



Safety Policy

The Safety Policy of Art by Shepherd aims to ensure a safe working environment for board members, employees, and volunteers, and a safe, comfortable learning environment for the participants/students who attend Art by Shepherd's events.

Through the Occupational Safety and Health Act, the federal government regulates all workplaces to ensure that certain safety standards are met. OSHA regulations require that all workplaces train their staff annually concerning workplace hazards. To ensure proper coverage, it is prudent for our policy to require employees to report any incidents resulting in work-related illness or injury immediately or within 24 hours.

Once a year, all employees and volunteers will attend training in basic safe standards, first aid, and CPR, and review this and all safety guidelines issued by federal and state governments, and Art by Shepherd leadership.

If an employee or volunteer is injured, the event facilitator will evaluate the situation and determine whether to call 911. Complete an incident report and contact the insurance company within twenty-four hours. Treat, as abilities will allow. Provide information to the facility host.

If a participant or student is injured, the event facilitator will evaluate the situation and determine whether to call 911. Then, the facilitator will contact the participant or student's guardians and communicate with them to determine their wishes. Then, the facilitator will complete an incident report and contact the insurance company within twenty-four hours. Then, the facilitator will treat, as the participant's abilities will allow.

If the determination is made to contact 911, do it immediately, render aid as needed within abilities. Without reducing aid to injured parties, contact the leadership team, the participant/student's guardian, and the insurance company immediately. If occupied with rendering aid to injured party, make contacts once 911 arrives and assumes care of patient.

All injuries will require an incident report to be completed and a copy sent to the office manager and to an insurance company.

Disclosure: source of content for incident report, *Nonprofit Risk Management Center*



Incident Report Form

Vehicle _____

Name of Injured Employee/Volunteer _____

Date of Accident _____

Job Title _____

Time of Accident _____

Department _____

Location of Accident _____

Name of Witness(s) _____

Description of Accident _____

Task Being Performed _____

Equipment, Tools, Personal Protective Equipment, Procedures Being Used

Description of Injury/Illness (include accident type, injury type and body part injured)

Describe All Contributing Factors _____

Description of Work Area _____

Injured Employee/Volunteer's Account of Accident _____

Witness's Account of Accident: (Name, title, address, phone number)

What Were the Basic Causes of the Accident (usually multiple causes)?

Corrective Measures to be implemented to Prevent Similar Reoccurrence

Investigator's Name _____

Date of Investigation _____

Date Reported to Insurance Company _____