

2018

DESOTO INDEPENDENT SCHOOL  
DISTRICT – LOSS/ACCIDENT  
PREVENTION PLAN



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# DESOTO INDEPENDENT SCHOOL DISTRICT

## ACCIDENT LOSS PREVENTION PLAN

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#### **MISSION:**

To prepare students academically and socially to be problem solvers and productive citizens.

**Revised June 2018**

## **INTRODUCTION**

This plan contains the district-adopted elements to successfully implement the DeSoto Independent School District's Accident Loss Control Program.

Every level of management and all employees have specific responsibilities in the program, although the key to its success will be how effectively each supervisor administers the program.

The need for this program and its importance are threefold: the financial impact on the District resources (actual and hidden costs), the impact to the health and safety of district employees and their families, and the impact to the primary goal of DISD to provide a high quality education to the students of our district.

The procedures outlined in this manual have been developed to assist district and campus leadership (you) in achieving a reduction of accidents at your campus/facility/department and to help us promote and strengthen the safety culture within all district organizations, for ALL employees – this Plan's stated goals.

The district is responsible for providing a safe working environment and for instructing all employees in the safety expectations and process adopted by the district. The district is also responsible to its stakeholders for helping hold its employees to a high standard of accountability for always working safely. An evaluation process will be in place for measuring our successes (and shortcomings). Safety performance will be a component of each employee's performance evaluation, as working safely is an ongoing expectation of continued employment. Each employee is responsible and accountable for safety of their actions, choices, compliance with written policies, procedures and following instructions as it relates to her/his safety. If you are unsure of any of the procedures in this program, please consult your immediate supervisor or the Risk Management Coordinator for assistance as needed.

We must succeed in this program. We are counting on you. Together, we will reduce losses across all district operations, for our individual benefit and the benefit for all stakeholders. We own the safety process at DeSoto ISD.

**SECTION A**

**SUPERINTENDENT’S STATEMENT OF SAFETY POLICY**

The health and well-being of every employee, student, and visitor to DeSoto ISD is of the highest priority. DeSoto ISD will strive to protect the health, safety, and security of all employees, students and visitors using accepted and feasible policies, procedures, operations, and technology. Furthermore, the District shall comply with all applicable health, safety, and environmental regulations.

DeSoto ISD strongly maintains that the best source of protection for the health and safety of the work force is the fully engaged individual employee. Our employees are the foundation of the health and safety program. Therefore, DeSoto ISD requires its employees to follow all health and security policies, rules, and procedures as a condition of employment.

Active participation by all employees in DeSoto ISD’s safety program is encouraged through direct interface with your immediate supervisor or through suggestions as health and safety matters/issues arise. You can make a difference! Management pledges its full support in making our workplace safe. Employees may report safety and health concerns to their supervisor or highest authority without fear of reprisal.

In addition, The Texas Workers’ Compensation Commission provides a Safety Violations Hotline as a means for workers to report unsafe working conditions. The Safety Violations Hotline Program is a bilingual, 24-hour, toll-free telephone line for workers. To report an unsafe condition, call 1-800-452-9595.

**GOALS AND OBJECTIVES**

The goal of DeSoto ISD is to create an environment where every member of the District feels they can achieve their personal best through constant improvement. This goal applies directly to working safely and to improving our accident record. Accidents are defects and can be identified and eliminated.

A safe workplace, which helps form a foundation of employee confidence and trust in management and themselves, will aid in achieving the above goal. Safety is one of the most important aspects of a person’s job. The District’s Top Administrators have set as their goal the achievement of a zero accident workplace. The training, engineering, and all safety efforts of the management and staff of DeSoto ISD will be directed toward the reduction of accidents. The effectiveness of training, engineering controls, and individual team member effort are measured by the elimination of unsafe behaviors, physical hazards, and, ultimately in the reduction of accidents.

\_\_\_\_\_  
/ SUPERINTENDENT Date

## **ANALYSIS AND RECORDKEEPING**

**Analysis Component** – The Risk Management Coordinator, the RMC, will review and perform analysis on records and documentation pertaining to the safety and health program at least annually. The analysis will recognize repeatedly identified exposures needing corrective action. Employees will be made aware of positive and negative trends as well as developing exposures through employee bulletins, staff meetings, and periodic safety meetings.

