from the City of Stoughton's Human Resources & Risk Management Department's receipt of such appeal.

_____ _____

Signature Date

City of Stoughton Recreation Volunteer Application & Volunteer Waiver

I am interested in volunteering as a: □ Head Coach □ Assistant Coach □ Other___

(PLEASE PRINT CLEARLY, COMPLETE ALL PARTS OF THIS APPLICATION AND RETURN TO THE RECREATION DEPARTMENT: ATTN TONY KING)

Name_____ First_____ Middle Initial Last
Address_____City___State__Zip____
Home Phone _____ Email _ Cell/Other Phone ____

Previous volunteer experience (including baseball/softball and year):_____

_____

Do you have children in the program? Yes □ No□
If yes, at what level? _

Social Security #:_____(mandatory for background check 18 years of age+)
Date of Birth:__/_____/_____(mandatory for background check)
Driver's License Number:_____(mandatory for background check)

Have you ever been convicted of or pled guilty to any crime(s) or been charged? Yes □ No □
If yes, describe each in full: __

_____

Have you ever been refused participation in any other youth programs? Yes □ No □
If yes, explain: _____

_____

As a condition of volunteering, I give permission for the City of Stoughton to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the City of Stoughton receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, the City of Stoughton is not obligated to appoint me to a volunteer position.
Applicant Signature__Date_____ Applicant Name (please print or type) _____
NOTE: The City of Stoughton will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

If you are applying to be a Head Coach, do you have an Assistant in mind? ☐No ☐ Yes

Name: _____

If you are applying to be an Assistant, do you have a Head Coach in mind? ☐No ☐ Yes

Name: _____

WAIVER AND RELEASE OF LIABILITY
This Volunteer Waiver and Release of Liability, executed on this____day of _____ by 20_,
(the "Volunteer") in favor of the City of Stoughton
and it's elected officials, officers, employees, and agents (collectively "Municipality")
Waiver and Release

Volunteer freely, voluntarily, and without duress executes this Waiver and Release under me following terms: The Volunteer does hereby release and forever discharge and hold the Municipality harmless from any and all liability, claims, and demands, either in law or in equity, which arise or may hereafter arise from Volunteer's activities with the Municipality.

The Volunteer understands that this Waiver and Release discharges the Municipality from any liability or claim that the Volunteer may have against the Municipality with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's activities with the Municipality, whether caused by the volunteer or by the negligence of the Municipality or its officers, directors, employees, agents, or otherwise. However, the Municipality and the Volunteer understand that the Municipality is not released from liability for harm incurred by the volunteer which results from the Municipality's intentional or reckless conduct.
The Volunteer understands that the Municipality does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness to the Volunteer.

Activities

The Volunteer desires to work as a volunteer for the Municipality and engage in the activities related to being a volunteer.
The Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases the Municipality from any and all liability for injury, illness, death, or property damage resulting from the Activities and caused by the Volunteer or by the negligence of the Municipality.

Medical Treatment

The Volunteer does hereby release and forever discharge the Municipality from any claims whatsoever which arise or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's activities with the Municipality.

Insurance

The Volunteer understands that the Municipality does not carry or maintain health, medical, of disability insurance coverage for any volunteer. The Volunteer understands that he/she is provided with liability insurance coverage under the provisions of the Municipality's liability insurance policy.
Each volunteer should obtain his/her own medical or health insurance coverage.

Photographic Release

The Volunteer does hereby grant and convey unto the Municipality all right, title, and interest in any and all photographic images and video or audio recordings made by the Municipality during the Volunteer's Activities with the Municipality, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Construction of Waiver and Release and Severability

The Volunteer expressly agrees that this Waiver and Release is intended to be as broad and inclusive as permitted by the laws of the State of Wisconsin, and that this Waiver and Release shall be governed by and interpreted in accordance with the laws of the State of Wisconsin. The Volunteer agrees that in the event that any clause or provision of this Waiver and Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Waiver and Release, which shall continue to be enforceable.

I have read this Waiver and Release of Liability thoroughly and fully understand and enter into it on behalf of myself, my heirs, next of kin, assigns, and personal representatives. No one has made any representations, statements, or inducements that change or modify anything written in "is Waiver and Release of Liability.

Print Full Name: _____ Last First Middle Initial

Address:_____ Street City State

Applicant Signature: _
Parent of Legal Guardian Signature & Date_18 or under/unable to sign

Emergency Contact Name: _ Emergency Contact Phone Number: _____

Termination Policy

1.0 Purpose

2.0 Policy Details

Voluntary termination is defined as an employee who for reasons of his/her own choosing elects not to continue employment with the City. Involuntary termination is defined as the City, for its own reasons, informing an employee in writing, that his/her services are no longer required. An employee who terminates should leave a forwarding address with the City Human Resources & Risk Management Director so W2's can be mailed at the end of the year. Written notice of voluntary termination should be given to the Department Head with as much notice as practicable (2 weeks suggested/requested).

Terminated employees must return ID cards, keys, and all provided personal protective equipment, training materials, and other provided materials to the City upon termination. Failure to do so will cause the employee to be billed for these items and for costs associated with security and other operational changes. Terminated employees will also be responsible for paying all bills associated with any City-sponsored plans (i.e. cell phone plans, fuel plans, etc.).

Employees, when terminated from City employment, will be compensated at their current rate of pay for unused vacation in their leave bank and any compensation due to their credit on the next regularly scheduled payday. Sick time is not paid out at termination. Sick time for retiree's see retiree payout information in the Accrued Sick Leave Credit for Retiring Employee Section. The termination date is defined as the employee's last day worked. Employees may not use any accrued benefits to extend their last day of employment. The last day of employment is the last day the employee is physically present at work and performing their job duties.

See Vacation, Sick, and Retirement Policies for payout information.

3.0 Procedures

4.0 Exhibits / Appendices / Forms

Vacation Proration Schedule for Termination Policy

1.0 Purpose

This document outlines the terms related to vacation, sick and retirement.

2.0 Policy Details

The City of Stoughton grants vacation time to eligible employees on January 1 or at the time of hire. Should employment be terminated by either the employee or the employer, or the employee retires, the vacation time in the bank will be prorated based on the schedule below.
Calculation for employees hired before January 1 of the current year:
1. Take the total vacation days granted and divide by 12 months= number of days allocated per month.
2. Take the number of days allocated per month X the number of full months worked = total days allocated
3. Take the number of days granted – days used= days to be paid out. If zero the City does not seek re-payment.

Example: Employee receives their vacation allocation of three weeks and three days for a total of 18 days on January 1st. The employee terminates employment August 10th. The employee worked 7 full months. The employee used 3 days of vacation.
- 18 days granted / 12 months = 1.5 days allocated per month
- Employee worked seven full months' times 1.5 days = 10.5 days allocated
- Employee used three days of vacation. 10.5 days – 3 days used= 7.5 days due to the employee.

Calculation for eligible employees hired after January 1 of the current year:
1. Take the total vacation days granted at hire and divide by the number of months remaining in the year = number of days allocated per month.
2. Take the number of days allocated per month X the number of full months worked = total days allocated
3. Take the number of days granted – days used= days to be paid out. If zero the City does not seek re-payment.

Example: Employee is hired and starts on March 1st and terminates employment on September 3rd of the same year. Employee was given one week and two days of vacation time for a total of seven days of vacation time. The employee used five days of vacation time.
- 7 days granted at hire / 9 months = .78 days per month
- .78 X 6 months (number of full months worked) =4.68 days rounds to 5 days.
- Employee used 5 days – 5 days due= 0 days paid out

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

INSERT DATE HERE

Request for Reconsideration Process Policy

1.0 Purpose

Wage/Grade Level Reconsideration

2.0 Policy Details

The City of Stoughton contracted with Springsted Incorporated to conduct a classification and compensation study for all City positions in 2014. As a part of this study, employees and supervisors completed Position Analysis Questionnaire's (PAQs) and reviewed job descriptions for each City position. The job descriptions along with information provided in the PAQs provided the information to develop job evaluation points for all positions and to gather comprehensive market survey information. The development and maintenance of job evaluation points allows for the comparison of positions in relation to one another within the City of Stoughton. In addition to the internal rankings of positions, the comprehensive market survey results were utilized to assign City positions to the proposed compensation plan. We continue to use this method for newly created positions as well as if there are significant changes to a position such as credentials required, educational requirements and or a permanent change to job duties or responsibilities.

The job evaluation system utilized in evaluating all City positions is the Springsted Systematic Analysis and Factor Evaluation (SAFE®) job evaluation system. The SAFE system was developed specifically for public sector organizations, is widely accepted and used throughout the country in local government jurisdictions and non-profit organizations. The system has been tested in federal courts under an EEOC claim and been found to be an equitable tool for evaluating the internal relationships of positions within an organization. It has also been accepted under the State of Minnesota Local Government Pay Equity Act.

The criteria and factors that the SAFE system utilizes to evaluate positions can be obtained through the Human Resources & Risk Management Department.

Annually, during the employee performance appraisal period, f the employee thinks that there has been a change in their position that justifies a review for grade placement the employee should determine whether they wish to request reconsideration of the placement of their grade level.

The Request for Reconsideration must be job specific and relate to the job responsibilities and requirements. Contact the Human Resources and Risk Management Department for the Reconsideration Process forms.

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

June 13, 2017

On-Call/Standby/Call Back Policy

1.0 Purpose

In case of an emergency, an employee on on-call status is required to be in close proximity of their cell phone throughout the workweek including the scheduled workday, and will remain within the appropriate range of the cell phone and must respond without delay.

2.0 Policy Details

On-Call is defined as that period Friday through Thursday, including any hours after normal workday hours plus Saturday, all day Sunday, and any City recognized holidays that occur during the week. In case of an emergency, an employee on on-call status is required to be in close proximity of their phone throughout the workweek including the scheduled workday, will remain within the appropriate range of the phone and must respond without delay. The number of people to be on on-call will be determined by the Department Director.

- Utilities Department - The phone shall be returned to the supervisor on Friday and shall be reassigned by the supervisor to the employee to serve on on- call by the end of the normal workday on Friday. In the event that Friday, or Thursday and Friday arethe official holidays, the phone shall be returned to the supervisor at the end of the workday preceding the holiday and shall be assigned at the supervisor's discretion.
- Police Sworn – See Union contract for on-call policy.

Compensatory time credits may be earned at the request of the employee and at the approval of the Department Director or designee as follows:

- 14 hours of straight time (or double time on named holidays) for on-call status during the work week;
- 8 hours of straight time for on-call status on the days the named holidays are observed by the City;
- Utilities: 8 hours of straight time for on-call status on actual holidays.

Paid out on-call time will be in the amount of hours equal to the time credits earned as described above.

Call Back Pay: Overtime will be paid for actual hours worked, rounded off to the nearest quarter hour, with a 2-hour minimum for non-exempt employees.

When on-call or overtime credits are earned, cash payments or compensatory time may be granted at the request of the employee and at the approval of the Department Director. Compensatory time shall be scheduled and used before the last pay period of the year in which it is earned. All time earned between last pay period of the year and January 1 of the next year will be paid to the employee as hours worked and hours cannot be added to the employees Comp time leave bank.

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

June 13, 2017

Sick Leave Policy

1.0 Purpose

This policy outlines how sick time is earned and used.

2.0 Policy Details

Sick leave is earned at the rate of one day per month worked and will be added to the sick leave bank following the first pay period of the month earned. All full-time and benefitted part-time employees will earn and will be granted sick leave with pay at the rate of twelve days per year. Benefitted part-time employees will earn hours as prorated to their normally scheduled hours. All sick leave shall be on an hours earned basis. There is no cap on sick leave accumulation.

Sick leave cannot be used until earned or a donation is granted through the Sick Time Donation Program. Sick leave may be taken by eligible employees for personal illness, for medical appointments, for illness in immediate family or to care for a person living in the employee's household, or for reasons which qualify under the Family Medical Leave Act (FMLA). Immediate family, for purposes of sick leave, includes parent, child, spouse or any person in the immediate household whose physical well-being is the responsibility of the employee. Refer to FMLA for additional circumstances.

In order to be granted sick leave with pay, the employee must adhere to the following:

- Report reason for absence from work promptly.
- Keep employer informed on one's condition.
- Permit the City to make such medical inquiry as it may determine necessary.
- Submit medical certificate for any absence of more than three (3) working days certifying as to inability to work.

An employee who is taking sick leave must notify their immediate supervisor prior to the start of their shift. Failure to do so is grounds for disciplinary action and/or dismissal from employment. Sick leave must not be abused.

When an insufficient sick leave balance remains to cover the absence of an employee, the remainder shall be charged either to accumulated vacation or comp time at the employee's option and Director's concurrence. Leave without pay must be approved by the Human Resources & Risk Management Director.

Employees do not earn sick or vacation time while on an unpaid leave of absence. Employees shall be allowed to use sick leave if they become ill while on vacation.

Director must be notified immediately. (A doctor's certificate or other evidence to support the employee's sickness may be required.)

When an employee is on paid sick leave the accrual of sick and vacation leavebenefits will continue during the period of convalescence. A physician's statement or other evidence to support any sick leave may be required by the Department Director. A physician's statement should include:

- The nature of the medical condition necessitating the sick leave request;
- An indication that the employee was unable to perform any work at the work station;
- A description of any limitations to the employee's ability to work due to illness and/or medication, and the anticipated duration of such limitation.

As a matter of concern for others, the City does not want employees to come to work if they do not feel able to perform the essential duties of their job or might spread their illness to fellow employees. Sick leave accumulated each year should not be used for any purpose other than bona fide employee illness or illness in the immediate family. Willful misuse of sick leave or the willful making of false reports regarding illness will subjectthe employee to disciplinary action and will be considered grounds for suspension, demotion, or discharge.

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

Accrued Sick Leave Credit for Retiring Employees Policy

1.0 Purpose

2.0 Policy Details

All full-time employees who retire from City service and apply (within 60 days of last day paid) for retirement annuity from the Wisconsin Retirement System, which annuity must exceed $10.00 per month, shall have their sick leave credits, up to 130 days (1040 hours) and any amount of sick leave credits in excess of 1250 hours at 50% for Sworn Police (at the time of their retirement) shall be converted to a monetary value (hours of credit times normal hourly rate of pay received immediately prior to retirement) which must be deposited by the City into the City's designated financial institution for the Health Reimbursement Account. The funds shall be made available toward the payment of health insurance premiums for the employee and their dependents.

There is no other payment of accrued but unused sick leave other than retirement.

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

June 13, 2017

Accrued Sick Leave Credit for Surviving Spouse Policy

1.0 Purpose

This document outlines the handling of an employee's sick time balance in the event the employee that passes while actively employed.

2.0 Policy Details

In the event that an employee dies during the course of their employment and is survived by a spouse, their accrued sick leave credits, up to 130 days, at the time of death, shall be converted to a monetary value (hours of credit times normal hourly rate of pay received immediately prior to death) which shall be available toward the payment of health insurance premiums for the surviving spouse. In the event that the retired employee shall precede their spouse in death and there remains at that time to their credit a balance, such balance shall be used to purchase health insurance for the surviving spouse so long as the spouse is alive and there remains a balance in the fund, or, should the spouse not elect to continue their coverage, paid monthly to the spouse in an amount equal to the applicable monthly health insurance premium.

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

Family and Medical Leave Act Policy (FMLA)

1.0 Purpose

This policy outlines the provisions of the federal and Wisconsin Family and Medical Leave Acts and the rights and obligations of employees and employers under both laws.

2.0 Policy Details

The Family and Medical Leave Acts provide eligible employees with up to 12 work weeks of unpaid protected leave each calendar year for specified family and medical reasons. The eligibility and entitlements are defined differently under federal and state law.

A. ELIGIBILITY

Employees are entitled to FMLA benefits if they:

- **Federal** - Have been employed by the City of Stoughton for at least 12 months (not necessarily consecutive); and have worked at least 1,250 hours during the 12 months prior to the start of the FMLA leave.

  Time spent on paid or unpaid leave does not count in determining the 1,250-hour eligibility.

- **State** – Have been employed by the City of Stoughton for at least 52 consecutive weeks and have worked for at least 1,000 hours during the 52 weeks prior to the start of the FMLA leave.

B. QUALIFYING EVENT & AMOUNT OF LEAVE

Eligible employees may take up to a total of 12 work weeks of unpaid FMLA leave in a calendar year for the following qualifying events:

1. The birth or placement of a child for adoption or, under the federal FMLA, for foster care;
   - State law provides for up to 6 workweeks of unpaid leave for any one child.
   - Federal law requires that leave conclude within 12 months after the birth.

2. To care for the employee's spouse, child, or parent (includes a parent-in-law under the Wisconsin FMLA) with a serious health condition;
   - State law provides eligible employees up to 2 workweeks of FMLA family leave.

3. For the employee's own serious health condition that renders the employee unable to perform his/her job.
   - State law provides eligible employees up to 2 workweeks of FMLA medical leave

Leave qualifying for both Wisconsin and federal FMLA leave will count against the employee's entitlement under both laws and will run concurrently. Qualified leave taken under Worker's Compensation also will run concurrently with Wisconsin and federal FMLA leave.

Under the federal FMLA, spouses employed by the City are jointly entitled to a combined total of 12 work weeks of family leave for the birth or placement of a child for adoption or foster care, and to care for a parent (but not a parent-in-law) who has a serious health condition.

C. NON-CONTINUOUS OR INTERMITTENT LEAVE

Employees are permitted to take leave on an intermittent (blocks of time) or reduced work schedule (1) when it is medically necessary to care for a family member with a serious health condition or because of the employee's serious health condition; (2) to care for a newborn, adopted or foster child. Federal FMLA leave for the birth or placement of a child for adoption or foster care may not be taken in non-continuous increments unless approved by the City. Under the Wisconsin FMLA, the last increment of leave for the birth or placement of a child for adoption must begin within 16 weeks of that birth or placement.

Medical or family caretaking leave should be planned so as not to unduly disrupt the City's operations. Employees requesting non-continuous federal FMLA leave that is foreseeable based on planned medical treatment for purposes of providing care to a child, spouse or parent with a serious health condition or for the employee's own serious health condition may be required to transfer temporarily to an available alternative position for which the employee is qualified and which better accommodates recurring periods of leave than the regular employment position of the employee. An employee temporarily transferred will receive the same pay and benefits, but may be assigned different duties.

The City allows for intermittent leave to be taken in no less than one hour increments. The employee may not take, or be required to take, more leave than medically necessary to address the circumstances that caused the need for the leave.

D. PAYMENTS ON FMLA LEAVE:

In general, both Wisconsin and federal FMLA leaves are unpaid. The City may require employees, or employees may choose, to substitute paid leave for which they are eligible (suchas vacation days, personal leave or sick leave) for unpaid leave available under the federal FMLA; or employees may choose to substitute available accrued leave for unpaid Wisconsin FMLA.

The City will require that any leave provided by a City collective bargaining agreement be substituted for federal FMLA leave.

As with all leaves of absence, no employee may pursue or engage in employment when on FMLA leave.

E. HOW TO APPLY FOR FMLA LEAVE

1. The employee must submit a Request for Leave form to the City Clerk/Personnel Director at least **30** days, or as soon as practicable, in advance of taking a leave. If circumstances do not permit an employee to give notice in advance of taking leave, the employee must notify the City Clerk/Personnel Director and submit the Request for Leave form as soon as possible, but no later than two working days after learning of the need for FMLA leave. **Failure to give timely notice may result in the delay or denial of FMLA leave and may subject you to discipline under City policies.**

2. If the leave is for a family member's or the employee's serious health condition, the employee must submit a medical certification form from the employee's or the family member's health care provider within 15 days. If an employee does not provide the required certification by the designated deadline, or if the City determines that an employee's absence is not covered as FMLA leave, the leave may not be designated as Wisconsin and/or federal FMLA leave, and the employee may be subject to discipline under City attendance policies unless he or she uses accrued paid leave (like vacation) and/or is granted a non-FMLA leave of absence.

3. Second or third certifications at the City's expense and periodic re-certifications at the employee's expense may be required under certain circumstances. The City requires periodic reports during federal FMLA leave regarding the employee's status and intent to returnto work.

4. Forms are available through the City Clerk/Personnel Director.

F. HEALTH INSURANCE BENEFITS

Group health insurance coverage will be maintained for employees while they are on FMLA leave, on the same terms as if the employee continued to work. The employee will be required to pay his/her regular portion of health insurance premium payments on a schedule established by the City. Other benefits, including cash payments chosen by the employee rather than group health insurance coverage, will not be maintained during periods of unpaid FMLA leave.

The City may recover its share of health insurance premiums paid during a period of unpaid FMLA leave from an employee if the employee fails to return to work (for a minimum of 30 calendar days) after the expiration of the leave. The City may not collect the premiums if the reason the employee does not return is due to continuation, recurrence or onset of a serious health condition that would entitle the employee to leave under FMLA, or other circumstances beyond the employee's control.

The City may discontinue health insurance benefits if the employee fails to make a premium payment within 30 days of the due date after providing written notice to the employee of the cancellation of coverage for non-payment.

G. OTHER BENEFITS

Benefits that accumulate based upon hours worked shall not accumulate during the period of FMLA leave. Qualified FMLA leave will not be counted as an absence under the City's attendance policy. In addition, an employee will not be disqualified from an attendance reward program, nor will any reward be reduced for having taken unpaid FMLA leave.

Other City benefits [i.e. life insurance coverage and income continuation insurance] may be continued during periods of unpaid FMLA leave, and arrangements should be made for employee's portion of the payments with the City Clerk's office.

H. WORKER'S COMPENSATION AND LIGHT DUTY

Federal FMLA will run concurrent with worker's compensation provided that the injury meets the criteria for a "serious health condition", as defined by law. Substitution of accrued paid leave is not allowed for Worker's Compensation absences unless an applicable labor agreement provides otherwise.

If an employee accepts a light duty assignment while on worker's compensation, that time may not count against the employee's family or medical leave entitlement. If the light duty position is declined and the employee elects to stay on FMLA leave, the employee may give up their worker's compensation benefits.

I. RETURN TO WORK

Any employee returning from FMLA for their own serious health condition must provide a "Fitness for Duty" statement signed by their treating physician. Upon return from FMLA leave, an employee shall be restored to his or her original position or, if the position is not vacant, to an equivalent position with equivalent pay, benefits and other terms and conditions of employment. An employee will not be restored to their original or equivalent position if they are unable to perform the functions of their job because of a mental or physical condition.

3.0 Definitions

Incapable of Self-Care

The individual requires active assistance or supervision to provide daily self-care in three or more of the ***activities of daily living*** (i.e. grooming, hygiene, bathing, dressing, eating) or ***instrumental activities of daily living*** (i.e. cooking, cleaning, shopping, utilizing public transportation, paying bills, maintaining a residence, using telephones and directories, and using a post office).

Parent

Biological parent, foster parent, adoptive parent, stepparent or legal guardian of an employee or parent-in-law under the Wisconsin FMLA. Under the federal FMLA, "parent" includes an individual who provided day-to-day care to the employee when the employee was a child.

Serious Health Condition

An illness, injury, impairment or physical or mental condition that involves:

1. Inpatient care in a hospital, hospice or residential medical care facility; or
2. under Wisconsin FMLA, outpatient care that requires continuing treatment or supervision by a health care provider (generally defined as requiring two direct, continuous and first-hand contacts by a health care provider); or
3. under the federal FMLA:

A. A period of incapacity of more than 3 consecutive calendar days:
   - (including any subsequent treatment or period of incapacity relating to the same condition) that also involves:
   - treatment two or more times by or under the orders of a health care provider; or
   - treatment by a health care provider on at least one occasion that results in a regimen of continuing treatment under the supervision of a health care provider.

B. Any period of incapacity due to pregnancy or for prenatal care;

C. Chronic conditions requiring periodic treatment by or under the supervision of a health care provider that continue over an extended period of time and may cause anepisodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy,etc.);

D. Permanent/long term conditions requiring supervision for which treatment may not be

effective (e.g. Alzheimer's, a severe stroke, or the terminal stages of a disease);

E. Multiple treatments by or under the supervision of a health care provider either for restorative surgery after an accident or other injury or for a condition that would likely result in a period of incapacity of more than three calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy), severe arthritis (physical therapy), or kidney disease (dialysis).

Child
Biological, adopted, or foster child, stepchild, legal ward or, under the federal FMLA, the child of a person having day-to-day care of the child, or a child of a person standing "in loco parentis," who is under 18 years of age or 18 years of age and older and incapable of self-care because of a serious health condition.

Workweek
The employee's usual or normal schedule (hours/days per week) prior to the start of FMLA leave.

4.0 Procedures

5.0 Exhibits / Appendices / Forms

6.0 Council Approved

October 12, 2004

Vacation Policy

1.0 Purpose

This policy outlines the vacation benefit.

2.0 Policy Details

All full-time and benefitted part-time employees* shall be granted vacation with pay which is credited to the employee's vacation leave bank on the first day of the calendar year.

- 2 weeks – upon hire. Prorated after the first quarter.
- 3 weeks– upon completion of 4 years of service.
- 4 weeks– upon completion of 9 years of service.
- One additional day of vacation for each additional year of service thereafter until reaching a maximum of 5 weeks.
- Three personal days which will be credited to the employee's vacation bank after the first pay period each year.

For purposes of this section, a vacation week will consist of the employee's normally scheduled hours. Example: If an employee's normal work week consists of 20 hours, one week of vacation will consist of 20 hours; or if the employee's normal work week consists of 25 hours, one week of vacation will consist of 25 hours.

Computation of benefits when a full time employee goes to part time is as follows:
No loss of longevity. (i.e. If the employee was entitled to five weeks' vacation at full time hours – 40 hours per week; the employee would be entitled to five weeks' vacation at part time hours, i.e. 20-hour week or 25-hour week, based on normally scheduled work hours.)

Computation of benefits when a part time employee goes to full time is as follows:
No loss of longevity, but equivalency would be calculated. Vacation would be computed at full time hours. (i.e. If the employee has worked 10 years at 20 hours per week, this would equal 5 years of full time.

Computation of benefits when an employee terminates employment or retires is as follows:
If an employee terminates employment or retires, the remaining balance in the employee's vacation bank will be paid out. Vacation is granted on the first day of the calendar year.
Contact your Department Director for annual vacation leave schedule submission requirements.

Vacation leave is not cumulative and employees must take their vacation by the end of the year

credited, except that the Department Director and Mayor may allow earned vacation time to accumulate if an employee obtains prior consent and it is determined to be in the best interest of the City.

Vacation Requests:
Contact your department Director for annual vacation leave schedule submission requirements. All vacation requests must be approved by the Department Director or their designee in advance.

*Union represented Police employees and Dispatchers have a separate vacation schedule.

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

Longevity Payment Policy

1.0 Purpose

City of Stoughton full and part time permanent employees receive a longevity payment to recognize and reward the length of their tenures.

2.0 Policy Details

To reward employees for their years of service with the City of Stoughton, a longevity payment is made following three full years of continuous City employment prior to December 1 of the calendar year in which the payment is made. Continuous employment will include full time or permanent part-time status, sick leave status, approved military service, and periods of Worker's Compensation status while a City employee.

The amount of the length-of-service payment will be based upon date of hire.

3.0 Procedures

The amount of the length-of-service payment will be based upon date of hire.

The first longevity payment for full time employees is $150.00. Longevity for permanent part-time employees (20 hours per week or more) will be prorated based on the employee's normally scheduled work week. Example: If an employee works 20 hours per week, their first longevity payment will be $75.00.

Subsequent longevity payments are increased by $50.00 for full-time employees and a prorated amount for permanent part-time employees for each additional year of continuous employment.

Except as otherwise provided by applicable state or federal law, a non-medical leave of absence beyond 30 calendar days is considered a break in continuous employment.

Eligible employees who retire, die, or voluntarily terminate employment will receive a pro-rated longevity payment. Pro-ration is determined by dividing the longevity payment for the current year by 12 months and multiplying by the number of months the employee has worked for that year.

Example: If full-time employee is terminating employment after completing 10 years and 2 months, the employee's pro-rated longevity is determined as follows:
11 years' times $50 = $550.00
$550 x 2/12 = $91.66
Payment of longevity will be made the payday closest to December 1.

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

Traveling & Training Reimbursement Policy

1.0 Purpose

The purpose of this policy is to outline the reimbursement when an employee travels for business purposes.

2.0 Policy Details

All expenses must have received prior authorization from the Department Director.

Requests for out of state conferences must be submitted to the Department Director and Mayor for prior approval. If the funds are already budgeted, no additional approval is necessary. If not budgeted for, the request must also be submitted to the appropriate committee and City Council for action.
All claims must represent reasonable and necessary expenses actually incurred.
Employees will be reimbursed for amounts expended for their own meals (excluding alcoholic beverages) and mileage at State-approved rates (rates will be updated biennially). Lodging claims incurred in the performance of official duties will be considered for reimbursement with the approval of the Department Director or if for a Department Director, the Mayor.

Employees shall be reimbursed when authorized and required to use their personal automobile in the performance of their official duties. Employees must use a City vehicle when available. To drive a City vehicle or personal vehicle for City purposes the employee must have a valid Wisconsin Driver's License. If the employee is using a personal vehicle, it must be pre-approved by the department Director and the employee is responsible for carrying at least the minimum required insurance determined by the State of Wisconsin. Vehicle must be in good working condition.

A purchase order or appropriate form and Application for Training/Conference form must be prepared by the employee and approved by the Department Director prior to submittal for reimbursement. Reimbursement requests must be submitted within 7 days of incurring expense. Expense claims not received within 7 days will be reimbursed at the City's discretion.
Receipts for meals, including tips, lodging and transportation must be attached to the Travel/Training Reimbursement Form.

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

Stoughton Wisconsin

City of Stoughton – Application & Approval for Training/Conference

Requests for out of state training/conferences must have the approval of the Department Head and the Mayor.

Name:_____Today's Date: _____

Department:_____Position:_____

Phone: _____

Title of Workshop/Conference: _____

Location:_____

Instructors:_____

My learning objective for this workshop/conference is: _____

_____

Additional Comments: _____

(Please attach copy of training/conference brochure)

I am requesting reimbursement for the following:

**Registration: $_____ Mileage: $ _____

**Lodging: $_____ **Meals: $ _____

***Receipts must be submitted in order for reimbursements to be made.*

For 2016 the following maximums are in effect when requesting reimbursements:
Breakfast: $8.00 Lunch: $10.00 Dinner: $20.00 Mileage: $.51 per mile

DEPARTMENT HEAD SIGNATURE: _____

DATE:_____APPROVED:_____DISAPPROVED:_____

JUSTIFICATION: _____

NOTE: A completed & approved copy of this form must be forwarded to Human Resources & Risk Management.

Employee Reimbursement Via ACH

Employee Name:_____

Date: _____ Total Reimbursement Amount: _____

ATE	OFFICIAL BUSINESS: Explain clearly the business purpose of the trip.	DESTINATION* Address or Location	TRANSPORTATION		MEALS			LODGING/OTHER EXPENSES		TOTAL EXPENSE
			MILES	RATE .51	MORNING (max $8)	NOON (max $10)	EVENING (max $20)	ITEM	AMT.	

For meal reimbursements, did the travel require an overnight stay (in a hotel, etc.)?

Yes ☐ No ☐

*For destination, please indicate if the trip is ***not*** round trip or if your starting location is ***not*** from your usual place of business (your office, shop, etc.).

Charge the above expenses to:

Account Number	Amount

Authorized by:

_____ _____

Department Director Finance Director

- Money will be deposited into Employees bank account that is on file for Payroll deposits.
- An e-mail will be sent to Employee as to when they can expect to see deposit into their account.

C:\Users\gskarda\Desktop\Travel reimbursement form revised 2021

Social Media Policy

1.0 Purpose

The City of Stoughton authorizes the Mayor, Common Council, and City departments to communicate, collaborate, and exchange information to support the City's mission, using social media technologies. Interactive social media platforms offer opportunities to City residents to interactdirectly with their City government. Using these tools, constituents may request services, report problemsin their neighborhoods, or express opinions to elected officials and policymakers. Moreover, by openingmore direct channels of communication with residents, the City will enhance its ability to respondmore quickly to their needs.

2.0 Definitions

"Authorized User" – City Employees authorized by the Mayor, the Common Council or their Department Head, pursuant to this Policy, to establish, create, edit, or maintain any City-supportedSocial Media Site.

"City Employee" - any individual employed by the City of Stoughton, as well as any contractor, vendor, or agent working for or representing the City but not in City employ.

"City Official" - any individual holding an elected City office.

"City-related Content" – social media content related to City activities; determined on the substance of the information or materials posted, rather than the identity of the poster, the equipment used, orthe Social Media Site on which it is posted.

"City-supported Social Media Site" – A Social Media Account created or Social Media Site approvedfor use by City Officials or Authorized Users pursuant to this Policy.

"City Website" - https://www.ci.stoughton.wi.us/.

"Department Head" – the head of any City department, or their designee.

"Inappropriate Content" – as defined in the User Responsibilities section of this Policy.

"Social Media Account" - any registration, login credential, tool, forum, website, or network that is created or maintained by a department to establish or perpetuate a social media presence.

"Social Media Sites" - interactive online pages or web applications that allow for multiple postings or interactions and whose information is constantly altered by its readers and producers. Examples ofthese sites include, but are not limited to, blogs, wikis, RSS feeds, and web sites and applications suchas Facebook, Twitter, GovLoop, YouTube, LinkedIn, and Flickr.

"Social Media Content" - any information or materials posted to Social Media Sites.

3.0 Policy Details

AUTHORIZATION AND ACCESS

No City-Supported Social Media Site may be created or used without the approval of the Mayor, the Common Council, or a Department Head.

Any Social Media Account or Social Media Site in use by any City Official or City Employee for City-related Content (excepting personal accounts or sites) on the date this Policy is adopted shall be discontinued unless use of the account or site is approved by the Mayor, the Common Council or a Department Head within 45 days after the date this Policy is approved by the Common Council.

Department Heads who authorize the creation or use of social media must designate an Authorized User (who may be the Department Head) who shall be responsible for monitoring and administering the Social Media Site, and who shall serve as the legal custodian of the Social Media Content on the Social Media Site. Before approving the creation or use of a Social Media Account or Social Media Site, the Department Head must: (1) determine that their Department can effectively administer the Social Media Site in accordance with this Policy and comply with Wisconsin laws governing the retention of and access to public records; (2) determine how often the Authorized User should monitor the Social Media Site; and, (3) notify the City Director of Information Technology of the social media site. City Employees must have prior authorization from their Department Head before creating City-related Content on a City- supported Social Media Site.

Department Heads should routinely review access privileges for City Employees to determine if continued access to City-supported Social Media Sites remains appropriate. Decisions on allowing continued access should be based on the needs of the department and the City Employee's job responsibilities. The City of Stoughton reserves the right to deny access to post information on City-sponsored Social Media Sites to any City Employee who violates this Social Media Policy.

If the Mayor authorizes the creation or use of a Social Media Account or Social Media Site, the Mayor must designate an Authorized User (who may be the Mayor) who shall be responsible for monitoring and administering the Social Media Site, and who shall serve as the legal custodian of the Social Media Content on the Social Media Site. Before approving the creation or use of a Social Media Account or Social Media Site, the Mayor must determine that the Authorized User can effectively administer the Social Media Site in accordance with this Policy and comply with Wisconsin laws governing the retention of and access to public records.

If the Common Council authorizes the creation or use of a Social Media Account or Social Media

Site, the Common Council must designate an Authorized User who shall be responsible for monitoring and administering the Social Media Site, and who shall serve as the legal custodian of the Social Media Content on the Social Media Site. Before approving the creation or use of a Social Media Account or Social Media Site, the Common Council must determine that the Authorized User can effectively administer the Social Media Site in accordance with this policy and comply with Wisconsin laws governing the retention of and access to public records.

The City Clerk is an Authorized User of the City Website, is responsible for monitoring and administering the City Website, and is the legal custodian of public records on the City Website. City Employees other than the City Clerk must be approved by the Mayor as additional Authorized Users of the City Website before they may post to or otherwise modify the City Website.

OFFICIAL AND ACCEPTABLE EMPLOYEE USE

Once granted access, City Employees may post to City-supported Social Media Sites in an official capacity only information that pertains to City of Stoughton business or operations. City Employees, in their role as designated representatives of the City, must never post personal information to a City-sponsored Social Media Site.

City employees must use strong passwords for all City-Sponsored social media sites. City employees are encouraged to use 2 factor authentication for all City-Sponsored social media sites if allowed by the platform.

The same principles and policies that govern interactions with the public generally apply to City-Sponsored social media. City Employees representing the City of Stoughton on Social Media Sites must, at all times, conduct themselves in accordance with all state and local laws and all existing City policies. The City requires all employees who participate in social media on behalf of their departments to adhere to and follow all existing work rules and the City's Code of Ethics.

City Employees posting official information to City-supported Social Media Sites generally may do so only for the department they represent. They may post information or links to information already published on existing City web pages or Social Media Sites, but may not post any new or original materials relating to the activities or operations of other City departments, governments, organizations, or individuals without prior approval from the group or person discussed. City Employees should refer any questions, comments, or discussion outside of their department's responsibility or their personal expertise to an appropriate responder within their own or another City department.

City Employees posting on City-supported Social Media Sites should act as they would if interacting with citizens or other employees in person. City Employees must respond honestly to appropriate citizen questions, and should not become hostile or argumentative. City Employees should always exercise good judgment regarding how to maintain confidentiality (omitting addresses, phone numbers, and other personal data) of posted information.

City Employees and Elected Officials must refrain from using social media tools to express personal opinions or concerns. They may never use their access to City-sponsored Social Media Sites for personal gain, or to promote private endeavors of others. City Employees and Elected Officials also may not post information on City-sponsored Social Media Sites that constitutes defamation, obscenity, publication of private facts, or speech that violates copyright or trademark laws.

