

MANDAN PUBLIC SCHOOL DISTRICT

SAFETY HANDBOOK

This handbook is intended to be permanent in nature. Pages are inserted in binder fashion in order that they may be easily removed and replaced as the documents are updated. As you receive updates, please remove the outdated page and replace with the update as directed. Please retain this handbook within your Employee Manual.

SAFETY POLICY

The policy of Mandan Public Schools is to protect the safety and health of our employees. Injuries and property loss through accidents are needless, costly, and preventable. The district has provided for the elimination of all accidents and health hazards by establishing a safety and health program which is adapted to fundamental safety concepts and proven management performance. The reduction of claims costs is a goal of the program.

Administration is responsible for the prevention of accidents. Administrators should provide the incentive and support of all safety procedures, training, and hazard elimination practices. They will keep informed on health and safety items throughout the district in order to constantly review the effectiveness of the current safety and health program. Only by doing this will administrators continue to have the confidence of their employees in providing for their safety and health.

Supervisory personnel are directly responsible for the instruction of all employees under their jurisdiction. This relates to proper procedures and safe methods to be utilized in performing work duties, taking immediate corrective measures to eliminate hazardous conditions and/or practices, and prevention of all accidents whether personal injury or property damage. The supervisor must enforce the established safety program. Supervisors will not permit safety to be sacrificed for any reason.

Employees, regardless of position within the district, are responsible to cooperate in every respect with the district safety program. Each employee is responsible for personal safety, as well as, the safety of fellow employees. It is only by each employee becoming familiar with job hazards and taking necessary steps to insure safety that the district can achieve the safe working conditions deserved by all employees.

The district safety policy will be enforced using the guidelines below:

- 1st offense – verbal warning
- 2nd offense – written warning placed in personnel file
- 3rd offense – 3 day suspension without pay
- 4th offense – employment termination

A progressive disciplinary process allows employees the opportunity to better understand the rules and take precautions to avoid a repeat violation. However, intentional or negligent actions may be cause for automatic termination.

SAFETY PROGRAM

The district safety program addresses several individual areas. Most important of those areas are *prevention, detection, and correction*. These areas are reviewed below.

Prevention:

Prevention is generally handled through a comprehensive training program. The purpose of a training program is to train workers and supervisors to recognize and eliminate work place hazards, develop safe working practices, and implement administrative controls. The training program includes four major elements required on an annual basis, as well as, several minor elements on a periodic basis. The four major elements are general safety rules, safe operating procedures, ergonomics, and claims management training. Each of these is addressed later in this handbook. All training will be documented and maintained on file with the safety coordinator. Training will generally be limited to 15 minutes or less, and will usually be conducted at a building level staff meetings. Occasionally, training will be conducted for specific workgroups such as custodial, food service, transportation, etc.

Detection:

Detection is generally handled through a comprehensive reporting program. The purpose of a reporting program is to assure incidents or situations are properly reported to the proper authorities so that appropriate corrective actions can be taken. This requires that employees take an active role in informing supervisors of unsafe conditions or safety incidents. Proper reporting assures effective claims processing. The safety coordinator is the key to a successful reporting program and should be informed of any safety issues in the district.

Correction:

Correction is generally handled through a comprehensive management program. The purpose of the management program is to correct any existing problems which may have led to the incident and to return conditions back to pre-incident levels. Correction not only involves physical repair of unsafe working conditions, but also includes management of the injured worker, as noted below.

- Designated Medical Provider

Mandan Public Schools has designated medical providers for the treatment of employees injured on the job. Unless the employee has specifically designated an alternate medical provider in writing, the injured employee must seek medical attention from these providers:

Mid Dakota Clinic Work Life – Bismarck
Medcenter One Career Care – Mandan/Bismarck

- Return To Work Program

The district encourages injured employees to return to work under modified working conditions as approved by the medical provider and Worker's Comp. This program allows the worker to stay on the workforce in a limited capacity as they rehabilitate their injury.

