

**FARGO PARK DISTRICT
WORKERS COMPENSATION**

SAFETY PROGRAM EMPLOYEE HANDBOOK



PREPARED BY:

**Human Resources Department/Safety Committee
FARGO PARK DISTRICT**

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GLOSSARY

SECTION 1
Safety Policy Statement

Fargo Park District

The Fargo Park District Management and Board firmly acknowledge their obligation, as an employer, to provide a safe working environment for their employees. It is the policy of the Park District to provide safe working conditions and to follow operating procedures that will result in safe and efficient operations.

It is our belief many occupational injuries occur as a result of unsafe conditions or unsafe acts, both preventable causes of accidents. In accordance with our convictions, this safety policy aggressively focuses on the prevention of work-related accidents. The Park District places significant importance on the safety and well-being of its employees and the public it serves.

The objective of the safety, health and training programs is to reduce the number of on-the-job injuries and illnesses, which in turn will reduce claims costs.

Responsibilities for safety and health are shared. The Park District Board, along with the Management, supervisors and the safety coordinator, shall be responsible for the leadership required to maintain a safe environment for all employees. Employees are responsible for cooperation in all aspects of safety and health. They shall comply with rules and regulations for their own safety, for the safety of their fellow workers, and for the safety of the general public.

The Fargo Park District Board and Management have prepared this Safety Policy Statement and confirm and honor the contents within.

SECTION 2

Accident, Safety Concern (Near Miss) and Property Damage Reporting Policy

All Park District employees will report any accident/injury to their supervisor immediately. If the employee's supervisor is unavailable, the employee must contact the Park District Human Resource Department. Failure to report accidents/injuries immediately could result in disciplinary action, as well as causing a delay in payment of benefits. The employee must complete the ***Initial Incident/Injury Report*** as soon as possible and give it to their Supervisor immediately. The completed ***Initial Incident/Injury Report*** should be forwarded to the Human Resource Department immediately. The Supervisor will be responsible for investigating the incident and completing the ***Supervisor's Investigation Report***. The Supervisor will attempt to determine the cause of the incident from the information gathered and take corrective action immediately if necessary. The completed ***Supervisor's Investigation Report*** should be forwarded to the Park District Human Resource Department.

Supervisors will be required to notify the Department Director and Park District Human Resource Department in the event of a serious or lost time injury. The supervisor will then conduct the investigation.

Any employee who witnesses a Safety Concern (Near Miss) is to complete the Safety Concern (***Near Miss***) ***Report*** and give it to their supervisor. A "Safety Concern (Near Miss)" is an incident which did **NOT** result in personal injury, but has potential to result in injury. The Safety Concern (***Near Miss***) ***Report*** is forwarded to the Park District Safety Coordinator.

All employees involved in a motor vehicle accident during the course of employment will report the incident to their supervisor immediately. The supervisor will complete a ***Equipment/Vehicle Damage Report*** (***If injury occurs need to also complete the Initial Incident/Injury Report***) and ***Supervisors Investigation Report***.

Employees who are involved in or witness any of the following incidents are required to file the following reports and notify your supervisor immediately.

1. Accident Report for General Public

It is the responsibility of any employee to fill out this report if they are involved with or witness an individual of the general public who is injured or could have been injured.

2. Report of Conflict

It is the responsibility of any employee to fill out this report if they are involved in a verbal or physical confrontation with a co-worker or an individual of the general public. It is also used if there is conflict between two or more individuals of the general public.

3. Equipment Vehicle/Damage Report

It is the responsibility of any employee to fill out this report if they are involved in an accident or mishap that results in the damage of a piece of Park District property, maintenance equipment, or motorized vehicle.

- A. In case of an accident in a Park District vehicle while on duty:
 - Stop immediately, investigate and protect the site of the accident with your vehicle to avoid further injury when necessary.
 - Give first aid to injured, if qualified.
 - Summon emergency help as necessary (call 911). If no injuries, call the non-emergency police numbers to get an official report filed.
 - Contact Supervisor to notify them of the accident.
 - Get the names of all parties and witnesses.
 - Take pictures of accident scene and damage to both vehicles.
 - Complete the motor vehicle accident report as soon as possible after you get back to work.

- B. Supervisor's responsibility in case of an employee's accident:
 - Make sure pictures have been taken of accident.
 - Notify immediate Director or Director of Finance about the accident.
 - Take employee to Sanford Occupational Health for drug and alcohol screen.
 - Make sure employee has filled out accident report with diagram and pictures of accident.

- C. The unauthorized transportation of non-employees in Park District vehicles is prohibited.

INCIDENT REPORTING FORM

Send all pages to: safety@fargoparks.com



Check All That Apply

- Injury to Employee
 - Complete Section A & Section B
- Injury to someone from the Public
 - Complete Section A & Section B
- Equipment/Vehicle/Property Damage
 - Complete Section A & Section C
- Conflict-Verbal/Physical
 - Complete Section A

Name of Person
Completing the Report _____

Signature _____

Date _____

SECTION A

Date of Incident _____ Time _____ AM _____ PM

Location of Incident _____

Detailed Description of Incident _____

Supervisor Name _____ Was Director Notified _____ Yes _____ NO

Witnesses:

Name _____ Address _____ Phone No _____
_____ Employee _____ General Public

Name _____ Address _____ Phone No _____
_____ Employee _____ General Public

Name _____ Address _____ Phone No _____
_____ Employee _____ General Public

SECTION B

Name of Injured Person _____

Detailed Description of Extent of Injury and Body Part(s) Injured (i.e. – left hand burned at base of ring finger)

Was Medical Attention Sought _____ Yes _____ No

➤ **Employee Only: Please bring papers you received from treating physician or facility to HR as soon as possible.**

SECTION C

NAME OF PERSON/PEOPLE INVOLVED

Name: _____ Address _____ Phone No _____

_____ Employee _____ General Public

Name: _____ Address _____ Phone No _____

_____ Employee _____ General Public

Operator of Damaged Park District Equipment/Vehicle _____

What is the Equipment / Vehicle Make, Year, VIN, Asset No. _____

Detailed Description of Accident/Damage

Did Road Conditions Play a Factor _____ Yes _____ No If yes, please explain _____

Did Weather Conditions Play a Factor _____ Yes _____ No If yes, please explain _____

Were Photos Taken of Damage _____ Yes _____ No Please attach when submitting this form.

Were Police Notified _____ Yes _____ No If yes, did you receive police report? _____ Yes _____ No

Was Employee sent for Drug/Alcohol Testing _____ Yes _____ No

FOR OFFICE USE ONLY

Filed with WSI Date _____

Time _____ AM _____ PM

**FARGO PARK DISTRICT
SUPERVISOR INVESTIGATION REPORT**



This report is to be completed by the Supervisor of an employee who has sustained an injury. The completed report should be returned to safety@fargoparks.com

Employee Name: _____ Job Title: _____

Department: _____

Location of Injury/Incident: _____

Date of Injury/Incident: _____ Time: _____ AM PM

ANALYSES OF CAUSES

Immediate Cause:

Would safety equipment or training have prevented the accident? YES NO

If yes, brief explanation: _____

CORRECTIVE ACTION

Corrective Action to Be Taken: _____

By Whom: _____

Date When: _____

Investigated By: _____ Dated: _____

Department Director Review: _____ Dated: _____

This form is to be attached to a copy of the Incident Reporting Form.

