Employee Safety Manual

Downingtown Area School District
540 Trestle Place
Downingtown, PA 19335
610-269-8460

Issued January 23, 2012
Amended January 1, 2015
# DOWNINGTOWN AREA SCHOOL DISTRICT

## EMPLOYEE SAFETY MANUAL

### TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Part</th>
<th>Title</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Safety Policy Statement</td>
<td>1</td>
</tr>
<tr>
<td>B</td>
<td>Safety Program Coordinator Designation</td>
<td>2</td>
</tr>
<tr>
<td>C</td>
<td>Safety Goals and Objectives</td>
<td>3</td>
</tr>
<tr>
<td>D</td>
<td>Responsibility Assignments</td>
<td>4-5</td>
</tr>
<tr>
<td>E</td>
<td>Safety Committee Functions</td>
<td>6</td>
</tr>
<tr>
<td>F</td>
<td>Hazard Identification Methods</td>
<td>7</td>
</tr>
<tr>
<td>G</td>
<td>Occupational Health Services</td>
<td>8</td>
</tr>
<tr>
<td>H</td>
<td>Industrial/Occupational Hygiene</td>
<td>9</td>
</tr>
<tr>
<td>I</td>
<td>Prevention Program Training</td>
<td>10</td>
</tr>
<tr>
<td>J</td>
<td>Emergency Action Plans/Safe Schools</td>
<td>11</td>
</tr>
<tr>
<td>K</td>
<td>General Safety and Health Rules</td>
<td>12-13</td>
</tr>
<tr>
<td>L</td>
<td>Reporting, Recording &amp; Responding to Occupational Incidents, Injuries &amp; Illness</td>
<td>14-15</td>
</tr>
<tr>
<td>M</td>
<td>Medical Care for Work Related Injury/Illness</td>
<td>16</td>
</tr>
<tr>
<td>N</td>
<td>Program Evaluation &amp; Effectiveness Methods</td>
<td>17</td>
</tr>
<tr>
<td>O</td>
<td>Suggestions and Communications Programs</td>
<td>18</td>
</tr>
<tr>
<td>A</td>
<td>Supervisor Incident/Accident Preliminary Investigation Report</td>
<td>19</td>
</tr>
<tr>
<td>B</td>
<td>What to do in Case of a Work-Related Injury/Eligible Healthcare Providers’ Contact Information</td>
<td>20</td>
</tr>
<tr>
<td>C</td>
<td>Workers’ Compensation Information</td>
<td>21</td>
</tr>
<tr>
<td>D</td>
<td>Employee’s Rights and Duties…</td>
<td>22</td>
</tr>
<tr>
<td>E</td>
<td>Workers’ Compensation/Accident Report</td>
<td>23</td>
</tr>
<tr>
<td>F</td>
<td>SDIC Workers’ Compensation Medical Info Release</td>
<td>24</td>
</tr>
</tbody>
</table>
A. SAFETY POLICY STATEMENT

The Downingtown Area School District is committed to the safety and health of our employees, students, and others who may be present in our facilities. Our goal is to provide safe facilities to support the education process, working environment, and community activities.

Working safely is a basic responsibility of all employees. Employees are to perform their duties in the safest manner possible and obey safety and sanitary policies, procedures, and rules. Management, supervisors, teachers, and others in leadership roles are to review their areas of responsibility to assure that affected parties are trained, equipped, and supported in a manner that protects them from harm.

Our Safety Manual is a tool that includes procedures, responsibilities, and action plans for the safety of employees and students, and the prevention of and proper response to accidents, and the appropriate documentation of accidents. To the extent that this Manual addresses safety and sanitary conditions, health is a by-product of safe and sanitary facilities. Hence, the District is committed to the welfare and health of its employees, students and visitors.

The Safety Manual is available on the District website at the following location: www.dasd.org (under Departments, Human Resources, Benefits, Safety Zone).
B. SAFETY PROGRAM COORDINATOR DESIGNATION

One critical component in the implementation of an effective Safety program is to designate and empower a coordinator. Our Safety Coordinator is:

Name  James K. Lill, PE  Title  Director of Facilities, Planning & Management

Telephone #  610-269-8460 x6223

E-mail Address: safetycoordinator@dasd.org
C. SAFETY GOALS AND OBJECTIVES

The overall goal of the District’s Safety Program is to prevent work-related injuries and illnesses. Individual objectives are established annually to help meet that goal. Performance measures are established and indicators identified to determine if the desired results are being achieved. The status needs to be monitored periodically, with changes made where necessary to improve performance. Below is a list of goals:

1. Control or eliminate recognized hazards in the work environment that could adversely affect the safety, health, and well being of our employees, students and property.

