

**SOUTH KITSAP SCHOOL DISTRICT #402**

**ACCIDENT PREVENTION  
PROGRAM**

**Michelle Reid, Ed.D  
Superintendent**

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## **SOUTH KITSAP SCHOOL DISTRICT #402**

### **SAFETY AND HEALTH STATEMENT**

South Kitsap School District believes in the dignity and importance of the individual employee and his or her right to derive personal satisfaction from the job. As stated in South Kitsap School District Policy 6511:

“Accidents are undesirable, unplanned occurrences which often result in bodily harm, loss of school time, property damage, possibly expensive legal action, and even death. It is therefore the policy of the Board to take every reasonable precaution for the safety of the students, employees, visitors, patrons, and all others having business with the school district. The Board believes that safety is important to everyone concerned with our schools, not only as a protective measure during school hours, but also as an instructional means of developing an appropriate mode of behavior to minimize accidents at all times.”

The District has established an accident prevention program that emphasizes the integration of safety and health measures into each job task so safety/health and job performance become inseparable. To be successful, this program requires the cooperative efforts of all employees.

Safety orientation for new and transferred employees, timely and appropriate training, a management/employee safety committee, an active self-inspection program, proper mechanical guards, and personal protective equipment will be some of the tools used to reduce work hazards and create the lowest possible industrial accident rates.

By accepting this mutual responsibility to operate safely, we will all contribute to the well-being of the South Kitsap School District family.

A handwritten signature in black ink, appearing to read 'Michelle Reid', is written over a horizontal line.

Michelle Reid, Ed.D  
Superintendent

## **INTRODUCTION**

The procedures stated in this manual have been provided in accordance with state and federal regulations and board policy and are intended to be both a guideline and a basic reference for all employees.

No safety manual alone ever reduced accidents. Rather, it is intended that this material be used as a tool to minimize accidents and improve working conditions and our work efficiency.

# **SAFETY AND HEALTH** **EDUCATION AND TRAINING**

**Purpose:** Safety and health education programs will be provided to employees in an effort to increase awareness of accident cause factors, to demonstrate the District's concern for the individual employee, and to promote acceptance of safety and health regulations by presenting accident prevention as a positive, desirable, and integral part of all employment activities.

**Procedure:** The District will provide a systematic accident prevention program for employees, which will provide job related training and familiarize employees with safety and health requirements.

**Types of Training** First-aid training will be provided for designated employees to assure that first-aid certified individuals are available at work sites. Specific training will be provided for certain jobs and types of equipment. Some programs include, but are not limited to:

## **General Safety Training:**

- Back Injury Prevention
- Prevention of Slips and Falls
- Ladder Safety
- Eye Safety
- Hearing Conservation
- Bloodborne Pathogens
- Lockout/Tagout
- Respirator
- Fall Prevention
- Confined Spaces Entry

## **Specific Equipment Training:**

- Complex Machinery, i.e., gang mowers, offset presses, large vehicle operation, fork lift operation
- Chemical Usage/Instructions
- School Bus/Fleet Vehicle Operation
- EPA Pesticide Applicator Certification
- AHERA-Required Designated Person Certification
- AHERA-Required Building Inspector Certification
- AHERA-Required Custodial and Maintenance Worker Awareness Training
- L & I Asbestos Worker Certification Course (Various Levels)

## **RESPONSIBILITIES**

**ADMINISTRATORS:** Each work site administrator is responsible for implementing safety and health procedures within their area of responsibility. Other responsibilities include, but are not limited to:

- Delegate authority to appropriate personnel and hold them accountable for accident prevention and reporting procedures as specified herein.
- Ensure that safety orientation training occurs on an on-going basis.
- Ensure compliance with OSHA 300, which requires prompt reporting of all fatalities or multiple hospitalization accidents.
- Recommend/provide personal protective equipment required to safely accomplish tasks.

The safety and health of employees is a serious responsibility for each administrator. To meet this obligation they shall:

- Ensure that all safety and health rules, standards, and procedures are observed.
- Orient and train employees in safe and efficient work methods.
- Monitor behaviors to ensure that safe and efficient work methods are utilized.
- Follow-up on suggestions offered by employees and the building safety and health committee for the improvement of work-site safety.
- Promptly report/investigate all accidents that require medical treatment. Send a completed copy of the Form 79 – Accident/Incident Report to the District Safety Office within 24 hours, or the next working day, from the time the supervisor first learns of the accident/injury.
- Ensure personal protective equipment is appropriately utilized by employees at all times.

**EMPLOYEES:** It is the responsibility of all employees; including administrators; to perform all work assignments with safety and accident prevention in mind. This shall include, but not be limited to:

- Observe all District safety and health rules. Apply the principles of accident prevention in day-to-day duties.
- Promptly report any job-related injury, illness, or property damage to a supervisor immediately. In the case of job-related injury or illness, seek appropriate treatment immediately.
- Promptly report hazardous conditions (unsafe equipment, floors, material) and unsafe acts to a supervisor, the safety committee representative, or the Facilities Department immediately.
- Observe all hazard warnings.
- Refrain from any use of prohibited substances.
- Keep aisles, walkways and working areas clear of slipping/tripping hazards.
- Know the location of fire/safety exits and evacuation procedures.
- Keep all emergency equipment such as fire extinguishers, fire alarms, fire hoses, exit doors, and stairways clear of obstacles.
- Refrain from reporting to work under the influence of alcoholic beverages or drugs, and from consuming them while on district premises.
- Refrain from fighting, horseplay, or any behaviors that distract other workers.

- Operate only equipment for which the employee is authorized and properly trained. Observe safe operating procedures for this equipment.
- Walk safely at all times on district premises. Running is prohibited.
- Follow proper lifting procedures at all times.
- Ride only in motor vehicles equipped with a rider's seat. Always wear a seat belt in vehicles so equipped.
- Be alert to see that all guards and other protective devices are in their proper places prior to operating equipment.
- Refrain from wearing frayed, torn, or loose clothing, jewelry, or long unrestrained hair near moving machinery or other sources of entanglement or around electrical equipment.
- Actively support and participate in the District's safety and health programs.

**The District reserves the right to enforce the above responsibilities and take disciplinary action, if necessary, to ensure compliance.**

## **SAFETY ORIENTATION**

**Purpose:** A safety orientation program shall be provided to all persons hired into regular positions with the District. This program will include, but not be limited to:

- An introduction of district/department safety policies, procedures, and rules.
- A general safety briefing.
- A tour of the assigned facility to acquaint the employee with the work operation.
- Training on specific equipment relative to the position assigned.
- Training on specific safety related materials, including hazardous materials.

**Procedure:** An orientation checklist which includes safety related requirements will be completed with Human Resources when an employee is first hired. Additionally, a two-part Safety Orientation Checklist is also provided to the employee at this time to be completed with their Department or Building Supervisor. The Part 1 Checklist will be completed by checking each item as it is covered. The Part 2 Checklist will be used to document additional required training that is unique to an individual position or job description. The Human Resources Department, with the assistance of the employee's supervisor, will indicate at the time of hire or transfer which of the various employee safety awareness training programs the employee will be required to attend. The person responsible for providing this additional training or information will sign and date in the area provided when this task is completed. The original of the Part 1 and Part 2 checklists shall be sent to Human Resources Department for inclusion in the employee's personnel file and a copy will be retained by the employee's supervisor as an on-site reference. The Employee Responsibility List on page 6 and 7 of this document will also be reviewed with the employee by the employee's supervisor. New employees will be trained on the location of the District Safety Program website and how to access the MSDS On-line and SafeSchools Program electronically.