RETURN THIS FORM TO safety@fargoparks.com



**North Dakota Workforce
Safety & Insurance**

FIRST REPORT OF INJURY
CLAIMS DIVISION
SFN 2828 (09/2016)

1600 E Century Ave, Ste 1
PO Box 5585
Bismarck ND 58506-5585
Telephone 800-777-5033
Toll Free Fax 888-786-8695
TTY (hearing impaired) 800-366-6888
Fraud and Safety Hotline 800-243-3331
www.workforcesafety.com

SECTION 1 - Completion of this section is required			
Claim number	Worker's (First name)	(Last name)	Social Security number*
Date of birth	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married	Worker's telephone number
Worker's physical address (Street address)			
City		State	ZIP code
Worker's mailing address, if different than physical address (Street address, PO Box number)			
City		State	ZIP code
Date of injury	Time of injury <input type="checkbox"/> AM <input type="checkbox"/> PM	Nature of injury or illness (broken left leg, carpal tunnel left wrist, etc.)	
Body parts injured (Example: 2 nd /middle finger, shoulder, ankle, etc.)			<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> NA
How did accident happen?			
Has this claim been filed in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which state?			
Where did accident happen? (City)		(County)	(State)
Treating doctor's name			Date of first treatment <input type="checkbox"/> NA
Clinic/hospital name (If you have received treatment in more than one location, please provide the name of clinic/hospital, treating doctor(s), address and telephone number of all locations on page two or separate sheet of paper.)			
Clinic/hospital mailing address (Street address, PO Box number)			Clinic/hospital telephone number
City		State	ZIP Code
Employer's name			Employer's telephone number
Employer's mailing address		City	State ZIP code
What is the worker's job?		Date hired (Month) (Year)	Last day worked in ND prior to injury
SECTION 2 - Worker completion			
Date employer notified	Person you notified	Before this injury, have you had any problems, injuries, or treatment to the injured body parts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you missed or will you miss 5 or more consecutive days of work due to the injury? OR Has a doctor taken you off work for 5 or more consecutive days? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Witness to the injury (First name)		(Last name)	Telephone number
SECTION 3 - Release of information/fraud warning/signature			
Release of information			
I understand and agree that North Dakota law determines all my rights and obligations to and from WSI. I authorize any medical provider or facility, any insurance company, including workers' compensation relating to work injuries, any law enforcement or military agency, any government benefit agency including the Social Security Administration, and any educational agency or institution to release to WSI, its agents and attorneys, any and all information or records, including all prior records as well as those pertaining to mental health, alcohol, or drug abuse, and HIV/AIDS/AIDS-related illness. I authorize healthcare providers to respond to WSI regarding my injury, including request for conclusions and opinions not otherwise contained within existing medical records.			
(Continued on page 2)			

First Report of Injury continued on page 2. Submit both pages to WSI.

FIRST REPORT OF INJURY (cont'd)

Claim number	Worker's (First name)	(Last name)
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In addition, I authorize any education agency or institution to release to WSI any and all "educational records" as defined by 20 U.S.S 21 Sec. 1232g. This authorization continues while I have any claim open or pending before WSI. WSI is exempt from HIPAA regulations. I authorize WSI to release any information or records about my claim to third parties or their insurers for the purpose of resolving claims against third parties. I authorize the release of any medical information related to my claim to my employer.

Fraud warning

Any person claiming benefits or compensation from WSI who files a false claim, or makes a false statement, or fails to notify WSI as to the receipt of income or an increase in income from employment, in connection with any claim or application for workers' compensation benefits will forfeit any future benefits and may be guilty of a felony which is punishable by imprisonment, substantial fines, or both. These criminal penalties are applicable to all persons dealing with WSI, including injured workers, employers, medical providers, and attorneys.

Signature

By signing this form, I acknowledge that I have read and understand the release of information and fraud warning. I understand that falsifying this claim or making a false statement regarding this claim may be a felony, punishable by substantial fines and imprisonment. I authorize the release of information and agree that statements in this form are true and accurate.

Worker's signature**Date signed**

In addition to myself, I authorize WSI to release information on my claim to (please print)

First name	Last name	Relationship
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SECTION 4 - Employer completion

Employer's account number	Rate class	Is worker a corporate officer, owner, or family member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's name	Mailing address (Street address, PO Box number)	
City	State	ZIP code

Has the worker missed or will they miss 5 or more consecutive days of work due to the injury? **OR** Has a doctor taken the worker off work for 5 or more consecutive days? Yes No

Date employer notified	Person notified	Before this injury, are you aware of the worker having any problems, injuries, or treatment to the injured body part? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Do you have a Designated Medical Provider (DMP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the worker add another medical provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which provider?	Do you question this claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in section 5.
Employer's signature	Title	Date signed

SECTION 5 - Additional information or comments

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* In compliance with the Federal Privacy Act of 1974, disclosure of the Social Security number on this form is mandatory pursuant to N.D.C.C. § 65-05-02. The Social Security number is used for identification and verification purposes. Failure to provide this information may result in a delay in processing your request.

To report an instance of fraud, contact the ND Fraud and Safety Hotline at 800-243-3331.

SAFETY CONCERN

SAFETY SUGGESTION REPORTING FORM

Send all pages to: safety@fargoparks.com



Check All That Apply

- Safety Concern
 - Complete Section A

- Safety Suggestion
 - Complete Section B

Name of Person Submitting Safety Concern / Safety Suggestion

Name _____

Department _____

Phone No. _____

Date Submitted _____

SECTION A

Date Safety Concern Noticed _____

Location _____

Detailed Description of Safety Concern or Potential Hazard

SECTION B

Date Safety Suggestion Submitted _____

Safety Suggestion/Idea

SECTION 3
General Safety Rules

These General Safety Rules are considered minimum safety standards for usual work conditions and shall be adhered to by all who enter the specific job location. The following written General Safety Rules shall be **posted** in a conspicuous manner at fixed work sites and where possible in remote mobile locations. The General Safety Rules shall also be annually reviewed and updated as needed. All personnel shall adhere to the following:

1. Participate in new employee training.
2. Participate in continuing education which is conducted on a department level; major programs included are:
 - The Right To Know Act (Hazard Communication Act)
 - Fire control procedures as well as evacuation protocol
 - Claims management
 - Back care (Body mechanics)
 - Electrical safety
 - Hazardous wastes (Bio hazards)
 - District safety policies and procedures
 - On the job training within the department
3. Report all accidents, injuries, safety concerns (near misses), or safety hazards in the workplace immediately to your supervisor.
4. Report faulty electrical equipment. Faulty electrical equipment will be removed from service until the equipment has been repaired or replaced.
5. Report any dangerous physical situations at any Fargo Park District facility, with any equipment to your appropriate maintenance personnel.
6. Ask and insist on sufficient help before lifting heavy objects. Follow proper procedure when lifting – bend knees and keep back erect, lift with weight close to the body and do not twist while lifting. Use mechanical devices!
7. Remember – No horseplay is allowed in the workplace.
8. Always wear your safety belt when driving any company-owned vehicle.
9. Always wear your appropriate personal protective equipment in accordance with the job operation that you are performing.
10. Participate in proper housekeeping. Proper housekeeping is mandatory for all departmental areas.

Dated: _____

SECTION 4

Safe Operating Procedures

The chief hazards identified within the Park District involve repetitive motion, improper lifting, carrying and reaching procedures. Other chief hazards are and will continue to be identified pertinent to each department. Lists identifying the chief hazards encountered by Park District employees will be compiled and modified on an ongoing basis. Safe Operating Procedures have been and will continue to be developed for these hazards. Each department will identify the chief hazards pertinent to their employees.