**Record Keeping Component** – The First Report of Injuries (TWCC-1), and Insurance Loss Runs will be utilized for maintaining the record of workplace injuries and illnesses. First Reports of Injury are maintained and the accidents are recorded immediately by the Risk Management Coordinator. Records of all safety efforts will be maintained at the Risk Management Coordinator's office a minimum of 5 years or as State, Federal, or local laws require. Records may include:

- Monthly Safety Meetings/Training with Maintenance, Food Service, Transportation, Custodial, and or any other department identified as a hazardous work area.
- Safety Inspections and Follow-up
- Safety Programs (Blood borne Pathogen Program, Hazcom Program, Alcohol, Drug, And Inhalant Abuse Program, Early Return to Work Program, Lockout/Tagout Program, Ergonomics Program, Personnel Protective Equipment Program, Equipment Inspection Program, Transportation Program, Maintenance Fleet Program)
- Accident Reports
- Annual Program Reviews
- Specific safety Correspondence
- This APP and any revisions

Record keeping will facilitate the annual review of the Accident Prevention Plan.

## **SECTION B**

### **ACCIDENT PREVENTION RESPONSIBILITIES**

#### **RISK MANAGEMENT COORDINATOR & DISTRICT SENIOR STAFF**

- Actively support and promote the safety process of the district
- Set expectations and accountabilities for all employees to work safely at all times
- Promote policy direction and establishes loss control goals.
- Periodically review loss control information.
- Establish a mechanism to evaluate the performance of all employees for accident prevention responsibilities.
- Make budgetary allocations needed to support safe working conditions and safe work practices.
- Include a safety discussion component in every meeting. Expect the same for all supervisory leadership as well.

#### **FIRST LINE SUPERVISORS**

NOTE: First line supervisors are those individuals who directly supervise the work of other employees. These leadership responsibilities are delegated to the appropriate individuals by upper management. The first line supervisor is the key to a successful loss control program. They are in the best position to lead their work teams in safety. They must control unsafe acts of employees and unsafe work conditions at their facilities by incorporating the following required responsibilities:

- Conducts safety orientation of employees and effectively communicate hazard exposures to employees. Communicate safety expectations as a condition of employment
- Ensures that training includes emphasis in hazard recognition inherent to their assignment and following of procedures designed to control and eliminate hazards to avoid incidents.
- Responsible for conducting accident investigations on all accidents and incidents and ensuring that follow-up corrective action is taken.
- Responsible for attitude development and behavior modification by increasing employee accident prevention awareness. Holds his direct reports accountable for safe practices
- Ensures discipline policies are applied fairly and consistently for employee safety violations.
- Responsible for inspection and correction of unsafe conditions as well as unsafe acts
- Ensures that every jobs/tasks/projects are evaluated for hazards prior to performing same, and also that employees are aware of safe practices to be used to avoid injuries.

- Submit records for all training, inspections and investigations to the district's designated Risk Management Coordinator.

### **ALL EMPLOYEES**

- Are responsible and accountable for working safely at all times.
- Comply with all accident prevention rules, regulations, and procedures at all times and for all work activities.
- Report unsafe conditions and unsafe work practices to immediate supervisors.
- Accept responsibility for his/her own safety and for the safety of others as part of the work team or under his/her own supervision.
- Actively engage in and give support and assistance to the district's safety process, including participating in scheduled safety meetings and or staff meetings.
- Commit to help co-workers and other district employees avoid accidents as part of the DeSoto ISD team.

### **MAINTENANCE**

The Maintenance department plays a key role in the maintenance and operation of district facilities, grounds, services and critical equipment. Safe working conditions provided via the Maintenance department is a key component and requirement to the District's overall success in the safety process.

The Maintenance Department will actively engage in and participate in this, the District's Accident Prevention Plan, as follows:

- Establishes procedures and conducts job task reviews before each project so crew members can understand any hazards, voice their concerns, and appropriate safeguards can be defined and used to prevent injuries
- Documents safety trainings and pre-work planning meeting inclusive of safety topics covered with crews
- Maintains and updates scheduled preventative maintenance programs on equipment systems, buildings, and grounds.
- Prioritize work orders accordingly relative to safety-related requests
- Archives complete Maintenance Records for a minimum of five years.