# **SOUTH KITSAP SCHOOL DISTRICT #402**

## **SAFETY ORIENTATION CHECKLIST**

### **PART 1**

*Please Print*

Employee's Name \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Position \_\_\_\_\_ Location \_\_\_\_\_

Date Hired or  
Transferred \_\_\_\_\_

**Please check off items as you review them with the employee.**

1. \_\_\_\_\_ Review how and when to report injuries. Report on-the-job injuries immediately to your supervisor, and if hospitalization is required, to the District Safety Office.
2. \_\_\_\_\_ Familiarize employee with the location of first-aid facilities and supplies.
3. \_\_\_\_\_ Review 1) District Policy #6511; 2) any additional safety rules or procedures directly related to the employee's department or job site; and 3) the employee's building safety committee operations.
4. \_\_\_\_\_ Review procedures for reporting unsafe conditions and practices to a supervisor, building safety committee member, or the District Safety Office.
5. \_\_\_\_\_ Review the care and use of personal protective equipment, when applicable.
6. \_\_\_\_\_ Review potential hazards and safe work practices to be followed while on the job.
7. \_\_\_\_\_ Explain what to do in the event of emergencies including reporting procedures, exit locations, evacuation routes, and any other specific procedures.
8. \_\_\_\_\_ Explain and demonstrate proper lifting techniques.

**I have instructed this employee in the safety item(s) checked and feel that he/she can be reasonably expected to perform his/her duties safely.**

**Supervisor or Designee Signature**

**Date**

**Employee Signature**

**Date**

**Supervisor, upon completion, return the original of this document to the Human Resources Department and maintain a copy on-site.**

# **SOUTH KITSAP SCHOOL DISTRICT #402**

## **SAFETY ORIENTATION CHECKLIST**

### **PART 2**

*Please Print*

**Employee's Name** \_\_\_\_\_

**Position** \_\_\_\_\_ **Location** \_\_\_\_\_

**Date Hired or Transferred** \_\_\_\_\_

The person conducting the employee orientation or awareness training needs to sign and date this checklist in the location provided below. Personnel Services or the employee's supervisor will check the box provided for those items required according to the employee's job description. Items 1, 2, 3, and 4 are to be considered mandatory for all new employees. Item 11 is available for specific training not listed.

<b>Procedure</b>	<b>Required Y/N</b>	<b>Orientation or Training Date</b>	<b>Person Conducting Orientation/Training</b>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____

**Employee's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Supervisor's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**The employee's supervisor shall retain this document until the employee has completed the required awareness training programs, at which time the original of this document must be returned to the Human Resources Department for inclusion in the employee's personnel file. A copy should be maintained on site.**

## **BUILDING SAFETY COMMITTEES**

### **(WAC 296-800-130, 296-800-13020, 296-800-13025)**

**Purpose:** To assist in the detection and elimination of unsafe conditions and work procedures, a Safety Committee will be established at each work site. The safety committee shall be comprised of representation from employees and management.

**Procedure:** The Safety Committee shall follow guidelines which shall include, but not be limited to:

1. Employees shall elect fellow workers to represent them on the Committee.
2. The method of voting for representatives shall be site determined.
3. The terms of employee-elected members shall be a maximum of one year. Employees may be re-elected to a consecutive term.
4. Should a vacancy occur on the Committee, a new member shall be elected.
5. The chairperson shall be elected by the committee.
6. Meetings will be held on a monthly basis during the school year, or more often if necessary.
7. The date, hour, and location of meetings shall be determined by the Committee.
8. The length of each meeting should generally not exceed one (1) hour except by majority vote of the Committee and with prior approval of the site administrator.
9. The attendance and subjects discussed shall be documented in writing as minutes and maintained on file at the site for a period of one (1) year. Copies of all minutes shall be sent to the District Safety Office and posted on the site safety bulletin board.

**Scope of Activities for the Committees:** The Committee's scope shall include, but not be limited to:

1. Work in cooperation with the site administrator and conduct in-house safety inspections.
2. As requested, assist in accident investigation to mitigate safety hazards and uncover unsafe trends/operations.
3. Review incidents to determine means of prevention and elimination.
4. Evaluate employee suggestions.
5. Review work procedures and recommend changes for safety enhancement.
6. Monitor the site's safety program effectiveness.
7. Review and assist in the correction of any violations noted during fire department, insurance company, or District Safety Office inspections.
8. Promote and publicize the District's safety programs.
9. Monitor to ensure that training and orientation programs occur as required.

## **SAFETY COMMITTEE INSPECTIONS**

**Purpose:** Accident prevention activities need to be reinforced through a systematic process aimed at minimizing physical hazards within the workplace. The District feels the best way to eliminate exposure to these hazards is through a plan of self-inspection by the site Safety Committee.

**Procedure:** The following guidelines will be followed in conducting site inspections: Members of the safety committee will, on a routine basis, conduct an inspection of their respective work areas to determine if hazardous conditions and/or practices exist. All hazards noted shall be documented and reported to the appropriate supervisor. Sources which can be consulted or utilized in conducting these inspections include:

- WAC 296-24-005 - WISHA General Safety and Health Standards.
- WAC 296-800 – Safety and Health Core Rules
- Employee suggestions.
- Previous accident experience of the facility.
- Information received from building inspections conducted by the District's insurance carrier, the local fire department, and the District Safety Office.
- The Site Inspection Checklist can be found in Appendix B.

Findings of the site inspections will be reviewed and discussed at the next scheduled Safety and Health Committee meeting. Unresolved problems resulting from these inspections will be forwarded to the appropriate supervisor and, if necessary, to the District Safety Office for additional actions.

### **Follow-up to committee recommendations may be accomplished by one of the following options:**

- Carrying out the recommendations.
- Explaining why no action is recommended.
- Proposing an alternative.
- All actions should be reported to appropriate personnel.

## **SAFETY BULLETIN BOARD**

### **(WAC 296-800-19005)**

**Purpose:** A safety bulletin board is an excellent method to increase the safety and health awareness of all employees, as well as to communicate the importance of safety in the work and school environment.

**Procedure:** The following considerations should be made to maximize safety bulletin board effectiveness:

- Safety boards are mandatory for any building or department with 8 or more employees.
- The bulletin board should be located where there is the greatest employee exposure (lunchroom, break room, etc.).
- Postings should be arranged in a manner that is easily read.
- Posters, safety committee minutes, and other information that becomes dated or worn out should be changed periodically.
- A specific safety bulletin board, or a portion of an existing board, should be designated and reserved **EXCLUSIVELY** for safety related material. It is recommended that a clearly defined minimum area, no less than 4' by 4', be utilized for this purpose.
- The site supervisor and the building safety chairperson shall be designated to ensure the safety board is maintained as outlined.

**The following items are required to be posted:**

- WISHA Job Safety and Health Protection Poster #F-416-081-909
- Notice to Employees Industrial Self-Insurance Poster #F-207-037-909
- Maternity and Child Care Leave and Rights as a Worker Poster #F-700-074-909
- Current copy of building Safety Committee Minutes
- Any citation or notice issued by the Department of Labor and Industries.