Notwithstanding other provisions of this policy, this policy does not restrict the ability of City Employees or City Officials to speak as private citizens on matters relating to City business. City Employees and City Officials may post comments, questions, or opinions on social media sites, including City-sponsored Sites, so long as they make clear that they are acting as private citizens and that their statements in no way represent the official position of the City.

Where appropriate, Social Media Content should direct users to relevant information and resources on the City Website.

Authorized Users assigned responsibility for monitoring City-Supported Social Media Sites must periodically monitor material posted to Social Media Sites as directed by the authorizing Department Head to:

- Respond promptly to questions or replies;
- Replace stale, outdated, and/or incorrect information; and
- Remove Inappropriate Content.

USER RESPONSIBILITIES

The City of Stoughton participates in and provides information through City-supported Social Media Sites as a public service. The City anticipates that users will use such sites to convey useful information to and engage in productive discourse with elected officials and City Employees.

The City expects that all participants on City-sponsored Social Media Sites will display respect and civility when posting comments or information. The City of Stoughton reserves the right to remove Inappropriate Content at its sole discretion. For purposes of this Policy, Inappropriate Content is defined as comments or materials that:

- Are profane, advocate violence, or are pornographic;
- Promote, foster, or perpetuate discrimination on the basis of gender, race, creed, color, national origin or ancestry, age, disability, lawful source of income, marital status, sexual orientation, gender identity, past or present membership in military service, or familial status;
- Unlawfully defame or attack an individual or group;
- Make direct or indirect threats against any person or organization;
- Advertise or solicit business for a personal or private business or endeavor;
- Promote or endorse a specific financial or commercial entity;
- Defraud or defame any financial, commercial, or non-governmental agency;
- Violate any federal, state, or local law or encourage any illegal activity;
- Violate any existing copyrights, trade secrets, or legal ownerships;
- Compromise the safety and/or security of the public or public systems; LEGAL

REQUIREMENTS

Under Wisconsin law, Social Media Content that is created by City Employees or City Officials, or that is kept on a City-supported Social Media Site, constitutes a public record subject to record retention and public access requirements. Designated legal custodians of public records on City- Supported Social Media Sites will be responsible for compliance with record retention requirements and requests for access to public records.

Communication among members of governmental bodies using social media may constitute a "meeting" under the Wisconsin Open Meetings Law. Such "meetings" would trigger a host of legal requirements and expenses for the City. For this reason, members of the Common Council and City Committees, Boards and Commissions should avoid interactions among one another on topics related to City business.

Various social media sites adhere to their own policies regarding the privacy of site users. The City of Stoughton makes no claim to protect or preserve the privacy of social media users. Further, the City of Stoughton retains the right to review all information or materials written or contributed by City Employees on City-supported Social Media Sites; therefore, City Employees should have no expectation of privacy when posting to City-supported Social Media Sites.

The content of all communications posted by City Employees on City-sponsored Social Media Sites is the sole property of the City of Stoughton. Subject to the terms of service enforced by social media sites that the City uses, postings made by other users may also be considered City property.

Violation of this policy by a City Employee may result in discipline up to and including discharge. Violation of this policy by a citizen posting on City-supported Social Media Sites may result in the removal of that citizen's comments from a City-supported Social Media Site. Subsequent violations by a citizen may result in the banning of that citizen from all City-supported Social Media Sites.

Users should be aware that the information made available by the City of Stoughton on Social Media Sites may not be timely, accurate or complete. Any communication from or to the City through these sites will not be considered legal or official notice for any purpose.

The City of Stoughton reserves the right to revise or modify this policy at any time, without prior notice.

4.0 Procedures

5.0 Exhibits / Appendices / Forms

6.0 Council Approved

June 25, 2019

Electronic Communication & Information Systems Policy

1.0 Purpose

2.0 Policy Details

E-MAIL AND ELECTRONIC COMMUNICATIONS POLICIES
EMPLOYEE NOTICE

As an employee of the Governing Unit of City of Stoughton (the "Governing Unit"), I recognize and understand that the Governing Unit's electronic communication systems are provided for conducting the Governing Unit's business and therefore subject to records request.

However, Governing Unit policy does permit some limited, occasional, or incidental personal use of the equipment and services under certain circumstances. I understand that all equipment, software, messages and files are the exclusive property of the Governing Unit. I agree not to use the electronic communication systems in a way that is disruptive, offensive, or harmful to others or to the Governing Unit. I agree not to use pass codes, access a file or retrieve any stored communication other than where authorized. I agree not to copy, send or receive confidential information without prior authorization from my immediate supervisor and the Department Head.

I am aware that the Governing Unit reserves and will exercise the right to review, audit, intercept, access and disclose all matters on the Governing Unit's electronic communications systems at any time. I am aware that the Governing Unit may exercise these rights with or without employee notice, and that such access may occur during or after working hours. I am aware that use of a log-in name and password do not guarantee confidentiality, guarantee privacy or restrict the Governing Unit's right to access electronic communications. I am aware that violations of this policy may subject me to disciplinary action, up to and including discharge from employment, as well as civil and/or criminal liability.

I acknowledge that I have read and that I understand the Governing Unit's policies regarding email and electronic communications, and have been afforded an opportunity to ask questions regarding the policy. I also acknowledge that I have read and that I understand this notice.

_____ _____
Signature of Employee Date

_____ _____
Signature of Supervisor Date

Copy for Employee

Performance Appraisal Procedure/Policy

1.0 Purpose

Performance appraisals outline how the employee is meeting their employment expectations.

2.1 Policy Details

1. Self-Review and Position Description sent to the employee to complete and return to management within 15 business days.
2. Reviewer to follow the instructions on the Performance Appraisal document.
3. Management to review the employees position description & feedback
   a. This will familiarize you with the employee's responsibilities and expectations.
   b. If there are any notable changes, write them down and submit with the Performance Appraisal to HR.
4. Management as directed by the Dept. Director or Chief, to complete the entire online Performance Appraisal Form within 15 days.
5. All ratings must have feedback noted in the comments section of each category that is applicable.
6. When you have completed the Performance Appraisal Form, email it to the Director of HR/RM for review, prior to meeting with the employee.
   a. HR will review for consistency, compliance and legal conformity
   b. If there are questions, the HR/RM Director will contact the Director/Supervisor or Manager that completed the appraisal for clarification.
   c. If there are recommended changes, the HR Director will send the Performance Appraisal back to Management for the changes to be made. Once changes are made, the document will be sent back the HR/RM Director for final approval.
7. When finished reviewing and the Performance Appraisal is finalized, the HR/RM Director will send the signed Performance Appraisal back to Management within 15 days of receipt.
8. Management will schedule a time within the next 15 days to meet with the employee and present the Performance Appraisal.
9. If the employee has feedback or comments, they are to write that on the review in the employee comments field.
10. The employee and management are to sign and date the Performance Appraisal to state that they met.
11. The Performance Appraisal is then sent back to HR where it is loaded into BS&A stating when the Performance Appraisal was conducted.
12. If there are any comments on the Appraisal in the employee comments section HR will review the comments and work with management and/or the employee to address.
13. Performance Appraisal is placed in the confidential file.

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

Stoughton Wisconsin

Performance Appraisal
Employee Self-Appraisal

CONFIDENTIALITY CLAUSE

The purpose of the performance review is to recognize where an employee is doing well and discuss potential areas for development and improvement. To provide open lines of communication between the employee and the Department Director/management, it is necessary to protect the Performance Appraisal and all associated documents. This gives the reviewer the opportunity to be open, honest and detailed to help the employee with their developmental or areas for improvement. The City of Stoughton Employee Appraisal Form for Non-Leadership Positions is considered a protected document and considered City Employment Attorney-Client privileged property. Therefore, the Performance Appraisal and all associated documents are not subject to open records requests. The employee appraisal, self-review and any affiliated documents are considered protected.

Employee Name: Click here to enter text. Date: Click here to enter a date.

Title: Click here to enter text. Department: Click here to enter text.

Review Period: Click here to enter text.

Please complete the questions listed below and return to your supervisor prior to your performance evaluation. As you complete the form, consider your own personal performance as it relates to your current job description and expectations for the review period.

1. Do you understand the requirements of your job? ☐ Yes ☐ No

   If no, please specify: Click here to enter text.

2. What aspects of your job need clarification?

   Comments: Click here to enter text.

3. List the expectations for the review period and assess how well you have succeeded in meeting each expectation. Attach a separate sheet if necessary.

   Comments: Click here to enter text.

4. What changes in duties or priorities did you face during the review period and how did you handle them?

   Comments: Click here to enter text.

5. What are your strengths (the things you do well) and how do you put them to use in your position?

   Comments: Click here to enter text.

6. What are your development areas and how do they impact your job?

   Comments: Click here to enter text.

7. What would help you enhance your performance (training, equipment, etc.)?

   Comments: Click here to enter text.

8. Do you have any specific goals for the next review period?

   Comments: Click here to enter text.

9. What are your expectations for the coming evaluation period?

   Comments: Click here to enter text.

10. How would you rate your overall performance for this review period?

    ☐ Exceeds Expectations ☐ Meets Expectations ☐ Does Not Meet Expectations

    Comments: Click here to enter text.

11. Is there anything else you'd like to discuss during your review?

    Comments: Click here to enter text.

Stoughton Wisconsin

Performance Appraisal

Non-Leadership Employee

(Regular Employee's Part-time/Full-time)

CONFIDENTIALITY CLAUSE

The purpose of the performance review is to recognize where an employee is doing well and discuss potential areas for development and improvement. To provide open lines of communication between the employee and the Department Director/management, it is necessary to protect the Performance Appraisal and all associated documents. This gives the reviewer the opportunity to be open, honest and detailed to help the employee with their developmental or areas for improvement. The City of Stoughton Employee Appraisal Form for Non-Leadership Positions is considered a protected document and considered City Employment Attorney-Client privileged property. Therefore, the Performance Appraisal and all associated documents are not subject to open records requests. The employee appraisal, self-review and any affiliated documents are considered protected.

Employee Name: Click here to enter text. Date: Click here to enter a date.

Title: Click here to enter text. Time in Position: Click here to enter text.

Date of Hire in Position: Click here to enter text. Department: Click here to enter text.

Supervisor: Click here to enter text. Last Review Date: Click here to enter a date.

The intent of this document is to assess the knowledge, skills, abilities and of the employee. The overall goal of the appraisal is to recognize achievements and strengths as well as work on areas for development.

Management Instructions: Review employee's performance for the entire period; try to refrain from basing judgments on recent or isolated events only. Disregard your general impression of the employee and concentrate on rating one factor at a time. The employee should be given a copy of their job description along with their self-review prior to the review being completed by the Manager/Director.

- Review employee's current position description. Note any substantive changes and return to Human Resources with this form and the employee self-review.
- Consider the employee on the basis of the standards expected to be met for the position the employee is assigned based on the length of time in the position. Rate the employee on how well the requirements of the position are fulfilled.
- Place a check in the box that summarizes the employee's performance in that factor since the last review (or date of hire if this is the employee's first review).

- Keep in mind that the relative importance of the factors will vary according to the position.
- After rating the employee on each factor, enter the appropriate comments to support your rating.

Part I: Rate the employee by checking the appropriate box and enter comments to support the rating directly below:

- Exceeds requirements of the position.
- Meets Expectations - meets all position requirements.
- Does Not Meet Expectations - falls below requirements of the position

Position Knowledge: Consider the adequacy of the employee's skills; employee's understanding of normal position requirements; employee's understanding of related functions; and employee's efforts to keep skills current?

☐ Exceeds Expectations ☐ Meets Expectations ☐ Does Not Meet Expectations

Comments: Click here to enter text.

Quality of Work: How neat, thorough, and accurate is the work the employee produces?

☐ Exceeds Expectations ☐ Meets Expectations ☐ Does Not Meet Expectations

Comments: Click here to enter text.

Quantity: How well does employee maintain his/her output of work; volume of work employee performs under normal conditions?

☐ Exceeds Expectations ☐ Meets Expectations ☐ Does Not Meet Expectations

Comments: Click here to enter text.

Cooperation: How able and willing is employee to work with others (co-workers, supervisors, citizens) toward common goals?

☐ Exceeds Expectations ☐ Meets Expectations ☐ Does Not Meet Expectations

Comments: Click here to enter text.

Initiative: How well does the employee grasp instructions without close follow-up? How well does the employee perform in the face of obstacles? How motivated is the employee in the absence of his/her supervisor?

☐ Exceeds Expectations ☐ Meets Expectations ☐ Does Not Meet Expectations

Comments: Click here to enter text.

Dependability/Reliability: How well the employee can be relied onto accept responsibility and complete work assignments? How well does the employee meet deadlines?

☐ Exceeds Expectations ☐ Meets Expectations ☐ Does Not Meet Expectations

Comments: Click here to enter text.

Attendance/Punctuality: How conscientious is the employee with respect to attendance, punctuality, lunch periods, etc.? Consider time spent away from work area in idle conversation, etc.

☐ Exceeds Expectations ☐ Meets Expectations ☐ Does Not Meet Expectations

Comments: Click here to enter text.

Part 2:

List employee's strengths:

Click here to enter text.

List employee's development areas and your recommendations for improving them:

Click here to enter text.

Are employee's skills being fully utilized? What training or skills development should be implemented that would fully develop employee's potential?

Click here to enter text.

Part 3: Achievement of Previous Goals/Areas for Development (Disregard if First Review or not established)

Refer to prior review. List each goal you had set and indicate whether employee achieved, failed to reach, or exceeded the goals. Explain in detail (using additional sheets if necessary) any situation or conditions that may have affected attainment.

#1: Click here to enter text.

#2: Click here to enter text.

#3: Click here to enter text.

Part 4: Areas of Development/Enhance Performance (Goals): At Supervisors Discretion

List one (1) to three (3) goals/development areas to be attained by the employee before his/her next review. Indicate preparation/training necessary to attain these goals and projected completion date. Goals must be realistic and reasonable accomplishable during the employee's regular working time.

#1:

Preparation/Training: Click here to enter text.

Necessary to Achieve: Click here to enter text.

Projected Completion Date: Click here to enter a date.

#2:

Preparation/Training: Click here to enter text.

Necessary to Achieve: Click here to enter text.

Projected Completion Date: Click here to enter a date.

#3:

Preparation/Training: Click here to enter text.

Necessary to Achieve: Click here to enter text.

Projected Completion Date: Click here to enter a date.

SUMMARY

If an employee has two or more areas where they *Do Not Meet Expectations a* Performance Improvement Plan or a Last Chance Agreement will be implemented; if not already in place.

Overall Review: ☐ Exceeds Expectations ☐ Meets Expectations ☐Does Not Meet Expectations

EMPLOYEE'S COMMENTS:

Employee is encouraged to describe any reaction to ratings, feelings regarding current position, future plans, and steps being taken to reach goals as well as what the employee feels they require in order to improve/grow in their position (i.e. additional training).

Click here to enter text.

REVIEWER: I have discussed all items reviewed on this form with the named employee.

Reviewer's Signature: Click here to enter text. Date:__ /__ / ___

My signature signifies I have reviewed the contents of the performance appraisal and also had the opportunity to discuss any questions I might have about the performance review.

Employee

Signature: Click here to enter text. Date:__ /__ / ___

Supervisor/Manager

Signature: Click here to enter text. Date:__ /__ / __

Director

Signature: Click here to enter text. Date:__ /__ / _

Director of Human Resource & Risk Management

Signature: Click here to enter text. Date:__ /__ / ___

My initials below confirm that I reviewed and understand my position description. Any significant changes have been noted on the position description document.

Employee

Initials: Click here to enter text. Date:__ /__ / ___

Stoughton Wisconsin

Performance Appraisal
Seasonal/LTE/Intern

CONFIDENTIALITY CLAUSE

The purpose of the performance review is to recognize where an employee is doing well and discuss potential areas for development and improvement. To provide open lines of communication between the employee and the Department Director/management, it is necessary to protect the Performance Appraisal and all associated documents. This gives the reviewer the opportunity to be open, honest and detailed to help the employee with their developmental or areas for improvement. The City of Stoughton Employee Appraisal Form for Non-Leadership Positions is considered a protected document and considered City Employment Attorney-Client privileged property. Therefore, the Performance Appraisal and all associated documents are not subject to open records requests. The employee appraisal, self-review and any affiliated documents are considered protected.

Employee Name: Click here to enter text. Date: Click here to enter a date.

Title: Click here to enter text. Time in Position: Click here to enter text.

Date of Hire in Position: Click here to enter text. Department: Click here to enter text.

Supervisor: Click here to enter text. Last Review Date: Click here to enter a date.

Annual Hours: Click here to enter text.

Would you recommend this employee for re-hire with The City of Stoughton?

☐ YES ☐ NO

If no, please describe briefly:

Click here to enter text.

Supervisor/Manager/Director

Signature: Click here to enter text. Date:__ / __ / ___

Dress Code / Identification Policy

1.0 Purpose

The City of Stoughton Employees contribute to the City's culture and reputation in the way they present themselves. A consistent business appropriate appearance is essential to a favorable impression with citizens and elected officials. Therefore, we follow a business appropriate casual dress code.
All City Staff are required to wear a City ID badge and/or City identifying clothing per department Director.

2.0 Policy Details

What:
The City of Stoughton follows a "Dress for Your Day" dress code. Dress for Your Day means that you dress according to what your day will entail, adhering to the guidelines below.

Employees are allowed to wear jeans that are in good condition throughout the week.

If you have a meeting with a citizen or outside party, dress appropriately for the meeting. "Common Sense" and "Dress for your Day" should be the basic guideline. We ask that you know your audience. Appropriate dress and appearance reflect employee pride and inspire confidence on the part of such persons.

Who: *All City of Stoughton Employees- this policy is to be adhered to universally throughout all departments.*

Exception: Employees whose jobs require them to wear uniforms and/or whose attire must meet prescribed safety standards are not covered by this policy and must adhere to their uniform/safety clothing policies.

Identification: All City Staff are required to wear either a name badge, a staff badge (Library/Media), clothing that identifies staff as a City of Stoughton Employee's or a City of Stoughton uniform/safety clothing, while on duty or representing the City.

Basic guidelines for appropriate attire: Dress and appearance expectations include attire and appearance that is neat and clean. Although it is impossible and undesirable to establish an absolute dress and appearance code, the City of Stoughton will apply a reasonable and professional workplace standard to individuals on a case-by-case basis, as needed. Management may make exceptions for special circumstances at which time employees will be notified in advance. This would include designated "sports days, spirit days" that will be announced in advance or cleaning/file room days, time in the field. If an employee is unsure of what is appropriate they should check with Leadership for clarification. Acceptable personal appearance is an ongoing responsibility of each employee. There also are positions that allow employees to wear shorts (Kitchen staff at Senior Center, Facilities etc.). Shorts are approved by the Department Director. Certain times of the year, employees in may be asked to not wear jeans. This would include times that there is a

high volume of citizens that you are interacting with, a special event or the Mayor or Leadership deems the day non-business appropriate casual. Examples: Election Day, property taxcollection time, disconnect day.

Appropriate Casual dress is defined as follows:

- Appropriate Casual shirts/tops: All shirts/sweaters, business casual crewneck or V-neck shirts, blouses, golf and polo shirts. On Friday's sweatshirts, athletic team shirts.
  Examples of inappropriate shirts include: T-shirts/shirts with inappropriate slogans/large screen print (ex: sports teams), athletic tank tops, muscle shirts, camouflage, sweatshirts and crop tops.

- Pants: Jeans and Corduroy's in good condition Casual pants/slacks, khaki's, trousers, Capri's.
  ***Examples of inappropriate pants include*:** Shorts (if not pre-approved by Leadership), camouflage, Athletic pants, pants that are in poor condition.

- Footwear: Casual slip-on or tie shoes, dress sandals with or without a back, dress boots, chukkas. Athletic shoes can be worn on Friday.
  Examples of inappropriate footwear include: athletic shoes (Monday-Thursday), athletic sandals, beach footwear, rubber flip-flops and hunting boots. *If you have a medical condition and require an exception to any of the requirements, please notify Human Resources & Risk Management. *
  Again, use common sense and dress for your day.

Leadership may exercise reasonable discretion to determine appropriateness in employee dress and appearance. If it is determined that an employee's dress or appearance is not appropriate as outlined in this policy, Leadership may take corrective action and require the employee to leave the work area and make the necessary changes to comply with the policy. Leadership has the right to send the employee home to change their clothing so they meet the Dress for Your Day Dress Code requirements. If an employee is sent home, he/she would be considered "off the clock" and their time would be considered un-compensated time. Disciplinary action may be taken. All employees are expected to comply with this dress code in a manner consistent with their gender identity and expression. The City of Stoughton Mayor in conjunction with the Human Resources & Risk Management Director reserve the right to change the policy at any time for any reason.

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

Worker's Compensation and Injury Reporting Policy

1.0 Purpose

This policy outlines the expectations when an injury occurs.

2.0 Policy Details

The City of Stoughton will follow all laws and regulations regarding worker's compensation insurance and benefits. All injuries shall be reported to the employee's immediate supervisor and the Human Resources & Risk Management Department within 24 hours.

It is essential that the following information be reported:

- Time of the injury.
- Description of the job being performed at the time of the injury.
- The extent of the injury.
- Description of the aid administered.
- Witnesses to the injury.

An Injury Report Form will be completed and submitted to the Supervisor within 24 hours of occurrence. The Injury Report form is available from your Supervisor or the Human Resources & Risk Management Department. Adherence to these procedures will assure that the appropriate benefits will not be jeopardized.

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

Stoughton Wisconsin

Department of Human Resources & Risk Management
381 East Main Street Stoughton, WI 53589
(608) 646-0272
www.ci.stoughton.wi.us

INJURY-INCIDENT REPORT FORM CHECKLIST

FOR EMPLOYEES:

- ☐ Employee or their representative has filled out a **REPORT OF INJURY – INCIDENT EMPLOYEE** form.
- ☐ **INJURED EMPLOYEE WITNESS STATEMENTS** have been filled out by any witness to the injury/incident.
- ☐ Supervisor has reviewed and signed **INJURY/INCIDENT FORM.**
- ☐ Investigation page has been filled out and signed by the employee's supervisor.

ALL forms must be returned to Human Resources the same day or next working day following the injury/incident.

- ☐ Human Resources will fill out a WKC-12.

FOR CIVILIANS:

- ☐ Please have the injured party or their representative fill out a **REPORT OF INJURY–INCIDENT CIVILIAN** form.
- ☐ Be sure that **WITNESS STATEMENTS** are filled out by any witness to the injury/incident.

This form must be returned to Human Resources the same day or next working day following the injury/incident.

Stoughton Wisconsin

City of Stoughton
Department of Human Resources & Risk Management
381 East Main Street Stoughton, WI 53589
(608) 646-0272
www.ci.stoughton.wi.us

EMPLOYEE INJURY/INCIDENT REPORT FORM

TO BE COMPLETED BY INJURED PARTY OR REPRESENTITIVE

Employee Name (First. MI, Last)	Sex ☐ M ☐ F	Employee Home Telephone No. ( )

Employee Home Street Address	City	State	Zip Code	Cell/Home Phone No. ( )

Birth Date Date of Hire	Injury Date **Mo / Day / Yr.** Time of Injury am/pm	Last Day Worked Mo / Day / Yr.	Date Employer Notified Mo / Day / Yr.	Shift working at time of incident (i.e., 7:00 – 4:00)	Did you leave work? Estimated Date of Return

Location where injury occurred – be as specific as possible.	Hours worked prior to injury

Were you or do you anticipate being treated by a medical professional for this injury? ☐ Yes ☐ No

Were you hospitalized for this injury or illness? Yes No

Name and address of medical professional and/or hospital: ☐

AREA INJURED

1 **Head**
2 **Eye** L R
3 ☐ **Back**
4 ☐ **Shoulder** L ☐ R ☐
5 ☐ **Arm** L R
6 ☐ **Elbow** L ☐ R ☐
7 ☐ **Wrist** L ☐ R ☐
8 ☐ **Hand** L ☐ R ☐
☐ ☐ ☐
☐ ☐ ☐

9 **Finger: Specify**
10 ☐ **Chest**
11 **Abdomen**
12 ☐ **Pelvis**
13 ☐ **Hip** L R
14 ☐ **Leg** L R
☐ ☐ ☐
☐ ☐ ☐

15 **Knee** L R
16 **Ankle** L R
17 ☐ **Foot** L ☐ R ☐
18 ☐ **Toe: Specify** ☐ ☐
☐ ☐ ☐
19 ☐ **Other**
☐

TYPE OF INJURY

1 **Abrasion**
2 **Amputation**
3 ☐ **Bite**
4 ☐ **Bruise**
5 ☐ **Burn**
6 ☐ **Concussion**
☐
☐

7 **Cut / Laceration**
8 **Foreign Body**
9 ☐ **Fracture**
10 ☐ **Hearing Impaired**
11 ☐ **Infection**
12 ☐ **Pain**
☐
☐

13 **Puncture**
14 **Rash / Dermatitis**
15 ☐ **Respiratory**
16 ☐ **Strain / Sprain**
17 ☐ **Other**
☐
☐

Employee Name (First, Middle, Last)	Injury Date Mo / Day / Yr

Account of Injury: Describe your activities when injury or illness occurred and what tools, machinery, objects, chemicals, etc. were involved. (Use additional page if necessary.)

What happened to cause this injury? (Describe how the injury occurred). (Use additional page if necessary.)

Describe your injury. (State the part of body affected and how it was affected).

☐ Additional Page(s) attached.

Names and phone numbers of witnesses to your injury. (Use additional page if necessary).

Injured Signature:	Date Signed / /
Report Completed by (Please Print Name):	Phone Number ( )
Report Completed by (Please Sign Name):	Date Signed / /
Supervisor Signature:	Date Signed / /

Injured Employee Name (First, Middle, Last)	Injury Date: Mo / Day / Yr. :

Witnesses Statements (Use additional pages if necessary):

Witness Signature:	Date Signed / /

This form is to be completed by the employee's supervisor or departmental manager. Please provide information that will supplement the employee's report, noting circumstances which may have contributed to the injury or illness, such as weather conditions, use of protective safety equipment, etc. Be thoughtful and thorough, seeking to identify operations, procedures, use of equipment or modification that could help reduce future incidents.

UNSAFE ACT / CONDITION:

- ☐ **Housekeeping**
- ☐ **Work Practices**
- ☐ **Safeguarding devices**
- ☐ **Physical and environmental stresses**
- ☐ **Facility / design**
- ☐ **Materials / tools**
- ☐ **Hazards not recognized**
- ☐ **Protective equipment**
- ☐ **Exceeding limits (speeds, strengths, etc.)**

☐ **Other:** _____

_____

CONTRIBUTING FACTORS:

- ☐ **Equipment failure**
- ☐ **Used wrong equipment**
- ☐ **Housekeeping / Maintenance**
- ☐ **Procedure Factors**
- ☐ **Improper Body Mechanics (ie: Improper Lifting, carrying)**
- ☐ **Slippery or defective floor / work surface**
- ☐ **Knowledge / skills lacking**
- ☐ **Substance abuse**
- ☐ **Repetitive Motion / Ergonomic**
- ☐ **Work Station / Ergonomic**
- ☐ **Failure to use protective equipment / devices**
- ☐ **Safety Policy / Rule Violation**
- ☐ **Unsafe Act**
- ☐ **Environmental exposure to toxic substance, noise, etc.**
- ☐ **Horseplay**

☐ **Other:** _____

_____

CORRECTIVE ACTION (Attach additional pages, if necessary):

Action to be Taken to Prevent Recurrence:	Responsible Party:	Completion Date:
1		
2		
3		

☐ **Photos Attached.**

Supervisor Signature:	Date Signed
Department Manager Signature:	Date Signed

FORWARD COMPLETED INCIDENT REPORT TO CITY OF STOUGHTON ATTN: HUMAN RESOURCES & RISKMANAGEMENT 381 E MAIN STREET, STOUGHTON, WI. 535898 ON THE SAME OR FIRST WORKING DAY FOLLOWING THE INCIDENT.

Injured Employee Name (First, Middle, Last)	Injury Date: Mo / Day / Yr. :

Witnesses Statements (Use additional pages if necessary):

Witness Signature:	Date Signed / /

Vehicular/ Property Damage Reporting Policy

1.0 Purpose

This procedure outlines the employee's responsibilities in the event of vehicle or property damage.

2.0 Policy Details

Employees shall immediately contact their supervisor and/or Director in the event of a vehicular or property damage accident or occurrence. The supervisor and/or Director shallinsure that the Police Department and the Human Resources & Risk Management Department are contacted. The Director/Supervisor will follow up in writing as is appropriate,secure the area and evidence, and provide all appropriate documentation to the Human Resources & Risk Management Department.

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

Stoughton Wisconsin

City of Stoughton

City Owned Vehicle Accident Report Form

Employee involved must complete. Return to Human Resources & Risk Management with 24 HRS.

CITY AUTO PHYSICAL LOSS NOTICE							
Member (City/Village)	City of Stoughton			Vehicle ID (VIN#)			
Date of Loss				Vehicle Make			
Contact Person Name				Vehicle Model			
Contact Number				Vehicle Year			
Contact Email							
Deductible Level		**$1000**		**$2500**		**$5000**	
Vehicle Damage Exceeds Deductible?		**YES**		**NO**		**NOT SURE**	
OTHER AUTO PHYSICAL LOSS NOTICE							
Member (City/Village)	City of Stoughton			Vehicle ID (VIN#)			
Date of Loss				Vehicle Make			
Contact Person Name				Vehicle Model			
Contact Number				Vehicle Year			
Contact Email							

*NOTE: If damage is determined to be within the deductible please provide the information above and any related reports to assist with loss prevention efforts.

ACCIDENT DESCRIPTION
Please describe the accident:

Employee Conduct Policy

1.0 Purpose

The City of Stoughton is committed to a professional method of approaching workplace conflicts and concerns. We advocate solving any problem at the earliest opportunity with the lowest level of administrative oversight possible. Many problems are matters of miscommunication or misinformationeasily solved through direct and honest discussion between the affected parties, often without the intervention of anyone else. It is every employee's responsibility to develop and maintain the job skillsnecessary to conduct successful conflict management and resolution.

2.0 Policy Details

In the event of a problem or issue, all employees and Department Directors must do the following, either in person or in writing if face-to-face discussion is not possible, applying each step in turn, to arrive at a reasonable and timely resolution of workplace concerns:

1. Directly speak/write to the person(s) concerned or involved in the situation, without involving other coworkers. Be sure your conversation/material clearly states the problem, a possible resolution, and sets a timeframe for decision making or settlement. Be willing to listen. See the other person's point of view. Admit fault as necessary or accept compromise. Everyone's feelings are important. Decision making requires facts and documentation, so be ready to give it. Admit defeat gracefully. Be ready to accept the answer that is best for the taxpayer or ratepayer, even if you don't agree.

2. If resolution is not possible, both parties must go to the Department Director for assistance in developing a workable solution.

3. If still unresolved, the parties, Department Director, and Mayor will meet to find a resolution. Matters of day-to-day operation will be handled solely by the Mayor; whose decision is final. Policy questions will be referred to the appropriate standing committee for investigation and the Common Council for final resolution.

Failure to use professional methods of conflict resolution will not be tolerated and will be followed by disciplinary action.

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

Non-DOT-Regulated Employee
Alcohol Misuse Prevention & Anti-Drug Use Policy

1.0 Purpose

In compliance with the Drug-Free Workplace Act of 1988, The City of Stoughton has a longstanding commitment to provide a safe, quality-oriented and productive work environment consistent with the standards of the community in which the City operates.

2.0 Policy Coverage

This policy applies to all full-time, part-time, seasonal, limited-term employees and volunteers. This policy also applies to employees who perform "safety sensitive functions" in association with the operation of a commercial motor vehicle in situations where the employee is not governed by the DOT Drug and Alcohol Use Policy.

Sworn Police Officers are exempt from this policy while working undercover in the line of duty.

3.0 Policy

Alcohol and drug abuse poses a threat to the health and safety of The City of Stoughton employees and to the security of the City of Stoughton equipment and facilities. For these reasons, The City of Stoughton is committed to the elimination of drug and alcohol use and abuse in the workplace. Employee involvement with alcohol and other drugs can be very disruptive, adversely affect the quality of work and performance of employees, pose serious health risks to users and others, and have a negative impact on productivity and morale. The City of Stoughton has established a drug-free workplace program that balances the respect for individuals with the need to maintain a drug and alcohol free environment.

A. Prohibited Conduct for all City of Stoughton Employees

1. As required by the Drug Free Workplace Act, all City employees are strictly prohibited from using, possessing, manufacturing, distributing, or dispensing controlled substances while on City property, or operating City equipment or vehicles.
2. City employees are prohibited from reporting for or remaining on duty or performing assigned job duties while under the influence of alcohol or a controlled substance.
3. City Directors, manager, supervisors and Leads are prohibited from deliberately misusing this policy in regard to subordinates, as well as providing false information in connection with a test, or falsifying test results through tampering, contamination, adulteration or substitution.

B. Report of Criminal Conviction

Criminal convictions for manufacturing, distributing, dispensing, possessing or using controlled substances in the workplace must be reported ***in writing*** to the City of Stoughton no later than **5** calendar days after such conviction. Appropriate action, which may consist of discipline up to and including termination, will be taken within 30 days of notification.

Federal contracting agencies will be notified when appropriate. Drug and Alcohol TestsPre-Employment
After a conditional offer of employment has been made, the applicant is required to take a pre-employment drug test. The applicant must report for testing within three business days of being notified. The applicant shall not be allowed to assume the position until such time the City of Stoughton has received a verified negative drug test result. An offer of employment will be withdrawn if the employee fails to report for testing within 48 hours unless failure is due to circumstances beyond his/her control (such as a vehicular accident) or the applicant's test result is anything but negative.

Reasonable Suspicion
An employee is required to submit to an alcohol or controlled substance test upon a supervisor's reasonable suspicion to believe that the employee is in violation of this policy. The determination of reasonable suspicion must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the employee. The observations may include indications of the chronic and withdrawal effects of controlled substances.

Reasonable Suspicion Testing Procedure

1. Upon the employee's removal from the job site, the supervisor should contact the Director of Human Resources/Risk Management **If** contact cannot be made at that time, the supervisor should proceed to the next step of this procedure and make contact with the Director of Human Resources/Risk Management as soon thereafter as possible.
2. The supervisor is to then take the employee to the collection site for drug and/or alcohol testing, and must remain at the site until the test is completed.
3. If the alcohol test is conducted more than two (2) hours, but less than eight (8) hours, after the supervisor makes the reasonable suspicion determination, the supervisor should, if feasible, complete a report explaining the reason for the delay in conducting the test. If the alcohol test is not conducted within eight (8) hours after the supervisor makes such reasonable suspicion determination, or if the drug test is not conducted within twenty-four (24) hours after such determination, the supervisor should, if feasible, complete a report explaining the reasons why the test was not conducted.
4. Once the drug and/or alcohol test has been completed the supervisor is to make arrangements for the employee to be taken home. The employee will not be permitted to drive their own car home at that time. The employee may have a family member or a friend pick them up or the supervisor may take the employee home.
5. The employee is to be advised not to report to work. The City will contact the employee once the test results are known (this normally takes 24-48 hours) and a decision has been made as to the employee's status.
6. The results of the drug and/or alcohol test will be sent directly to the Director of Human Resources/Risk Management When the results are obtained, the employee's supervisor(s) will meet with the Director of Human Resources/Risk Management to determine the appropriate course of action to be taken.
7. This is a confidential process. Test results will be held strictly confidential and are not to be discussed or shared with anyone who does not need to know. Likewise, a supervisor must not discuss the suspected reason for a referral or termination with anyone who does not need to know. Once the test has been completed and the employee has been taken

home, the supervisor must submit a written report to the Director of HR/RM outlining in detail what happened and what behavior was observed that led the supervisor to believe the employee was under the influence of alcohol and/or drugs. This report is to be done within24 hours of testing.

Return-to-Duty/Follow-Up Testing

An employee is required to undergo an alcohol and/or drug test prior to returning to duty, following a violation of this policy and evaluation by a substance abuse professional (SAP). The results of the test must indicate an alcohol concentration of less than 0.02 and/or a negative result for drug use. The City is responsible for deciding whether the employee is returned to duty.

Following successful compliance with a recommendation for education and/or treatment, the employee must submit to the follow-up testing plan established by the SAP, which shall be provided to the City of Stoughton. The City must carry out the SAP's follow up testing requirements and must ensure that the tests are unannounced with no pattern to their timing and that the employee is given no advance notice.

Test Refusal

The following behavior constitutes a test refusal for drugs and alcohol:

a. Failure to appear for the test in the time frame specified by the City's Director of Human Resources/Risk Management, within one hour, with the exception of pre-employment.
b. Failure to remain at the testing site until the testing process is completed
c. Failure to provide a urine specimen, saliva or breath specimen, as applicable.
d. Failure to provide a sufficient volume of urine or breath without a valid medical explanation for the failure.
e. Failure to undergo a medical examination as part of the verification process.
f. Failure to cooperate with any part of the testing process.
g. Failure to permit the observation or monitoring of specimen donation when so required.
h. Failure to take a second test required by the City or collector.
i. A drug test result that is verified by the MRO as adulterated or substituted (applicable to drug test only).

Results of a Positive Alcohol or Drug Test

Any employee who tests positive for drugs or for alcohol concentration of 0.02 or higher is subject to discipline, up to and including discharge.

4.0 Controlled Substances/OTC/Prescription Medicines

Non-Safety Sensitive Positions

Prescription and over-the-counter drugs are not prohibited when taken in standard dosage and/or according to a physician's prescription. Any employee taking prescribed or over-the-counter medications will be responsible for consulting the prescribing physician and/or pharmacist to ascertain whether the medication may interfere with safe performance of his/her job. If the use of a medication could compromise the safety of the employee, fellow employees or the public, it is the employee's responsibility to use appropriate personnel procedures (i.e. call in sick, use leave, request change of duty, change medications, notify supervisor, notify City of Stoughton's Occupational Health Clinic) to avoid unsafe workplace practices.