2. Promote a high level of safety awareness, commitment, and involvement of personnel through increased communications.

3. Continually upgrade safe work practices.

4. Monitor the effectiveness of the safety program.

5. Inform and educate employees about safety and health concerns.

6. Respond to the needs in the field and implement appropriate safety and health measures in order to decrease incidents.

7. Enable employees to recognize and address hazards through training, technical assistance, new materials, and referrals.
DOWNINGTOWN AREA SCHOOL DISTRICT

D. RESPONSIBILITY ASSIGNMENTS

Everyone has some responsibility for safety. Specific responsibilities relating to the Safety program are highlighted on the next two pages.

Listed below are categories of responsibilities in which the coordinator and/or others assigned safety duties are typically involved.

General Responsibilities

Communication:
- Ensure that all employees have access to the safety related policies, procedures, rules and enforcement.
- Ensure that procedures are in place and followed to keep in touch with injured workers.
- Maintain applicable Safety Data Sheets and ensure appropriate availability.
- Maintain a Chemical Hygiene Plan and ensure appropriate availability.
- Ensure appropriate safety signage is posted.
- Ensure emergency procedures, lists of emergency personnel, and emergency telephone numbers are posted.

Reporting:
- Investigate and document all accidents as required.
- Provide safety reports as required.
- Complete and file all required accident reports.

Hazard Inspection:
- Assure that regular safety inspections of all work areas are performed by head custodians.
- Prioritize, make recommendations and complete required maintenance to eliminate unsafe or unsanitary conditions.

Accident Investigation:
- Review all accidents and reported near misses.
- Conduct thorough and prompt investigations as needed.
- Make recommendations to eliminate unsafe or unhealthy conditions.
- Follow-up to ensure recommendations have been effectively communicated.

Evaluation:
- Monitor and evaluate the effectiveness of the Safety program.
- Recommend program improvements and coordinate revisions to the program.
- Review the Safety program periodically for strengths, weaknesses, and to determine areas that need improvement.
- Review the number and types of claims submitted annually in comparison to other years as a way to determine the Safety program’s effectiveness.
D - RESPONSIBILITIES

Training:
- Conduct and/or coordinate safety related training for all employees as needed.

Overall:
- Active involvement in the Safety Program.

Specific Responsibilities

Safety Coordinator and District Safety Committee:
- Serve as the point of contact in these and other safety related areas.
- Coordinate revisions to the Safety Program and procedures.
- Ensure ideas and comments related to safety related conditions are reviewed. Establish data capturing and reporting mechanisms to monitor the effectiveness of the Safety Program.
- Work to ensure necessary funds are available for training and correction of unsafe or unhealthy conditions.
- Direct and/or assist others in taking immediate corrective action to eliminate unsafe acts or conditions.
- Determine inadequacies in safety, rules, policies, and procedures. Establish goals and objectives. Develop performance indicators and track performance versus goals.
- Recommend necessary safety related training is provided to all employees.

Management:
- Provide and/or ensure necessary safety related training is provided to all employees.
- Ensure Safety related policies, procedures and rules have been learned and are fully demonstrated and adhered to in the work environment.
- Be continuously aware of conditions within the work area and take or coordinate corrective action to eliminate any unsafe act or condition to ensure accidents will not recur.
- Review all reported accidents as needed.
- Be aware of building evacuation procedures and ensure individuals are designated to provide needed assistance to disabled personnel during emergency evacuations.
- Be aware of emergency phone numbers.

Employees:
- Ensure the safety of themselves and of those around them by performing their duties in the safest manner possible.
- Accept the responsibility to comply with and support safety related rules, policies and procedures.
- Recognize inadequacies in safety related procedures, controls, programs, or work practices and communicate them to a supervisor or the Safety Coordinator.
E. SAFETY COMMITTEE FUNCTIONS

Purpose of Workplace Safety Committees

In addition to the employee involvement methods already mentioned, DOWNINGTOWN AREA SCHOOL DISTRICT will have a safety committee in which employees are invited to participate. A safety committee is a key element to achieving continuous improvement in a safety process. The purpose of a safety committee is to oversee the implementation of the safety policy and to regularly bring workers and management together in a non-adversarial, cooperative effort to promote safety and health in the workplace. A safety committee assists the employer and makes recommendations for change regarding occupational safety and health issues in order to support the education process, working conditions, and community activities. The committee’s primary focus is to detect and correct unsafe conditions in the workplace.