### **CUSTODIAL SERVICES**

The Custodial department plays a key role in the maintenance and cleanliness of district facilities. Safe working conditions provided via the Custodial department are a key component and requirement to the District's overall success in the safety process.

The Custodial Department will actively engage in and participate in this, the District's Accident Prevention Plan as follows:

- Establish written procedures for routine, recurring custodial tasks and incorporate hazard identification and safe employee practices (to avoid hazards/injuries)
- Ensure employees are trained in work procedures. Provide refresher training as required
- Practice hazard communication for all employees. Conduct training on chemical hazards used in the cleaning
- Educate employees regarding Blood borne Pathogens. Complete annual and refresher training as required by Texas rules.
- Require the use of employee personal protective equipment and other recommended safeguards to avoid exposures to chemical hazards and bodily fluids (Universal Precautions). Follow safeguards identified in Safety Data Sheets for safe chemical use.
- Documents safety trainings and pre-work planning meeting where safety topics are covered with crews
- As part of the Campus and Facility support teams, be responsive to Campus/Facility requests for assistance in dealing with reported unsafe conditions, always employing safe practices for yourself and to help others avoid hazards.

### **RISK MANAGEMENT COORDINATOR**

- Coordinate day-to-day activities of the Accident Prevention Plan
- Available to advise all levels of management in matters pertaining to the Accident Prevention Plan
- Regularly reviews and identifies developing trends and recurring exposures
- Maintains records for all training, inspections and investigations for five years
- Provides support and training to supervisors to support their safety process



## SECTION C

### SAFETY DIRECTIVES

**A. Purpose:**

To assure that basic expectations are developed and implemented to guide the work activities in a department. The directives will be designed to incorporate safety into processes, procedures, and all work jobs/tasks to promote effective operations and reduce the chance of injury.

**B. Scope:**

The department supervisors will update additional directives specific for their department. The directives will be considered mandatory and enforced by the supervisor, utilizing the disciplinary process, as may be required to ensure compliance. These directives may be amended or expanded, as required to fully address identified exposures from recurring.

**C. Procedure:**

1. The Risk Management Coordinator will review the types of accidents that have occurred in order to help guide the development of needed measures to prevent injury recurrence and may become policy or directives as needed to ensure safe working operations are in place.
2. It is the immediate supervisor's responsibility to communicate and enforce safety directives.

## **GENERAL SAFETY RULES**

All employees have a responsibility to themselves, their fellow workers, and their employer to promote and practice high safety standards. The following rules apply to all employees. Management may establish additional rules as warranted to promote the safety of employees. Safe conduct at all times is a condition for working at DeSoto Independent School District.

1. **Reporting of Accidents and Near-Miss Accidents** – Report all accidents resulting in injury or property damage, or near-miss accidents to the supervisor as soon as possible.
2. **Safe Conduct** – Conduct yourself in accordance with safe practices at all times. Never take short-cuts. Horseplay, running, and practices inconsistent with the ordinary, reasonable, or common sense rules of conduct are not permitted.
3. **Disturbing Other Employees** – Distracting personnel who are operating machinery is not permitted.
4. **Housekeeping** – All work areas shall be kept clean and neat, in accordance with District regulations.
5. **Safety Equipment** – Wear the required safety equipment in designated areas and on designated jobs.
6. **Safe Apparel** – Wear only safe apparel, which cannot become caught in machinery, which affords adequate skin protection, and which does not reduce vision or hearing. Wear any required footwear as required by procedures.
7. **Qualified Operators** – Operating any equipment without proper training is not permitted.
8. **Fighting** – Fighting is grounds for disciplinary action up to and including termination.
9. **Drugs and Alcohol** – Possession of and/or being under the influence of narcotics, alcohol, inhalants, or other illegal or unauthorized substances is absolutely forbidden. If you are taking a doctor prescribed medicine that could affect your alertness, or ability to work, you must notify your supervisor, so that proper safeguards can be evaluated and employed to preclude working in certain tasks while impaired, such as operating a vehicle, machinery, equipment, or other tasks.
10. **Follow all safety directives and operating procedures**. Comply with supervisor instructions. Do not take shortcuts.
11. **To help protect you and others, report all safety concerns to your supervisor as soon as possible**. Do not perform an un-safe task/job; promptly report your safety concern(s) to your supervisor, or management for evaluation.
12. **Report any observed unsafe acts or conditions immediately to your supervisor**.

