Workforce Safety & Insurance

Caitlin Young, Leave Manager

Safety & Risk Management Program

- West Fargo Public Schools established a Safety & Risk Management Program
- Priority on prevention of accidents & injuries, quality healthcare for injured staff and a return-to-work program
- All staff must be trained at the beginning of their employment, annually receive information on the program and have information accessible via the employee portal
- Acknowledgement of receipt of the information presented in this section via the professional staff acknowledgement form

Universal Precautions in the School Setting

- North Dakota Department of Public Instruction (ND DPI) https://www.nd.gov/dpi/districtsschools/safety-health/school-health
- Information on reducing risk of exposure to bloodborne pathogens through preventing contact with blood and other bodily fluids
- Instructions for creating a kit as a preparedness tool along with recommendations for schools, classrooms, and staff working outdoors or on bus routes

Designated Medical Providers

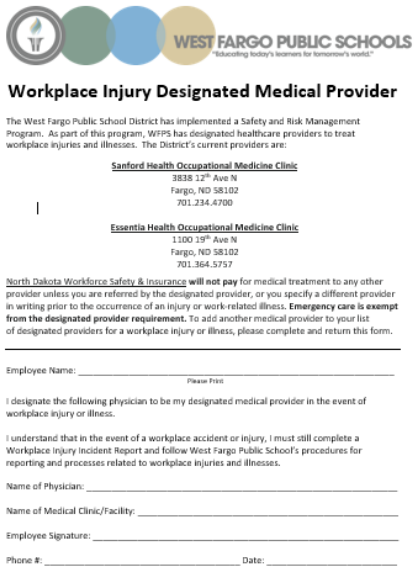
- **Sanford Health Occupational Medicine Clinic**
  - 3838 12th Ave N
  - Fargo, ND 58102
  - (701) 234-4700

- **Essentia Health Occupational Medicine Clinics**
  - 1109 19th Ave N
  - Fargo, ND 58102
  - (701) 364-5757

  - ***Emergency care is exempt from the designated medical provider requirement.***

Designated Medical Provider Selection

- Staff may elect to add their own designated medical provider for a workplace injury PRIOR to an injury occurring.
- Complete the DMP selection form on Human Resources Employee Portal and return to Human Resources.
- Can be done at anytime, but prior to an injury in order to be utilized.



WEST FARGO PUBLIC SCHOOLS

"Educating today's learners for tomorrow's world."

Workplace Injury Designated Medical Provider

The West Fargo Public School District has implemented a Safety and Risk Management Program. As part of this program, WFPS has designated healthcare providers to treat workplace injuries and illnesses. The District's current providers are:

Sanford Health Occupational Medicine Clinic
3838 12th Ave N
Fargo, ND 58102
701.234.4700

Essentia Health Occupational Medicine Clinic
1100 19th Ave N
Fargo, ND 58102
701.364.5757

North Dakota Workforce Safety & Insurance **will not pay** for medical treatment to any other provider unless you are referred by the designated provider, or you specify a different provider in writing prior to the occurrence of an injury or work-related illness. **Emergency care is exempt from the designated provider requirement.** To add another medical provider to your list of designated providers for a workplace injury or illness, please complete and return this form.

Employee Name: _____
Please Print

I designate the following physician to be my designated medical provider in the event of workplace injury or illness.

I understand that in the event of a workplace accident or injury, I must still complete a Workplace Injury Incident Report and follow West Fargo Public School's procedures for reporting and processes related to workplace injuries and illnesses.

Name of Physician: _____

Name of Medical Clinic/Facility: _____

Employee Signature: _____

Phone #: _____ Date: _____

Workplace Injury Incident Reporting

- Injured on the job
- Must be completed on the day of injury or by the next business day
- Return to supervisor or building administrator *AND* HR
- Available in the Main office of every school

Workplace Injury Incident Report Form

WORKPLACE INJURY INCIDENT REPORT

When should I fill out this form?

WFPS staff should complete this form if they are injured on the job. All on-the-job injuries must be reported the same day as the injury.

All signed injury incident report forms must be scanned and emailed or faxed to Human Resources at 701-499-6685.

What is a reportable injury?

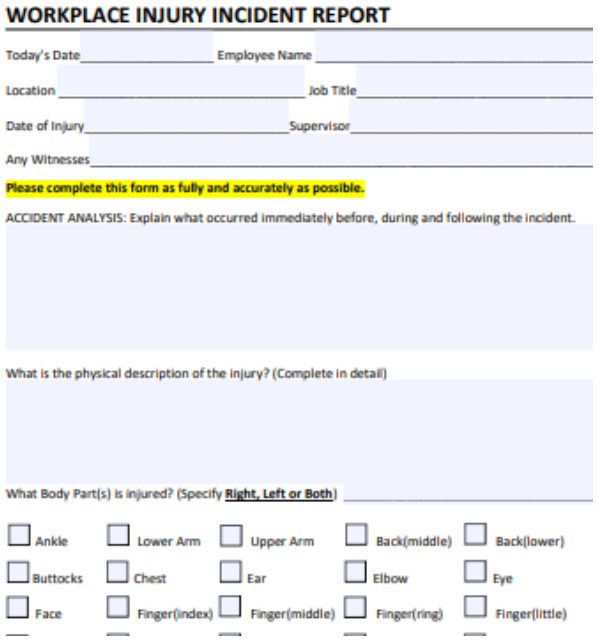
A reportable injury is as follows;

- Any work-related injury or illness requiring medical treatment or that may require medical treatment **beyond first aid. (see below)**
- Any work-related injury involving a needlestick, bite or puncture that breaks the skin.
- Any work-related injury that results in fractured or cracked bones or teeth.
- Any work-related injury or illness that results in loss of consciousness.