GENERAL SAFETY RULES

- 1 Participate in new employee orientation
- 2 Participate in continuing safety education
- 3 Read and understand the safety handbook
- 4 Be aware of people in the area for their safety and personal safety
- 5 Use lock-out / tag-out procedures on all repairs
- 6 Maintain proper housekeeping
- 7 Have proper training to operate machines or equipment
- 8 Be aware of the location of MSDS (material safety data sheets) in the building
- 9 Wear proper head, eye, ear, and respiratory devices for the job being done
- 10 Never use chairs, boxes, etc. in place of a ladder
- 11 Floors and stairways should be kept free of tripping hazards such as cords, boxes, etc.
- 12 Be aware of proper handling procedures such as lifting and carrying heavy objects
- 13 Report any machine or equipment that may be a safety hazard
- 14 Use caution when walking on ice or wet floors
- 15 Report all accidents, injuries, or near misses in the workplace to the supervisor immediately

SAFE OPERATING PROCEDURES

EMPLOYEES MUST FOLLOW THESE SAFE OPERATING PROCEDURES:

Office Safety:

- 1 Report any unsafe or potentially hazardous condition to supervisory personnel immediately
- 2 Floors and walkways should be kept free of tripping hazards
- 3 Pull out only one drawer at a time on filing cabinets to prevent tipping
- 4 Drawers of desks and cabinets should be kept closed when not in use
- 5 Store material on shelves carefully to prevent falling, placing heavier objects on lower shelves
- 6 Walk cautiously on stairs, always using the handrail with a free hand
- 7 Never put broken glass or sharp objects in wastepaper containers
- 8 Consider safety when you dress for work; be cautious of loose items, jewelry, etc.
- 9 Turn off and disconnect electrical equipment prior to performing routine maintenance
- 10 Use proper ladders and regulation stepstools when climbing
- 11 Use caution when walking around blind corners, especially when carrying objects
- 12 Use caution when handling hot substances

Lifting Techniques:

- 1 Plan the lift before lifting; know where to grip, where you're going, how to put the item down
- 2 Clear all obstructions from pathway
- 3 Get an idea of the weight by first lifting the edge; get help or a cart if too heavy
- 4 Get firm footing; keep feet apart, with one alongside the load and the other behind it
- 5 Maintain a straight back; tighten stomach, and tuck in pelvis to help back stay in balance
- 6 Center the body over the feet
- 7 Pull the load close to the body, with arms and elbows tucked into the sides
- 8 Grip the load with the whole hand; palms are stronger than fingers alone; wear gloves to help
- 9 Bend knees and lift with legs --- not the back; legs are stronger than backs
- 10 Move feet to turn body; do not twist the back
- 11 Pick up and put down the load slowly and smoothly
- 12 If using a backbrace belt to assist lifting, get proper training in belt use

Computer Terminal Operation:

- 1 Maintain proper body position --
 - The angle between the upper and lower arms should be 90 degrees; forearms should be maintained in a horizontal position
 - The angle between the upper and lower leg should be 90 degrees; feet may be elevated slightly on a footrest for comfort
- 2 Maintain proper alignment with the terminal screen and keyboard --
 - place the screen 18 to 20 inches directly in front of the operator at eye level
 - keep the source document on the same plane as the screen to avoid refocusing
 - use wrist rests to help maintain proper wrist posture

ERGONOMICS

Ergonomics: workplace design that tries to fit the job to the person rather than the person to the job.

Ergonomics reduces physical strain by redesigning tools and equipment, reorganizing workstations, changing lighting, and other proven methods. At its simplest, and most often effective, ergonomics reduces strain by cutting back the stress and number of repetitive motions done on the job. Below are a few options for preventing repetitive motion injuries from causing pain and aggravation.