Supervisory personnel are directly responsible for the education and participation of all employees under their supervision for safety rules and procedures compliance in their tasks- taking immediate corrective measures in the prevention of accidents, whether personal injury or property damage; and eliminating hazardous conditions and practices. The supervisor must enforce the established safety and risk management program by promoting a higher level of safety awareness through positive leadership and reinforcement. **Supervisors will not permit safety to be sacrificed for any reason and are required to halt any activity that may create a life threatening situation.**

The orientation program for new employees includes a training program which will educate employees about basic principles of safe operating procedures for equipment. This Employee Handbook is an integral part of this orientation and training. This ongoing training includes information to educate employees on the use of proper body mechanics and prevention of repetitive motion injuries. Refresher training for employees will be conducted on at least an annual basis.

It is the responsibility of all employees to review the manual prior to the operation of any machines or consult their supervisors for appropriate training.

A partial listing of SOP are presented below. Details of the SOP are found in this handbook. SOP for specific jobs/departments will be identified and listed on an ongoing basis.

SOP for all employees:

- Materials Handling
- Lifting Practices
- Lockout/Tagout
- Slip & Trip Hazards
- Ladder Safety
- Office Safety
- Bloodborne Pathogens
- Hazard Communication-Chemical Right to Know

SOP for specific departments (to be continually modified/added):

- Personal Protective Equipment (PPE)
 - Clothing & accessories (goggles, gloves, hard hats, etc.)
 - Hearing protection (ear muffs, ear plugs etc.)

- External environmental safety
- Cold/hot weather
- Noise protection devices

Heavy equipment operation & maintenance:

- Tractors
- Trucks
- Cranes
- Forklifts, power platforms, manlifts
- Snow Removal
- Grounds maintenance equipment (lawn mowers, trimmers)

Construction, mechanical and electrical safety

- Excavation, trenching, road construction/maintenance
- Welding & cutting
- Hydraulic equipment
- Lock out/Tag out
- Scaffolds & ladder safety

Power equipment operation & maintenance

- Power carpenter tools
- Air compressors
- Gas trimmers
- Table saws
- Buffers and vacuum cleaners
- Pumps
- General shop equipment

General carpenter tools (manual hand tools)

Respiratory safety

Biohazard safety (Bloodborne pathogens standard)

Hazardous chemical and materials handling:

- MSDS requirements
- Labeling
- Storage
- Pesticide application, handling and storage
- Waste disposal

Flammable liquids and gases

Compressed gas cylinders

Motor vehicle safety

Law enforcement safety

Office safety

Confined spaces

Fall protection

Hooks, chains, cables and ropes

First Aid

Water safety

Forestry operations

SAFE OPERATING PROCEDURES MATERIALS HANDLING

HAZARD

Hand, leg, back and other body injuries incurred while manually moving materials.

SCOPE

To ensure proper handling of material that has the possibility of inducing an injury. When a person manually handles materials, they are using a combination of moving body parts, changing joint angles, tightening muscles, and loading the spinal column.

PROCEDURE

- Know your intended route. If you need to clear objects in the pathway before your transport material, do so.
- Think before you lift-size up the object. Test the weight before trying to move it.
- To lift an object, place one foot behind and the other alongside of it. With your knees bent, grip the object firmly with both hands. Keep your back straight and vertical and your chin, elbows, and arms tucked in tight. Then with your body weight vertically over your feet lift your legs.
- When placing the load on the ground or surface, be sure that your feet are out of the way and lower the load in one motion. Lower the load by bending at the knees and keeping the back straight.
- If the object is either too bulky or too heavy (50 lbs. or more), get someone to help you or get a mechanical lift.
- When moving heavy or bulky loads, move in stages and rest between moves.
- When two or more people are carrying a heavy object, be sure to have a signal prearranged before lowering or releasing of the load. If you lose your balance or cannot maintain the load, try to push the load out and away from your body.
- To set the load down, stop, place feet apart, tell the other person or persons helping what you will be doing and the steps that will be taken and what you expect them to do. Then with your feet and hands out of the way of any possible injury, lower the load in one motion. Remember to keep your back straight and lower the body by bending the knees.

SAFE OPERATING PROCEDURES

LIFTING PROCEDURES

Before the Lift

- Size up the load. Look for slippery surfaces, protruding nails, etc.
- Get help if you cannot comfortably lift the load alone.
- Be sure there is a clear path in which to carry the load. Look for slip or trip hazards.

The Lift

- Stand close to the load with feet wide apart.
- Squat down, bending at the hips and knees.
- As you grip the load, arch your lower back inward by pulling your shoulders back and sticking your chest out.
- Keep the load close to your body while you lift. The closer the load is to your body, the less pressure it exerts on your back.

Setting down the load

- Pivot your feet to guide your body around. Never twist!
- When you set the load down, squat down, bending at the hips and knees, keeping your lower back arched inward.

***SAFE OPERATING PROCEDURES
LOCKOUT/TAGOUT***

- Shut the machine or equipment down by the normal stopping procedure.
- Isolate the equipment or machine from energy source.
- Dissipate or restrain stored energy in springs, hydraulic systems, air, or steam pressure.
- Dissipate or restrain by repositioning, block, bleeding down, etc.
- If there is a possibility of re-accumulation of stored energy, verification shall be performed and continued until the servicing or maintenance is completed or until the possibility of such accumulation no longer exists.
- Lockout the energy-isolating devices with assigned individual lock(s).

SAFE OPERATING PROCEDURES
SLIP & TRIP HAZARDS

Good Housekeeping

- Keep floors dry at all times.
- Use wet floor signs where appropriate.
- Remove obstructions and debris from floor.
- Regular sweeping and mopping should be completed.
- Report maintenance issues through maintenance department.

Wear Appropriate Footwear

- Kitchen employees should wear footwear with non-skid soles.
- Employees should refrain from wearing high heels or shoes with slippery soles.

SAFE OPERATING PROCEDURES

LADDER SAFETY

- Never use a makeshift ladder.
- There is no excuse for using a chair or homemade ladder under any circumstances.
- Use the appropriate ladder for the job.
- Use wooden ladders when working near a source of electrical current.
- Use an extension ladder when climbing onto the roof of the building.
- Use a stepladder when placing or removing a box from a high shelf.

INSPECT YOUR LADDER

Straight ladder

- Make sure that it has non-slip, sturdy safety feet.
- Clean the rungs of dirt and grease.
- Check the rungs and rails to be sure they are not cracked or loose.

Stepladder

- Be sure the steps and safety feet are clean and sturdy.
- Examine the rails and rungs to make sure they are not cracked or loose.
- Check the braces and hardware for signs of wear.

Extension ladder

- Make sure the safety feet and rungs are clean.
- Check the rungs and rails for signs of wear.
- Inspect the ropes and pulleys to make sure they are lubricated and working smoothly.

SET UP THE LADDER PROPERLY

Stepladder

- Braces should be fully locked before you begin climbing.
- Never use the top step.

Extension ladder

- The two sections should overlap by at least three feet, and should be locked before you climb.
- The base of the ladder should be one foot away from the wall for every four feet of the ladder's height (the 4-to- 1 rule).
- If using the ladder to mount on roof or platform, make sure the top of the ladder extends at least three feet beyond the edge of the platform (the three feet rule).

Straight ladder

- The 4-to-1 rule and the three feet rule apply to straight ladders, as well. Make sure both of its rails are resting on a solid top support before you climb.

Climb the ladder properly

- Before climbing, inspect the bottoms of your shoes and the rungs or steps of the ladder for slipping hazards.
- Face the ladder as you climb.
- Hold onto the side rails with both hands as you go up the ladder.
- Use a tool belt rather than carry tools in your hands as you climb.
- When using a stepladder, climb no higher than the second step from the top.
- When using a straight or extension ladder, go no higher than the third rung from the top.
- Don't race up or down the ladder.
- When climbing down a ladder, use both hands to grip the rails, face the ladder and go slowly.

