



ACCIDENT PREVENTION

ORIENTATION HANDBOOK



ACCIDENT PREVENTION MANUAL

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ACCIDENT PREVENTION MANUAL

INTRODUCTION

We sincerely want your experience of working at Pflugerville ISD to be both a rewarding and happy one. Avoiding injuries is an important part of making your job experience a good one.

This handbook is being made available to you to help you understand your responsibilities in the district safety process. The program consists of procedures Pflugerville ISD has adopted to help control accidents. Although you play a key role in preventing accidents, every level of management from your immediate supervisor to the district office is involved in the program and will be doing their best to help you avoid accidents.

Our concern will always be your safety. Also, of great importance to all of us are the costs associated with accidents. Pflugerville ISD is self-insured for worker's compensation coverage. The money we spend to pay claims can decrease the money available for other important needs, such as facility improvements, program improvements, salaries, and other operational costs. These two primary concerns, your safety and the costs associated with accidents are summarized in our Accident Prevention Policy.

SECTION 1



ACCIDENT PREVENTION POLICY STATEMENT

Pflugerville Independent School District considers accident prevention to be an important component of our operations. It is the policy of the district, therefore, that continued efforts will be made to provide and maintain safe and healthful working conditions and to follow operating practices that will safeguard students and employees.

The importance of this policy is twofold: our concern for the safety and health of our employees and students, and the impact that accident costs have on the operating budget of the district.

Pflugerville ISD is self-insured to cover the costs associated with any injuries on the job. The program covers medical costs as well as money to compensate for lost income if you lose time from work or are somehow disabled due to the injury. The amount of money paid out for an injury is determined by the Texas Department of Insurance. The District's Workers Compensation Claims Administrator, TriStar Risk Management, will help inform you of the benefits that will be paid if you are injured.

We must all accept our individual responsibilities in preventing accidents. By working together, we can avoid the personal suffering and financial loss associated with accidents.

SECTION 2



ACCIDENT PREVENTION RESPONSIBILITIES

FIRST LINE SUPERVISORS:

The following positions are designated as first line supervisors for their employee groups:

PRINCIPALS/ADMINISTRATIVE SUPERVISORS:

- Educate employees of District safety requirements
- Assures that education includes emphasis in accident exposures inherent to their assignment and procedures designed to avoid accidents
- Responsible for conducting accident investigations on all injury and non-injury accidents and assuring that follow-up corrective action is taken
- Responsible for facility inspections and correction of unsafe conditions

ALL EMPLOYEES:

- Comply with all accident prevention rules, regulations, and procedures
- Report unsafe conditions and unsafe work practices to immediate supervisors
- Accept responsibility for your safety and for the safety of others working around you
- Report all injury and non-injury accidents immediately to your supervisor and complete the Report of Accident form timely

DISTRICT WORKERS COMPENSATION DEPARTMENT:

- Coordinate training associated with accident prevention
- Coordinate the Worker's Compensation claim process
- Coordinate the quarterly and annual review of the safety program
- Coordinate the distribution of paperwork for orientation, training, inspections, accident investigations, and other safety documentation required

SECTION 3



ACCIDENT REPORTING & INVESTIGATION

It is our hope that you will have the best possible employment experience with Pfisd. We want all our employees to work in a safe environment and ask that you take the time to review the Accident Reporting Procedures listed below.

- It is necessary for you to report every injury/accident to your Campus Principal/Department Supervisor within 24 hours, even if you do not appear to be hurt or need immediate medical attention. Your Principal/Department Supervisor (or designee) is required to investigate the accident to determine the conditions that contributed to the situation so that steps can be taken to prevent a similar problem in the future and ensure the safest possible workplace.
- Your Principal/Department Supervisor (or designee) must ensure that first-aid or medical attention is provided. If injured on campus, your campus nurse will provide medical treatment and give you the Pfisd Report of Accident form to complete.
- Once you complete the Report of Accident form and sign it, take it to your Principal/Department Supervisor (or designee) for their signature.
- Fax or scan the Report of Accident form to leave@pfisd.net within 24 hours of the incident.
- If you do not wish to seek outside medical attention at this time, make sure you indicate this on the Report of Accident form, and there is nothing further for you to do.
- If your injury requires treatment by an outside medical facility, once the Report of Accident form is emailed to leave@pfisd.net a medical authorization will be emailed to you. You must take this form with you to be seen.
- The worker's compensation medical facility name and address will be listed on the medical authorization form. If you go to a facility that is not approved by worker's compensation you will be responsible for the payment of the bill.
- You will be provided a Work Status report after each doctor's visit. If your Work Status Report lists any restrictions you must provide a copy to your supervisor or if you are taken off of work you must call the Leave Office immediately.
- You are required to use your leave days while out on a work-related injury. Worker's compensation is not a form of leave and does not include a provision for leave entitlement. It provides medical treatment and income benefits when an employee qualifies. Income benefits are paid when an employee has been deemed "disabled" and restricted from all work activity and begins paying on the 8th day of lost time. If you are out of leave you will be docked for the days out.

- TriStar Risk Management is PfISD's third-party claims administrator. Once you have received authorization to seek medical attention your claim is sent to an adjuster at TriStar and they will take over the claim going forward.
- An adjuster from TriStar will call you to take a statement of the incident if you are taken off of work or receive restrictions related to your injury. TriStar will also contact employees if more clarification of the incident is needed. You must make yourself available to speak to the adjuster or it will hold up your services.
- If you have any questions regarding your claim once you begin treatment you should contact TriStar at 1-210-404-0400 x 2920 or x2922.
- The District Workers' Compensation Staff will ensure that contact is maintained with physicians and claim adjusters to determine return-to-work possibilities. (Return to work possibilities will be handled on a case-by-case basis depending on the nature of the injury and modified work duty available).

