

Memorandum

To: Highline Public School New Employees

From: Christine McGarr, Compensation, Benefits and Leaves Manager

Subject: On-the-job injuries/Safety

Date: October 2016

Welcome! We want our employees to work in a healthful and safe environment and hopefully you will never have an accident or an injury on the job. Unfortunately, that may not always be the case. Attached is a packet of information regarding Workers' Compensation (L & I) or on-the-job injuries. Please read this information and if there is anything you do not understand or are concerned about, please call me at 206-631-3136.

As a requirement by the Washington State Department of Labor and Industries, it is necessary that you acknowledge your receipt of this orientation information by filling out the form on the New Employee Orientation website. Once you have been assigned to your different location you will receive an onsite safety orientation.

In the packet of information you will receive today:

1. Highline School Districts Workers' Compensation Self-Insurance Program.
2. Workers Compensation Filing Information
3. Frequently asked questions
4. Safety-Employee/Employer Responsibilities
5. District Safety program description, including rules, accident prevention handbook (located on district web site www.highlineschools.org/Page/409)
6. How and when to report employee incidents
7. How and when to report unsafe conditions
8. Employees with Occupational Exposure to Bloodborne Pathogens

We hope that your position with Highline Public Schools is a rewarding one and we want you to know that you are greatly appreciated.

HIGHLINE SCHOOL DISTRICT
HUMAN RESOURCES DEPARTMENT

TO: All Employees

FROM: Deborah Rumbaugh, Executive Director Human Resources
Christine McGarr, Compensation, Benefits and Leaves Manager

DATE: January 2016

RE: Workers' Compensation Self-Insurance Program

Highline Public Schools has been approved as a self-insured employer under the Washington State Workers' Compensation Law. Our self-insured program applies to all work-related injuries or illnesses. The industrial insurance laws of Washington allow employers to insure their workers' compensation obligations through the State Fund or through a self-insurance program. The benefits and rights for injured workers are exactly the same under either system. By being self-insured, **Highline Public Schools** assumes the cost of the actual medical charges and compensation expenses and pays from the District funds, as well as all benefits prescribed by workers' compensation law associated with on-the-job injuries or illnesses. Under our self-insured program, you will no longer pay the medical-aid premium; however, the Supplemental Pension and Asbestos premium deduction will appear on your payroll check at each pay period. The deduction amount is determined by the Department of Labor and Industries and is subject to change annually. As of **January 1, 2016** the total premium matched by **Highline Public Schools** on your behalf is approximately **.0476 cents per actual hour worked**. Effective **January 1, 2017** per the Department of Labor and Industries, this premium will be more than likely increase by a minimal amount.

If you sustain a work-related injury, the following steps are to be followed:

- Report the injury immediately to your Supervisor, **WHETHER OR NOT MEDICAL ATTENTION IS REQUIRED.**
- The supervisor will log your injury on the **Highline Public School's** supervisor accident report.
- If you are seeking medical treatment please request a "Red Folder for Injuries" from the Office Manager and your location. In the folder you will find:
 - On the left hand side (for employee)
 - Self-Insured Accident Report form (SIF²) *Note: When you have completed and signed the claim form, you will keep the pink copy to keep for your files*
 - Employment History Form (for the last 36 months of employment)
 - Kept on Salary Form (this is if you have time loss and if you choose to use your sick leave in addition to your time-loss benefits.
 - Employee Report of Incident (if not already filled out)
 - Supervisors Report of Incident (if not already filled out)
 - Information regarding your rights and responsibilities
 - On the right hand side (for Medical Provider)
 - Physicians Initial Report (PIR) form
 - Activity Prescription Form

- In case of an emergency, your Supervisor will make sure that the treating physician or emergency facility is informed that **Highline Public Schools** is self-insured so that your claim can be properly processed.

The method by which **Highline Public Schools** determines Time Loss Certification includes, but is not limited to:

- Certificate of Disability
- Medical Reports
- Release for Work Slip
- Medical Progress Report (SIF²)
- Phone Calls

Our Self-Insured Program Administrators, Cannon Cochran Management Services, Inc. (CCMSI) will obtain this information.

