



# **FOUNTAIN - FORT CARSON SCHOOL DISTRICT EIGHT**



## **SAFETY HANDBOOK**



## SAFETY POLICY STATEMENT

It is Fountain-Fort Carson School District Eight's philosophy that our people are our most important asset and that the preservation of employee safety must remain a consideration in every aspect of our district. It is our intent to provide a work environment as free of hazards as is reasonably practical so that each employee can continue the best service to the children of our district.

We also recognize that the responsibility for safety is a shared responsibility. All employees are responsible for working safely and remaining aware of hazards of their jobs, and following recognized safe work practices.

Therefore, we would hope that all employees:

- Understand and follow the safe operating practices of the District and comply with established procedures, rules and safety conditions.
- Report and correct when appropriate, unsafe conditions, equipment, or practices.
- Report all incidents including property damage, injuries and "near miss" incidents to an immediate supervisor, or a building safety representative and obtain first aid or medical treatment when necessary.

All employees, both certificated, classified, guests (substitutes), and volunteers, are responsible to themselves and fellow employees to limit known risks of their job and work environment; and to ensure that work performance does not produce additional hazards. It is our sincere belief that most incidents can be prevented and that suffering and financial loss can be curtailed.

## **FOUNTAIN-FORT CARSON SCHOOL DISTRICT EIGHT SAFETY COORDINATOR OBJECTIVES**

Henry Gonzales is the designated safety coordinator for Fountain-Fort Carson School District Eight and is the primary contact for safety-related matters. All employees will receive an orientation to the safety rules upon initial employment and are encouraged to bring to the attention of their supervisor, any unsafe conditions or practices. Supervisors will communicate these concerns to the safety coordinator, who will respond to this concern within 24 hours.

The primary goals of the safety coordinator will be to:

- Oversee implementation of the organization's safety program.
- Annually review the organization's safety policy and safety rules.
- Maintain accurate records and annually report the results of workplace accident and injury trend analysis.
- Recommend actions to reduce the frequency and severity of accidents and illnesses.
- Integrate safety into the day-to-day activities of all employees.
- Coordinate the new employee orientation and safety training programs.
- Assist the organization in compliance with government standards concerning safety and health.
- Assist supervisors with accident investigation.
- Identify unsafe conditions and practices and determine remedies.
- Discuss with and make recommendations to management on matters pertaining to safety.

Henry Gonzales  
Executive Director of Human Resources

**Fountain-Fort Carson District Eight  
Safety Handbook  
Table of Contents**

	Page(s)
Safety Rules .....	1 - 3
Claims Management Procedures/Guide .....	4 - 6
Transitional Temporary Duty .....	7

**FORMS**

Employer's First Report of Injury Form

Accident Report

Employee Safety Notification Letter .....	8
---	---

Maps

Accident Prevention and Safety Procedures .....	9
---	---

Safety Rule Violation .....	10
-----------------------------	----

**POLICIES**

Staff Health .....	11 – 12
--------------------	---------

Workers Compensation .....	13
----------------------------	----

## SAFETY RULES FOR SCHOOL DISTRICT EIGHT

1. Follow all safety rules and/or procedures that are specific to your work area.
2. Report ALL potential safety hazards promptly to your Safety Representative.
3. Report ALL accidents to the Safety Representative for your building and get first aid treatment immediately.

### 4. **PERSONAL PROTECTIVE EQUIPMENT (PPE)**

#### Protective Eye Protection

- Wear appropriate glasses (goggles) as task demands

#### Protective Ear Protection

- Wear ear plugs when using loud tools, equipment. If you have to shout to be heard, you need plugs

#### Hands

- Wear gloves as listed in standard operating procedures or first aid application
- **Do not** wear jewelry that may cause injury

#### Clothing and Shoes

- Observe common sense rules
- **Do not** wear clothing (including jewelry) that can get caught in machinery, or while performing activities that may cause injury
- Shoes that are job appropriate

### 5. **LIFTING - REACHING - PUSHING**

Whenever lifting anything always use proper lifting techniques

- **Do not** lift more than can be picked up safely
- Use your legs, keep your back straight and keep object close to your body. **Do not** twist
- Use appropriate apparatus if there is a need to lift above shoulder height

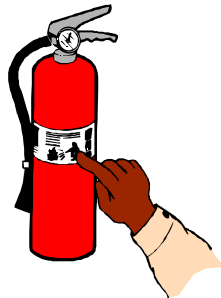
6. Whenever it is necessary to reach areas that cannot be reached while standing on the floor, always use the proper equipment, i.e., stepladders or step stools instead of chairs, tables, or boxes, etc.