Benefits of Workplace Safety Committees

The benefits of having an effective safety committee include a reduction in the number of workplace injuries and illnesses, a reduction in the hidden costs associated with workplace injuries and illnesses, and an increase in employee safety awareness in the workplace. Hidden costs can include, but are not limited to, lost time, interrupted operations, lower efficiency, reduced morale, etc. Safety costs will be directly offset by the effectiveness of the committee in reducing workplace injuries and illnesses.

Functions/Duties of Safety Committees

The specific functions of the safety committee are:

- Communication
- Reporting
- Hazard/Unsafe Condition Inspections
- Accident Investigations
- Evaluation of the Safety Program
- Training

The specific duties of the safety committee include:

1. Facilitate cooperation between an employer and employees in initiating, developing, carrying out and monitoring measures designed to ensure the health, safety and welfare of employees;
2. Assist in the resolution of occupational health and safety issues at the workplace;
3. Assist in the formulation and dissemination (in appropriate languages) of policies, practices, procedures, and training that promote health and safety at the workplace;
4. Assist with the development of accident and investigative reporting procedures;
5. Identify trends or recurring issues in order to make corrections and to implement preventative measures; and
6. Advise the employer on any proposed or actual changes to health and safety policies, practices and procedures at the workplace.

The DOWNINGTOWN AREA SCHOOL DISTRICT Safety Committee will meet a minimum of 6 times per year.
F. HAZARD IDENTIFICATION METHODS

The primary purpose of a safety inspection is to detect and eliminate potential safety hazards and conditions. A safety inspection checklist assists the Safety Coordinator or designee in conducting thorough safety inspections of their areas of responsibility. Downingtown Area School District has trained individuals who will perform these inspections. Safety inspections are completed monthly by the Head Custodian at each facility, utilizing a Facilities Checklist.

Once the Facilities Checklist is completed, one copy is provided to the building administrator at the facility of the inspection, and a second copy is maintained by the Facilities Department for the Safety Coordinator, who may share the inspection results with the Safety Committee if deemed necessary. Checklists are kept for three years. Inspections focus on the following categories:

- Electrical
- Emergency Exits
- Eyewash Station
- Fire Detection
- Fire Extinguishers
- Floor Surfaces
- HAZMAT
- Kitchen
- Outside: External sidewalks, parking lots, traffic markings & signage, playground equipment.
- Personal Protective Equipment (PPE)
- Portable Power Tools
- Utility Equipment
DOWNINGTOWN AREA SCHOOL DISTRICT

G. OCCUPATIONAL HEALTH SERVICES

This element of the Safety Manual is devoted to services available both before and after an accident or illness has occurred.

Pre-Accident or Illness

DOWNINGTOWN AREA SCHOOL DISTRICT employees have many job capacities which can create stress and tension for the employee. Management of these situations is available through open channels of communication between employee and supervisor. Various training programs are available to enhance customer relations and provide conflict resolution. Stress management and crisis management counseling via confidential evaluations is available. One resource is through Health Advocate, the DASD Employee Assistance Program.

Post-Accident or Illness

The goal of the District for a work-related accident or illness is the prompt return of the employee to the workplace and minimize the lost time away from work.

School Districts Insurance Consortium (SDIC) serves as a key resource in detailing key elements of the process including:

1) Procedures for payment of medical bills;
2) Policy concerning payment of employee wages;
3) Policies and procedures concerning “return-to-work” restricted or light duty, physical therapy, etc.; and
4) Purpose and functioning of physician panels.
Environmental factors arising in or from the workplace have the potential to cause sickness, impaired health and well being, or safety related issues. Industrial hygiene includes the development of corrective measures in order to control hazards by either reducing or eliminating the exposure. (Definition from the Fourth Edition of the National Safety and Health Council “Fundamentals of Industrial Hygiene.”)

The Safety Coordinator/Committee shall work in conjunction with administrators and employees to evaluate the work being performed at DOWNINGTOWN AREA SCHOOL DISTRICT and determine the proper measures and controls needed.

The DOWNINGTOWN AREA SCHOOL DISTRICT employees should immediately leave a work environment that is a danger to their health and safety and contact emergency response personnel and/or the Safety Coordinator.

In situations where unexpected hazards arise, the Safety Coordinator will work in conjunction with emergency response personnel to ensure the health and safety of all employees, students and visitors, which may include providing personal protective equipment, evacuation, etc.
General safety information will be provided to all new employees. New employees will also receive safety and health training specific to their job responsibilities before beginning their assigned duties. Employees will receive periodic training to enhance their knowledge, skills, attitudes and motivations concerning safety and health procedures relating to operations, processes, and specific work environments.