*Injuries requiring First Aid do **not** require completion of a Workplace Injury Incident Report unless one of the additional criteria above are met in addition.*

First Aid is defined as follows:

· Using a non-prescription medication at nonprescription strength
· Cleaning, flushing or soaking wounds on the surface of the skin
· Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, etc., are considered medical treatment);
· Using hot or cold therapy;
· Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment);
· Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
· Using eye patches;
· Removing foreign bodies from the eye using only irrigation or a cotton swab;
· Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;
· Using finger/arm guards;
· Drinking fluids for relief of heat stress



WORKPLACE INJURY INCIDENT REPORT

Today's Date_____ Employee Name _____

Location _____ Job Title _____

Date of Injury_____ Supervisor_____

Any Witnesses_____

Please complete this form as fully and accurately as possible.

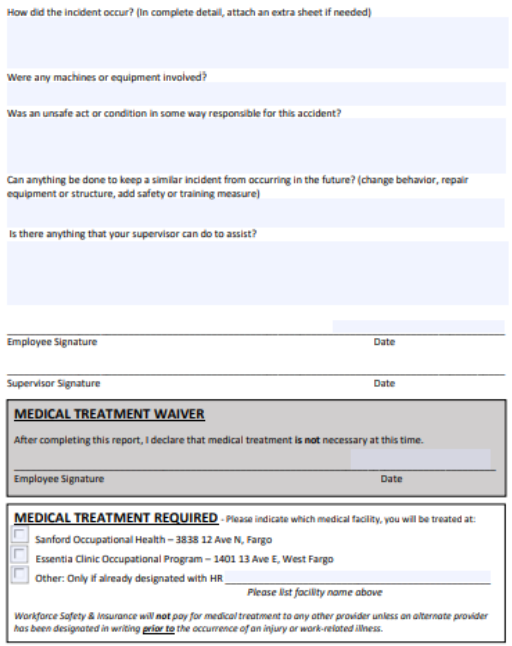
ACCIDENT ANALYSIS: Explain what occurred immediately before, during and following the incident.

What is the physical description of the injury? (Complete in detail)

What Body Part(s) is injured? (Specify Right, Left or Both) _____

☐ Ankle ☐ Lower Arm ☐ Upper Arm ☐ Back(middle) ☐ Back(lower)
☐ Buttocks ☐ Chest ☐ Ear ☐ Elbow ☐ Eye
☐ Face ☐ Finger(index) ☐ Finger(middle) ☐ Finger(ring) ☐ Finger(little)

Workplace Injury Incident Report Form



How did the incident occur? (In complete detail, attach an extra sheet if needed)

Were any machines or equipment involved?

Was an unsafe act or condition in some way responsible for this accident?

Can anything be done to keep a similar incident from occurring in the future? (change behavior, repair equipment or structure, add safety or training measure)

Is there anything that your supervisor can do to assist?

Employee Signature Date

Supervisor Signature Date

MEDICAL TREATMENT WAIVER

After completing this report, I declare that medical treatment **is not** necessary at this time.

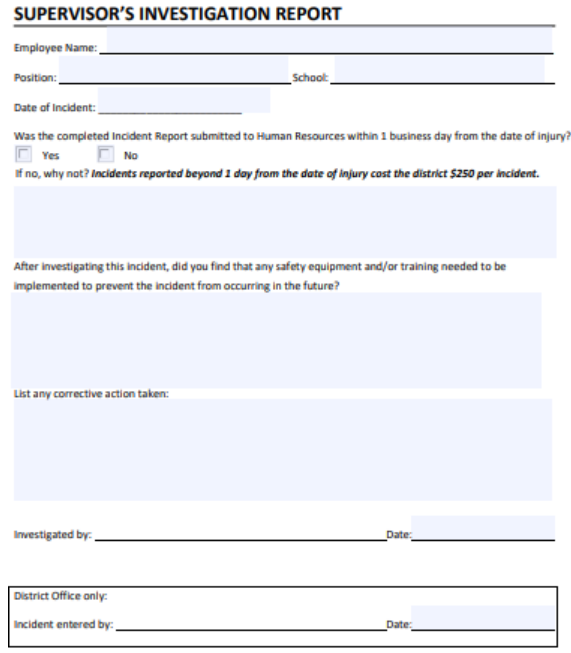
Employee Signature Date

MEDICAL TREATMENT REQUIRED - Please indicate which medical facility, you will be treated at:

- ☐ Sanford Occupational Health – 3838 12 Ave N, Fargo
- ☐ Essentia Clinic Occupational Program – 1401 13 Ave E, West Fargo
- ☐ Other: Only if already designated with HR _____

Please list facility name above

*Workforce Safety & Insurance will **not** pay for medical treatment to any other provider unless an alternate provider has been designated in writing **prior to** the occurrence of an injury or work-related illness.*



SUPERVISOR'S INVESTIGATION REPORT

Employee Name: _____

Position: _____ School: _____

Date of Incident: _____

Was the completed Incident Report submitted to Human Resources within 1 business day from the date of injury?

☐ Yes ☐ No

If no, why not? ***Incidents reported beyond 1 day from the date of injury cost the district $250 per incident.***

After investigating this incident, did you find that any safety equipment and/or training needed to be implemented to prevent the incident from occurring in the future?

List any corrective action taken:

Investigated by: _____ Date: _____

District Office only:

Incident entered by: _____ Date: _____