

Geneva Public Library Emergency and Safety Policy

The closing of the library may be required at times by unforeseen circumstances. Those situations may include fire, flood, hazardous weather conditions, breakdown of building utilities, or any other emergency situation that presents a public safety issue, or which presents a danger to staff and/or patrons.

If the library closes for weather or any other emergency circumstances, every effort will be made to post notices on the library doors, on various online resources (such as the library website and via social media), and on the library answering machine.

Reporting Emergencies

Library staff will notify the Library Director immediately upon any emergency circumstances. The Library Director or his/her designee will have the authority to close the library until the emergency has been resolved. The Library Director will contact the City Administrator to apprise him/her of the emergency and to request assistance in resolving the emergency as applicable; and will contact the president of the Library Board.

Bomb Threats

In the event of a bomb threat, staff receiving the threat are to keep the caller on the line/person in the building as long as possible, noting as many details as possible. If the person does not identify the location and detonation time of the bomb, staff should request this information. A bomb threat checklist from the U.S. Department of Homeland Security is attached and should be used to assist staff to collect as much information as possible.

Staff should contact 911 upon receiving the threat, using a different telephone line or personal cell phone while the threat is being made, if possible, to advise emergency personnel of the situation.

The building should be immediately evacuated and patrons should be moved to a safe distance (i.e., a minimum of one block distance). Escort any patrons that need assistance to City Hall or the Senior Center/Downtown Gym if during business hours. Upon the arrival of police/fire/rescue, alert them to any shelter requirements so they may find a safe place to stay until all patrons can get home safely.

Fire Alarms

If the fire alarm sounds, all patrons and staff are to vacate the building immediately through the nearest exit and meet by the magnolia tree (or along the alley on the south side of the building). No one except emergency personnel are to use the elevator; staff and members of the public are to use the stairs.

The fire alarm should alert the sheriff's office. Staff should also call 911 to report the fire and await emergency personnel at the library entrances to notify them of the location of the fire.

Floods

If a water emergency floods all or a portion of the library, the library may close until the situation has been resolved, or when there is no longer a public safety issue.

Personal Health Emergency

Staff should employ caution with a patron or other staff member who has a health complaint. If needed, or upon request, call 911 for emergency personnel. Staff should not dispense any form of medicine; and may only provide first aid treatment if certified to do so. Three types of incident/accident forms from the Occupational Safety and Health Administration, are attached and should be used to assist staff to collect as much information as applicable.

Severe Weather

In case of tornado warning or other violent weather, and if time allows, staff are to direct patrons to the large meeting room in the basement. Flashlights and extra batteries are to be stored in one of the cabinet drawers in large meeting room. Unattended children are to be escorted to the large meeting room. Any adult who does not wish to take shelter in the basement are allowed to leave the library. All minors are required to take shelter in the basement unless assisted by a parent or guardian. The inner doors leading to the library proper are to be locked.

If a tornado strikes with no time to direct patrons to the large meeting room in the basement, patrons and staff should take shelter away from exterior walls, windows, and open book shelf areas.

Utilities and Hazardous Materials

If the loss of electrical power, natural gas, or water to the library, disrupts library services or creates an unreasonable atmosphere for library staff and patrons; the library may close until the situation has been resolved.

Safety Features

All exits are to be clearly marked with lighted signs. Emergency lighting is to be in working order. Emergency lighting is to be tested on a monthly basis by library staff.

Fire extinguishers are to be available near each exit throughout the library. Extinguishers are to be evaluated on a monthly basis, and checked annually by a third party fire extinguisher company. The alarm system is to be checked annually by a third party company to ensure it is proper working order. The emergency sprinkler system is to be checked annually by a third party company to ensure it is proper working order. The elevator is to be checked annually by a third party company to ensure it is proper working order, as well as reporting to the Nebraska Department of Labor to receive elevator certification for the following year.

Security Cameras

Security cameras are to be used at the library to provide peace of mind to library users and staff by discouraging and preventing occurrences of violations of the library’s Behavior Policy, and, upon the library’s request, to provide law enforcement assistance in prosecuting criminal activity.

Cameras may be installed in indoor and/or outdoor spaces on an as-needed basis, where library staff can randomly monitor activity, but not in spaces where individuals have a reasonable expectation of privacy. Signs are to be posted at library entrances informing the public of security cameras. Access to real-time monitoring and recorded footage is restricted to library staff. Patrons may not access real-time monitoring or recorded footage. In situations where the library requests the presence of law enforcement, access to footage will be allowed by the Library Director. Access will be permitted to law enforcement pursuant to a subpoena, court order, or when otherwise required by law; after presenting a written request. Security cameras will automatically record over themselves on an ongoing basis. Recorded footage will not be maintained, provided no criminal activity or policy violation has occurred.

This policy is issued by the Library Board of Trustees and is subject to periodic review and/or revision at the sole discretion of the Board. Appeals must be submitted to the Board in writing.