In addition to the general safety information, members of the Safety Committee will receive training regarding their responsibilities. This may include the following:

- Accident Investigation
- Hazard Recognition and Control
- Establishing and Maintaining Effective Safety Committees
- AED/CPR Training
When hazardous or unsafe conditions arise during the performance of your job, regardless where you are, you need to know the best way to protect yourself.

The District provides an EMERGENCY PLAN dedicated to providing for the safety and needs of all students and employees during times of emergency. This plan will be available in all classrooms and administrative offices.
K. GENERAL SAFETY AND HEALTH RULES

These rules are published for your information and to minimize the likelihood of a safety and health problem. Failure to adhere to these may result in disciplinary action.

1. Be aware of and adhere to the safety and health rules/practices established by DOWNINGTOWN AREA SCHOOL DISTRICT and conduct yourself in a safe manner.

2. Immediately report any hazardous conditions to school management.

3. Report all incidents (including near misses) and accidents, whether an injury occurred or not, to your supervisor as soon as possible.

4. Horseplay and practical jokes that may cause harm or injury while on DOWNINGTOWN AREA SCHOOL DISTRICT owned or leased property or while performing official duties are not permitted.

5. Fighting and physical force should never occur while on DOWNINGTOWN AREA SCHOOL DISTRICT owned or leased property or while performing official duties.

6. Displaying or using any weapon (or any instrument used as a weapon) or firearm (or missile-projecting device) while on DOWNINGTOWN AREA SCHOOL DISTRICT owned or leased property or while performing official duties is not permitted.

7. Use, possession, or being under the influence of alcoholic beverages or non-prescribed controlled substances while on DOWNINGTOWN AREA SCHOOL DISTRICT owned or leased property or while performing official duties is not permitted.

8. Be aware of the hazardous materials in your work area.

9. Know the location of the Safety Data Sheets and how to obtain copies. SDS books are located in the Facilities Department, and at each school building in the Main Office, the head custodian’s office, in an art room area, and in a shop area (in the secondary schools).

10. Be familiar with the emergency alarm system and evacuation procedure.

11. Know the location of any emergency safety equipment, such as AEDs, fire extinguishers.

12. Know the location of the nurse’s office and/or first aid kits.

13. Know the personal protective equipment requirements for your position and circumstances where it must be worn.

14. Know the procedure for reporting accidents (see Section L).
15. Keep your work area clean and free from slipping, tripping and all other safety and health hazards.

16. Know and use proper lifting techniques and request assistance when lifting heavy or awkward loads.

17. Use an approved and properly maintained stepladder or stepstool to reach high shelves. Move the stool or ladder as necessary to avoid stretching. You may be subject to disciplinary action for standing on chairs, desks, bookshelves or any type of furniture or counter tops.

18. Follow warning signs that caution of possible safety hazards or conditions.

19. Use handrails when walking in stairways and take one step at a time.

20. Avoid running and use caution in congested areas and at blind corners.

21. Obey traffic laws while operating a vehicle.

22. Wear seat belts at all times if driving or if a passenger.

23. Know and adhere to your responsibilities concerning policies and procedures for emergencies such as fires, bomb threats, etc.

24. Use appropriate personal protective equipment (i.e., safety glasses, safety shoes, respirators, etc.) where it is justified based upon exposure.
L. REPORTING, RECORDING, AND RESPONDING TO OCCUPATIONAL INCIDENTS, INJURIES, AND ILLNESSES

Employee Responsibilities

If you suffer a work-related injury, your health and well being are our first concern. If the injury is of a serious nature and requires the assistance of an ambulance or rescue personnel, they should be contacted immediately. If the injury is of a less serious nature, procedures listed below must be followed. Employees are to report all incidents (including near misses) to their supervisor regardless of severity or whether or not an injury occurred.

1. If you suffer a work-related injury:
   a. The first thing you MUST do is report the injury to your supervisor. S/he or a designated person in your building will provide you with an SDIC packet. SDIC, School District Insurance Consortium, is the District’s third party administrator for reporting and administering work-related incidents, injuries, and illnesses.
   b. You need to call SDIC at 1-800-445-6965 ext. 101.
   c. Contact the Benefits Office at Ext. 6114.

