



SAFETY MANUAL

2019



Revised 6/21/2019

Table of Contents

I	SAFETY POLICY STATEMENT	1
II	RISK MANAGEMENT COMMITTEE - WHAT IS IT?.....	2
	RISK MANAGEMENT COMMITTEE GOALS AND OBJECTIVES	2
III	EMPLOYEE SAFETY	3
	STAFF RESPONSIBILITIES.....	3
	SAFETY TRAINING PROGRAM	4
	PHYSICAL EXAMS	6
	OCCUPATIONAL HEALTH.....	6
	STRETCHING PROGRAM	6
	RISK MANAGER JOB DESCRIPTION	7
	EMPLOYEE SAFETY INCENTIVE PROGRAM	7
	Safety Suggestion Program (Includes ALL Full and Part-time employees)	7
	How to submit a suggestion.....	7
	Selection Criteria	8
	Suggestion Implementation.....	8
	ILLINOIS TOXIC SUBSTANCE ACT	8
	RIGHTS OF AN EMPLOYEE	9
IV	FACILITY SAFETY	10
	MAINTENANCE OF SAFE WORKING CONDITIONS.....	10
	Buildings - General Upkeep.....	10
V	EMERGENCY OPERATIONS PLAN.....	11
	WEATHER.....	11
	FIRE - BASIC ACTION	11
	UTILITY FAILURE - BASIC ACTION	11
	EMERGENCY COMMUNICATIONS SYSTEM	11
	EMERGENCY EQUIPMENT BOXES	13
	DISASTER PLAN	14
VI	ACCIDENT/INCIDENT REPORTING PROCEDURES	14
	STATEMENT OF ADMISSION.....	14
	ACCIDENT/INCIDENT REPORTS	14
	FIRST AID KIT	15
	IN THE EVENT OF DEATH.....	15

IN THE EVENT OF A MAJOR INJURY	16
IN THE EVENT OF A MINOR INJURY	16
BASIC FIRST AID PROCEDURES	16
EMERGENCY FIRST AID PROCEDURES	17
VII COMMUNICABLE / INFECTIOUS DISEASES POLICY	18
RIGHT TO PARTICIPATE / STATE COMPLIANCE	18
COMMUNICABLE/INFECTIOUS DISEASES - PARTICIPANTS	18
COMMUNICABLE/INFECTIOUS DISEASES - EMPLOYEES	19
MAINTENANCE OF PRECAUTIONARY HYGIENE PROCEDURES.....	21
HEPATITIS B VACCINE	22
POST EVALUATION AND FOLLOW-UP.....	22
INTERACTION WITH HEALTH CARE PROFESSIONALS.....	23
INCIDENT REPORTS	23
CONFIDENTIALITY.....	23
ADDITIONAL REGULATIONS	23
DES PLAINES PARK DISTRICT GENERAL CLEANLINESS PROCEDURES.....	24
A. Procedures for Cleaning Up of Body Fluid Spills.....	24
B. Special Procedures for Special Settings	25
C. Selecting an Appropriate Disinfectant.....	26
VII IDOL INSPECTION PROCEDURE	27
INDEX OF FORMS	29
Other Important Numbers	29
HEPATITIS B VACCINATION DECLINATION	30
Police/Fire Emergency Call List	31
Form 1 – Accident Incident Report.....	32
Form 2 – Vehicle Accident Report	34
Form 3 – Property Loss Report.....	38
Form 4 – Employers First Report of Injury or Illness.....	39
Post AED Use Form.....	41
Return to Work Form.....	44
MEMORANDUM OF UNDERSTANDING	45

I SAFETY POLICY STATEMENT

It is the intent of the Des Plaines Park District to provide a safe recreational environment for the public utilizing our parks, facilities, and programs, as well as a safe working environment for our employees. Safety will take precedence over expediency or short cuts and every attempt will be made to reduce the possibility of incident occurrence.