- Make sure that ladders are not damaged
- Ladder is fully opened and all feet are on the ground
- **Do not** climb above recommended rung
- Always face the ladder when ascending or descending and while performing task
- **Do not** use metal ladders if there is a hazard of electrical contact

7. When moving equipment always PUSH rather than pull whenever possible
  - Example: VCR and equipment carts
8. **HOUSEKEEPING**
  - Remove all tripping hazards (cords, boxes, etc.)
  - Keep access to all exits open
  - Clean up or indicate all spills
  - Store material in a manner that will prevent falling
  - Paper cutters must have blade retainers in the down or locked position when not in use
9. Always use caution when using electrical cords, tools or equipment.
  - Always use items for their intended purpose
  - Inspect tools, equipment, cords and machinery for defects before using
  - If not safe, report as procedure dictates
10. **FIRE EXTINGUISHERS**
  - Know the location and appropriate usage of fire extinguishers in your work area
11. **EQUIPMENT**

Lawnmowers, snowplows, tractors, or other large equipment should not be in use when children are outside on the playground
12. **MSDS (Material Safety Data Sheets)**

MSDS are kept in the main office of your site. To become familiar with substances you are working with, you may get a copy. Always follow the safety, handling and first aid instructions found in the MSDS and labels



## UNACCEPTABLE PRACTICES

1. Willful or repeated violation of safety rules and/or safety procedures.
2. Fighting, horseplay, practical jokes or other disorderly conduct which may endanger the well-being of any employee or school operation.
3. Using school material, time or equipment for unauthorized purposes or for personal use that could affect the safety or welfare of the building occupants.
4. Engaging in such other practices which may be detrimental to the welfare of the district and its employees, i.e., drugs or intoxication, etc.



Adopted by the Safety Committee  
Effective May 17, 1994  
Reviewed 2/11/03

**FOUNTAIN-FORT. CARSON SCHOOL DISTRICT EIGHT  
SAFETY PROGRAM  
CLAIMS MANAGEMENT PROCEDURES**

One of School District Eight's primary efforts in maintaining a safe environment for its employees is the prevention of injuries. And although the district has put in place a well-designed safety program, accidents will happen. The primary emphasis of effective injury and claims management is returning our employee to work as soon as possible. This requires working closely with our employee, designated provider and insurance carrier.

Steps to be taken by safety representatives and the district safety coordinator.

1. All injuries must be reported immediately or within 24 hours.
2. The injured employee must seek treatment from the designated provider (except in the case of a dire emergency when another medical facility is closer).
3. Accidents are investigated immediately to identify and eliminate the cause.
4. Whether medical attention is needed or not, a First Report of Injury and Accident Report Form must be submitted to Human Resources as soon as possible.
5. Benefits are explained to the employee by the district safety coordinator.
6. A strong working relationship will be maintained with the medical provider and the insurance adjuster by the district safety coordinator.
7. Employees are returned to work as soon as possible.
8. Frequent communication with employee, medical provider and adjuster will continue until recovery is complete by the district safety coordinator, employee's supervisor and building safety representative.



## **Fountain-Fort Carson Claims Management Guide**

Fear and uncertainty are primary reasons for injured employees to delay reporting and to seek assistance from attorneys. This may be due to concern over medical bills, lost income, or even the loss of employment. The following procedure will be conducted to alleviate these fears and insure that Workers' Compensation claims will be handled in a fair and expeditious manner.