Practice safe work habits

- Use a tool belt. Don't balance tools on top of a ladder or hang them on the ladder rungs.
- Raise or lower tools, etc., with a rope.
- Resist the temptation to toss tools to other people while you are on the ladder.
- Do not let more than one person get on the ladder at the same time.
- Make sure you work only within arm's reach while on the ladder.
- Barricade your work area if you have set up the ladder in the middle of the aisle, near a doorway or in a blind corner.

SAFE OPERATING PROCEDURES

OFFICE SAFETY

Floor Surfaces

- Avoid slips, trips and falls.
- Watch out for recently waxed floors; loose carpeting, floorboards, and tiles.
- Wipe up all spills.
- Wear appropriate shoes.
- Pick up pencils, paper clips, and other objects that might cause a slip.

Chairs

- Keep all four legs of your chair on the floor. Tilting back in a chair often results in over balancing and a fall.
- Routinely inspect chairs that tilt for broken springs, loose screws, and defective welds.
- Be sure-footed when climbing, use a stepladder, not a chair.

Stairways and Walkways

- On stairways, use handrails and take one step at a time. Report worn treads and broken or loose stairs to your supervisor.
- Avoid obstructing your vision with large loads. Don't hurry, especially around corners.
- Don't store boxes, etc., where people might trip.

Lighting

- Use as much light as you need to get the job done safely and correctly.
- Report dusty or out-of-order lights promptly.

Doors

- Check for markings in the center of glass doors and panels to prevent walking into them.
- Approach solid doors from the side away from the hinges. This will enable you to step out of the way if someone comes through.

Filing cabinets

- Fill bottom file cabinet drawers first to prevent the cabinet from tipping.
- Avoid overloading top drawers. This can cause the cabinet to fall on you.
- Close one drawer before opening another to avoid banging your head and to prevent the cabinet from tipping.

Shelves and storage cabinets

- Stack objects neatly inside cabinets, not on top.
- Keep frequently used items within easy reach.
- Don't overload cabinets, especially those that aren't bolted to the floor or wall. They might tip over.

Avoid cuts and puncture wounds ■ Staplers

- Don't test a jammed stapler by holding your thumb over the end or by discharging it near your eyes.
- Broken glass
 - Use a broom and dustpan, not your fingers, to pick up glass, wrap it in paper and mark the paper. Pick up splinters with a damp towel. Discard immediately.
- Paper cutters
 - Keep fingers away from the blade. Avoid cutting too many sheets at one time.

Prevent Carpal Tunnel Syndrome

- Minimize repetition
 - Even simple, light tasks may eventually cause injury. If possible avoid repetitive movements or holding an object in the same way for extended periods of time.
- Rest your hands
 - Periodically give your hands a break by letting them rest briefly. Or you may be able to alternate easy and hard tasks, switch hands, or rotate work activities.
- Reduce speed and force
 - Reducing the speed with which you do a forceful, repetitive movement gives your wrist time to recover from the effort.
- Conditioning exercises
 - Certain exercises strengthen the hand and arm muscles. They may help by reducing the need to compensate for these weak muscles with a poor wrist position.

Lift Carry Safely

- Stand close to the object with feet spread apart for balance.
- Don't twist body to get in position.
- Squat down, keeping your back straight and your knees bent.
- Grasp the object firmly.
- Lift with your legs, slowly straightening them. Then return your back to a vertical position.
- Hold the object firmly and close to your body as you carry it.

The following Safety Procedures are to be followed at all times. It is the responsibility of all employees to make sure these procedures are being followed.

VIDEO DISPLAY TERMINAL OPERATIONS (VDT)

One of the most rapid causes for work related injury is by repetitive motion or sustained postures. To help reduce the risk, the following safety procedures shall be followed by all office personnel:

- **Chairs:**
Make sure your chair is properly adjusted. Be sure the backrest is adjusted to the proper height and tension to provide adequate lumbar support. Position the height of your chair

so that your arms are level with your elbows or slightly above elbow level. Your knees should be slightly above hip level. If your work station will not allow you to meet both arm and leg recommended positions, use a foot rest to achieve this position or report the problem to your supervisor. Use correct posture when sitting: never sit on the edge of a chair; do not tilt back when sitting in a straight chair; and never use a chair you think **is** defective. Report it to your area supervisor immediately.

- **Computer Display Screen:**

Screen should be located at a distance of 18 to 30 inches at an angle of 9 degrees to 15 degrees from your eyes.

- Avoid repetitive motion for prolonged periods of time. If you begin to feel tired, take a break from the task you are working on. Try to rotate your job task whenever possible.
- Never do any type of repetitive motion for more than one hour maximum without taking a short break (2-3 minutes) and no longer than two hours without a 15 minute break.
- Keep wrists straight at all times; avoid bending or flexing whenever possible.
- When grasping objects, use your full hand rather than just your fingers.
- Avoid tight clothing and jewelry around your wrist.
- It is a good idea to include stretches, including shaking out the wrists and fingers during every break.

If you encounter any problems or discomfort, report them to your supervisor at once.

WORK AREA

The following safety procedures are to be followed when working in or visiting an office area.

- Keep the floor clear and free of any hazards which could cause someone to slip, trip, such as electrical or telephone cords, boxes, tools, piles of paper, etc.
- Pull out only one drawer of a file cabinet at a time to avoid tipping.
- Keep file drawers closed when not in use. If you are working in a file and you have to leave, even for only a second, close the drawer until you return.
- Keep all exits clear at all times.
- Make sure all area rugs have rubber backs and are properly in place to avoid tripping.
- Make sure all boxes and containers are stored in such a way to avoid falling. Heavier boxes should be placed on lower shelves whenever possible. If a box is heavy or awkward, get help.

- Report any unsafe electrical cords or other equipment to your area supervisor.
- Walk, don't run. Use caution when walking around blind corners, walk slowly and watch where you are going.
- Any unsafe equipment (chairs, table, desks, cords, cabinets, etc.) are to be reported to the area supervisor or the risk management coordinator immediately. If you fail to report any unsafe condition, which you have knowledge of and someone later becomes injured, you share in the responsibility of the injury by not reporting an unsafe condition.
- When lifting, use correct lifting techniques.

Report any unsafe condition or safety concerns to your area supervisor or to the risk management coordinator.

SAFE OPERATING PROCEDURES BLOODBORNE PATHOGENS

The Park District shall limit employee exposure to bloodborne pathogens to the maximum extent feasible.

The AIDS epidemic has created much concern in our society regarding exposure to human blood and body fluids. Besides HIV (Human Immunodeficiency Virus), the virus that causes AIDS, there is also concern given toward Hepatitis. Both diseases can be transmitted by a puncture wound from a sharp object contaminated with blood or other potentially infectious body fluid from an infected individual. Any employee who is "reasonably anticipated" to have skin, eye or mucous membrane contact with blood from the performance of his/her duties is covered by the OSHA standard.

Universal Precautions

All potentially infectious materials shall be considered infectious and precautions shall be observed to prevent contact. The following human body fluids are considered potentially infectious: semen, vaginal secretions, cerebrospinal fluid, amniotic fluid, body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. Any tissue or organ from a human is also potentially infectious.

Urine, feces, saliva, sweat and tears are not considered infectious unless there is visible blood.

Work Practices

Employees shall wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or when feasible following contact of such body areas with blood or other potentially infectious materials.

