



MONTANA
SCHOOL *for the*
Deaf & Blind

Giving kids the building blocks to independence.

**HEALTH AND SAFETY
PROGRAM MANUAL**

Revised March, 2014

TABLE OF CONTENTS

MSDB Health and Safety Policies.....	Page 2-4
Responsibilities.....	Page 5-8
Employee Safety Orientation & Training.....	Page 9-10
Safety & Facilities Committee.....	Page 11
Reporting & Recording.....	Page 11-12
Return to Work.....	Page 12
Safety Rules.....	Page 13
Evacuation Procedures.....	Page 13-14
Appendix 1 – Resources.....	Page 15
Appendix 2 – Safety Training/Certification.....	Page 16
Appendix 3 – MSDB Accident–Injury Report.....	Page 17
Appendix 4 – State Fund “First Report of Injury” Form.....	Page 18
Appendix 5 – Tort Claims Report of Incident Form.....	Page 19-20
Employee Acknowledgement.....	Page 21

MSDB Health and Safety Policies

The Montana School for the Deaf and the Blind (MSDB) places a high value on the safety of its employees and is committed to providing a safe workplace. We have developed this injury prevention program to involve management, supervisors, and employees in identifying and eliminating workplace hazards and promoting safe work practices.

8300 Montana Safety Culture Act

In compliance with the Montana Safety Culture Act the Montana School for the Deaf and the Blind has established an educational based safety program that requires at a minimum a safety training program for new employees focusing on general safety orientation:

- a) job or task-specific safety training and continuous refresher safety training,
- b) periodic hazard assessment with corrective actions identified,
- c) appropriate documentation of performance of the activities; and
- d) a Safety and Facilities Committee.

8301 Safety Program

The Board acknowledges the importance of safety for students, staff, and others having business with the School. Safety education, accident prevention, and proper supervision are important as protective measures. Additionally, OSHA (Occupational Safety and Health Administration, <http://www.osha.gov>) regulations and guidelines are adhered to, and are meant to promote a culture of safety.

SCHOOL POLICY#

3417 Communicable Diseases

5226 Drug-free Workplace

5225 Tobacco Free Policy

9350 School-wide Asbestos Program

The Board directs the formation of a Safety and Facilities Committee comprised of employer and employee representatives, as outlined in the Montana Safety Culture Act. In compliance with Board policies the Board directs the development of an Exposure Control Plan and rules for employees to eliminate or minimize work-related exposure to communicable diseases, blood-borne pathogens, particularly Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV), drugs, alcohol, or tobacco products, and asbestos.

SCHOOL POLICY#

4315 Spectator Conduct and Sportsmanship for Athletic
and Co-curricular Events

4330 Community Use of School Facilities

8302 Dangerous Person on Campus

8310 Disaster Drills and Emergency Evacuation

The School has developed and maintains comprehensive crisis and emergency response plans that addresses all threats to students, staff, visitors and property. The plan will address all threats caused by individuals, nature or weather and will provide guidelines and procedures for an immediate and safe response that protects human welfare as well as property. Students and staff will receive regular training on the implementation of safety procedures outlined in the emergency response plan.

The School participates in the prosecution of any individual(s) who may disturb any school or school meetings, insult or abuse any school employee or student during the course of the school/work day, or otherwise violate the laws of the State of Montana regarding school disturbance or individual protection for school employees or students.

It shall be the Superintendent's responsibility to execute this program. The Superintendent may delegate this responsibility to other staff members.

SCHOOL POLICY#

4301 Visitors to the School and Residential Facilities

4313 Disruption of School Operations

Each employee is responsible for complying with all MSDB safety rules and to work in a safe manner at all times and report safety concerns and injuries to a supervisor immediately. Employees are encouraged to actively participate in identifying ways to make our school a safer place to work and to communicate safety ideas and practices to management.

Supervisors are responsible for the safety of their employees and as a part of their daily duties must check the workplace for unsafe conditions, watch employees for unsafe actions and take prompt action to eliminate any hazards and correct unsafe behavior.

The administration devotes every opportunity and provides the resources necessary to promote safety. The school maintains a system for identifying and correcting hazards and plans for foreseeable emergencies. The school provides initial and ongoing training for employees and supervisors and enforces a disciplinary policy to ensure that safety is not compromised.

SCHOOL POLICY#

3300F Student Incident Report Form

5130 Staff Health

5132 Employee Illness and Food Services

5230 Prevention of Disease Transmission

The school is committed to providing school environments that promote and protect students' safety, health, well-being, and ability to learn by supporting healthy eating and physical activity. The superintendent will ensure that goals are developed and procedures implemented which promote student safety and security, physical health and well-being, nutrition education, physical education, nutrition standards for all food and beverages served, school-based wellness activities and oversight and evaluation of all goals.