2. Upon reporting your injury, you will receive an instructional packet that includes forms that you must complete and return no matter how major or minor the injury. In compliance with the Workers Compensation Bureau procedures, when an injury occurs an Accident Report Form needs to be filled out the day of the accident or as soon as possible. If an accident results in a lost workday, the initial report must be made within seven (7) days of occurrence. In the event of an injury and/or claim, you must return the following forms to HR as soon as possible:
   o What to do in case of a work-related injury – Acknowledgement Form (Appendix B)
   o Workers’ Compensation Information (Appendix C)
   o Rights and Duties under PA Workers’ Comp (Appendix D)
   o Workers’ Compensation/Accident Report (Appendix E)
   o Medical Information Release (Appendix F)

3. If you suffer a work-related injury, DOWNINGTOWN AREA SCHOOL DISTRICT or our insurer will pay reasonable surgical and medical services and supplies, orthopedic appliances and prosthetics, including training in their use when needed. In order to insure that your medical treatment will be paid for by Downingtown Area School District or our insurer, you must select from the Panel of Providers listed in Appendix B and also in Section M.

4. Please call in advance for an appointment if you need treatment. You must continue to treat with one of these providers for ninety (90 days) from the date of your first visit.
L. REPORTING, RECORDING, AND RESPONDING...

5. If, after this ninety (90) day period, you still need treatment and the Downingtown Area School District has provided this list as set forth above, you may choose to continue with this health care provider, or you may choose another provider. You must notify SDIC of this action within five (5) days of your first visit to the health care provider of your choice. Your bills will be paid if you have provided proper notice and if your provider files reports as required. (These reports must be filed within ten (10) days after your first visit and at least once a month for as long as treatment continues.)

6. If one of the Panel of Providers refers you to a specialist, the Downingtown Area School District or our insurer will pay for these services as provided by law.

7. If you require a prescription for your work-related injury or disease, do not use your personal health plan prescription card. Please use the Jordan-Reses First Fill Sheet which you will receive in the claim package. When you call in your report of injury to SDIC, they will assign you a claim number. Please use this claim number when seeing a panel physician.

8. All workers’ compensation claims will be processed on behalf of the School District by:

SCHOOL DISTRICTS INSURANCE CONSORTIUM
P.O. BOX 1249
NORTH WALES, PA 19454
Phone: 800-445-6965

---

**Supervisor Responsibilities**

An accident is defined as an unexpected, undesirable event arising from an unsafe act or condition. It is the responsibility of the Supervisor to investigate all reported accidents, if an injury or property damage occurred. Failure to properly investigate and report accidents or near misses, concealing facts, or failing to obtain all the facts available interferes with accident prevention.

If an employee has an accident, or a near miss, the supervisor must complete the “Supervisor Incident/Accident Preliminary Investigation Report” (Appendix A) and send it via inter-office mail or email to the Safety Coordinator at the District’s Central Offices (safetycoordinator@dasd.org).

The key ideas to keep in mind when investigating an incident/accident are:

- Incidents/Accidents must be investigated as soon as possible (within 24 hours), since such an occurrence becomes increasingly difficult to remember and document with the passage of time.
- Determine the cause or causes of the incident/accident and report any behavior, condition, or act of negligence.

Information from the Supervisor Incident/Accident Preliminary Investigation Report form, minus any confidential information, is shared with the Safety Committee. The Committee is responsible for assuring that adequate resources are available to work safely and that employees use these resources. Information regarding methods to prevent incidents will be shared with all employees.
Panel of Providers

MedCenter 100
625 North Pottstown Pike
Exton, PA 19341
(610) 903-0640
Area of Specialty: Occupational Medicine

Chester County Medical Associates
Leonard Giunta, DO
Downtown Professional Building
797 East Lancaster Avenue, Suite 17
Downingtown, PA 19335
(610) 259-6155
Area of Specialty: Family Medicine

Advanced Orthopaedics Assoc. of PA
Drs. Lyons and Manta
479 Thomas Jones Way, Suite 300
Exton, PA 19341
(610) 280-9999
Area of Specialty: Orthopedics

NovaCare Rehabilitation
113 Arrandale Boulevard
Exton, PA 19341
1 (866) 723-NOVA (central scheduling)
Area of Specialty: Physical Therapy

One Call Medical
For the nearest facility contact:
1 (800) 453-0574
Area of Specialty: MRI/EMG/X-Ray/CT scan

Occupational and Travel Health
Paoli Pointe Medical Building
11 Industrial Boulevard, Suite 103
Paoli, PA 19301
(684) 555-1293
Area of Specialty: Occupational Medicine

Aksu Orthopedic and Spine Center
Kenan Aksu, DO
390 Waterloo Boulevard, Suite 200
Exton, PA 19341
(610) 594-2009
Area of Specialty: Orthopedics