# **ACCIDENT/INCIDENT INVESTIGATION AND REPORTING**

**Definition and Purpose:** ALL ACCIDENTS, no matter how minor, shall be reported **PROMPTLY** to the immediate supervisor for evaluation or investigation. Since every accident includes a sequence of contributing causes, it is possible to avoid a repeat performance of the first event by recognizing and eliminating those causes. The removal of just a single cause can prevent a recurrence. During an evaluation the supervisor must determine the possible consequences that could take place if the situation is not corrected and take appropriate action based upon those findings (i.e. investigate, report, correct, etc.).

**Medical Emergency Procedure:** Emergency medical assistance will be called promptly when an employee needs immediate medical attention beyond the capabilities available in the workplace. **911** is the telephone number for police, fire, and first aid. If appropriate, a staff member may accompany the employee to the doctor or hospital.

## **Medical Injury Documentation Procedures:**

- If an employee is injured, the employee is required to report the accident to their supervisor as soon as possible and fill out a District Employee Accident/Incident Report Form 79. This needs to be sent to the Facilities Department within 24 hours.
- If medical treatment is required, the employee must also obtain a SIF-2 (Self-Insurer Accident Report Form) and a PIR (Physicians Initial Report Form) from the Business Services Office or the Facilities Department.
- An SIF-2 form must be completed by the employee if the on-the-job injury requires medical treatment and/or loss of time from work. **THIS FORM MUST BE COMPLETED AS SOON AS THE EMPLOYEE CHOOSES TO SEEK MEDICAL TREATMENT.** The yellow, green, and white copies of the SIF-2 are sent to the District Payroll Department and the pink copy is retained by the employee.
- A PIR form is taken by the employee to the treating physician or medical facility. The employee answers the patient information section of this form only. The treating physician or medical practitioner will forward the PIR to our insurance administrator.
- A return to work following an injury that required medical treatment shall only be allowed with a physician's approval.

**Blood or Bodily Fluid Exposures:** It is the intent of the District to provide a safe environment for employees and students. As such, all employees of the school district are required to know and follow "Universal Precautions" as described in the Washington State "Infectious Disease Control Guide for Schools." Specific training on this subject will be provided as part of the orientation process. Employees are required to update their training on this topic annually using the online SafeSchools Program.

The Washington State Department of Labor & Industries (L & I), currently provides the following definitions for "Bloodborne Pathogens" and "Exposure Incidents":

**“Bloodborne Pathogens”**-means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

**“Exposure Incident”**-means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee’s duties.

**Based on the previous definitions, the following directions must be strictly adhered to when handling an exposure incident:**

- If an employee has a bodily fluid exposure incident, he/she should immediately report the incident to their supervisor and complete a Form 79 - Accident/Incident Report. The employee should then contact the Business Services Office at 360-874-7013 and/or the Facilities Safety Office at 360-874-6000.
- When completing the Form 79 check “yes” under Step 3: Blood/Bodily Fluids Exposure.
- If there is a reasonable belief that an employee has an exposure but the employee declines a medical evaluation, the employee **MUST** sign the waiver Form 79A and send the form to the Safety Office within forty-eight (48) hours of the incident, along with the completed Form 79.
- If the incident involves an exposure and the employee does desire to a medical evaluation, they must also complete an SIF-2 and send it in to the Business Services Department.
- The employee will provide a Form 79B to the medical evaluator to be completed and returned to the Business Services Department within 15 days of the exposure.

If an employee believes he/she has been exposed and their supervisor is unavailable and/or they are unable to obtain an SIF-2 Information Packet, they should still obtain a medical evaluation. They can file the paperwork later.

**Accident/Incident Investigation:** In all medically treated injury or bodily fluid exposure cases, once the supervisor is satisfied the necessary medical attention has been provided; he/she shall promptly investigate the accident/incident. This investigation is necessary in order to determine the cause of the accident/incident, thereby insuring that proper precautions and/or procedures are in place to prevent a reoccurrence.

This investigation shall be documented on District Form 79C "Supervisors Investigation of An Accident". A copy of the completed Form 79C shall be sent to the Safety Office at the Facilities Department and Business Services Department.

In performing the investigation, the supervisor may request the assistance of the building Safety Committee or the Safety Office at the Facilities Department.

The site administrator, along with the building safety committee, shall evaluate the accident investigation to determine if the cause of the unsafe acts or conditions involved was properly identified and corrected.

**Reporting Injuries to Labor & Industries:** In the event of a major injury (fatality or multiple hospitalizations), the Superintendent and appropriate Building Administrator, as well as the Facilities Department, Supervisor, and Building Safety Chairperson are to be notified **immediately** by the person in charge. In these cases an investigation under the direction of the top management official present will be promptly conducted. This investigation team will consist of the top departmental management persons available, the supervisor of the injured worker(s), and if available, a representative of the building Safety and Health Committee.

In the unfortunate case of a fatality, or if two or more employees are hospitalized, the person in charge shall report the accident to the nearest office of the Department of Labor & Industries, Bremerton phone 360-415-4000, within eight (8) hours after the occurrence of the accident. This report shall relate the circumstances, the number of fatalities, and the extent of any injuries.

**NOTE:** Any equipment involved in an accident resulting in an immediate fatality is **not** to be moved until a representative of the Department of Labor & Industries investigates the accident and authorizes its removal. If, however, it is necessary to move the equipment to prevent further accidents or to remove the victim, the equipment may be moved as required.



## **HAZARD REPORTING**

**Purpose:** To provide each employee the opportunity to report, without fear of reprisal, any unsafe act, conditions, or procedures they may observe.

**Procedure:** Employees will report hazards to either their immediate supervisor or the site Safety Committee. Hazards may be submitted in writing or orally, and may also be submitted anonymously. The supervisor or Safety Committee will review, validate, and take corrective actions on valid hazards. The originator will be notified of any action taken or plan for the abatement of the hazard. Action on hazard reports will be covered in the Safety Committee meeting minutes.

# **HAZARD COMMUNICATION PROGRAM**

## **“Right to Know” (WAC 296-800-170)**

**Purpose:** The District Hazard Communication program was developed to ensure that employees are informed of the chemical hazards associated with products used in their work areas.

**Procedures:** Upon hire, employee’s initial training will be provided using SafeSchools Training modules on the Hazard Communication Program during the orientation/job safety training conducted by their supervisor. At that time, employees will be informed of any hazard which may exist in relation to the products the employee will use in the performance of their assigned tasks. The Safety Data Sheets (SDS’s) or Material Data Safety Sheets (MSDS) are used to show potential health hazards, first aid treatment, required personal protective equipment, and actions to take in the event of a safety incident. Whenever a new product is introduced into the work area, training will be conducted with affected personnel. These are available through our district website’s MSDS on-line.

[www.skitsap.wednet.edu](http://www.skitsap.wednet.edu) Click on the “For Staff” tab highlighted below



This will open the “Staff Resources Page”. Click on the “MSDS Online” as highlighted below.



You will then be required to enter your district user name and password.

## **EMERGENCY ACTIONS**

**Purpose:** To inform employees of the actions which need to be taken during emergency situations.

**Procedures:** Employees will be provided training on appropriate emergency responses during the initial orientation/job safety training conducted by their supervisor. Additional information/training will be provided as improvements or modifications are made. The emergency evacuation routes and locations of fire extinguishers for the facility are indicated in Appendix "A." These building maps can also be found at the main entrance of each facility.