Safety-Sensitive Positions

Note: *The City of Stoughton considers all City positions to be safety-sensitive. There is not one specific definition for safety-sensitive, but it generally refers to a job in which the employee is responsible for his/her own or other people's safety. It also refers to jobs that would be particularly dangerous if*

performance under the influence of drugs or alcohol. To determine whether an employee occupies a safety-sensitive positions, courts must inquire whether the employee's duties were "fraught with such risk of injury to others than even a momentary lapse of attention [could] hove disastrous consequences." (Skinner v. Railway Lab. Execs. Ass'n, 489 U.S. 602 (1989)). Examples of safety-sensitive positions would include police officers, firefighters, emergency medical technicians, 9-1-1 dispatchers, COL operators and mechanics.

Before performing any work-related duties, employees must notify their supervisor if they are taking any legally prescribed medication, therapeutic drug (to include the use of CBD Oils), or any non-prescription (over-the-counter) drug especially if it contains any measurable amount of alcohol or if it carries a warning label that indicates the employee's mental functioning, motor skills, or judgment may be adversely affected by the use of this medication. It is the responsibility of the employee to inform their physician of the type of safety-sensitive function that they perform in order that the physician may determine if the prescribed substance could interfere with the safe and effective performance of their duties or operation of The City of Stoughton vehicle and other equipment. However, as required by the Federal Regulations, any employee who uses or possesses medication containing alcohol or any substance which would cause a positive test while on duty or who tests positive for alcohol or controlled substance(s) will be removed from his or her position, and subject to the provisions of this policy, even though the reason for the positive test is the fact that the employee's prescription medication contains alcohol or a controlled substance.

The appropriate use of Rx and OTC is not prohibited. A legally prescribed drug is one where the employee has a prescription or other written approval from a physician for the use of the drug in the course of medical treatment. The prescription must include the patient's name, the name of the substance, quantity/amount to be taken, and the period of authorization. The misuse or abuse of legal controlled substances while performing City business is prohibited.

It is the responsibility of any employee to remove themselves from service if they are experiencing any adverse effects from medication or the use of a medication that could compromise the safety of the employee, fellow employees or the public. It is the employee's responsibility to use appropriate personnel procedures (i.e., call in sick, use leave, request change of duty, notify supervisor, notify Department Director, or notify City Human Resources & Risk Management Director) to avoid unsafe workplace practices.

The City may require an employee to provide documentation from a medical professional verifying the use of a prescription or a legal non-prescription controlled substance will not impair his/her ability to safely and effectively perform his/her job. A physician must specifically advise the employee that the substances in a prescription will not adversely affect the employee's ability to safely perform their job.

Depending on the circumstances, employees may be reassigned, prohibited from performing certain tasks, or prohibited from working if they are determined to be unable to perform their jobs safely and properly while taking the prescription.

Medical Review Officer (MRO)

The MRO serves as an independent, impartial gatekeeper regarding the accuracy and integrity of drug testing. As a safeguard to quality and accuracy, the MRO reviews each test for accuracy. When the laboratory reports a confirmed positive, adulterated, substituted, or invalid drug test from the laboratory, test results are reviewed and interpreted by the MRO before they are reported to the City. The MRO conducts a verification process with the employee during which time he/she will obtain information to determine if an alternative medical explanation for the test result.

If the MRO determines that a legitimate medical explanation exists, the drug test result may be reported as negative to the City. Even if there is a legitimate medical explanation and verifies a negative test, the MRO has a responsibility to raise fitness for-duty considerations with the City. When no legitimate medical reason is established, the MRO may verify a test result as a positive orrefusal to test, as applicable.

5.0 Confidentiality of Records

The City of Stoughton respects the confidentiality and privacy rights of all employees. Accordingly, the results of any test administered under this policy and the identity of any employee participating in the City's EAP or other assessment or treatment program will not be revealed by the City to anyone except as required by law. The City will release any employee's records as directed by the express written consent of the employee authorizing release to an identified person. In addition, the City will ensure that any lab, agency or Medical Review Officer (MRO) used to conduct testing under this policy will maintain the confidentiality of employee test records.

The Medical Review Officer (MRO) will not reveal individual test results to anyone except the individual tested, unless the MRO has been presented with a written authorization from the tested employee. The City may be requested by the MRO to have a tested employee contact the MRO if the employee was unable to be reached after a minimum of three (3) attempts over a 24-hour period. The MRO will disclose information related to a verified positive drug or alcohol test of an individual to the Director of Human Resources & Risk Management. The City of Stoughton may disclose information to the employee or to the decision maker in a lawsuit, grievance or other proceeding by or on behalf of the individual which arises from any action taken in response to a positive drug or alcohol test; or as required by law, including court orders and subpoenas; or upon the tested employee's written authorization and consent. All records related to drug and alcohol tests of individual employees will be maintained in individual files separate from the employee's personnel file. These records will be stored in a locked cabinet and access will only be allowed to those City employees who have a legitimate need to review the records of a particular employee.

6.0 Prevention & Rehabilitation

The goals of this policy are prevention and rehabilitation whenever possible, rather than discipline or termination. The City encourages employees who have an alcohol or other drug problem to seek help to deal with their problem.

Help is available through the City of Stoughton's Employee Assistance Program (EAP). For more details on this program, contact Human Resources.

7.0 Council Approved

ENTER DATE

Reasonable Suspicion Policy

1.0 Purpose

In compliance with the Drug-Free Workplace Act of 1988, The City of Stoughton has a longstanding commitment to provide a safe, quality-oriented and productive work environment consistent with the standards of the community in which the City operates.

2.0 Policy Details

Department Directors/Supervisors have the authority to require "reasonable suspicion" drug and alcohol testing and to send employees home, on sick leave, for the remaining work hours who have apparently consumed controlled substances or manifest behavior during the work day that appears to impair the performance of their job. Investigatory conference(s) will be scheduled as soon as possible after the employee returns to work. Participants for this conference will be the employee, the Department Director/Supervisor, a union representative if applicable, and the Human Resources & Risk Management Director.

Pursuant to the Drug Free Work Place Act of 1988, employees must report to their Department Director/Supervisor any conviction under a criminal drug statute for violations occurring on the job or during working hours, whether on or off City premises, within 5 days after conviction. Violations of any provisions of this substance abuse policy will be considered grounds for disciplinary action, up to and including, discharge, even for the first offense. Because the City recognizes alcoholism and drug abuse as treatable conditions, employees are encouraged to voluntarily refer themselves for professional assistance prior to any disciplinary action being initiated.

What Should a Department Directors/Supervisors Do If They Suspect Alcohol or Drug Impairment of an Employee:

1. Take the employee out of the work area, away from other employees or the public, for further evaluation.
2. Notify the Human Resources & Risk Management Director immediately.
3. Do not allow the employee to drive (either City or personal vehicle) or to operate equipment.
4. A determination will bemade as to how to proceed with further evaluation by others and/or testing being done at a medical facility.
5. If it is determined that testing will be done at a medical facility, the Department Director or designee will transport or make arrangements for transporting the employee to the medical facility. After testing is complete the Department Director or designee shall transport or make arrangements for transporting the employee to his/her residence or make arrangements for a legal adult to pick the employee up.

Alcohol and drug abuse poses a threat to the health and safety of The City of Stoughton employees

and to the security of the City of Stoughton equipment and facilities. For these reasons, The City of Stoughton is committed to the elimination of drug and alcohol use and abuse in the workplace. Employee involvement with alcohol and other drugs can be very disruptive, adversely affect the quality of work and performance of employees, pose serious health risks to users and others, and have a negative impact on productivity and morale. The City of Stoughton has established a drug-free workplace program that balances the respect for individuals with the need to maintain a drug and alcohol free environment.

A. Prohibited Conduct for all City of Stoughton Employees

1. As required by the Drug Free Workplace Act, all City employees are strictly prohibited from using, possessing, manufacturing, distributing, or dispensing controlled substances while on City property, or operating City equipment or vehicles.
2. City employees are prohibited from reporting for or remaining on duty or performing assigned job duties while under the influence of alcohol or a controlled substance.
3. City Directors, manager, supervisors and Leads are prohibited from deliberately misusing this policy in regard to subordinates, as well as providing false information in connection with a test, or falsifying test results through tampering, contamination, adulteration or substitution.

Reasonable Suspicion

An employee is required to submit to an alcohol or controlled substance test upon a supervisor's reasonable suspicion to believe that the employee is in violation of this policy. The determination of reasonable suspicion must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the employee. The observations may include indications of the chronic and withdrawal effects of controlled substances.

Reasonable Suspicion Testing Procedure

1. Upon the employee's removal from the job site, the supervisor should contact the Director of Human Resources/Risk Management. If contact cannot be made at that time, the supervisor should proceed to the next step of this procedure and make contact with the Director of Human Resources/Risk Management as soon thereafter as possible.
2. The supervisor is to then take the employee to the collection site for drug and/or alcohol testing, and must remain at the site until the test is completed.
3. If the alcohol test is conducted more than two (2) hours, but less than eight (8) hours, after the supervisor makes the reasonable suspicion determination, the supervisor should, if feasible, complete a report explaining the reason for the delay in conducting the test. If the alcohol test is not conducted within eight (8) hours after the supervisor makes such reasonable suspicion determination, or if the drug test is not conducted within twenty-four (24) hours after such determination, the supervisor should, if feasible, complete a report explaining the reasons why the test was not conducted.
4. Once the drug and/or alcohol test has been completed the supervisor is to make arrangements for the employee to be taken home. The employee will not be permitted to drive their own car home at that time. The employee may have a family member or a friend pick them up or the supervisor may take the employee home.
5. The employee is to be advised not to report to work. The City will contact the employee

once the test results are known (this normally takes 24-48 hours) and a decision has been made as to the employee's status. The results of the drug and/or alcohol test will be sent directly to the Director of Human Resources/Risk Management When the results are obtained, the employee's supervisor(s) will meet with the Director of Human Resources/RiskManagement to determine the appropriate course of action to be taken.

6. This is a confidential process. Test results will be held strictly confidential and are not to be discussed or shared with anyone who does not need to know. Likewise, a supervisor must not discuss the suspected reason for a referral or termination with anyone who does not need to know.

7. Once the test has been completed and the employee has been taken home, the supervisor must submit a written report to the Director of HR/RM outlining in detail what happened and what behavior was observed that led the supervisor to believe the employee was under the influence of alcohol and/or drugs. This report is to be done within 24 hours of testing.

Return-to-Duty/Follow-Up Testing

An employee is required to undergo an alcohol and/or drug test prior to returning to duty, following a violation of this policy and evaluation by a substance abuse professional (SAP). The results of the test must indicate an alcohol concentration of less than 0.02 and/or a negative result for drug use. The City is responsible for deciding whether the employee is returned to duty.

Following successful compliance with a recommendation for education and/or treatment, the employee must submit to the follow-up testing plan established by the SAP, which shall be provided to the City of Stoughton. The City must carry out the SAP's follow up testing requirements and must ensure that the tests are unannounced with no pattern to their timing and that the employee is given no advance notice.

Test Refusal

The following behavior constitutes a test refusal for drugs and alcohol:

a. Failure to appear for the test in the time frame specified by the City's Director of Human Resources/Risk Management, within one hour, with the exception of pre-employment.

b. Failure to remain at the testing site until the testing process is completed

c. Failure to provide a urine specimen, saliva or breath specimen, as applicable.

d. Failure to provide a sufficient volume of urine or breath without a valid medical explanation for the failure.

e. Failure to undergo a medical examination as part of the verification process.

f. Failure to cooperate with any part of the testing process.

g. Failure to permit the observation or monitoring of specimen donation when so required.

h. Failure to take a second test required by the City or collector.

i. A drug test result that is verified by the MRO as adulterated or substituted (applicable to drug test only).

Results of a Positive Alcohol or Drug Test

Any employee who tests positive for drugs or for alcohol concentration of 0.02 or higher is subject to

discipline, up to and including discharge. Medical Review Officer (MRO)
The MRO serves as an independent, impartial gatekeeper regarding the accuracy and integrity of drug testing. As a safeguard to quality and accuracy, the MRO reviews each test for accuracy. When the laboratory reports a confirmed positive, adulterated, substituted, or invalid drug test from the laboratory, test results are reviewed and interpreted by the MRO before they are reported to the City. The MRO conducts a verification process with the employee during which time he/she will obtain information to determine if an alternative medical explanation for the test result.

If the MRO determines that a legitimate medical explanation exists, the drug test result may be reported as negative to the City. Even if there is a legitimate medical explanation and verifies a negative test, the MRO has a responsibility to raise fitness for-duty considerations with the City. When no legitimate medical reason is established, the MRO may verify a test result as a positive or refusal to test, as applicable.

3.0 Confidentiality of Records

The City of Stoughton respects the confidentiality and privacy rights of all employees. Accordingly, the results of any test administered under this policy and the identity of any employee participating in the City's EAP or other assessment or treatment program will not be revealed by the City to anyone except as required by law. The City will release any employee's records as directed by the express written consent of the employee authorizing release to an identified person. In addition, the City will ensure that any lab, agency or Medical Review Officer (MRO) used to conduct testing under this policy will maintain the confidentiality of employee test records.
The Medical Review Officer (MRO) will not reveal individual test results to anyone except the individual tested, unless the MRO has been presented with a written authorization from the tested employee. The City may be requested by the MRO to have a tested employee contact the MRO if the employee was unable to be reached after a minimum of three (3) attempts over a 24-hour period. The MRO will disclose information related to a verified positive drug or alcohol test of an individual to the Director of Human Resources & Risk Management. The City of Stoughton may disclose information to the employee or to the decision maker in a lawsuit, grievance or other proceeding by or on behalf of the individual which arises from any action taken in response to a positive drug or alcohol test; or as required by law, including court orders and subpoenas; or upon the tested employee's written authorization and consent. All records related to drug and alcohol tests of individual employees will be maintained in individual files separate from the employee's personnel file. These records will be stored in a locked cabinet and access will only be allowed to those City employees who have a legitimate need to review the records of a particular employee.

4.0 Prevention & Rehabilitation

The goals of this policy are prevention and rehabilitation whenever possible, rather than discipline or termination. The City encourages employees who have an alcohol or other drug problem to seek help to deal with their problem.

Help is available through the City of Stoughton's Employee Assistance Program (EAP). For more details on this program, contact Human Resources.

5.0 Council Approved

ENTER DATE

DOT-Regulated Employee
Alcohol Misuse Prevention & Anti-Drug Use Policy

1.0 Purpose

The Federal Motor Carrier Safety Administration (FMCSA) has issued federal regulations (49 CFR Parts 40 and 382) implementing the provisions of the federal Omnibus Transportation Employee Testing Act of 1991 which requires alcohol and controlled substance testing of drivers who are required to have a commercial driver's license (CDL). These regulations include detailed procedures for urine drug testing and breath alcohol testing of employees involved in safety-sensitive functions. The purpose of this policy is to establish an alcohol and controlled substances testing program to help prevent accidents, injuries, and property damage resulting from the misuse of alcohol and the use of controlled substances by drivers of commercial motor vehicles. Consequently, the City of Stoughton has established the following alcohol misuse prevention program and anti-drug program as well as subsequent enforcement of violations for its employees conducting safety-sensitive functions.

2.0 Policy

The City of Stoughton recognizes that the use and/or abuse of alcohol or controlled substances by drivers of our commercial motor vehicles present a serious threat to the safety and health of the driver and the general public. It is the policy of the City of Stoughton that its drivers should be free of drugs and alcohol at all times while performing any work for the organization, or while on any City of Stoughton property. In order to further the goal of obtaining a drug-free and alcohol-free environment, and to be in full compliance with the DOT-regulated testing requirements of 49 CFR Parts 40 and 382, the City of Stoughton has implemented a drug and alcohol testing program which is designed to help reduce and prevent vehicle accidents and injuries to the organization's employees and the public, to discourage substance use and alcohol abuse, and to reduce absenteeism, accidents, health care costs, and other drug and alcohol-related problems.

3.0 Definitions

For the purposes of this policy, the following definitions will apply:

Alcohol means the intoxicating agent in beverage alcohol, ethyl alcohol, or other low weight alcohols including methyl and isopropyl alcohol.

Alcohol Use means the consumption of any beverage, mixture or preparation, including medications, containing alcohol.

Breath Alcohol Technician (BAT) means an individual certified as trained to operate an Evidential Breath Testing Device (EBT) and proficient in breath testing procedures.

Canceled Test means, in controlled substance testing, that a test that has been declared invalid by the MRO. A canceled test is neither positive nor negative.

Collection Site means a place where individuals present themselves for the purpose of providing body fluids or tissue samples to be analyzed for controlled substances, or to provide a breath sample to be analyzed for alcohol concentration.

Commercial Motor Vehicle (CMV) means a motor vehicle or combination of motor vehicles used in commerce to transport property or passengers if the motor vehicle:

1. Has a gross combination weight rating of 26,001 or more pounds inclusive of the towed unit with a gross vehicle weight of 10,000 pounds; or
2. Has a gross vehicle weight of 26,001 more pounds, or
3. Is designed to transport 16 or more passengers inclusive of the driver; or
4. Is of any size and is used in the transportation of materials found to be hazardous for the purpose of the Hazardous Materials Transportation Act and which require the vehicle to display a placard.

Controlled Substance under DOT rule means marijuana, cocaine, opioids, amphetamines, and phencyclidine (PCP) or other substances later defined by DOT as controlled substances.

Designated Employer Representative (DER) is an individual identified by the employer as able to receive communications and test results from service agents and is authorized to immediately remove employees from safety-sensitive functions and make decisions in the testing and evaluation processes. The DER must be an employee of the City of Stoughton.

Evidential Breath Testing Device (EBT) is a device designed to measure alcohol concentration from breath samples which has been approved by the National Highway Traffic Safety Administration.

Laboratory means a laboratory for conducting drug testing that is approved by the Department of Health and Human Services.

Medical Review Officer (MRO) means a licensed doctor of medicine or osteopathy with the knowledge of drug abuse disorders that is retained by the organization to conduct and analyze drug tests in accordance with DOT rules.

Safety-Sensitive Function means the following on duty functions:

1. All time waiting to be dispatched;
2. All time inspecting, servicing or conditioning any commercial motor vehicle;
3. All driving time, i.e. all time spent at the driving controls of a commercial motor vehicle in operation;
4. All time, other than driving time, in or upon any commercial motor vehicle;
5. All time loading or unloading a vehicle, supervising or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded;
6. All time repairing, obtaining assistance or remaining in attendance upon a disabled vehicle.

Performing (a safety-sensitive function) means a driver is considered to be performing a safety-sensitive function during any period in which he or she is actually performing, ready to perform, or immediately available to perform a safety-sensitive function.

Substance Abuse Professional (SAP) is a licensed physician (medical doctor or doctor of osteopathy) or a licensed or certified psychologist, social worker, employee assistance professional or addiction

counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission) with knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders.

4.0 Policy Coverage

This policy applies to every employee ("driver") who performs "safety sensitive functions" in association with the operation of a commercial motor vehicle in commerce in any state, and is subject to the commercial driver's license requirements of part 383 of this subchapter.

Drivers are also governed by the City of Stoughton's Non-DOT Drug and Alcohol Use Policy. In addition, transit (bus) drivers may be subject to drug and alcohol testing requirements as outlined in 49 CFR Part 655 and their department specific policy.

Condition of Employment
All drivers subject to this policy are required to submit to DOT drug and alcohol testing and therefore, it is a condition of employment

5.0 Prohibited Conduct

Federal Regulations prohibit City of Stoughton's drivers from engaging in the following conduct:

1. Using or possessing alcohol while on duty. **Note:** Federal regulations include medications containing alcohol in the substances banned from use or possession in the workplace. Therefore, drivers should not report for duty while using or possessing medication if such medication contains any measurable amount of alcohol;
2. Using alcohol within eight (8) hours following an accident, unless the employee has already undergone DOT-regulated post-accident drug and alcohol testing or is not required to undergo post-accident drug or alcohol testing;
3. Reporting for duty or remaining on duty while having an alcohol concentration of 0.04 or greater;
4. Consuming any amount of alcohol within four (4) hours before reporting for duty;
5. Using controlled substances while on duty, unless the use is pursuant to the instructions of a physician who has advised the driver that the substance does not adversely affect the driver's ability to safely operate a commercial motor vehicle;
6. Reporting for duty or remaining on duty if the employee tests positive for controlled substances or has adulterated or substituted a specimen for controlled substances; or
7. Refusing to submit to any alcohol or drug testing required by this policy.

Refusal to Test
Refusal to test, in addition to #7 above, includes:

- Failing to appear for any test (except a pre-employment test) within a reasonable time, as determined by the employer, after being directed to do so. This includes the failure of an employee to appear for a test when called.

- Failing to remain at the testing site until the testing process is complete (except in a pre-employment testing situation when an applicant leaves the testing site before the testing process commences);

- Failing to provide a urine specimen for any drug test;

- Failing to provide an adequate amount of saliva or breath for any alcohol test;

- Failing to permit a directly observed or monitored collection in a drug test; Failing to provide a sufficient amount of urine for the drug test or sufficient breath specimen when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure;

- Failing or declines to take an additional drug test the employer or collector has directed the driver to take;

- Failing to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process or as directed by the employer associated with a shy bladder or insufficient breath sample. In the case of a pre-employment drug test, the employee is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment. If there was no contingent offer of employment, the MRO will cancel the test;

- Failing to sign the certification at Step 2 of the alcohol testing form;

- Failing to cooperate with any part of the drug and/or alcohol testing process (e.g., refuse to empty pockets when directed by the collector, behave in a confrontational way that disrupts the collection process, fail to wash hands after being directed to do so by the collector);

- For an observed collection, failing to follow the observer's instructions to raise your clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if you have any type of prosthetic or other device that could be used to interfere with the collection process;

- Possessing or wearing a prosthetic or other device that could be used to interfere with the collection process;

- Admitting to the organization, collector or MRO that he/she has adulterated or substituted the specimen;

- Providing a specimen that the MRO has determined to have been tampered with, verified adulterated or substituted;

- Failing to comply with any follow-up testing plan/criteria.

6.0 Consequences

Removal from Position

1. Any driver who engages in prohibited conduct, or otherwise violates the DOT/FMCSA regulations will immediately be removed from his/her covered position, including the operation of a commercial motor vehicle and the performance of any safety sensitive duties.
2. The driver shall not return to or assume any DOT covered position with this organization until and unless he/she completes the Substance Abuse Professional evaluation, referral, and

education/ treatment process detailed in Subpart O of 49 CFR Part 40.

3. A driver with an alcohol test result equal to or greater than 0.020 but less than 0.040, will immediately be removed from his/her position for a mandatory period of twenty-four (24) hours. When a reasonable suspicion drug and/or alcohol test cannot be administered and the employee's behavior or appearance suggests alcohol misuse or use of a controlled substance, he/she will immediately be removed from his/her position for a mandatory period of twenty-four (24) hours.

Disciplinary Action

In addition to above, any employee who violates any of the rules set forth in this policy is subject to discipline, up to and including termination.

7.0 Effects, Signs & Symptoms

Intervention

A safe and productive drug-free workplace is achieved through cooperation and shared responsibility. If substance abuse is contributing to an employee's poor performance, ignoring or avoiding it will not help the situation. An employee's use or misuse of alcohol or controlled substances may be the root of the performance problem; however, substance abuse on the part of someone close to the employee also could be the source. Inevitably, the abuse of alcohol or other controlled substances leads to costly and potentially dangerous consequences unless action is taken to confront the issue.

Impact on Health, Work, & Personal Life

The impact of an individual's substance use and/or abuse extends beyond them. Impaired employees endanger themselves, fellow workers, and the general traveling public. Employees with alcohol are less productive and more likely to injure themselves or other persons in an accident. Alcohol abusing employees increase the costs related to lost productivity, absenteeism, loss of trained personnel, theft, and treatment and deterrence programs.

The struggle for answers about alcohol and drug problems can be difficult. Without expert assessment and diagnosis, it can entail an exhausting search without easy resolution. But confidential diagnosis and assistance can be helpful at any point along the continuum, and it is better to seek and get such help sooner rather than later.

8.0 Required Tests

Refusal to submit to a required test will result in removal of that driver from his or her assignment(s) which, in turn, may result in discipline up to and including termination. The City of Stoughton will test drivers in the following situations:

1. **Pre-Employment Testing**
   Any individual not currently employed by the City of Stoughton who is applying for a safety-sensitive position shall be required to undergo pre-employment controlled substance testing after a conditional offer of employment has been extended.

   Prior to the first time an existing employee performs safety-sensitive functions for the organization (i.e. new position, promotion, job transfer, etc.); the employee shall be required to undergo testing for controlled substances. A positive result will result in a disqualification from

further consideration for the vacancy or eligibility list. Any applicant or existing employee who refuses to undergo such alcohol or drug testing will be disqualified from further consideration for employment in that safety-sensitive position.

2. Post-Accident Testing As soon as practicable following an accident involving a commercial motor vehicle, the City of Stoughton shall test the driver for alcohol and controlled substances in the following situations:

a. The accident involves a human fatality, each surviving driver is subject to testing whether they were at fault or not;
b. The driver has received a citation and the accident involved bodily injury requiring immediate medical attention from the accident scene; and/or
c. The driver has received a citation and the accident involved disabling damage causing vehicle or vehicles to be towed from the scene of the accident.

Testing Timeframes
The alcohol breath test should be administered within 2 hours, but must be administered no later than 8 hours following the accident, and the drug test must be administered within 32 hours of the accident. If the alcohol test is not administered within 2 hours of the accident, or a drug test within 32 hours of the accident, the supervisor will complete a report explaining the reasons for the delay in conducting the test.

Driver Obligations
A driver who is subject to post-accident testing shall remain readily available and may not take any action to interfere with the testing or the results of the testing.

The driver shall notify his/her immediate supervisor as soon as possible if they are involved in an accident. After the initial call to the employer, the driver is required to remain in contact with his/her supervisor with any subsequent information pertinent to the accident, including contact by any law enforcement agency, issuance of a citation, etc.

The driver shall allow law enforcement to conduct their investigation. It is possible for a federal, state, or local law enforcement official to direct an employee, who is in the course of conducting City of Stoughton business, to submit to drug and/or alcohol testing. In this case, the employee shall provide the results of that testing to the employer as soon as they become available. These results may be used in lieu of or in addition to post-accident testing outlined in this section.

3. Random Testing
Drivers are subject to unannounced DOT/FMCSA random drug and alcohol testing. Testing percentages are established annually by the FMCSA. The random selection process ensures that each driver has an equal chance of being selected and tested. Some drivers may be tested more than once each year; some may not be tested at all depending on the random selection. However, once a driver has been notified of his/her selection for testing, they must immediately report for testing. Failure to show for a test within a reasonable time from the time of notification or interfering with the testing process is considered a refusal to test. An employee shall only be tested for alcohol during, just before or just after the performance of safety sensitive functions.

4. Reasonable Suspicion Testing

An employee is required to submit to an alcohol or controlled substance test upon a trained *(in accordance with this policy and Section 382.603 requirements)* supervisor's reasonable suspicion to believe that the employee is in violation of this policy. The determination of reasonable suspicion must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the employee. The observations may include indications of the chronic and withdrawal effects of controlled substances. The supervisor who makes the determination that reasonable suspicionexists to conduct an alcohol test shall not conduct the alcohol test of the employee.

Under DOT regulations, alcohol testing is only authorized if observations are made during, just preceding or just after the period of the work day that the employee is required to be in compliance (during, just before or after the employee has performed safety-sensitive functions). However, City of Stoughton policy requires that reasonable suspicion alcoholtesting shall be performed at any time during an employee's work day.

Under DOT regulations, the employee will not be permitted to perform safety sensitive functions until: (1) an alcohol test is administered and the alcohol concentration measures less than 0.02; or (2) 24 hours have elapsed following the determination that there was reasonable suspicion to test the employee. However, City of Stoughton policy requires that an employee will not be returned to work until confirmed test results are obtained.

If an alcohol test is not administered within two (2) hours following the reasonable suspicion determination, the supervisor must prepare and maintain on file a record stating the reasons the alcohol test was not promptly administered. If an alcohol test is not administered within eight (8) hours following the reasonable suspicion determination, the supervisor must cease attempts to administer an alcohol test and shall state in the record the reasons for not administering the test. In addition, the driver will be out of service for 24 hours.

The supervisor who made the observations shall provide a report that contains the observations leading to an alcohol or controlled substances reasonable suspicion test within 24 hours of the observed behavior or before the results of the alcohol or controlled substances tests are released, whichever is earlier.

Reasonable Suspicion Testing Procedure

1. Upon the employee's removal from the job site, the supervisor should notify the Director of Human Resources/Risk Management. If contact cannot be made at that time, the supervisor should proceed to the next step of this procedure and make contact with the Director of Human Resources/Risk Management as soon thereafter as possible.
2. The supervisor is to then take the employee to the collection site for drug and/or alcohol testing, and must remain at the site until the test is completed.
3. If the alcohol test is conducted more than two (2) hours, but less than eight (8) hours, after the supervisor makes the reasonable suspicion determination, the supervisor should, if feasible, complete a report explaining the reason for the delay in conducting the test. If the alcohol test is not conducted within eight (8) hours after the supervisor makes such reasonable suspicion determination, or if the drug test is not conducted within twenty-four (24) hours after such determination, the supervisor should, if feasible, complete a report explaining the reasons why the test was not

conducted.

4. Once the drug and/or alcohol test has been completed the supervisor is to make arrangements for the employee to be taken home. The employee will not be permitted to drive their own car home at that time. The employee may have a family member or a friend pick them up or the supervisor may take the employee home. The employee is to be advised not to report to work. The City will contact the employee once the test results are known (this normally takes 24-48 hours) and a decision has been made as to the employee's status.

5. The results of the drug and/or alcohol test will be sent directly to the Director of Human Resources/Risk Management When the results are obtained, the employee's supervisor(s) will meet with the Director of Human Resources/Risk Management to determine the appropriate course of action to be taken.

6. This is a confidential process. Test results will be held strictly confidential and are not to be discussed or shared with anyone who does not need to know. Likewise, a supervisor must not discuss the suspected reason for a referral or termination with anyone who does not need to know.

7. Once the test has been completed and the employee has been taken home, the supervisor must submit a written report to the Director of HR/RM outlining in detail what happened and what behavior was observed that led the supervisor to believe the employee was under the influence of alcohol and/or drugs. This report is to be done within 24 hours of testing.

5. Return-to-Duty/Follow-up Testing

The requirements for return-to-duty testing must be performed in compliance with the Substance Abuse Professional process detailed in Subpart O of 49 CFR Part 40. In summary, the driver shall not return to a driver position, whether with the City of Stoughton unless and until he/she completes all requirements of Subpart O. Once those requirements have been met, the driver must complete and receive negative test results associated with return-to-duty testing. The alcohol test must be .000.

The requirements for follow up testing must be performed in compliance with the Substance Abuse Professional process detailed in Subpart O of 49 CFR Part 40. In summary, once the driver returns to his/her position, they will be subject to a follow up testing plan as prescribed by the Substance Abuse Professional. Follow up testing includes, but is not limited to, a minimum of six unannounced follow up tests in the first twelve months of returning to his/her position. Additional testing may occur for up to forty-eight months following the initial first twelve-month period.

9.0 Self-Admission

The City of Stoughton strives to maintain a safe and drug free work environment. Alcohol and drug use on the job poses a serious threat to the safety of our employees and the general public. However, the organization also understands the addictive nature of alcohol and certain drugs. The organization greatly values and cares about all employees, and will make every effort to assist any employee who comes forward and admits the need for help or treatment. To this end, the City of Stoughton has created a qualified self-admission program as detailed in its Non-DOT policy which complies with the DOT regulations by incorporating the following required elements:

- The City of Stoughton will not take any adverse action (loss of seniority, position, title, etc.) against any employee who makes a voluntary admission of having an alcohol or drug problem.
- In the event of a voluntary self-admission, the organization is required to remove the employee from performing, and the employee will be prohibited from performing, or continuing to perform, any safety sensitive functions.
- Self-admitting employees will be given the opportunity to seek treatment (at the employee's expense). The organization shall ensure that the employee is provided sufficient opportunity to seek evaluation, education or treatment to establish control over his or her drug or alcohol problem;
- In order to be permitted to resume performing safety sensitive functions for The City of Stoughton
- The organization must be satisfied with and approve the employee's treatment option/program.
- The employee must successfully complete the treatment program, and provide documentation/certification of completion (as determined by a drug and alcohol abuse evaluation expert, i.e., employee assistance professional, substance abuse professional, or qualified drug and alcohol counselor).

Further, The City of Stoughton must ensure that:

- Prior to the employee participating in a safety sensitive function, the employee shall undergo a return-to-duty test (at the employee's expense) with a result indicating an alcohol concentration of less than 0.02; and/or
- A return-to-duty controlled substance (at the employee's expense) test with a verified negative test result for controlled substances use; and
- The organization may incorporate employee monitoring and include non-DOT follow-up testing (at the employee's own expense).

Employees who admit to alcohol misuse or controlled substances use, are subject to the above procedures, but will not be subject to the referral, evaluation and treatment requirements set forth in 49 CFR Part 40, Subpart O, provided that:

- The driver does not self-identify in order to avoid testing under the requirements of this policy;
- The driver does not make the admission of alcohol misuse or controlled substances use prior to performing a safety-sensitive function (i.e., prior to reporting for duty); and
- The driver does not perform a safety-sensitive function until the City of Stoughton is satisfied that the employee has been evaluated and has successfully completed education or treatment requirements in accordance with the self-identification program guidelines.

10.0 Testing Procedures

Drug testing establishes the presence of a drug or drugs at or above the minimum cut-off concentration levels. The drugs for which tests are conducted include, but are not limited to, marijuana (THC), cocaine, amphetamines, phencyclidine (PCP), and opioids. The cut-off concentration levels for these substances are consistent with those defined in 49 CFR Part 40.

Alcohol testing determines the presence of alcohol based on alcohol concentration levels. Alcohol concentration (or content) means the alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an evidential breath test. Alcohol use means the drinking or swallowing of any beverage, liquid mixture or preparation (including any

medication), containing alcohol.

Before the testing process can begin, the employee must present a valid photo ID (such as a driver's license, state issued identification card, employer ID, etc.).

Alcohol Testing

Initial Testing

An alcohol testing form (ATF) is used to document the alcohol testing process. The Breath Alcohol Technician (BAT) will conduct an initial breath test and if the result is 0.020 or greater, a confirmation test is required. The collector completes Step 1 and the employee is required to sign Step 2 in order for the test to proceed. The employee provides an adequate amount of breath so the device can analyze it and providethe result. The BAT and employee observe the test results, which are then recorded on the ATF. If the test result is less than .020, the result is considered negative. The collector completes Step 3 and the collection process is complete. If the initial test result is 0.020 or greater, the employee is required to complete a confirmation test.

Confirmation Testing

A 15-minute wait period will be observed prior to the confirmation test being administered. The wait period allows an opportunity for any accumulation of residual mouth alcohol to dissipate and will prevent an artificially high reading. The confirmation test result is administered following an air blank on the testing device. Once the results are received, they must electronically print on ATF.

Confirmation test result equal to or less than 0.019 is considered negative; no further action is required. Confirmation test result equal to or greater than .020 but less than .040 requires the employee to immediately be removed from his/her position for a minimum of 24 hours or until their next regularly scheduled shift. An alcohol test result equal to or greater than 0.040 is considered a positive test result. The employee is directed to read and sign Step 4; if the employee refuses to sign Step 4, it will have no bearing on the result, but will be documented on the ATF.

The confirmation test results are those the organization will rely on when determining further action, if any.

DOT Drug Testing

The drug testing processes and protocols are compliant with those mandated by 49 CFR Part 40. The collector utilizes a custody and control form to document the collection process. The collector will provide a brief summary regarding the steps to complete the collection process. The driver is provided privacy to provide his/her specimen, immediately returns the specimen to the collector, and observes the temperature along with the collector. The collector splits the specimen into bottles A & B, seals each container and dates the label. The employee initials each label. The paperwork and specimens are sent to a laboratory certified by the U.S. Department of Health and Human Services.

Laboratory

The laboratory is certified by the U.S. Department of Health and Human Services and utilizes approved techniques and equipment to analyze the specimen. The laboratory conducts validity testing to determine if the specimen is consistent with normal human urine and to determine

whether certain adulterants or foreign substances were added to the urine, if the urine was diluted, or if the specimen was substituted. Drug testing establishes the presence of a drug or drugs at or above the minimum cut-off concentration levels.

For initial drug testing, an immunoassay technique is used. If the presence of drugs is detected at or above the minimum cut-off concentration levels, a confirmation test is required. For confirmation testing, a second analytical procedure is conducted by gas chromatography/ mass spectrometry (GC/MS) technology. The procedure is used to further support a validity test result and/or identify and quantify the presence of a specific drug or drug metabolite at or above the minimum thresholds.

All test results are reported to the Medical Review Officer. Medical Review Officer (MRO)

The MRO serves as an independent, impartial gatekeeper regarding the accuracy and integrity of the drug testing program. As a safeguard to quality and accuracy, the MRO reviews each test for accuracy.

When the laboratory reports non-negative results (i.e., confirmed positive, adulterated, substituted, or invalid drug test result), the MRO conducts a verification process with the employee. During this process, he/she will obtain information to determine if an alternative medical explanation for the test result exists.

If the MRO determines that a legitimate medical use exists, the drug test result is reported as negative to the employer. However, even if there is a legitimate medical explanation and verifies a test negative, the MRO has a responsibility to raise fitness-for-duty considerations with the employer.

When no legitimate medical reason is established, the MRO will report the applicable result to the employer.