1. All employees will be provided with an explanation of the Workers' Compensation system and the benefits it will provide.
2. In the event of a work-related injury or illness, the injured employee must report it to their immediate supervisor or the safety coordinator before the end of the work shift.
3. If the injured employee needs immediate medical attention, 911 should be called. They should be sent to the nearest appropriate hospital or clinic.
4. If the injury is not an emergency, an appointment will be made with the designated medical provider as soon as possible. District Eight's designated medical providers are **Concentra Medical Centers** and **Memorial Hospital Occupational Health Centers**. The injured employee has the right to choose between these two providers.
5. An accident investigation will be conducted following all work-related injuries. The supervisor or safety coordinator will be responsible for interviewing the injured employee and all witnesses.
6. All initial reports of injury will be reported by the building safety representative to the District Safety Coordinator Office. The Secretary to the Coordinator will file the initial report of injury to the district's workers' compensation insurance carrier.
7. If the incident involved an employee death or a catastrophe (three or more employees admitted to the hospital) OSHA must be notified within eight hours.
8. The safety coordinator will use information from the accident investigation to identify changes that may help prevent future incidents.
9. For lost time claims, the supervisor will contact the injured employee at least once a week to answer questions, keep the injured employee informed of organization activities, and discuss return to work options.
10. The safety coordinator will contact the medical provider after each appointment to keep current on the employees work status, medical progress, and to ensure that appointments are being kept.

11. Modified duty procedures will be as follows:

- The medical restrictions will be evaluated by the employee's supervisor who will determine if the employee can return to their regular job duties.
- If the employee is unable to return to normal job duties, the supervisor will determine if the employee's position can be temporarily modified to accommodate the restrictions.
- If the job cannot be modified, the safety coordinator will evaluate other tasks or positions the employee may be able to perform until the medical restrictions are lifted.
- The proposed tasks as outlined by the safety coordinator, will be sent to the doctor for his/her approval and a job offer made to the employee in accordance with the Colorado Rules and Procedures, Rule IX. If the employee is unwilling to return to the modified duty tasks, the school district will view a refusal of an offered modified duty as abandonment by the employee of his/her position with the school district. Refusing an offered modified duty position may reduce or eliminate an employee's temporary total benefits.
- If the employee is unable to return safely to a modified position, the medical restrictions will be re-evaluated after each doctors' visit to ensure the employee is returned to work as soon as possible.

12. Accurate records will be kept for all Workers' Compensation claims. This file will document all communications regarding the claim and all records from the medical providers and your claims adjuster.

## **TRANSITIONAL TEMPORARY DUTY**

Transitional/temporary return to work provides the opportunity for eligible injured employees to work in a productive capacity while recovering from an on the job injury.

Injured employees who are released to return to work with restrictions by the designated provider will meet with the safety coordinator.

- The employee may return to his/her regular job with reasonable accommodations.
- The employee may be assigned to suitable transitional/temporary duty until such time the employee is cleared to return to his/her regular position; until maximum medical improvement is achieved and/or the employee is released from medical treatment; or until temporary duty is determined unreasonable or impractical.
- With the exception of FMLA benefits, an employee performing temporary duty is considered on a Workers' Compensation absence and will not accumulate temporary leave or vacation days.

Fountain School District Eight shall have sole discretion to determine its work-related needs and whether transitional/temporary duty is reasonable, appropriate, and in its best interests. Nothing herein shall be construed as a guarantee to any injured employee that he or she will be assigned to transitional/temporary duty.

While on transitional/temporary duty ("TTD"), the employee will be responsible for maintaining acceptable performance standards as a condition for continued employment.

- Early return to work assists the employee by enhancing the recovery
- TTD may be part-time or full-time but it shall not be permanent.
- TTD wages shall be consistent with the tasks performed. (The Workers' Compensation provider will then pay two-thirds of the difference between the TTD wage and the employee's pre-injury wage.)
- The employee shall not earn temporary leave, vacation leave or other benefits while not on work status except health insurance and those benefits eligible under FMLA.
- An employee who refuses an offer of appropriate employment by Fountain School District Eight may not be eligible for lost time disability benefits.

# FORMS





Fountain • Fort Carson  
**SCHOOL DISTRICT EIGHT**

**WHEN AN INJURY OCCURS ON DISTRICT PROPERTY,  
EMPLOYEES ARE *REQUIRED* TO UTILIZE THE  
DISTRICT'S WORKER'S COMPENSATION PROVIDERS.**

**PLEASE CHOOSE FROM ONE OF THE BELOW PROVIDERS.**

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## **Concentra Medical Centers**

Colorado Springs – North  
5320 Mark Dabbling Boulevard  
Colorado Springs, CO 80918  
(719) 592-1584

Colorado Springs – South  
2322 S. Academy Boulevard  
Colorado Springs, CO 80916  
(719) 390-1727

Hours: M – F / 8 am – 5 pm

## **Memorial Hospital Occupational Health Network**

Worker's Comp. Provider

2502 E. Pikes Peak Avenue  
Colorado Springs, CO 80909  
(719) 365-6840 for appointments  
(719) 365-2888 Urgent & After Hours Care