This Manual was designed to give employees a thorough overview of safety policies and standards to be maintained at the Des Plaines Park District. Each staff member should take the time to read this Manual and refer to it on a regular basis to answer any safety concerns that may arise.

Each individual employee is responsible and will be held accountable for adhering to the safety rules and procedures as stated in this Manual and taught in the in-service training programs. Responsibility for enforcement of these safety procedures and for continual instruction of employees in safety begins with a commitment by the Park Board and Executive Director, and extends down through each administrator and their supervisory staff.

The District will make every attempt to comply with all safety laws and ordinances. To achieve this end, we have established rules and guidelines that require strict adherence by all.

Don Miletic
Executive Director
Parks & Recreation

II RISK MANAGEMENT COMMITTEE - WHAT IS IT?

The Des Plaines Park District Risk Management Committee has been established and will be an ongoing committee to initiate and execute a safety program through:

1. Conducting regularly scheduled monthly meetings for the purpose of discussing incident prevention methods, safety education, and promotion items noted on facilities and park inspections, injury records, and other pertinent subjects.
2. Inspecting facilities, parks, and programs for the purpose of discovering current or potential hazards to both employee and public health and safety, and submitting inspection lists to the Executive Director for staff review and action.
3. Investigating incidents for the purpose of proposing recommendations for improved preventative measures.
4. Recommending proper protective equipment for all Des Plaines Park District employees and volunteers.
5. Developing safety rules and guidelines to comply with the Park District's current needs.
6. Promoting safety training for all employees so each employee will develop good safety attitudes and habits.
7. Conducting and documenting a regular in-service session for all full-time employees on safety topics.
8. Respond to public complaints/comments regarding safety hazards.

COMMITTEE APPOINTMENT: Representatives from each Department will be appointed to the **8 person (minimum)** Committee by their respective Department Heads and will serve a two year minimum or as assigned. The Executive Director will also be a member of the Committee.

MEETING DATE/TIME: The Committee will meet the fourth Thursday of each month at 10am

RISK MANAGEMENT COMMITTEE GOALS AND OBJECTIVES

In order to facilitate a loss prevention program within the Des Plaines Park District, the "RISK MANAGEMENT COMMITTEE", comprised of staff from all departments, has been established to:

1. Help reduce the frequency and seriousness of incidents to employees, participants, and park visitors.
2. Discuss and help coordinate the safety and general welfare of all employees, participants, and park users.
3. Help insure that safety training is provided for the safety and general welfare of all employees.
4. Promote safe programs and facilities to aid in prevention of incidents or injuries.
5. Work in conjunction with qualified safety experts to help ensure that Safety inspections are performed at the Des Plaines Park District facilities.

6. Provide the Executive Director the following information in a monthly report:
 - A. Risk Management Committee Minutes
 - B. A list of all Incident Reports
 - C. A copy of all Inspection Reports
 - D. A list of committee recommendations
7. Analyze and monitor all safety concerns submitted by any employee, volunteer, participant, or public park user and then recommend what action should be taken.
8. Help identify and focus attention on specific causes of incidents.
9. Develop safety goals for specific areas each year as part of the District's Strategic Plan.

DES PLAINES PARK DISTRICT ADMINISTRATIVE GOALS AND OBJECTIVES

1. Keep the Des Plaines Park District Risk Management Program in the overall "95%" rating of the PDRMA evaluation process.
2. Comply with the PDRMA recommendations for improvement following loss prevention visits.
3. Strive to reduce claim frequency over the previous year.
4. Formalize safety goals & objectives for Administration, Parks, Recreation, and Business Departments as well as the Risk Management Committee.