11.0 Controlled Substances/OTC/Prescription Medicines

Before performing any work-related duties, employees must notify their supervisor if they are taking any legally prescribed medication, therapeutic drug (to include the use of CBD Oils), or any non-prescription (over-the-counter) drug especially if it contains any measurable amount of alcohol or if it carries a warning label that indicates the employee's mental functioning, motor skills, or judgment may be adversely affected by the use of this medication. It is the responsibility of the employee to inform their physician of the type of safety-sensitive function that they perform in order that the physician may determine if the prescribed substance could interfere with the safe and effective performance of their duties or operation of the City of Stoughton vehicle and other equipment. However, as required by the Federal Regulations, any employee who uses or possesses medication containing alcohol or any substance which would cause a positive test while on duty or who tests positive for alcohol or controlled substance(s) will be removed from his or her position, and subject to the provisions of this policy, even though the reason for the positive test is the fact that the employee's prescription medication contains alcohol or a controlled substance.

A legally prescribed drug is one in which the employee has a prescription or other written approval from a physician for the use of the drug in the course of medical treatment. The prescription must include the patient's name, the name of the substance, quantity/amount to be taken, and the period of authorization. The misuse or abuse of legal drugs while performing the City of Stoughton business or on the City of Stoughton property is prohibited by this policy.

Special Note for Rx Opioids:
Historically, the DOT's regulation required the MRO to report your medication use/medical information to a third party (e.g. your employer, health care provider responsible for your medical qualifications, etc.), if the MRO determines in his/her reasonable medical judgement that you may be medically unqualified according to DOT Agency regulations, or if your continued performance is likely to pose a significant safety risk. The MRO may report this information even if the MRO verifies your drug test result as 'negative'.

As of **January 1, 2018**, prior to the MRO reporting your information to a third party you will have up to five days to ensure your prescribing physician contacts the MRO. Under DOT rule, **the driver is responsible for facilitating the contact between the MRO and the prescribing physician**. The prescribing physician should be willing to state to the MRO that you can safely perform your safety-sensitive functions while taking the medication(s), or consider changing your medication to one that does not make you "medically unqualified" and/or does not pose a significant safety risk.

If the MRO and prescribing physician cannot agree on a resolution regarding the prescription and conclude the driver must remain "medically unqualified" the City of Stoughton will either place the driver on administrative leave, offer modified duty-not to include performance of any safety sensitive functions, and/or evaluate if the driver qualifies under FMLA as appropriate. During this time, as the driver is unable to perform safety sensitive functions and likely unable to perform all the essential functions of their job, an ADA interactive process may begin, as required, to help determine reasonable accommodations (if any) for the driver.

12.0 Confidentiality of Records

Procedures used for drug and alcohol testing follow the requirements of 49 CFR Part 40 to protect the driver and the integrity of the testing processes, safeguard the validity of the test results, and ensure that those results are attributed to the correct driver. The City of Stoughton will strictly adhere to all standards of confidentiality to ensure drivers testing records and results will be released only to those authorized by the FMCSA rules to receive such information.

As required, the following personal information collected and maintained under DOT requirements shall be reported to the Clearinghouse:

1. A verified positive, adulterated, or substituted drug test result;
2. An alcohol confirmation test with a concentration of 0.04 or higher;
3. A refusal to submit to any test required by subpart C of this part;
4. An employer's report of actual knowledge, as defined at §382.107:
5. On duty alcohol use pursuant to §382.205;
6. Pre-duty alcohol use pursuant to §382.207;
7. Alcohol use following an accident pursuant to §382.209; and
8. Controlled substance use pursuant to §382.213;
9. A substance abuse professional (SAP as defined in §40.3 of this title) report of the successful completion of the return-to-duty process;
10. A negative return-to-duty test; and
11. An employer's report of completion of follow-up testing.

13.0 Employee Education

As required by Federal Regulations, supervisors of CDL holders will be required to attend two hours of drug and alcohol education. One hour will cover alcohol misuse and the other hour will cover controlled substances use. The training shall cover the physical, behavioral, speech, and work performance indicators of probable alcohol misuse and use of controlled substances. Documentation of this training will be maintained by Human Resources and will be available for review.

For regulated employees who possess a CDL, the City of Stoughton will also provide each employee with a copy of this policy relating to drug and alcohol use. This policy provides basic information concerning the effects of alcohol and controlled substances use on a person's health, work, and personal life; signs and symptoms of an alcohol or controlled substance problem; and available methods of intervening when an alcohol or controlled substance problem is suspected, including confrontation, referral to any employee assistance program and/or referral to management (see below).

14.0 Certificate of Receipt

The City of Stoughton shall ensure that each driver is required to sign a statement certifying that he or she has received a copy of this policy and materials. The organization shall maintain the original of the signed certificate and may provide a copy of the certificate to the driver.

15.0 Council Approved

ENTER DATE

WHAT ARE THE AFFECTS OF ALCOHOL AND DRUGS ON THE BODY?

ALCOHOL

A central nervous system depressant, alcohol is the most widely abused drug. About half of all auto accident fatalities in this country are related to alcohol abuse.

How Much is Too Much?

Consider that a 12-ounce beer, a 5-ounce glass of wine, and a 1.5 ounce shot of liquor contain about the same amount of alcohol. For the average to larger person (170#) and petite to small person (125#) the following approximate BACs can be expected:

	170# person	125# person
1 drink in 1 hour	.015%	.025%
2 drinks in 1 hour	.04%	.075%
7 drinks in 1 hour	.10%	.175%

The Removal of Alcohol from The Body

- Blood alcohol concentrations in the average person usually decrease at the rate of .012 to .02% per hour
- For a given person, the rate of elimination is nearly constant regardless of the % of alcohol in the body
- Coffee, cold showers, and exercise do not quicken sobriety.

To demonstrate this, here is a chart that shows what happens when a person goes to bed intoxicated with a blood alcohol level of .250

Time	Activity	Blood Alcohol
1:00 AM	Goes to Bed	.250
5:00 AM	Get Up for Work	.190
7:00 AM	Reports for Work	.160
8:00 AM	Still Legally Intoxicated	.145
9:00 AM	Driving Erratically	.140
11:00 AM	Still Legally Intoxicated – car	.100
3:00 PM	Quitting Time – Still Intoxicated CDL	.040

Alcohol first acts on those parts of the brain that affect self-control and other learned behaviors. Low self-control often leads to the aggressive behavior associated with some people who drink. In large doses, alcohol can dull sensation and impair muscular coordination, memory and judgment. Taken in larger quantities over a long period of time, alcohol can damage the liver and heart and cause permanent brain damage. On the average, heavy drinkers shorten their life span by about 10 years.

Other Effects:

* greatly impaired driving ability
* reduced coordination and reflex action
* impaired vision and judgment
* impaired vision and judgment
* inability to divide attention
* overindulgence (hangover) can cause
* headaches/unclear thinking
* nausea/unsettled digestion
* dehydration/aching muscles

MARIJUANA

Marijuana is also called grass pot weed Mary Jane herb joint reefer, among other street names. Marijuana may impair or reduce short-term memory and comprehension, alter sense of time, and

reduce ability to perform tasks requiring concentrations and coordination, such as driving.
NOTE: While alcohol dissipates in a matter of hours, marijuana stays in the body for four weeks or more!

Other Effects:

- driving impaired for at least 4-6 hours after smoking 1 joint
- restlessness, inability to concentrate
- increased pulse rate and blood pressure
- altered sense of identity
- impaired memory, dulling of attention
- hallucinations, fantasies and paranoia
- reduction or temporary loss of fertility

COCAINE

Cocaine is a stimulant drug, which increases heart rate and blood pressure. As a powder, it is inhaled, ingested, or injected. It is often called coke" snow, blow, nose candy, and white. Cocaine is also used as a free-base cocaine known as crack or rock, which is smoked.

The most dangerous effect of crack is that it can cause vomiting, rapid heart rate, tremors, and convulsive movements. All of this muscle activity increases the demand for oxygen, which can result in a cocaine-induced heart attack. Since the heat regulating center in the brain is also disrupted, dangerously high body temperatures can occur. With high doses, brain functioning, breathing and heart beat are depressed – leading to death.

Other Effects:

- a rush of pleasurable sensation
- heightened, but momentary feeling of confidence, strength and endurance
- paranoia, mood swings, anxiety
- irritation of the nostrils and nasal membrane
- reduced sense of humor
- compulsive behavior such as teeth grinding or repeated hand washing

AMPHETAMINES:

Amphetamines can cause increased heart and respiratory rates, and promote a feeling of alertness and an increase in speech and general physical activity. It is often called speed uppers pep pills black beauties bennies and hearts.

NOTE: People with a history of sustained low-dose use often become dependent and believe they need the drug to get by. These users frequently keep taking amphetamines to avoid the "down" mood or crash they experience when the 'high' wears off.

Even small infrequent doses can produce toxic effects in some people. Restlessness, anxiety, moody swings, panic, heart beat disturbances, paranoid thoughts, hallucinations, convulsions, and coma have been reported. Long-term users often have acne resembling measles, trouble with their teeth, gums and nails, and dry, dull hair. Heavy, frequent doses can produce brain damage resulting in speech disturbances.

Other Effects:

* loss of appetite
* exaggerated reflexes
* distorted thinking
* irritability, anxiety, apprehension
* increased heart rate
* short term insomnia
* difficulty focusing eyes
* increased blood pressure
* perspiration, headaches, dizziness

OPIOIDS
Opioids, including heroin, morphine, and codeine are narcotics used to relieve pain and induce sleep. Common street names include, "junk" "smack" "brown sugar" "Harry" or "big H".

NOTE: Heroin accounts for 90% of the narcotic abuse in this country

Sometimes narcotics found in medicines are abused. This includes pain relievers containing opium and cough syrups containing codeine. Heroin is illegal, and cannot even be obtained with a physician's prescription.

Other Effects:
* short-lived state of euphoria
* impaired driving ability
* drowsiness followed by sleep
* constipation
* decreased physical activity
* reduced vision
* change in sleep habits
* possible death

PHENCYCLIDINE (PCP):
Also called angel dust, rocket fuel, super kools, and killer weed, it was developed as a surgical anesthetic in the late 50's. Later, due to unusual side effects in humans, it was restricted to use as a veterinary anesthetic and tranquilizer. Today, it has no lawful use and is no longer legally manufactured.

NOTE: PCP is a very dangerous drug. It can produce violent and bizarre behavior even in people not otherwise prone to such behavior. More people die from accidents caused by erratic behavior produced by the drug than from the drug's direct effect on the body.

PCP scrambles the brain/s internal stimuli and alters how users see and deal with their environment. Routine activities like driving and walking become very difficult.

Other Effects:
* impaired driving ability
* perspiration
* Incomplete verbal responses
* thick, slurred speech
* drowsiness
* repetitive speech patterns
* blank star
* involuntary eye movement

Additional information about the City of Stoughton's Drug & Alcohol Program is available from the City of Stoughton Human Resources &Risk Management Director.

EMPLOYEE ACKNOWLEDGMENT FORM

Detach and return this page to Human Resources after you have read and understood this policy.

I acknowledge that I have received and read the City of Stoughton Drug and Alcohol-Free Workplace Policy contained therein on the dated indicated below.

Employee Printed Name_____

Employee's Signature_____Date _____

Supervisor's Signature_____Date_____

CDL Requirements Policy

1.0 Purpose

Several positions in the City require a valid Wisconsin CDL. This policy outlines the expectations of our CDL holders.

2.0 Policy Details

Any employee whose current position requires the employee to have a valid Commercial Driver's License (CDL) shall immediately inform their Department Director and the Human Resources & Risk Management Director of any revocation, loss or suspension of their CDL privileges. Upon revocation, loss or suspension of the CDL, the employee shall not operate any vehicle of the City which requires such licensure. The City may in its sole discretion, temporarily reclassify an employee who loses their CDL to the status of CDL exempt.
Reclassification to the status of CDL exempt shall be based upon the following factors: the availability of suitable and necessary work within the employee's current department and the employee's overall employment history, including but not limited to skill set, disciplinary record, and attendance record. The City's application of these factors shall not be arbitrary or capricious.

While temporarily reclassified as CDL exempt, the employee's wage rate shall be adjusted accordingly to 90% of employee's former pay rate during the duration of the employee's CDL exempt status.

An employee's CDL exempt status shall not exceed three hundred sixty-five (365) days. Such exempt status may be terminated at any time by the City. The CDL exempt classification is not to be construed as a permanent position and will only apply during periods of CDL suspensions. An employee placed on CDL exempt status will be expected to perform all of their regular job duties except those requiring a CDL. The opportunity for continued employment during a CDL suspension or revocation will only be afforded to an employee once during their employment with the City. If a second CDL suspension or revocation is imposed upon the employee, they will be deemed unqualified to continue in their position and will be subject to dismissal. An employee whose CDL licensure is revoked or suspended asa result of work-related incident or other operation of a City vehicle is not eligible for CDL exempt statusand is subject to immediate discharge.

As a condition of being placed on CDL exempt status, the employee agrees to participate in and comply with reasonable and necessary driving or substance abuse programs which may be established as a condition of reinstatement of the employee's CDL licensure and to provide to the City, upon request, proof of compliance with such programs.

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

CDL Reimbursement Policy

1.0 Purpose

Employee's that are required, for their position with the City of Stoughton, to have a valid CDL shall be reimbursed for the additional cost of the endorsements for their CDL. To clarify, the City does not reimburse the employee for the standard driver's license, motor cycle license etc. The City will pay for the specific endorsement such as Class A, Class B.

2.0 Policy Details

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

Safety Data Sheet Information Program Policy

1.0 Purpose

The City's Safety Data Sheet Information Program enables employees to know health and safety information about hazardous chemicals they work with and/or are exposed to in their individual work area(s)

2.0 Policy Details

The Human Resources & Risk Management Department catalogues all current Safety Data Sheets (SDS's) and SDS lists. Each department will be provided with current SDS binders.

The Department Director and their designee shall manage this program in their Departments(s) sending all new SDS information to the Human Resources & Risk Management Department so that they may maintain and provide a current SDS list and copies of all SDS's in a Written Hazard Communication Program folder specific to the individual work area(s) where it is available to be reviewed by all employees at that workplace. The Department Director or their designee shall insure that all containers and piping used for handling hazardous chemicals are properly labeled at all times. The Department Director or their designee shall conduct training sessions with all employees at least annually to discuss the SDSs and labeling and report the effectiveness of the training session to the Human Resources & Risk Management Department in writing.

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

Receipt of Safety Program Policies

I acknowledge that I have received and read the following safety policies of the City of Stoughton (check all that apply):

- ☐ Bloodborne Pathogens
- ☐ Confined Spaces
- ☐ Fall Protection
- ☐ Hazard Communication
- ☐ Hearing Conservation
- ☐ Lock Out/Tag Out (Hazardous Energy Control)
- ☐ PPE (Personal Protective Equipment)

I agree to follow these policies' rules, standards, and safe practices. I understand that failure to comply with these policies and their requirements could result in disciplinary action, up to and including termination of employment. I understand that I will receive training on these subjects annually as an employee of the City of Stoughton.

I further understand that I must speak to my departmental supervisor regarding any specialized safety training I may need to be in compliance with the safety standards of my department.

I acknowledge receipt of the indicated policies on the date specified below. I further understand that a copy of this receipt will be placed in the City's safety records.

Employee/Volunteer Name **(PLEASE PRINT)**: _____

Employee/Volunteer Signature: _____

Department & Title: _____

Date Signed: _____

Bloodborne Pathogens Exposure Control Plan

1.0 Purpose

In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030 and COMM Code 32.50, the following exposure control plan has been developed for the City of Stoughton.

The purpose of this exposure control plan is to:

a) Eliminate or minimize employee/volunteer occupational exposure to blood or certain other body fluids;

b) Comply with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030.

2.0 Policy Details

EXPOSURE DETERMINATION

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure regardless of frequency. See individual departments in the Bloodborne Pathogens binder for a listing of these job classifications (Category I) for the City of Stoughton.

In addition, OSHA requires a listing of job classifications which are considered "at risk" due to job associated tasks and procedures which may result in occupational exposure to blood or other potentially infectious materials. These job classifications (Category II), and the related job associated tasks and procedures are also listed in departmental sections in the Bloodborne Pathogens binder.

METHOD OF COMPLIANCE

OSHA requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

A. Universal Precautions

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV, and other Bloodborne diseases. Universal Precautions will be observed at ALL times by City of Stoughton employees/volunteer, regardless of the perceived status of the source individual, in order to prevent or minimize contact with blood or other potentially infectious materials.

B. Engineering and Work Practice Controls

Engineering and Work Practice Controls are designed to eliminate or minimize employee/volunteer exposure. Engineering controls are examined and maintained or replaced when an exposure incident occurs in the City and on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:

- Daily - By Administrative Supervisors
- Monthly - By Department Head

The following staff are involved in this process: *(each department should describe how employees will be involved)*

The Department Head and or his/her designee will ensure effective implementation of these recommendations.

All supervisors are to ensure that employees/volunteers follow the "Engineering and Work Practices."

An exposure incident is defined as contact with blood or other potentially infectious materials on an employee's/volunteer's eye, mouth, other mucous membrane, non-intact skin, or by piercing the skin or mucous membrane with a contaminated sharp object, such as needle sticks.

An "Exposure Incident Reporting Form" shall be completed each time an exposure incident occurs (See Appendix C).

1. Hand Washing

   a) The City shall provide hand washing facilities which are readily accessible to employees/volunteers. Antiseptic towelettes, bactericidal washes, or an equivalent may be used where soap and water are not readily available.

   b) Supervisors shall ensure that employees/volunteers wash hands or any other skin with soap and water, or flush mucous membranes with water, immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

   c) Supervisors shall ensure that employees/volunteers wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

2. Housekeeping and Waste Procedures

   a) The City shall ensure that the worksite is maintained in a clean and sanitary condition.

   b) All equipment, materials, environmental and working surfaces, vehicles, and facilities shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. A Bloodborne Pathogen Clean Up Kit (containing absorbent powder, scoop, absorbent towels, disposable latex gloves, disinfectant, towelettes, and a biohazard waste bag) will be available in each city building.

I. When performing decontamination procedures, employees/volunteers shall wear appropriate personal protective equipment to include, at a minimum, disposable gloves. Other personal protective equipment (e.g. protective eyewear, impermeable coveralls, etc.) shall be used when circumstances require additional protective measures.

II. Blood spills and other potentially infectious materials shall be cleaned up first with disposable towels followed by a cleaning of the contact area with a freshly prepared 1 to 10 household bleach solution (1-part bleach+ 9 parts water) or other approved tuberculocidal disinfectant.

III. "Spot Contamination" (the presence of a few drops of blood or other potentially infectious material) can be cleaned up with disinfectant towelettes or paper towels saturated with an approved disinfectant. City vehicles, facilities, and non-disposable equipment which are "spot contaminated" shall be cleaned up as soon as feasible by designated City of Stoughton personnel.

Vehicles, facilities, and non-disposable equipment which are contaminated shall be decontaminated by designated City of Stoughton personnel.

IV. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become contaminated with blood or OPIM (Other Potentially Infectious Materials).

c) The designated City of Stoughton personnel shall respond immediately to any major blood or OPIM incident so that it can be cleaned, decontaminated, and removed immediately. (A major blood or OPIM incident is one which there will be biohazardous material for disposal or when there are contaminated sharps - see letter "e" below.)

d) Contaminated cleaning materials shall be placed in approved biohazard bags for proper disposal. Cleaning materials (i.e. mops, towels, etc.) which have been used but not contaminated by blood or other potentially infectious materials require no special disposal considerations.

e) Broken glass contaminated with blood or OPIM shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps. Contaminated sharps, broken glass, plastic, or other sharp objects shall be placed into appropriate sharps containers for proper disposal.

f) Disposable contaminated materials (i.e., gloves, paper towel, disinfectant towelettes and bandages) shall be placed in approved biohazard disposal bags and disposed of at the EMS department. Disposable materials such as gloves which have been used but not contaminated by blood or other infectious materials require no special disposal considerations.

g) Contaminated laundry/clothing shall be handled as little as possible. Gloves must be worn when handling contaminated laundry/clothing. Contaminated clothing shall be removed immediately or as soon as feasible and replaced with fresh clothing, after thoroughly cleaning the skin. An employee/volunteer whose clothing becomes contaminated shall file a report which lists the item(s) of clothing that have been contaminated, and whether the item(s) have been damaged and need to be replaced. All contaminated clothing shall be placed in an approved biohazard disposal bag and an identification tag with the name and the location of the contamination (e.g. blood biohazard bags containing contaminated items of clothing shall be transported to the City of Stoughton's EMS department as soon as possible). The City will clean, decontaminate, and return serviceable items at no cost to the employee.

Contaminated clothing should not be taken home for laundering.

C. Personal Protective Equipment

1. Where occupational exposure can occur in spite of institution of engineering and work controls, personal protective equipment shall be used. At every recreation site and within all City of Stoughton building, a Bloodborne Pathogen Clean Up Kit will be provided.

   a) Gloves will be worn when it can be reasonably anticipated that the employee/volunteer may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; and when handling or touching contaminated items or surfaces.

   b) Disposable gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are tom, punctured or when the ability to function as a barrier is compromised. Disposable gloves shall not be washed or decontaminated for re-use. Disposable gloves shall be removed inside out, with the contaminated side not exposed.

   c) Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

   d) If circumstances warrant the wearing of other than disposable gloves (e.g. leather or cotton gloves), disposable gloves shall be worn underneath for added protection. Where a single pair of gloves may be damaged and unable to provide adequate protection, more than one pair of gloves shall be worn to protect against exposure.

   e) Masks, protective eye goggles, and protective disposable coveralls shall be worn when blood or body fluids may be splashed or splattered.

   f) An authorized barrier/resuscitation device with an isolation valve shall be used whenever CPR/CCR or mouth-to-mouth resuscitation is performed. The mask is intended for one time use and shall be properly disposed of after use.

   g) Replacement equipment is available by contacting the EMS department.

   h) Appropriate protective clothing shall be worn in occupational exposure situations. The type and characteristics shall depend upon the task, location, and degree of exposure anticipated.

Employees/volunteers shall not smoke, eat, drink, handle contact lenses or applymakeup in any contaminated area or when wearing protective gloves.

2. The City of Stoughton shall ensure that appropriate personal protective equipment is readily accessible at the worksite or is available to the employees.

    a) All work locations where occupational exposure to blood or body fluids can be reasonabl anticipated shall have an adequate amount of communicable disease control supplies and personal protective equipment stored in a convenient location.

    b) The City of Stoughton shall clean, launder, and dispose of personal protective equipment, at no cost to the employee/volunteer.

    c) The City of Stoughton shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

3. All personal protective equipment shall be removed prior to leaving the work area. When personal protective equipment/supplies are removed, they shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

4. If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately, or as soon as feasible, and the person should shower. A decontamination shower is located at the EMS facility, 516 S. Fourth Street. The garment should be taken to the EMS department where it can be properly laundered.

5. The City of Stoughton shall ensure that the employees/volunteers use appropriate personal protective equipment. If an employee/volunteer temporarily and briefly declines to use personal protective equipment because it is his or her judgement that in that particular instance it would have posed an increased hazard to the employee or to others, the City shall investigate and document the circumstances in order to determine whether changes can be instituted to prevent such occurrences in the future.

HEPATITIS B VACCINATION

General

1. The City of Stoughton will make available the Hepatitis B vaccination series to all employees wh have occupational exposure (Category I Employees/volunteers - departmental listings in the Bloodborne Pathogens binder), and post-exposure follow-up to employees/volunteers who have had an exposure incident.

2. The City shall ensure that all medical evaluations and procedures including the Hepatitis B vaccination series and post exposure follow- up, including prophylaxis, are:

    a) Conducted within 24 hours of the exposure (immediately if HIV is of concern);
    b) Made available at no cost to the employee/volunteer;
    c) Made available to the employee at a reasonable time and place;

    d) Performed by or under the supervision of a licensed physician or by or under the

supervision of another licensed health care professional; provided according to the recommendations of the U.S. Centers for Disease Controland Prevention.

e) All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee and shall include testing for HIV, Hepatitis Band C. Testing will continue for 6 months to 1 year with exposure to these diseases.

f) Testing of exposure source for HIV, Hepatitis Band C will be done, if the source is known and available for testing.

g) Chemoprophylaxis using up to 3 drugs will be utilized if significant exposure to HIV ha occurred.

Hepatitis B Vaccination

1. The City of Stoughton is in charge of the Hepatitis B vaccination program.

2. Hepatitis B vaccination shall be made available after the employee/volunteer has received the training in occupational exposure (see information and training) and within 10 working days of initial assignment to all employees/volunteers who have occupational exposure unless the employee/volunteer has previously received the complete Hepatitis B vaccination series, antibody testing has revealed the employee/volunteer is immune, or the vaccine is contraindicated for medical reasons.

3. Participation in a pre-screening program shall not be a prerequisite for receiving Hepatitis B vaccination.

4. If the employee/volunteer initially declines Hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the vaccination shall then be made available.

5. All employees/volunteers who decline the Hepatitis B vaccination shall sign the OSHA required waiver indicating their refusal (see Appendix D).

6. If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.

HIV Post Exposure Prophylaxis

1. If a significant exposure occurs and the source individual is known HIV positive or has a history o high risk behaviors (IV drug user, male having sex with male, multiple sex partners, etc.), then immediate post exposure follow-up is needed.

2. According to new CDC guidelines for post exposure prophylaxis, one to three medications can be prescribed by an Infectious Disease Physician. Prophylaxis will be recommended for significant exposure but is not mandatory.

3. The new protocols must be initiated ASAP, preferably within 2 hours.

4. If the exposed worker consents to baseline blood collection for HIV, but does not give the consent for HIV testing, the sample can be preserved for 90 days. If during that time, the

employee gives written consent for HIV testing it will be completed.

Hepatitis C Testing

1. There is no recommended prophylaxis.

2. Follow up testing for HCV is done at 3, 6, and 12 months for those employees exposed to Hepatitis C positive patients.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

A. Exposure Incident Procedures

1. All exposure incidents shall be reported, investigated, and documented. When the employee/volunteer incurs an exposure incident, the following procedures shall be followed (see Appendix E - "Exposure Incident Checklist"):

   a) Exposed Individuals Responsibilities

      I. Report "exposure incident" as soon as feasible to a supervisor.

      II. Obtain appropriate post-exposure medical treatment. The initial post-exposure medical evaluation should be at the Stoughton Hospital, or closest hospital in the vicinity.

      III. Complete an "Exposure Incident Reporting Form" (see Appendix C) containing a detailed account of the nature and circumstances of the exposure to include the route of exposure and whether or not personal protective equipment was being utilized. If personal protective equipment was not used, indicate the reason.

      IV. Complete "Follow Up of Employee Exposure to Blood/Body Fluids" form (see Appendix F) during follow-up visit by a health care professional.

      V. During the follow-up visit, the attending physician completes the "Health Care Professional Written Opinion Post Exposure Follow Up" form (see Appendix G).

   b) Supervisor's Responsibility

      I. Ensure that the employee/volunteer reported to the Stoughton Hospital or closest hospital in the vicinity and that necessary forms are completed.

      II. Review the exposed employee's/volunteer's narrative account of the exposure incident to ensure that it includes all necessary information. In instances where the employee/volunteer was not wearing personal protective equipment, investigate to confirm that the failure to wear personal protective equipment was justified by unexpected or uncontrollable circumstances.

2. Review all paperwork and submit to Department Head. Any employee/volunteer who has

an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA Bloodborne Pathogens Standard, 29CFR 1910.1030. All post exposure follow-ups will be performed by a health care professional.

B. **Following a report of an exposure incident**, the City shall make immediately available to the exposed employee/volunteer a confidential medical examination and follow-up, including at least the following elements: (See Appendix F)

1. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
2. Identification and documentation of the source individual, if possible, or unless it can be established that identification is infeasible or prohibited by state or local law;
    a) The source individual's blood shall be tested as soon as feasible after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the City of Stoughton shall establish that legally required consent cannot be obtained.
    b) Results of the source individual's testing shall be made available to the exposed employee/volunteers only after consent is obtained, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
3. The exposed employee's/volunteer's blood shall be collected as soon as feasible and tested after consent is obtained. If the employee consents to baseline blood collection, but does not consent at the time for HIV serological testing, the sample shall be preserved for at least 90 days. If within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

C. **Information Provided to the Health Care Professional**

1. The City of Stoughton shall ensure that the health care professional responsible for the employee's/volunteer's Hepatitis B vaccination is provided with the following:
    a) A copy of29 CFR 1910.1030;
    b) A written description of the exposed employee's/volunteer's duties as they relate to the exposure incident;
    c) Written documentation of the route of exposure and circumstances under which the exposure occurred;
    d) Results of the source individual's blood testing, if available;
    e) All medical records relevant to the appropriate treatment of the employee, including vaccination status.

D. Health Professional's Written Opinion

1. The City of Stoughton shall obtain and provide the employee/volunteer with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation (Appendix G).

2. The health care professional's written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for an employee/volunteer, and if the employee/volunteer has received such vaccination.
3. The health care professional' s written opinion for post exposure follow-up shall be limited to the following information:

   a) A statement that the employee/volunteer has been informed of the results of the evaluation; and
   b) A statement that the employee/volunteer has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.
   c) All other findings or diagnosis shall remain confidential and shall not be included in the written report.

COMMUNICATION ABOUT HAZARDS TO EMPLOYEES

A. Labels and Signs

1. The City of Stoughton shall ensure that biohazard labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport, or ship blood or other potentially infectious materials.

2. The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange-red.

3. Red bags or containers may be substituted for labels. However, regulated wastes must be handled in accordance with the rules and regulations of the organization having jurisdiction.

B. Information and Training

1. The City of Stoughton shall ensure that all employees with potential for occupational exposure participate in a training program at no cost to employees/volunteers.
2. The City of Stoughton and/or applicable supervisors or department heads shall ensure that training is provided at the time of initial assignment to tasks when occupational exposure may take place and at least annually thereafter.

   a) For employees/volunteers who have received training on bloodborne pathogens in the year preceding the effective date of this standard, only training with respect to the provisions of the standard which were not included need be provided.

b. Annual training for all employees/volunteers with potential for occupational exposure shall be provided within one year of their previous training.

3. The City of Stoughton shall provide additional training when changes such as modifications of tasks or procedures affect the employee's/volunteers potential for occupational exposure. The additional training may be limited to addressing the new exposures created, or new protocols or protection to be implemented.

4. Material appropriate in content and vocabulary to educational level, literacy and language of employees shall be used. (Appendix H contains the required minimum content for trainings.)

5. The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program, as it relates to the workplace.

RECORDKEEPING

A. Medical Records

1. The City shall establish an accurate medical record for each employee/volunteer with occupational exposure, which will be kept at Clerk's Office in City Hall, 381 E. Main Street and shall include (See Appendix I):

   a) Name and social security number of employee/volunteer;

   b) Copy of employee's/volunteer's Hepatitis B vaccination record or declination form and any additional medical records related to Hepatitis B;

   c) If exposure incident(s) have occurred, a copy of all results of examinations, medical testing, and follow-up procedures;

   d) If exposure incident(s) have occurred, the City's copy of the health care professional's written opinion;

   e) If exposure incident(s) have occurred, the City's copy of information provided to the health care professional: i.e. exposure incident investigation form and results of the source individual's blood testing, if available and consent has been obtained for release.

2. The City of Stoughton shall ensure that the employee's/volunteer's medical records are kept confidential and are not disclosed or reported without the employee's/volunteer's express written consent to any person within or outside of the City, except as required by law. These medical records shall be kept separate from other personnel records.

3. These medical records shall be maintained for the duration of employment plus 30 years.

Training Records (See Appendix H)

1. The City of Stoughton is responsible for maintaining training records which shall include:

    a) The date of the training session;

    b) The contents or a summary of the training sessions;

    c) The names and qualifications of persons conducting the training;

    d) The name and job titles of all persons attending the training session.

2. Training records shall be maintained for three years from the date the training occurred

Availability of Records

1. The City of Stoughton shall ensure:

    a) All records required to be maintained by this standard shall be made available upon request to the Department of Commerce (or designee) for examination and copying.

    b) Employee/volunteers training records required by this standard shall be provided uponrequest for examination and copying to employees/volunteers, to employee/volunteers representatives, and to the Department of Commerce (or designee).

    c) Employee/volunteer medical records required by this standard shall be provided uponrequest for examination and copying to the subject employee/volunteer and/or designee, to anyone having written consent of the subject employee/volunteer, and to the Department of Commerce.

2. The City of Stoughton shall comply with the requirements involving the transfer of records setforth in this standard.

EVALUATION AND REVIEW

It shall be the responsibility of the City of Stoughton to review and update this Exposure Control Plan atleast annually and whenever necessary to reflect new or modified tasks, procedures, or protocols thataffect occupational exposure and to reflect new or revised employee/volunteer positions with occupational exposure.

DEFINITIONS FOR THE PURPOSES OF THE EXPOSURE CONTROL PLAN

Antibody	A substance produced in the blood of an individual which is capable ofproducing a specific immunity to a specific germ or virus.
Amniotic Fluid	The fluid surrounding the embryo or fetus, in the mother's womb.
Antigen	Any substance which stimulates the formation of an antibody.
Assistant Secretary	The Assistant Secretary of Labor for Occupational Safety and Health, ordesignated representative.
Biohazard Label	A label affixed to containers of regulated waste, refrigerators/freezers, and other containers used to store, transport, or ship blood and other potentially infectious materials. The label must be fluorescent orange-red in color with thebiohazard symbol and the word biohazard on the lower part of the label.
Blood	Human blood, human blood components, and products made from humanblood.
Bloodborne Pathogens	Pathogenic (disease producing) microorganisms that are present in human blood and can cause disease in humans. These pathogens include, butare not limited to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).
Cerebrospinal Fluid	A clear, colorless fluid surrounding the brain and spinal cord. It can bewithdrawn by performing a spinal puncture.
Clinical Laboratory	A workplace where diagnostic or other screening procedures areperformed on blood or other potentially infectious materials.
Contaminated	The presence or the reasonably anticipated presence of blood or otherpotentially infectious materials on an item or surface.
Contaminated Laundry	Laundry that has been soiled with blood or other potentially infectiousmaterials or may contain sharps.
Contaminated Sharp	Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, capillary tubes, and the exposedends of dental wires.
Decontamination	The use of physical or chemical means to remove, inactivate, or destroy Bloodborne pathogens on a surface or item to the point where they are nolonger capable of transmitting infectious particles and the surface or item isrendered safe for handling, use or disposal.

Engineering Controls	Controls (i.e. sharps disposal containers, self-sheathing needles) that isolate or remove the Bloodborne pathogens hazard from the workplace.
Exposure Control Plan	A written program developed and implemented by the employer that sets forth procedures, engineering controls, personal protective equipment, work practices and other methods that are capable of protecting employees from exposures to Bloodborne pathogens, and that meets the requirements spelled out by the OSHA Bloodborne Pathogens Standard.
Exposure Determination	How and when occupational exposure occurs and which job classification and/or individuals are at risk of exposure without regard to the use of personal protective equipment.
Exposure Incident	A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
Hand Washing Facilities	A facility providing an adequate supply of running potable water, soap, and single use towels, medicated towelettes, or hot air drying machines.
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
Licensed Health Care Professional	A person who's legally permitted scope and practice allows him or her to independently perform the activities required by paragraph (f) of the standard: Hepatitis B vaccination and post exposure evaluation and follow-up. (In Wisconsin only a licensed physician meets this definition.)
Medical Consultation	A consultation which takes place between an employee and a licensed health care professional for the purpose of determining the employee's medical condition resulting from exposure to blood or other potentially infectious materials, as well as any further evaluation or treatment that is required.
Mucous Membrane	A surface membrane, composed of epithelial cells that secretes mucus, as in the lining of the respiratory tract and the gastrointestinal tract, etc.
Mucus	A thick liquid secreted by glands, such as those lining the nasal passages, the stomach and intestines, the vagina, etc.
Occupational Exposure	A reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
OSHA	The Occupational Safety and Health Administration of the U.S. Department of Labor; the Federal agency with safety and health regulatory and enforcement authorities for most U.S. industry and business.

Other Potentially Infectious (OPIM)	The following human body fluids; semen, vaginal secretions, menstrual blood, vomit, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between bodyfluids; (2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures,and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
Parenteral	Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
Pathogen	A bacteria or virus capable of causing infection or disease.
Pericardial Fluid	The clear straw-colored serous fluid secreted by the cells of the peritoneum.
Personal Protective Equipment	Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (i.e., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment. Personal protective equipment may include, but is not limited to, gloves, gowns, laboratory coats, face shields, masks, eye protection equipment, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment is used.
Pleural	The membrane lining the chest cavity and covering the lungs. It is made up of a thin sheet of cells.
Pleural Fluid	Fluid from the pleural cavity.
Production Facility	A facility engaged in industrial-scale, large-volume, or high-concentration production of HIV or HBV.
Prophylaxis	The measures carried out to prevent diseases.
Regulated Waste	Liquid or semi-liquid blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Research Laboratory	A laboratory producing or using research laboratory scale amounts of HIV o HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.
Serous Fluids	Liquids of the body, similar to blood serum, which are in part secreted by serous membranes.
Source Individual	Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursinghomes; human remains; and individuals who donate or sell blood or bloodcomponents.
Sterilization	The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
Synovial Fluid	The clear amber fluid usually presents in small quantities in a joint of the body (i.e. knee, elbow).
Universal Precautions	An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other Bloodborne pathogens.
Vascular	Pertaining to or composed of blood vessels.
Work Practice Controls	Controls that reduce the likelihood of exposure by altering the manner in which the task is performed.