# **PERSONAL PROTECTIVE EQUIPMENT**

**Purpose:** To provide employees with protective equipment while performing tasks which present a potential for injury.

**Procedure:** During the initial orientation and safety training, employees, whose position requires the use of personal protective equipment, will be provided appropriate safety instructions by their supervisor or other competent person. The instruction will include the issuance of, and the requirement for use, care, and maintenance of personal protective equipment.

The District will provide **required** Personal Protective Equipment (PPE), and replace said equipment if it becomes damaged, or deteriorated through normal use.

Employees are required to properly wear all PPE needed to safely perform assigned tasks.

Employees are required to secure, clean, and otherwise maintain all PPE in a safe and usable condition. All PPE must be inspected before and after each use. Manufacturer recommendations will be followed for maintenance, inspection, and repair of all PPE.

## **Types of Protective Equipment Which May Be Required:**

Leather Gloves	When handling sharp or jagged objects, wood, or similar hazard producing items.
Goggles, Face Shields	When work produces flying objects, dust vapors, or has potential for splashing. Goggles will always be worn by Custodians when mixing cleaning chemicals.
Natural Rubber or Latex Gloves	When handling acids, alkalis, and solvents.
Plastic or Synthetic Gloves	When handling petroleum products or chlorinated solvents.
Hearing Protection	Around noise producing equipment, i.e., lawn mowers, weed eaters, power equipment, also in areas which may exceed predetermined threshold limits, i.e., music rooms, band rooms.
Hard Hats	When working in, under, or around areas where objects may fall or strike the employee on the head.
Fall Protection Equipment	Whenever work tasks identified as meeting the requirements of a fall protection program are met.

# **OCCUPATIONAL INJURY AND ILLNESS**

## **RECORD KEEPING**

**(Public Law 91-596/OMB No. 1220-0045)**

In accordance with applicable requirements of the WISHA standards, the District Safety Department will ensure that appropriate records are kept, including, maintenance of the Log and Summary of Occupational Injuries and Illness (OSHA Form #300).

### **Recordable cases include:**

1. Every occupational death
2. Every occupational illness
3. Every occupational injury that involves:
  - Unconsciousness
  - Inability to perform all phases of the regular job
  - Inability to work full time on a regular job
  - Temporary assignments to another job
  - Medical treatments **OTHER** than first aid

### **Records maintenance also includes:**

- Keep copies of all reports generated when an employee is injured on the job.
- During the month of February, post the completed Summary portion of the OSHA 300 form for the previous year.
- Maintain records for five (5) years following the year to which they relate.
- Enter each recordable injury and illness on the log as early as practicable, but no later than six (6) working days after receiving the information that a recordable case has occurred.
- In addition to the OSHA Form #300 log, a supplementary record for each occupational injury or illness (OSHA Form #301) will be maintained, if requested by L & I. Other reports, such as worker compensation forms, are acceptable alternatives for the OSHA Form #301 if they contain the information required by OSHA Form #301.

## **FIRST AID, TRAINING, KITS, & POSTERS**

It is the District's belief that persons have the right to receive first-aid medical attention immediately following an injury. To afford staff, students, and community users of district facilities immediate and effective attention should an injury occur, the following procedures shall be followed:

### **First-Aid Training:**

- WAC 296-800-15005 – Make sure that first aid trained personnel are available to provide quick and effective first aid.
- All persons in charge of staff will be first aid trained unless their duties require them to be away from the job-site, whereby other staff will be designated as the recognized first aider.
- All staff members whose job description requires them to be first aid certified will receive this training.
- Current first aid/CPR certifications will be maintained by personnel so identified in District Policy/Procedure No. 5206.

### **First aid kit locations in the District are as follows:**

- District fleet vehicles (cars/trucks/vans): Located in trunk, under front passenger seat, or on passenger kick panel
- District school buses: Located under front seat on passenger side.
- School facilities: Health rooms, PE areas, food service areas, head custodian rooms (a building map which indicates these locations for this facility is attached in Appendix "A").
- Support departments (administration, maintenance, transportation, food service/warehouse): designated areas in each facility

The site administrator and the Safety Committee are designated to ensure that first-aid kit(s) are properly maintained and stocked.

Posters listing emergency numbers, procedures, etc., will be strategically located, (such as on or beside the first aid kit, beside the telephone, etc).

### **First-Aid Supplies:**

- WAC 296-800-15020 - First aid supplies will be readily available at sites in accordance with the requirements of the WISHA General Safety and Health Standards.
- All crew vehicles used for transporting workers shall be equipped with not less than a 10 package first-aid kit.
- At least one (1) first-aid kit shall be available on work sites and other transient or short duration jobs. The size and quantity of first-aid kits shall be determined by the number of personnel normally dependent upon each kit as outlined in the following table:

**Per ANSI Z308.1-2003, First Aid Supplies should be provided as follows:**

<b><u>Number of Personnel normally assigned to work site</u></b>	<b><u>Minimum First Aid supplies Required</u></b>
1-5	10 Package Kit
6-15	16 Package Kit
16-30	24 Package Kit
31-50	36 Package Kit
51-200	First Aid Station
51-75	One 36 and One 10 Kit
76-100	One 36 and One 16 Kit
150-200	Two 36 Package Kits

**10 Package Kit**

- 1 Pkg. Adhesive Bandages, 1" (16 per pkg.)
- 1 Pkg. Bandage Compress, 4" (1 per pkg.)
- 1 Pkg. Scissors and Tweezers (1 each per kit)
- 1 Pkg. Triangular Bandage, 40" (1 per pkg.)
- 1 Pkg. Antiseptic Soap or Pads (3 per pkg.)
- 5 Pkgs. Of Consulting Physician's choice\*

**16 Package Kit**

- 1 Pkg. Absorbent Gauze, 24" x 72" (1 per pkg.)
- 1 Pkg. Adhesive Bandages, 1" (16 per pkg.)
- 2 Pkgs. Bandage Compresses, 4" (1 per pkg.)
- 1 Pkg. Eye Dressing (1 per pkg.)
- 1 Pkg. Scissors and Tweezers (1 each per pkg.)
- 2 Pkgs. Triangular Bandages, 40" (1 per pkg.)
- 1 Pkg. Antiseptic Soap or Pads (3 per pkg.)
- 7 Pkgs. Of Consulting Physician's Choice\*

**24 Package Kit**

- 2 Pkgs. Absorbent Gauze, 24" x 72" (1 per pkg.)
- 2 Pkgs. Adhesive Bandages, 1" (16 per pkg.)
- 2 Pkgs. Bandage Compresses, 4" (1 per pkg.)
- 1 Pkg. Eye Dressing (1 per pkg.)
- 1 Pkg. Scissors and Tweezers (1 each per pkg.)
- 6 Pkgs. Triangular Bandages, 40" (1 per pkg.)
- 1 Pkg. Antiseptic Soap or Pads (3 per pkg.)
- 9 Pkgs. Of Consulting Physician's Choice\*