Early Identification

The earlier you identify a repetitive motion problem, the more likely you are to be able to do something about it. Pay attention to any warning signs such as pain or soreness. Be especially alert to symptoms like numbness, tingling, and apparent loss of strength and muscle. When these symptoms appear, it is time to evaluate the job and look for ways to limit repetitive motions. If the problem persists or recurs, medical attention may be needed.

Limit Repetitive Motions

The best form of prevention is to limit the time anyone spends doing the same motion over and over, whether it is packing, using a keyboard, using a hand or power tool, etc. Your options may include:

Job rotation –

Strain on any part of the body is reduced when you switch periodically to different tasks involving different movements. There is a big plus when each person can do more than one job, since one person's absence won't bring operations to a halt.

Breaks –

Make sure that no one does a repetitive motion task for more than a couple of hours at a time. This is especially important when overtime exists. Those extra hours a day at the same task can be punishing.

Pacing –

A repetitive motion performed at a breakneck pace means more motion and more problems. Although you want to get the job done quickly, you don't want it done so fast that it puts a person out of commission.

Tools and Equipment

Hand tools are designed to fit everyone, which means they may not fit anyone well. Try to redesign jobs so that workers get breaks from using awkward tools. Sometimes the way equipment is arranged can cause a problem. For example, a person may have to keep stretching to reach a needed part or put it in a box or container. Some may have to hunch over regularly. If so, cast a critical eye on the way things are arranged. A smaller or higher or otherwise reconfigured work surface can make a big difference.

Exercise

Exercise is an important part of a prevention program. Stretching before beginning work goes a long way to being prepared for work. It's a good idea to stretch and shake legs, arms, and hands during breaks too.

Awareness

As with any other job hazard, you can reduce risk of repetitive motion injury by being aware of the risks and preventative measures. A problem that is not diagnosed and handled early may prevent returning to those tasks that caused the injury.

CLAIMS MANAGEMENT

The following individuals play a crucial role in making a claims management program successful

Injured Employee

- Report on the job injuries or accidents immediately to the supervisor and safety coordinator.
- Complete the incident/ accident report with the supervisor and send to safety coordinator.
- Complete the worker's comp claim form (C1) if necessary, with the safety coordinator.
- Cooperate with the medical treatment plan and use modified duty when possible.

Supervisor

- Notify the safety coordinator of all safety incidents or work related injuries immediately.
- Complete incident/accident report with employee and submit to the safety coordinator.
- Maintain positive ongoing communication with the injured employee.
- Provide modified duties so the injured worker can be a productive member of the work team.

Safety Coordinator

- Ensure all claims are properly completed and processed in a timely manner.
- Cooperate with others to evaluate the injured employees abilities during the recovery period.
- Manage the district return to work program.

The following procedures should be followed in the event of an accident/ injury

Medical Treatment

- If medical attention is necessary, the injured employee must consult either the district or employee designated medical provider.
- The employee should address with the medical provider issues such as type of treatment, recovery period, work restrictions, next appointment, etc.

Reporting

- Injured worker reports injury to supervisor and safety coordinator.
- Injured worker visits with safety coordinator to determine if worker's comp claim is needed.

Investigation

- Safety coordinator will investigate all accidents/incidents.
- Safety coordinator will recommend corrective measures.

SUBSTANCE ABUSE POLICY / PROCEDURE

Policy

The possession and/or use of alcohol / illicit chemicals while on school property or at school related activities is wrong and harmful. Violators will be referred to the proper authorities for legal prosecution, if the case warrants. The Mandan School District assures employees that if chemical abuse and/or dependency are the cause of unsatisfactory job performance, they will receive careful consideration and an offer of assistance. This policy will provide information for counseling and treatment referral so that employees may seek and get counseling. The *intervention group* shall consist of the employee's immediate supervisor, the building administrator, and the superintendent.