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

Personal Protective Equipment

Appropriate personal protective equipment, sufficient to provide protection from potentially infectious materials shall be provided to employees. Latex gloves and pocket masks shall be included in all first aid kits.

Clean-up Procedures

When cleaning up a spill of blood or other potentially infectious material, employees shall wear protective equipment sufficient to prevent contact of the material with the skin. At a minimum, this shall include gloves and eye protection. The spill shall be disinfected with a 10 percent bleach solution (one part household bleach to nine parts water). Cleanup methods that prevent contact with the material (i.e., dust pan and broom) shall be used, especially when broken glass or other sharp objects are present. Mop or wash the spill area with 10 percent bleach until visibly clean. The cleanup material must be labeled and disposed of as infectious waste. Disposal arrangements will be made on a case-by-case basis.

SAFE OPERATING PROCEDURES
HAZARD COMMUNICATION "RIGHT TO KNOW" Program

This program has been prepared to insure that information necessary for the safe use, handling and storage of hazardous chemical is provided to and made available to employees.

This program includes guidelines on identification of chemical hazards and the preparation and proper use of container labels.

A. Chemical Inventory

1. The Park District maintains an inventory of all known chemicals in use on the worksite. A chemical inventory list is available from the supervisor, department manager, or risk manager.
2. Hazardous chemicals routinely brought onto the site will be included on the hazardous chemical inventory list.

B. Container Labeling

1. All chemicals on site will be stored in their original or approved containers with a proper label attached, except small quantities for immediate use. Any container not properly labeled should be given to the department supervisor for labeling or proper disposal.
2. Workers may dispense chemicals from original containers only in small quantities intended for immediate use. Any chemical left after work is completed must be returned to the original container or to the department supervisor or shop supervisor for proper handling.
3. No unmarked containers of any size are to be left in the work area unattended.
4. The Park District will rely on manufacturer applied labels whenever possible, and will ensure that these labels are maintained. Containers that are not labeled or on which the manufacturer's label has been removed will be relabeled.
5. The Park District will ensure that each container is labeled with the identity of the hazardous chemical contained and any appropriate hazard warnings

C. Material Safety Data Sheets (MSDS)

1. Employees working with a hazardous chemical may request a copy of the material safety data sheet (MSDS). Requests for MSDS's should be made to the department supervisor or shop supervisor.
2. MSDS should be available and standard chemical reference may also be available on the site to provide immediate reference to chemical safety information.

D. Employee Training

Employees will be trained to work safely with hazardous chemical(s). Employee training will include:

1. Methods that may be used to detect a release of a hazardous chemical(s) in the workplace.
2. Physical and health hazards associated with chemicals.
3. Protective measures to be taken.
4. Safe work practices, emergency responses and use of personnel protective equipment.
5. Information on the Hazard Communication Standard including:
 - *Labeling and warning systems, and
 - *An explanation of Material Safety Data Sheets.

E. Personal Protective Equipment (PPE)

Required PPE is available from the department supervisor or shop supervisor. Any employee found in violation of PPE requirements may be subject to disciplinary actions up to and including discharge.

F. Emergency Response

1. Any incident of overexposure or spill of a hazardous chemical/substance must be reported to the department supervisor or risk manager.
2. The immediate supervisor will be responsible for insuring that proper emergency response actions are taken in leak/spill situations.

G. Hazards of Non-Routine Tasks

1. Supervisors will inform employees of any special tasks that may arise which involve possible hazardous chemicals
2. Review of safe work procedures and use of required PPE will be conducted prior to the start of such tasks. Where necessary, areas will be posted to indicate the nature of the hazard involved.

SAFE OPERATING PROCEDURE USE OF MOTOR VEHICLES

The motor vehicle is a basic tool of operation of the Park District. Therefore, these rules are established for the protection of the employee and the general public.

1. No employee shall operate a District owned motor vehicle, or personal motor vehicle on District business, without a valid driver's license on their person while driving.
2. All drivers of motor vehicles, District owned or personal vehicles doing District business, shall complete a Defensive Driving Course when assigned or directed by the District management.
3. No employee is to use a District vehicle except during working hours or special assignment other than those employees authorized by the District Personnel Manual, Policy No. 330 "Authorized use of Park District Vehicles" (copy on file at the Park District Office). Park District vehicles are not for personal use. Written authorization must be given by an appropriate supervisor for use of District vehicle for special assignment.
4. All District employees are required to wear a seatbelt while driving or riding in a Park District vehicle or within their own vehicle while being used for Park District Business.
5. Only two (2) passengers are allowed in Park District trucks and personal trucks being used for Park District business. Only three persons are allowed to ride in a vehicle with a bench seat.
6. No Park District employee shall haul workers in a pickup box, nor shall any employee ride in a pickup box.
7. Each employee is responsible to see that the vehicle to which they are assigned has all the normal safety features, such as brakes, lights, seatbelts, signals, steps, exhaust and manifold connections, mirrors, wipers, back-up alarms and glass. All of these items should be in good operating condition. Defects shall be reported at once. If the defect is serious enough to warrant it, the vehicle will be restricted from use until proper repairs can be made.
8. Each employee is responsible for the safe operation of the vehicle to which he is assigned. In the case of an accident involving a Park District vehicle, the Police Department is to be notified and then all accidents must be reported to the Park District Business Office as soon as possible. At no time is a Park District Employee to make a statement accepting responsibility or liability when an accident occurs.
9. Park District vehicles shall not be operated until the windshield is clear of ice, snow and/or fog and the operator has visibility in all directions.
10. When backing up a motor vehicle and vision to the rear is obstructed, the operator shall obtain assistance from another individual/employee.
11. Keys shall never be left in an unattended vehicle.

12. In case of an accident while on duty:
 - a. Stop immediately, investigate and protect the site of the accident with your vehicle to avoid further injury when necessary.
 - b. Give first aid to injured, if qualified.
 - c. Summon help as necessary (ambulance, police or fire department),
 - d. Get the names of all parties and witnesses.
 - e. Complete the motor vehicle accident report at the scene as soon as possible (at the scene if possible).

13. The unauthorized transportation of non-employees in Park District vehicles is prohibited.

SAFE OPERATING PROCEDURES ELECTRICAL SAFETY

Only authorized personnel are permitted to do any electrical service work. Only authorized personnel are ever permitted to repair, adjust, test or service electrical equipment in any way. Governmental codes regulate these requirements and impose strict guidelines to follow in the area of electrical safety.

1. Never expose yourself or others to energized electrical circuits. No type of work, tests, or adjustments on energized circuits is permitted unless company authorization has been given.
2. Refrain from bringing in or using personal portable electrical equipment such as radios, heaters, etc. The responsible supervisor must approve such equipment prior to its being used on company property.
3. Before work is begun, check to see that all electrical implements are in safe condition. If you have any doubts or questions regarding the safety of the equipment, notify your supervisor immediately and have the condition checked by the electrical department.
4. Inspect electrical equipment for the following, before plugging in and using:
 - a. Make sure there is an attached electrical inspection label dated within six months.
 - b. Ascertain that the electrical cord is free of cuts or abrasions through the outer insulation.
 - c. Examine the male plug to be sure that the protective-insulating disc is in proper position and that no prongs are loose or missing.
 - d. Check for evidence of loose or visually damaged parts, switches, shielding, nuts, bolts, etc. Report any of these defects to your supervisor.
 - e. Inspect the receptacle before plugging in electrical cord. Check for burn marks, cracks, broken insulation, missing cover plate or other noticeable defects. Notify your supervisor immediately and do not use the equipment if you find any of these faults.
 - f. Upon insertion of the plug, if the receptacle is discovered to be loose, immediately disconnect the plug and report the situation to your supervisor.