**36 Package Kit**

- 4 Pkgs. Absorbent Gauze, 24" x 72" (1 per pkg.)
- 2 Pkgs. Adhesive Bandages, 1" (16 per pkg.)
- 5 Pkgs. Bandage Compresses, 4" (1 per pkg.)
- 2 Pkgs. Eye Dressing (1 per pkg.)
- 1 Pkg. Scissors and Tweezers (1 each per pkg.)
- 8 Pkgs. Triangular Bandages, 40" (1 per pkg.)
- 1 Pkg. Antiseptic Soap or Pads (3 per pkg.)
- 13 Pkgs. Of Consulting Physician's Choice\*

WAC 296-24 requires certain items as specified in the text. The last item “pkgs. of consulting physician’s choice \* ” leaves some discretion to the individual site administrator. Items such as the following might fulfill that requirement in schools:

1. Burn Septic
2. Tape, ½” x 10 Yards
3. Roller Gauze, 2” x 6 Yards
4. Antiseptic Swabs (individual packages)
5. 3 in 1 Antibiotic Ointment (individual-use packages)
6. Fingertip Bandages
7. Knuckle Bandages
8. Eye Wash
9. Chemical Ice or Other Items Of Choice

A CPR Micro-Shield (sterile, disposable) and a supply of disposable rubber (vinyl) gloves are additional items which should be included in every first aid kit. Disposable gloves should be readily available to every school employee at all times to provide basic barrier protection from bodily fluids; e.g., blood, urine, vomit, mucus, etc.

Gloves should be provided to playground attendants, crossing guards, school bus drivers, coaches, advisors and any other persons who may need to assist students or employees while some distance away from a first-aid kit. First-aid should not be administered without protection provided by gloves. Other barrier protection, such as aprons and eye splash protection, should be available and used whenever circumstances dictate their use; e.g., school bus drivers and student instructors and assistance where the program requires such health assistance.

Employees shall **not** provide consumable products in first-aid kits for employees, students, or the public. Products for consumption, which could be tampered with, should not be supplied. Medicines and over-the-counter drugs should never be left unsupervised in readily accessible locations (first-aid kits) where students or others would have easy access.



## **Appendix “A”**

### **Building Emergency Maps**

## **Appendix “B”**

### **Forms**

- A. Safety Inspection Checklist**
- B. Safety Committee Meeting Minutes**
- C. Form 79 – Accident/Incident Report**
- D. Post Blood Exposure Information Packet**
  - Form 79A – Medical Treatment Waiver**
  - Form 79B – Post Exposure Evaluation**
- E. Form 79C – Supervisor’s Report of Accident**
- F. Physician’s Initial Report (PIR)**
- G. Self-Insurer Accident Report (SIF-2)**



# South Kitsap School District

## Site Safety Evaluations

Location: \_\_\_\_\_

Date: \_\_\_\_\_

### 1. Administrative: ( Look For; documentation, consistency )

Yes	No	Corrected date or W/O #	
			Fire drills performed monthly?
			Fire drill records kept on site?
			Date: _____ Date of last fire drill?
			Lock-down drills performed? How Often? <span style="float: right;">dates: _____</span>
			Written emergency exit procedures/routes posted?
			Fire drill performed within 10 days of the start of school year?
			Date: _____ Time: _____ If performed within 10 days, give date and time.

### 2. All Areas: (Look For; organization, properly installed & maintained equipment )

Yes	No	Corrected date or W/O #	
			Exit signage installed and maintained?
			Exits free of obstructions?
			Self closing <b>fire doors</b> close and latch when activated?
			<b>Fire extinguishers</b> properly mounted, inspected monthly/tagged annually?
			Combustables stored away from building?
			Small appliances/heaters approved by- district or building administrator?
			Sprinkler heads unobstructed? <span style="float: right;">See definitions on last page</span>
			Sprinkler head trim rings installed?

### 3. Classrooms/Offices/Storage: ( Look For; unobstructed access, housekeeping, trip hazards,- power cords/daisy chain )

Yes	No	Corrected date or W/O #	
			Custodial cleaning supplies properly stored?
			Custodial supply closets and floor sink areas clean and orderly?
			Extension cords in use?
			Extension cords unplugged when not in use?
			Power strips, if used, approved circuit breaker type?
			Daisy-chained' power supply?
			Power cords accessible, (not run under carpets/mats)?
			Exits unobstructed?

NOTE: If any answers are NO, please specify location and give a brief description of your observation on the fourth sheet in the area provided.



## South Kitsap School District

### Site Safety Evaluations

Location: \_\_\_\_\_

Date: \_\_\_\_\_

#### 4. Hallways: (Look For; unobstructed access, trip hazards )

Corrected date

Yes	No	or W/O #	
			Hallways free of obstructions?
			Illuminated exit signage operational?
			Self-closing doors operational (not propped open)?
			Artwork limited to confines of wall mounted framework?

*See definitions on last page*

#### 5. Electrical: (Look For; storage items, clearances )

Corrected date

Yes	No	or W/O #	
			Electrical panels have the required access? <i>See definition on last page.</i>
			Electrical /mechanical spaces free of storage?
			Covers/plates are installed on outlets and switches in all areas?

#### 6. Shop Areas: ( Look For; organization, storage, safety training documentation )

Corrected date

Yes	No	or W/O #	
			Flammables stored properly, ie: paints,- thinners, stains, solvents and other flammable liquids?
			Approved self-closing receptacles for rags and other- contaminated waste emptied nightly?
			Power tool safety guards in place?
			Woodshop dust collector connected to tools and operating?
			Dust collector bins emptied on a set schedule?
			Power hand tools unplugged when not in use?
			Power hand tools periodically safety inspected?
			Safety/first aid kits easily accessible?
			Emergency shut-off switches marked and recognizable?
			Records available indicating that all students have been safety trained- and tested on shop/equipment hazards at the beginning of each- trimester/semester?

*NOTE: If any answers are NO, please specify location and give a brief description of your observation on the fourth sheet in the area provided.*

## SAFETY COMMITTEE MEETING MINUTES

---

<u>Meeting Date:</u>	<u>School/Facility:</u>	<u>Chairperson:</u>
----------------------	-------------------------	---------------------

---

<u>Employee Members:</u>	<u>Management Members:</u>	<u>Members Absent:</u>
--------------------------	----------------------------	------------------------

---

Circle of Nine:

1)	4)	7)
2)	5)	8)
3)	6)	9)

---

1. READ/APPROVE/CORRECT MINUTES FROM PREVIOUS MEETING:
2. OLD BUSINESS (Progress report on items and/or hazards from previous meeting):
3. NEW BUSINESS (Assign someone to research, follow-up, etc. on each hazard and/or item above)
4. REVIEW NEW INCIDENT REPORTS:
5. OTHER BUSINESS:
6. REVIEW COMMITTEE INSPECTION REPORTS (List action taken or recommendations):
7. SAFETY CONCERNS TO BE ADRESSED BY THE SAFETY OPERATIONS MANAGER:

---

<u>Chairperson (signature):</u>	<u>Date &amp; Time of Next Meeting:</u>	<u>Place:</u>
---------------------------------	---	---------------

Copy to: District Safety Office  
School/Facility Safety File



# South Kitsap School District

## Site Safety Evaluations

Location: \_\_\_\_\_ Date: \_\_\_\_\_

**7. Exterior perimeter including access to all onsite buildings.**  
( Look For; condition of path/walkways, parking areas, plant obstructions )

Corrected date			
Yes	No	or W/O #	
			Access gates functional, (common district gate lock)?
			Parking areas identified, (signage/painted)?
			Foliage roots causing a trip hazard?
			Loading docks clean and orderly?
			Dumpster covers functional?
			Items stored away from electrical switch gear?