Appendix B

OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS JOB CLASSIFICATIONS AND ASSOCIATED TASKS/PROCEDURES

CLASSIFICATION/POSITION	CATEGORY I (Has Exposure)	CATEGORY II (Collateral Exposure)	NO EXPOSURE	IDENTIFIED TASKS & PROCEDURES

Appendix B

ASSOCIATED TASKS AND PROCEDURES

A list of tasks and procedures performed by employees in the above job classifications in which exposure to Bloodborne pathogens may occur is required. Tasks/procedures may include, but are not limited to, the following examples:

1. Care of minor injuries that occur, i.e. bloody nose, scrape, minor cut;

2. Initial care of injuries that require medical or dental assistance, i.e., damaged teeth, broken bone protruding through the skin, severe laceration;

3. Care of individuals who need assistance in daily living skills, i.e., toileting, dressing, hand washing, feeding, and menstrual needs;

4. Care of individuals who exhibit behaviors that may injure themselves or others, i.e., biting, hitting, scratching;

5. Care of injured person during a sport activity;

6. Cleaning tasks associated with body fluid spills including decontaminating facilities or vehicles contaminated with blood or other potentially infectious materials.

Appendix C

CITY OF STOUGHTON EXPOSURE INCIDENT REPORTING FORM

Date of Incident:_____Time of Incident: _____

Location: _____

Person(s) Involved:_____

Potentially Infectious Materials Involved: _____

Type:_____Source: _____

Circumstances (what was occurring at the time of the incident): _____

_____

_____

How the incident was caused (accident, equipment malfunction, etc.? List any tool, machine or equipment involved): _____

_____

_____

Personal protective equipment being used at the time of the incident:_____

_____

_____

Actions taken (decontamination, clean-up, reporting, etc.): _____

_____

_____

Recommendations for avoiding repetition of incident: _____

_____

_____

Completed by:_____Date: _____

Appendix D

CITY OF STOUHTON BLOODBORNE PATHOGEN -VACCINATIONS

Declination Statement:

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Vi1us (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to me. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee/volunteer Signature: _____

Date: _____

Appendix E

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN EXPOSURE INCIDENT CHECKLIST

EMPLOYEE/VOLUNTEER

- Report exposure incident to your supervisor.
- Obtain post-exposure medical treatment at Stoughton Hospital (or another hospital if closer in vicinity.
- Physician to fill out "Health Care Professional Written Opinion Post Exposure Follow Up" (Appendix G).
- Employee to fill out "Follow Up of Employee/Volunteer to Blood/Body Fluid" (Appendix F).
- Write report describing the incident.

SUPERVISOR

- Review City Policy: Bloodborne Pathogens Exposure Control Plan.
- Fill out the necessary Worker's Compensation forms.
- Attempt to persuade the source individual to consent to testing for HIV and HBV (Document efforts in report).
- Ensure that the employee responded to Stoughton Hospital (or another hospital if closer in vicinity, and that the necessary forms are completed.
- Review the paperwork and submit to Department Head.

DEPARTMENT HEAD

- Ensure all necessary paperwork has been filled out.
- Forward necessary paperwork to Human Resources & Risk Management Department.

Appendix F

City of Stoughton

FOLLOW UP OF EMPLOYEE EXPOSURE TO BLOOD/BODY FLUIDS

TO BE FILLED OUT BY EMPLOYEE
(SECTIONS I & II PRIOR TO OR DURING EVALUATION BY HEALTH CARE PROFESSIONAL)

EMPLOYEENOLUNTEER TO INITIAL APPLICABLE SECTIONS

_____ I believe that I received exposure to blood or potentially infectious body fluid. I wish to have the source individual tested for the presence of HIV or Hepatitis B.

_____ I understand that the information linking the source individual's identity and blood test results is protected as confidential under State law, and that I may not disclose the identity of the source individual to any other person except for the purpose of having this test performed.

_____ I understand that I may have a baseline blood sample taken on myself at this time. The sample can be tested for HIV at this time, or it can be held by the lab for as long as 90 days in case I elect to have HIV testing done in the future. After 90 days the sample will be destroyed.

THE EMPLOYEENOLUNTEER WILL SELECT ONE OF THE THREE OPTIONS LISTED BELOW:

_____ I want to have my blood sample drawn and tested for HIV at this time.

_____ I want to have my blood sample drawn at this time and saved for possible testing within 90 days.

_____ I do not wish to have a baseline blood sample drawn.

TO BE READ AND INITIALED BY THE EMPLOYEENOLUNTEER:

_____ I have been instructed in the signs and symptoms of illnesses which may result from exposure to individuals infected with HIV or Hepatitis, and the ways in which I may prevent the spread of these conditions during contacts at or away from work.

_____ I have been informed of the results of the evaluation done by a health care professional.

_____ I have been told about the signs and symptoms which should be reported to my personal physician.

Signed:_____Date: _____

Appendix G

HEALTH CARE PROFESSIONAL WRITTEN OPINION POST EXPOSURE FOLLOW UP EVALUATION

TO BE FILLED OUT BY HEALTH CARE PROFESSIONAL

(After 2nd visit and returned to the Human Resources & Risk Management Department)

I saw_____(Patient Name) for a post blood/body fluid exposure evaluation on_____(Date).

The employee/volunteer_____has_____has not been informed of the results of the evaluation.

The employee/volunteer_____has_____has not been informed of any medical conditions which could result from the exposure incident to blood or other potentially infectious materials which require further evaluation or treatment.

_____ It is my recommendation that the Hepatitis B vaccine be given to this employee. Vaccination received on_____(date).

_____ Based on the information available to me in confidential medical record, I do not recommend the Hepatitis B vaccine at this time.

Signed:_____Date: _____

Print Name: _____

Address: _____

A signed copy of this written opinion was given to the above named employee on_____(date).

Appendix H

INFORMATION AND TRAINING OF EMPLOYEESNOLUNTEERS WITH POTENTIAL EXPOSURE TO BLOODBORNE PATHOGENS

Date(s) of Training: _____

Trainer(s) Name and Qualifications:_____

Name and Job Titles of all Employees/Volunteers Attending This Training: (Attach separate page).

- Agenda and/or Materials Presented to Training Participant Include: _____
  _____
- An accessible copy of the text of the OSHA Standard.
- A general explanation of the epidemiology and symptoms of Bloodborne diseases.
- An explanation of the modes of transmission of Bloodborne pathogens (namely, Hepatitis B, Hepatitis C, and HIV)
- An explanation of the exposure control plan and the means by which employees/volunteers can obtain a copy of the written plan.
- An explanation of the appropriate methods for recognizing tasks/activities that may involve exposure to blood and other potentially infectious materials.
- An explanation of the use and limitations of methods that will prevent or reduce exposure: i.e., engineering controls, work practices, and personal protective equipment.
- Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment or other contaminated items.
- An explanation of the basis for selection of personal protective equipment.
- Information on the HBV vaccine, its efficacy, safety, method of administration, benefits of vaccination, and provision at no cost to the employee/volunteer.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood and other potentially infectious materials.
- An explanation of the procedure to follow if an exposure incident occurs, the method of reporting, and the medical follow-up that is available.
- Information on the post-exposure evaluation and follow-up that is provided.
- An explanation of the signs, symbols, and color-coding of biohazards.
- A question and answer session between the trainer(s) and employee(s)/volunteer(s).
- Provision of a list of contacts that can be resources to the employees if they have questions after training.

Signature of Trainer:_____Date: _____

Appendix I

EMPLOYEE MEDICAL RECORD CHECKLIST

Name: _____

Social Security Number ---------- _____

Job: _____

Classification: _____

_____Copy of employee's/volunteer's Hepatitis B Vaccination record or declination form.

Attach any additional medical records relative to Hepatitis B.

_____ Brief Description of Exposure Incident:

_____ Log and attach the City's copy of information provided to the health care professional:

_____ Exposure Incident Report Form

_____ Results of the source individual's blood testing, if available.

_____ Log and attach the City's copy of the health care professional's written opinion.

CITY OF STOUGHTON

BLOODBORNE PATHOGENS POLICY RECEIPT FORM

I have read, been trained and understand the ***City of Stoughton Bloodborne Pathogens Policy.*** I agree to follow the applicable Bloodborne Pathogens rules, policies and safe practices. I also understand that failure to comply with this policy and its requirements could result in disciplinary action, up to and including termination of employment.

I acknowledge receipt of the City of Stoughton Bloodborne Pathogens Policy on the date indicated below. I further understand that a copy of this receipt will be placed in my employee/personnel file.

Check all that apply:

- ϒ Attended CVMIC Bloodborne Pathogens Training on: _____
- ϒ Watched CVMIC Bloodborne Pathogens Training Video o-n: _____

Employee/Volunteer Name _____

Employee/Volunteer Signature: _____

Department: _____

Date Signed: _____

4.0 Document History

5.0 Council Approved

ENTER DATE

Confined Spaces Policy

1.0 Purpose

2.0 Policy Details

Employees and volunteers of the City of Stoughton will not enter permit-required confined spaces. *

Exception: authorized and trained Stoughton Utilities employees. Please contact Stoughton Utilities (600 S. Fourth Street, 873-3379) for records and documentation of their confined spaces policy.

3.0 Definitions

*Defined per OSHA, a permit-required confined space: contains or has the potential to contain a hazardous atmosphere; contains a material with the potential to engulf someone who enters the space; has an internal configuration that might cause an entrant to be trapped or asphyxiated by inwardly converging walls or by a floor that slopes downward and tapers to a smaller cross section; and/or contains any other recognized serious safety or health hazards. Some examples are: underground vaults, tanks, storage bins, pits and diked areas, vessels, silos and other similar areas.

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

Fall Protection Program Policy

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1.0 Purpose and Scope

The purpose of this Fall Protection Program is to establish guidelines to protect all employees/volunteers engaged in outdoor or indoor work activities that expose them to potential falls from elevations.

The scope of this fall protection program includes all municipal buildings and staff- in particular, those staff engaged in work activities that expose them to falls from heights of 6 feet or more when engaged in construction activities, falls from 4 feet or more in general industry, and falls of 20 feet or more from ladders.

2.0 Goals

The goal of this Fall Protection Program is to prevent the occurrence of falls from the respective previously cited heights. This goal will be accomplished through effective education, engineering and administrative controls, use of fall protection systems, and enforcement of the program.

3.0 Definitions

Authorized Person: A person approved or assigned by the employer to perform a specific type of duty or duties or to be at a specific location or job site (i.e., building maintenance, roof repair, etc.).

Competent Person: (1) A person capable of identifying existing and predictable hazards in the surroundings or working conditions that are hazardous or dangerous to employees. (2) A person who has the authorization to take prompt corrective action to eliminate such hazards.

Qualified Person: An individual who, by possession of a recognized degree, certificate, or professional standing, or who, by extensive knowledge, training, and experience has successfully demonstrated his/her ability to salve or resolve problems relating to the subject matter, work, or project.,

Anchor Point: A secure point of attachment for lifelines, lanyards, or deceleration devices. An anchor point must be capable of supporting at least 5000 pounds (3600 pounds if engineered/ certified by a qualified person) per person and must be independent of any anchorage being used to support or suspend platforms.

Full Body Harness: Webbing/straps that are secured about an employee's body in a manner that will distribute the fall arrest forces over the thighs, pelvis, waist, chest and shoulders and that have means for attaching the harness to other components of a personal fall arrest system, preferably at the shoulders and/or middle of the back.

Connector: A device which is used to couple (connect) parts of the personal fall arrest system together.

Deceleration Device: Any mechanism, such as a rope grab, rip-stitch lanyard, a

specially woven lanyard, tearing or deforming lanyard, automatic self-retracting lifeline/lanyard, etc., which serves to dissipate a substantial amount of energy during a fall arrest.

Deceleration Distance: The additional vertical distance a falling employee travels, excluding lifeline elongation and free fall distance, before stopping, from the point at which the deceleration device begins to operate. It is measured as the distance between the location of an employee's body harness attachment point at the moment of activation of the deceleration device during a fall and the location of that attachment point after the employee comes to a full stop.

Free Fall: The act of falling before a personal fall arrest system begins to apply force to arrest the fall.

Free Fall Distance: The vertical displacement of the fall arrest attachment point on the employee's body harness between the onset of the fall and just before the system begins to apply force to arrest the fall. Free fall-distance must not exceed 6 feet. **This distance excludes deceleration distance and lifeline/lanyard elongation distance.**

Total Fall Distance: The maximum vertical change in distance from the bottom of an individual's feet at the onset of a fall to the position of the feet after the fall is arrested. This includes the free fall distance and the deceleration distance.

Guardrail System: A barrier erected to prevent employees from falling to lower levels. This system includes a toe board, midrail, and toprail able to withstand 200 pounds of force applied in any direction.

Lanyard: A flexible line of rope or strap that has self-locking snaphook connectors at each end for connecting to body harnesses, deceleration devices, and anchor points.

Leading Edge: The edge of a floor, roof, or other walking/working surface, which changes location as additional floor, roof, etc., is placed or constructed. A leading edge is considered an unprotected side or edge when not under active construction.

Lifeline: A component consisting of a flexible line for connection to an anchorage at one end to hang vertically (vertical lifeline), or for connection to anchorages at both ends to stretch horizontally (horizontal lifeline). This serves as a means for connecting other components of a personal fall arrest system to the anchorage.

Personal Fall Arrest System: A system used to arrest (catch) an employee in a fall from a working level. It consists of an anchorage location, connectors, a body harness, and may include a lanyard, deceleration device, lifeline, or any combination of the before-mentioned items.

Rope Grab: A deceleration device that travels on a lifeline and automatically, by friction, engages the lifeline and locks to arrest the fall of an employee.

Snaphook: A connector comprised of a hook-shaped member with a closed keeper which may be opened to permit the hook to receive an object and when released, automatically closes to retain the object. Snaphooks must be self-closing with a self-locking keeper which remains closed and locked until unlocked and pressed open for connection or disconnection, thus preventing the opportunity for the object to "rollout" of the snaphook.

Toeboard: A low protective barrier that will prevent the fall of materials and equipment to lower levels, usually 4 inches or greater in height.

Unprotected Sides and Edges: Any side or edge of a walking or working surface (e.g., floor, roof, ramp, runway, etc.) where there is no guardrail at least 39 inches high.

4.0 Policy Details

Types of Fall Protection Systems

1) An articulating man lift provided with a restraint system and full body harness to an anchor point below the waist (preferably at the floor level).
2) Guardrail with a toe board, midrail, and toprail.
3) Personal fall arrest systems.

   - Anchor points (rated at 5000 pounds per person).
   - Full body harness.
   - Restraint line or lanyard.
   - Retractable lanyard.
   - Rope grabs.
   - Connectors (self-locking snaphooks).

4) Engineered lifelines.
5) Warning lines.
6) Safety nets.
7) Safety monitor systems.

Appropriate fall protection will be determined by the task (job) to be performed.

Fall Protection Locations

Fall protection is required wherever there is the potential to fall 6 feet or more when involved in construction activities, 4 feet when involved in general industry activities, or 20 feet when on a ladder. The City of Stoughton has identified the following places concerning fall protection: All flat and low sloped roof locations, when within 6 feet of the roof edge or during roof repair/ maintenance (4:12 pitch or less).

1) All exterior and interior equipment platforms, catwalks, antennas/ towers, etc. All exterior and interior fixed ladders above 20 feet.
2) All mezzanine and balcony edges.
3) All open excavations or pits.
4) All tasks requiring use of the articulating man lifts.
5) All tasks requiring employees to lean outside the vertical rails of ladders (i.e., painting, stairwell light bulb replacement, etc.).
6) Scaffolding erection - 10 feet in height or greater.
7) Mezzanine/catwalk areas - whenever an employee/volunteer must step outside the catwalk, additional fall protection (i.e., 6-foot lanyard to full body harness, self-retracting lanyard or rope grab system) shall be used.

Fall Protection Guidelines – Options
Engineering Controls

This should always be the first option for selection whenever possible (e.g., light bulb changing -telescoping arm, changing valve- relocate at ground level, etc.). In extremelyhazardous conditions, the employment of a contractor should be considered.

Guardrails

On all projects, only guardrails made from steel, wood, and wire rope will be acceptable. All guardrail systems will comply with the current Department of Commerce/OSHA standards (i.e., contain a 42" high toprail, a midrail, and toe board, which can withstand 200 pounds of force in any direction,). These guardrails will be placed in the following areas if necessary or feasible based on job location or requirements:

1) On all open sided floors.
2) Around all open excavations or pits.
3) On leading edges of roofs or mezzanines.

Personal Fall Protection Systems

All employees/volunteers on any project who will be required to wear a personal fall arrest or restraint system will follow these guidelines:

1) A full body harness will be used at all times.
2) Only shock absorbing lanyards or retractable lanyards are to be used so as tokeep impact forces at a minimum on the body.
3) Only nylon rope or nylon straps with locking snaphooks are to be used for restraints.
4) All lanyards will have self-locking snaphooks.
5) The employee/volunteers will inspect all personal fall arrest equipment before each use. Any deteriorated, bent, damaged, impacted, and/or harness showing excessive wear will be removed from service.

The maximum free fall distance is not to exceed 6 feet. Consideration must be given to the total fall distance. The following factors can affect total fall distance:

1) Length of connecting means (i.e., lanyard length, use of carabiners, snaphooks, etc.)
2) Position and height of anchorage relative to work platform/area (always keep above the head whenever possible).
3) Position of attachment and D-ring slide on the full body harness.
4) Deployment of shock absorber (max. 42").
5) Movement in the lifeline.
6) Initial position of worker before free fall occurs (i.e., sitting, standing, etc.).

Calculating Total Fall Distance

It is the total length of shock absorbing lanyard + height of the person + the location distance of the D-ring from the work surface or platform.

Always allow a minimum of 6 feet of clearance above the ground, equipment, etc. at the end of the fall from the fall arrest point.

Engineered Lifeline

Lifeline systems must be designed and approved by an engineer or qualified person.

Lifeline systems must be engineered to have appropriate anchorages, strength of line designed to hold X number of individuals connected to it, line strength to aid in the arrest of a fall, and durability to hold a fallen employee(s) suspended until a rescue can occur.

Inspection of Fall Protection Systems

Street Department harness and lanyard inspection documentation will be kept on file in the Street Department office, both in hardcopy and electronically.

The following criteria will be utilized to maintain all equipment in good working condition:

Full Body Harnesses

1) Inspect before each use.

    - Closely examine all of the nylon webbing to ensure there are no bum marks, which could weaken the material. Verify there are no tom, frayed, or broken fibers; pulled stitches; or frayed edges anywhere on the harness. Examine the D-ring for excessive wear, pits, deterioration, or cracks.
    - Verify that buckles are not deformed or cracked, and operate correctly.
    - Check to see that each grommet (if present) is secure and not deformed from abuse or a fall.
    - The harness should never have additional punched holes.
    - All rivets should be tight and not deformed.
    - Check tongue/straps for excessive wear from repeated buckling.

2) A competent person will complete an annual inspection of all harnesses and documentation will be maintained (see Appendix 1).
3) Storage will consist of hanging in an enclosed cabinet, to protect from damage.
4) All harnesses that are involved in a fall will be inspected. A determination will then be made as to whether to destroy the harnesses or to reuse them. This determination will be made by the department head.

Lanyards/Shock-Absorbing Lanyards
Inspect before each use.

- Check lanyard material for cuts, bums, abrasions, kinks, knots, broken stitches and excessive wear.
- Inspect the snaphooks for distortions in the hook, locks, and eye.
- Check carabiner for excessive wear, distortion, and lock operation.
- Ensure that all locking mechanisms seat and lock properly.
- Once locked, locking mechanism should prevent hook from opening.
- Visually inspect shock absorber for any signs of damage, paying close attention to where the shock absorber attaches to the lanyard.
- Verify that points where the lanyard attaches to the snaphooks are free of defects.

2) A competent person will complete an annual inspection of all lanyards and documentation will be maintained (see Appendix 2).
3) Storage will consist of hanging in an enclosed cabinet, to protect from damage.
4) All lanyards that are involved in a fall will be destroyed.

Snaphooks

1) Inspect before each use.
   - Inspect snaphook for any hook and eye distortions.
   - Verify there are no cracks or pitted surfaces.
   - The keeper latch should not be bent, distorted, or obstructed.
   - Verify that the keeper latch seats into the nose without binding.
   - Verify that the keeper spring securely closes the keeper latch.
   - Test the locking mechanism to verify that the keeper latch locks properly.

2) A competent person will complete an annual inspection of all snaphooks and documentation will be maintained (see Appendix 3).
3) All snaphooks involved in a fall will be destroyed.

Self-Retracting Lanyards/Lifelines

1) Inspect before each use.
   - Visually inspect the body to ensure there is no physical damage to the body.
   - Make sure all nuts and rivets are tight.
   - Make sure the entire length of the nylon strap/wire rope is free from any cuts, bums, abrasions, kinks, knots, broken stitches/strands, excessive wear and retracts freely.
   - Test the unit by pulling sharply on the lanyard/lifeline to verify that the locking mechanism is operating correctly.
   - If the manufacturer requires, make certain the retractable lanyard is returned to the manufacturer for scheduled annual inspections.
2) A competent person will conduct monthly inspection of all self-retracting lanyards/ lifelines and documentation will be maintained (see Appendix 4).

3) Service per manufacturer specifications (1-2 years).
4) Inspect for proper function after every fall.

Tie-Off Adapters/Anchorages

1) Inspect for integrity and attachment to solid surface.
2) A competent person will complete an annual inspection of all tie-offs and anchorages, and documentation will be maintained.
3) All tie-offs and anchorages will be destroyed after a fall.

Articulating Man Lift

1) Inspect before each use.
2) Inspect/service per manufacturer guidelines. Forklift, scissors lifts, and safety nets will be inspected at the beginning of each shift in use. Structural integrity of the forklift basket will be checked per the same schedule.
3) A competent person will complete an annual inspection of the forklift basket, and documentation will be maintained.

Horizontal Lifelines

1) Inspect before each use for structural integrity of line and anchors.
2) A competent person will complete an annual inspection.

Guardrails

1) Temporary systems - Daily visual inspection will be completed by a competent person.
2) Temporary systems - Weekly, a complete structural inspection will be completed by a competent person.
3) Permanent systems - Annual structural inspections will be completed by a competent person with future frequency of inspection defined based on conditions/controls present.

Storage and Maintenance of Fall Protection Equipment

1) Never store the personal fall arrest equipment in the bottom of a toolbox, on the ground, or outdoors exposed to the elements (i.e., sun, rain, snow, etc.
2) Hang equipment in a cool, dry location in a manner that retains its shape.
3) Always follow manufacturer recommendations for inspections.
4) Clean with a mild, nonabrasive soap and hang to dry.
5) Never force dry or use strong detergents in cleaning.
6) Never store equipment near excessive heat, chemicals, moisture, or sunlight.
7) Never store in an area with exposures to fumes or corrosive elements.
8) Avoid dirt or other types of build-up on equipment.
9) Never use this equipment for any purpose other than personal fall arrest.
10) Once exposed to a fall, remove equipment from service immediately.

Training - Document the attendance of all trainees (see Appendix 5).

All employees/volunteers engaged in fall protection will be trained and have the

knowledge to:

1) Recognize the fall hazards of/on their job sites.
2) Understand the hazards associated with working near fall hazards.
3) Work safely in hazardous areas by utilizing appropriate fall protection measures.
4) Understand and follow all components of this fall protection program.
5) Identify and understand the enforceable Department of Commerce/OSHA standards and ANSI standards that pertain to fall protection.

Rescue Procedures

Rescue Methods/Options of Fallen Personnel

In the event that a fall arrest occurs on-site, personnel with the use of an articulating man lift, or ladders where feasible, will rescue all employees/volunteers. Alternate rescue would be through the local emergency services.

Communication Issues

In the event of a fall, the following people will be notified as soon as possible:

1) Activate the 911 System.
2) Notify supervisor and/or department head.

At the beginning of any work activity where fall protection is an issue, rescue plans must be identified and discussed with all employees/volunteers in case of a fall. The Department Head will develop the rescue plan(s).

All employees/volunteers involved in a fall arrest or fall will be sent immediately for a medical evaluation to determine the extent of injuries, if any.

Fall Investigation

All fall investigations will be conducted by CVMIC with the Director of Human Resources & Risk Management.

The following documentation will be completed as part of the fall investigation:

1) Interviews with staff and witnesses.
2) Employee injury/accident report.
3) Supervisor injury/accident report.

Program Evaluation

This fall protection program will be evaluated periodically to determine its effectiveness.

The following criteria will be used to evaluate its performance:

1) Accident reports
2) Number of accidents.
3) Management/staff compliance with program components.
4) Periodic on-site audits.
5) Staff feedback and interviews.

Contractors

All outside contractors working in or on the premises of City owned properties will be required to follow the guidelines set forth in this fall protection program. Contractors in the pre-job meeting will be informed of these requirements as well as the on-site construction rules that apply.

5.0 Procedures

6.0 Exhibits / Appendices / Forms

Appendix 1: Full Body Harness Annual Inspection Checklist

Snaphooks/Carabiners Model/Name: _____

Serial Number: _____

Lot Number:_____Date of Manufacture: _____

Date of Purchase: _____

Harness Model/Name:_____Serial Number: _____

Lot Number:_____Date of Manufacture: _____

Date of Purchase: _____

Comments: _____

General Factors	Accented/Rejected	Supportive Details/Comments
1) **Hardware:** includes D- rings, buckles, keepers and back pads. Inspect for damage, distortion, sharp edges, bums, cracks and corrosion.	Accepted Rejected	
2) **Webbing:** inspect for cuts, bums, tears, abrasions, frays, excessive soiling and discoloration.	Accepted Rejected	
3) **Stitching:** inspect for pulled or cut stitches.	Accepted Rejected	
4) **Labels:** inspect, making certain all labels are securely held in place and are legible.	Accepted Rejected	
5) **Other:**	Accepted Rejected	
6) **Other:**	Accepted Rejected	
7) **Overall Disposition:**	Accepted Rejected	**Inspected by:** **Date Inspected:**

Appendix 2: Lanyards Annual Inspection Checklist

Lanyards Model/Name:_____Serial Number: _____
Lot Number:_____Date of Manufacture: _____
Date of Purchase: _____
Comments: _____

General Factors	Accented/Rejected	Supportive Details/Comments
1) **Hardware:** includes snaphooks, carabiners, adjusters, keepers, thimbles and D-rings. Inspect for damage, distortion, sharp edges, burns, cracks, corrosion and proper operation.	Accepted Rejected	
2) **Webbing:** inspect for cuts, burns, tears, abrasions, frays, excessive soiling and discoloration.	Accepted Rejected	
3) **Stitching:** inspect for pulled or cut stitches.	Accepted Rejected	
4) **Synthetic Rope:** inspect for pulled or cut yarns, burns, abrasions, knots, excessive soiling and discoloration.	Accepted Rejected	
5) **Energy Absorbing Component:** inspect for elongation, tears and excessive soiling.	Accepted Rejected	
6) **Labels:** inspect, making certain all labels are securely held in place and are legible.	Accepted Rejected	
Overall Disposition:	Accepted Rejected	**Inspected by:** **Date Inspected:**

Appendix 3: Snaphooks/Carabiners Annual Inspection Checklist Comments: ___

General Factors	Accented/Rejected	Supportive Details/Comments
1) **Physical Damage:** inspect for cracks, sharp edges, burns, deformities and locking operations.	Accepted Rejected	
2) **Excessive Corrosion:** inspect for corrosion, which affects the operation and/or the strength.	Accepted Rejected	
3) **Markings:** inspect and make certain marking(s) are legible.	Accepted Rejected	
4) **Other:**	Accepted Rejected	
5) **Other:**	Accepted Rejected	
6) **Other:**	Accepted Rejected	
Overall Disposition:	Accepted Rejected	**Inspected by:** **Date Inspected:**

Appendix 4: Self-Retracting Lanyard/Lifeline Annual Inspection Checklist Comments: _____

General Factors	Accented/Rejected	Supportive Details/Comments
I) **Impact Indicator:** inspect indicator for activation rupture of red stitching, elongated indicator, etc.	Accepted Rejected	
2) **Screws/Fasteners:** inspect for damage and make certain all screws and fasteners are tight.	Accepted Rejected	
3) **Housing:** inspect for distortion, cracks and other damage. Inspect anchoring loop for distortion or damage.	Accepted Rejected	
4) **Lanyard/Lifeline:** inspect for cuts, burns, tears, abrasion, frays, excessive soiling and discoloration. (See impact indicator section.)	Accepted Rejected'	
5) **Locking Action:** inspect for proper lock-up of brake mechanism.	Accepted Rejected	
6) **Retraction/Extension:** inspect spring tension by pulling lanyard out fully and allowing to retract fully (lifeline must be taut with no slack).	Accepted Rejected	
7) **Hooks/Carabiners:** inspect for physical damage, corrosion, proper orientation and markings.	Accepted Rejected	
8) **Labels:** inspect, making certain all labels are securely held in place and are legible.	Accepted Rejected	
Overall Disposition:	Accepted Rejected	**Inspected by:** **Date Inspected:**

Appendix 5: Self-Retracting Lanyard/Lifeline Annual Inspection Checklist

Training Topic: ____

Instructor Name: ____

Date of Training: ____

Employee Name	Department

CITY OF STOUGHTON
FALLPROTECTION PROGRAM
RECEIPT FORM

I have read, been trained and understand the ***City of Stoughton Fall Protection Program Policy.*** I agree to follow the applicable City of Stoughton Fall Protection Program rules, policies and safe practices. I also understand that failure to comply with this policy and its requirements could resultin disciplinary action, up to and including termination of employment.

I acknowledge receipt of the City of Stoughton Fall Protection Program on the date indicated below. I further understand that a copy of this receipt will be placed in my employee/personnel file.

Check all that apply:

- ϒ Attended CVMIC Fall Protection Program Training on: _____
- ϒ Watched CVMIC Fall Protection Program Training Video on: _____

Employee/Volunteer Name: _____

Employee/Volunteer Signature: _____

Department: _____

Hazard Communication Program Policy

1.0 Purpose

In order to comply with the Federal OSHA Hazard Communication Standard 29 CFR 1910.1200; Wisconsin Employee Right-to-Know Law, 1984; and Wisconsin Statutes 101.58-101.599, the following written Hazard Communication Program has been established for the City of Stoughton. The purpose of this policy is to ensure that:

1. Hazardous substances present in the work place are identified and labeled.
2. Employees have ready access to information on the hazards of these substances.
3. Employees are given information on how to prevent injury or illness due to chemical exposure.

2.0 Responsibilities/Applies to

This policy applies to all City of Stoughton employees, volunteers, visitors, and contractors who work with or have exposure to hazardous products or chemicals. This policy is available at the Human Resources & Risk Management Department, as well as at the following departments:

City Hall, EMS Department, Fire Department, Police Department, Stoughton Library, Public works Department, Public Safety Building, Senior Center, Stoughton Youth Center, Stoughton Opera House, and Stoughton Utilities.

This written program applies to all work operations in the organization where employees may be exposed to hazardous substances under the normal working conditions or during emergency situations. Under this program, employees will be informed of the contents of the Hazard Communication Standard, the hazardous properties of chemicals with which they work, safe handling procedures, and measures to take to protect themselves from these chemicals. Employees will also be informed of the hazards associated with non-routine tasks as they come in contact with them. The OSHA Hazard Communication Standard 29 CFR 1910.1200 can be viewed at www.osha.gov.

The Human Resources & Risk Management Department has overall responsibility for the program. The Human Resources & Risk Management Department is responsible for:

- Reviewing and updating the program to ensure that it satisfies the requirements of all applicable local, state, and federal hazard communication requirements.
- Maintaining a master file of safety data sheets (SDS).
- Maintaining copies of the records of all employees included in the training sessions.

Department heads and supervisors are responsible for:

- Coordinating initial and new chemical training of employees on the Hazard Communication program.
- Reviewing incoming chemical s to verify correct labeling.
- Contacting vendors to obtain safety data sheets on chemical products.
- Forwarding copies of safety data sheets to the Human Resources & Risk Management Department.
- Maintaining and updating master SDS files and sheets for all chemicals used in their work environment.
- Responding to any employee concerns or request for information.
- Ensuring that all primary and secondary containers are properly labeled.
- Ensuring employees use chemical products in a manner consistent with their intended use. Informing outside contractors who are performing work on City of Stoughton property about potential hazards.
- Providing on-going training as new chemicals are introduced into the work site.

All employees are responsible for:

- Following directions in the use and handling of all chemicals as prescribed on the safety data sheets and instructed by the supervisor.
- Becoming familiar with the information on the safety data sheets.
- Notifying their supervisor of any condition which may have an adverse impact on employee safety/health.

Outside personnel (Contractors, etc.):

- Department heads and supervisors will advise contractor supervisory personnel of the nature of the hazardous chemicals they may encounter in doing work on City of Stoughton premises.
- SDS will be used/provided as appropriate for this purpose. Contractor supervisory personnel will also be informed that they are required by OSHA regulations to instruct their employees about the hazardous chemicals they use.

1.0 Policy Details & Procedures

HAZARD ANALYSIS

Each chemical in the workplace shall be evaluated for hazardous properties.

- Hazardous properties include toxicity, corrosivity, irritation effects, sensitization potential, flammability, instability, oxidizing effects and reactivity.
- Resources to be used in the hazard review include vendor SDS and other internal and literature sources.

SAFETY DATA SHEETS (SDS)

A safety data sheet (SDS) is a technical report that explains how to use, handle and store chemicals safely. There is no standard format used for SDS, but what is consistent on them is the information which must be contained on a SDS (see Appendix B). The Human Resources & Risk Management Department will maintain a binder in their office with a SDS on every substance on the list of hazardous chemicals. The SDS will be a fully completed OSHA Form 174 or equivalent. The Human Resources & Risk Management Department will ensure that each department maintains a SDS for each hazardous material in their particular area(s). SDS will be made readily available to all employees during their shifts.

A master list of SDS's is available from the Human Resources & Risk Management Department located at 600 S 4th Street.

LIST OF HAZARDOUS CHEMICALS

An inventory of hazardous substances has been compiled. The master inventory list is kept in the Human Resources & Risk Management Department. The list is readily available and accessible for review. The Human Resources & Risk Management Department is responsible for maintaining the master list of hazardous substances and updating the list as necessary. One list of chemicals identifies all of the chemicals used in each of the various departments and is available in each department. Each list also identifies the corresponding SDS for each chemical. A master list of these chemicals will be maintained by, and is available from, the Human Resources & Risk Management Department.

A list of all hazardous chemicals known to be present within the City of Stoughton is found in *Appendix A*.

Further information on each listed chemical can be obtained by reviewing the SDS.

LABELING

Container labels are the first and easiest place to look to see if the material an individual is working with is hazardous. Labels can quickly inform people what they need to know in order to properly protect themselves. The City of Stoughton's labeling procedures and policies are as follows: The supervisor responsible for receiving shipments will evaluate labels on incoming containersand each label will be checked for:

1. Identity of substance.
2. Appropriate hazard warning.

3. Name and address of the manufacturer.

-
- If the label is not appropriate, the supervisor in the receiving department will notify the manufacturer or distributor.
- If the label is not provided with the material, the supervisor will notify the manufacturer or distributor to obtain proper label.
- The supervisor responsible for ordering/receiving shipments will be responsible for updating labels when new information is received.
- Labels will be removed if they are incorrect and when the container is empty if it will be used for other materials. All supervisors are responsible for seeing that all containers used in their departments are labeled properly and remain legible.
- Unlabeled transfer containers, such as pails and buckets, will only be used by one employee and will be emptied at the end of each shift.
- All transfer and secondary containers will be labeled accordingly to city procedures.
- Piping systems shall:

    1. Be labeled at access points and every ten feet where the piping is eight feet or closer to employee contact.
    2. Be labeled as follows:

Substance	**Color**
a) Materials Hazardous to Life and Property	Yellow
b) Fire Protective Materials	Red
c) Low Hazard Liquids	Green
d) Low Hazard Gases	Blue

3. Include, in the appropriate background, the materials contained in the piping and the direction the material is flowing.

EMPLOYEE TRAINING

The Hazard Communication Standard requires that employers provide employees with information regarding hazardous chemicals in their work area. All affected employees will be trained and informed at the time of initial assignment on the Hazard Communication Standard and whenever a new hazard is introduced into the work place. Department heads and supervisors will be trained regarding hazards and appropriate protective measures so they will be available to answer questions from employees and provide daily monitoring of safe work practices.

Objectives of the employee training program are as follows:

- Increase employee awareness of chemicals and other hazardous materials in their work area.
- Teach employees how to read safety data sheets.
- Detail the Hazard Communication Standard pertaining to employees and their workplace environment. Assist employees in understanding standard and in-house labeling systems.
- Instruct employees regarding the hazards involved with non-routine tasks.

Before exposure to a chemical, each new employee who will be exposed or potentially exposed to hazardous chemicals will receive information and training that includes the following:

- Employees will have access to the written Hazard Communication Program and informed of its location.
- Employees will be trained to read and understand safety data sheets, including: chemical and physical properties of hazardous materials (i.e., flash point, reactivity); physical hazards of chemicals (i.e., potential for fire, explosion); and health hazards, including signs and symptoms associated with exposure to chemicals and any condition known to be aggravated by exposure to the chemical.
- Employees will be instructed where safety data sheets are located.
- Employees will be trained to read and understand a label.
- Employees will be trained in how to handle hazardous chemicals used in their work area and chemicals encountered when performing non-routine tasks.
- Employees will be trained in the proper use, storage, and handling of personal protective equipment.

- Employees will be instructed on work procedures to follow to assure their protection when cleaning hazardous chemical spills and leaks.

- Employees will be instructed where medical supplies and safety equipment are kept.

The Human Resources & Risk Management Department, in conjunction with Department Heads, will review the training program on an annual basis and determine the appropriate levels of training and re-training. Retraining is required when the hazard changes or when a new hazard is introduced into the work place. It will be City of Stoughton policy to provide training regularly to ensure the effectiveness of the program. As part of the assessment of the training program, employee input will be obtained regarding the training they have received and their suggestions for improving it.

HAZARDOUS NON-ROUTINE TASKS

Periodically, employees are required to perform non-routine, hazardous tasks (i.e., cleaning tanks, entering confined spaces, etc.). Prior to starting work on such projects, each affected employee will be given information by their supervisor about hazardous products to which they may be exposed during such activities. This information will include:

1. Specific chemical hazards and review of specific SDS.

2. Protective safety measures the employee can take.

3. Measures the city has taken to reduce the hazards, including but not limited to: ventilation, respiratory protection, presence of another employee, and the establishment of emergency response procedures.