OPERATION OF ELECTRICAL EQUIPMENT

Check to see that the male plug is correctly seated in the receptacle. If any shock sensation is felt when using the equipment, immediately shut it off, unplug it, and inform your supervisor. If the equipment does not operate, disconnect the plug and inform your supervisor of the malfunction. Never unplug equipment by pulling the cord. Turn off the apparatus switch and then pull the plug from the receptacle.

When you leave the work area, be sure that all equipment is unplugged.

When your job is complete, recheck the equipment to be sure it is ready for the next operator.

Extension cords used with portable electric tools and appliances shall be a three-wire type. It shall be placed in as dry a path as possible away from water and mud and kept away from doorways and walkways where it could become a tripping hazard.

Supervisors must see that all electrically powered apparatus is forwarded to the electrical department promptly for scheduled and emergency repairs.

When a record of testing is needed, the company will put in place the 'Assured Equipment Grounding Conductor Program.'

Supervisors must ascertain that all employees thoroughly understand the above inspection and operating instructions.

SAFE OPERATING PROCEDURES

FALL PROTECTION

The purpose of this procedure is to ensure that employees are protected from fall hazards in accordance with Federal safety regulations. Supervisors are required to monitor and enforce the use of this procedure. Workers will be responsible to know and follow this safe operating procedure for fall protection. The goal of this procedure is to eliminate or control every fall exposure at our worksites.

Our firm will engineer and utilize fall protection systems. This may include safety nets, standard guardrail (hand-rail, mid-rail, toe-board), personal fall arrest systems, warning lines and safety monitoring systems.

If standard fall protection is not feasible, all workers must tie off. Tie off must be done with a full body harness and shock absorbing lanyard equipped with double locking snaps. The 1994 OSHA rule prohibits the use of body belts as part of a personal fall arrest system as of January 1, 1998. In addition, only locking type snap-hooks will be permitted for use in personal fall arrest systems and positioning systems as of the same date. The lanyard must be attached to the D-ring in the center of the back and to a structural member capable of supporting a 5,000-pound load in the event of a fall. The tie off point shall be above the head as high as practical. The lanyard can be no longer than six feet.

Employees working from swing scaffolds, boatswain chairs, spider baskets, etc. shall tie off to an independent lifeline, which is securely attached to a structural member. Each worker will have a separate lifeline to himself or herself.

Employees working near electrical equipment will use nylon or other non-conductive lanyards. Steel slings will not be used.

All fall protection equipment will be protected from damage and kept in good repair. Any equipment subject to in-service loading (a fall) will be immediately removed from service. All employees exposed to fall hazards will be trained in this procedure. The safety coordinator will keep documentation of training. This procedure will be strictly enforced and any employee not in compliance will be subject to disciplinary action up to and including termination.

On August 9, 1994 OSHA published a final rule requiring construction employees to be protected with fall protection at heights six feet or higher. Other height guidelines are as follows:

Fall protection must be utilized at the following heights:

Roofing

Commercial B 6 feet or higher

Residential B 25 feet or higher

General Industry

4 feet or higher

Steel Erection

25 feet or higher

Scaffolds

10 feet or higher. When width of scaffold is less than 45" □ 6 feet or higher

Ladders

Fixed ladders B 25 feet or higher

Portable ladders B no fall protection required

These heights are presently the Federal guidelines issued. However, these can be subject to change at the Federal Government's discretion. There may be exceptions to these guidelines. Refer to Federal Regulations 1926.502 for further information.

SAFE OPERATING PROCEDURES PERSONAL PROTECTIVE EQUIPMENT

Introduction

This procedure describes personal protective equipment requirements for workers who work with potentially harmful substances or in potentially hazardous areas.

Personal Protective Equipment (PPE)

Personal protective equipment and clothing are essential to protect the safety and health of all workers on site. The types of personal protective equipment and clothing will depend on the nature of the operations being performed. Employees are responsible for wearing appropriate personal protective equipment in operations where there is exposure to hazardous conditions, or where need is indicated to reduce hazards. OSHA Standards for Personal Protective Equipment requires employers to:

Perform a hazard assessment and equipment selection.

Inform all affected employees of the hazards and the type of equipment that will be used to protect them.

Ensure that each employee is properly fitted.

Verify that the required workplace hazard assessment has been performed through a written certification that identifies the workplace and the person certifying that the evaluation has been performed.

Mandate that defective or damaged PPE shall not be used and determine the extent of applicable "defect or damage." (When is a scratch on safety glass lenses a defect to which an OSHA compliance officer might give a citation?)

Train each employee to know, at a minimum, the following; when PPE is necessary; what PPE is necessary; how to properly don, doff, adjust, and wear PPE, PPE's limitations; and proper care, maintenance, life, and disposal of PPE.

Test employees or otherwise ensure that employees can demonstrate understanding of the training covered and the ability to use the PPE properly before being allowed to perform work requiring the use of PPE. The employer must first define the learning objectives of the training required.

Retrain an employee when there is reason to believe that an affected employee who had undergone training does not have the understanding and skill required.

Verify that each affected employee has received and understands the required training through a written certification bearing the name of each employee trained and the subjects of certification.

Eye and Face Protection

Eye and face protection is provided and must be worn when machines or operations present potential eye or face injury.

Safety glasses are for impact protection only, and do not provide adequate chemical splash protection. Prescription safety glasses are available for persons with job assignments requiring this form of eye protection.

Chemical goggles are for protection against chemical splash. Some chemical goggles are also approved for impact protection.

Face shields protect the face from chemical splash and should not be used as the sole means of eye protection. Chemical splash goggles or safety glasses should be worn in combination with face shields as necessary.

Employees involved in welding operations must wear filter lenses or plates of the proper shade number.

Employees exposed to laser beams must use suitable laser safety goggles, which will protect for the specific wavelength of the laser and be optical-density (O.D.) adequate for the energy involved.

Goggles will be worn over any employee owned prescription glasses that do not meet industrial safety standards. Contact lenses shall not be worn in areas where liquid splash may occur.

Foot Protection

Appropriate foot protection is required for all workers. Footwear that is defective or so inappropriate that its ordinary use creates the possibility of foot injuries shall not be worn.

Head Protection

Workers working in areas where there is possible danger of head injury from impact, or from falling or flying objects, or from electrical shock and burns, shall be protected by protective helmets.

Helmets for protection of workers against impact and penetration of falling and flying objects shall meet the specifications contained in American National Standards Institute, Z89.1-1969, Safety Requirements for Industrial Head Protection.

Helmets for the head protection of workers exposed to high voltage electrical shock and burns shall meet the specifications contained in American National Standards Institute, Z89.2-1971.

Hearing Protection

Wherever it is not feasible to reduce the noise levels or duration of exposures to sound levels that may exceed 85 decibels, ear protection shall be provided and used.

Ear protection devices inserted in the ear shall be fitted or determined individually by competent persons. Plain cotton is not an acceptable protective device.

Respiratory Protection

In emergencies, or when feasible engineering or administrative controls are not effective in controlling toxic substances, approved respirator protective equipment will be provided and used. Respiratory protective devices will be approved for the hazardous materials involved and extent and nature of work requirements and conditions. Employees required to use respiratory protective devices will be thoroughly trained from the company's written Respirator Training Program. Respiratory protective equipment will be inspected regularly and maintained in good condition.