*NOTE: If any answers are NO, please specify location and give a brief description of your observation on the fourth sheet in the area provided.*



## South Kitsap School District

### Site Safety Evaluations

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Observations and Special Comments:

Inspection By; \_\_\_\_\_

Date; \_\_\_\_\_

Title; \_\_\_\_\_

Reviewed By; \_\_\_\_\_

Date; \_\_\_\_\_

Title; \_\_\_\_\_



## South Kitsap School District

### Site Safety Evaluations

Page 2, Section 5;

Electrical/Mechanical room required access.

#### **2003 International Fire Code, Section 605 Electrical Equipment, Wiring And Hazards**

**605.3 Working space and clearance.** A working space of not less than 30 inches (762 mm) in width, 36 inches (914 mm) in depth and 78 inches (1981 mm) in height shall be provided in front of electrical service equipment. Where the electrical service equipment is wider than 30 inches (762 mm), the working space shall not be less than the width of the equipment. No storage of any materials shall be located within the designated working space.

#### **Exceptions:**

1. Where other dimensions are required or allowed by the *ICC Electrical Code*.
2. Access openings into attics or under-floor areas which provide a minimum clear opening of 22 inches (559 mm) by 30 inches (762 mm).

Page 1, Section 2;

All Areas

#### **2003 International Fire Code, Section 315 Misc. Combustible Materials Storage**

#### **2006 Fire inspector's Guide Group E Occupancy**

**315.2.1 Housekeeping.** Storage shall be maintained 2 feet or more below the ceiling in nonsprinklered areas of buildings, a minimum of 18 inches below sprinkler head deflectors in sprinklered areas of buildings.

Page 2, Section 4;

Hallways

#### **2003 International Fire Code, Section 803 Furnishings, Group E**

**803.3.2 Artwork.** Artwork and teaching materials shall be limited on the walls of corridors to not more than 20 percent of the wall area.



# INCIDENT/ACCIDENT REPORT

## (STUDENT, EMPLOYEE & OTHER)

Must be faxed to the Safety Office within 24 hours – Fax # 360-874-6230

For Official Use Only

Follow-up required? ☐ Yes ☐ No

## Step 1: General Information

\*Date of Incident/Accident \_\_\_\_\_ \*Time \_\_\_\_\_ ☐ AM ☐ PM

\*LOCATION OF INCIDENT/ACCIDENT: (SELECT ONE)

Elementary		Secondary		Support Facilities	
<input type="checkbox"/> Burley Glenwood	<input type="checkbox"/> Olalla	<input type="checkbox"/> Cedar Heights	<input type="checkbox"/> Discovery	<input type="checkbox"/> Administration	<input type="checkbox"/> OSE
<input type="checkbox"/> East Port Orchard	<input type="checkbox"/> Orchard Heights	<input type="checkbox"/> John Sedgwick	<input type="checkbox"/> Explorer	<input type="checkbox"/> IT-Info. Tech.	<input type="checkbox"/> Central Kitchen
<input type="checkbox"/> Hidden Creek	<input type="checkbox"/> Sidney Glen	<input type="checkbox"/> Marcus Whitman	<input type="checkbox"/> South Kitsap HS	<input type="checkbox"/> Transportation	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Manchester	<input type="checkbox"/> South Colby		<input type="checkbox"/> Pool	<input type="checkbox"/> Facilities	
<input type="checkbox"/> Mullenix Ridge	<input type="checkbox"/> Sunnyslope				

\*Is the injured a:

☐ Student \_\_\_\_\_ (grade)      ☐ Employee \_\_\_\_\_ (job title)      ☐ Other \_\_\_\_\_ provide mailing address and phone number

## Step 2: Injured Person

\*Name (Last, First, MI) \_\_\_\_\_  
(Please print)

\*Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\*Gender    ☐ M    ☐ F    Age:

\*Was emergency contact notified:    ☐ No    ☐ Yes    Time: \_\_\_\_\_ By Whom: \_\_\_\_\_

If so, name and relationship of contact notified?

**\*Location:**

☐ Classroom    ☐ Gym    ☐ Playground    ☐ Office  
☐ Shop    ☐ Hallway    ☐ Lunchroom/Commons    ☐ Other

\*Describe what happened (facts only):

Person completing form (print name) Telephone Date

Person in charge when incident/accident occurred:

Witnesses Name(s): \_\_\_\_\_ Telephone(s) \_\_\_\_\_

Injury Type and Care Given	Body Part (place X or circle)
----------------------------	-------------------------------

☐ Sprain   ☐ Scrape   ☐ Reaction   ☐ Burn   ☐ Fracture   ☐ Other \_\_\_\_\_

911 Called? ☐ No ☐ Yes

Other action taken:

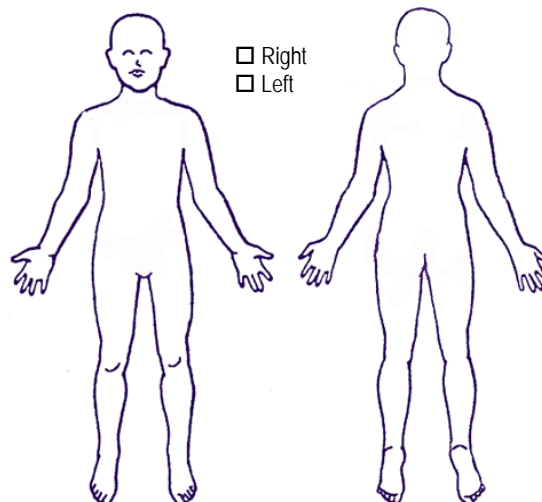
By whom and when: \_\_\_\_\_

Extent of Injury: Transported? ☐ No ☐ Yes

If Yes (by whom and where)\_\_\_\_\_

Medical Treatment Required: ☐ No ☐ Yes

Health Facility and/or Physician \_\_\_\_\_



### Step 3: Blood/Bodily Fluids Exposure Information:

☐ No ☐ Yes If yes, for directions call @ 874-6231 (available 24/7)

Name of assisting person

### Step 4: Supervisor

\*Supervisor's Name: (print) \_\_\_\_\_ \*Title: \_\_\_\_\_

\*Supervisor's signature: \_\_\_\_\_ \*Date: \_\_\_\_\_



## FORM 79A

### MEDICAL TREATMENT WAIVER FORM

Employee's Name \_\_\_\_\_  
(please print)

Social Security Number \_\_\_\_\_

Position \_\_\_\_\_

Due to my occupational exposure to blood, I have been advised to seek medical evaluation at no charge to me. I have been informed of possible health risks through exposure to blood in the Bloodborne Pathogen training that I received through South Kitsap School District.

I have chosen NOT to seek a medical evaluation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed



# South Kitsap School District

(360) 874-7000 Office  
(360) 874-7068 Fax  
[www.skitsap.wednet.edu](http://www.skitsap.wednet.edu)

Dear Health Care Practitioner:

A South Kitsap School District employee has experienced a blood exposure incident while performing his/her job. You are asked to complete a post-exposure evaluation and follow-up in accordance with WAC 296-62-08001 on bloodborne pathogens (copy of WAC is enclosed). We request that you use South Kitsap School District's Form 79B (attached) to complete your evaluation.