Levin Luminais Eye Associates
3000 CG Zinn Road
Thorndale, PA 19372
(610) 384-9100
Area of Specialty: Ophthalmology

In Motion Physical Therapy
20 Country Club Drive
Downtown, PA 19335
(610) 516-9100
Area of Specialty: Physical Therapy

For Prescriptions: Please use your JordanReses card at your local pharmacy to bill SDIC directly (Giant, CVS, Rite Aid, Walgreens, Wal-Mart, Acme)

The Occupational Health Center
915 Old Fern Hill Rd., Building A, Suite 3
West Chester, PA 19380
(610) 738-2450
Area of Specialty: Occupational Medicine

Chester County Orthopaedic Assoc.
915 Old Fern Hill Rd., Building A, Suite 1
West Chester, PA 19380
(610) 692-6280
Area of Specialty: Orthopedics

Christopher Stephens, DC
62 Jennifer Drive
Chester Springs, PA 19425
(610) 524-9333
Area of Specialty: Chiropractic

Brandywine Physical Therapy
3555 E. Lincoln Highway
Downtown, PA 19335
(610) 873-0404
Area of Specialty: Physical Therapy

For Durable Medical Equipment:
MSC Equipment & Device Management
1 (800) 848-1989
Equipment: wheelchairs, walkers, crutches, TENS units, orthotics & prosthetics, etc.

*Please note that if you need to seek medical attention for your work related injury or illness, you must select from one of the health care providers listed in the Panel of Providers. You must continue to treat with one of these providers for ninety (90) days from the date of your first visit.
The Safety Committee will evaluate the effectiveness of the Safety Program as follows:

1. Review/Evaluate the Safety Program periodically.
2. Make necessary revisions to the Safety Program.
3. Review the number of claims submitted annually in comparison to other years as a way to determine the Safety Program's effectiveness.
4. Utilize information obtained from accidents, investigations and employee feedback to identify cause and prompt corrective work practices to prevent a reoccurrence of such accidents.
5. Establish goals and objectives at least annually.
Identifying and eliminating unsafe acts or conditions are key factors in ensuring the safety and health of all employees of DOWNINGTOWN AREA SCHOOL DISTRICT, our students, and others who may have access to our facilities. While the School District has the resources of the School Districts Insurance Consortium (SDIC), local law enforcement and emergency response personnel, and others to draw upon, your input and suggestions are a vital part of our efforts to prevent injuries and illnesses.

Suggestions for improving the safety and health programs of our school district can be made in many ways. An easy way to report ideas is by e-mail. Contact the Safety Coordinator at safetycoordinator@dasd.org. All suggestions will be addressed as quickly as possible.
SUPERVISOR INCIDENT/ACCIDENT PRELIMINARY INVESTIGATION REPORT
(To be completed by Supervisor within 24 hours of any occurrence, including a near miss,
and forwarded to the Safety Coordinator via inter-office mail or by email,
safetycoordinator@dasd.org; keep a copy for your file.)

DOWNINGTOWN AREA SCHOOL DISTRICT

Name/Title of Injured Employee: _____________________________________________

Date/Time of Incident/Accident: _____________________________________________

Building/Address where Incident/Accident Occurred: ___________________________

________________________________________________________________________

Specific Location of Incident/Accident in Stated Building: _______________________

________________________________________________________________________

Brief Description of How the Incident/Accident Occurred: _______________________

________________________________________________________________________

Indicate Body Part(s) Affected: _____________________________________________

If Unsafe Condition Led to this Incident/ Accident, Provide Recommended Corrective Action:
________________________________________________________________________

________________________________________________________________________

Witness(es) to Incident/Accident? Please provide names:
1) __________________________________________

2) __________________________________________

3) __________________________________________

Supervisor Name/Title: ____________________________________________________

Date: ________________________________

Additional Comments: ______________________________________________________

________________________________________________________________________

Note: This Incident/Accident Report applies ONLY to DASD Faculty and Staff. Incidents or accidents
affecting students need to be reported to/followed up by the School Nurse.

This report does not take the place of an employee completing the necessary paperwork for SDIC and DASD.
If you suffer a work-related injury, your health and well being are our first concern. If the injury is of a serious nature and requires the assistance of an ambulance or rescue personnel, they should be contacted immediately. If the injury is of a less serious nature, the following procedures must be followed:

1. If you suffer a work-related injury, the first thing you MUST do is report the injury to your supervisor. S/he or a designated person in your building will provide you with an SDIC packet. You can call "First Step" @ 1 (800) 445-6965 ext. 101. You must also call Kimberlee Gardner, Benefits Coordinator.