Adopted by the Library Board of Trustees..... 8/30/2011

Reviewed and Revised by the Library Board of Trustees 10/25/2016

Reviewed and Revised by the Library Board of Trustees _____

BOMB THREAT PROCEDURES

This quick reference checklist is designed to help employees and decision makers of commercial facilities, schools, etc. respond to a bomb threat in an orderly and controlled manner with the first responders and other stakeholders.

Most bomb threats are received by phone. Bomb threats are serious until proven otherwise. Act quickly, but remain calm and obtain information with the checklist on the reverse of this card.

If a bomb threat is received by phone:

1. Remain calm. Keep the caller on the line for as long as possible. DO NOT HANG UP, even if the caller does.
2. Listen carefully. Be polite and show interest.
3. Try to keep the caller talking to learn more information.
4. If possible, write a note to a colleague to call the authorities or, as soon as the caller hangs up, immediately notify them yourself.
5. If your phone has a display, copy the number and/or letters on the window display.
6. Complete the Bomb Threat Checklist immediately. Write down as much detail as you can remember. Try to get exact words.
7. Immediately upon termination of call, DO NOT HANG UP, but from a different phone, contact authorities immediately with information and await instructions.

If a bomb threat is received by handwritten note:

- Call _____
- Handle note as minimally as possible.

If a bomb threat is received by e-mail:

- Call _____
- Do not delete the message.

Signs of a suspicious package:

- No return address
- Excessive postage
- Stains
- Strange odor
- Strange sounds
- Unexpected delivery
- Poorly handwritten
- Misspelled words
- Incorrect titles
- Foreign postage
- Restrictive notes

*** Refer to your local bomb threat emergency response plan for evacuation criteria**

DO NOT:

- Use two-way radios or cellular phone. Radio signals have the potential to detonate a bomb.
- Touch or move a suspicious package.

WHO TO CONTACT (Select One)

- 911
- Follow your local guidelines

For more information about this form contact the DHS Office for Bombing Prevention at OBP@dhs.gov



Homeland Security

2014

BOMB THREAT CHECKLIST

DATE:

TIME:

TIME CALLER HUNG UP:

PHONE NUMBER WHERE CALL RECEIVED:

Ask Caller:

- Where is the bomb located? (building, floor, room, etc.)
- When will it go off?
- What does it look like?
- What kind of bomb is it?
- What will make it explode?
- Did you place the bomb? Yes No
- Why?
- What is your name?

Exact Words of Threat:

Information About Caller:

- Where is the caller located? (background/level of noise)
- Estimated age:
- Is voice familiar? If so, who does it sound like?
- Other points:

Caller's Voice	Background Sounds	Threat Language
<input type="checkbox"/> Female	<input type="checkbox"/> Animal noises	<input type="checkbox"/> Incoherent
<input type="checkbox"/> Male	<input type="checkbox"/> House noises	<input type="checkbox"/> Message read
<input type="checkbox"/> Accent	<input type="checkbox"/> Kitchen noises	<input type="checkbox"/> Taped message
<input type="checkbox"/> Angry	<input type="checkbox"/> Street noises	<input type="checkbox"/> Irrational
<input type="checkbox"/> Calm	<input type="checkbox"/> Booth	<input type="checkbox"/> Profane
<input type="checkbox"/> Clearing throat	<input type="checkbox"/> PA system	<input type="checkbox"/> Well-spoken
<input type="checkbox"/> Coughing	<input type="checkbox"/> Conversation	
<input type="checkbox"/> Cracking voice	<input type="checkbox"/> Music	
<input type="checkbox"/> Crying	<input type="checkbox"/> Motor	
<input type="checkbox"/> Deep	<input type="checkbox"/> Clear	
<input type="checkbox"/> Deep breathing	<input type="checkbox"/> Static	
<input type="checkbox"/> Disguised	<input type="checkbox"/> Office machinery	
<input type="checkbox"/> Distinct	<input type="checkbox"/> Factory machinery	
<input type="checkbox"/> Excited	<input type="checkbox"/> Local	
<input type="checkbox"/> Laughter	<input type="checkbox"/> Long Distance	
<input type="checkbox"/> Lisp		
<input type="checkbox"/> Loud	Other Information:	
<input type="checkbox"/> Nasal	_____	
<input type="checkbox"/> Normal	_____	
<input type="checkbox"/> Ragged	_____	
<input type="checkbox"/> Rapid	_____	
<input type="checkbox"/> Raspy	_____	
<input type="checkbox"/> Slow	_____	
<input type="checkbox"/> Slurred	_____	
<input type="checkbox"/> Soft	_____	
<input type="checkbox"/> Stutter	_____	

Employee's Report of Injury Form

Instructions: Employees shall use this form to report all work related injuries, illnesses, or “near miss” events (which could have caused an injury or illness) – *no matter how minor*. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a supervisor for further action.