Procedure

The major components of the school district's approach to chemical abuse and/or dependency are:

Prevention:

Both certified and classified staff will be alerted to chemical abuse behaviors. Inservice training will be provided annually for all district employees to make them aware of policies and procedures concerning chemical abuse within the schools.

Identification:

If behaviors of possible chemical use/abuse are present, staff members will:

- observe behavior, behavior change, or problems
- document in writing all observations (date, time, specific behaviors)
- inform the appropriate building administrator

A consultation will occur with the intervention group. If the identification process reveals no justification for further intervention, all related documents will be placed in the employee's personnel file. However, if it is determined that intervention is necessary, the employee will be notified of the concern in person and in writing. The written notification will include all documentation of concern and indicate a date, time, and place for further consultation with the employee, the intervention group, and other concerned persons.

Intervention:

The employee must accept the recommendation of the intervention group to seek appropriate evaluation and treatment from a chemical abuse agency approved by the district. The evaluation must be completed within thirty days of consultation with the intervention group. If treatment is recommended, the employee must present the intervention group with evidence of enrollment in an approved treatment program. Upon completion of treatment, the employee must submit a written report provided by the treatment agency to the superintendent's office regarding the success of the treatment. The report will be placed in the employee's personnel file. In cases where treatment is unsuccessful, a decision will be made relative to the need for further evaluation / treatment or termination of the employee.

1

What do I do if I am injured on the job?

Report your on-the-job injury to your supervisor immediately. By reporting your accident or injury, you will have documented your injury and alerted your employer to a potential hazard. Your employer may be able to prevent accidents from occurring in the future. State law now requires you to report injuries within seven days after an accident or after the general nature of your injury becomes apparent.

If your employer has an incident reporting form, make sure you complete that form, as well.

2

What should I do if I need medical attention?

Seek medical care promptly. Your employer may have a provider selected to care for employees. We encourage you to see this provider, who is called a "designated medical provider." This provider is familiar with your job duties and can help you return to work early and safely.

If your employer does not have a designated provider, go to a doctor of your choice. Make sure your doctor knows your injury is work-related.

3

What pays for my medical bills and lost wages?

The North Dakota Workers Compensation Bureau pays medical expenses; lost wages; impairment awards to workers receiving permanent injuries; and vocational rehabilitation benefits, if needed. The Bureau also pays death benefits to survivors of workers fatally injured on the job.

4

How do I file a claim?

Complete the C-1 portion of the Bureau's claim reporting form, "Worker's Claim for Injury." You can obtain a copy from your supervisor, or from the District Claims Management Coordinator by calling 663-9531. Answer all questions fully and honestly, and sign the form. Failure to answer all the questions and to sign your form will delay the processing of your claim.

5

What can I do to speed the processing of my claim?

Make sure you have answered all the questions on your portion of the claim form. If you are unsure how to answer the questions, please call the District Claims Management Coordinator. Send your completed form to the District Claims Management Coordinator as soon as possible. Once a claim has been turned in on your case, cooperate with all requests for information.

Inform your doctor of your claim number and encourage

6

What can I do to speed my recovery and return to work early?

Ask your doctor if you are able to work, even if you have some restrictions on your work duties. Cooperate with all reasonable requests from your doctor and comply with any restrictions. These restrictions apply at work and at home. Contact your supervisor and ask if there is work available within your restrictions. Those restrictions are designed to protect you from further aggravation of your injury.

7

What do I do when I return to work?

Notify the Risk Management Coordinator when you return to work (even if you begin working for a different supervisor), when you change addresses or telephone numbers, or if you file for Social Security.

8

If I disagree with a claims decision, where do I turn for help?

If your claim is denied, we encourage you to seek help from the Bureau's Workers' Adviser Program. Advisers will assist you in understanding the findings rendered on a claim and in identifying other possible solutions or other factors that may justify reexamination of the claim. Worker advisers are well-versed in the rules and regulations of our state's workers' compensation system. They can offer sound advice and help you identify your options.

9

Where is the Bureau located?