CONTRACTORS

It is the responsibility of the department head to provide any outside contractors who are working for the affected department with the following information:

1. Hazardous chemicals which the contractors and their employees may be exposed to while on the job site.

2. Precautions the employees may take to reduce the possibility of exposure, such as using appropriate protective measures and proper handling procedures. The department head will be responsible for contacting each contractor before work is started in the department to gather and disseminate any information concerning chemical hazards that the contractor is bringing into the workplace.

RECORDKEEPING

All safety data sheets will be kept for a period of thirty (30) years after the use of the product has been discontinued. In addition, all inventory lists will be kept for a period of thirty (30) years.

PROGRAM EVALUATION

The program shall be evaluated on an annual basis by the Human Resources & Risk Management Department.

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

Hearing Conservation Program Policy

1.0 Purpose

The City of Stoughton is committed to providing a safe and healthy work environment for all our employees. In addition, the City of Stoughton's goal is to comply with the OSHA standards 29 CFR 1910.95 and 29 CFR 1904.10, incorporated by reference in SPS 332.15 for Public Employee Safety and Health.

2.0 Policy/Procedure Details

The Occupational Safety and Health Administration (OSHA) Occupational Noise Exposure standard 29 CFR 1910.95 establishes a permissible exposure limit (PEL) for occupational noise exposure, and requirements for audiometric testing, hearing protection, and employee/volunteer training if those sound levels are exceeded. This regulation defines an "action level" (AL) as a "dose" of 50%, which is equivalent to an eight-hour time weighted average of 85 dBA. When noise levels exceed this amount, an effective hearing conservation program is required, which includes as a minimum:

Requirement	*Section*
1. Noise monitoring	29 CFR 1910.95(d)(e)(f)
2. Audiometric testing	29 CFR 1910.95(g)(h)
3. Hearing protectors	29 CFR 1910.95(i)G)
4. Education and training	29 CFR 1910.95(k)(l)
5. Recordkeeping	29 CFR 1910.95(m)

Note: The OSHA regulation only indicates a minimum level of hearing protection and focuses on permanent hearing loss. Short durations of noise, especially sharp bursts of noise at these levels can not only induce hearing loss but can also affect an employee's/volunteer's health and safety in other ways *(See Appendix F)*.

Occupational noise can cause hearing loss, and increase the worker's susceptibility to other workplace problems including physical and psychological disorders, interference with speech and communication, and disruption of job performance associated with excessive noise intensities. This exposure to noise produces hearing loss of a neural type involving injury to the inner ear hair cells. The loss of hearing may be temporary or permanent. Brief exposure causes a temporary loss. Repeated exposure to high noise levels will cause a permanent loss.
Permanent hearing loss is preventable with the continued use of proper hearing protection and reduction of workplace noise levels to below 85 decibels. This will benefit not only employees / volunteers who can listen and communicate well throughout their lifetimes, but also helps the employer in terms of reduced exposure to hearing loss compensation claims and a potential for increased general safety and job performance.

PROGRAM BACKGROUND

Occupational noise can cause hearing loss, and increase the worker's susceptibility to other workplace problems including physical and psychological disorders, interference with speech and communication, and disruption of job performance associated with excessive noise intensities. This exposure to noise produces hearing loss of a neural type involving injury to the inner ear hair cells. The loss of hearing may be temporary or permanent. Brief exposure causes a temporary loss. Repeated exposure to high noise levels will cause a permanent loss.

Permanent hearing loss preventable with the continued use of proper hearing protection and reduction of workplace noise levels to below 85 decibels. This will benefit not only employees/volunteers who can listen and communicate well throughout their lifetimes, but also helps the employer in terms of reduced exposure to hearing loss compensation claims and a potential for increased general safety and job performance.

RESONSIBILITY FOR COMPLIANCE

Administration of this program will be the responsibility of the Department Head and or his/her designee.
The administrative responsibilities include:

1. Coordination and supervision of noise exposure monitoring.
2. Identification of employees/volunteers to be included in the Hearing Conservation Program.
3. Coordination and supervision of audiometric testing program.
4. Supervision of hearing protector selection.
5. Development of policies relating to the use of hearing protectors.
6. Supervision of employee/volunteer training programs.
7. Coordination and supervision of required recordkeeping.
8. Periodic evaluation of overall program.
9. Coordination of required changes/improvements in the program.

NOISE MONITORING

Noise exposure measurements will be conducted whenever exposures are expected to be between 80 dBA and 130 dBA.

This monitoring will be coordinated by the Department Head or his/her designee with assistance from CVMIC (our Worker's Compensation insurance carrier).

The results of the noise exposure measurements will be recorded on a departmental form *(See Appendix A)*. This form will be made available to employees/volunteers.

AUDIOMETRIC TESTNG

1. Audiometric testing will be performed on all employees/volunteers whose exposures equal or exceed an 8-hour time-weighted average TWA of 85 decibels (Action level).

2. Audiometric testing will be provided at no cost to employees/volunteers.

3. Audiometric tests will be performed by a licensed or certified audiologist, otolaryngologist, or other physician, or by a technician who is certified by the
Council of Accreditation in Occupational Hearing Conservation, or who has satisfactorily demonstrated competence in administering audiometric examinations.
A technician who operates microprocessor audiometers does not need to be certified. A technician who performs audiometric tests must be responsible to an audiologist, otolaryngologist, or physician.

4. Baseline Audiogram

- A baseline audiogram will be conducted within 6 months of an employee's/ volunteer's first exposure at above the action level in order to establish a valid baseline audiogram against which subsequent audiograms can be compared.
- Mobile test van exception: Where mobile test vans are used to meet the audiometric testing obligation, the City will obtain a valid baseline audiogram within 1 year of an employee/volunteers first exposure at or above the action level employees/volunteers will wear hearing protectors for any period exceeding six months after first exposure until the baseline audiogram is obtained.
- Testing to establish a baseline audiogram will be preceded by at least 14 hours without exposure to workplace noise. Hearing protectors may be used as a substitute for the requirement that baseline audiograms be preceded by 14 hours without exposure to workplace noise.
- The Department Head will notify employees/volunteers of the need to avoid high levels of non-occupational noise exposure during the 14-hour period immediately preceding the audiometric examination.

5. Audiograms will be conducted at least annually after obtaining the baseline audiogram fur each employee/volunteer exposed at or above an 8-hour time-weighted average of 85 decibels.

6. All affected City of Stoughton employees/volunteers identified as part of this program shall have an audiogram conducted just prior to leaving employment due to retirement (NOTE: Preferably on their last day of employment).

7. The Human Resources & Risk Management Department will maintain a record of all employee/volunteer audiometric test records.
This record will include:

- Name and job classification of the employee/volunteer.
- Date of the audiogram.
- The examiner's name.
- Date of the last acoustic or exhaustive calibration of the audiometer.
- Employee's/volunteer's most recent noise exposure assessment.

AUDIOMETRIC EVALUATION

1. Each employee's/volunteer's annual audiogram will be compared to his/her baseline audiogram by qualified evaluator to determine if a Standard Threshold Shift (STS) has occurred.

2. A Standard Threshold Shift is defined by OSHA as a change in hearing threshold relative to the baseline of an average of l0dB or more at 2000, 3000, and 4000 Hz either ear.

3. In determining if a Standard Threshold Shift has occurred, an allowance can be made for the contribution of aging (presbycusis). The age correction values to be used are found in Appendix F of 1910.95.

4. If an annual audiogram indicates that an employee/volunteer has incurred a Standard Threshold Shift, the person will be scheduled for a retest within 30 days to determine if the threshold shift is persistent.

5. The following procedures will be taken if a comparison of the baseline audiogram indicates a persistent standard threshold shift.

    - Employees/volunteers not using hearing protectors will be trained, fitted, and required to use hearing protectors if they are exposed to an 8 hour TWA average sound level of 85 decibels or greater.

    - Employees/volunteers already using hearing protectors will be retrained, refitted, and required to use hearing protectors.

    - The Human Resources & Risk Management Department will inform the employee, in writing, within 21 days of this determination, of the existence of a permanent Standard Threshold Shift. *(See Appendix C)* A copy of the STS letter will also be sent to the employee's/volunteer's Department Head.

    - The Department Head or his/her designee will counsel the employee/volunteer on the importance of using hearing protection and refer the employee/volunteer for further clinical evaluation if necessary.

6. Persistent significant threshold shifts must be entered on the OSHA ;100 300 Log (Form 300) if determined to be work related. OSHA's current recordkeeping standard will be followed to ensure reporting compliance.

7. If subsequent audiometric testing of an employee/volunteer whose exposure to noise is less than an 8-hour TWA of 90 decibels indicates that a Standard Threshold Shift is not persistent, the Human Resources & Risk Management Department:

    - Shall inform the employee/volunteer of the new audiometric interpretation.

    - Discontinue the required use of hearing protectors for that employee/volunteer.

PROTECTIVE EQUIPMENT

1. The Department Head or his/her designee shall ensure that hearing protectors are worn:

    - By any employee/volunteer who is subjected to sound levels equal to or exceeding an 8-hour TWA of 90 decibels.

    - By any employee/volunteer who has experienced a persistent Standard Threshold Shift and who is exposed to 8-hour TWA of 85 decibels or greater.

    - By any employee/volunteer who has not had an initial baseline audiogram and who is exposed to 8-hour TWA of 85 decibels or greater.

2. Employees/volunteers will be given the opportunity to select their hearing protectors from a variety of suitable hearing protectors at no cost to them.

3. The Department Head or his/her designee will provide training in the use and care of all hearing protectors.

4. The Department Head or his/her designee will ensure proper initial fitting and supervise the correct use of all hearing protectors.

5. Employees/volunteers will be held accountable for properly using and maintaining the equipment furnished.

6. The Department Head or his/her designee will evaluate the attenuation characteristics of the hearing protectors to ensure that a given protector will reduce the individual's exposure to the required decibels. *(See Appendix DJ*

    - If the 8-hour TWA is over 90 decibels, then the protector must attenuate the exposure to at least an 8-hour TWA of 90 decibels or below.

    - If the protector is being worn because the employee/volunteer experienced Standard Threshold Shift, then the protector must attenuate the exposure to an 8-hour TWA of 85 decibels or below.

    - If the employee/volunteer noise exposure increases to the extent that the hearing protectors provided may no longer provide adequate attenuation, the employee/volunteer will be provided more effective hearing protectors.

7. It is the responsibility of the supervisor to ensure that hearing protectors are worn by all employees/volunteers who are exposed to noise levels at or above an eight hour TWA of 90 decibels or if the employee/volunteer experienced a permanent STS or has not yet had a baseline audiogram.

EMPLOYEE/VOLUNTEER TRAINING

An annual training program for affected employees/volunteers will be coordinated by CVMIC and will include information on:

1. The effects of noise on hearing.
2. The purpose and use of hearing protectors.
3. The advantages and disadvantages of various types of protection.
4. Instruction in the selection, fitting, use and care of protectors.
5. The purpose of audiometric testing and an explanation of the test procedures.

NOTE: The Hearing Conservation Training Roster *(See Appendix E)* will be used to record the training dates and the employees/volunteers in attendance.

RECORDKEEPING

Noise exposure measurement records will be retained for two years.

Audiometric test records will be retained for the duration of the affected worker's employment plus thirty years.

POLICY REVIEW

This policy will be reviewed on an annual basis by *the Department Head and Human Resources & Risk Management Director* to ensure that any changes in applicable safety standards, operational procedures, or safe practices that have occurred will be incorporated to ensure compliance.

3.0 Exhibits / Appendices / Forms

APPENDIX	-	REFERENCE INFORMATION
APPENDIX A	-	**Noise Exposure Measurements**
APPENDIX B	-	**Job Classification Hazard Analysis**
APPENDIX C	-	**Sample Standard Threshold Shift (STS) Letter**
APPENDIX D	-	**Hearing Protection Equipment Summary**
APPENDIX E	-	**Sample Hearing Conservation Training Roster**
APPENDIX F	-	**Permissible Noise Exposures – OSHA Chart G-16(a)**
APPENDIX G	-	**Definition of Terms**
APPENDIX H	-	**City of Stoughton Receipt Form**

APPENDIX A

NOISE EXPOSURE MEASUREMENTS

DEPARTMENT: _____

EVALUATOR:_____DATE: _____

Area/Equipment	dBA Level	Notes/Remarks
(example: STIHL Concrete Saw)	*(example: 97 dB)*	*(example: Cutting concrete -At point of operation)*

APPENDIX B

JOB CLASSIFICATION HAZARD ANALYSIS

Department	Job Classification	Has Exposure >.85 dbA TWA		NO Exposure <85 dbA TWA
(example: DPW Streets)	*(example: Director of Public works and Engineering)*			*X*
	Superintendent	*X*		
	Public Works Supervisor	*X*		
	DPW Maintenance Worker (In Charge)	*X*		
	Equipment Operator	*X*		
	DPW Maintenance Worker II	*x*		
	DPW Maintenance Worker I	*X*		
	Engineering Tech			*X*
	Laborer (Seasonal)	*X*		
	Mechanic	*X*		
	Mechanic Assistant	*X*		
	Office Assistant			*X*

APPENDIX C

SAMPLE STANDARD THRESHOLD SHIFT (STS) LETTER

Dear (INSERT NAME),

Your most recent audiometric test result was compared to your baseline audiogram. This comparison indicates that your hearing has deteriorated to the point where your hearing impairment constitutes a 'standard threshold shift. This is defined by the Occupational Safety and Health Administration (OSHA) as a relative hearing loss of an average of 10 decibels in either ear at the frequencies of 2000, 3000 and 4,000Hz.

An audiogram cannot define why you have a hearing loss, but there are many possible reasons such as infection, wax buildup in your ear and noise.

By taking the necessary action now, we can try to stop hearing loss from getting worse.

Consequently, we want to fit you with hearing protectors. Please call_____
to arrange an appointment with _____

Whenever you are in a work environment that would result in noise exposure that equals or exceeds an 8-hour Time Weighted Average (TWA) of 85 decibels, hearing protection **must** be used.

Loss of hearing will affect your life. Preserve your hearing while you still have a chance.

Our Human Resources & Risk Management Department will attempt to answer any questions you may have.

Sincerely,

APPENDIX D

HEARING PROTECTON EQUIPMENT SUMMARY

DEPARTMENT:_____**DATE:** _____

Type of Protector *(Muff/Cap/Plug)*	Brand Name and Model	Noise Reduction Rating *(NRR)*	Attenuation Level Attained
(example: Ear Plugs)	*(example: EAR Control Fit)*	*(example: 34 NRR)*	
(example: Ear Muffs)	*(example: Bilsom Comfort)*	*(example: 29 NRR)*	

APPENDIX E

SAMPLE HEARING LOSS ROSTER

INSTRUCTOR:_____**DATE:** _____

AREA/EQUIPMENT	JOB CLASSIFICATION	DEPARTMENT

APPENDIX F

PERMISSABLE NOSE EXPOSURES

29 CF 1910.95 TABLE G-16(a)

Duration (Hours)		Sound Level Slow Response
32.0		80
27.9		81
24.3		82
21.1		83.
18.4		84
16.0		85
13.9		86
12.1		87
10.6		88
9.2		89
8.0		90
7.0		91
6.2		92
5.3		93
4.6		94
4.0		95
3.5		96
3.0		97
2.6		98
2.3		99
2.0		100
1.7		101
1.5		102
1.4		103
1.3		104
1.0		105

APPENDIX G

DEFINITION OF TERMS

Action Level: A sound level equaling an 8-hour time-weighted average (TWA) of 85 decibels on an A- weighted level (dBA), or equivalently a noise dose of 50 percent, as specified in the **OSHA regulation at 439 29 CFR 1910.95.**

Audiogram: A chart, graph, or table that results from an audiometric test. An audiogram shows an individual's hearing threshold level as a function of frequency (hertz).

Audiologist: A professional specializing in the study and rehabilitation of hearing who is certified by the American Speech-Language-Hearing Association or licensed by a state board of examiners.

Baseline Audiogram: Reference audiogram against which future audiograms are compared.

Decibel (dB): Unit of measurement of sound level.

dBA (decibels on an A-weighted level)*:* A measurement of noise intensity obtained using a sound-measuring instrument commonly used to define degrees of auditory risk. The A-weighting is a measurement that closely parallels the auditory characteristics of normal human hearing.

Dosimetry: A technique of sound measurement that integrates cumulative noise exposure over time and directly indicates a noise dose.

Hearing Conservation Program (HCP): An annual audiometric testing and hearing conservation training program for employees exposed to sound levels equaling or exceeding the action level.

Hearing Protection Device (HPD): Personal protective equipment worn by an individual for the purpose of reducing noise exposure, including reusable and disposable earplugs, ear muffs, and similar noise attenuating devices.

Noise dose: A measure of the noise exposure to which a person is subjected in the workplace.

Standard Threshold Shift (STS): A change in hearing threshold, relative to the baseline audiogram, of an average of 10 dB or more at 2000, 3000, and 4000 Hz in either ear, taking into account any changes due to presbycusis (age-related hearing loss).

Time-Weighted Average (TWA): Noise exposure averaged over a designated period of time (example: 8-hour TWA).

APPENDIX H

CITY OF STOUGHTON HEARING CONSERVATION PROGRAM

RECEIPT FORM

I have read, been trained and understand the ***City of Stoughton Hearing Conservation Program.*** I agree to follow the applicable City of Stoughton Hearing Conservation Program rules, policies and safe practices. I also understand that failure to comply with this policy and its requirements could result in disciplinary action, up to and including termination of employment.

I acknowledge receipt of the City of Stoughton Hearing Conservation Program on the date indicated below. I further understand that a copy of this receipt will be placed in my employee/personnel file.

Check all that apply:

- ☐ Attended CVMIC Hearing Conservation Program Training on: _____
- ☐ Watched CVMIC Hearing Conservation Program Training Video on:_____

Employee Name (PRINT): _____

Employee Signature: _____

Department: _____

Date Signed: _____

4.0 Council Approved

ENTER DATE

Lockout/Tagout Program Policy
(Hazardous Energy Control)

1.0 Purpose

The purpose of this Hazardous Energy Control Program is to establish the minimum requirements for the lockout/tagout of energy control devices whenever maintenance or servicing is performed on machines or equipment. This program shall be used to ensure that machines or equipment are de-energized and isolated from all potentially hazardous energy sources and locked and/or tagged out before employees perform any servicing or maintenance where the unexpected energizing or start-up of the machine or equipment or release of stored energy could cause injury.

2.0 Policy Details

Occupational Safety and Health Administration (OSHA) 29 CFR

1910.147 Department of Commerce (DCOMM) 32.15

This standard covers the servicing and maintenance of machines and equipment in which the unexpected energizing or startup of the machines or equipment, or release of stored energy could cause injury to employees. This standard does not cover the following:

A. Construction, agriculture, and maritime employment.

B. Installations under the exclusive control of electric utilities for the purpose of power generation, transmission, and distribution, including related equipment for communication ormetering.

C. Exposure to electrical hazards from work on, near, or with conductors or equipment in electrical utilization installations.

D. Oil and gas well drilling and servicing.

3.0 Procedures

APPLICATION

A. This program applies to the control of energy during servicing and/or

normal maintenance of machines and equipment if:

1. An employee is required to remove or bypass a guard or other safety device.

2. An employee is required to place any part of his or her body into an area on a machine or piece of equipment where work is being performed at or upon the point of operation, or when an associated danger zone exists during a machine operating cycle.

EXCEPTION: Minor tool changes and adjustments which take place during normal production operations are not covered by the DCOMM/OSHA standard if they are routine, repetitive, and integral to the use of the equipment for production, provided that the work is performed using alternative measures which provide effective protection.

NOTE: The DCOMM/OSHA Lockout/Tagout Standard (See 29 CFR 1910.147) does not apply to work on cord and plug connected electrical equipment when the employee performing the service or maintenance unplugs the equipment from the energy source and the plug is under his/her exclusive control. The standard also does not apply to hot tap operations involving transmission systems from substances such as gas, steam, water, or petroleum when these operations are performed on pressurized pipelines.
However, the employer must demonstrate that 1.) the continuity of service is essential, 2.) that shutting off of the system is impractical, and 3.) that special equipment is used which provides effective protection.

B. Affected Employees

Job Classification(s) required to follow Lockout/Tagout procedures include:

1. Planning Department: Building Inspector, Facilities Maintenance Specialist.

2. Public Works Department: Public Works Fleet Maintenance Manager, Streets Supervisor, Street Foreman, Public Works Machine Operators, City Forester, Parks Maintenance Supervisor, Parks Seasonal Employees.

C. Authorized Employees

Job classifications that have the authority and responsibility to perform lockout operations:

1. Public Works Fleet Maintenance Manager
2. Streets Supervisor
3. Parks Supervisor
4. Building Inspector
5. Facilities Maintenance Specialist

D. Other Employees

Job classifications whose work operations are or may be in an area where energy control procedures may be utilized:

1. Public Works Administrative Assistant

E. Sources of Energy and Stored Energy Requiring Lockout

1. Electrical: service panels, outlets, transformers, motors, capacitors
2. Mechanical: spring-loaded equipment, tensioning devices
3. Hydraulic: rams, oil-powered equipment
4. Pneumatic: compressed-air equipment
5. Kinetic/Gravity: counterweights, flywheels
6. Fluids/Steam: heating pipes, steam lines

RESPONSIBILITY FOR COMPLIANCE

A. All employees are required to comply with the restrictions and limitations imposed upon them during the use of lockout procedures. Employees authorized to lockout machines/equipment are required to perform the lockout in accordance with the specific procedures established for each machine or piece of equipment. Upon observing a machine or piece of equipment which is locked out to perform servicing or maintenance, employees shall not attempt to start, energize or use that machine or equipment. Failure to comply with this policy will result in disciplinary action.

B. The department head will be responsible for the following:

1. Definition and procurement of authorized lockout and tagout devices.

2. Training of supervisors and employees on facility policy and procedures for hazardous energy control.

3. Implementation of the Energy Control Policy and review of supervisory/employee performance.

4. Assurance that newly acquired equipment or overload equipment canaccommodate locks.

5. Master file maintenance of specific policies, lockout procedures review and training records.

C. The department head shall work with the Authorized Employees to:

1. Identify specific hazards and develop hazard isolation procedures within the facility.

2. Ensure that the facility's hazardous energy control policy and procedures are communicated to employees in the work unit.

3. Monitor hazard isolation procedures for effectiveness.

4. Enforce hazard isolation procedures within his/her work unit and between work units or employers in the case of outside contractors.

5. Maintain work unit files documenting employee training.

6. Specify controls capable of being locked out when replacing or updating equipment controls.

D. Transfer of Lockout/Tagout Responsibility:

No employee shall remove a lockout or tagout device affixed by another employee unless authorized. Responsibly for lockout or tagout remains that of the authorized employee who affixes the lockout or tagout device subject to the following exception:

When an incoming authorized employee is to assume lock/tagout responsibilities on a piece of equipment from a departing employee due to shift or personnel changes, the incoming employee shall affix his/her properly labeled locks and/or tag devices to the equipment. If it is intended that the equipment remain securely locked out until the departing employee returns, responsibility does not need to be passed on to the incoming employee.

ENERGYCONTROLPROCEDURES

Procedures will be developed and documented when employees are engaged in activities that potentially could be hazardous due to exposure from an energy source. The following exceptions to this required documentation include:

1. The machine or equipment has no potential for stored or residual energy or re- accumulation of stored energy after shut down which could endanger employees.

2. The machine or equipment has a single energy source, which can be readily identified and isolated.
3. The isolation and locking out of that energy source will completely de-energize and deactivate the machine or equipment.

4. The machine or equipment is isolated from that energy source and locked during servicing or maintenance.

5. A single lockout device will achieve a locked-out condition.

6. The lockout device is under the exclusive control of the authorized employee performing the servicing or maintenance.

7. The servicing or maintenance does not create hazards for other employees.

8. The employer, in utilizing this exception, has had no accidents involving the unexpected activation or re-energization of the machine or equipment during servicing or maintenance.

Energy control procedures shall clearly and specifically outline the purpose, rules and techniques to be utilized for the control of hazardous energy *(See* Form #1). These procedures must include the following:

1. A specific statement of the intended use of the procedures.

2. Specific procedural steps for shutting down, isolating, blocking and securing machines or equipment to control hazardous energy.

3. Specific procedural steps for the placement, removal and transfer of lockout or tagout devices and the responsibility for them.

4. Specific requirements for testing a machine or equipment to determine and verify the effectiveness of lockout devices, tagout devices and other energy control measures.

EQUIPMENT FOR LOCKOUT/TAGOUT

A. For the purpose of achieving lockout/tagout, employees will be provided with appropriate lockout equipment. Equipment shall include, but not be limited to:
   1. Padlocks
   2. Lockout tags/devices
   3. Lockout hasps
   4. Circuit breaker lockout

B. *Padlocks* - One or more padlocks will be issued to each authorized employee. Each employee will have an individual key. Only one key per lock shall be issued. These locks may be used only for lockout purposes. Locks will be identified by a number assigned to each employee and/or by the use of a name tag. Only the authorized person may apply and remove the lock, and the key may never be given to another person.

C. *Lockout Clamps* - These devices are designed to accommodate more than one lockout padlock when more than one person is working on de-activated equipment. Each person, to assure his or her safety, will apply a lock and warning tag and remove it when the task is completed.

D. *Warning Tags* -Authorized employees will be issued warning tags which must be used whenever a padlock cannot be applied. The tag must be affixed as closely as possible to the energy disconnect with a single purpose 50-pound strength plastic tie. Extra caution must be exercised since there is no physical restraint when only a tag is used and energy can

be restored without removing a padlock. In addition, where possible, energy source components should be altered, removed, or obstructions should be placed to restrict access to energy disconnects. Electricians may remove fuses but must attach a tag to the panel involved and remove it when the machine is ready for service and the fuse is replaced.

Tag legends may include, but are not limited to:

DANGER Do Not Start

DANGER Do Not Open

DANGER Do Not Close

DANGER Do Not Energize

DANGER Do Not Operate

DANGER Hands Off

Warning tags shall bear the name of the authorized person and the date of application. Tags must be durable, weather proof and not easily damaged.

SEQUENCE OFLOCKOUT

A. The authorized employee shall notify all affected employees that servicing or maintenance is required on a machine or equipment and that the machine or equipment must be shut down and locked out to perform the servicing or maintenance.

B. The authorized employee shall identify the type and magnitude of the energy that the machine or equipment utilizes, understand the hazards of each energy source, and shall know the methods to control the energy.

C. When the electrical disconnect is attached (or adjacent) to the equipment, the motor stop button shall be depressed and the disconnect handle placed in the "OFF" position. The disconnect handle should be operated while standing to one side of the disconnect rather than in front of the switch. This is a safety precaution in case the parts in the switch explode. The authorized employee should attach his/her lock to the handle of the disconnect and remove the key.

D. If a switch or disconnect cannot be locked out for any reason, an electrician move the fuses before any work is started.

E. Stored or residual energy such as that in capacitors, springs, rotating flywheels, and hydraulic systems, and in air/gas, steam, or water pressure lines must be dissipated or restrained by methods such as grounding,

repositioning, blocking, or venting. If there is a possibility of accumulation of stored energy, isolation must be verified continuously until servicing or maintenance is completed.

F. Equipment using hydraulic pressure shall be locked out by placing the hydraulic pump motor electrical disconnect switch in the "OFF" position, applying a lock to the disconnect, and bleeding off residual pressure in the piping system if the energy could potentially endanger personnel.

G. The authorized employee shall ensure that the equipment is completely disconnected from all energy source(s) by operating the push button or other normal operating controls or by otherwise testing to make certain the machine/equipment will not operate.

H. Return operating control(s) to neutral or "OFF" position after verifying the isolation of the equipment.

I. The machine is now locked out and service or repairs can safely begin.

J. If there are any doubts about the above procedure, the authorized employee shall contact his/her supervisor before proceeding.

PROCEDURES INVOLVING MORE THAN ONE PERSON (GROUP LOCKOUT/TAGOUT)

If more than one authorized employee is required to lockout or tagout machines and/or equipment, the following organizational procedures/structure shall be followed:

1. A primary authorized employee shall be designated to exercise primary responsibility for the implementation and coordination of the lockout/tagout of hazardous energy sources and for the equipment to be serviced.

2. The primary authorized employee shall coordinate with equipment operators before and after completion of servicing and maintenance operations that require lockout/tagout.

3. A verification system shall be implemented to ensure the continued isolation and de-energization of hazardous energy sources during maintenance and servicing operations.

4. Each authorized employee shall be assured of his/her right to verify individually that the hazardous energy has been isolated and/or de-energized.

5. When more than one crew, craft, department, etc. is involved, each separate group of servicing/maintenance personnel shall be accounted for by a principal authorized employee from each group. Note: The principal authorized employee is an authorized employee who oversees or leads a group of

servicing/maintenance workers such as plumbers, electricians, etc. Each principal employee is responsible to the primary authorized employee for maintaining accountability of each worker in that specific group. No authorized employee may attach or remove another authorized employee's lock/tag unless the provisions of the exception to 29 CFR 1910.147(e) (3) are met.

The group lockout/tagout process for each authorized employee shall include:

1. Each authorized employee shall place his/her own personal lockout device or tagout device on the energy isolating device(s).

2. When an energy-isolating device cannot accept multiple locks or tags, a multiple lockout or tagout device (hasp) may be used.

3. If lockout protection is used, a single lock may be used to lockout the machine or equipment with the key being placed in a lockout box or cabinet which allows the use of multiple locks to secure the box or cabinet.

4. Each authorized employee will then use his/her own lock to secure the box or cabinet. As each authorized employee no longer needs to maintain his/her lockout protection, that person will remove his/her lock from the box or cabinet and verify or observe de-energization of the equipment.

RESTORING EQUIPMENT TO SERVICE

When servicing or maintenance is completed and the machine or equipment is ready to return to normal operating condition, the following steps shall be taken by the authorized person:

1. Visually inspect the machine or equipment and the immediate area around the machine or equipment to ensure that nonessential items have been removed and that the machine or equipment components are operationally intact.

2. Visually inspect the work area to ensure that all employees have been safely positioned or removed from the area.

3. Verify that the controls are in neutral.

4. Remove the lockout device(s) and re-energize the machine or equipment.

NOTE: The removal of some forms of blocking may require re-energization of the machine before safe removal.

5. Notify affected employees that the servicing or maintenance is completed and the machine or equipment is ready to use.

ABANDONED LOCK REMOVAL PROCEDURES

If a safety lock has been left in place by an employee who has departed the building, it shall be removed only by adherence to the following procedure:

Before the lock is removed:

1. A thorough inspection of the equipment must be made by the supervisor responsible for the area.
2. The supervisor must confirm that the authorized employee who applied the lock-out device is not at the facility.

3. The supervisor shall remove the lock providing he/she has determined starting up the equipment will not endanger other personnel.

4. Each time it is necessary to remove/cut a safety lock, a written report shall be prepared by the person authorized to remove the lock and a copy will be sent to the department head.

5. The supervisor shall make a reasonable effort to contact the employee who originally applied the lock to inform him/her that the device has been removed. This contact is necessary so that the affected employee may be informed that this has occurred prior to resuming work at this facility.

TRAINING

A. Each authorized employee will receive training in the recognition of applicable hazardous energy sources, the type and magnitude of the energy available in the workplace, and the methods and means necessary for energy isolation and control. The training will be documented on Form #2.

B. Each affected employee will be instructed in the purpose and use of the energy control procedure. The training/instruction will be documented on Form #3.

C. All other employees whose work operations are or may be in an area where energy control procedures may be utilized, will be instructed about the procedure and about the prohibition relating to attempts to restart or re-energize machines or equipment which are locked out. The instruction will be documented on Form #4.

D. When employees are assigned to work in or on equipment that could potentially endanger personnel should it be activated, the supervisor assigning employees to this work is responsible for ensuring that these workers are provided with specific equipment and instructions to comply with this power lockout procedure.

E. Authorized and affected employees will be retrained whenever there is a

change in their job assignments that could affect their lockout responsibilities, a change in the machines that presents a hazard, or a change in energy control procedures.

F. Additional retraining will be conducted whenever the periodic inspection reveals that there are deviations from, or inadequacies in the employee's knowledge or use of, energy control procedures.

PERIODIC INSPECTIONS

A comprehensive inspection/audit of the energy control procedures will be conducted by City of Stoughton Risk Manager at least annually to ensure that the facility is in compliance with the DCOMM/OSHA Power Lockout/Tagout Standard and the procedures outlined in this policy. The results of the annual inspection will be recorded on the Annual Power Lockout/Tagout Certified Inspection Worksheet. *(See* Form #5)

CONTRACTOR RELATIONS

The requirements and procedures described in this policy will be explained to contractors who come into the facility to perform installation, service and/or maintenance work.
Contractors must also inform management of their own lockout/tagout procedures. The exchange of this information will be documented on Form #6.

DEFINITIONS

Affected Employee: An employee whose job requires him/her to operate or use a machine or equipment on which servicing or maintenance is being performed under lockout or tagout, or whose job requires him/her to work in an area in which servicing or maintenance is being performed.

Authorized Person: A knowledgeable individual to whom the authority and responsibility to perform lockout procedures has been given.

Disconnecting Means: A device that cuts off the source of power to equipment such as an electrical disconnect or an approved air valve.

Energy Control Device: A physical device that prevents the transmission or release of energy. Manually operated disconnect switches, line valves, blocks, and slide gates are examples of energy control devices that provide a visible indication of the position of the device. "On/Off' buttons, selector switches and other control circuit devices are not energy control devices.
Energy Source: Any electrical, mechanical, hydraulic, pneumatic, chemical, nuclear, thermal or other potential energy source that could have potential to endanger personnel.

Entry Point of Power: The point at which energy enters the system, machine or unit,

such as the main electrical disconnect. Changes in power routing at the entry point should be shown on the circuit diagrams for the machines.

Lockout: The placement of a lockout device on an energy-isolating device, in accordance with an established procedure, ensuring that the energy-isolating device and the equipment being controlled cannot be operated until the lockout device is removed.

Other Employees: All other employees whose work operations are or may be in an area where control procedures may be utilized.

Power: Any type of energy that can operate equipment, cause movement, or cause injury directly from the energy source. Common types of power are electricity, air or gas under pressure, gravity, springs, oil or water under pressure, and steam.

Residual Electrical Power: Electrical energy which is retained in a system, machine or unit when the supply line disconnect is placed on the "OFF" position. Power capacitors and electric or magnetic fields are examples that may have residual power if not properly dissipated.

Residual Pressure: The differential pressure remaining within a component after the pressure source is closed off.

4.0 Exhibits / Appendices / Forms

LIST OF FORMS:

Form 1: Specific Energy Control Procedures

Form 2: Authorized Employee Training

Certification Form 3: Affected Employee

Training Certification Form 4: Other Employee

Training Certification

Form 5: Annual Power Lockout/Tagout Certified Inspection Worksheet

Form 6: Documentation of Information Given to Contractors Pertaining to Lockout/Tagout Procedures

Form #1:

SPECIFIC ENERGY CONTROL PROCEDURES FOR EACH PIECE OR TYPE OF MACHINE OREQUIPMENT

Procedure Number:	Date: _____
Completed by:	_____
Machine(s) or Equipment utilizing this procedure:	_____
Number of Locks required: Other	
Lockout Devices required:	_____

PROCEDURES FOR CONTROLLING HAZARDOUS ENERGY

1. Source(s) of Hazardous Energy (Check all that apply).

- o Electrical
- o Natural Gas
- o Springs
- o Hydraulic
- o Gravity
- o Steam
- o Chemical
- o Pneumatic
- o Other: _____

2. Notify affected employees that the machine/equipment is about to be shut down and locked out.

Specific Instructions: _____

_____

_____

3. Shut down the machine/equipment using normal stopping procedures.

Specific Instructions: _____

_____

_____

_____

4. Isolate all energy sources listed above.

Specific Instructions: _____

_____

_____

_____

5. A) Apply locks to all isolate devices operated in Step Four.

Specific Instructions: _____

_____

_____

_____

B) If a tag is used in lieu of a lock when the energy isolating device is incapable of lock- out, the following additional safety precaution will be taken:

Specific Instructions: _____

_____

_____

_____

6. Block or dissipate all stored energy in rams, flywheels, springs, pneumatic or hydraulic systems and steam or gas lines.

Specific Instructions: _____

_____

_____

_____

7. Verify that the machine/equipment is locked out by testing the machine operating controls.

RETURN ALL CONTROLS TO THE "NEUTRAL" OR "OFF" POSITION AFTER TESTING.

Specific Instructions: _____

_____

_____

_____

PROCEDURE FOR REMOVING LOCKS/TAGS

1. Check the machine/equipment to be sure it is operationally intact, tools have been removed, and guards have been replaced.

Specific Instructions: _____

_____

_____

_____

2. Check to be sure all employees are safely positioned.

Specific Instructions: _____

_____

_____

_____

3. Notify all affected employees that locks/tags are going to be removed and the machine equipment is ready for operation.