Please send requested information within 15 days of your completed evaluation to:

Assistant Superintendent for Human Resources  
South Kitsap School District #402  
2689 Hoover Ave  
Port Orchard, WA 98366

All other findings and diagnoses discovered while performing the post-exposure evaluation shall remain confidential. Please do not forward such information to the District.

If you have questions, please contact the Facilities Department at (360) 876-6000.

Thank you,

Tom O'Brien  
Facilities Director

Enclosures: WAC 296-62-08001  
Form 79B



## FORM 79B

**Health Care Practitioner's**  
**Post Exposure Evaluation and Follow-up**  
**Following a Blood Exposure Incident**  
(WAC 296-62-08001)

Please Return This Form to South Kitsap School District within 15 Days of Evaluation.

The purpose of this form is to verify that medical evaluation has occurred within twenty-four (24) hours of a blood exposure incident.

Employee's Name \_\_\_\_\_ Date \_\_\_\_\_

If the following has been accomplished, please indicate:

- ☐ Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred
- ☐ Identification of the source individual (unless not feasible or prohibited)
- ☐ Testing, with permission, of source individual
- ☐ Testing, with permission, of employee
- ☐ Post exposure prophylaxis when medically indicated
- ☐ Counseling

What is the Health Care Practitioner's written opinion for HBV vaccine?

Need for vaccine indicated: Yes ☐ No ☐

Employee received vaccine: Yes ☐ No ☐

Has the employee been informed of the results of your evaluation? Yes ☐ No ☐

Has the employee been informed about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment? Yes ☐ No ☐

ALL OTHER FINDINGS OR DIAGNOSES SHALL REMAIN CONFIDENTIAL AND SHALL NOT BE INCLUDED IN THIS REPORT.

\_\_\_\_\_  
Health Care Practitioner's Signature

\_\_\_\_\_  
Please print the name of the Health Care Practitioner

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

(Select one) ☐ English ☐ Spanish ☐ Russian ☐ Korean ☐ Chinese  
Language ☐ Vietnamese ☐ Laotian ☐ Cambodian ☐ Other \_\_\_\_\_  
Preference

## MAIL TO SELF-INSURED COMPANY



## PROVIDER'S INITIAL REPORT

A Provider's Initial Report (PIR) completed by the provider and the worker, establishes a claim. When the completed PIR is received by the employer, they must assign a claim number and adjudicate the claim.

1. CLAIM NUMBER

1. NAME OF SELF-INSURED EMPLOYER			<b>PATIENT INFORMATION</b>			
ADDRESS			2. NAME OF INJURED WORKER: FIRST MIDDLE LAST		3. WORKER'S TELEPHONE NO.	
CITY	STATE	ZIP	4. MAILING ADDRESS		5. SOCIAL SECURITY NUMBER	
2. NAME OF SELF-INSURED EMPLOYER'S SERVICE REPRESENTATIVE			6. CITY	STATE	ZIP	
ADDRESS			8. INJURY DATE	9. TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	10. Have you missed work due to your injury? If so, what dates were you off? From: _____ To: _____	
CITY	STATE	ZIP	11. SEX	12A. MARITAL/REGISTERED DOMESTIC PARTNERSHIP STATUS	12B. NUMBER OF DEPENDENTS	
EMPLOYER'S TELEPHONE NUMBER	EMPLOYER'S SERVICE REP PHONE		13. Describe in detail how your injury or exposure occurred:			
<b>Attending Health Care Provider – START HERE</b>			<b>14. MEDICAL RELEASE AUTHORIZATION:</b> PURSUANT TO RCW 51.36.060, I HEREBY AUTHORIZE MY HEALTH CARE PROVIDER, HOSPITAL, AGENCY OR ORGANIZATION TO DISCLOSE TO MY EMPLOYER OR MY EMPLOYER'S REPRESENTATIVE OR THE DEPARTMENT OF LABOR & INDUSTRIES ANY RELEVANT MEDICAL RECORDS OR OTHER INFORMATION REGARDING TREATMENT WHICH HAS PREVIOUSLY BEEN FURNISHED TO ME.  Worker's Signature _____ Date _____  Provider's Signature _____ Date _____			
3. This exam date						
4. Date patient first seen by you for this injury/condition						
a. ICD Dx CODES	b. Diagnosis – specify Right/Left					
5. Are there objective findings to support this diagnosis <input type="checkbox"/> No <input type="checkbox"/> Yes, Specify			15. I have read the statement of Responsibility and the Legal Notice on the next page of this form.			
6. Referred for Diagnostic Studies <input type="checkbox"/> No <input type="checkbox"/> Yes, Specify			9. a. Has the worker ever been treated for the same or similar condition? Select one. If YES, describe briefly or attach report. No <input type="checkbox"/> Yes <input type="checkbox"/> b. Is there any pre-existing impairment of the injured area? Select one. If YES, describe briefly or attach report. No <input type="checkbox"/> Yes <input type="checkbox"/> c. Are there any conditions that will prevent or retard recovery? Select one. If YES, describe briefly or attach report. No <input type="checkbox"/> Yes <input type="checkbox"/> d. Was the diagnosed condition caused by this work injury or exposure on a more probable than not basis? (check one) Yes <input type="checkbox"/> Probably (51% or more ) <input type="checkbox"/> No <input type="checkbox"/> Possibly (Less than 50%) <input type="checkbox"/>			
7. Treatment Recommendations			10. a. Have you released this worker to return to regular work? No <input type="checkbox"/> Yes <input type="checkbox"/> effective date of return to work _____ b. Have you released this worker to return to light duty? No <input type="checkbox"/> Yes <input type="checkbox"/> effective date of return to work _____ c. What restrictions are placed on light duty return to work? Lifting _____ Bending _____ Standing _____ Sitting _____ Other _____ d. If not released, how many days off work due to the work injury? _____			
8. Did you refer the patient to an L&I medical network provider for follow-up? <input type="checkbox"/> YES <input type="checkbox"/> NO Referred to: Address _____ Phone _____			Licensed Healthcare Provider must sign before report is accepted 11. Signature _____ 12. Phone _____ 13. Date _____ 14. Attending Healthcare Provider Name _____ 15. Address _____ City _____ State _____ ZIP _____			
Distribution: Original-Employer, Copy-Worker, Copy-Provider 01-2014 version F207-028-000 <b>Check for updates – web address next page</b>			16. L&I Provider Number or NPI _____ 17. IRS Account # _____			

**DO  
NOT  
SEND  
THIS  
FORM  
TO**

**LABOR &  
INDUSTRIES**

**WEB ADDRESS TO CHECK FOR UPDATES OF FORM:**

[www.Lni.wa.gov/FormPub/Detail.asp?DocID=2467](http://www.Lni.wa.gov/FormPub/Detail.asp?DocID=2467)

**NOTE:** Beginning Jan. 1, 2013, injured workers will need to get ongoing care from a medical provider who is part of the L&I Medical Provider Network. They may see a non-network provider for the initial visit, but for additional or ongoing care, they will need to transfer to a network provider.

**MAIL TO SELF-INSURED COMPANY**

1. If the worker brings this form to your office, this box may be pre-printed. If you initiate the form in your office, obtain information from the worker.