III EMPLOYEE SAFETY

STAFF RESPONSIBILITIES

1. Each individual employee will be directly responsible and held accountable for the safety rules and procedures as stated in this Manual and as taught in the in-service training programs.
2. Employees will be reviewed annually on their knowledge of safety practices and procedures which will be included as part of the employees' performance evaluation.
3. Responsibility for enforcement of these safety procedures and for continual instruction and training of employees in safety begins with a commitment by the Park Board and Executive Director, and extends down through each supervisory person.
4. Staff not complying with Safety Policies will initially be given a verbal reprimand. A continuation of failure to follow policies will result in a written reprimand, followed by suspension, and possible dismissal.
5. Whenever an employee is concerned about proper, safe working conditions or equipment, this concern shall be brought immediately to the attention of an a) direct supervisor, or b) a Risk Management Committee representative for resolution through the Safety Incentive Program.
6. For the benefit of Park District patrons, employees, and visitors, employees should not come to work when ill. Please call your supervisor to notify them of your absence within 1 hour of your scheduled shift.

SAFETY TRAINING PROGRAM

The Risk Management Committee is responsible for insuring that proper training is provided in safety procedures for present staff and all new employees. Training education should be a continual, year-round program. All in-service training's are required and mandated by the Executive Director. Trainings should be documented with start and end times, name of staff coordinating the training, sign in sheets and agenda including specific training topics. All sign in sheets and agendas need to be submitted to Human Resources & Risk Manager.

Several job descriptions of Des Plaines Park District employees require certification in CPR/AED and First Aid. Classes leading to certification are offered throughout the year. The following list describes which job descriptions require each certification:

1. Certifications - Cardiovascular Pulmonary Resuscitation (CPR), Automated External Defibrillator (AED) and First Aid are required every 2 years. It is required for all full time staff to be certified in CPR/AED and First Aid. The following is a list of positions that do not require these certifications:
 - Part Time & Seasonal Staff who are under constant direct supervision, as long as their supervisor is certified.
 - Volunteers & Contractual Employees who are under constant direct supervision of certified staff.
2. Defensive Driving Course is required every 3 years for all employees that drive Park District vehicles or use their personal vehicles for essential job functions on Park District Time.
3. Any employee who may be required to drive either his personal vehicle or authorized to drive a Park District vehicle in the course of his normal duties will be required to have a valid Illinois Driver's License and proper vehicle classification. If the employee, for whatever reason, loses his/her driver's privileges, the employee is required to immediately report same to their immediate supervisor. Any employee who drives a personal vehicle for Park District business is required to comply with State of Illinois insurance requirements and is responsible for associated insurance premiums including deductible payments. Before such an employee has started work, and generally on an annual basis thereafter, the Park District will request a driver's license abstract review from the Illinois Secretary of State's office. Driver Selection: An up-to-date record must be kept in the personnel file of each employee, full or part-time, who drives a vehicle; information should include all driver's license data (particular attention should be given to expiration dates), tickets which have been issued, number of minor and major accidents while working for the District, and physical health. This is the responsibility of the employee's supervisor.
 - A. New employees must be given a road test by their immediate supervisor and a defensive driving course taken prior to driving a district vehicle. Defensive Course can be taken online through the PDRMA website.
 - B. Drivers must have a valid driver's license on them at all time when driving vehicles.
 - C. Drivers and all passengers of a motor vehicle must wear a properly adjusted and fastened safety belt.