Fall Protection

Lifelines, safety belts and lanyards will be used only for employee safeguarding. Employees working over or near water, where danger of drowning exists, will wear U.S. Coast Guard approved life jackets or buoyant work vests.

SECTION 5

Ergonomics Program

The Park District has developed and continues to implement a program which educates and informs all employees about the basic principles of ergonomics. **The premise of ergonomics is to fit the job to the person rather than making the person fit the job.** The training program includes information to help employees understand:

1. **Cumulative Trauma** or **Repetitive Motion Injuries** such as carpal tunnel syndrome and back injury.
2. Proper body mechanics, posture, manual lifting techniques, work station design, etc.
3. Other work-related stresses such as vibration, heat and cold, poor lighting and static position.
4. Early symptoms of ergonomically-related injuries. Instruct employees to report symptoms to their supervisors.

Supervisors are trained to recognize potentially harmful work practices. Employees are properly instructed to safely perform their work in the least stressful manner. To ensure a successful program, all employees will be expected to actively participate in the program.

A corrective action plan will be implemented to control hazardous work practices.

Optimizing Your Computer Workstation

Sitting in Chair

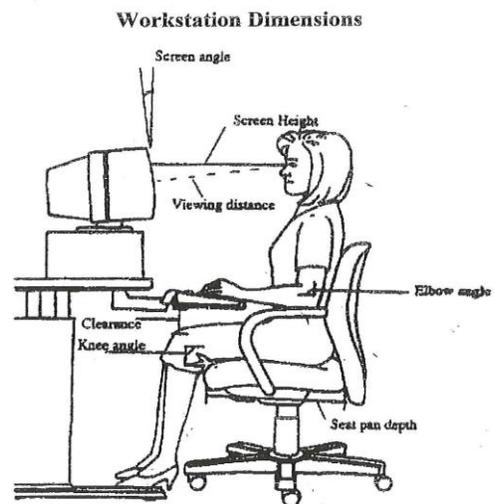
- Hips back into the chair
- Height: Flat feet, knees equal or slightly lower than hips
- Back of chair 90-100 degrees
- Arm rests such that shoulders are relaxed
- Chair should have 5 points of support
- Ears aligned with shoulders and hips

Keyboard & Mouse

- Close to and directly in front of body
- Center the part of keyboard you use most frequently
- Height: Shoulders relaxed, elbows 90 degrees or slightly lower
- Wrist/hands straight
- Only use wrist rest to rest between strokes
- Use light stroke on keys
- Mouse close to keyboard

Monitor

- Tip monitor back 5 degrees
- Center directly above keyboard
- The top of monitor 2-3" above seated eye level
- Sit at least an arm's length away from screen
- Reduce glare



Helpful Hints: POSTURE, POSTURE, POSTURE

- Stretch muscles often
- Use proper lifting and bending
- Vary positions while working
- Get proper rest
- Use good body mechanics on and off the job
- Manage stress at work and at home

SECTION 6

Claims Management, Pre & Post Injury Management

Injury prevention begins with **education/training**. By stressing job safety and wellness programs, managers and supervisors will both prevent injuries from occurring and lessen the severity of injuries that do occur. Managing injured workers also depends on **education/training**. Managers and supervisors must know how the workers compensation system works, so they can lead employees through the system efficiently and effectively, train employees prior to an injury occurring and follow through the procedures once an injury has occurred.

1. Designate **one** person to handle workers compensation claims and notify all employees who that person is. This Park District employee is the Human Resource Department.
2. Park District policy requires immediate reporting of every incident, even if the worker does not seek medical attention. Every incident report must be prepared promptly and completely, within 24 hours of the incident, and sent to the Park District Human Resource Department. The form will then be forwarded to North Dakota Workforce Safety and Insurance (WSI). The reason it is so important for the 24 hour reporting is WSI's Early Claim Reporting Incentive – an employer (Fargo Park District) is responsible for the first \$250 or \$350 of medical expenses for each worker's compensation claim filed with the North Dakota WSI. WSI offers an early reporting incentive and may waive the assessment charge. If a claim is filed with WSI by midnight (central time) of the next WSI business day following the injury date, the assessment fee is waived by WSI.
3. Get immediate and competent medical care for the injured worker. Persuade employees to use the Park District's designated medical provider, Sanford Occupational Health, and accompany the injured worker to the doctor's office or hospital and wait. Emergency care will always supersede the NDWCB/s Designated Medical Provider Law.
4. Once medical attention has been initiated, the injured worker must complete all of the necessary report forms along with their employer to begin the claims process.

Forms to be completed by the injured employee:

- *First Report of Injury*
- *Incident/Injury Report*

Forms to be completed by the employer include:

- *Supervisor's Investigation Report*
- *Other (Witness statements, police reports, 3rd party liability, etc.)*

Workers Compensation claim forms can only be obtained from the employer and must be completed in house. The forms completed by the injured worker must also be in their own handwriting. The initial report of injury and accident investigation reports are intended for internal use, but copies should be sent to the Human Resource Department (and the claims manager if different), who will forward to the bureau, when a claim is filed and also be available for bureau review.

Speed up the claims process by early participation in managing the claim. If for some reason paperwork cannot be completely promptly, notify your assigned claims analyst at WSI of the injury. **If the injured worker experiences a loss of work time, continued medical treatment, or work restrictions, contact the Human Resource Department at 701-499-6085.**

5. Inform employees and remind injured worker of the company's policy on Return to Work. Express very clearly that the company really wants them to return to work and expects them to follow the instructions given for appropriate care. Modified work or Light Duty work should be offered in writing to clearly define job duties for the injured worker and their supervisor.
6. Stay in contact with and **document** all communications with the injured worker, claims analyst, and medical provider. Let them know what duties the employee performs and what light duty is available to encourage an early return to work.

SECTION 7
Hazard Recognition
Self-Inspection Program

Hazard Recognition Program

It is the Park District's policy to maintain its properties in good conditions safe, clean, sanitary, and as comfortable and convenient as the facilities will permit or the use requires.

Each Department performs the inspections informally to recognize hazardous conditions which may exist in the District and to remedy these potential hazards. Inspections will be conducted on a periodic basis. All employees and visitors in the Park District system have the opportunity to notify the Safety Coordinator of potentially unsafe conditions they may observe within the Park District. A Work Order form will be used to notify the maintenance personnel of these conditions so that they may be remedied immediately.

A Safety Suggestion form may be filled out and turned in to your Safety Committee Representative to bring before the Safety Committee for review and possible implementation. A safety suggestion is an idea that improves the quality of the work environment – not the day to day upkeep and maintenance issues.

***EXAMPLES:**

Maintenance Item: "I have a safety suggestion that we salt the ice in front of the Depot to alleviate slips".

Safety Suggestion: "We should install convex mirrors at the corners of Courts Plus hallways so people can see around the corner and alleviate any running into people".

FARGO PARK DISTRICT

WORK ORDER REQUEST FORM

TO: _____

TODAYS DATE

LOCATION/EVENT

**ITEM/WORK
REQUESTED**

DATE NEEDED

RETURN DATE

REQUESTED BY

SECTION 8

Coordinator

The Park District has designated a Safety Coordinator. The Coordinator for the Park District is Barry Hanson, Purchasing Control Specialist. His duties include evaluating the loss prevention needs of the Park District and assisting management with the development and implementation of the program.

The Safety Coordinator will have the overall responsibility for the Park District's Safety Program. The Human Resources Department will process all Workers Compensation claims.