I am reporting a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near miss	
Your Name:	
Job title:	
Supervisor:	
Have you told your supervisor about this injury/near miss? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of injury/near miss:	Time of injury/near miss:
Names of witnesses (if any):	
Where, exactly, did it happen?	
What were you doing at the time?	
Describe step by step what led up to the injury/near miss. (continue on the back if necessary):	
What could have been done to prevent this injury/near miss?	
What parts of your body were injured? If a near miss, how could you have been hurt?	
Did you see a doctor about this injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, whom did you see?	Doctor's phone number:
Date:	Time:
Has this part of your body been injured before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	Supervisor:
Your signature:	Date:

Supervisor's Accident Investigation Form

Name of Injured Person _____

Date of Birth _____ Telephone Number _____

Address _____

City _____ State _____ Zip _____

(Circle one) Male Female

What part of the body was injured? Describe in detail. _____

What was the nature of the injury? Describe in detail. _____

Describe fully how the accident happened? What was employee doing prior to the event? What equipment, tools being using? _____

Names of all witnesses:

Date of Event _____ Time of Event _____

Exact location of event: _____

What caused the event? _____

Were safety regulations in place and used? If not, what was wrong? _____

Employee went to doctor/hospital? Doctor's Name _____

Hospital Name _____

Recommended preventive action to take in the future to prevent reoccurrence.

Supervisor Signature

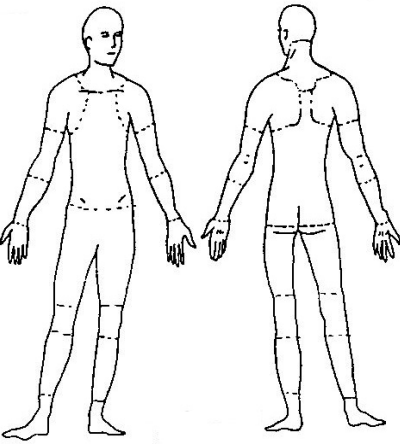
Date

Incident Investigation Report

Instructions: Complete this form as soon as possible after an incident that results in serious injury or illness.
 (Optional: Use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness.*)

This is a report of a: <input type="checkbox"/> Death <input type="checkbox"/> Lost Time <input type="checkbox"/> Dr. Visit Only <input type="checkbox"/> First Aid Only <input type="checkbox"/> Near Miss	
Date of incident:	This report is made by: <input type="checkbox"/> Employee <input type="checkbox"/> Supervisor <input type="checkbox"/> Team <input type="checkbox"/> Other _____

Step 1: Injured employee (complete this part for each injured employee)

Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Department:	Job title at time of incident:	
Part of body affected: (shade all that apply) 	Nature of injury: (most serious one) <input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Hernia <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system: <input type="checkbox"/> Other _____	This employee works: <input type="checkbox"/> Regular full time <input type="checkbox"/> Regular part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary
		Months with this employer
		Months doing this job:

Step 2: Describe the incident

Exact location of the incident:	Exact time:
What part of employee's workday? <input type="checkbox"/> Entering or leaving work <input type="checkbox"/> Doing normal work activities <input type="checkbox"/> During meal period <input type="checkbox"/> During break <input type="checkbox"/> Working overtime <input type="checkbox"/> Other _____	
Names of witnesses (if any):	

Number of attachments:	Written witness statements:	Photographs:	Maps / drawings:
What personal protective equipment was being used (if any)?			
Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.			
Description continued on attached sheets: <input type="checkbox"/>			

Step 3: Why did the incident happen?	
Unsafe workplace conditions: (Check all that apply) <input type="checkbox"/> Inadequate guard <input type="checkbox"/> Unguarded hazard <input type="checkbox"/> Safety device is defective <input type="checkbox"/> Tool or equipment defective <input type="checkbox"/> Workstation layout is hazardous <input type="checkbox"/> Unsafe lighting <input type="checkbox"/> Unsafe ventilation <input type="checkbox"/> Lack of needed personal protective equipment <input type="checkbox"/> Lack of appropriate equipment / tools <input type="checkbox"/> Unsafe clothing <input type="checkbox"/> No training or insufficient training <input type="checkbox"/> Other: _____	Unsafe acts by people: (Check all that apply) <input type="checkbox"/> Operating without permission <input type="checkbox"/> Operating at unsafe speed <input type="checkbox"/> Servicing equipment that has power to it <input type="checkbox"/> Making a safety device inoperative <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Using equipment in an unapproved way <input type="checkbox"/> Unsafe lifting <input type="checkbox"/> Taking an unsafe position or posture <input type="checkbox"/> Distraction, teasing, horseplay <input type="checkbox"/> Failure to wear personal protective equipment <input type="checkbox"/> Failure to use the available equipment / tools <input type="checkbox"/> Other: _____
Why did the unsafe conditions exist?	
Why did the unsafe acts occur?	
Is there a reward (such as “the job can be done more quickly”, or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	
Were the unsafe acts or conditions reported prior to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have there been similar incidents or near misses prior to this one? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Step 4: How can future incidents be prevented?

What changes do you suggest to prevent this incident/near miss from happening again?

- Stop this activity Guard the hazard Train the employee(s) Train the supervisor(s)
- Redesign task steps Redesign work station Write a new policy/rule Enforce existing policy
- Routinely inspect for the hazard Personal Protective Equipment Other: _____

What should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets:

Step 5: Who completed and reviewed this form? (Please Print)

Written by:

Title:

Department:

Date:

Names of investigation team members:

Reviewed by:

Title:

Date: