



**LAC QUI PARLE VALLEY  
ISD #2853**

**2023-24  
Health & Safety  
Program**

***Lac qui Parle Valley Health & Safety Committee  
Mission Statement***

Lac qui Parle places a high priority on safe operations and on the safety and health of employees, students and community.

Safety & Health protection shall be an integral part of all operations, including instruction, athletic events, extracurricular activities, community events and student transportation.

We will work consistently to maintain safe and healthful working conditions to adhere to proper operating practices and procedures, designed to prevent injury and illness, and to comply with federal, state, local, standards and school safety and health regulations.

Because safety is everyone's responsibility, administrators and employees alike will be held accountable for the safe operation of all activities.

Accepting our mutual responsibility for safety will contribute to the well being of all persons attending programs, classes or functions.

March 1, 2001

# Lac qui Parle Valley School District

## Health & Safety Committee

Rick Ellingworth	Superintendent	<a href="mailto:rellingworth@lqpv.org">rellingworth@lqpv.org</a>
Scott Sawatzky	5-12 Principal	<a href="mailto:ssawatzky@lqpv.org">ssawatzky@lqpv.org</a>
Tony Smith	MMN Building Leader	<a href="mailto:tsmith@lqpv.org">tsmith@lqpv.org</a>
Robyn Rademacher	A-M Building Leader	<a href="mailto:rrademacher@lqpv.org">rrademacher@lqpv.org</a>
Chase Olson	Shop Safety	<a href="mailto:colson@lqpv.org">colson@lqpv.org</a>
Kristine Reszel	Science Safety	<a href="mailto:kreszel@lqpv.org">kreszel@lqpv.org</a>
Heather Piotter	School Nurse	<a href="mailto:hpiotter@lqpv.org">hpiotter@lqpv.org</a>
Adam Loy	Facilities Manager	<a href="mailto:aloy@lqpv.org">aloy@lqpv.org</a>
Zach Stelter	Activities Director/Comm Ed	<a href="mailto:zstelter@lqpv.org">zstelter@lqpv.org</a>

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## Lac qui Parle Valley Health & Safety

### GOALS

- Communicate health & safety program information to all employees
- Develop and maintain a healthy and safe work and learning environment
- Provide appropriate training for staff on a timely and regular basis
- Identify, investigate and attempt to eliminate causes of all hazards and accidents

## GENERAL SAFETY RULES

1. Be familiar with accident reporting and investigation procedures; these are posted at each work site.
2. Never Operate a piece of equipment without the proper guards in place.
3. Guards should only removed when necessary to make repairs or adjustments, and should be replaced immediately when completed. (use lock-out-tag-out)
4. Inspect all ladders to be sure they are free from cracks, broken rungs or other defects before using them.
5. Do not bring in household-use-only ladders from home
6. Never make makeshift or defective ladders or scaffolding.
7. Never use defective tools
8. Never use equipment with a defective cord.
9. Never remove the ground prong from a piece of equipment.
10. Extension cords should be grounded.
11. Extension cords should not take the piece of permanent wiring. Extension cords can only be used temporarily and must be unplugged and put away at the end of each day.
12. Always wear proper personal protective equipment (PPE) which is provided provided.
13. Wooden wedges should not be used on fire rated doors.
14. Do not bring appliances and extension cords from home unless they are compliant with OSHA and Fire Marshall orders.
15. Know your Crisis / Emergency Action Plan procedures. (See manuals at each work site)
16. Ensure emergency exit route signs are posted in a visible location.
17. Maintain good general housekeeping in your work area.
18. Label all chemicals and hazardous waste.
19. Use, store, and dispose of all chemicals properly. If unsure, refer to the Material Safety Data Sheets.
20. Corrective action, in accordance with the master agreement, will be taken against anyone who is in violation of these rules.

## **LqPV Ergonomics Program**

A musculoskeletal disorder (MSD) results when there is a mismatch between the physical capacity of a worker and the physical demands on his / her job. An MSD is a disorder of the muscles, nerves, tendons, ligaments, joints, cartilage, blood vessels or spinal discs. Workplace MSD's may be caused by exposure to the following risk factors: repetition, force, awkward postures, contact stress and vibration. Ergonomic MSD's do not include injuries caused by slips, trips, falls, vehicle or other accidents.

The District will assess work areas most commonly associated with this type of disorder and make corrections as needed. Employees working in these areas will also be trained regarding recognition of and prevention of ergonomic MSD's. Employees are encouraged to report any situations that appear to be causing ergonomic concerns to their immediate supervisor or to a member of the Local or District Health & Safety Committee.

## **LqPV Bloodborne Pathogens Program**

The Lac qui Parle Valley School District blood borne pathogen control plan is designed to eliminate or minimize employee exposure to blood or other potentially infectious materials. This plan includes exposure determination for the workplace, the schedule and methods of implementation, and the procedure for evaluation or circumstances surrounding exposure incidents.

Employees who are most likely to be exposed will be trained in proper procedures and will be provided appropriate personal protection equipment. Employees will be expected to use these procedures and equipment as instructed. Employees will also be offered the opportunity to be appropriately vaccinated and to have appropriate blood testing if exposed to blood or bodily fluids.

A employee exposed to a potential blood borne pathogen should report immediately to the school nurse.

## **Material Safety Data Sheets**

One of the most important elements of the Employee Right to Know Program is the Materials Safety Data Sheet (MSDS). The MSDS is designed to inform you of all of the hazards that could be associated with a particular chemical or substance. LqPV School District has a current MSDS for all chemicals in use in the district. Each building has the current manual for chemicals used in that specific building and a district master manual is located in the District Office. If you wish to have a copy of a specific MSDS, please contact your building principal or the district office.

## **Lead-in-Water Annual Notification**

Minnesota Statute 121A.335 requires public school buildings serving pre-kindergarten through grade 12 to test for lead in water every 5 years. LQPV has historically conducted and continues to conduct Lead in Drinking Water testing per the Minnesota Department of Health guidelines.

For more information on LQPV's lead reduction program and testing results, please contact Rick Ellingworth, Superintendent at 320-752-4835.

# **Lac qui Parle Valley School District**

## **Notice of Indoor Air Quality Program**

Our district has developed and implemented a comprehensive Indoor Air Quality Plan. The comprehensive plan includes monitoring of areas that could be potential sources of I.A.Q. concerns. This includes regular inspections of the district's buildings and surveys completed by school staff. To ensure potential problem areas are identified, district staff receive training on an on-going basis. District staff, students and residents are encouraged to complete a referral form for any situation they feel may be an I.A.Q. concern. The District's Health & Safety Committee will conduct a follow-up for all referrals.

To get further information or to make a referral contact:

Superintendent's Office  
Lac qui Parle Valley School District  
2860 291st. Ave  
Madison, MN 56256  
320-752-4205

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## **ASBESTOS NOTIFICATION**

As a result of federal legislation (Asbestos Hazard Emergency Response Act - AHERA), each school is required to complete an inspection of all asbestos containing materials and develop a plan to assist in its management.

As part of the Lac qui Parle Valley District's plan, all buildings have been inspected by an EPA Certified Inspector and samples were analyzed by an independent laboratory. Based on the inspection the state has approved the district's management plan. The district's plan and a list of all locations and types of asbestos found in the buildings is available at the District Office by calling 320-752-4200.

The district continues to do periodic surveillance of any existing asbestos and completes a re-inspection every three years. These are conducted by IEA, Inc. Questions should be directed to 763-315-7900. (Brooklyn Park Office)

# Lac qui Parle Valley School District

## Notice Concerning Use of Pest Control Materials:

Our district utilizes a licensed, professional pest control service firm for the prevention and control of rodents, insects, and other pests in and around the district's buildings. Their program consists of:

1. *inspection and monitoring* to determine whether pests are present, and whether any treatment is needed;
2. recommendations for *maintenance and sanitation* to help eliminate pests without the need for pest control materials;
3. utilization of *non chemical measures* such as traps, caulking and screening; and
4. application of *EPA-registered pest control materials* when needed.

Pests can sting, bite, cause contamination, damage property, and spread disease; therefore, we must prevent and control them. The long-term health effects on children from the application of such pest control materials, or the class of materials to which they belong, may not be fully understood. All pest control materials are chosen and applied according to label directions per Federal Law.

An estimated schedule of interior pest control inspection and possible treatments is available for review or copying at each school office. A similar estimated schedule is available for application of herbicides and other materials to school grounds. Parents of students may request to receive, at their expense, prior notification of any application of a pest control material, should such an application be deemed necessary on a day different from the days specified in the schedule.

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## ESTIMATED APPLICATION SCHEDULES

**LQPV 5 – 12 Building  
Madison-Marietta-Nassau Elementary Building  
Appleton-Milan Elementary Building**

### **Dates**

**October 19, 2023  
December 27, 2023  
March 22, 2024  
July 22, 2024**



<b>LQPV Crisis Management Plan</b>
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Each building has copies of the Crisis Management Guide available for all employees. The guide identifies the response team for the districts as well for each building. It also includes maps and diagrams of each building that show location of all rooms, fire exits and fire extinguishers. Responsibilities of administrators and staff are identified in the guide along with general procedures to be implemented to assure security and effective communications should a crisis occur. Specific procedures are provided for the following crisis situations.

Fire	Severe Weather	Assault / Fight
Bomb Threat	Demonstrations	Hazardous Materials
Intruder / Hostage	Terrorism	Suicide
Weapons	Shooting	Cardiac Arrest / Injury
Death	Pandemic Influenza	Utilities Failure

### **DISTRICT EMERGENCY RESPONSE TEAM**

	<u><b>OFFICE</b></u>	<u><b>CELL PHONE</b></u>
<b>SUPERINTENDENT</b> RICK ELLINGWORTH	320-752-4835	605-212-1760
<b>BUILDING PRINCIPALS &amp; LEADERS</b>		
APPLETON-MILAN – ROBYN RADEMACHER	320-289-1114	320-894-0618
LQPV 5-12 SCHOOL - SCOTT SAWATZKY	320-752-4807	320-297-0207
MMN – TONY SMITH	320-598-7528	320-249-9605
<b>NURSE</b>		
LQPVHS – HEATHER PIOTTER		
<b>COUNSELOR</b>		
PAUL LOWRY		
<b>SCHOOL SOCIAL WORKERS</b>		
EMILY WITTNEBEL-SCHLIEMAN		
LISA JOHNSON		
<b>SCHOOL PSYCHOLOGIST</b>		
ANDREA HAGEN		
<b>BUILDING &amp; GROUNDS PERSONNEL</b>		
LQPV DISTRICT – ADAM LOY		
APPLETON-MILAN – RUSS REMUND		
MMN – DALE KALAS		
LQPV MS/HS – ADAM LOY		

# BLOOD EXPOSURE INCIDENTS

Any exposure to blood incidents should be reported immediately to **HEATHER PIOTTER, SCHOOL NURSE**, for the necessary forms and procedural information for a post exposure follow-up.

## Bloodborne Pathogen Exposure is defined as:

- Blood contact of the employee's mucous membranes (eye, nose or mouth) or;
  
- Blood contact with broken skin (less than 24 hours old), including open cuts or open skin rashes, or breaking of skin in a bite or;
  
- Penetration of skin by a blood contaminated sharp (needle, lancet, glass, teeth, etc)



ACCIDENTAL EXPOSURE TO BLOOD AND/OR BODY FLUIDS

Incident Report

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_ Reported to HR: YES or No

Employee Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

Exposed to blood: YES or NO

Exposed to body fluids: YES or NO

Circumstances of exposure:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Principal, Nurse, Supervisor

*WE SOAR AS ONE*

# Lac qui Parle Valley Health & Safety Committee

## HAZARD & ACCIDENT REPORTING AND INVESTIGATION

### HAZARD & ACCIDENT REPORTING

- Employees are encouraged to immediately report any observed hazard
- Employees are required to report all injuries / accidents to the school nurse and their direct supervisor
- Supervisors are required to report accidents / injuries to the administration

### INVESTIGATION

Accident prevention and hazard control is the result of a well designed and executed health and safety program. One of the keys to a successful program includes prompt, accurate investigation. The basic purpose of the investigation is to determine what can be done to prevent similar situations in the future.

### PREVENTION

Most accidents are preventable by eliminating one or more causes. Direct causes created by unsafe conditions can be avoided through a good health and safety management program. Indirect causes created by unsafe actions can be limited through appropriate awareness and procedural training.

### INVESTIGATION REPORTING

An investigation is not complete until a report is prepared and submitted to school administration. All investigation reports will be analyzed by the District's Health and Safety Committee.

### RECOMMENDATIONS

As a result of the investigation and analysis, the Health & Safety Committee will possibly recommend changes to employee training, work area / equipment design or policy / procedures.

### RECORDS

All reports will be kept on file with the Health & Safety Committee's documents and in the individual's personnel file.

### ENFORCEMENT

An employee observed committing an unsafe act or violating safety rules will be stopped immediately and remediated in correct procedures. Supervisors will document violations as follows:

- ❖ Verbal warning for minor first violation
- ❖ Written warning for serious and continued minor violations
- ❖ Suspension without pay and written reprimand for continued serious violations
- ❖ Dismissal for flagrant violations of policy or procedure and for continued violation of rules after verbal and written warnings and remediation.

Report Forms are available in the office of each building. Report forms should be submitted to one of the following Health & Safety Committee Members:

Adam Loy  
Tony Smith

Heather Piotter  
Robyn Rademacher

Rick Ellingworth, Superintendent  
Scott Sawatzky

# First Report of Injury

See Instructions on Reverse Side



DO NOT USE THIS SPACE

Print in ink or type  
 Enter dates in MM/DD/YYYY format

1. EMPLOYEE SOCIAL SECURITY #		2. OSHA case #		3. Time employee began work on date of injury <input type="checkbox"/> am <input type="checkbox"/> pm	
4. DATE OF CLAIMED INJURY		5. Time of injury <input type="checkbox"/> am <input type="checkbox"/> pm		6. Date of death # of dependents (if death is related to injury)	
7. EMPLOYEE Name (last, suffix, first, middle)				8. Gender <input type="checkbox"/> M <input type="checkbox"/> F	
				9. Marital status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried	
10. Home address			11. Home phone #		12. Date of birth
City		State	Zip Code	13. Date hired	
14. Occupation			15. Regular department		16. Apprentice <input type="checkbox"/> Yes <input type="checkbox"/> No
17. Average weekly wage	18. Rate per hour	19. Hours per day	20. Days per week	21. Employment status (check all that apply)	
				<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer	
22. Tell us how the injury/illness occurred, what the employee was doing before the incident (give details), and what the injury/illness was. Examples: "Worker was driving lift truck with a pallet of boxes when the truck tipped, pinning worker's left leg under drive shaft." "Worker developed soreness in left wrist over time from daily computer key entry."					
23. What was the injury or illness (include the part(s) of body)? Examples: chemical burn left hand, broken left leg, carpal tunnel syndrome in left wrist.			24. What tools, equipment, machines, objects, or substances were involved? Examples: chlorine, hand sprayer, pallet lift truck, computer keyboard.		
25. Did injury occur on employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		26. Date of first day of any lost time		27. Employer paid for lost time on day of injury (DOI) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No lost time on DOI	
Name and address of the place of the occurrence		28. Date employer notified of injury		29. Date employer notified of lost time	
		30. Return to work date		31. RTW same employer <input type="checkbox"/> Yes <input type="checkbox"/> No	
				32. RTW with restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No	
33. Treating physician (name)		34. Extent of medical treatment (check all that apply)			
		<input type="checkbox"/> None <input type="checkbox"/> Minor on-site by employer's medical staff <input type="checkbox"/> Minor clinic/hospital <input type="checkbox"/> Emergency room <input type="checkbox"/> Hospitalization more than 24 hours <input type="checkbox"/> Future major medical anticipated			
35. Certified Managed Care Organization (if any)					
36. EMPLOYER Legal name Lac qui Parle School District #2853			37. EMPLOYER DBA name (if different)		
38. Mailing address 2860 291st Avenue			39. Employer FEIN		40. Unemployment ID #
City	State	Zip Code	41. Employer's contact name and phone #		
Madison	MN	56256	Sue Volk, 320-752-4814		
42. Physical address (if different)			43. Witness (name and phone) - if more than 1 attach a separate sheet		
City	State	Zip Code	44. NAICS code		45. Date form completed
46. INSURER name Liberty Mutual			47. Insured legal name and FEIN		
48. Policy # (including effective dates) or self-insured certificate # WC5-Z51-294438-012 7/1/22-7/1/23			49. Insurer FEIN		
50. Date insurer received notice			51. CLAIMS ADMIN COMPANY (CA) name (check one) <input type="checkbox"/> Insurer <input type="checkbox"/> TPA		52. CA address
			City		State
			Zip Code		
53. CA FEIN		54. CA claim #			
55. To be completed by the CA:	Claim type code:	Type of loss code:	Late reason code:	Salary paid in lieu of comp?	Death result of injury?

## GENERAL INSTRUCTIONS TO THE EMPLOYER

**Employers, not employees,** are responsible for completing this form. The information is needed to determine liability and entitlement to benefits. You must file this form with your insurer, and give a copy to the employee and the employee's local union office. You are required to provide the employee with a copy of the Employee Information Sheet, which is available on the Department of Labor and Industry's web site at [www.dli.mn.gov](http://www.dli.mn.gov).

**Filing this form is not an admission of liability.** You must report a claim to your insurer whenever anyone believes that a work-related injury or illness that requires medical care or where lost time from work has occurred. If the claimed injury wholly or partially incapacitates the employee for more than **three** calendar days, the claim must be made on this form and reported to your insurer within **ten** days. Your insurer may require you to file it sooner. Failure to file within the **ten** days may result in penalties. It is important to file this form quickly to allow your insurer time to investigate the claim. **Your insurer will report the injury** to the Department of Labor and Industry (Department), when necessary. Self-insured employers have 14 days to report the injury to the Department, when necessary.

**If the claim involves death or serious injury (including injuries that later result in death),** you must notify the Department and your insurer within 48 hours of the occurrence. The claim can be reported initially to the Department by telephone 651-284-5005, press 3 or 800-342-5354, press 3. The initial notice must be followed by the filing of this form with the Department within **seven** days of the occurrence, at P.O. Box 64221, St. Paul, MN 55164-0221.