Designated Medical Provider

An injured or ill person will be transported directly to and treated by the Park District Designated Medical Provider, Sanford Occupational Health, or by their Select Choice provider. Employees are also encouraged to pursue follow-up medical treatment or if you wish to see a doctor outside of your designated medical provider you need to follow the guidelines set forth by the Park District. All emergency care is exempt from the designated provider rule. The designated providers may also refer employees to another provider.

Supervisors, Department Heads and the Safety Coordinator are encouraged to keep in close contact with the medical provider during the recuperation period of the injured employee. It is the intent of the district to have employees return to work when the attending physician has approved their work schedule. Alternate or modified work may also be assigned the injured employee with doctor's approval.

Training Program

An ongoing program addressing training needs and objectives is and will continue to be implemented within the Park District. The purpose of the Training Program is to train supervisors and workers to recognize and eliminate workplace hazards, develop safe working practices, and implement administrative control, such as cross training of job duties.

The program includes an employee orientation process in which all employees learn about general safety rules, safe operation procedures, ergonomic hazards and claims management principles. The Safety Policy developed by the Park District is part of this Training Program and is provided for the education of all employees. The program will also include refresher training for employees on at least an annual basis for the aforementioned categories. As additions or revisions are made to the program, training updates will take place. Employees will be selected to attend various safety seminars scheduled for the purpose of training employees to develop safe working habits and to make them aware of the most current safety and health regulations as required by law.

A training documentation report will be recorded and will include the date of training, topic(s) covered, name of person conducting the training, and employee's signatures attesting to his/her attendance. The training document report(s) will be filed with the supervisor/department head for record keeping purposes

FARGO PARK DISTRICT SAFETY MEETING OUTLINE



Department: _____ Date: _____

SUBJECT: _____

I. _____

A. _____

B. _____

C. _____

D. _____

E. _____

II. _____

A. _____

B. _____

C. _____

D. _____

E. _____

Special Topics for Your Project: _____

Employee Safety Recommendations: _____

Reviewed MSDS# Subject: _____

ATTENDED BY:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Instructor(s): _____

Supervisor's Signature: _____

This form will be reviewed at the next Safety Committee Meeting

RETURN THIS FORM TO THE SAFETY COORDINATOR @ jbuzick@fargoparks.com

DESIGNATED MEDICAL PROVIDER FORM

We are participating in the North Dakota Workforce Safety & Insurance (NDWSI) Risk Management Program. This allows us to designate health care providers to treat your workplace injuries and illnesses. These providers can be individuals, clinics, hospitals, or any combination thereof. They can be medical doctors, chiropractors, osteopaths, dentists, optometrists, podiatrists, psychologists, or any combination of these providers. **NDWSI may not pay for medical treatment to another provider unless you want to be treated by a different medical provider.** You must also name your different medical provider. Emergency care is exempt from this designated provider requirement.

The Designated Medical Provider for the **FARGO PARK DISTRICT** is

SANFORD OCCUPATIONAL HEALTH CENTER.

Name of Employee (please print) _____

I have been informed of the Fargo Park District's Designated Medical Provider and the provisions of the North Dakota Workforce Safety & Insurance requirements concerning treatment for workplace injury and illness.

Signature of Employee _____

Date ____ / ____ / ____

I wish to add the following provider as a designated provider to seek treatment from in the event of a workplace injury or illness.

Name _____

Address _____

FARGO PARK DISTRICT

WORKFORCE SAFETY INSURANCE'S FIRST REPORT OF NOTICE OF INJURY LAW

The 1995 Legislative Assembly enacted House Bill 1206 to require an employee who was injured on the job to notify the employer of the injury. The notification requirement applies to all injuries that occur after July 31, 1995. This notification may be either oral or written form and must be given to the employee's immediate supervisor or another supervisor authorized to receive the notice. If the employee fails to notify the employer of an accident within the seven day period, the Bureau may take that failure to do so into consideration when determining the claim. Even though our company policy and the Risk Management Program requires immediate report of any incident, you will have seven days to report and complete the Company's initial incident report form.

(Cut or Tear on dotted line - RETURN BOTTOM PORTION)

Name of Employee (*please print*) _____

I have been informed of the North Dakota Workers Compensation Bureau's First Report of Notice of Injury Law which allows for a seven day reporting period and my Company's immediate report of injury requirement.

Signature of Employee: _____

Date: _____

**EMPLOYEE ACKNOWLEDGEMENT
OF
EMPLOYEE HANDBOOK TRAINING**

The material contained in the Employee Handbook provides information sufficient for an employee to understand the requirements of ND Workforce Safety Insurance Safety Program. This handbook provides introductory and background information in all the elements of the Safety Program including:

- Safety Policy Statement
- Injury Incident/Safety Concern (Near Miss) Program
- General Safety Rules
- Safe Operating Procedures
- Ergonomics
- Claims Management
- Hazard Recognition/Self Inspection
- Training Program
- Safety Coordinator

It is designed in order to provide new and in particular, part time employees with basic understanding of the Safety Program. Employee Training will be ongoing, but this handbook will provide the essential orientation background material for a new employee to obtain the necessary and basic information to understand the program and its key elements an employee will have to follow.

(Cut or Tear on dotted line - RETURN BOTTOM PORTION)

Name of Employee *(please print)* _____

I have read and understand the key elements of the Safety Program as contained in this Employee Handbook. I further agree to abide by and follow the safety rules as specified in this Handbook and will participate in any future training my employee deems it necessary that I attended.

Signature of
Employee _____
Date _____

GLOSSARY

Accident Report for General Public	Report to be used anytime an individual from the general public IS injured or COULD HAVE BEEN injured.
Claims Coordinator	Fargo Park District Human Resource Department
Designated Medical Provider	Designated provider for all Fargo Park District employees when medical treatment is needed. The Fargo Park District designated provider is Sanford Occupational Health.
Equipment/Vehicle Damage Report	Report to be used when there has been an incident/accident involving Park District equipment, vehicles, or damage to Park District property. This is not used for the general public unless involving Park District vehicles or equipment.
First Report of Injury	Report generated by WSI and is to be completed when there has been a personal injury and medical treatment was needed. It is completed by the employee and the medical provider.
General Safety Rules	Minimum safety standards for usual work conditions.
Initial Incident/Injury Report	Report to be completed when there is an accident that resulted in an injury.
Report of Conflict Form	Form to be completed for any verbal or physical confrontation between an employee and the general public, AND between two or more co-workers.
SOP	Safe Operating Procedures
Safety Committee	Consists of individuals selected for a two year term by fellow employees of their department within the Fargo Park District. The committee will meet monthly, with a rotating schedule of Regular and Specialized Safety Meetings. The committee will assist management in the implementation of a safety and health program that will create and achieve a Zero Accident Culture (ZAC). The committee addresses safety issues and concerns.
Safety Concern (Near Miss) Report	Report to be filled out by an employee involved in or witnessing a Safety Concern (Near Miss). A Safety Concern (Near Miss) is an accident or hazard that did NOT result in any personal injury or property damage, but has the potential to result in an injury or damage.
Safety Coordinator	Manages the Safety Programs.
Safety Suggestion	Report potentially hazardous situations – not general maintenance and upkeep. An idea that improves the quality of the entire work environment.
Supervisor’s Investigation Report	Report to be completed by the Supervisor after his/her investigation of an incident/injury that resulted in a personal injury to an employee.
WSI	North Dakota Workforce Safety & Insurance.
Work Order Request Form	When there is a maintenance issue, work to be done by a specific Fargo Park District department, or a concern from the general public that needs to be addressed a Work Order should be completed. If the employee has access to complete the work order in the Work Order System then it should be completed in that manner. If the employee does not have access to the Work Order System, a paper form should be completed and turned in to his/her Supervisor.