**A. Critical Data -MUST BE COMPLETED IN ORDER FOR US TO BEGIN PROCESSING YOUR CLAIM BY PHONE.**

### B. Employee (Injured Worker) Information

**C. Accident / Injury Information**      Accident Occurred on Employers Premises ☐ Yes ☐ No

Is this a lost-time claim? ☐ Yes ☐ No

**Report all injuries to Pinnacol Assurance immediately.**

Full Pay on Date of Injury ☐ Yes ☐ No

Returned to Work? ☐ Yes ☐ No Date Returned to Work:      /      /      Estimated Date of Return to Work:      /      /

**D. Medical Provider Information; Where was your employee treated?** ☐ No Medical Treatment

☐ Treated by Employer    ☐ 911 Called    ☐ Walk-in Clinic    ☐ Emergency Room    ☐ Hospitalized > 24 hrs    ☐ Possible Surgery

Medical Provider Name	Street Address	City	State	Zip	Phone
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Fatal Injury? ☐ Yes ☐ No

If fatal injury: Date of Death:                   /                   /

Prepared By: \_\_\_\_\_ Title: \_\_\_\_\_  
Please Print

Email: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

***Help Your Employee Get Back to Work. Report ALL injuries Immediately!***

## PINNACOL ASSURANCE FIRST REPORT OF INJURY FORM INSTRUCTIONS

1. **Report all work-related injuries within 24 hours!** Quick reporting can save up to six percent of the total cost of the claim. Our **goal** is to get your employee back to work as quickly as possible and reporting within 24 hours streamlines that process. Report the injury to Pinnacol Assurance even if you question whether the injury is truly job related. Provide information as to why you question the validity of the claim.
2. This form is a guide for **reporting injuries by phone, fax or via the internet. Phone and Fax numbers are on the front of this form. Internet [www.pinnacol.com](http://www.pinnacol.com), Select ServiceLink, then Select Report an Injury.** If you phone in your claim, you do not need to send Pinnacol Assurance a copy of this form. **The employer or authorized representative should complete this form.** Please **do not** have the injured worker complete this form.
3. The employer has the right to **designate the medical provider** the injured worker will see for treatment when the employer first learns of the injury. Designating a **Selectnet** provider through Pinnacol Assurance ensures your employee will deal with providers who are experts in occupational medicine and are knowledgeable about the workers' compensation system and return to work issues. If you do not have a designated provider, call Pinnacol Assurance for assistance. Designating a medical provider may also entitle you to a discount on your premium.
4. When you report a claim to Pinnacol Assurance by phone or the internet, a copy of the completed First Report Form will be mailed to you for your records. Please review the copy to ensure all information is correct. If changes are needed, please contact Pinnacol Assurance's claims representative assigned to the claim.
5. **All questions on this form need to be completed in order to meet the requirements of the Colorado Workers' Compensation Act.** Especially critical is the information regarding Date of Injury, whether the injured worker will miss more than three scheduled days from work, and when you expect the injured worker to be able to return to work.
6. If the injured worker owes court ordered child support, compensation benefits may be attached and payment of the child support obligation may be withheld and forwarded to the obligee. (C.R.S. 8-42-124 & 26-13-122(4))

**Date of Injury:** In the case of an occupational disease, include the date of the first and last exposure.

**Average Weekly Wage:** If this is a LOST TIME claim (loss of more than three scheduled days from work), a Pinnacol Assurance claims representative will call you for detailed wage information. Wages may also include: overtime wages, tips, commissions, room & board, housing, lodging and cost of health insurance.

**Accident Location:** If the accident occurred on the employer's premises, give that address. If it occurred outside the employer's premises at an identifiable address, give that address. If it occurred on a public highway or at any other place which cannot be identified by a number or street, please provide place references locating the place of the accident as accurately as possible.

**Please Remember:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or injured worker for the purpose of defrauding or attempting to defraud the policyholder or injured worker with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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**OSHA FORM 301 QUESTIONS** "If you had 10 or fewer employees during all of the last calendar year or your business is classified in a specific low-hazard retail, service, financial, insurance, or real estate industry, you do not have to keep injury and illness records unless the Bureau of Labor Statistics or OSHA informs you in writing that you must do so."

For this Pinnacol Assurance First Report of Injury to be considered an equivalent OSHA Form 301 (Injury and Illness Incident Report) the following questions must be completed along with the information on the front of this form. If you have questions regarding the OSHA recordkeeping standard contact your Pinnacol Assurance Safety Consultant.

Case number from OSHA 300 Log \_\_\_\_\_ Was employee hospitalized overnight as an in-patient? \_\_\_\_ Yes \_\_\_\_ No

**What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

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**What was the Injury or Illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burns, hand"; "carpal tunnel syndrome."

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**What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." *"If this question does not apply to the incident, leave blank"*

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## Accident Report (Employee's Injury Report to Employer)

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Time of Injury: \_\_\_\_\_ am \_\_\_\_\_ pm

Date/Time Left Work: \_\_\_\_\_ Date/Time Returned: \_\_\_\_\_ Lost Time: Yes ☐ No ☐

Employee's Explanation for Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name(s) of witness(es) to injury: \_\_\_\_\_

Date/Time supervisor notified: \_\_\_\_\_ Date/Time accident report completed: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Accident investigation conducted: Yes ☐ No ☐

Was there a: ☐ Safety Rule Violation ☐ Machine Malfunction ☐ Motor Vehicle Accident ☐ Other Violation

Supervisor's finding / comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What actions have been taken to prevent a recurrence: \_\_\_\_\_

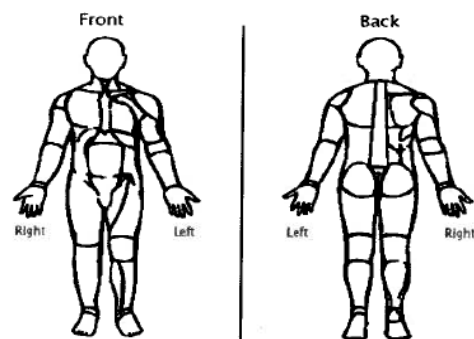
### Cause

- |  |  |
|--|--|
| <input type="checkbox"/> Burn, Scald, Exposure, Contact Injury | <input type="checkbox"/> Repetitive Motion Injury                  |
| <input type="checkbox"/> Caught In, Under, or Between          | <input type="checkbox"/> Rubbed or Abraded By                      |
| <input type="checkbox"/> Cut, Puncture, Scrape, Injured By     | <input type="checkbox"/> Strain or Injured By                      |
| <input type="checkbox"/> Fall, Slip or Trip                    | <input type="checkbox"/> Striking Against or Stepping On           |
| <input type="checkbox"/> Motor Vehicle                         | <input type="checkbox"/> Struck or Injured by (Kick, Stabbed, Bit) |

### Type of Injury

- |   |  |
|---|--|
| <input type="checkbox"/> No apparent injury | <input type="checkbox"/> Cumulative trauma (repetitive motion) |
| <input type="checkbox"/> Amputation         | <input type="checkbox"/> Foreign Body (e.g., in eye, etc.)     |
| <input type="checkbox"/> Burn               | <input type="checkbox"/> Laceration/Cut                        |
| <input type="checkbox"/> Contusion          | <input type="checkbox"/> Puncture (e.g. needle stick)          |
| <input type="checkbox"/> Crushing           | <input type="checkbox"/> Sprain/Strain                         |
| <input type="checkbox"/> Electrical Shock   | <input type="checkbox"/> Other: _____                          |

### Mark Areas of Injury



Employee referred to: ☐ Designated Medical Provider (specify): \_\_\_\_\_

☐ Declines Medical Care at this Time

☐ Hospital Emergency Room (specify): \_\_\_\_\_

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

Employee's signature: \_\_\_\_\_



# Employee Safety Notification Letter

**TO:**

**FROM:** Fountain-Fort Carson School District Eight

**DATE:**

**SUBJECT:**

- Designated Medical Provider for Work Related Injuries and Illnesses
- Safety Rules
- Receipt of Safety Handbook

All employees must obtain treatment of work-related injuries and illnesses from either  
**Concentra Medical Centers**

Colorado Springs – North  
5320 Mark Dabbling Boulevard  
Colorado Springs, CO 80918  
(719) 592-1584

Colorado Springs – South  
2322 S. Academy Boulevard  
Colorado Springs, CO 80916  
(719) 390-1727

Hours: M – F / 8 am – 5 pm

**Memorial Hospital**  
**Occupational Health Network**

Worker's Comp. Provider  
2502 E. Pikes Peak Avenue  
Colorado Springs, CO 80909  
(719) 365-6840 for appointments  
(719) 365-2888 Urgent & After Hours

In the event of a life-or-limb threatening emergency, the insured employee will be sent to the nearest emergency medical facility. Follow-up care must be provided by the medical provider designated above.