## SECTION D

### DISCIPLINARY PROCESS

DeSoto ISD has developed a disciplinary procedure that applies to the safety and health program of the district. The disciplinary process will be a tool to ensure enforcement of the rules and procedures established by this Accident Prevention Plan to promote a safe and healthful working environment. The disciplinary process applies to all employees of the district.

1. **Verbal Warnings:** Supervisors may issue verbal warnings to employees that commit minor infractions or violations of the safety rules or safe work practices. Continued violations or verbal warnings can lead to more stringent action.
2. **Written Warnings:** Supervisors may issue written warnings for the following:
  - a. Repeated violation of minor safety rules or procedures;
  - b. Single serious violations of a rule or procedure that could have potentially resulted in injury to themselves, another employee and/or could have caused property damage; or
  - c. Activities that could potentially result in injury or property damage.
3. **Disciplinary Leave:** Supervisors may recommend, and administration may institute, disciplinary leave for the above reasons and the following:
  - a. A single serious violation of a rule or procedure that results in injury to an employee and/or property damage; or
  - b. Repeated violations and/or nonconformance to safety rules or procedures.
4. **Termination:** Supervisors may recommend and administration may concur in the termination of any employee for repeated serious violations of the above circumstances.
5. **Documentation:** Violations of district safety rules, regulations, or procedures will be documented by filling out a report on the employee. The report will state the type of violation and type of corrective action taken. The employee must read and acknowledge the report to document that they understand the seriousness of the violation.

## SECTION E

### ACCIDENT PREVENTION ORIENTATION

#### A. Purpose:

To assure that new employees are familiar with the Accident Prevention Plan and are instructed in their specific responsibilities. The orientation process should leave each employee with the impression that their safety is the highest priority and that accident prevention is part of everything they do.

#### B. Scope:

All new employees will be orientated to the Accident Prevention Plan and instructed in their responsibilities at work by the employee's supervisor.

#### C. Procedure:

1. Use the accident prevention orientation checklist below as a guide
2. Show the new employee The Accident Prevention Plan and review its component so s/he will understand the importance of everyone's involvement – from the management level to the employee level. Emphasize the following:
  - Responsibilities – explain that each level of management and every employee has a responsibility to make the Accident Prevention Plan effective.
  - Training - explain that accident prevention will be included during each phase of learning their new skills.
  - Inspections – the department supervisor or a District representative will be conducting regular inspections. Show the new employee the inspection checklist and ask their assistance in reporting any unsatisfactory conditions.
  - Department Meetings – explain that accident prevention will be included and their input on preventing accidents is important.
  - Mandatory Rules – explain that rules are mandatory and that the disciplinary process enforces them (review the General Safety Rules).
3. Present the new employee with his/her copy of the employee handbook and/or safety guidelines.
4. Verbally quiz the new employee about the general safety rules and let them take an “open book” self-assessment test.

5. Have the employee sign the appropriate acknowledgement form(s), which are to be kept, by the Risk Management Coordinator for a minimum five-year period.
6. Summarize the accidents and injuries that have occurred in the department in the past. Summarize preventive action that is necessary to prevent the accident from recurring.
7. During the tour of the facility, point out the specific situations that relate to accident prevention. Use the inspection checklist as a guide. Be sure to emphasize any situations, conditions, or actions that you know of that have contributed to employee accidents in the past.
8. Review any and all specific department directives to help ensure understanding and the expectation of compliance.
9. Review any special job procedures to help with employee understanding
10. Review any required protective equipment, its proper use, and when and where it is to be used (such as safety glasses, work gloves, hearing protection, dust masks, etc.)
11. Review any and all specific “do’s and don’ts”: relative to employee safety, such as prohibitions on standing on desks, chairs, climbing on cabinets, and the safe use of appropriate equipment such as ladders, step stools, etc).
12. Schedule any specific trainings that are required for the job.

**ACCIDENT PREVENTION ORIENTATION CHECKLIST**

Facility Name: \_\_\_\_\_ Date Hired: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee No.: \_\_\_\_\_

If transferred, previous facility: \_\_\_\_\_

Instructions: Accident prevention orientation of new employees is to be done after new hire paperwork is completed and policies and procedures have been discussed. Orientation must be completed prior to training the employee in new job skills, and before he begins any specific job tasks/assignments. Orientation of transferred employees is to be done the first day at the new facility or department.