2. If you require a prescription for your work-related injury or disease, do not use your personal health plan prescription card. Please use the JordanReses First Fill Sheet which you will receive in the claim package. When you call in your report of injury to SDIC, they will assign you a claim number. Please use this claim number when seeing a panel physician.

3. If you suffer a work-related injury, Downingtown Area School District or our insurer will pay reasonable surgical and medical services and supplies, orthopedic appliances and prosthetics, including training in their use when needed. In order to ensure that your medical treatment will be paid for by Downingtown Area School District or our insurer, you must select from one of the health-care providers listed below for your initial care.

**Occupational and Travel Health**
- Paoli Poinite Medical Building
- 11 Industrial Boulevard, Suite 103
- Paoli, PA 19301
- (610) 955-1293
- Area of Specialty: Occupational Medicine

**Aku Orthopedic and Spine Center**
- Kenan Aku, DO
- 390 Waterloo Boulevard, Suite 200
- Exton, PA 19341
- (610) 954-2009
- Area of Specialty: Orthopedics

**Levin Luminance Eye Associates**
- 3000 CG Zinn Road
- Thorndale, PA 19372
- (610) 384-9100
- Area of Specialty: Ophthalmology

**In Motion Physical Therapy**
- 20 Country Club Drive
- Downingtown, PA 19335
- (610) 518-9100
- Area of Specialty: Physical Therapy

**For Prescriptions:** Please use your JordanReses card at your local pharmacy to bill SDIC directly (Giant, CVS, Rite Aid, Walgreens, Wal-Mart, Acme).

4. Please call in advance for an appointment if you need treatment. You must continue to treat with one of these providers for ninety (90 days) from the date of your first visit.

5. If, after this ninety (90) day period, you still need treatment and the Downingtown Area School District has provided this list as set forth above, you may choose to continue with this health care provider, or you may choose another provider. You must notify Kimberlee Gardner, Benefits Coordinator of this action within five (5) days of your first visit to the health care provider of your choice. Your bills will be paid if you have provided proper notice and if your provider files reports as required. (These reports must be filed within ten (10) days after your first visit and at least once a month for as long as treatment continues.)

6. If one of the health care providers listed above refers you to a specialist, the Downingtown Area School District or our insurer will pay for these services as provided by law.

All workers' compensation claims will be processed on behalf of the School District by:

**SCHOOL DISTRICTS INSURANCE CONSORTIUM**
- P.O. BOX 1249
- NORTH WALES, PA 19454
- Phone: (800) 445-6965

ACKNOWLEDGMENT: I have been informed of and understand my rights and duties as specified herein.

Signature: ___________________________________________ Date: ___________________________

Please Print Name: ___________________________________ Date: ___________________________

*At the time of distribution, this information is accurate to the best of our knowledge. This panel is subject to change based on information received from the medical provider.*

---20---
Workers' Compensation Information

(1) The workers' compensation law provides indemnity benefits (wage loss) and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.

(2) Your employer is required to pay benefits when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers' compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for the treatment of injured employees or for the administration of first aid.

(3) You should report any injury or work-related illness as soon as possible to your employer and to your Workers' Compensation service provider as directed. Your benefits could be delayed or denied if you do not notify your employer immediately.

(4) You have the right to request a hearing before a workers' compensation judge if your employer denies your claim.

(5) The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information at:

Bureau of Workers' Compensation
1171 South Cameron Street, Room 103
Harrisburg, Pennsylvania 17104-2501

Telephone number within Pennsylvania (800) 482-2383;
Telephone number outside of this Commonwealth (717) 772-4447;
TTY (800) 362-4228 (for hearing and speech impaired only)

www.state.pa.us PA Keyword: workers comp

ACKNOWLEDGEMENT

I hereby acknowledge below receipt of the "Workers' Compensation Information" form by my employer _________________________________ on __/__/____ (date).

Employee Signature _________________________________ Dated _________________________________
EMPLOYEE'S RIGHTS AND DUTIES UNDER SECTION 306(F.1) OF THE PENNSYLVANIA WORKERS' COMPENSATION ACT

If you are injured while at work and need medical treatment, you are required to visit one of the health care providers on the list designated by your employer. This duty continues for 90 days from the date of your first visit with a provider on that list, or from the date of any emergency treatment, whichever is earlier.

All reasonable and necessary medical treatment and supplies (such as medicines and prosthetics) that you need as a result of the injury will be paid for by the employer if the treatment is prescribed by a designated health care provider during the 90 day period. Charges for treatment and supplies are specified by the Workers' Compensation Act. You are not responsible for paying any charges that exceed those specified by the Act.