Specific Instructions: _____

_____

_____

_____

4. Remove all locks, blocks, or other energy restraints.

Specific Instructions: _____

_____

_____

_____

5. Restore all energy to the machine/equipment.

Specific Instructions: _____

_____

_____

_____

Other Comments/Special Precautions:

_____

_____

_____

_____

_____

_____

_____

_____

Form #2:

AUTHORIZED EMPLOYEE TRAINING CERTIFICATION

Date of Training:_____

Instructor:_____

Signature:_____

The following employees have received AUTHORIZED employee training on lockout/tagout procedures:

Employee Name (Please Print)	Employee Signature

Form #3:

AFFECTED EMPLOYEE TRAINING CERTIFICATION

Date of Training: _____

Instructor:_____

Signature: _____

The following employees have received AFFECTED employee training on lockout/tagout procedures:

Employee Name (Please Print)	Employee Signature

Form #4:

Other Employee Training Certifications

Date of Training: _____

Instructor:_____

Signature: _____

The following employees have received OTHER employee training on lockout/tagout procedures:

Employee Name (Please Print)	Employee Signature

Form #5:

Annual Power Lockout/Tagout Certified Inspection Worksheet

DATE:_____ORGANIZATION: _____

MACHINE/EQUIPMENTNAME(S): _____

REVIEW WITH EMPLOYEE(S) PERFORMING SERVICE OR MAINTENANCE ON THE FOLLOWING:

- Have you had Lockout Training? Yes No
- Do you have a safety lock? Yes No
- Are Lockout Procedures for the above machines/equipment available and/or posted? Yes No
- Do you know and understand your Lockout responsibilities? Yes No

OBSERVATION: _____

_____

_____

WERE LOCKOUT PROCEDURES FOLLOWED? _____

_____

_____

LIST DEVIATION(S) OR INADEQUACEIES OBSERVED: _____

_____

_____

_____

_____

CORRECTIONS/CHANGES/COMMENTS: _____

_____

_____

_____

_____

_____

EMPLOYEE(S) OBSERVED:

Name: _____ **DEPARTMENT:** _____

Name: _____ **DEPARTMENT:** _____

Name: _____ **DEPARTMENT:** _____

Name: _____ **DEPARTMENT:** _____

Name: _____ **DEPARTMENT:** _____

Name: _____ **DEPARTMENT:** _____

Name: _____ **DEPARTMENT:** _____

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Name: _____ **DEPARTMENT:** _____

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Name: _____ **DEPARTMENT:** _____

Name: _____ **DEPARTMENT:** _____

Name: _____ **DEPARTMENT:** _____

Name: _____ **DEPARTMENT:** _____

Form #6:

DOCUMENTATION OF INFORMATION GIVEN TO CONTRACTORS PERTAINING TO LOCKOUT/TAGOUT PROCEDURES

Date	Contractor	Information Given

Contractor's Signature:_____ Date: _____

Authorized Employee Signature:_____Date:_____

Authorized Employee Signature:_____Date: _____

LOCKOUT-TAG OUT PROGRAM

RECEIPT FORM

I have read, been trained and understand the ***City of Stoughton Lockout-Tagout Program.*** I agree to follow the applicable Lockout-Tag Out Program rules, policies and safe practices. I also understand that failure to comply with this policy and its requirements could result in disciplinary action, up to and including termination of employment.

I acknowledge receipt of the Lockout-Tag Out Program on the date indicated below. I further understand that a copy of this receipt will be placed in my employee/personnel file.

Check all that apply:

- o Attended CVMIC Lockout-Tagout Program Training on: _____
- o Watched CVMIC Lockout-Tagout Program Training Video o-n: _____

Employee/Volunteer Name _____

Employee/Volunteer Signature: _____

Department: _____

Date Signed: _____

4.0 Council Approved

ENTER DATE

Receipt of Safety Program Policies

I acknowledge that I have received and read the following safety policies of the City of Stoughton (check all that apply):

- ☐ Bloodborne Pathogens
- ☐ Confined Spaces
- ☐ Fall Protection
- ☐ Hazard Communication
- ☐ Hearing Conservation
- ☐ Lock Out/Tag Out (Hazardous Energy Control)
- ☐ PPE (Personal Protective Equipment)

I agree to follow these policies' rules, standards, and safe practices. I understand that failure to comply with these policies and their requirements could result in disciplinary action, up to and including termination of employment. I understand that I will receive training on these subjects annually as an employee of the City of Stoughton.

I further understand that I must speak to my departmental supervisor regarding any specialized safety training I may need to be in compliance with the safety standards of my department.

I acknowledge receipt of the indicated policies on the date specified below. I further understand that a copy of this receipt will be placed in the City's safety records.

Employee/Volunteer Name **(PLEASE PRINT)**: _____

Employee/Volunteer Signature: _____

Department & Title: _____

Date Signed: _____

Uniforms & Personal Protective Equipment (PPE) Policies

- General Policy
- Eye and Face Protection Policy
- Head Protection Policy
- Hearing Protection Policy
- Hand Protection Policy
- Foot Protection Policy
- Uniforms Policy
- High Visibility Safety Apparel Selection Criteria Policy
- Traffic Exposure Protective Clothing Policy
- Other Protective Clothing Policy
- Safety Shoe Requirement Part Time Employee Policy
- Personal Protective Equipment (PPE) Policy Receipt Form

Personal Protective Equipment (PPE) Program
General Policy

1.0 Purpose

In order to comply with the WI Dept. of Commerce (COMM 32) and Federal OSHA Standard (29 CFR 1910.132) the following written program has been established for the City of Stoughton. The purpose of this program is to ensure the safety of all employees/volunteers whenever they may be exposed to a hazard that could cause bodily injury through hazardous processes, environments, chemical hazards, radiological hazards, or mechanical irritants through absorption, inhalation, or physical contact. This program is meant to establish procedures for the selection, training, storage, cleaning, and use of Personal Protective Equipment (PPE). This program shall cover:

- Eye and Face Protection
- Head Protection
- Foot Protection
- Hand Protection
- Hearing Protection
- Traffic Exposure Protection
- Other Protective Clothing

2.0 Policy Details

Employees/volunteers are responsible for properly using and maintaining the above equipment according to established procedures and manufacturer's specifications. The use of PPE will be mandated whenever it is necessary by reason of hazardous processes, environment, chemical hazards, radiological hazards, or mechanical irritants encountered in a manner capable of causing injury or impairment in the function of any part of the body through absorption, inhalation or physical contact. Accordingly, its use will be mandatory as a condition of employment. However, these devices alone should not be relied upon to provide protection against hazards, but should be used in conjunction with engineering and administrative controls.

This policy applies to all City of Stoughton employees/volunteers. This policy is available at the Human Resources & Risk Management Department, located at 600 S. 4th Street, Stoughton, WI 53589.

Responsibilities

The Stoughton Human Resources & Risk Management Director has overall responsibility for the program. The Human Resources & Risk Management Director is responsible for:

- Ensuring that this program complies with all applicable local, state, and federal regulations.
- Maintaining a master file of all hazard assessments completed by each department, which specify which hazards are present, or likely to be present, which necessitate the use of PPE.
- Maintaining a master training record file.
- Evaluating this program when discrepancies arise.

The Department Head and or his/her designee is responsible for:

- Conducting a hazard assessment to determine which hazards are present, or likely to be present, which necessitate the use of PPE.

- Coordinating necessary training for each employee/volunteer required to use PPE, and forwarding training records to the Human Resources & Risk Management Director to be kept on file.
- Informing employees/volunteers of changes in Personal Protective Equipment Technology, job requirements and processes, as they occur.
- Selecting appropriate PPE that will protect against the hazards identified.
- Communicating PPE selection decisions to affected employees/volunteers.
- Providing employees/volunteers with PPE that meets or exceed the criteria established by OSHA (see specific standards in each of the equipment categories).
- Ensuring that employees/volunteers are wearing at a minimum, PPE which is required while in their department(s).
- Conducting on-going training as job requirements change or new PPE is introduced into the work place.
- Instructing new employees/volunteers on the use of PPE necessary for job tasks.

All employees/volunteers are responsible for:

- Attending applicable PPE training classes.
- Wearing required PPE where/when applicable.
- Cleaning PPE as needed.
- Asking questions when unsure of any aspect of PPE requirements.
- Knowing the location of and using the PPE Assessment Program information available to the employees/volunteers for each job task.

Assessment:

General requirements of the OSHA Standard (29 CFR 1910.132) specify that employers must make an assessment of the workplace to determine what hazards are present, or likely to be present, which necessitate the use of personal protective equipment (PPE).

Assessments will be reviewed and updated on an annual basis, or as jobs require new or different PPE. The supervisor shall provide copies of the PPE assessment to the department head when reviewed or changed.

Additionally, if the employee/volunteer determines that he/she is performing a job which needs PPE, but it is not listed by his supervisor on the assessment, he/she shall wear the PPE necessary to prevent injury and inform his/her supervisor of the need to add the job to the assessment list.

Employee Owned PPE:

Employees/volunteers who use their own personal protective equipment on the job must have it approved by the Supervisor or Department Head. All employee-owned PPE must be in compliance with all of the applicable regulations and provide suitable protection against the hazard(s) posed.

Employee Training:

Each department shall provide training to all employees/volunteers who are required by this policy to use PPE. The employee(s) must demonstrate an understanding of the required PPE and the ability to use it safely before being allowed to perform the work requiring the use of PPE. Each such employee/volunteer shall be trained to know at least the following information:

- When PPE is necessary.
- What PPE is necessary
- How to properly put on, take off, adjust and wear PPE
- The limitations of the PPE
- The proper care, maintenance, useful life, and disposal of the PPE.

Departments shall verify that each affected employee/volunteer has received and understood the required training through a written certification that contains the name of the newly trained employee/volunteer, date(s) of training, and the subject of certification.

Recordkeeping:

The Personal Protective Equipment Program will be on file in the Human Resources & Risk Management Office, 600 S 4th Street, Stoughton and at each workplace where PPE is required.

Certifications of the workplace hazard assessments shall be kept in the Human Resources & Risk Management Office, 600 S 4th Street, Stoughton and at the employee/volunteer workplace for a period of five years from the date they were performed.

Training documents shall be kept in the Human Resources & Risk Management Office, 600 S 4th Street, Stoughton for three years. Individual employee/volunteer acknowledgments of training to be kept in the department for three years, or as required by agencies other than the Department of Commerce.

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

Uniforms & Personal Protective Equipment (PPE) Policy

1.0 Purpose

2.0 Policy Details

Coveralls (one per employee) and safety clothing are paid for by the City for employees when deemed necessary by the Department Director. Use of coveralls for day-to-day use is discouraged. The City recommends coveralls be used for especially dirty jobs. These items are City property. Cleaning is the responsibility of the employee. Cleaning is to be done at least weekly unless unworn.

The City will provide one or two piece insulated winter coveralls for each employee regularly assigned to work outdoors in inclement weather. Replacement of such item as a result of normal wear and tear shall be with the prior approval of the Department Director.

The City shall provide uniforms at the discretion of the Department Director to all employees required to wear them. If the City rents uniforms, the uniforms shall be cleaned through a rental service at no cost to the employee.

Employees will be reimbursed for the purchase of safety shoes in the following amounts for those departments where it is deemed necessary by the Department Director:

Full time employees will be reimbursed for the purchase of safety shoes in the amount of $150.00 per year when required by the City.

Permanent part-time employees will be reimbursed for the purchase of safety shoes in the amount of $150.00 every two years when required by the City.

Limited permanent part-time employees will be reimbursed for the purchase of safety shoes in the amount of $75.00 every two years when required by the City.

Seasonal and temporary employees, if required, must furnish their own safety shoes.

All employees required to work in inclement weather will be provided by the City with a pair of rubber rain boots which shall be replaced at the discretion of the Department Director.

Except to the extent already expressly provided in this article, the Employer will provide all required protective equipment and/or clothing.

All sworn Police Department staff shall have the same uniform allowance as agreed to in the current Union Labor Contract.

The Employer agrees to provide a uniform allowance of Five Hundred Dollars ($500.00) per year for uniformed unit employees. Purchase shall be of items approved by the Chief of Police (see Appendix B), and must be approved by the Chief prior to purchase. Reimbursement shall be by voucher to the Chief of Police. New employees will be provided an initial uniform issue as set forth in

Appendix "B", for the first year of employment. If a Sergeant shall terminate employment with the City within his/her first year of service, all uniform items provided by the City shall be immediately returned to the Police Department. Clothing or accessories damaged in the line of duty will be replaced, with the approval of the Police Chief, by the City, provided a claim is submitted within seven (7) calendar days of the date the damage is or should have been first apparent to the Sergeant.

All police department sworn Sergeants shall be provided with ballistic vests. Vests shall be replaced according to the manufacturer's specifications. If a ballistic vest is purchased for the employee, the employee shall wear it while on duty and in uniform, unless otherwise excused by the Chief of Police or his/her designee.

If damaged in the line of duty, the Employer shall replace watches and eyeglasses or contact lenses in an actual cost not to exceed Fifty Dollars ($50.00), Two Hundred Dollars ($200.00) and One Hundred Dollars ($100.00), respectively for all sworn police department Sergeants.

Such firearms and ammunition as are prescribed by the Chief of Police shall be paid for by the Employer. Only prescribed equipment will be carried, except other equipment approved by the Chief of Police, but not required by the Chief of Police, may be carried at the Sergeants expense. All firearms and ammunition paid for by the Employer per this section shall be replaced or repaired by the Employer when necessary due to normal wear and tear through the course of employment.

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

Personal Protective Equipment (PPE) Program
Eye & Face Protection Policy

1.0 Purpose

The purpose of this plan is to establish a program and procedures for eye and face protection for City of Stoughton employees/volunteers. This program complies with the Occupational Safety and Health Administration (OSHA) standard for eye and face protection as found in 29 CFR 1910.133.

2.0 Policy Details

Responsibilities:
The program administrator is the Human Resources & Risk Management Director. The Human Resources & Risk Management Director is responsible for:

- Issuing and administering this program.
- Ensuring that this program satisfies the requirements of all local, state and federal regulations and standards.

Department Heads and or his/her designee are responsible for:

- Conducting a hazard assessment to determine which processes require eye or face protection.
- Ensuring the protection device(s) selected protect against the hazard(s) encountered.
- Ensuring that eye and face protectors comply with ANSI Z87.1-2003.
- Ensuring that appropriate protective eye wear and face protection is being worn, should the conditions warrant such protection.

All Employees/volunteers are responsible for:

- Wearing the appropriate eye and face protection when and where applicable.

General Requirements:

- Each affected employee/volunteer shall use appropriate eye or face protection (such as safety glasses, face shields, or goggles) when exposed to eye or face hazards from flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, or potentially injurious light radiation.
- Each affected employee/volunteer shall use eye protection that provides side protection when there is a hazard from flying objects. Detachable side protectors (clip-on side shields) meeting pertinent requirements set by the American National Standards Institute (ANSI) are acceptable.
- Each affected employee/volunteer who wears prescription lenses while engaged in operations shall incorporate the prescription in its design, or shall wear eye protection that can be worn over the prescription lenses without disturbing the proper position of the prescription lenses or the protective lenses.
- All eye and face personal protective equipment shall be distinctly marked to facilitate identification of the manufacturer.

- Protective eyewear and face protection shall be periodically cleaned according to the manufacturer's instructions. If none are available, clean with mild soap and a warm water

solution by soaking the device in the soap solution for 10 minutes. Rinse thoroughly and allow to dry.

- Face shields are not to be considered eye protection and shall be worn only in conjunction with safety glasses or goggles.
- Contact lenses offer no protection against eye hazards and are not to be considered personal protective equipment. Employees/volunteers with contact lenses shall wear proper eye or face protection as described above.
- Contact lenses should not be worn in areas where exposure to chemicals, vapors, splashes, radiant or intense heat, or molten metals or in an atmosphere which contains a large concentration of particulate matter.

Eye Protection Selection Criteria:

The following information obtained from the National Safety Council should help in determining what equipment should be selected for particular job tasks.

Protector Type:

A. Spectacles, semi flat-fold side shield
B. Goggles, flexible fitting, regular ventilation
C. Goggles, flexible fitting, hooded ventilation
D. Goggles, cushioned fit, rigid body
E. Welding goggles, eyecup type, filter lenses
F. Chipping goggles, eyecup type, clear lenses
G. Face shield, plastic or mesh window
H. Welding helmet, stationary window or lift front window

For Contact With	Operation	Hazards	Protectors
Fragments & particles	Chipping, grinding, machining, masonry, sanding	Flying fragments, Flying objects, chips, particles of dirt	A, B, D, F
Heat	Welding	Sparks	A, B, C, D, F
		High heat exposure	B, G
		Splashes	B, G
Chemical	Acid & Chemical handling	Splashes, irritating mists, smoke, fumes, or vapors	C, D, G
Dust & Mist	Woodworking, sanding, general dusty conditions	Dust	C, D, F
		Filter Shade	
IR/UV Radiation	Electric arc welding	10-14	H
	Gas welding	4-8	E, H
	Cutting	3-6	E, H
	Glare	1	E
	Torch soldering	1.5-3	E

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

Personal Protective Equipment (PPE) Program
Head Protection Policy

1.0 Purpose

The purpose of this plan is to establish a program and procedures for head protection for City of Stoughton employees/volunteers. This program complies with the Occupational Safety and Health Administration's (OSHA) Head Protection Standard as found in 29 CFR 1910.135.

2.0 Policy Details

Responsibilities:

The program administrator is the Human Resources & Risk Management Director. The Human Resources & Risk Management Director is responsible for:

- Issuing and administering the program and for ensuring that the program satisfies the requirements of all local, state, and federal regulations and standards.

Department Heads and or his/her designee are responsible for:

- Selecting appropriate head protection to be used. Selection shall be based upon the hazard present.
- Assuring training is conducted pertaining to personal protective equipment.
- Identifying areas in the workplace where head protection is needed.
- Ensuring head protection is being worn in required areas.
- Allowing employees/volunteers time to attend applicable training sessions.

All employees/volunteers are responsible for:

- Wearing appropriate head protection in required areas.
- Reporting defective head protective equipment to his/her supervisor.
- Attending required training sessions and demonstrating knowledge of use of device(s).

Protective Helmets:

There are two types of hard hats:

- Type 1 – helmets intended to reduce the force of impact resulting from a blow only to the top of the head.

- Type 2 - helmets intended to reduce the force of impact resulting from a blow which may be received off center or to the top of the head.

Both of these types of hard hats are classified into three groups:

- Class G (General): intended to reduce the danger of contact exposure to low voltage conductors. Test samples are proof-tested at 2200 volts (phase to ground). However, this voltage is not intended as an indication of the voltage at which the helmet protects the wearer.

- Class E (Electrical): intended to reduce the danger of exposure to high voltage conductors. Test samples are proof-tested at 20,000 volts (phase to ground). However, this voltage is not intended as an indication of the voltage at which the helmet protects the wearer.

- Class C (Conductive): not intended to provide protection against contact with electrical conductors.

General Requirements:

The general OSHA requirements for head protection will be observed in the City of Stoughton Head Protection Program. These are as follow:

- Each affected employee/volunteer shall wear protective helmets when working in areas where there is a potential for injury to the head from falling objects.

- Protective helmets designed to reduce electrical shock hazard shall be worn by each affected employee/volunteer when near exposed electrical conductors which could contact the head.

- Only hard hats approved by the American National Standards Institute (ANSI) shall be used. Protective headgear purchased after July 5, 1994, shall comply with ANSI Z89.1-1997 standards, or be equally effective.

- Headbands within the helmet must be adjusted to fit properly to provide clearance between the headband and shell. This space allows some of the force of a blow to be absorbed by the helmet.

- Helmets should not be stored or carried in the front window or rear window of an automobile because the heat from the sunlight can weaken the helmet. Helmets should be inspected before each use for dents, cracks, or damage that would lessen the protective value of the headgear. If damage is suspected, do not use. Ask for a replacement.

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

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Personal Protective Equipment (PPE) Program
Hearing Protection Policy

1.0 Purpose

The purpose of this plan is to establish a program and procedures for hearing conservation for City of Stoughton employees/volunteers. This program complies with the Occupational Safety and Health Administration (OSHA) noise exposure standard as found 29 CFR 1910.95. This program applies to all employees in operations which produce noise exposures in excess of 85 dB, time-weighted average for eight (8) hours.

2.0 Policy Details

Definitions:

- *"A" Scale*: The setting on a sound level meter that most clearly resembles the way the human ear hears.
- *Audiogram*: A test of an individual's hearing threshold level as a function of frequency.
- *Baseline Audiogram*: The audiogram against which future audiograms are compared.
- *DBA*: Decibel level using the "A" Scale.
- *Decibel (dB)*: Unit of measurement of sound level.
- *Hertz (Hz)*: Unit of measurement of frequency, numerically equal to cycles of a sound wave per second.

Responsibilities:

The program administrator is the Human Resources & Risk Management Director. The Human Resources & Risk Management Director is responsible for:

- Issuing and administering this program and for ensuring that the program satisfies the requirements of all applicable local, state, and federal regulations and standards.
- Coordinating sound measurement and noise level readings.
- Maintaining sound level records for two (2) years. Reviewing the effectiveness of the Hearing Conservation Program and making recommendations for changes.
- Coordinating required program training.

The Department Head and or his/her designee are responsible for:

- Ensuring that sound measurements are taken and noise levels are identified and available to the employees/volunteers within their work sites.
- Ensuring hearing protection is available to all employees/volunteers.
- Ensuring hearing protection is being worn in areas where such equipment is required.

All employees/volunteers are responsible for:

- Wearing hearing protection whenever necessary.

- Participating in annual (or as requested) audiometric testing.

General Requirements:

Whenever sound levels in the work area are excessive, and engineering controls cannot reduce the level, hearing protection shall be worn. The following chart should be used to determine the need for hearing protection:

- Permissible Noise Exposure

Duration per day, hours	Sound level (dBA)
8	90
6	92
4	95
3	97
2	100
1.5	102
1	105
.5	110

- When working at different jobs in one day, the combined time should be considered, rather than each individually.
- Employees/volunteers who are exposed to noise levels at or above 85 dBA for eight (8) hours will be included in the Hearing Conservation Program.
- All new employees/volunteers, who have the potential of exposure to high noise levels for long periods during job tasks, as part of their pre-employment physical, will undergo audiometric testing. This initial test will be considered the employee's/volunteer's baseline audiogram.
- There are many types of hearing protection on the market. The hearing protection device chosen should take into account the following: the amount of protection needed; what will be comfortable; and whether or not it interferes with other PPE being used. Plain cotton is not an acceptable protective device.
- When changes in the work process occur, a noise survey will be conducted.
- Examples of jobs requiring hearing protection include, but are not limited to: mowing, grinding, vactor and jetter operations, weapon firing, chain saw operations, wood chipping, use of jackhammer, and certain vehicle repair.

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

Personal Protective Equipment (PPE) Program
Hand Protection Policy

1.0 Purpose

The purpose of this plan is to establish a program and procedures for hand protection for City of Stoughton employees/volunteers. This program complies with the Occupational Safety and Health Administration (OSHA) Hand Protection Standard as found in 29 CFR 1910.138.

2.0 Policy Details

Responsibilities:

The program administrator is the Human Resources & Risk Management Director. The Human Resources & Risk Management Director is responsible for:

- Issuing and administering this program.
- Ensuring that this program satisfies the requirements of all local, state, and federal regulations and standards.
- Department Heads and or his/her designee is responsible for:
- Conducting hazard assessments throughout their facility to determine where and to what extent hand protection is required.
- Conducting PPE training.
- Selecting hand protection which is suited for the hazard(s) faced.
- Ensuring hand protection is readily available.
- Ensuring hand protection is being worn where required.

All employees/volunteers are responsible for:

- Wearing appropriate hand protection when and where required.

General Requirements:

The general OSHA requirements for hand protection will be observed in the City of Stoughton Hand Protection Program. These are as follow:

- Employer shall select and require employees/volunteers to use appropriate hand protection when employees'/volunteer's hands are exposed to hazards such as those from skin absorption of harmful substances, severe cuts or lacerations, severe abrasions, punctures, chemical burns, thermal burns, and harmful temperature extremes.
- Selection of hand protection shall be based on an evaluation of the performance characteristics of the hand protection relative to the task(s) to be performed, the degree of dexterity required, duration of use, and the hazards and potential hazards identified.

- The manufacturer of the gloves should provide documentation of the performance characteristics of the equipment before a glove is selected and purchased.
- Rubber gloves for protection during electrical work must meet ANSI/ISEA 105 –2000 standards.
- The types of gloves used in city operations include, but are not limited to: cotton, latex, rubber, leather, etc.

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

Personal Protective Equipment (PPE) Program
Foot Protection Policy

1.0 Purpose

The purpose of this plan is to establish a program and procedures for foot protection for City of Stoughton employees/volunteers. This program complies with the Occupational Safety and Health Administration (OSHA) standard for foot protection as found in 29 CFR 1910.136.

2.0 Policy Details

Responsibilities:

The program administrator is the Human Resources & Risk Management Director. The Human Resources & Risk Management Director is responsible for:

- Issuing and administering this program.
- Ensuring that this program satisfies the requirements of all local, state, and federal regulations and standards
- Department Heads and or his/her designee are responsible for:
- Conducting a hazard assessment to determine where foot protection is required.
- Ensuring that the foot protection selected protects against the hazard(s) faced.
- Coordinating the purchase of protective footwear.
- Ensuring protective footwear is being worn in areas where required.

All employees/volunteers are responsible for:

- Wearing the appropriate foot protection when required.

Personal Protective Equipment for Foot Hazards:

The American ~~National Standards Institute (ANSI)~~ Society for Testing and Materials (ASTM) has established performance requirements and testing for protective footwear. These requirements are based upon the footwear's ability to protect against compression and impact hazards.

Compression ratings indicate the amount of pressure a safety shoe can withstand. The ratings are as follow:

- C/30: up to 1,000 lbs. of pressure
- C/50: up to 1,750 lbs. of pressure
- C/75: up to 2,500 lbs. of pressure

Impact ratings indicate the ability of the shoe to withstand impact. The ratings are as follow:

- 1/30: up to 30 foot pounds
- I/50: up to 50 foot pounds
- I/75: up to 75 foot pounds

General Requirements:

The general OSHA requirements for foot protection will be observed in the City of Stoughton Foot Protection program. These are as follow:

- Foot protection provides protection in areas where there is a danger of foot injuries due to: hot, corrosive or poisonous substances; falling or rolling objects; objects piercing the sole; and where an employee's/volunteer's feet are exposed to electrical hazards.
- Always replace safety shoes if the steel toe is exposed.
- Feet should also be protected from extreme hot or cold temperatures. Prevent frostbite or burns by wearing waterproof and insulated footwear.
- Protective footwear shall comply with ASTM F2413-05 and ASTM F2412-05.

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

High Visibility Safety Apparel Selection Criteria Policy

1.0 Purpose

ANSI/ISEA 107-2004 "American National Standard for High-Visibility Safety Apparel" addresses garments that can be worn 24 hours a day to provide users with a high level of conspicuity through the use of combined fluorescent and retroreflective materials. The standard defines three types of garments.

2.0 Policy Details

Class 1 garments: for occupational activities which:

1. permit full and undivided attention to approaching traffic;
2. provide ample separation of the pedestrian worker from conflicting vehicle traffic;
3. permit optimum conspicuity in backgrounds that are not complex; and where
4. vehicle and moving equipment speeds not exceeding 25 mph.

Examples of pedestrian workers who could work in this class may include:

1. workers directing vehicle operators to parking/service locations;
2. workers retrieving shopping carts from parking areas;
3. those exposed to the hazards of warehouse equipment traffic;
4. roadside "right-of-way" or sidewalk maintenance workers; and
5. delivery vehicle drivers.

Class 2 garments: for occupational activities where risk levels exceed those in Class 1, such as where:

1. greater visibility is desired during inclement weather conditions;
2. complex backgrounds are present;
3. employees are performing tasks which divert attention from approaching vehicle traffic;
4. vehicle or moving equipment speeds exceed those in Class 1; or
5. work activities take place in closer proximity to vehicle traffic.

Examples of pedestrian workers in this class may include:

1. roadway construction workers;
2. utility workers;
3. survey crews;
4. railway workers;
5. forestry workers;
6. school crossing guards;
7. parking and/or toll gate personnel;
8. airport baggage handlers/ground crew;
9. emergency response personnel;
10. law enforcement personnel; and
11. accident site investigators.

Class 3 garments: for occupational activities where risk levels exceed those in Class 2, such as where:

1. workers are exposed to significantly higher vehicle speeds and/or reduced sight-distances;

2. the worker and vehicle operator have high task loads, clearly placing the worker in danger; or
3. the wearer must be conspicuous through the full range of body motions at a minimum of 390 m (1280 feet), and must be identifiable as a person.

Examples of workers in this class may include:

1. roadway construction personnel;
2. utility workers;
3. survey crews;
4. emergency response personnel; and
5. flagging crews.

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

Personal Protective Equipment (PPE) Program
Traffic Exposure Protective Clothing Policy

1.0 Purpose

The purpose of this plan is to establish a program and procedures for traffic exposure protection for City of Stoughton employees/volunteers. This program complies with COMM 32.39 of the Wisconsin Administrative Code.

2.0 Policy Details

Responsibilities:
The program administrator is the Human Resources & Risk Management Director. The Human Resources & Risk Management Director is responsible for:

- Issuing and administering this program.
- Ensuring that this program satisfies the requirements of all local, state and federal regulations and standards.

The Department Head and or his/her designee is responsible for:

- Conducting a hazard assessment to determine which processes require high-visibility safety apparel.
- Ensuring the protection device(s) selected protect against the hazard(s) encountered.
- Ensuring that high-visibility safety apparel complies with ANSI/ISEA 107-2004.
- Ensuring that appropriate high-visibility safety apparel is being worn, should the conditions warrant such protection.

All Employees/volunteers are responsible for:

- Wearing the appropriate high-visibility safety apparel when and where applicable.

General Requirements:

- Employees/volunteers who work on highways, roads, streets or their easements shall wear traffic safety vests or clothing or equipment that provides equivalent protection. (COMM 32.39 (1))
- Pursuant to s. 349.065, Stats., traffic control devices to warn traffic and protect employees shall be placed and maintained in accordance with the uniform traffic control devices manual. (COMM 32.39 (2))

High Visibility Safety Apparel Selection Criteria:

ANSI/ISEA 107-2004 "American National Standard for High-Visibility Safety Apparel" addresses garments that can be worn 24 hours a day to provide users with a high level of conspicuity through the use of combined fluorescent and retroreflective materials. The standard defines three types of garments

- **Class 1 garments:** for occupational activities which:
    1. permit full and undivided attention to approaching traffic;
    2. provide ample separation of the pedestrian worker from conflicting vehicle traffic;
    3. permit optimum conspicuity in backgrounds that are not complex; and where
    4. vehicle and moving equipment speeds not exceeding 25 mph.

  Examples of pedestrian workers who could work in this class may include:
    1. workers directing vehicle operators to parking/service locations;
    2. workers retrieving shopping carts from parking areas;
    3. those exposed to the hazards of warehouse equipment traffic;
    4. roadside "right-of-way" or sidewalk maintenance workers; and
    5. delivery vehicle drivers.

- **Class 2 garments:** for occupational activities where risk levels exceed those in Class 1, such as where:
    1. greater visibility is desired during inclement weather conditions;
    2. complex backgrounds are present;
    3. employees are performing tasks which divert attention from approaching vehicle traffic;
    4. vehicle or moving equipment speeds exceed those in Class 1; or
    5. work activities take place in closer proximity to vehicle traffic.

  Examples of pedestrian workers in this class may include:
    1. roadway construction workers;
    2. utility workers;
    3. survey crews;
    4. railway workers;
    5. forestry workers;
    6. school crossing guards;
    7. parking and/or toll gate personnel;
    8. airport baggage handlers/ground crew;
    9. emergency response personnel;
    10. law enforcement personnel; and
    11. accident site investigators.

- **Class 3 garments:** for occupational activities where risk levels exceed those in Class 2, such as where:
    1. workers are exposed to significantly higher vehicle speeds and/or reduced sight-distances;
    2. the worker and vehicle operator have high task loads, clearly placing the worker in danger; or
    3. the wearer must be conspicuous through the full range of body motions at a minimum of 390 m (1280 feet), and must be identifiable as a person.

  Examples of workers in this class may include:
    1. roadway construction personnel;
    2. utility workers;
    3. survey crews;
    4. emergency response personnel; and
    5. flagging crews.

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

Personal Protective Equipment (PPE) Program
Other Protective Clothing Policy

1.0 Purpose

Employees/volunteers are required to wear protective clothing when exposed to: toxic or hazardous materials; fire; temperature extremes; bodily injury from falls; or vehicle traffic.

2.0 Policy Details

Each departmental evaluation lists when this clothing should be worn.

Examples of jobs requiring other clothing protection are:

- Chemical application: spray suits
- Chain saw operations: leather chaps
- Confined space entry: safety belts and harnesses
- Police: bullet proof vests; PPE for investigating crime scenes and cleaning up bio-hazardous materials.
- Jobs in traffic areas: reflective vests

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

Personal Protective Equipment (PPE) Program
Safety Shoe Requirement Part Time Employee Policy

1.0 Purpose

Safety shoes shall be required for all seasonal part time summer help, where required, with cost of shoes being the responsibility of the employee.

2.0 Policy Details

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

Personal Protective Equipment (PPE) Program Policy
Receipt Form

I have read, been trained and understand the ***City of Stoughton Personal Protective Equipment (PPE) Program***. I agree to follow the applicable Personal Protective Equipment (PPE) Program rules, policies and safe practices. I also understand that failure to comply with this policy and its requirements could result in disciplinary action, up to and including termination of employment.

I acknowledge receipt of the Personal Protective Equipment (PPE) Program on the date indicated below. I further understand that a copy of this receipt will be placed in my employee/personnel file.

Check all that apply:

☐ Attended CVMIC Personal Protective Equipment (PPE) Training on_____, 20___.

☐ Watched CVMIC Personal Protective Equipment (PPE) Video on_____, 20___.

Employee/Volunteer Name (Print): _____

Employee/Volunteer Signature: _____

Department: _____

Date Signed: _____

Disciplinary Action Policy

1.0 Purpose

This policy outlines the minimum expectations of our employees regarding their actions and acceptable behavior.

2.0 Policy Details

Discipline may result when an employee's actions do not meet acceptable standards of good behavior, when an employee violates a policy or rule, when an employee's performance is not acceptable, or when the employee's conduct is detrimental to the interests of the City of Stoughton and City Staff. Disciplinary action may call for any of four steps – verbal warning, written warning, suspension (with or without pay) or termination of employment – depending on the issue and the number of occurrences. There may be circumstances when one or more steps arebypassed. Certain types of employee issues are serious enough to justify either a suspension or termination of employment without going through progressive discipline steps. The City of Stoughton reserves the right, at its sole discretion, to impose disciplinary action as may be appropriate to the particular circumstances.
The City is committed to fair and consistent enforcement of its rules and standards of conduct. In evaluating whether disciplinary action is to be taken, and if so, the type of disciplinary action. The City will consider all relevant factors including the nature and seriousness of the offense, the impact on the City, co-workers, or others associated with the City and the employee's overall employment record.

While the City will generally employ a system of progressive discipline in cases of non-serious offenses, the City reserves the right to impose such level of discipline as it deems appropriate except as otherwise provided under Police Union contract. All employment with the City is considered at-will and nothing in this policy or otherwise in these Work Rules is intended or to be construed to create a contract of employment.

The following are grounds for disciplinary actions up to and including discharge:

Grounds for Disciplinary Action (examples only)

- Carelessness resulting in injury, property damage or a dangerous condition
- Reckless or careless driving while using a City vehicle
- Release of confidential information
- Insubordination or failure to perform an assigned task
- Conduct which reflects unfavorably upon the City as an employer
- Discourtesy or use of abusive language
- False statements at the time of employment
- Dishonesty
- Falsification of organization records or reports
- Willingly making a false statement to a supervisor, official, the public, or any City board or commission
- Violation of City ordinance, administrative regulation, department rule, state or federal laws that relate to specific job functions
- Refusal to be examined by City authorized personnel, fully licensed physician or intoximeter operator when so directed, if applicable to position

- Theft or unauthorized removal of property belonging to another
- Indecent behavior on City premises
- Refusal to work overtime during a designated emergency, without justifiable cause (Defined emergency = an emergency situation during any period in which the health, safety, or welfare of the community is threatened)
- Violation of, or disregard for, an established safety practice
- Provoking, instigating, or participating in an activity intended to disrupt the established work routine
- Documented unsatisfactory work performance
- Unauthorized use or possession of tools, machinery, or equipment
- Gambling on City property during working hours
- Loitering or otherwise wasting time during work hours
- Being late for work without prior to shift notification/permission
- Misuse of sick leave or other benefits
- Leaving the work station without permission prior to the scheduled quitting time
- Violation of harassment policy
- Possession, transfer, sale or use of controlled substances
- Possession, or consumption of alcohol while on duty or on City premises
- Reporting for, or being at work while under the influence of alcohol or controlled substance, use of alcohol in circumstances which impairs the person's ability to adequately undertake the responsibilities of the position
- Violation of applicable CDL standards with regard to the use of alcohol prior to reporting or while performing safety sensitive functions
- Refusal to be tested for use of alcohol or controlled substances or tampering with the conduct or results of such tests
- Retaliation

This list is meant to provide examples only, and is not all inclusive.

Discipline at or below the level of a written warning may be issued by the employee's Department Director with a copy of any such disciplinary action being provided to the Human Resources & Risk Management Director at the time issued.

Discipline involving a suspension must be reviewed with the Human Resources & Risk Human Resources & Risk Management Director before being imposed, except where immediate suspension is deemed necessary to protect persons or property.

Prior to discharge, the matter will be reviewed at the discretion of the Human Resources & Risk Management Director.

Disciplinary actions involving employees covered by a collective bargaining agreement are subject to such review as the agreement may provide for. Disciplinary actions involving sworn personnel are subject to the requirements of sec. 62.13(5), Wis. Stats. and any applicable collective bargaining agreement. Discipline for Union Police, Sergeant's, Lieutenants, and Chief is handled by the Police & Fire Commission (PFC) with the advice of the Director of Human Resources & Risk Management.

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

Grievance Procedure Policy

1.0 Purpose

The City of Stoughton complies with Section 66.0509, Wis. Stats., and provides a grievance procedure addressing issues concerning workplace safety, discipline and termination.

2.0 Policy Details

This policy applies to all employees covered under Section 66.0509, Wis. Stats., other than police and fire employees subject to Section 62.13(5), Wis. Stats. An employee may appeal any level of discipline under this grievance procedure.