2. Have the worker complete this box or obtain information from the worker.

**ATTENDING HEALTH CARE PROVIDER INFORMATION**

**NOTICE: FAILURE TO FILE THIS REPORT WITHIN 5 DAYS FROM THE DATE OF TREATMENT MAY RESULT IN A PENALTY OF \$250 IN ACCORDANCE WITH RCW 51.48.060.**

3. This exam date.

4. Date you first treated patient for this injury/condition.  
a) Insert ICD Dx coding which corresponds to narrative diagnosis in Box 3b.

b) Please list all diagnoses of conditions present which are result of incident or exposure. Also specify which side of body (right/left).

5. Indicate "Yes" or "No". If "Yes", list objective findings which support diagnosis. Do not restate diagnosis.

6. Indicate "Yes" or "No". If "Yes", specify study and complete findings if known.

7. Indicate treatment recommendations.

8. Specify name, address and phone number of health care provider to whom referred. Treatment beyond the initial visit must be done by providers enrolled in Washington's workers compensation medical provider network. (This applies to workers of Self-Insured and State Fund employers.) Information to enroll in the network is available at [JointheNetwork@Lni.wa.gov](mailto:JointheNetwork@Lni.wa.gov). If you choose not to enroll and your patient needs additional treatment, refer him or her to a network provider. The provider directory is available at [www.Lni.wa.gov](http://www.Lni.wa.gov).

9. Indicate "Yes" or "No" and provide the additional information requested.

10. Indicate "Yes" or "No" and provide the additional information requested.

11. Signature of health care provider providing treatment and completing form.

12. Health care provider's phone number.

13. Date health care provider signs report

14. Print or type your name as it appears on your Department of Labor and Industries payee account.

15. Indicate your full mailing address.

16. Indicate your Department of Labor and Industries issued provider number or NPI.

17. Provide your Internal Revenue Service reporting account number.

**PATIENT INFORMATION**

1. Leave blank.

2. Name of injured worker.

3. Worker's phone number.

4. Worker's mailing address or street address.

5. Worker's social security number.

6. City, state and ZIP code of worker's address.

7. Date worker was born.

8. Date accident occurred.

9. Time accident occurred.

10. Dates the worker missed work due to this injury.

11. Indicate -- M = Male F = Female

12A. Marital/Registered Domestic Partnership Status, e.g., M = Married, S = Single, D = Divorced, DP = Registered Domestic Partnership.

12B. Dependents -Number of dependents under age 18 (does not include spouse/domestic partner).

13. Brief description of accident or exposure by worker.

14. Medical Release Authorization. Worker's signature authorizes the release of relevant medical information.

15. Statement of Responsibility - I have reported or will report this incident or exposure to my employer. If my claim is denied, I understand that I will be responsible for the care provided to me.

**16. LEGAL NOTICE --RCW 51.48.020 (2) PROVIDES: ANY PERSON CLAIMING BENEFITS UNDER THIS TITLE WHO KNOWINGLY GIVES FALSE INFORMATION REQUIRED IN ANY CLAIM OR APPLICATION UNDER THIS TITLE SHALL BE GUILTY OF A FELONY, OR A GROSS MISDEMEANOR.**



**Worker Start Here**

(circle one) English Spanish **REGISTERED DOMESTIC**  
Language **PARTNER? Y/N** \_\_\_\_\_  
Preference Laotian Cambodian Other \_\_\_\_\_

**SELF INSURER ACCIDENT REPORT (SIF-2)**

Business name of self insured employer <b>Olympic ESD 114</b>		Name of injured employee (First-middle-last)		Employee's home phone ( )	
Employer's address <b>2530 W. 19th St</b>		Mailing address		Employer's phone # ( )	
City <b>Port Angeles,</b> State <b>WA</b> ZIP <b>98363</b>		City _____ State _____ ZIP _____		Social Security number _____	

Dependent Children include unborn, estimate birthdate. Benefits will be based, in part, on number of legally dependent children. Please indicate custody status of each child.				Marital status select one Married Widowed Separated Divorced Single	Sex M F	Date of birth / /	Height /	Weight /	
Name	Relationship	Legal custody select one Yes No	Date of birth / /		Job title when injured				
		Yes No	/ /		Date of hire / /	Shift hrs	When did you last work? / /		
		Yes No	/ /		Date of injury/exposure / /	Time of injury AM PM	When did you return to work? / /		
Name of children's legal guardian, if other than self: _____ Phone # ( )				Part of body injured or exposed _____ Right Left					
Address _____				Where did the injury or exposure occur? Employer premises Jobsite Parking Lot Other				Were you doing your regular job? Yes No	
City _____ State _____ ZIP _____				Was this incident caused by failure of a machine or product OR someone who is not a co-worker? _____ Select one Yes No Possibly					

Describe in detail how your injury or exposure occurred: (Include tools, machinery, chemicals or fumes that may have been involved)				Did you report the incident to your employer? Yes No			
				Name/title of person reported to: _____ Date reported / /			
				If reporting of incident was delayed, why? _____			
				Business name and address where injury or exposure occurred			
				Address _____ County _____			
List any witnesses _____				City _____ State _____ ZIP code _____			

Was your employer contributing to your and/or your family's medical, dental and/or vision insurance on the date you were injured? Yes No		Do you consistently work overtime? Yes No		Do you have more than one rate of pay? Yes No		Do you have more than one employer? Yes No	
Have you ever been treated for same or similar condition before? Yes No If so, When? _____		Rate of pay at this time Write amount, select one Hour Week \$ _____ Day Month Days/week		Additional earnings (daily average) Tips Write amount, select one Piecework Commission		Did you receive a bonus within the last 12 months? Yes No \$	
Name of attending Health Care Provider _____		Medical Release authorization: Pursuant to RCW 51.36.060, I hereby authorize my health care provider, hospital, agency or organization to disclose to my employer or my representative or the Dept. of Labor & Industries any relevant medical records or other information regarding treatment which has previously been furnished to me. _____ Today's date / /		I have read the legal notice on the reverse side of employee's copy. I declare that these statements are true to the best of my knowledge and belief. _____ Today's date / /		Worker's signature _____	
Address _____		City _____ State _____ ZIP _____		X		X	

<b>Employer Start here</b>		Hourly rates of pay \$ _____ /hr _____ hrs/dy _____ days/wk \$ _____ /hr _____ hrs/dy _____ days/wk		Will you pay this employee full salary or wages during period of disability? select one Yes No	
Date returned to work / /	Was employee engaged in the regular course of employment when injured? select one Yes No	Monthly Salary \$ _____		Average monthly value of all bonuses paid 12 months prior to injury \$ _____	
Do you agree with employee's description of the accident? If not, explain: _____		Average hrs including O/T worked Hrs: _____ Day _____ Mo _____ If seasonal part time or intermittent, provide 12 months gross wages \$ _____		Average daily earnings from piecework, tips and commissions as reported to IRS \$ _____	
		Fatality Yes No		Date reported to employer / /	
		3rd party involved? Yes No			
Were you contributing to this worker's and/or family's medical, dental and/or vision insurance on date of injury? Yes No		If so, how much did you pay? Per Mo. / /		When will your contribution end? / /	

Worker's copy mailed Yes No	Treatment only Yes No date closure mailed / /	Treatment only ROR: Lt. duty provided Yes No Associated costs \$ _____	<b>I declare that the foregoing statements are true to the best of my knowledge and belief.</b> Date / / Signature _____	
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