CCMSI administer Highline Public Schools' self-insured program, located at [P O Box 13189, Salem, OR 97309](#). CCMSI provides national risk management and claims administration solutions from 36 office locations with over 700 employees nationwide. CCMSI services over 400 individual self-insured employers and 56 self-insurance groups.

If you are injured on-the-job, you will receive a brochure, which describes your rights and benefits under our self-insurance program. It will help answer questions you may have regarding your benefits and procedures for filing an industrial injury claim.

In the event an employee is absent for reasons which are covered by Industrial Insurance, the District shall pay the employee an amount equal to the difference between the amount paid the employee pursuant to such insurance and the amount the employee would normally earn if eligible for sick leave. Those employees who do not have accumulative sick leave will receive only those benefits for which they are eligible. If eligible, a deduction shall be made from the employee's accumulative sick leave in accordance with the amount paid to the employee by the District.

If you have questions, please contact [Christine McGarr at \(206\) 631-3136](#), or call [CCMSI at \(877\) 561-8318](#). For claims that have no time away from work dial extension 19 and for claims with time loss dial extension 21.

Workers Compensation Filing Information

IF A JOB INJURY OR DISEASE OCCURS:

Highline School District No. 401 is subject to Washington industrial insurance laws and has been approved by the state to cover its own workers' compensation benefits. Self-insured employers must provide all benefits required by the laws. The Department of Labor & Industries regulates your employer's compliance with these laws. If you become injured on-the-job or develop an occupational disease, you will be entitled to industrial insurance benefits. Your claim will be handled and your benefits paid by your employer.

IN CASE OF INJURY OR DISEASE:

REPORT YOUR INJURY OR DISEASE to your supervisor (listed below).

Your employer will provide you with a "Self-Insured Accident Report" (SIF-2). You must complete this form with your employer if you seek medical treatment.

GET MEDICAL CARE –You have the right to go to the doctor of your choice.

Complete a "Physician's Initial Report" form at your doctor's office. Have your doctor mail this form to your employer's claim administration address listed below. Our claims administrator, CCMSI will evaluate your claim for benefits. All medical bills that result from an allowable on-the-job-injury or occupational disease will be paid by your employer. You may be entitled to wage replacement or other benefits. Your employer will explain this to you.

IMPORTANT:

Your employer cannot deny you the right to file a claim, and your employer cannot penalize you or discriminate against you for filing a claim. Every worker is entitled to workers' compensation benefits for any injury or illness which results from his/her job.

Any false claim filed by a worker may be prosecuted to the full extent of the law.

If you have any questions or concerns, contact your employers representative (at the claims administration address or phone number below), or call the Department of Labor & Industries, Self Insurance Section (360) 902-6901.

EMPLOYER MUST COMPLETE THE FOLLOWING:

Report Your Injury to:

Your Supervisor

Claims Administration Address:

**Cannon Cochran Management Services
(CCMSI)
P O Box 13189
Salem, OR 97309
503-589-4727**

HIGHLINE SCHOOL DISTRICT

Workers' Compensation

Most Frequently Asked Questions:

What is L&I or Workers' Compensation?

L&I stands for Labor and Industries (or Workers' Compensation) and is an industrial insurance program that applies to all work-related injuries or illnesses. In our State, it is known as the State of Washington Department of Labor and Industries and is under the Washington Industrial Safety and Health Act (WISHA). Highline Public Schools has been approved as a self-insured employer under the Washington State Workers' Compensation Law. The benefits and rights for injured workers are exactly the same under either system. Our industrial insurance administrator is Cannon Cochran Management Services, Inc. (CCMSI) they are located in Seattle, WA.

What does Workers' Compensation cover?

1. If your injury or illness is work related, Workers' Compensation will pay all medical costs relating to that injury or illness.
2. If your physician states that you cannot work because of your work-related injury or work-related illness, you will be paid a percentage of your wages until your physician releases you to work. (What percentage of your wages will depend on several different variables that are set by the State).
3. If you are still covered by sick leave through the district and are unable to work because of an on-the-job injury, the amount of your check, paid by the state, will be deducted from your regular district paycheck. You will then get paid the difference with a district check and the L&I check. The amount paid by the state divided by your hourly rate is the amount of hours restored to your sick leave.

How do I know if I should file a claim?

If you have a work-related injury or work-related illness, you should file a claim.

1. A work-related injury means that you were physically injured while you were performing work for your employer.
2. A work-related illness means that you obtained a disease or infection that arises naturally out of employment.

How do I know if it is a work-related illness?

If you are not sure that an illness is work-related but you and your physician feel that it is, you can file a claim. In reviewing your claim, medical evidence will need to substantiate that the disease exists and was caused because of your employment.

Is there a timeline in filing a claim?

Yes, there is a timeline.

1. A work-related injury claim has to be filed within one year after the day upon which the injury occurred.
2. A work-related illness claim (occupational disease) must be filed within two years from the date the disease reached a stage of development for which it requires medical treatment. However, the two year time limit does not begin to run until the worker is given written notice from a doctor that the condition or disease exists and that it is occupational in nature.

If I have a work-related injury or illnesses, how do I file a claim?

If you have a work-related injury or illness, you can get the necessary forms from your building office manager, secretary or from the Workers' Compensation office at Human Resources – 433-2289. There are two forms that are necessary to file a claim. They are:

1. Physician's Initial Report form (PIR) -- This form is to be completed by you and your physician. Your physician will retain this form and send it directly to CCMSI.
2. Self-Insurer Accident Report Form (SIF²), this is the claim form itself. You need to fill out the "Employee" section as completely as you can and send it to Christine McGarr the Workers' Compensation Specialist in Human Resources within 24 hours of the incident. Jermila in Human Resources will complete the "Employer" section and send it to CCMSI for processing.

If your injury or illness is work-related you will also need to complete a form called "Highline Public Schools Employee Report of Incident". Upon completion of this form, you will send it to the Workers' Compensation desk in Human Resources. You need to complete this form for any work-related injury or illness whether a Workers' Compensation claim is filed or not. **This form should be completed within 24 hours of the incident.**

SAFETY

EMPLOYEE/EMPLOYER RESPONSIBILITIES

Employee's Responsibility:

- To play an active role in creating a safe and healthy workplace and comply with all applicable safety and health rules.

Employees must:

- Study and follow all practices that apply to their work.
- Coordinate and cooperate with all other employees in the workplace to try to eliminate on-the-job injuries and illnesses.
- Take care of all personal protective equipment (PPE) properly.
- Not wear torn or loose clothing while working around machinery.
- Report promptly to their supervisor every industrial injury or occupational illness.
- Not remove, displace, damage, destroy or carry off any safeguard, notice, or warning provided to make the workplace safe.
- Do everything reasonably necessary to protect the life and safety of employees.

Employer Responsibilities

Safe Workplace

Employer Responsibilities:

Provide a work place free from recognized hazards.

Employers must:

- Provide employees a workplace free from recognized hazards that are causing, or are likely to cause serious injury or death.
- Provide and use means to make your workplace safe.
- Provide and use safety devices, safeguards, and use work practices, methods, processes, and means that are reasonably adequate to make your workplace safe.
- Don't remove, displace, damage, destroy or carry off any safety device, safeguard, notice or warning, furnished for use in any employment or place of employment.
- Don't interfere with use of any of the above.
- Don't interfere with the use of any method or process adopted for the protection of any employee.
- Do everything reasonably necessary to protect the life and safety of your employees.
- Prohibit employees from using tools and equipment that aren't safe.
- Take responsibility for the safe condition of tools and equipment used by employees.

Establish, supervise and enforce rules that lead to a safe and healthy work environment that are effective in practice.

You must:

- Warn employees of biohazards

The actual or potential presence of a biohazard, equipment, containers, rooms, materials, experimental animals, or any combinations of these that contain viable hazardous agents.

- Make sure the sign, tag, or label includes the biohazard symbol.
- Play an active role in creating a safe and healthy workplace and comply with all applicable safety and health rules.
- Study and follow all safe practices that apply to their work.
- Apply the principles of accident prevention in their daily work and use proper safety devices and protective equipment as required by their employment of employer.

4.7 Bloodborne Pathogen Exposure Control Program

Hepatitis B Virus (HBV) and the Human Immunodeficiency Virus (HIV) can be transmitted by contact with infected blood, bodily fluids, and tissues. HBV is known for causing severe liver disease that frequently results in death. HIV is the virus that causes Acquired Immune Deficiency Syndrome (AIDS).

Highline School District strives to prevent accidental exposure to bloodborne diseases at school district sites.

Employees with Occupational Exposure to Bloodborne Pathogens

Highline School District has determined that the following employees have an occupational risk of exposure to blood or other potentially infectious materials in the course of their duties:

- **School Nurses and LPN's**
- **Occupational Therapists, Physical Therapists, and Communications Disorders Specialists**
- **Teachers and Paraprofessionals** of medically fragile, developmentally disabled students
- **Childcare Staff**
- **Camp Waskowitz Staff**
- **Secondary Industrial Arts Teachers**
- **Students in health occupation classes**
- **All Custodians** (who are expected to clean up after injury or sickness)
- **Coaches and Assistant Coaches** (who regularly give first aid)
- **Ground Maintenance Crew** who may incur punctures from improperly discarded sharps
- **Security Officers**
- **First Aid Providers** (Refer to APP 4.6 First Aid)

Employees in following positions do not have regular occupational exposure to bloodborne pathogens but there may be some exposure should these employees have to give first aid or clean contaminated items:

- **Bus Drivers** and monitors
- **Physical Education Teachers** (those not specified above)
- **Building Administrators**
- **Classroom Teachers and Assistants**
- **Maintenance and Operations Staff** (those not specified above)

Highline Public Schools

New Employee Safety Orientation Checklist – School/Site

To be completed first day of employment before performing job duties.

EMPLOYEE NAME:	DATE HIRED:	ORIENTATION DATE:
POSITION/JOB ASSIGNMENT:		

Check items discussed:

Safety Discussion

<input type="checkbox"/>	Safety is top priority.
<input type="checkbox"/>	Employee safety responsibilities
<input type="checkbox"/>	First Aid
<input type="checkbox"/>	• Obtaining treatment/emergency numbers
<input type="checkbox"/>	• Location of first aid kits
<input type="checkbox"/>	• Location and names of first aid trained employees
<input type="checkbox"/>	Safety training--attendance required
<input type="checkbox"/>	Reporting of hazards or unsafe conditions
<input type="checkbox"/>	Reporting of staff incidents/injuries
<input type="checkbox"/>	Accident Prevention Program – where to find online documents (Collab – Human Resources)
<input type="checkbox"/>	Emergency plan/procedures - Site
<input type="checkbox"/>	• What to do, who to contact, emergency numbers
<input type="checkbox"/>	• Exit locations and evacuation routes
<input type="checkbox"/>	• Location/operation of fire alarms, extinguishers
<input type="checkbox"/>	• Specific procedures for types of emergency
<input type="checkbox"/>	How & where to find MSDS/SDS information
<input type="checkbox"/>	

Safety Tour of Work Areas

<input type="checkbox"/>	Point out locations of emergency equipment
<input type="checkbox"/>	Safety Bulletin Board – show location
<input type="checkbox"/>	• Safety Committee meeting notes
<input type="checkbox"/>	• List of first aid providers
<input type="checkbox"/>	• Other safety information
<input type="checkbox"/>	Introduce the Bldg. safety committee representative
<input type="checkbox"/>	Point out evacuation maps/instructions
<input type="checkbox"/>	Walk evacuation route from work area to gathering place (see location of all emergency exits)

Specific hazard training (put NA where not applicable)