Definitions
For purposes of this policy, the following definitions apply:

Employee discipline includes all levels of progressive discipline, but shall not include the following items:

- Placing an employee on paid administrative leave pending an internal investigation;
- Counseling, meetings or other pre-disciplinary action;
- Actions taken to address work performance, including use of a performance improvement plan or job targets;
- Demotion, transfer or change in job assignment; or
- Other personnel actions taken by the employer that are not a form of progressive discipline.

Employee termination shall include action taken by the employer to terminate an individual's employment for misconduct or performance reasons, but shall not include the following personnel actions:

- Voluntary quit;
- Layoff or failure to be recalled from layoff at the expiration of the recall period;
- Retirement;
- Job abandonment, "no-call, no-show", or other failure to report to work; or
- Termination of employment due to medical condition, lack of qualification or license, or other inability to perform job duties.

Workplace safety is defined as conditions of employment affecting an employee's physical health or safety, the safe operation of workplace equipment and tools, safety of the physical work environment, personal protective equipment, workplace violence, and training related to same.

Requirements of Written Grievance
Any written grievance filed under this policy must contain the following information:

- The name and position of the employee filing it,

- A statement of the issue involved,
- A statement of the relief sought,
- A detailed explanation of the facts supporting the grievance;
- The date(s) the event(s) giving rise to when the grievance took place,
- The identity of the policy, procedure or rule that is being challenged;
- The steps the employee has taken to review the matter, either orally or in writing, with the employee's supervisor; and
- The employee's signature and the date.

Steps of the Grievance Procedure

Employees should first discuss complaints or questions with their immediate supervisor. Every reasonable effort should be made by supervisors and employees to resolve any questions, problems or misunderstandings that have arisen before filing a grievance. Employee may choose to be represented during any time of the grievance process at their own cost.

Step 1 – Written Grievance

Filed with the Department Director. The employee must prepare and file a written grievance with the Department Director within five (5) business days of when the employee knows, or should have known, of the events giving rise to the grievance. The Department Director or their designee will investigate the facts giving rise to the grievance and inform the employee of their decision, if possible within ten (10) business days of receipt of the grievance. In the event the grievance involves the Department Director, the employee may initially file the grievance with the Mayor, who shall conduct the Step 1 investigation.

Step 2 – Review by Mayor

If the grievance is not settled at Step 1, the employee may appeal the grievance to the Mayor within five (5) business days of the receipt of the decision of the Department Director at Step 1. The Mayor or their designee will review the matter and inform the employee of their decision, if possible within ten (10) business days of receipt of the grievance.

Step 3 – Impartial Hearing Officer

If the grievance is not settled at Step 2, the employee may request in writing, within five (5) business days following receipt of the Mayor's decision, a request for written review by an impartial hearing officer. The City of Stoughton shall select the impartial hearing officer. If the employee objects to the City's choice, a substitute impartial hearing officer will be chosen by the City. The hearing officer shall not be a City employee. In all cases, the grievant shall have the burden of proof to support the grievance. The impartial hearing officer will determine whether the City of Stoughton acted in an arbitrary and capricious manner. This process does not involve a hearing before a court of law; thus, the rules of evidence will not be followed. Depending on the issue involved, the impartial hearing officer will determine whether a hearing is necessary, or whether the case may be decided based on a submission of written documents. The impartial hearing officer shall prepare a written decision.

Step 4 – Review by the Governing Body

If the grievance is not resolved after Step 3, the employee or the Mayor shall request within five (5) business days of receipt of the written decision from the hearing officer a written review by the Governing Body. For Library employees, the appeal shall be filed with the Library Board. For all other employees, the appeal shall be filed with the City Council. The City Council shall not take testimony or evidence; it may only determine whether the hearing officer reached an arbitrary or incorrect result based on a review of the record before the hearing officer. The matter will be scheduled for the City Council's next regular meeting where it will be discussed in closed

session. The City Council will inform the employee of its findings and decision in writing within ten (10) business days of the City Council meeting. The City Council shall decide the matter by majority vote and this decision shall be final and binding. An employee may not file a grievance outside of the time limits set forth above. If the employee fails to meet the deadlines set forth above, the grievance will be considered resolved. If it is impossible to comply with the deadlines due to meeting notice requirements or meeting preparation, the grievance will be reviewed at the next possible meeting date. An employee must process their grievance outside of normal work hours, unless the employee elects to use accrued paid time (vacation, comp time etc.) in order to be paid for time spent processing their grievance through the various steps of the grievance procedure.

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

Anti-Harassment and Retaliation Policy

1.0 Purpose

The purpose of this policy is to maintain a healthy work environment in which all individuals are treated with respect and dignity and to provide procedures for reporting, investigating and resolving complaints of harassment, discrimination and retaliation.

2.0 Policy Details

It is the policy of the City of Stoughton that all employees have the right to work in an environment free of all forms of harassment and retaliation. The City will not tolerate, condone, or allow harassment or retaliation by any employee or other non-employees who conducts business with the City. The City considers harassment, discrimination and retaliation of others to be forms of serious employee misconduct. Therefore, the City shall take direct and immediate action to prevent such behavior, and to remedy all reported instances of harassment, discrimination and retaliation. A violation of this City policy can lead to discipline up to and including termination, with repeated violations, even if "minor," resulting in greater levels of discipline as appropriate.

PROHIBITED ACTIVITY & RESPONSIBILITY

Sexual Harassment

Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of employment; or
2. Submission to or rejection of such conduct by an employee is used as the basis for employment decisions affecting the employee; or
3. Such conduct has the purpose or effect of unreasonably interfering with an employee's work performance or creating an intimidating, hostile, or offensive working environment.

Harassment

Harassment is any verbal, written, visual or physical act that creates a hostile, intimidating or offensive work environment or interferes with an individual's job performance.

1. No employee shall either explicitly or implicitly ridicule, mock, deride or belittle any person.
2. Employees shall not make offensive or derogatory comments to any person, either directly or indirectly, based on age, ancestry, arrest & conviction record, color, creed, disability, genetic testing, honesty testing, marital status, military service, national origin, pregnancy or childbirth, race, religion, sex (including sexual harassment), sexual orientation, and use or nonuse of lawful products of the employer's premises during non-working hours. Such harassment is a prohibited form of discrimination under state and federal employment law and/or is also considered misconduct subject to disciplinary action by the City.

Retaliation

Retaliation & Work Situations

The law forbids retaliation when it comes to any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoff, training, fringe benefits, and any other term or condition of employment.

1. Retaliation against any employee or applicant for filing a harassment or discrimination complaint, for assisting, testifying or participating in the investigation of such a complaint, or for requesting a protected leave of absence or reasonable accommodation, is illegal and is prohibited by the City and by federal statutes.

2. Retaliation can occur from a variety of sources, including co-workers, supervisors or elected officials.

3. Generally, any materially adverse action taken against an employee or applicant "because of" protected conduct is prohibited. The scope of retaliation goes beyond workplace-related or employment-related actions and includes conduct that would dissuade a reasonable worker from making or supporting a charge of discrimination. The significance of any given act of retaliation may depend upon the particular circumstances, but must be considered "materially adverse", thus separating significant from trivial harms that normally will not deter discrimination victims from filing a complaint. Examples of conduct that may be considered retaliation include:
    a. Discharge
    b. Demotion or not promoting
    c. Reduction in pay
    d. Reassignment of job duties
    e. Giving a less distinguished job title
    f. Filing false criminal charges against an employee
    g. Significantly diminishing an employee's responsibilities
    h. Unwarranted negative performance evaluations (impacting promotional opportunities)
    i. Increased scrutiny of employee's work
    j. Refusing to restore lost leave time
    k. Isolation or shunning an employee

4. Complaint Procedure: Any employee who believes that he or she is being retaliated against shall report the incident(s) as soon as possible to their supervisor so that steps may be taken to protect the employee. Where doing so is not practical, the employee may instead file a complaint with another supervisor, Human Resources, the City Attorney, City Administrator or Mayor.

5. Retaliation is a form of employee misconduct. Any evidence of retaliation shall be considered a separate violation of this policy and is subject to discipline up to an including termination.

6. Monitoring to ensure that retaliation does not occur is the responsibility of the chief executive officer, supervisors and the appropriate internal investigative authority.

Covered Individuals

Individuals covered under this policy include employees and applicants for employment, volunteers, members of the public, elected officials and appointed boards and commissions.

Supervisory Responsibilities
Each supervisor shall be responsible for preventing prohibited activities as defined above by: Monitoring the work environment on a daily basis for signs that harassment or retaliation may be occurring;

a. Training and counseling all employees on what constitutes harassment, sexual harassment and retaliation, on the types of behavior prohibited by the City's policy and procedures for reporting and resolving complaints of harassment or retaliation.
b. Stopping any observation that may be considered harassment or retaliation, and taking appropriate steps to intervene, whether or not the involved employees are within his/her line of supervision; and
c. Taking immediate action to prevent retaliation towards the complaining party or witnesses and to eliminate the hostile work environment where there has been a complaint of harassment, pending an investigation. If a situation requires separation of the parties, care should be taken to avoid actions that appear to punish the complainant. Transfer or reassignment of any of the parties involved should be voluntary if possible and, if non-voluntary, should be temporary pending the outcome of the investigation.

Employee Responsibilities
Each employee of this agency is responsible for assisting in the prevention of harassment and retaliation through the following acts:

a. Refraining from participation in, or encouragement of actions that could be perceived as harassment or retaliation.
b. Reporting acts of harassment or retaliation to a supervisor; and
c. Encouraging any employee who confides that he or she is being harassed, discriminated or retaliated against to report these acts to a supervisor.

Failure of any employee to carry out the above responsibilities will be considered in any performance evaluation or promotional decisions and may be grounds for discipline.

3.0 Procedures

Complaint Procedures

1. Any employee encountering harassment or retaliation is encouraged but not required to inform the person that his or her actions are unwelcome and offensive. This initial contact can be either verbal or in writing. The employee is to document all incidents of harassment and retaliation in order to provide the fullest basis for investigation.

2. Any employee who has unsuccessfully attempted to terminate the harassment or retaliation by means of Section 1 and who believes that he or she is being harassed shall report the incident(s) as soon as possible to their supervisor so that steps may be taken to protect the employee from further harassment or retaliation, and so that appropriate investigative and disciplinary measures may be initiated. Where doing so is not practical, the employee may instead file a complaint with another supervisor, Human Resources, the City Attorney, City Administrator or Mayor.

   a. The supervisor or other person to whom a complaint is given shall meet with the employee and document the incident(s) complained of, the person(s) performing or participating in the harassment or retaliation, any witnesses to the incident(s) and the date(s) on which it occurred.

b. An employee should utilize the City's internal reporting procedure first. However, if after utilizing this procedure the complainant does not feel the complaint has been adequately addressed, the employee may file a complaint with either or both of thefollowing: State of Wisconsin – Equal Rights Division
201 East Washington Avenue
Madison, WI 53703
Phone: 608-266-6860

c. Equal Employment Opportunity Commission
210 Martin Luther King Boulevard
Madison, WI 53703
Phone: 608-266-4910

d. If the employee exercises the reporting options of (a) or (b) from above, they must file a copy of the complaint with the City Attorney within 24 hours of filing the complaint.

3. The internal investigation authority shall be responsible for investigating any complaint alleging harassment, discrimination or retaliation.

   a. The internal investigative authority shall immediately notify the chief executive officer and the City Attorney if the complaint contains evidence of criminal activity, such as battery, rape or attempted rape.

   b. The investigation shall include a determination as to whether other employees are being harassed or retaliated against by the person, and whether other City employees participated in or encouraged the harassment or retaliation.

   c. The internal investigative authority shall inform the parties involved of the outcome of the investigation.

   d. A file of harassment, discrimination and retaliation complaints shall be maintained in a secure location. The chief executive officer shall be provided with an annual summary of these complaints.

4. There shall be no retaliation against any employee for filing a harassment or discrimination complaint, or for assisting, testifying or participating in the investigation of such a complaint.

5. The complaining party's confidentiality will be maintained throughout the investigatory process to the extent practical and appropriate under the circumstances.

6. Complaints of employees accused of harassment and/or retaliation may file a grievance/appeal in accordance with City procedures when they disagree with the investigation or disposition of a harassment or retaliation claim.

All of the laws we enforce make it illegal to fire, demote, harass, or otherwise "retaliate" against people (applicants or employees) because they filed a charge of discrimination, because they complained to their employer or other covered entity about discrimination on the job, or because they participated in an employment discrimination proceeding (such as an investigation or lawsuit).

For example, it is illegal for an employer to refuse to promote an employee because she filed a charge of discrimination with the EEOC, even if EEOC later determined no discrimination occurred.

4.0 Definitions

Harassment on any basis (race, sex, age, disability etc.) exists whenever: Submission to harassing conduct is made, either explicit or implicit, a term or condition of an individual's employment; submission to or rejection of such conduct is used as the basis for an employment decision affecting an individual; the conduct interferes with an employee's work or creates an intimidating, hostile, or offensive work environment. Such conduct is prohibited under this policy and §111.31-111.39 Wis. Stats.

Non-Verbal: Sexually suggestive or offensive objects or pictures, inappropriate usage of voicemail, e-mail, the internet or other such sources as a means to express or obtain sexual material, comments etc., printed or written materials including offensive cartoons, suggestive or offensive sounds, whistling, catcalls or obscene gestures. Any material which inappropriately raises the issues of sex or discrimination. Treating an employee differently than other employees when they have refused an offer of sexual relations.

Other Forms of Harassment: Persistent and unwelcome conduct or actions on the basis of disability, sex, arrests or conviction record, marital status, sexual orientation, membership in the military reserve, or use or nonuse of lawful products away from work is prohibited under this policy and s.111.31-111.39, Wis. Stats.

Physical: Unsolicited or unwelcome physical contact of a sexual nature, which may include touching, hugging, massages, kissing, pinching, patting, or regularly brushing against the body of another person.

Retaliation (addressed under Title VII of the Civil Rights Act of 1964): It shall be an unlawful employment practice for an employer to discriminate against any of his employees or applicants for employment, for an employment agency, or joint labor management committee controlling apprenticeship or other training or retraining, including on the job training programs, to discriminate against any individual, or for a labor organization to discriminate against any member thereof or applicant for membership, because he has opposed any practice made an unlawful employment practice by this subchapter, or because he has made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under this subchapter.

Unwelcome: Sexual conduct is unwelcome whenever the person subjected to it considers it unwelcome. The conduct may be unwelcome even though the victim voluntarily engages in it to avoid adverse treatment.

Verbal Harassment: Sexual innuendoes, degrading or suggestive comments, repeated pressure for dates, jokes of a sexual nature, unwelcome sexual flirtations, degrading words used to describe an individual, obscene and/or graphic descriptions of an individual's body or threats that job, wages, assignments, promotions or working conditions could be affected if the individual does not agree to a suggested sexual relationship.

5.0 Exhibits / Appendices / Forms

6.0 Council Approved

ENTER DATE

Code of Ethics Policy

1.0 Purpose

This policy outlines the specific expectations regarding ethics that government employees are expected to uphold.

2.0 Policy Details

a) *Definitions*. The following words, terms and phrases, when used in this section, shall have the meanings ascribed to them in this subsection, except where the context clearly indicates a different meaning:

Financial interest means any interest which shall yield, directly or indirectly, a monetary or other material benefit to the officer or employee or to any person employing or retaining the services of the officer or employee.

Immediate family means an individual's spouse; and an individual's relative by marriage, lineal descent or adoption who receives, directly or indirectly, more than one-half of his support from the individual or from whom the individual receives, directly or indirectly, more than one-half of his support.

Person means any person, corporation, partnership or joint venture.

(b) *Penalty and sanctions*. Violations of any provisions of this section may constitute a cause for suspension, removal from office or employment or other disciplinary action.

(c) *Declaration of policy*. The proper operation of democratic government requires that:

(1) Public officials and employees be independent, impartial and responsible to the people;

(2) Government decisions and policy be made in proper channels of the governmental structure:

(3) Public office not be used for personal gain; and

(4) The public have confidence in the integrity of its government.

In recognition of these goals, there is established a code of ethics for all city officials and employees, whether elected or appointed, paid or unpaid, including members of boards, committees and commissions of the city. The purpose of this section is to establish guidelines for ethical standards of conduct for all such officials and employees by setting forth those acts or actions that are incompatible with the best interests of the city and by directing disclosure by such officials and employees of private financial or other interests in matters affecting the city. The provisions and purpose of this section and such rules and regulations as may be established are declared to be in the best interests of the city.

(d) *Responsibility for public* office. Public officials and employees are agents of public purpose and hold offices for the benefit of the public. They are bound to uphold the Constitution of the United

States and the constitution of this state and carry out impartially the laws of the nation, state and municipality and to observe in their official acts the highest standard of morality and to discharge faithfully the duties of their office regardless of personal consideration, recognizing that the public interest must be their prime concern. Their conduct in their official affairs should be above reproach so as to foster respect for all government.

(e) Dedicated service.

(1) All officials and employees of the city should be loyal to the objectives expressed by the electorate. Appointive officials and employees should adhere to the rules of work and performance established as the standard for their positions by the appropriate authority.

(2) Officials and employees should not exceed their authority or breach the law or ask others to do so, and they should work in full cooperation with other public officials and employees unless prohibited from so doing by law or by officially recognized confidentiality of their work.

(f) Fair and equal treatment.

(1) *Use of public property.* No official or employee shall request or permit the unauthorized use of city-owned vehicles, equipment, materials or property for personal convenience or profit.

(2) *Obligations to citizens.* No official or employee shall grant any special consideration, treatment or advantage to any citizen beyond that which is available to every other citizen.

(g) Conflict of interest.

(1) *Financial interest prohibited.* No local public official or employee may use his public position or office to obtain financial gain or anything of substantial value for the private benefit of himself or his immediate family or for an organization with which he is associated. This subsection does not prohibit a local public official from using the title or prestige of his office to obtain campaign contributions that are permitted and reported as required by Wis. Stets. ch. 11.

(2) Specific conflicts enumerated.

a. Incompatible employment. No official or employee shall engage in or accept private employment or render service, for private interests, when such employment or service is incompatible with the proper discharge of his official duties or would tend to impair such official or employee's independence of judgment or action in the performance of his official duties, unless otherwise permitted by law and unless disclosure is made as provided in this section.

b. Disclosure of confidential information. No official or employee shall, without proper legal authorization, disclose confidential information concerning the property, government or affairs of the city, nor shall such official or employee use such information to advance the financial or other private interest of such official or employee or others.

c. Gifts and favors. No official or employee shall accept any gift, whether in the form of service, loan, thing or promise from any person which to his knowledge is interested directly or indirectly in any manner whatsoever in business dealings with the city; nor shall any such official or employee accept any gift, favor or thing of value that may tend to influence such official or employee in the discharge of his duties, or grant in the discharge of his duties any improper favor, service or thing of value, except campaign contributions as controlled by subsection (i) of this section. Gifts received under unusual circumstances should be referred to the ethics board within ten days for recommended disposition.

(3) *Contracts with the city.* No official or employee who in his capacity as such officer or employee participates in the making of a contract in which such officer or employee has a private pecuniary interest, direct or indirect, or performs in regard to that contract some function requiring the exercise of discretion on the part of such official or employee, shall enter into any contract with the city unless, within the confines of Wis. Stets. § 946.13, the contract is awarded through a process of public notice and competitive bidding.

(4) *Disclosure of interest in legislation.* To the extent known, any member of the city council who has a financial interest in any proposed legislation before the council shall disclose on the records of the council the nature and extent of such interest. Any other official or employee who has a financial or personal interest in any proposed legislative action of the council and who participates in discussion with or gives official opinions or recommendations to the council shall disclose on the records of the council the nature and extent of such interest.

(h) Disclosure of certain financial interests.

(1) All elected and appointed officials and employees as directed by the city council shall file an initial statement of economic interests and amend such statement if substantial changes have occurred in economic interests as defined and limited to subsection (h)(3) of this section, within a time period specified by the ethics board.

(2) If a person must make a disclosure as provided in subsection (h) (1) of this section, within seven days after such person becomes a candidate for any elective city office, prior to appointment to such office such person shall file a statement of economic interests or a statement as provided in subsection (h) (4) of this section with the ethics board.

(3) A person filing any statement of economic interests under this section shall file the statementon a form prescribed by the ethics board and shall supply the following information to the ethics board: a description of all parcels of real estate within the city and adjoining towns or villages in which the person or spouse owns any interest, including an option to purchase, if such property is to be considered for rezoning or purchase, if such property is to be considered for rezoning or purchase by an entity of government, but exempting homestead property. All candidates for elective and appointive office required to file under this section shall identify any and all interests of more than two percent or 57,500.00, whichever is lesser, he or his spouse has in any business organization, either as an owner, part owner, partner, silent partner or lender. The statement shall include a listing of all corporations or businesses on which the person or spouse serves as a directoror on a consultation basis.

(4) Any candidate, elected, or appointed official or employee who feels their standards of privacy would be compromised by a statement of economic interests may decline to offer such a statement. In lieu thereof, he shall initially file a statement with the ethics board of his knowledge and awareness of the requirements to disclose interest in legislation required under subsection (g) (4) of this section.

(i) *Campaign contributions.* Campaign contributions shall be reported by all candidates for city office in strict conformity with the provisions of statute. Any campaign contribution tendered to or accepted by a candidate subsequent to the final statutory report shall be reported to the clerk, who shall forward a copy of such report to the ethics board.

(j) Ethics board.

(1) There is created an ethics board to consist of five members as follows: one alderperson as appointed by the mayor, one city officer or employee and three citizen members all appointed by

the mayor and confirmed by the city council. Terms of office shall be three years. The ethics board shall elect its own chair and vice-chair, and the city attorney shall furnish the board whatever legal assistance is necessary to carry out its function. If any member of the ethics board petitions the board for a hearing and advice regarding his own conduct, such member shall be mandatorily excepted from sitting in his own case and the city attorney shall be substituted therefore. The ethics board may make recommendations to the city council with respect to amendments to this section.

(2) Upon the verified complaint of any person alleging facts which, if true, would constituteimproper conduct under the provisions of this section, the ethics board shall first conduct a privateand confidential inquiry into the merits of the complaint. Upon a finding of probable misconduct by a majority of the ethics board, the ethics board shall conduct a public hearing in accordance with all common law requirements of due process and, in written findings of fact and conclusions based thereon, make a determination concerning the propriety of the conduct of the subject official or employee. If the ethics board finds probable cause exists for action against an employeebased on a violation of this section, it shall refer the matter for appropriate action to the council ordistrict attorney. In making such referral, the ethics board shall supply the council or district attorneywith a written statement of their determination.

(3) The ethics board shall be required to only report probable cause for misconduct when three-fourths of the members of the ethics board present and voting vote to do so.

(k) ***Applicability***. When an official or employee has doubt as to the applicability of a provision of this section, such official or employee shall apply to the ethics board for an advisory opinion. The official or employee shall have the opportunity to present his interpretation of the facts at issue and of the applicability of provisions of this section before such advisory decision is made. This section shall be operative in all instances covered by its provisions except when superseded by an applicable statutory provision and statutory action is mandatory, or when the application of a statutory provision is discretionary but determined by the ethics board to be more appropriate or desirable.

(Code 1986, § 1.12)

3.0 Procedures

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

ENTER DATE

Volunteer Policy

1.0 Purpose

The City recognizes the great contributions volunteers can make to the City of Stoughton. The potential liability exposure in engaging the services of volunteers is also recognized.

2.0 Policy Details

A volunteer is a person recognized and authorized by the City to perform services for the City without promise, expectation or receipt of compensation for services rendered. Management of volunteers ensures that important work is done well and City liability is minimized. Volunteers are expected to perform in cooperation with City staff and comply with the same rules and regulations applicable to City employees.

3.0 Procedures

A. Screening and Background Checks

1. Consistent use of appropriate screening and background checks will help assure that properly qualified individuals are selected to perform volunteer activities. Such techniques will also help screen out individuals whose background may render them unsuitable for particular activities.
2. Aggressive screening and background checks are required by law and are critical for volunteer positions that involve work or contact with children, youth, the elderly or other vulnerable groups.
3. As part of the screening process it may be necessary to obtain the applicant's authorization to conduct appropriate screening and background checks. The scope of screening and background checks will be determined by the particular volunteer activities and may include:

    a. Forms requesting information on prior convictions and misconduct.

    b. Contacting personal and employment references.

    c. Criminal background checks, including the use of information from the National Crime Information Center (NCIC), state crime information center and state/local sex offender registries.

    d. Motor vehicle records checks.

    e. Prior employment and military background checks.

    f. Verification of education, training, certification and licenses.

    g. Personal, face-to-face interviews.

B. Vehicle Operation

1. Some volunteers may be required to operate their own motor vehicle during the course of their volunteer work.

    a. Volunteers must provide proof of insurance.

    b. A valid driver's license should be verified and documented.

    c. Volunteers shall not drive City owned vehicles or operate powered motor vehicle equipment such as tractors, forklifts, loaders or other equipment.

C. Safety Hazards

1. Volunteers must be provided with the knowledge and skills necessary to perform their tasks in a safe manner. The supervisor shall be responsible for determining whether the volunteer has the skills and ability to perform assigned tasks safely, considering:

    a. The extent of safety training depends upon the type of activities assigned.

    b. The supervisor shall ensure that volunteers are properly trained to perform activities safely. Training shall be conducted by the supervisor or safety staff before the volunteer is assigned any potentially hazardous duty.

2. Volunteers shall be provided with personal protective equipment (PPE), where it is warranted.

    a. Personal protective equipment will depend on the specific activity, and may include: safety vests, eye protection, hand protection, hearing protection and head protection.

    b. Supervisors shall train volunteers on use of PPE and enforce its use when applicable.

D. Volunteer Liability

1. Various laws limit the liability of volunteers. The most pertinent law is the Volunteer Protection Act of 1997, which includes volunteers who act on behalf of public entities. This act provides that no volunteer of a public entity is liable for harm caused by an act of omission when working on behalf of the entity. In order for a volunteer to be protected, the following requirements must be met:

    a. The volunteer must have been acting in the scope of their responsibilities for the City.

    b. Where appropriate or required, the volunteer must have been properly licensed, certified or authorized to perform the activity by state authorities.

    c. The harm must not have been caused by willful, reckless or criminal misconduct, gross negligence or a conscious, flagrant indifference to the rights or safety of the individual who suffered the harm; and

    d. The harm must not have been caused by the volunteer's operation of a vehicle for which the state requires the vehicle's owner or operator to possess a driver's license or to maintain insurance.

E. Compensation

1. A volunteer is a person recognized and authorized by the City to perform services for the City without promise, expectation or receipt of compensation for services rendered. Failure to manage a volunteer under this premise can convert the volunteer to an "employee," whereby compensation and benefits might then be mandated.
2. Volunteers are not eligible for worker's compensation.
3. Volunteers must sign the City of Stoughton Volunteer Waiver Form.
4. Per the Fair Labor Standards Act (FLSA) (29 CFR 553.103) City employees are prohibited from volunteering without pay to perform the same type of services the individual is employed to perform.

F. Youth Volunteers

1. During the summer the use of minor volunteers (children 17 years old or younger) may increase. To minimize risk, supervisors in departments should be aware of the laws governing work by minors:

   a. No minor 17 years old or younger shall be permitted to perform activities in any occupation determined to be "particularly hazardous" under the FLSA. Outside of hazardous or potentially hazardous duties, the FLSA permits minors to perform most othertypes of work.

   b. "Particularly hazardous" duties include and minors may not:
      1. Drive or help a driver, load or unload goods on or off trucks or conveyors.
      2. Risk falling 10 feet or more, work on a ladder, scaffold, etc.
      3. Operate power driven hoists.
      4. Operate power woodworking tools, circular saws, band saws, grinders, cutters, drills and any similar power hand tool or equipment.
      5. Work on construction or building repair projects.
      6. Operate power mowers.
      7. Work on wrecking, roofing, excavating and similar projects.

   c. Hours of work
      1. Youth 16 and 17 years and older may generally work 8 hours per day on non-school weekdays.

      2. Youth 14 and 15 years old may work outside school hours:
         a. No more than 3 hours on school days.
         b. No more than 18 hours per week on school weeks.
         c. No more than 8 hours per day-on non-school days.
         d. No more than 40 hours per week when school is not in session.
         e. May generally work only between the hours of 7 a.m. and 7 p.m., except from June 1 through Labor Day, when permissible hours are extended to 9 p.m.
         f. Parental Consent: Volunteers under the age of 18 must have documented parental consent. The parent or legal guardian must sign the City of Stoughton Volunteer Waiver Form.

G. Rights of Volunteers

1. To be respected and valued and to know what their rights and responsibilities are.
2. To be provided necessary Information to carry out their role as volunteers and to know what is expected of them.
3. To be provided with orientation and training appropriate to their tasks.
4. To be given support and supervision from a designated person in their work group.
5. To be provided a safe working environment.

H. To be free from harassment or discrimination. Volunteer Responsibilities

1. To carry out the agreed upon duties to the best of their abilities.
2. To work with the aims, objectives, values and goals of the City.
3. To work under the City of Stoughton rules, regulations and policies, which include finance and purchasing policies when applicable.
4. To be honest and reliable.

I. Responsibilities of City Supervisors Who Utilize Volunteers

1. To provide orientation, training, personal protective equipment (PPE) and assistance to enable volunteers to meet the expectations of their volunteer positions.
2. To provide ongoing support and supervision.
3. To treat the volunteer as an equal partner in achieving the goals of the City.
4. To ensure compliance with all aspects of this policy.

4.0 Exhibits / Appendices / Forms

5.0 Council Approved

June 12, 2012

CITY OF STOUGHTON VOLUNTEER WAIVER AND POLICY ACKNOWLEDGEMENT FORM

It is my desire to perform volunteer services for the benefit of the City of Stoughton. I understand that the City is allowing me to perform these volunteer services subject to my complete understanding that the City will not provide me with any type of insurance or other loss coverage.

Based upon the above, I agree to indemnify, defend and hold harmless and release the City and its elected and appointed officials, officers, employees and authorized representatives from and against any and all liability, loss, damage, expenses, costs (including attorney's fees) arising out of or in any way attributed to the activities performed as a volunteer for the City.

By signing this agreement, I acknowledge that I have read the CITY OF STOUGHTON VOLUNTEER POLICY and the CITY OF STOUGHTON VOLUNTEER WAIVER in their entirety, have given the terms due consideration, understand the terms and understand that I am freely and voluntarily giving up certain rights. I further intend that this agreement shall be binding upon all of my successors, heirs, assigns, receivers and the like.

Print Full Name: _____
Last Middle Initial First

Address:_____
Street City State

Phone Number: _____

Date of Birth:_____/_____/ _____

Driver's License Number: _____

Signature of Parent/Guardian if under age 18: _____

Signature: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

City of Stoughton
Volunteer Waiver & Release of Liability

BEFORE SIGNING THIS WAIVER AND RELEASE OF LIABILITY, READ THIS ENTIRE DOCUMENT CAREFULLY. IF YOU SIGN THIS WAIVER AND RELEASE OF LIABILITY AND AN INCIDENT OCCURS RESULTING IN INJURY OR LOSS OF PROPERTY, THEN YOU WILL BE GIVING UP LEGAL RIGHTS THAT YOU MIGHT OTHERWISE HAVE. IF YOU DO NOT UNDERSTAND ANYTHING IN THIS DOCUMENT, OR IF YOU OBJECT TO ANY PROVISION CONTAINED IN THIS DOCUMENT, YOU SHOULD NOT SIGN THIS DOCUMENT AS IT IS DRAFTED, BUT RATHER SEEK ADVICE FROM YOUR LEGAL COUNSEL. REQUESTS FOR MODIFICATIONS MAY BE DIRECTED TO THE CITY OF STOUGHTON'SDIRECTOR OF HUMANRESOURCES & RISK MANAGEMENTAT608-646-0272 WEEKDAYS BETWEEN 8:00AM AND 4:30PM.

This Volunteer Waiver and Release of Liability, executed on this_____day of__ 20_____, by

_____(the "Volunteer") in favor of the City of Stoughton

and its elected officials, officers, employees, and agents (collectively "Municipality")

Waiver and Release

Volunteer freely, voluntarily, and without duress executes this Waiver and Release under me following terms:

The Volunteer does hereby release and forever discharge and hold the Municipality harmless from any and all liability, claims, and demands, either in law or in equity, which arise or may hereafter arise from Volunteer's activities with the Municipality.

The Volunteer understands that this Waiver and Release discharges the Municipality from any liability or claim that the Volunteer may have against the Municipality with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's activities with the Municipality, whether caused by the volunteer or by the negligence of the Municipalityor its officers, directors, employees, agents, or otherwise. However, the Municipality and the Volunteer understand that the Municipality is not released from liability for harm incurred by thevolunteer which results from the Municipality's intentional or reckless conduct.

The Volunteer understands that the Municipality does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness to the Volunteer.

Activities

The Volunteer desires to work as a volunteer for the Municipality and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the activities may include but are not limited to painting, cleaning, mowing, labeling and repairing books, shelving books, filing, inventory, restocking inventory, organizing.
The Volunteer understands that the Activities may require [Painting, Sweeping, weed removal, ride

a power mower, organizing, filing, repair work etc.]The Volunteer understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to, paint fumes, dust, thrown rocks from lawn mower/weed trimmer, chlorine from pool, salt, glue, etc.

The Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases the Municipality from any and all liability for injury, illness, death, or property damage resulting from the Activities and caused by the Volunteer or by the negligence of the Municipality.

Medical Treatment

The Volunteer does hereby release and forever discharge the Municipality from any claims whatsoever which arise or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's activities with the Municipality.

Insurance

The Volunteer understands that the Municipality does not carry or maintain health, medical, of disability insurance coverage for any volunteer. The Volunteer understands that he/she is provided with liability insurance coverage under the provisions of the Municipality's liability insurance policy.

Each volunteer should obtain his/her own medical or health insurance coverage.

Photographic Release

The Volunteer does hereby grant and convey unto the Municipality all right, title, and interest in any and all photographic images and video or audio recordings made by the Municipality during the Volunteer's Activities with the Municipality, Including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Construction of Waiver and Release and Severability

The Volunteer expressly agrees that this Waiver and Release is intended to be as broad and inclusive as permitted by the laws of the State of Wisconsin, and that this Waiver and Release shall be governed by and interpreted in accordance with the laws of the State of Wisconsin. The Volunteer agrees that in the event that any clause or provision of this Waiver and Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Waiver and Release, which shall continue to be enforceable. I have read this Waiver and Release of Liability thoroughly and fully understand and enter into it on behalf of myself, my heirs, next of kin, assigns, and personal representatives. No one has made any representations, statements, or inducements that change or modify anything written in "is Waiver and Release of Liability.

Print Full Name: _____

Last First Middle Initial

Address:_____

Street City State

Phone Number: _____

Date of Birth:_____/_____/ _____

Driver's License Number: _____

Signature of Parent/Guardian if under age 18: _____

Volunteer Signature: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

IN WITNESS WHEREOF, Volunteer and Parent/Guardian of Volunteer have executed this Waiver and Release of Liability as of the day and year first above written.

Witness- Print Name_____

Witness's Signature & Date _____

Witness- Print Name _____

Witness's Signature & Date _____

COVID Pandemic Policy

1.0 Purpose

This policy outlines the procedure to follow for employees who either test positive for COVID 19 or have been In contact with someone who has tested positive for COVID 19.

2.0 Policy Details

Procedures:

Cover COVID positive test results and COVID exposures with symptoms for the following employees:

- Employees who have received their vaccination(s).
- Employees that have received vaccination #1 of the two part series, if applicable.
- Employees that received medical advice to not receive the vaccination. A physician's note is required in order for the employee's time off, due to the exposure or positive test result, to be covered.
- Employees that are not yet qualified to receive the vaccine.
- Employees scheduled but not yet vaccinated-must show proof of vaccination scheduling prior to exposure.

Note: Employees will be required to show proof of their vaccination, scheduled vaccine date or Physicians note for exposure/testing and results.

If an employee refused the vaccination, and is exposed to COVID, they will need to take time off and utilize their available time (Sick, Vacation or Comp. time). Employees cannot take time off without pay if they have time available in their banks.

FROM THE CDC: People who have been in close contact with someone who has COVID-19—excluding people who have had COVID-19 within the past 3 months or who are fully vaccinated.

- People who have tested positive for COVID-19 within the past 3 months and recovered do not have to quarantine or get tested again as long as they do not develop new symptoms.
- People who develop symptoms again within 3 months of their first bout of COVID-19 may need to be tested again if there is no other cause identified for their symptoms.
- People who have been in close contact with someone who has COVID-19 are not required to quarantine if they have been fully vaccinated against the disease and show no symptoms.

What counts as close contact?

- You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more.
- You provided care at home to someone who is sick with COVID-19.
- You had direct physical contact with the person (hugged or kissed them).
- You shared eating or drinking utensils.
- They sneezed, coughed, or somehow got respiratory droplets on you

Steps to take

- Stay home and monitor your health.
- Stay home for 14 days after your last contact with a person who has COVID-19.
- Watch for fever (100.4◦F), cough, shortness of breath, or other symptoms of COVID-19.
- If possible, stay away from others, especially people who are at higher risk for getting very sick from COVID-19

Exposure requirements from Dane County Madison Public Health:
If you are symptomatic: Quarantine and get tested for COVID-19, 6 or 7 days after last exposure. If your test is negative, you could end quarantine after 7 days of quarantine. You must have your negative test result before ending quarantine and the test cannot be before day 6. Monitor yourself for symptoms until 14 days after your last exposure.

3.0 Council Approved

INSERT DATE HERE

AFFIRMATION OF RECEIPT

I have read the Work Rules and Policy/Procedures & Forms Manual for the City of Stoughton, as approved by the Common Council on INSRET DATE and I fully understand that non-compliance with the Work Rules, Policies/Procedures may result in disciplinary action up to and including termination.

_____

Employee Name (PLEASE PRINT)

_____

Employee Signature Date