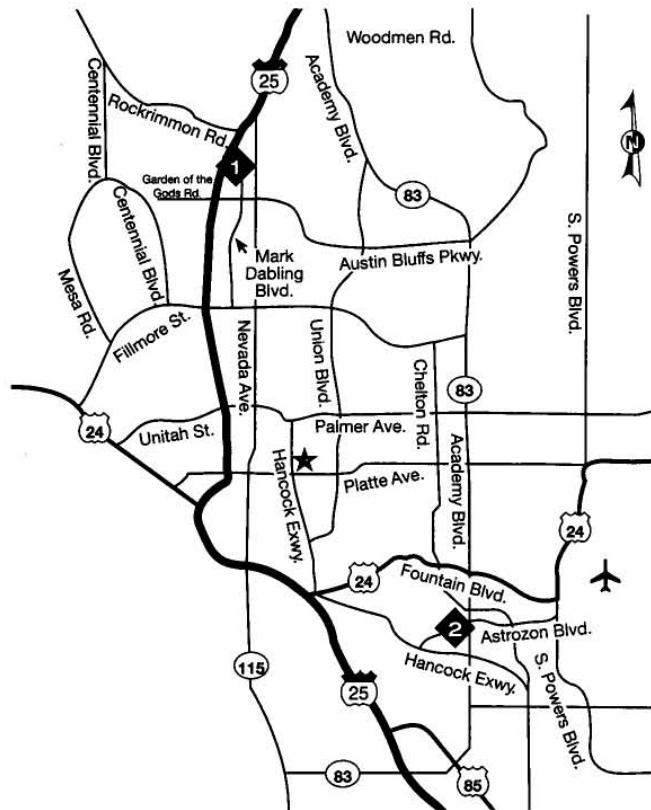
If an unauthorized medical provider treats an employee, the employee will be responsible for the payment of said treatment.

All employees must sign below, acknowledging this company policy, review of District Eight safety rules and receipt of the Safety Handbook.

I have read and am fully aware of the Fountain-Fort Carson School District Eight policy regarding medical treatment for work-related injuries and illnesses.

**Signature of Employee** \_\_\_\_\_ **Date** \_\_\_\_\_

# Colorado Springs Locations



**1** Colorado Springs - North  
5320 Mark Dabbling Boulevard  
Colorado Springs, Colorado 80918  
719-592-1584  
Hours: 8 am - 5 pm, M-F

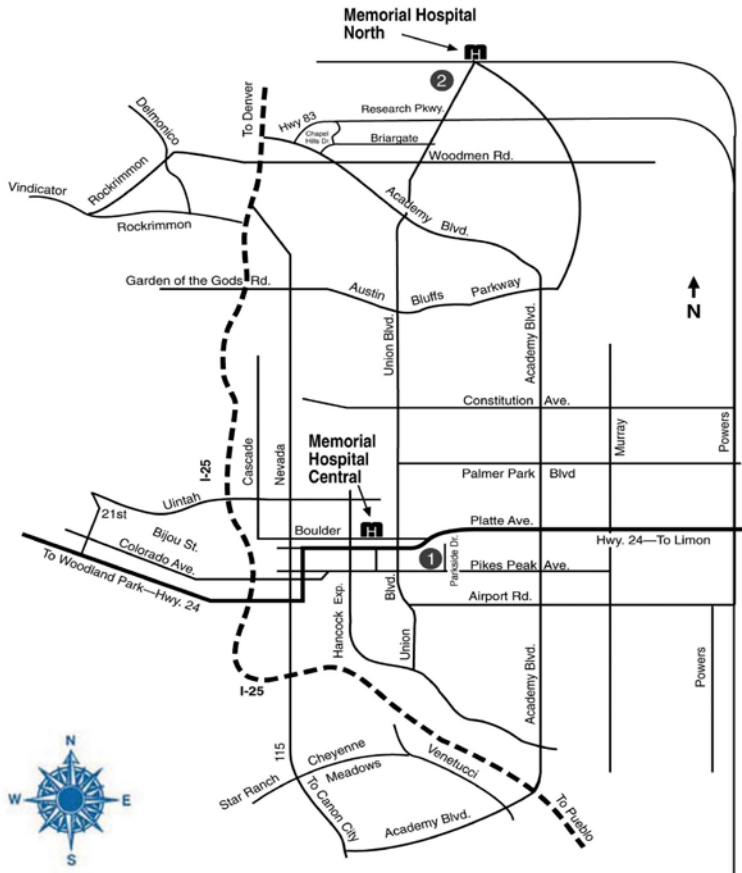
**2** Colorado Springs - South  
2322 South Academy Boulevard  
Colorado Springs, Colorado 80916  
719-390-1727  
Hours: 8 am - 5 pm, M-F

- All patients are seen on a walk-in basis. Work-related injuries receive immediate triage assessment.
- Pre-placement exams and DOT physicals are seen on a walk-in basis. Exam forms are provided, or you may use your company's specific forms.
- Working with Concentra Medical Centers requires no contract. Our fees are competitive and adhere to the applicable state workers' compensation fee guidelines.



[www.concentra.com](http://www.concentra.com)

# Memorial Health System Occupational Health Network



- 1 Memorial Health System Occupational Health Center**  
 Memorial Urgent & After Hours Care  
 2502 E. Pikes Peak Ave.  
 Colorado Springs, CO 80909

(719) 365-6840 Occupational Health Center  
 Occupational Health Hours of Operation  
 Monday - Friday 8:00 a.m.-5:00 p.m.

(719) 365-2888 Urgent & After Hours Care  
 Urgent Care Hours of Operation  
 Daily 8:00 a.m.-10:00 p.m.

- 2 Memorial Health System Occupational Health Center at Briargate**

Memorial Urgent & After Hours Care at Briargate  
 8890 N. Union Blvd.  
 Colorado Springs, CO 80920

(719) 365-6439 Occupational Health Center  
 Occupational Health Hours of Operation  
 Monday-Friday 8:00 a.m.-5:00 p.m.

(719) 365-2888 Urgent & After Hours Care  
 Urgent Care Hours of Operation  
 Daily 8:00 a.m.-10:00 p.m.

- Memorial Health System Emergency and Trauma Center**

1400 E. Boulder St.  
 Colorado Springs, CO 80909  
 (719) 365-5221  
 24 hours

- Memorial Health System North**

4050 Briargate Parkway  
 Colorado Springs, CO  
 (719) 364-3354  
 24 hours



File: EBB-E

**Accident Prevention and Safety Procedures**  
(Safety Hazard Report)

I have observed the following safety hazard or potential safety hazard:

Location:

Building \_\_\_\_\_

Room Number \_\_\_\_\_

Area \_\_\_\_\_

Grounds \_\_\_\_\_

Other \_\_\_\_\_

Type of Hazard: (Gas odor, lighting, electrical/something loose, sharp, slick, possibility of someone tripping or falling, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Maker \_\_\_\_\_ Date \_\_\_\_\_

Distribution: Initiator of Report  
Building Safety Coordinator  
District Safety Coordinator

Fountain-Fort Carson School District #8, Fountain, Colorado

## Safety Rule Violation

An employee who willfully violates a work safety rule, and in the course of doing so injures himself/herself, may sustain a 50% reduction in workers' compensation disability benefits.

The employee shall receive a written reprimand, and depending on the seriousness of the violation, suspension or termination may result.

Any employee who knowingly and/or willfully creates an unsafe environment or condition and/or causes an injury to a fellow employee(s) and/or knowingly misrepresents the extent or nature of injury shall receive disciplinary action.

## Safety Rule Violation Disciplinary Action Form

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Type of Violation \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Result of the Violation \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Disciplinary Action \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

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

Copy to personnel file



# *POLICIES*



File: GBGA

## **Staff Health**

(And Physical and Mental Health Examination Requirements)

Through its overall safety program and various policies pertaining to school personnel, the Board shall seek to insure the safety of employees during working hours and assist them in the maintenance of good health. It shall encourage all its employees to maintain good health and practice good health habits.

Under the following circumstances, the Board may require physical examinations of its employees. The district shall pay for all such physical examinations. Results of such physical examinations shall be maintained in separate medical files and not in the employee's personnel file and may be released only in limited circumstances.