<input type="checkbox"/>	Smoking/Drug & Alcohol Policy
<input type="checkbox"/>	Fire Prevention
<input type="checkbox"/>	Personal Protective Equipment
<input type="checkbox"/>	Safe Lifting
<input type="checkbox"/>	Office Safety
<input type="checkbox"/>	Classroom/Instructional Safety
<input type="checkbox"/>	Kitchen Safety
<input type="checkbox"/>	
<input type="checkbox"/>	Powered Industrial Trucks
<input type="checkbox"/>	Electrical Safety
<input type="checkbox"/>	Lockout Tagout OR Lockout Tagout Awareness
<input type="checkbox"/>	Hot Work Permits
<input type="checkbox"/>	Confined Spaces
<input type="checkbox"/>	Hand and Power Tools
<input type="checkbox"/>	Ladder/Scaffolding Safety
<input type="checkbox"/>	Fall Protection
<input type="checkbox"/>	Respiratory Safety
<input type="checkbox"/>	Asbestos
<input type="checkbox"/>	Hearing Conservation
<input type="checkbox"/>	Seasonal Safety Heat/Cold
<input type="checkbox"/>	

Handouts (employee initial for receipt)

- Harassment Free Workplace
- Hazard Assessment for PPE (for position)
- Other:

Initials

I have received orientation on the items checked and copies of handouts listed. I agree to abide by all safety rules attend training, watch for and report hazards, and follow all procedures as instructed by my employer.

_____ Print Name (New Employee)	_____ Signature (New Employee)	_____ Date
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I have instructed this new employee on the items checked.

_____ Print Name (Supervisor or Designee)	_____ Signature (Supervisor or Designee)	_____ Date
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****Signed Sheet to be kept in Main Office in a file named "Safety Orientation" as required by Occupational Safety and Health Administration (OSHA)***

Find network providers

See www.FindADoc.Lni.wa.gov or call your employer for help.

What about providers that are not required to join the network?

Other types of providers (not in the list on Page 3) and out-of-state providers do not need to join the network at this time. Providers that do NOT need to join the network include physical, occupational, and massage therapists; pharmacies; and hospitals, among others.

You can find these network-exempt providers at www.FindADoc.Lni.wa.gov and you can see them for covered services.

Learn more about the network

www.ProviderNetwork.Lni.wa.gov

Questions?

Contact your employer or their third-party administrator.

Here are 2 options for contacting them:

1. See lists of self-insured employers at: www.Lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/Default.asp.
2. Call L&I at 360-902-6901.

FY13-276 [02-2013]

Helping you get back to good health and your job

L&I's Medical Provider Network

Important medical benefit information for injured workers of self-insured businesses



Washington State Department of
Labor & Industries

L&I's provider network: Improving medical care for injured workers

What is L&I's new Medical Provider Network?

The network is a group of doctors and other health-care providers that L&I has approved to care for injured workers in Washington State. Our network providers meet standards similar to those used by most other health insurance companies in our state.

How does the new network change my medical benefits?

Starting January 1, 2013, only those providers that are in the L&I medical network can provide ongoing care for your work-related injury or condition.

What should I do if my provider is not in the network?

Contact your doctor or health-care provider right away and encourage them to join.

How can I check my provider's network status?

Check at www.FindADoc.Lni.wa.gov. Providers will continue to join the network.

What if my provider doesn't plan to join?

If your doctor or health-care provider is not in the network and does not plan to join, you must find a new provider for ongoing care. Ask your current provider for a referral. Or look for a new provider at www.FindADoc.Lni.wa.gov. Contact new providers to make sure they are accepting patients.

Once you have found a new provider, request a transfer of care by contacting your employer.

- Effective January 1, 2013, you must receive your ongoing treatment from a network provider.
- Contact your employer or the third-party administrator managing your claim if you transfer your medical care to a network provider.

Do I need to use network providers for all of my care?

You must use a network provider whenever you need care from the types of providers that are required to join the L&I network (listed below).

Which provider types must join the network?

Effective January 1, 2013, the following types of providers must be in the network to treat injured workers:

- Physicians
- Advanced registered nurse practitioners
- Chiropractors
- Naturopathic physicians
- Dentists
- Podiatric physicians and surgeons
- Optometrists
- Physician assistants

If they aren't in the network, your employer will not pay them for treating you except for the first time you see your doctor to file the claim.

(At this time, out-of-state providers are not required to join the network.)

Can providers bill me for treating my work-related injury or condition?

No. Providers should not bill you for medical treatment allowed for your claim. You are not obligated to pay for these services; you should call your claim manager if you receive a bill.