

**Town of Easton CT**  
**Park & Recreation Dept**

**RISK MANAGEMENT**  
**PROCEDURE MANUAL**

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## STUDENT INJURIES

The following procedures must be followed in the event of a student injury:

### FIRST AID

- First aid materials are located in the cabinet/First Aid Kit. It includes Band-Aids, ice packs, etc. If supplies are getting low of a specific item, please notify the Supervisor so we can order more.
- Please note we are not authorized to do any more than wash injuries with soap and water and apply bandages and/or ice pack as needed.
- There is a first aid log sheet located near the first aid materials. All students treated must be logged on the sheet with their name, date, injury, treatment given and initials of caregiver.
- An Incident/Accident form must be filled out and signed by the Supervisor and the parents at pick-up.
- If you are not comfortable providing first aid to a student, please seek out the Supervisor for assistance.
- **Rubber gloves are mandatory when treating any injury.** If you do not wear them, you will be prohibited from issuing any further first aid. This is for your safety as well as the child.

## MISSING CHILD PROCEDURES

- Prevention is the key—periodic head counts and attendance can help to reduce the risk of missing students. When moving from activity to activity, **always do a headcount.**

### *If a child is missing...*

1. Have all students gather in designated location, they should be seated. At this time, attendance should be taken and any children missing should be reported to the Supervisor.
2. Multiple staff members will remain with children playing a quiet seated game with the kids while the others search the area, including the outside. A staff member should go to the office to have the child paged to the classroom if at school.
3. Be prepared to give a complete description, location last seen, name, age, height, hair color and clothing. Call the police with the above information.

## MEDICATIONS

- The only medication that will be distributed will be asthma inhalers and epi-pens. No other medications will be administered by staff. Medicine may not be administered unless the appropriate forms have been signed and submitted to the Park and Recreation Office.
- Please be aware of any allergies or special needs that children may have. A list of children with allergies can be found in the cabinet near the first aid.

## **MEDICAL EMERGENCIES**

1. CALL 911 – Give your name, location of accident and the nature of the accident.
2. Notify the Park and Recreation Office at 268-7200. Give your name, location of the accident and the nature of the accident.
3. REMAIN CALM!! You as a staff member are looked upon for leadership by our students. If you panic, they will too. Keep students away from incident and keep them entertained with a game or activity.
4. Make the person involved as comfortable as possible. Use common sense. Do not move the person unless they are in immediate danger. Have someone waiting by the road to direct emergency personnel to the location of injured party.
5. An accident report should be completed as soon as possible and turned into the Supervisor.
6. Do not voice your personal opinions as to the cause and result of the accident unless to your superior. Refer all questions to the Supervisor.
7. If the area has been contaminated with blood or bodily fluid, it must be cleaned up with a water/bleach mix. A custodian or park & rec maintenance staff member must be notified immediately following the incident.
8. When working with children and an emergency occurs, they frequently have questions and valid concerns in relation to the event. Use this as an opportunity to educate them on safety, proper health etiquette and the emergency medical services.

## **FIRE**

1. Call 911
2. Assist the program participants away from the dangerous area. If indoors, assist program participants to the nearest emergency exit. Take attendance as soon as possible.

## MISC. INFORMATION

- Accident / Incident Reports – If a child is injured or inflicts injury on another child an accident/incident report must be filled out by the staff member who was supervising at the time. A parent/guardian & Supervisor must sign the report and a copy must go into that year's file. A copy can be given to the parents if they so request.
- If a severe weather situation (tornado, hurricane, etc.) presents itself during Extended Day, the children are to be dismissed to the library until notified that it is safe to return to the classroom. On days with severe weather possibilities Day Camp is moved to SSES.
- If a severe weather situation presents during practices or games on fields, during the weekdays teams would go into the school buildings to the appropriate locations on the weekend's groups would be dismissed from fields.
- If lightning or thunder occurs teams or programs must evacuate fields immediately and go to above disclosed locations.
- Evacuation Route – take a right out of the classroom door, right at the end of the hallway and exit out the side door. Take a left out of the classroom, exit the doors at the end of the hallway.
- If the student sustained injuries requiring more than basic first aid, the Supervisor must direct the student's parent/guardian to Town Hall. Under no circumstance should the Supervisor or any employee inform the parent/guardian that the Town will pay the medical costs incurred as a result of the injury.

## Air Quality & Heat Index

- In the event of poor air quality or high heat index during the outdoor months, a notification via twitter & Facebook will be sent out alerting residents of the current conditions.
- If an extreme risk level is present or a large outdoor event is planned a cancellation/field closure may be considered depending on the risk level.
- During high to extreme risk levels, employees who spend large amounts of time outside will be notified, limited to outside exposure and look for indoor or low stress projects until the conditions return to normal.