Our office is located at 500 East Front Avenue in Bismarck. The office is open from 8 a.m. until 5 p.m., Monday through Friday, and closed on most holidays.

10

What should I do if I have a question about my claim?

If you have a question, please call the district Claims Management Coordinator at 663-9531.

What Do I Do...

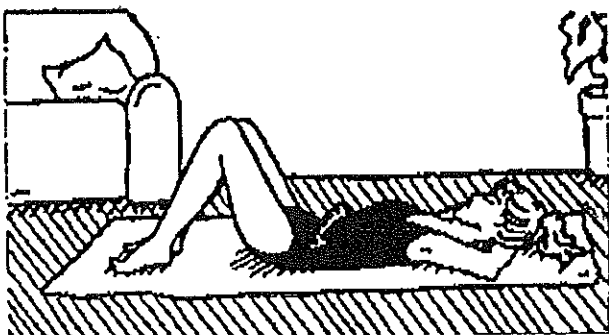


If I am Injured on the Job?

Back Exercises

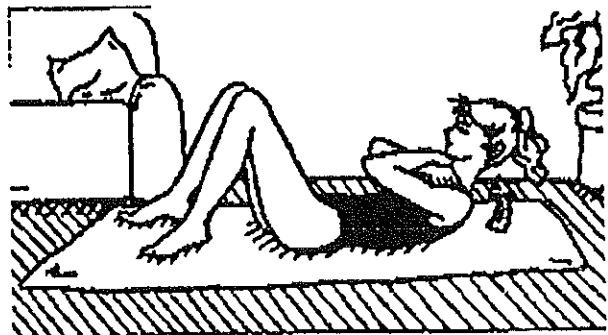
Making Your Back Work For You

No matter what our jobs, all of use our back every day when we're sitting standing, lifting, even lying down. A back injury can result in pain, disability, and even loss of income if it prevents us from doing our jobs. Together with proper lifting techniques, back exercises are one of the most important things each of us can do to strengthen our backs and help protect them from accidental injury. The following exercises, when done on a daily basis, can help keep your back in condition. (Remember, though, if you are experiencing back pain of any sort, check with a healthcare professional before doing these or any exercises.)



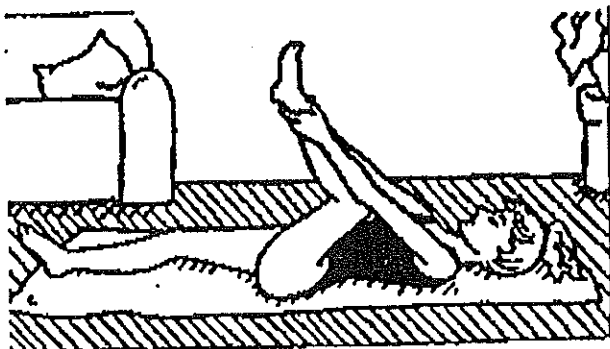
Pelvic Tilt

Lie as shown with knees bent flat on the floor. Slowly tighten your stomach and buttocks as you press your lower back onto the floor. Hold for 10 seconds then release. Repeat the sequence 5-10 times.



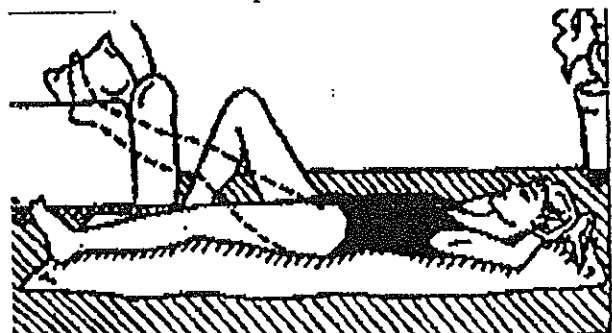
Bent-Knee Sit-Ups

Lie with knees bent and feet and lower back on the floor. Place your arms as shown and slowly raise your shoulders, using your stomach muscles. (Do no stretch with your neck or arms.) Hold for 10 seconds. Relax. Repeat 5-10 times.