### **Routine Physical Examinations**

Subsequent to a conditional offer of employment and prior to commencement of work, the district may require an applicant to have a medical examination and to meet any other health requirements that may be imposed by the state. The district may condition an offer of employment on the results of such examination if all entering employees in the applicable job category are subject to such examination. A 30-day grace period may be allowed if approved by personnel services.

All bus drivers, including full-time, regular part-time or temporary part-time drivers shall be required to have a physical examination once every two years to obtain or renew an operator's permit.

### **Special Examinations**

The Board recognizes that an individual's medical diagnosis is privileged information between the patient and medical professionals. However, whenever a staff member's medical condition is such that it interferes with his ability to perform his duties or there is an unacceptable risk to the health and safety of others, the district has a responsibility to take necessary steps to evaluate the employee's condition and make appropriate employment decisions.

The Board may request physical examinations and/or mental health examinations of any employee at any time to determine if the employee has a physical and/or mental condition, disease or illness which may interfere with his ability to perform his duties or which may pose an unacceptable risk to the health, safety or welfare of the employee or others. The school district shall select the medical professional to conduct such examination.

When the employee cannot perform the essential functions of the job with reasonable accommodation or medical evidence establishes that the employee's condition poses a significant risk to the health, safety or welfare of the employee or others, the school district may take action to suspend and/or terminate the employee in accordance with applicable policies and regulations.

### **Readily-transmitted Communicable Diseases**

An employee with an acute, common communicable disease shall not report to work during the period of time in which he is contagious/ infectious. The district reserves the right to require a physician's statement prior to the employee's return to work. An employee afflicted with a serious, readily-transmissible disease or condition shall be encouraged to report the existence of the condition or illness in case there are precautions that must be taken to protect the health of others.

### **HIV Infection**

Any employee who becomes aware that he is infected with the human immunodeficiency virus (HIV), which although life-threatening poses little risk of transmission in a school setting, is encouraged to report to a designated school administrator that he is afflicted with the disease. The administrator shall follow the procedures accompanying this policy to evaluate the employment status of the staff member.

To encourage disclosure, the school district shall endeavor to treat these employees in a fair, nondiscriminatory and confidential manner consistent with the district's legal obligations.

Federal and state law mandates, pursuant to provisions protecting handicapped individuals, that such employees shall not be discriminated against on the basis of their handicaps and that, if it becomes necessary, some reasonable accommodations be made to enable qualified individuals to continue work.

### **Confidentiality**

In all instances, district personnel shall respect the individual's right to privacy and treat any medical diagnosis as confidential information. The superintendent shall initiate procedures to insure that all medical information will be held in strict confidence. Any school staff member who violates confidentiality shall be subject to appropriate disciplinary measures.



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## **Workers' Compensation**

An employee is eligible for workers' compensation leave from the district during the period of time he is temporarily disabled as the result of any injury arising out of and in the course of his employment which qualifies for an indemnity payment from the workers' compensation division of the Colorado Department of Labor and Employment.

Workers' compensation leave shall be available only to those persons who sustain a temporary total disability and are unable to perform services for the district while disabled.

The injured employee shall receive 100% of his/her salary for a period of time not to exceed 20 working days. The day of the injury is counted as a full day worked. During the first 20 days, the employee will not be charged leave and the District will be assigned directly from the employee any workers' compensation benefit due the employee. After the end of the described 20 working days, if the employee is unable to return to any work per the designated physician's statement, the employee may apply for unpaid leave of up to six months. The source of compensation for an employee on workers' compensation leave after 20 working days shall be the indemnity payment from the workers' compensation section of the Division of the Colorado Department of Labor and Employment. The rate of compensation is 66 and 2/3% of his/her average weekly wage up to the maximum allowed by workers' compensation.

If after six months the employee is not able to return to either their position or a modified duty position, they may be terminated. Any termination of an employee pursuant to this section shall comply in all respects with District policy, and state and federal law.

During the period of workers' compensation leave, the District shall not charge any earned vacation leave, accrued leave or other similar benefits to the employee nor shall such benefits be available to the employee while he is eligible for workers' compensation leave nor shall vacation or leave time be earned after 20 days. After the 20 working days, the sole compensation to the employee during the period of disability shall be the district's workers' compensation leave payment provided for by this policy.

Employees shall continue to have school district insurance coverage while on workers' compensation leave.