Check off as completed:

\_\_\_\_\_ The employee has received and read the Employee Handbook.

\_\_\_\_\_ The Self-Assessment Test has been completed and discussed.

\_\_\_\_\_ The employee has signed the acknowledgment sheet(s).  
(These will be kept in the employee's personnel file.)

The Accident Prevention Plan has been discussed as follows:

\_\_\_\_\_ Safety policy, general safety rules and responsibility in the program.

\_\_\_\_\_ Job training will include hazards and how to keep from getting hurt.

\_\_\_\_\_ Department inspection procedures discussed.

\_\_\_\_\_ Attendance at Department and Safety meetings.

\_\_\_\_\_ Accident Prevention Directives reviewed.

\_\_\_\_\_ Incentive and discipline policies reviewed.

\_\_\_\_\_ Summary of department accident experience and preventive measures.

\_\_\_\_\_ Department tour emphasizing accident prevention completed.

Employee Signature \_\_\_\_\_ Supervisor Signature \_\_\_\_\_

Date Orientation Checklist Completed \_\_\_\_\_

*The checklist is to be forwarded to the Human Resources Department. Additional orientation will be conducted by the employee's new supervisor.*

## SECTION F

### ACCIDENT PREVENTION TRAINING

#### **A. Purpose:**

To emphasize the need for supervisors to incorporate accident prevention training into the process of teaching employees the various functions and responsibilities of their job. All employees are to be instructed on the hazards of their jobs and methods of protection. This training is to be repeated as required, for causes such as reinforcement and corrective action, as new hazards may be identified or introduced, and periodically as a refresher.

#### **B. Scope:**

1. Each facility/department will include safety as a topic at staff meetings and have employees participate in the program. Staff and safety meetings will not be held during summer months for facilities/departments not in operation.
2. Facility/department supervisors will participate in the development and implementation of training procedures.
3. Campus Leadership, as well as Maintenance, Custodian, and Food Services Department Managers will assure that loss control topics are included as part of periodic department/faculty/staff meetings.
4. Additionally, the Risk Management Coordinator, or senior key leadership will facilitate annual training for the professional staff, usually prior to the beginning of the school year in August on various loss prevention topics.

#### **C. Procedures:**

1. Accident prevention training will begin at orientation during the discussion of accident prevention rules and procedures.
2. It is the supervisor's responsibility to ensure that accident prevention is emphasized during each phase of the training process.
3. A schedule and a list of training topics may be found on the General and Specialized Training Topics Chart.
4. Employees are required to attend scheduled meetings. When meetings are missed the employee must attend a make-up meeting. Supervisors are responsible to ensure employees are trained.

## SECTION G

### STAFF MEETINGS

**A. Purpose:**

Because controlling accidents is so closely related to controlling our operations, it is appropriate that we include discussion on accident prevention during each staff meeting.

**B. Scope:**

Injury prevention will be included as a topic of staff meetings. The key campus administrator, supervisor or manager in charge of the meeting is responsible for conducting the discussion on injury prevention. Specific safety topic may be assigned to others to research, develop and deliver, but the top management individual will reinforce the safety message and expectations at each meeting, thereby leading the safety process for his/her employees. The appropriate safety meeting and attendance from must be completed. These meetings are not a substitute for other specialized training.

**C. Procedure:**

1. The supervisor/manager will prepare for the meeting with the assistance of the Risk Management Coordinator, if needed.
2. After each safety communication, time will be allowed for employee input on ways to improve injury prevention at their campus/facility/department.
3. The topic and ideas generated during the meeting will be documented on the appropriate attendance sign-in sheet.
4. Copies of the meeting documentation, including the presenter's name, date, topic or subject, legible identification of the attendee, and the attendee's signature, will be sent to the Risk Management Coordinator office and maintained a minimum of five years.



## SECTION H

### FACILITY INSPECTIONS

#### A. Purpose and Scope:

Facility inspections are a means of identifying and correcting hazards before they cause an employee accident. It is important that not only unsafe conditions are observed, but also those unsafe acts be recognized and corrected.

DeSoto ISD has a variety of facilities and each may have its own unique potential injury sources. Each department's supervisor or school's administrator must assure themselves that their facility is as hazard free as possible, and that day-to-day activities (acts of people) are in compliance with this APP and the expectations of management.