Hamstring Stretch

Lie on your back with one leg straight in front of you and the other bent. Hold onto the ankle of your bent leg and slowly try to straighten your leg. (Keep your lower back on the floor.) Hold for 10 seconds. Relax. Repeat 5-10 times, then switch sides.



Leg Lift

Lie on the floor with one leg straight in front of you and the other as shown. Slowly raise your straightened leg as far as you can. Hold for 10 seconds. Slowly lower your leg to the floor. Relax. Repeat 5-10 times, then switch sides.

AUG.2003

MANDAN PUBLIC SCHOOL DISTRICT

SAFETY CONCERN REPORT

(Potential safety hazard, Near Miss Accident)

Name _____ Position/Location _____

Date of Incident _____ Specific Location of Incident/Hazard
(Building, Room) _____

Describe Incident/Hazard _____

Cause of Incident/Hazard _____

Submitted by (Signature) _____ Date _____

FORWARD THIS TO YOUR IMMEDIATE SUPERVISOR

Corrective Actions Taken _____

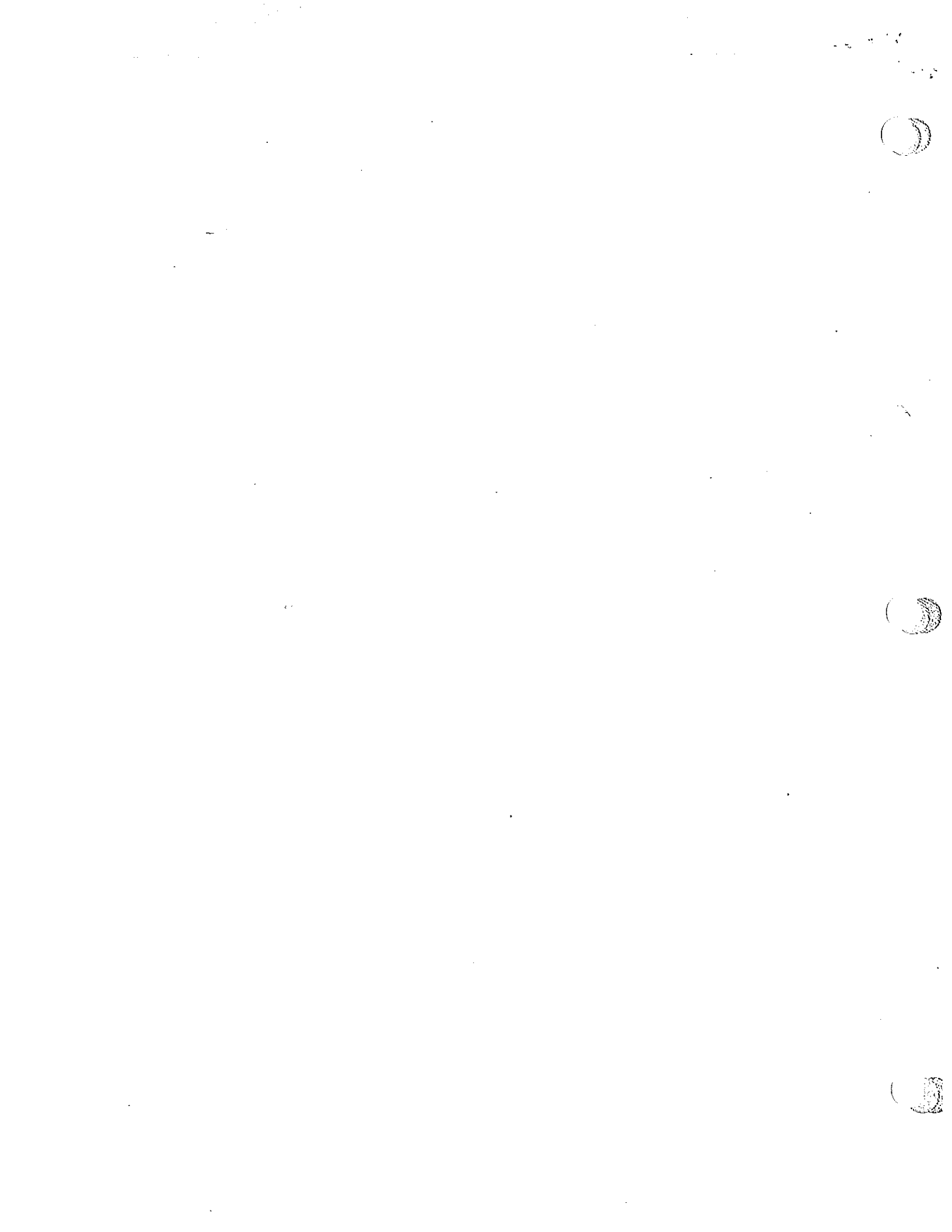
Building Principal/
Administrator Signature _____ Date _____

FORWARD THIS REPORT TO LAURIE LEINGANG/CAB

THIS SPACE FOR OFFICE USE

Follow-up _____

Completed by _____ Date _____



**MANDAN PUBLIC SCHOOL DISTRICT
INCIDENT/ACCIDENT FORM
EMPLOYEE REPORT**

REPORT REQUIREMENTS

This side of the form is completed for all incidents/accidents if there has been personal injury to the employee. Upon completion, please submit to Laurie Leingang at the CAB for completion of the reverse side of this form. If medical attention is necessary, (1) you must go to the designated medical providers (Mid Dakota Clinic Work Life-Bismarck or Medcenter One Career Care – Mandan/Bismarck) unless you have previously designated a different medical provider for work injuries. (2) See Laurie at CAB to complete Workforce Safety & Insurance claim forms.

EMPLOYEE SPECIFICS

Name _____ ID# _____ Position/Location _____

INCIDENT SPECIFICS

Date Occurred _____ Time (am/pm) _____ Incident Location _____

Date Reported _____ Whom Was Incident Reported To _____

Describe Incident (what happened, how it happened, who was involved, objects, equipment, substances involved) _____

Witnesses to Incident (if any) _____

Indicate Area(s) of Body Injured, if any (specify right, left, upper, lower, fracture, bruise, cut, etc.) _____

Was Medical Attention Sought? Yes ___ No ___ Was work time missed? Yes ___ No ___

CORRECTIVE MEASURES

Describe Any Corrective Measures That Could Be Taken To Avoid This Incident In The Future:

CERTIFICATION

I hereby certify that to the best of my knowledge, the statements made above are true and accurate.

Employee Signature _____ Date _____

Building Principal/
Administrator Signature _____ Date _____

Please Fax report immediately to Laurie Leingang. Fax number 663-0328.
Submit original document to Laurie Leingang at CAB.

Rev.
8/2008

**MANDAN PUBLIC SCHOOL DISTRICT
INCIDENT/ACCIDENT INVESTIGATION
EMPLOYER REPORT**
(This side of the form is COMPLETED BY THE BUSINESS OFFICE)

MEDICAL

Date(s) of Treatment _____ Attending Physician _____

Est. Days of Disability _____ Date to Return to Work _____

Limitations to Work _____

Designated Med. Provider (yes/no) _____ Time Loss Claim (yes/no) _____

Workers Comp. Claim Required (yes/no) _____ Date Filed _____

INVESTIGATION

Notes: (Include Person(s) spoken to and dates) _____

Witness Verification _____

CORRECTIVE MEASURES

Describe Corrective Measures Which Could Be Made _____

Corrective Measures Taken _____

Documentation/Investigation by _____

Signature _____ Date _____