- D. Periodic unannounced inspections of licenses must be done to make sure each employee has the license in his/her possession and that it has not expired or been revoked. An annual driver's license abstract will be conducted by the District.
 - E. Employees are required to report any change in status on their licenses to their supervisor immediately. Failure to report will result in corrective action and/or dismissal from employment with the Des Plaines Park District.
 - F. Drivers who obtain excessive moving violations/convictions, are involved in excessive preventable accidents or are convicted of a misdemeanor/felony driving offense are subject to receiving a written warning, being placed on probation, having to attend driving classes or will have driving privileges suspended.
- 4. It is the policy of the Des Plaines Park District that employees are prohibited from using either an agency or personal vehicle to transport participants outside of a scheduled program. Please refer to Policy A-27 which is in the Administrative Policy Book located at the following: Administrative Leisure Center, Prairie Lakes Community Center, Oakwood Maintenance Center, Lake Park Golf Course and the Golf Center
 - 5. Criminal Background check will be conducted for all employees upon hiring and every 3 years after.
 - 6. Emergency Procedures - will be reviewed with new staff at the time of hire. Staff will be expected to familiarize themselves with the procedures for the facility or facilities that they work in. Procedures will also be reviewed annually at staff and facility specific trainings.
 - 7. Use of Fire Extinguishers – training to be conducted every three years and to include all types of extinguishers.
 - 8. Job specific training will be covered by each Supervisor.
 - 9. Supervisors are responsible for reviewing the Safety Manual with all newly hired employees as part of their In-service training.
 - 10. Under the Illinois Abused and Neglected Child Reporting Act, directors and staff assistants of day care centers and nursery schools, recreational programs, and facility staff are required to call the child abuse hotline (1-800-25A-BUSE or 217-524-2006) whenever staff has reasonable cause to believe that a child may be abused or neglected. Please report your observations or suspicions to your immediate supervisor and refer to policy A-29 in the Administrative Policy book.
 - 11. All staff that may need to dispense medication during a program should follow the procedures of the Dispensing Medication Policy. Staff is responsible for dispensing medication in a safe and efficient manner. Please refer to policy A-28 in the Administrative Policy book.
 - 12. The Crisis Management Plan is available at the following facilities: Administrative Leisure Center, Prairie Lakes Community Center, Oakwood Maintenance Center, Lake Park Golf Course, Golf Center, Mountain View Mine, Mystic Waters Aquatic Center, Chippewa and Iroquois Pools. Supervisors are required to review the plan with all employees.

PHYSICAL EXAMS

1. All full-time employees must take a pre-employment physical after receiving job offer, to include a back assessment, at an approved medical facility, at the District's expense. FIT and Pulmonary assessments may be required for some Parks Department positions. Reports will be kept in the employee's personnel file.
2. All regular bus and van drivers are required to have an annual driver's abstract and a PRDMA Defensive Driving class. CDL drivers will be randomly tested from Illinois Secretary of State.
3. Other positions may require physical exams as described in their job descriptions. Supervisors will inform the employee if this requirement at the time of hire.

OCCUPATIONAL HEALTH

In case of an injury at work, employees are expected to report the incident immediately to their supervisor. If medical care is necessary, employees should utilize the Park District's designated Occupational Health Clinic, AMITA health medical group. Supervisors should contact the Human Resource and Risk Manager at the ALC or by cell phone after hours. If unavailable, contact the Business Manager. In life threatening situations, call 911 immediately.

AMITA health is located at:

1754 W Golf Road
Mount Prospect, IL
224-265-9010

Hours: 7:00am – 7:00pm Monday through Friday

If you require medical assistance after hours call 911 or please visit one of the following hospitals:

Glenbrook Hospital – Evanston Northwestern Healthcare
2100 Pfingsten Rd Glenview, IL 60026 (847) 657-5800

Lutheran General
1775 Dempster Park Ridge, IL 60068 (847)-723-2210

Northwest Community Hospital
800 West Central Road Arlington Heights, IL 60005 (847) 618-1000

If you are injured at work or home, please refer to the modified work duty policy, which requires a return to work form to be completed by your doctor.

STRETCHING PROGRAM

Stretching is an important component of the Des Plaines Park District effort to reducing the effects of ergonomic risk factors both on and off the job. Over time, the excessive stress and strain on tendons, muscles, ligaments, cartilage, blood vessels, and nerves resulting from ergonomic risk factors can lead to injury. Stretching, as an ergonomic intervention, can be a useful method to providing a safer working environment for District staff. It is our policy to engage in a proactive, sustained program to reducing or eliminating ergonomic-related injuries to employees by educating and implementing an agency-wide policy of simple reversal of posture and stretching exercises that are intended to increase worker flexibility and range of motion, improve circulation, relieve stress, and enhance coordination, both on and off the job.