Heat Index	Risk Level	Protective Measures
Less than 91°F	Lower (Caution)	Basic heat safety and planning
91° to 103°F	Moderate	Implement precautions and heighten awareness
103° to 115°F	High	Additional precautions to protect workers
Greater than 115°F	Very High to Extreme	Triggers even more aggressive protective measures

## **EMPLOYEE INJURIES**

The following procedures must be followed in the event of an employee injury:

1. Report the injury to the Supervisor as soon as possible.
2. Seek appropriate medical care, if necessary. If you have to CALL 911 – Give your name, location of accident and the nature of the accident.
3. First aid materials are located in the cabinet/First Aid Kit. It includes Band-Aids, ice packs, etc.
4. Please note we are not authorized to do any more than wash injuries with soap and water and apply bandages and/or ice pack as needed.
5. Notify the Park and Recreation Office at 268-7200. Give your name, location of the accident and the nature of the accident.
6. REMAIN CALM!! If you panic, they will too. Keep other employees away from the incident.
7. Make the person involved as comfortable as possible. Use common sense. Do not move the person unless they are in immediate danger. Have someone waiting by the road to direct emergency personnel to the location of injured party.
8. Do not voice your personal opinions as to the cause and result of the accident unless to your superior. Refer all questions to the Supervisor.
9. If the area has been contaminated with blood or bodily fluid, it must be cleaned up with a water/bleach mix.
10. An Accident Form/email must be filled out and signed by/written by the Supervisor and given to Town Hall.
11. Provide a medical note from the medical treater or the absence will be charged to sick leave, if they are allotted. Any return-to-work authorizations, including light duty restrictions shall be submitted to the Supervisor immediately.
12. Send all medical bills, medical reports, and correspondence to Supervisor, and they will submit it to Town Hall.

## **EMPLOYEE INJURIES – SUPERVISORS RESPONSIBILITY**

1. Report the injury to Park and Recreation and Town Hall as soon as possible, along with Accident/Incident Form. The form shall not be completed by the injured employee, as it is the Supervisor's responsibility to do so.
2. Submit all medical bills, medical reports, and correspondence to Town Hall.
3. Before permitting an injured employee to return to work, they must provide the Supervisor with a medical note from their treating physicians clearing them to return back to work. Without a note, the employee should not be allowed to return. The Supervisor shall submit the return paperwork to Town Hall immediately.

### **Individual Private Contractor Information:**

1. Individual Private Contractors: Private contractors are those individuals or businesses that supply their own program insurance and complete a W-9 tax form. If you are a private contractor, you must provide, carry and maintain a valid certificate of insurance to Park and Recreation prior to the start of the program. This certificate must be for at least 1 million dollars with the Town named as the additionally insured. If this does not occur, you will not be considered a private contractor.
2. Pay Rolled Instructors: If you are on payroll, tax forms must be completed and turned in before we can process payment. Once this is completed, you will be paid during an agreed upon payroll period.
3. Any damage sustained to the Town facility will be the responsibility of the vendor to repair, replace or compensate the town for such damage.
4. Vendor shall indemnify and hold the Town harmless for all costs the Town resulting in the wrongful or negligent acts or omissions of the vendor.
5. All vendors and pay rolled instructors will be given a program instructor guideline at the start of the school year or summer to be signed and returned.
6. Our goal is to ensure that the Park and Recreation Department provides safe and structured activities to the children of Easton. This should be a priority in your program goals and objectives.



## **PROPERTY DAMAGE AND THEFT OF PROPERTY**

When Town-owned property is damaged or stolen, the following procedures must be followed:

**a. The employee with the first knowledge of the incident shall:**

1. Immediately notify his or her supervisor of the damage or theft of property.

**b. The supervisor shall:**

1. Immediately contact the Police Department and request an investigation and simultaneously notify the Park & Rec Director who will contact Town Hall.

**c. Town Hall will direct the Park & Recreation Director as to the next step, if any, in the process.**

Department financial procedures must be followed. Department heads must provide Town Hall with pertinent invoices via interoffice or mail immediately.