During the 90 day period, you may change from one designated health care provider to another provider on the list, and the treatment will be paid for by the employer.

If the designated health care provider refers you to a non-designated provider, the employer will pay for the treatment by the non-designated provider.

You have the right to obtain emergency medical treatment from a non-designated physician or health care provider. However, any subsequent non-emergency treatment must be provided by a designated health care provider for the remainder of the 90 day period.

If a designated health care provider recommends invasive surgery, you may obtain a second opinion from a health care provider of your choice. Your employer will pay for the cost of this opinion. If this opinion differs from the opinion of the designated health care provider and sets out a specific and detailed course of treatment, you may elect to undergo this treatment. The treatment, however, must be provided by a designated health care provider for 90 days from the date of the visit to the non-designated health care provider.

After the 90 day period has ended, you have the right to seek treatment from any physician or health care provider. Your employer will pay for this treatment if it is reasonable, necessary, and related to your work injury. However, you must notify your employer of treatment by a non-designated health care provider within 5 days of your first visit to this provider. Your employer is not required to pay for treatment by a non-designated health care provider before you give this notice. Once you have given this notice, your employer shall pay for this treatment unless the treatment is found to be unreasonable or unnecessary, or unrelated to your work injury.

By signing this form, you acknowledge your rights and duties. You may not refuse to sign this form in order to avoid your duties.

If you have any questions, please feel free to contact the Bureau of Workers' Compensation at 1-800-482-2383 or (717) 783-5421.

I acknowledge that I have been informed of and understand the above rights and duties.

__________________________  ________________________
Employee Signature        Date

__________________________
Employer's Representative Signature
WORKERS' COMPENSATION/ACCIDENT REPORT

Please complete all areas of the report. This includes insuring that the witness and supervisor sections are completed. Otherwise, may be returned to you, which will delay the processing of your claim.

If you are unable to return to work because of your injury, you must contact the Benefits Office by the following business day. Failure to do so may jeopardize your claim.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Soc. Soc. #:</th>
<th>Date of Hire:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Phone Number (include area code)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position or Title:</td>
<td>Building Location:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School District: Downingtown Area School District</td>
<td>Other Employer(s):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>126 Wallace Ave Downingtown, PA 19335</td>
<td>Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact: Kim Gardner - 610-266-8460 x6114</td>
<td>Position:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date/Time of Accident:</td>
<td>Accident Reported to:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location of Accident:</td>
<td>Nature of Injury:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe Accident/Injury (what were you doing? how did the injury occur? what was the cause?):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you stop work or lose time due to accident/injury?:</td>
<td>YES NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If YES, when did you return to work:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you receive medical treatment?:</td>
<td>YES NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you still under treatment?:</td>
<td>YES NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If YES, Date of first treatment:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name and Address of physician and/or hospital who treated the injury:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>List any recommendations to prevent recurrence:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Signature:</td>
<td>Date:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

WITNESS' REPORT

 Witness' Name: (Please Print) |

To the best of my knowledge, this accident occurred as reported by the claimant. YES NO |

If you are unable to confirm the claimant’s version of the accident, please explain why: |

Witness’ Signature: | Date: |

SUPERVISOR'S REPORT

Supervisor's Name: (Please print) |

This employee reported the above incident to me on: |

To the best of my knowledge, this accident occurred as reported by the claimant. YES NO |

If you are unable to confirm the claimant’s version of the accident, please explain why: |

Supervisor's Signature: | Date: |
SDIC WORKERS' COMPENSATION MEDICAL INFORMATION RELEASE

EMPLOYER #: ______________________ CLAIM #: ______________________

EMPLOYEE'S NAME: ____________________________________________

EMPLOYEE'S SOCIAL SECURITY NUMBER: _______________________

NAME OF SCHOOL DISTRICT: _______________________________

Dear Medical Services Provider:

This will authorize you to disclose to SDIC (School Districts Insurance Consortium), or its representatives, any and all information that you may have regarding my condition while under your treatment at any time. This authorization specifically includes my medical history findings, consultations, prescriptions, treatments, x-rays, special consultation reports, diagnosis, prognosis and copies of all hospital records and/or medical records from whatever source.

A photostatic copy of this Medical Release shall be considered as effective and valid as the original.

EMPLOYEE'S SIGNATURE: ___________________________ DATE: _____________

HOME ADDRESS: __________________________________________

________________________________________________________

________________________________________________________

EMPLOYEE'S HOME TELEPHONE NUMBER: ( ) ________________
Publication of the
Downingtown Area School District
Safety Committee
Amended January 2015