PfISD Benefits/Leave/Workers Compensation Department

Leave@pfisd.net

512-594-0026



Report of Accident

Complete in black ink only

GENERAL INFORMATION

Name:		Social Security (required):	Campus/Department:	Occupation:
Employee number:	Street Address:			
City:	State:	Zip Code:	Cell Phone:	
Date of Birth:	Sex: M F	Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	Office Use Only:	
Number of Dependent Children:	Spouse's Name:		DOH: _____ Daily Base Rate: _____	
			Campus/Dept. #: _____	
			Campus/Dept. Name: _____ Hrs. Work Per Day: _____	
Occupation: _____				

ACCIDENT INFORMATION (Must be completed by injured employee)

Date of Accident:	Location (i.e., hallway, cafeteria, etc):	Time: <input type="checkbox"/> am <input type="checkbox"/> pm
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In your own words, describe in detail the incident that led to your injury.

Witnesses Names:

<p>Shade in all the areas of discomfort on the figure.</p>	<p>Using the scale below, rate the discomfort for both the left and right side of the body area named in the box at right.</p> <p>No Discomfort Area ← → Worst Discomfort</p> <p>1 2 3 4 5 6 7 8 9 10</p> <table border="1"> <thead> <tr> <th>Discomfort Area</th> <th>Right</th> <th>Left</th> </tr> </thead> <tbody> <tr><td>Neck</td><td></td><td></td></tr> <tr><td>Shoulder</td><td></td><td></td></tr> <tr><td>Chest</td><td></td><td></td></tr> <tr><td>Elbow/Forearm</td><td></td><td></td></tr> <tr><td>Hand/Wrist</td><td></td><td></td></tr> <tr><td>Hip/Thigh</td><td></td><td></td></tr> <tr><td>Knee</td><td></td><td></td></tr> <tr><td>Lower Leg</td><td></td><td></td></tr> <tr><td>Ankle/Foot</td><td></td><td></td></tr> <tr><td>Other</td><td></td><td></td></tr> <tr><td>Total</td><td></td><td></td></tr> </tbody> </table>	Discomfort Area	Right	Left	Neck			Shoulder			Chest			Elbow/Forearm			Hand/Wrist			Hip/Thigh			Knee			Lower Leg			Ankle/Foot			Other			Total		
Discomfort Area	Right	Left																																			
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Have you ever injured these body parts before (please indicate date, body part, and treating physician below)?

Date:	Body Part:	Treating Physician:
Date:	Body Part:	Treating Physician:

Medical Statement

Waiving Medical Attention: I am not seeking treatment at this time. I understand that if medical attention becomes necessary, I will email leave@pfisd.net to request to be seen.
Employee Initials: _____

Required Signatures

I hereby certify that the information above is true and correct to the best of my knowledge. I further understand that any falsification of information regarding an on-the-job injury or illness may result in disciplinary action up to and including termination of employment.

Employee's Signature:	Date:
Campus Designee/Supervisor Signature (Required):	Date:

GENERAL SAFETY RULES

TEACHERS AND PARAPROFESSIONALS

1. Do not use chairs, desks, or stools in place of ladders or step stools.
2. Wearing of shoes with non-slip soles is highly recommended.
3. Always watch where you are walking. Be aware of spills and slick spots in hallways and report them to the custodian immediately.
4. Stairs and steps contribute to many falls. Always watch where you are stepping and use the handrail.
5. Be especially careful in the cafeteria. Always expect that there will be food and liquid spills that could cause you to fall.
6. Seek assistance when lifting heavy or bulky objects. Do not attempt to move furniture, file cabinets, office machines, etc. without assistance.
7. When lifting - lift properly. Lift with your legs, not your back.
8. Store heavy items between chest and knee level with lighter items above and below to avoid having to bend the back while lifting.
9. Seek assistance and follow proper procedures when handling disabled students.
10. Verbally diffuse potential fights between students authoritatively, as soon as possible. Do not attempt to break up fights between students all by yourself. Call campus Security or summon others for assistance.
11. Report any unsafe or hazardous conditions to your principal or supervisor immediately.
12. Report all accidents to your supervisor immediately, whether or not an injury is involved. Accidents must be reported no later than the end of the workday or shift.
13. Seat belts must be worn whenever driving or riding in a school district vehicle other than a school bus.

GENERAL SAFETY RULES

ADMINISTRATION AND OFFICE

1. Do not use chairs, desks, or stools in place of ladders or step stools.
2. Wearing of shoes with non-slip soles is highly recommended.
3. Seek assistance when lifting heavy or bulky objects. Do not attempt to move furniture, file cabinets, office machines, etc., without assistance.
4. When lifting - lift properly. Lift with your legs, not your back. Keep the load close to your body.
5. Organize storage areas where items are easy to retrieve. Store heavier items between chest and knee level, lighter items above and below.
6. Do not leave file cabinet or desk drawers open.
7. Keep phone cords and other cords safely away from walking areas around desks.
8. Report any unsafe or hazardous conditions in office areas (slick floors, loose carpeting, defective chairs or machinery, electrical problems, etc.) to your supervisor immediately.
9. Report all accidents to your supervisor immediately, whether or not an injury is involved. Accidents must be reported no later than the end of the workday or shift.
10. Seat belts must be worn whenever driving or riding in a school district vehicle other than a school bus.



SUMMARY

This handbook was designed to give you an overview of the Pflugerville ISD Safety Program. You will be provided additional instructions and training in accident prevention as you learn your job and during periodic meetings.

If you have questions about accident prevention or the safe way to do your job, always ask your supervisor and don't hesitate to share your ideas. Questions and comments regarding worker's compensation and employee safety procedures should be directed to leave@pfisd.net or 512-594-0026.