The Town's insurance policies do not provide coverage for employees' personal items that are either damaged or stolen at work. Unless otherwise provided by the relevant collective bargaining agreement, the Town is not responsible for replacing or repairing said items

## **PROCEDURES FOR CLAIMS FILED AGAINST THE TOWN**

The following procedures must be followed in the event a claim is filed against the Town (i.e., potholes, playground injuries, motor vehicle accidents, etc.). Employees must not make any statements as to liability, cause, or fault to a claimant, claimant's counsel, or the media. Instead, employees should inform the claimant, if asked, that he or she may present a claim to the Town in the manner described below. Employees must not volunteer to initiate the process for the claimant. Unless specifically authorized, no employee shall imply or accept financial liability for any loss or damage on behalf of the Town. All inquiries concerning municipal liabilities must be referred to the Town Attorney and/or Risk Manager.

### **The following steps must be followed regarding claims against the Town:**

- a. Employees shall direct the claimant to Town Hall for information pertaining to any claims filing.
- b. Town Hall must immediately log in the claim and forward the original claim to the Town Lawyer.
- c. The Town Lawyer will contact the appropriate Town departments to collect information concerning the claim. Claim information collected by the Town Lawyer is forwarded to Town Hall who sends pertinent information to the insurance agent-of-record.
- d. Inquiries regarding the claim must be referred to Town Hall.

## **TOWN OF EASTON ACCIDENT REPORTING PROCEDURE**

In the unfortunate event of an accident or injury, the following procedure shall be followed:

1. If you are injured or a fellow employee is injured, your number one priority is to seek medical attention. If you believe the injury is serious, dial 911. If the injury is not serious, but medical attention is needed, the employee shall go to one of the following facilities:

<b>IMMEDIATE MED.CARE OF MONROE, 388 MAIN ST., MONROE (203)459-0191</b>
<b>IMMEDIATE HEALTH CARE, 4490 MAIN ST., BRIDGEPORT 371-4445</b>
<b>IMMEDIATE HEALTH CARE, 1055 POST RD, FAIRFIELD (203) 259-3440</b>
<b>IMMEDIATE HEALTH CARE 2 TRAP FALLS RD,STE 105,SHELTON (203)929-1109</b>
<b>FIRST AID IMMED.CARE.MED.CTR, 900 WHITE PLAINS RD,TRUMBULL 261-6111</b>

If there is an accident with no injuries, proceed to Step Three.

2. Supervisor should call the First Injury to CIRMA at 1-800-OK-CIRMA. A First Injury Report will be generated from the call. The Personnel Department shall be verbally notified of the injury or accident and will assign a case number to the report.
3. Call CIRMA at 1-800-OK-CIRMA to document the incident and state no medical attention was given at this time. Immediate corrective action to prevent a similar accident or injury shall be addressed now if possible. An example would be to sand an icy walk after a fall has occurred.
4. After medical attention is received, fill out the CIRMA Supervisor's Accident Review Form and CIRMA Loss Information form.
5. After the Department Supervisor has reviewed and signed the forms, they shall be sent to the Personnel Department. A copy of the Loss Information form shall be kept in the Department that the injury occurred in.
6. The Department in which the injury occurred should work to correct any of the items that may have contributed to the accident and that are outlined in the loss form.
7. The Safety Committee will review the loss form and make the appropriate recommendations.

**Town of Easton CT Accident/Incident Report**

Accident / Incident Report

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date & Time of Accident / Incident: \_\_\_\_\_

Place of Accident / Incident: \_\_\_\_\_

Brief Description of Accident / Incident: \_\_\_\_\_

Injury location, size, etc: \_\_\_\_\_

What action was taken?

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

Was Parent Guardian Contacted? Yes / No Time: \_\_\_\_\_

How: \_\_\_\_\_

\_\_\_\_\_

Staff Signature Date / Time

\_\_\_\_\_

Camp Director Signature Date / Time

\_\_\_\_\_

Parent/Legal Guardian Signature Date / Time

\_\_\_\_\_

## Town of Easton

I, the undersigned employee of the Town of Easton, have reviewed the Town's accident reporting policy, and received documentation on Workers Compensation benefits, and the Town of Easton's Workers Compensation reporting procedures. I am acknowledging that if an injury occurs, I will promptly inform my immediate supervisor of the issue. If medical treatment is required, I will go to a CIRMA authorized medical group to obtain treatment. In the event of a serious emergency 911 will be called.

Print Name \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

## Summary of Work-Related Injuries and Illnesses

**Note:** You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#).

Year 20\_\_



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OSHA no. 3218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

### Injury and Illness Types

Total number of ...			
(M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 36 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about this collection of information or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20216. Do not send the completed forms to this office.

### Establishment information

Your establishment name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Industry description (e.g., *Manufacture of motor truck trailers*) \_\_\_\_\_

North American Industrial Classification (NAICS), if known (e.g., 336212)

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**Employment information** (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees \_\_\_\_\_

Total hours worked by all employees last year \_\_\_\_\_

### Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

Reset