### SEND THIS FORM TO YOUR INSURER IMMEDIATELY – DO NOT WAIT FOR THE DOCTOR'S REPORT

#### SPECIFIC INSTRUCTIONS TO THE EMPLOYER ON COMPLETING THIS FORM

- Item 2: OSHA case #. Fill in the case number from the OSHA 300 log. This form contains all items required by the OSHA form 301.
- Items 17-21: Fill in all the wage information. If the employee does not work a regularly scheduled work week, attach a 26 week wage statement so your insurer can calculate the appropriate average weekly wage. Attach a separate sheet giving the weekly value of any meals, lodging, or 2nd income paid to the employee.
- Item 20: Fill in the average number of days per week that the employee works. Also include their normal work schedule, Sunday - Saturday, by checking the appropriate boxes. If the employee's work schedule fluctuates from week-to-week, leave the boxes blank.
- Items 22-24: Be as specific as possible in describing: the events causing the injury; the nature of the injury (cut, sprain, burn, etc.), and the part(s) of body injured (back, arm, etc.); and the tools, equipment, machines, objects or substances involved.
- Item 26: Fill in the first day the employee lost any time from work (including time lost for medical treatment), even if you paid the employee for the lost time.
- Item 27: Check the appropriate box to indicate if there was lost time on the date of injury and whether you paid for that lost time.
- Item 28: Fill in the date you first became aware of the injury or illness.
- Item 29: Fill in the date you became aware that the lost time indicated in Item 26 was related to the claimed injury.
- Item 30: Leave the box blank if the employee has not returned to work by the time you file this form. If the employee has returned to work, fill in the date and answer the questions in Items 31 and 32. Notify your insurer if the employee misses time due to this injury after that date.
- Item 34: Check all the boxes that apply AT the time you file this form.
- Item 39: Fill in your Federal Employer Identification Number (FEIN). For information, see <https://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/Lost-or-Misplaced-Your-EIN>.
- Items 40 and 44: Fill in your Unemployment ID number and North American Industry Classification System (NAICS) code, which are both assigned by the Minnesota Unemployment Insurance Program (651-296-6141).
- Items 46-54: Your insurer or claims administrator will complete this information if you do not have it available.

#### INSTRUCTIONS TO THE INSURER/CLAIMS ADMINISTRATOR (For first reports of injury filed on or after Jan. 1, 2014)

Pursuant to Minnesota Statutes, section 176.231, and Minnesota Rules, part 5220.2530, insurers and self-insured employers must file with the Department's Workers' Compensation Division an electronic first report of injury, according to the requirements set out in sections 2 to 4 of the Minnesota implementation guide, in all cases where a first report of injury is required to be filed under Minnesota Statutes, chapter 176. The Minnesota implementation guide can be found on the Department's website at [www.dli.mn.gov/WC/Edi.asp](http://www.dli.mn.gov/WC/Edi.asp).

A first report of injury submitted by the insurer or self-insured employer in any other manner or format is not considered filed with the division, except for a written first report of injury on a paper form filed by a self-insured employer within seven days of death or serious injury.

If the claim does not involve lost time beyond the waiting period or potential permanent partial disability (PPD), or has not been requested to be filed by the Department, a first report of injury does **not** need to be filed.

***This material can be made available in different forms, such as large print, Braille or audio. To request, call (651) 284-5032 or 1-800-342-5354 Voice or TDD (651) 297-4198***

**ANY PERSON WHO, WITH INTENT TO DEFRAUD, RECEIVES WORKERS' COMPENSATION BENEFITS TO WHICH THE PERSON IS NOT ENTITLED BY KNOWINGLY MISREPRESENTING, MISSTATING, OR FAILING TO DISCLOSE ANY MATERIAL FACT IS GUILTY OF THEFT AND SHALL BE SENTENCED PURSUANT TO SECTION 609.52, SUBDIVISION 3.**

**HAZARD REPORT**  
**Lac qui Parle Valley ISD #2853**

Employees are encouraged to reported to a Health & Safety Committee Member any observed hazard that could affect anyone on school property.

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Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_ Position \_\_\_\_\_

1) Location of Hazard \_\_\_\_\_

Description of Hazard \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2) Has this hazard caused an accident or injury that you are aware of? Yes \_\_\_\_\_  
No \_\_\_\_\_

Describe situation

\_\_\_\_\_  
\_\_\_\_\_

3) Committee member notified \_\_\_\_\_

\_\_\_\_\_

Member Signature

Date Reviewed \_\_\_\_\_

4) Health & Safety Committee Follow-up \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5) Action taken to correct the reported hazard \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



## Indoor Air Quality Concern Form

This form can be filled out by the building occupant or by a member of the building staff.

Occupant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Room Number/Location in Building: \_\_\_\_\_ School: \_\_\_\_\_

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

This form should be used if your complaint may be related to indoor air quality. Indoor air quality problems include concerns with temperature control, ventilation, and air pollutants. Your observations can help to resolve the problem as quickly as possible.

Please send this form back to Adam Loy, Facilities Manager  
and IAQ Designated Person

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**OFFICE USE ONLY**

File Number: \_\_\_\_\_ Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_