#### B. Procedures:

This inspection program will consist of the following:

1. The Risk Management Coordinator will facilitate annual inspections, usually beginning in September. The key campus/department/facility leader will accompany the RMC during the annual walk-through inspection. A report will be written with recommendations and forwarded to the head of each facility.
2. Supervisors, maintenance personnel, or the assigned safety contact of facilities or work sites will conduct additional inspections. These self-inspections will be conducted monthly in all facilities. A report of these inspections, with proposed corrective actions where indicated, will be forwarded to the Risk Management Coordinator.
3. The Risk Management Coordinator will maintain records of facility inspections for a minimum of five years.
4. A procedure for conducting periodic, documented inspections on equipment such as tractors, vehicles, backhoes, manlifts, vehicle lifts, will be implemented by the maintenance department, with records of inspections documented and retained.
5. Respective supervisors will be responsible for follow-up of inspections to ensure corrective actions are performed.
6. Any identified unsafe equipment will be removed from service till appropriate repairs are completed by a competent person. Affected employees shall be notified if equipment is removed from service by whatever means will ensure that the un-safe equipment is not inadvertently used till repaired.
7. The Risk Management Coordinator will work with Loss Control Insurance representatives to ensure annual inspections as well as periodic hazard identification surveys (with follow-up) are completed.

## SECTION I

### ACCIDENT REPORTING & INVESTIGATION

**A. Purpose:**

To provide a means of identifying reasons (acts and/or conditions) for accidents and ensuring corrective action is implemented to reduce the chance of similar accidents.

**B. Scope:**

All accidents and incidents will be promptly reported to the immediate supervisor, whether or not they result in personal injury or property damage.

**C. Procedure:**

1. The supervisor must assure that first aid or medical attention is provided. If a doctor visit is necessary, the supervisor is to arrange transportation with the designated transporter at the department/facility or by calling 911, depending upon the seriousness of the injury.

2.

**NOTE** Injured or ill employees shall not be allowed to transport themselves whenever post-injury transportation is necessary.

**NOTE:** The employee must give their permission to be transported to the nearest medical facility or minor emergency clinic. If they specify a doctor of their choice, they should be taken there.

3. The Risk Management Coordinator office must be notified if the accident will involve a claim. There must be no delay in the claim reporting process pending the outcome of the investigation.
4. The supervisor should investigate the accident immediately but no later than 24 hours after the occurrence. The supervisor utilizes the Injury Report form and Accident Investigation Form.
5. Once the investigation is completed, the forms must be forwarded to the Insurance Department office no later than 48 hours after the occurrence. A copy of the completed Accident Investigation Form will also be provided to the supervisor's manager
6. It is the respective supervisor's responsibility to assure that corrective action was taken and that it was effective.
7. Near Misses: Employees are to report near misses so an appropriate investigation may be completed.

## POST INJURY ASSISTANCE (Return to Work)

### A. Purpose:

To assure that contact is maintained with employees off work due to an injury and assistance is provided with processing the claim. Also, contact is maintained with physicians and the claim adjusters to provide information on job descriptions and transitional work duty to allow the employee to return to work at the earliest time possible.

### B. Scope:

Post injury assistance procedures will be applied to all lost time accidents. It is the Insurance Office responsibility to coordinate this assistance with the department manager and supervisor. All department directors and campus leadership will participate in and comply with these post-injury procedures for all injured employees.

### C. Procedure:

1. Once it is known the injury will involve enough lost workdays to involve weekly benefits, the Insurance Office communicates information regarding benefits to be provided by the Texas Workers' Compensation rules and these procedures.
2. The injured employee's immediate supervisor should schedule calls to the employee periodically to ask how the employee is progressing and to find out if he/she is having any problems with medical bills, benefits, etc. The Insurance Office should be contacted to assist with any problems that are encountered after each call.
3. The District Insurance Coordinator office will maintain contact with the treating physician after each visit to follow-up on the prognosis. The Insurance Office will convey to physicians that DeSoto ISD encourages timely return to work and will furnish information on job descriptions, transitional work duty (if available), etc. so an informed decision can be made by the doctor as to when the employee will be able to return. The Risk Management Coordinator office will also maintain communication with claim adjusters on any problems encountered with the claim and return to work process.