SCHOOL POLICY#

2510 School Wellness

SCHOOL POLICY#

3410 Student Health/Physical Screening/Examinations

3413 Student Immunizations

3415 Emergency Illness/Accident

3415F Accident – Injury Report

3416 Referral of Students to the Health Services

4320 Contact with Students

5122 Fingerprints and Criminal Background
Investigations

5232 Abused and Neglected Child Reporting

5700 Student Supervision

- 5701 Employee Contact with Students
- 5710 Use of Force
- 8230 Nutrition

Facilities and grounds are maintained to provide safe, secure and healthful work and living environments for all students and staff. The administration has developed a schedule and program to maintain and/or upgrade the buildings and grounds of the school. Facilities represent a long-term investment for the State of Montana and the school. The functionality and safety of school facilities can be enhanced with a regular maintenance program monitored by staff.

SCHOOL POLICY#

- 9300 Operation and Maintenance of School Facilities
- 9320 Security
- 9320P Procedure of the Control of Access to School
Buildings and Grounds
- 9330 Facilities Operations
- 9331 School-wide Asbestos Program

The nature of MSDB's residential outreach services results in a significant amount of travel for students and staff. The Board and the State have established policies and procedures to minimize exposure to risk of injury during transport of students and work related travel by staff. Staff and students are expected to comply with all rules and guidelines for safety when traveling in school vehicles or on school related business. All Outreach staff are required to complete a defensive driving course hosted by the Department of Administration, Risk Management and Tort Defense Division.

SCHOOL POLICY#

- 8100 Transportation
- 8121 School-Owned Vehicles
- 8122 School Owned Vehicle Emergencies
- 8345 Use of Personal Cars for School Business

MSDB considers all injuries and incidents to be preventable and that through the active participation of all employees in working safely we can eliminate work place injuries. **It is the basic safety policy of this School that no task is so important that an employee must risk injury or illness by violating a safety rule, rushing, or bypass safe work practices to get the job done.**

Responsibilities

Administration/Supervisors/ Employees

Safety and health responsibilities involve administration and employees taking appropriate steps at the right time.

Administration Responsibilities

MSDB is committed to meeting its safety and health obligations under the law, and any relevant standards, guidelines or “best practices”. To assure a safe and healthy working environment for its employees, visitors, and all persons using the premises as a place of work, management will:

1. Set a good example by following established safety rules, attending required training, and promoting company-wide safety mindset.
2. Review safety and health practices regularly and update as necessary for continuous improvement.
3. Establish realistic injury reduction goals and enforce steps to meet those goals. Routinely analyze number, cost, and type of significant injuries/incidents occurring.
4. Ensure that sufficient employee time, supervisor support, and funds are budgeted for safety equipment, training and to carry out the safety program.
5. Evaluate and monitor channels of communication (meetings, training, facility and Safety and Facilities Committee, employee involvement, etc.) on safety issues to ensure program is effective.
6. Impose strict guidelines on incident/injury reporting to ensure that incidents are fully investigated and corrective action taken to prevent the hazardous conditions or behaviors from happening again.
7. Ensure employees have ongoing opportunities to represent their interests in all matters relating to health and safety.
8. Ensure that all likely emergency/readiness procedures are effective.
9. Assess and prioritize significant hazards. Develop and implement actions to control them.
9. Ensure that PPE requirements (based upon hazard assessments for each task) are met.
10. Enforce record keeping system (OSHA 300/301) for occupational injuries and illnesses.

Supervisor Responsibilities

Each supervisor is primarily responsible for providing a work environment free from recognized health and safety hazards of the employees they supervise. Specific responsibilities include:

1. **Ensure that each employee has received an initial orientation** before beginning work and employee is competent in accomplishing each job/task safely and efficiently before starting.
2. **Require the proper care and use of all needed protective equipment** – Make sure employees have access to and are informed of the location for storage of safety equipment. Regularly inspect safety equipment and replace as appropriate.
3. **Do a daily walk-around safety-check of the work area.** Take *prompt* action when unsafe acts, practices, conditions, and/or equipment are reported or noted. Develop appropriate controls.

4. **Receive and take initial action on employee suggestions, awards or disciplinary measures.**
5. **Set a good example for employees; follow safety rules** and actively support and participate in the school's safety and health program.
6. **Investigate injuries/incidents expeditiously** (within 12 hours of incident). Report all on-the-job accidents promptly to management and request medical treatment, if necessary.
 - ◆ **Submit written Supervisor's Incident Investigation Report** to designated school representative.
 - ◆ **Require employees to fill out a school "Accident/Injury Report Form" within 1 days of injury (refer to Appendix 3)** – have employees report to the school infirmary for First Aid treatment of minor injuries. Refer employees to a physician or Immediate Care for injuries requiring treatment by a physician. Immediately call 911 for serious injuries. The supervisor will complete the form for the employee if the employee is unable to complete the form due to their work related injury. Forms are to be turned in to the Business Office by supervisors within 1 days of knowledge or notification of injury.
 - ◆ **Require employees to file a "First Report of Injury" with the State Fund within 1 day of notification or knowledge of a work related accident or injury (refer to Appendix 4)** - From the State Fund website found at <http://www.montanastatefund.com/wps/portal>, click on "Reporting an injury" which is listed under "Quicklinks" on the right side of the State Fund homepage. Print off "First Report of Injury" form, have the employee fill out the form, and the supervisor sign and return the original form to the Business Office within 1 day of notification or knowledge of a work related accident or injury. The supervisor will complete the form for the employee if the employee is unable to complete the form due to their work related injury.
 - ◆ **Obtain Doctor's Medical Status** form before allowing the employee to return to work.
 - ◆ **Secure injury scene if an incident requires OSHA's full investigation.** The only exception would be if the potential for further injury or damage is imminent, such as an explosion or fire.
7. **Assure that all employees understand safety and health rules, regulations, policies and procedures.** Review rules with employees as the job or conditions change or when workers develop a specific record.
8. **Inform and train all employees on the hazardous chemicals they may encounter** under normal working conditions or during an emergency situation. Inform employees of the location for "Material Safety Data Sheets". These safety data sheets are supplied with all commercial chemicals used at the school and list symptoms and remedies for exposure.
9. **Conduct crew/leader monthly department meetings to detect and eliminate unsafe conditions/work procedures.** Keep records on who attended and what was covered as well as the date that the meeting occurred.

Employee Responsibilities

An employee performing a job is usually in the best position to assure the safety of that job. Therefore, every employee should be held responsible for and measured on how well he/she understands and follows MSDB's safety practices listed below:

1. **All safety and health rules, listed MSDB's policies, procedures, or any applicable federal or state safety standards and training received, will be observed.**

Violation of these rules, safe work practices, and failure to use safety equipment may result in disciplinary actions up to and including termination of employment. MSDB is a tobacco free campus.

2. **Fill out school accident report form and turn in to your immediate supervisor within 1 day of injury (refer to Appendix 3). Forms are available in the business office, school infirmary, or from your supervisor. List witnesses to the accident/injury.**
3. **Fill out State Fund First Report of Injury and turn in to your supervisor within 1 days of injury (refer to Appendix 4). Forms are available in the business office, school infirmary, or from your supervisor. List witnesses to the accident/injury.**
4. **Do not operate tools, equipment or vehicles until you have been trained and authorized by your supervisor for the specific tool, equipment or vehicle.**
5. **All hazards/near misses/unsafe acts must be promptly reported** to work area supervisor.
6. **Any personal job-related injury/illness, no matter how minor, must be reported** to your supervisor immediately.
7. **All Personal Protective Equipment (PPE) will be checked before each use.** Report any discrepancies/malfunctions to work area supervisor. Use only the *appropriate* Personal Protection Equipment (PPE) assigned for specific tasks. Properly maintain and store equipment when not in use.
8. **All safe guards provided for my protection will not be removed or bypassed.** All hazard warnings will be observed.
9. **All witnesses to an injury/illness must report event** to work area supervisor.
10. **Locate all safe exits and remember all evacuation procedures.**
11. **Never report to work when under the influence of alcohol and/or narcotics.** Notify supervisor if authorized prescription drugs requiring a precautionary label must be taken during work.
12. **Frayed, torn, or loose clothing, jewelry or long unrestrained hair is strictly prohibited** near moving machinery, equipment or other sources that have the potential for causing harm.
13. **Be an example of safe work practices among co-workers.** Ask the supervisor questions if uncertain about any safety or operating procedure. Feel free to suggest changes to a supervisor, Safety and Facilities Committee representative, or administration that will improve safe work practices.
14. **Procedures for reporting an accident involving a school owned or leased vehicle:**
 - a. **School and Cottage Staff involved in an accident within city limits of Great Falls call 911.** If location of accident is outside city limits, call the Montana Highway Patrol at 800-525-555. Fill out a "Report of Incident Form" (refer to Appendix 5). Refer to the "In Case of Accident Guide" on what to do when you are involved in an accident involving a school vehicle. The guide and Report of Incident Form are located in the glove box in each school vehicle. Be sure to include on the form names/phone numbers of witnesses. If accident involves another vehicle, note on the form the name of the other driver, address and phone number, make and model of vehicle, license plate number, and insurance policy number. Return the form along with the police/highway patrol report to the school business office within one day of the accident.

- b. **Outreach Staff** – follow procedures listed in the lease packet supplied with your **Motor Pool vehicle**. Call the **Montana Highway Patrol at 800-525-5555**. Fill out a “Report of Incident Form” (refer to Appendix 5). Refer to the “In Case of Accident Guide” on what to do when you are involved in an accident involving a school vehicle. The guide and Report of Incident Form are located in the glove box in each school vehicle. Be sure to include on the form names/phone numbers of witnesses. If accident involves another vehicle, note on the form the name of the other driver, address and phone number, make and model of vehicle, license plate number, and insurance policy number. Return the form along with the police/highway patrol report to the school business office within one day of the accident.

Employee Safety Orientation & Training

Ensure that all (new/transferred) employees are informed of their own and management's responsibilities in this program. Supervisors must also ensure that their employees have specific knowledge and understand the information and training concerning management of hazards to which they are exposed through workplace procedures, environment, equipment and materials.

Health & Safety Responsibilities

Safety and Facilities Committee Representatives

I am familiar with:	I am familiar with:	
	Management	Employees
1. The school policy statement	1.	6.
2. My safety responsibilities as an employee	2.	7.
3. The function of the Safety and Facilities Committee	3.	8.
4. Company safety rules	4.	9.
My Safety and Facilities Committee Rep is _____	5.	10.
Safety and Facilities Committee meets _____ Frequency _____		
Policy Manual and Staff Handbook is located _____		
Health and Safety Program Plan is located _____		

Emergency Equipment & Procedures

Specific Emergencies

I am familiar with:	I am familiar with procedures for:
1. The locations of emergency "Exits" & routes from my workstation	<input type="checkbox"/> Earthquake
2. The locations of fire extinguishers	<input type="checkbox"/> Fire
3. Evacuation Procedures	<input type="checkbox"/> Medical Emergency
Safety and Facilities Committee meets _____ Frequency _____	<input type="checkbox"/> Hazardous Chemicals
My incident team area is _____	<input type="checkbox"/> Blood borne Pathogen(s) Exposure
My incident team captain is _____	<input type="checkbox"/> Other

Incident & Injury Reporting

Investigation

I know how to report:	I know:
<input type="checkbox"/> Injuries	<input type="checkbox"/> Reports will be investigated
<input type="checkbox"/> Near-hits/near-misses	<input type="checkbox"/> I will be kept informed of resulting improvements
<input type="checkbox"/> Early signs of discomfort	
"First Report of Injury" forms are kept _____	
I report injuries immediately to _____	

Injury Management

Rehabilitation

Treatment:	I know to:
<input type="checkbox"/> First-aid kits are located _____ _____	<input type="checkbox"/> Tell my supervisor about recommended treatment
<input type="checkbox"/> Emergency response contacts are _____ _____	<input type="checkbox"/> Stay in touch weekly if I am off work and give my supervisor my current contact details
<input type="checkbox"/> I know when it is necessary to contact a health care provider.	<input type="checkbox"/> Participate in a Kept-On-Salary or Return-To Work plan including reduced, selected duties and modified work tasks, if appropriate
	<input type="checkbox"/> Attend appointments and follow treatment plans

Employee Safety Orientation & Training, continued

Hazard Management

I report hazards to _____

My Work Area (Employee to complete with Supv.)

Hazard(s)	Type of Potential Harm	Controls	Safe Work Procedures	Personal Protection Equipment (PPE) Required

Continue on separate sheet

My Job Tasks (Employee to complete w/Supv.)

Hazard(s)	Type of Potential Harm	Controls	Safe Work Procedures	Personal Protection Equipment (PPE) Required

Continue on separate sheet

Both the supervisor and the employee unilaterally accept responsibility for maintaining a safe and healthful work environment.

Date: _____ Employee's Signature: _____

Date: _____ Supervisor's Signature: _____

Safety and Facilities Committee

Employee involvement at all levels at MSDB is critical for us to be successful in injury and accident prevention. A joint employee/management Safety and Facilities Committee has been established to bring workers and management together in a non-adversarial, cooperative effort to promote safety and health in the workplace. The Safety and Facilities Committee will assist the administration in making recommendations to the Board for change.

- ◆ Each major work group or department will have an employee representative on the committee.
- ◆ In addition to the employee representatives, administration will designate a minimum of one management representative.
- ◆ A chairperson will be selected by the Superintendent to chair committee meetings.
- ◆ In addition to the committee responsibilities explained above, duties of safety committee members include:
 - A monthly self-inspection of the area they represent
 - Communicating with the employees they represent on safety issues and
 - Encouraging wellness and safe work practices among co-workers.
- ◆ The committee will meet on a regularly scheduled basis and the chairperson will be responsible for maintaining and utilizing a prepared agenda for each meeting. A committee member will be designated each month to keep a record of the agenda, discussion and committee actions. Meeting minutes will be distributed to staff via e-mail and a copy will be maintained in the administration office.

Reporting & Recording

Reporting & Recording – Injuries & Incidents

1. Per MSDB policy 3415P employees are required to report any work-related injury/illness/property damage to their respective supervisors immediately following the event regardless of how minor. Failure to report work-related injuries and incidents in a timely manner may result in the denial of benefits under the workers' compensation law.
2. Upon being advised of the incident, the supervisor should report immediately to the scene of the occurrence to assure prompt medical attention for employee involved and address any safety hazards which may have caused or contributed to the incident. In the event the incident occurs outside the employee's work area, the supervisor on duty in the area where the incident occurs should report to the scene immediately.
3. It is essential that the "First Report of Work Injury" form be completed. It is the responsibility of the supervisor on duty to accurately and completely fill out this form. In addition to completing the "First Report of Work Injury," the supervisor should document the names of any co-workers of the incident who may have witnessed the incident.

If an employee dies while working or is not expected to survive, or when 3 or more employees are admitted to a hospital as a result of a work-related incident, the business

manager will contact the Area Office of the Occupational Safety and Health Administration (OSHA), U.S. Department of Labor within eight (8) hours after becoming aware of the incident, as required by law. You must orally report the fatality/multiple hospitalization by telephone to OSHA's toll-free number, 1-800-321-OSHA (1-800-321-6742) or in person to the OSHA office nearest to the site of the incident. You must report: the Company Name, location and time of the incident, number of employees involved, the extent of injuries or illness, a brief description of what happened and the name and phone number of the MSDB contact person. Do not disturb the scene except to aid in rescue or make the scene safe.

4. Each supervisor is required and expected to advise management of immediate hazards which can not be immediately remedied and which warrant prompt investigation and/or remedy.

Reporting & Recording - Unsafe Conditions/Practices/Acts

1. Employees are required to report any hazardous condition/practice/act that deem harmful to their immediate supervisors.
2. The immediate supervisor, along with the worker, will conduct and document a fact-finding investigation of the event for correction. In the case of an incident or injury, the injured worker will complete an Employee Report of Incident, and the supervisor will complete the Supervisor's Report of Incident. Both reports are to be done independently.
3. Forms can be obtained at **School Infirmary, Dean of Students Office, Business Office.**

Return To Work

MSDB values its employees and whenever feasible will offer a temporary transitional work program for employees who have been injured on the job and have medical restrictions that temporarily prevent them from returning to their full work duties. This temporary assignment will provide meaningful work activity and aid in recovery and in transitioning back into full work activities. Workers are required to cooperate with "Return to Work" efforts coordinated between MSDB, Montana State Fund, and the treating medical provider. Any difficulty in performing assigned tasks must be reported to your supervisor immediately. If reporting to a medical provider for an issue that may be work-related, you must take a "Grab-n-Go" Injury Kit with you. Follow the instructions on the packet and be sure to return the forms from the packet and completed by your medical provider to the Business Office as soon as feasible.

Safety Rules

The following is a list of rules that the School enforces for your safety. Deliberate disregard of any rule may be subject to disciplinary actions including termination:

1. Never do anything that is unsafe in order to get the job done. If a job is unsafe, report it to your supervisor or Safety and Facilities Committee representative. We will find a safer way to do that job.
2. Do not remove or disable any safety device! Keep guards in place at all times on operating machinery.
3. Never operate a piece of equipment unless you have been trained and are authorized.
4. Use your personal protective equipment (PPE) whenever it is required.
5. Obey all safety warning signs.
6. Working under the influence of alcohol or illegal drugs or using them at work is prohibited.
7. Bringing tobacco, firearms or explosives onto School property is prohibited by state and federal statute.
8. Horseplay, running and fighting are prohibited.
9. Clean up spills immediately.

Evacuation/Emergency Procedures

The success of any evacuation/emergency proceeding depends on common sense, logic, and presence of mind. A Safe and Secure Schools Protocol Sheet outlining procedures which address general emergencies, natural and human caused disasters or disturbances will be reviewed with all faculty and staff and the beginning of the school year. Copies of the sheet will be maintained in each classroom and living area and drills for room clear, shelter in place, lockdown and evacuation procedures will be conducted quarterly.

Disaster drills will occur on a regular basis. When possible, staff will be notified in advance of a drill. **ALL ALARMS ARE TO BE TREATED AS BEING REAL AND TOTAL EVACUATION IS ALWAYS NECESSARY - REGARDLESS IF THE ALARM IS KNOWN BY YOU TO BE FALSE.**

The principal and/or dean of students shall be responsible for organizing and conducting evacuation drills and shall objectively evaluate the activity following each drill. The principal and/or dean of student's office shall instruct staff including teachers, assistants, secretaries, cottage life attendants, food services workers and maintenance workers as to their respective responsibilities in an evacuation exercise.

Appropriate procedures for disaster drills will be discussed with students at the beginning of the school year by all teachers and cottage life attendants. Evacuation routes and procedures will be posted in a conspicuous place near the exit door of every classroom, conference room, living area, activity room and gymnasium.

The School also has a Crisis Response Plan to provide a proactive, orderly procedure which appropriately manages crisis situations when there is a threat of suicide, or other self-inflicted injury or a threat of injury to others. All persons who work with students at MSDB must recognize the boundaries of their competencies and their personal and professional limitations. All must recognize the possible harm to the student, the staff person, and the School that could result from attempting to deal with a situation that you are not trained to handle.

If any staff has reason to believe a student may present an imminent threat to self or to others, that person should first ensure that the student remains under constant supervision of an adult and then notify an immediate supervisor who will immediately determine if provisions of the Emergency Response Manual will be put into effect or consult with other crisis management team members to determine if provisions of the crisis plan will be implemented.

APPENDIX 1

RESOURCES

- School policies – available at Dean of Students Office in Cottage II; school secretary located in Academic Building IMC; on MSDB website at MSDB.mt.gov or in the Business Office.
- School Asbestos Management Plan located in the school's Business Office.
- Safety Equipment – Contact your supervisor.
- Emergency Wash/Eye Wash Stations Located at: Bitterroot Science Lab, Boiler House, and Mechanical Room in Mustang Center.
- Material Safety Data Sheets located at: Bitterroot Science Lab Chemical Storage Room, Central Kitchen, Infirmary, Mechanical Room in Mustang Center.
- Safe & Secure Schools' Protocall Sheets – Are located in each department. Contact your supervisor for a copy if you do not have one.

APPENDIX 2

SAFETY TRAINING/CERTIFICATION

- All new staff required to provide proof of TB test within first week of work. The Great Falls City/County Health Department will do the TB skin test at the employee's expense.
- All outreach consultants required to complete defensive driving course within first year of employment. Must complete this program every 4 years.
- Maintenance Foreman to complete recertification on handling asbestos each year.
- Pool Operator Certification training to be completed by Maintenance Foreman within first year of employment. This certification must be maintained.
- Maintenance Foreman to hold boiler operators license – required for position.
- Lifeguard(s) to hold Water Safety certification.
- Select cottage and education staff provided MANDT training as deemed necessary by supervisor (depending on duties). Training to be provided by certified school instructor.

- All staff identified either under OSHA guidelines and/or by the school as having exposure risks to blood borne pathogens through the normal course of their duties will be required to complete at the school's expense Hepatitis B inoculations or sign a waiver if the employee refuses the Hepatitis B series. Positions identified by the school include:
 - c. Lifeguard
 - d. Teachers and Teaching assistants working with multi-handicapped students.
 - e. Teachers and Teaching assistants working with pre-school and kindergarten aged students.
 - f. Food service staff.
 - g. Maintenance staff.
 - h. Infirmary staff.
 - i. Cottage staff working with At Risk students.

- Annual training during staff orientation will be provided on:
 - j. Proper lifting techniques and ergonomics..
 - k. Training on Blood Borne Pathogens provided by school nurse.
 - l. CPR training provided to cottage and education staff by a certified instructor.
 - m. . Training provided to select staff working with multi-handicapped students as deemed necessary by administration.
 - n. Safety orientation provided to all new staff by their supervisors.

APPENDIX 3

Montana School for the Deaf and the Blind

Accident – Injury Report

To be completed by adult responsible for student at the time of injury or the injured individual

Injured person: _____ Date: _____

Location of Accident: _____ Time of accident: _____:_____ PM or AM

Details of Accident: (write on back of form if necessary)

Please include possible area of injury for nurse to observe. For example: "Student involved in altercation with no visible signs of injury. Student was observed (or reported) being punched in the left bicep".

Person completing form: _____ Date: _____

↓ To be completed by Health Services Staff Only ↓

Details of Injury:

Vital signs: _____ Last Tetanus: _____

Treatment Administered:

Parent/guardian notified: Yes No If no, why? _____

Who was notified: _____ By whom? _____
When? _____:_____ PM or AM How? _____

Response of person notified:

Disposition of person after treatment? _____ Follow-up required? Yes No

Comments:

Signature of Nurse completing form: _____ Date: _____

Signature of Director of Health Services: _____ Date: _____

Signature of Principal: _____

Date: _____

Signature of Dean of Students _____

Date: _____

APPENDIX 4

OSHA Log Case # _____

First Report

Adjuster Date Stamp _____

of Injury or Occupational Disease
Montana Department of Labor and Industry
PO Box 8011 Helena, MT 59604-8011

WORKER

LAST NAME		FIRST NAME		M.I.	DATE OF BIRTH		SOCIAL SECURITY NUMBER	
HOME ADDRESS				CITY		STATE	POSTAL CODE	
PHONE NUMBER	EDUCATION <input type="checkbox"/> LESS THAN HIGH SCHOOL <input type="checkbox"/> GED OR HIGH SCHOOL DIPLOMA <input type="checkbox"/> BEYOND HIGH SCHOOL		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN		MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> NOT MARRIED <input type="checkbox"/> UNKNOWN		NUMBER OF DEPENDANTS	

Wages

DATE HIRED	GROSS EARNINGS FOR FOUR PAY PERIODS PRECEDING THE INJURY DATE/AMOUNT / DATE/AMOUNT / DATE/AMOUNT /				
EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER		NUMBER OF DAYS WORKED PER WEEK	WAGE	<input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> OTHER <input type="checkbox"/> DAY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> YEAR	
IN ADDITION TO GROSS EARNINGS CITED ABOVE WORKER RECEIVED <input type="checkbox"/> ROOM & BOARD <input type="checkbox"/> OVERTIME <input type="checkbox"/> BONUS <input type="checkbox"/> COMMISSIONS <input type="checkbox"/> OTHER			ESTIMATED VALUE IF ANY	TIME EMPLOYEE BEGAN WORK	
WORKED NEXT SCHEDULED SHIFT <input type="checkbox"/> YES <input type="checkbox"/> NO	OFF WORK MORE THAN 4 WORK DAYS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE	DATE LAST WORKED	DATE OF RETURN TO WORK	FULL WAGES PAID FOR DATE OF INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO	SALARY CONTINUED <input type="checkbox"/> YES <input type="checkbox"/> NO

Accident Description

JOB TITLE	DESCRIPTION OF ACCIDENT						
CAUSE OF INJURY	CAUSE CODE	PART OF BODY	PART CODE	NATURE OF INJURY	NATURE CODE	DATE OF INJURY	TIME OF INJURY
DATE DISABILITY BEGAN	DATE OF DEATH		NAMES OF WITNESSES 1) _____ 2) _____ 3) _____				
ACCIDENT ON EMPLOYER'S PREMISES <input type="checkbox"/> YES <input type="checkbox"/> NO	ACCIDENT ADDRESS OR LOCATION CITY _____ STATE _____ POSTAL CODE _____						
DATE EMPLOYER NOTIFIED	ACCIDENT REPORTED TO			SAFETY EQUIPMENT PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO		SAFETY EQUIPMENT USED <input type="checkbox"/> YES <input type="checkbox"/> NO	

Medical

ATTENDING PHYSICIAN'S NAME	ADDRESS	STATE	POSTAL CODE	PHONE NUMBER
HOSPITAL NAME	ADDRESS	STATE	POSTAL CODE	PHONE NUMBER
TYPE OF INITIAL MEDICAL TREATMENT RECEIVED <input type="checkbox"/> NO TREATMENT <input type="checkbox"/> EMERGENCY ROOM <input type="checkbox"/> TREATMENT ON-SITE BY EMPLOYER OR MEDICAL STAFF <input type="checkbox"/> CLINIC/DR. OFFICE <input type="checkbox"/> HOSPITAL				

Signature

"This is my claim for workers' compensation benefits due to the on-the-job injury, occupational disease or death of the above named worker. I understand that signing this claim for compensation authorizes the release to the workers' compensation insurer or its agent, rehabilitation records, Social Security records and health care information (medical records, pursuant to HIPAA, Public Law 104-191, 42 USC section 1301, et. seq., and section 39-71-604, MCA) that are directly relevant to the claimed injury, disease or death. I also understand that if I obtain or exert unauthorized control over workers' compensation benefits to which I am not entitled, I may be prosecuted for theft."

Signature of Injured Worker or Beneficiary _____

Date _____

EMPLOYER NAME	DOING BUSINESS AS	FEDERAL EMPLOYER IDENTIFICATION NUMBER (TAX ID)	
MAILING ADDRESS	CITY	STATE	PHONE NUMBER
LOCATION OF OPERATION, IF DIFFERENT FROM MAILING ADDRESS		NATURE OF BUSINESS SIC/NAICS CODE	SELF-INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER IS A <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY	INJURED WORKER IS A <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> A MEMBER OF THE EMPLOYER'S (SOLE PROPRIETOR OR PARTNER) FAMILY LIVING IN THE EMPLOYER'S HOUSEHOLD		
DO YOU HAVE ANY REASON TO QUESTION THIS ACCIDENT THIS ACCIDENT? IF YES, PLEASE EXPLAIN FULLY. USE SEPARATE SHEET IF YOU NEED ADDITIONAL SPACE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
PREPARED BY		OFFICIAL TITLE	DATE
PAYROLL CLASSIFICATION CODE UNDER WHICH YOU REPORT EMPLOYEE'S WAGES		AUTHORIZED EMPLOYER'S SIGNATURE _____ DATE _____	

Insurer

CLAIM ADMINISTRATOR CLAIM NUMBER	DATE REPORTED TO CLAIM ADMINISTRATOR	THE ABOVE INFORMATION IS CORRECT WITH THE FOLLOWING EXCEPTIONS <input type="checkbox"/> (ATTACH EXTRA SHEETS IF BOX AT RIGHT IS CHECKED)
----------------------------------	--------------------------------------	---

THIRD PARTY ADMINISTRATOR'S NAME	CLAIM ADMINISTRATOR ADDRESS	INSURER FEIN
INSURER NAME	THIRD PARTY ADMINISTRATOR FEIN	
POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE



Appendix 5

STATE OF MONTANA
RISK MANAGEMENT & TORT DEFENSE
DEPARTMENT OF ADMINISTRATION
PO BOX 200124 - HELENA, MT 59620-0124
(406) 444-2421 FAX (406) 444-2592

REPORT OF INCIDENT

COMPLETE ONLY THE SECTION THAT APPLIES TO YOUR LOSS

VEHICLE [] PERSONAL INJURY [] PROPERTY DAMAGE / OR LOSS []

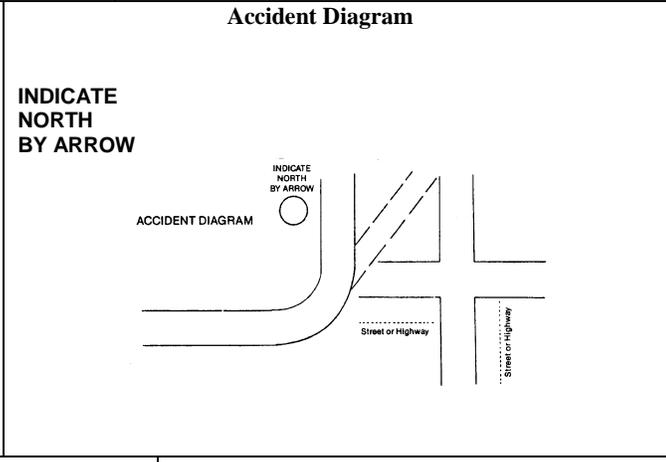
Reporting Person: Job Title:
Department: Division: Phone:
Date/Time of Incident: Location of Incident:

VEHICLE LOSS

ACCIDENT INFORMATION

Were Police Notified? Yes [] No [] Police Department Name:
Investigating Officer's Name: Investigation Officers Phone Number
Were Citations Issued? No [] Yes [] STATE Vehicle Driver [] OTHER Vehicle Driver []
Weather Conditions: Clear? [] Rain? [] Snow? [] Other? [] Describe
Roadway Conditions: Dry? [] Wet? [] Icy? [] Snow packed? [] Other? [] Describe
Light Conditions: Daylight? [] Darkness? [] Dusk? [] Dawn? [] Other? [] Describe
Vehicle Speed: STATE Vehicle? OTHER Vehicle?
License No. Attachment No.
Est. Est.
Repair Repair

Describe Accident/Incident in detail:
(use blank paper for additional information)



Signature of Driver: Date:

STATE VEHICLE INFORMATION

Department Owning Vehicle: Phone No.
Driver's Name: Phone No.
For What Purpose was the Vehicle Being Used?
Plate No. VIN No. 20 Make/Model/Year:
Location Where Vehicle May Be Seen (Address)? Equip. No.

OTHER VEHICLE INFORMATION

Tort Claims Report of Incident Form - Continued

OTHER VEHICLE INFORMATION		
Plate No./State:	VIN No.:	Make/Model/Year:
Owner Name:		
Address:		Phone No.:
Driver's Name:		
Address:		Phone No.:
Insurance Co.:	Policy No.:	Phone No.:

OCCUPANTS						
Name:	Address:	Age	State Veh.	Other Veh.	Injured Y - N	Describe Injury
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

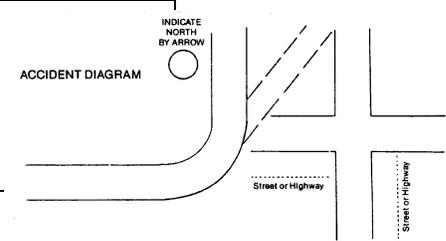
WITNESSES		
Name:	Address:	Phone:

PERSONAL INJURY

Name of Injured:	Address:	Phone:
Nature of Injury:		
Describe clearly how accident/injury occurred:		
<i>(use blank paper for additional information)</i>		

PROPERTY DAMAGE / OR LOSS

State Property <input type="checkbox"/> Other <input type="checkbox"/>	
Describe clearly how property damage occurred:	
<i>(use blank paper for additional information)</i>	
Property Description (Give make, model, serial number when applicable)	
<i>(use blank paper for additional information)</i>	
Date	Reporting Person's Signature:
Date	Supervisor's Signature:
Date	Department Official's Signature:



EMPLOYEE ACKNOWLEDGMENT

_____ have read and agree to follow the school

Print Employee Name

“HEALTH AND SAFETY PROGRAM MANUAL”. I further acknowledge that I have read school safety/health policies and agree to abide by policies/procedures listed and as augmented and/or amended by the school administration. I understand that my failure to follow school safety policies and procedures may result in disciplinary action being taken against me up to and including termination from employment with the school.

Employee Signature

Date

cc: Personnel File