4. Any transitional work that the injured employee is assigned shall be periodically assessed (each 30 days, or more frequently if required) to ensure the overall effectiveness of this transitional work assignment, the compliance with doctor's written limitation, and for any extension of the transitional work timeframe. The well-being of the transitional employee and the effective completion of the work elements are the critical criteria to be evaluated for continuing to offer each prescribed transitional work assignment.
5. The periodic evaluation of the transitional work assignment will be the responsibility of the department manager, supervisor, Human Resources and the Insurance Coordinator, with input from the employee, medical provider, and insurance carrier.

## SECTION J

### **ANNUAL REVIEW OF THE ACCIDENT PREVENTION PLAN**

The Risk Management Coordinator will periodically review and revise the Accident Prevention Plan for effectiveness and implementation. Special attention will be devoted to areas and criteria that demonstrate a failure or shortcoming in Safety Program components, or due to the introduction of new procedures, processes, or equipment.

The annual review form will facilitate the review process and will be maintained by the Risk Management Coordinator. Corrective measures will be taken as needed to emphasize or restructure the Accident Prevention Plan to perform at the optimum effectiveness. Information will be solicited from administrators, supervisors, and employees to determine the effectiveness of each program component, and assistance in developing adjustments and corrections. All employees will be made aware of modifications of the Accident Prevention Plan at least annually usually prior to the beginning of the school year in August, or when necessary during periodic staff and or safety meetings.

**DESOTO INDEPENDENT SCHOOL DISTRICT**  
**ACCIDENT PREVENTION PLAN - APPENDICES**

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## Appendix A – First Report of Injury (Sample)

Send the specified copies to your Workers' Compensation Insurance Carrier and the injured employee.

\*Employers - Do not send this form to the Texas Department of Insurance, Division of Workers' Compensation, unless the Division specifically requests a direct filing.

CLAIM # _____
---------------

CARRIER'S CLAIM # _____
-------------------------

### EMPLOYERS FIRST REPORT OF INJURY OR ILLNESS

1. Name (Last, First, MI.) _____		2. Sex <input type="checkbox"/> F <input type="checkbox"/> M		15. Date of Injury (m-d-y) - -		16. Time of Injury : am <input type="checkbox"/> pm <input type="checkbox"/>		17. Date Last Time Began (m-d-y) - -		
3. Social Security Number - -		4. Home Phone ( )		5. Date of Birth (m-d-y) - -		18. Nature of Injury*		19. Part of Body Injured or Exposed*		
6. Does the Employee Speak English? If No, Specify Language YES <input type="checkbox"/> NO <input type="checkbox"/>										
7. Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/>				8. Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/>						
9. Mailing Address Street or P.O. Box City State Zip Code County										
10. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/>										
11. Number of Dependent Children					12. Spouse's Name					
13. Doctor's Name										
14. Doctor's Mailing Address (Street or P.O.Box) City State Zip Code										
20. How and Why injury/Illness Occurred*										
21. Was employee doing his regular job? YES <input type="checkbox"/> NO <input type="checkbox"/>					22. Worksite Location of Injury (stairs, dock, etc.)*					
23. Address Where Injury or Exposure Occurred Name of business if incident occurred on a business site Street or P.O. Box County City State Zip Code										
24. Cause of Injury (fall, tool, machine, etc.)*										
25. List Witnesses										
26. Return to work date (or expected) (m-d-y) - -			27. Did employee die? YES <input type="checkbox"/> NO <input type="checkbox"/>		28. Supervisor's Name		29. Date Reported (m-d-y) - -			
30. Date of Hire (m-d-y) - -			31. Was employee hired or recruited in Texas? YES <input type="checkbox"/> NO <input type="checkbox"/>			32. Length of Service in Current Position Months _____ Years _____		33. Length of Service in Occupation Months _____ Years _____		
34. Employee Payroll Classification Code				35. Occupation of Injured Worker						
36. Rate of Pay at this job \$ _____ Hourly \$ _____ Weekly			37. Full Work Week is _____ Hours _____ Days			38. Last Paycheck was \$ _____ for _____ Hours or _____ Days		39. Is employee an Owner, Partner, or Corporate Officer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
40. Name and Title of Person Completing Form					41. Name of Business					
42. Business Mailing Address and Telephone Number Street or P.O. Box Telephone ( )					43. Business Location (if different from mailing address) Number and Street City State Zip Code					
44. Federal Tax Identification Number			45. Primary North American Industry Classification System Code (6 digit)			46. Specific NAICS Code (8 digit)		47. Texas Comptroller Taxpayer No.		
48. Workers' Compensation Insurance Company					49. Policy Number					
50. Did you request accident prevention services in past 12 months? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, did you receive them? YES <input type="checkbox"/> NO <input type="checkbox"/>										
51. Signature and Title (READ INSTRUCTIONS ON INSTRUCTION SHEET BEFORE SIGNING) X _____ Date _____										



**Appendix B**  
**Self-Inspection Forms**

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

Location or Department Inspected: \_\_\_\_\_

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

	Y	N	N/A
1. Housekeeping - Is the work area clean and orderly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Floors - Are floors in good condition (smooth, clear surfaces without holes, cracks, or humps)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Aisles - Are aisles and passageways clear, dry, and free of tripping hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stairways - Are stairs in good condition, with handrails, and adequate lighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Storage - Are materials, products, or supplies properly and safely to a workable height?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Ladders - Are ladders provided where needed, of standard construction, and in good physical condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Machines & Equipment - Are machines and equipment in safe operating condition, with the necessary guards provided and used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Hand Tools - Are the right tools for the job being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are they in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Electrical - Are all required grounds provided on power tools and extension cords?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is electrical equipment in good operating condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Lighting - Is adequate lighting provided in all work areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Personal Protection - Are all employees provided with personal equipment, and trained in use requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. First Aid - Are first aid supplies provided and accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Fire Extinguishers - Are fire extinguishers easily accessible and properly serviced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Entrances - Are entrances kept dry or provided with nonskid mats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Exits - Are emergency exits marked, clear, and easily accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are exit doors unlocked and do they swing toward the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Exterior - (sidewalks, parking lots, etc.) - Are sidewalks and parking lots smooth and free of cracks, holes, and tripping hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Training - Are all employees trained in proper climbing, lifting techniques and material handling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Signs - Are safety instructions and warning signs posted where where needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**Appendix C**  
**Accident Prevention Plan Employee Acknowledgement**

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

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

Driver's License Number: \_\_\_\_\_

I acknowledge that I have received, read, and understood the contents of the Accident Prevention Plan. If unable to read, the contents of the Accident Prevention Plan have been explained by my supervisor. I understand that compliance with all stated district procedures, including safety, is a condition of continued employment with DeSoto ISD.

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

**Appendix D**  
**Safety Hazard Report**

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

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

Day of Week: \_\_\_\_\_

Time: \_\_\_\_\_

Hazard Description:

Recommendation:

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

Action Taken:

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

**Appendix E**  
**Supervisor's Report of Employee Injury Investigation**

Injured Employee: \_\_\_\_\_

Date of this report: \_\_\_\_\_

Job Title: \_\_\_\_\_

Age: \_\_\_\_\_

Date and time of injury: \_\_\_\_\_

Where injury happened: \_\_\_\_\_

Report to supervisor or first aid delayed: \_\_\_\_\_

Why? \_\_\_\_\_

Supervisor's comment regarding cause of injury:

Was there lost time as a result of this injury? \_\_\_\_\_

Lost time began: \_\_\_\_\_

What should be done, and by whom to prevent recurrence of this type of injury?

What action will be taken to see that this is done?

Was employee's previous injury record reviewed with him or her? \_\_\_\_\_

Total number of injuries to date: \_\_\_\_\_ Date employed: \_\_\_\_\_

Does previous injury record indicate repeated types of injuries? \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_

**Appendix F  
Training Attendance List**

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

Program Title: \_\_\_\_\_

Trainer: \_\_\_\_\_

The following personnel attended the training listed above:

<b>Name</b>	<b>Department/Campus</b>	<b>Signature</b>

Topics Discussed:

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**Appendix G**  
**Annual Review of Accident Loss Prevention Plan**

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

New Exposure Identified: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Date of Next Review: \_\_\_\_\_

This manual was published with information from the Texas Department of Insurance, Division of Workers' Compensation and is considered accurate at the time of publication.

Additional district specific information was taken from reports and suggestions by Edwards' Risk Management.

Both the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) and Edwards' Risk Management offer free safety publications and videos. Access information can be received from the district Risk Management Coordinator.