The Des Plaines Park District adopts the following Stretching Policy Guide utilizing a voluntary program design. This policy applies to all full-time, part-time and seasonal employees in all departments. Employees should consider stretching before and after completing an active job task. Employees who spend most of their day at a computer should consider stretching multiple times throughout the day. When stretching, hold each stretch from three to five seconds and always breathe slow deep breaths. However you stretch one side of your body, be sure to stretch the other. If painful, be sure to stop your stretch. For stretching specific muscles see a supervisor who can direct you to stretching guides posted at various facilities.

RISK MANAGER JOB DESCRIPTION

Under the direction of the Executive Director, the Human Resource and Risk Manager will serve as Chairperson of the District's Risk Management Committee. The Chairperson will be assisted by one of the Administrative Department Staff who will serve as committee Vice-Chairperson.

The Administrative Assistant will also assist the Risk Manager and act as the Secretary of the Committee.

EMPLOYEE SAFETY INCENTIVE PROGRAM

The safety incentive program is designed to increase employee participation in recognizing safety issues in our daily routines. Since hazard recognition is a valuable tool in identifying areas of potential loss, the safety committee is asking that all Park District personnel assist them in their loss prevention efforts by submitting any safety-related suggestions.

Safety Suggestion Program (Includes ALL Full and Part-time employees)

Promote safety awareness by having a monetary incentive for employees (full-time, part-time, and seasonal) who submit safety suggestions to the Risk Management Committee to be reviewed and voted upon once per quarter.

A \$50.00 award will be presented to the employee who submits the safety suggestions or idea voted "best" by the Risk Management Committee at their monthly meetings held in April, August, and December. One award will be given in April and December. Up to two awards will be giving in August.

(Current Risk Management Committee members cannot be awarded for suggestions)

How to submit a suggestion

Your suggestion should be written on a blank piece of paper or emailed, with your name, department, and date on it. You can submit your suggestion to the Risk Manager, your immediate supervisor, any member of the Risk Management Committee, or by placing it in one of the safety suggestion collection boxes.

1. There is no limit to the number of suggestions that you can submit each quarter.
2. At least 2 individual suggestions must be submitted before the committee will cast a vote for the winning suggestion.
3. If there are not enough suggestions to take a vote, the quarter's money will be forfeited and will not

"roll over" into the following quarter. The suggestions will not be reviewed until a sufficient amount of suggestions have been submitted for review.

4. Any suggestions not selected as the 'winner' in one particular quarter will be considered for an award in subsequent quarters.

Selection Criteria

Each submitted suggestion will be read aloud to the safety committee by the Risk Manager. Selection criteria may include the following: preventing loss of life, loss of limb, or loss of property, or simply the merit or innovation of the suggestion as it relates to Park District operations.

The Risk Management Committee members will take a vote to determine the possible winner. The proposed winning suggestion will then be verified for viability by the department involved. The suggestion will be ratified at the Risk Management meeting and the winner announced. All decisions regarding the winning suggestion are final.

NOTE: Please remember that any dangerous situation which could cause immediate danger to employees or the general public must be reported to your immediate supervisor at once.

Suggestion Implementation

The submitted safety suggestions may or may not be implemented. All suggestions merit review by the Risk Management Committee. More than one suggestion may be implemented depending on the urgency of the request. The committee promotes having suggestions acted upon immediately if the "need to act" is urgent.

Incident Free Lunches

Des Plaines Park District staff is rewarded for specified amounts of time without any incidents or injuries. Incidents and injuries are defined as car accidents/vehicle damage, injuries that require medical attention and damage to district property. Upon successful completion of the schedule listed below, staff in these departments will be provided lunch. Risk Management Committee members are invited to all incident free lunch regardless of department.

Recreation Staff Schedule:

120 consecutive days without an incident or injury

Parks and Golf Department Schedule:

60 consecutive days without incident or injury between September and April

30 consecutive days without incident or injury between May and August

ILLINOIS TOXIC SUBSTANCE ACT

The Illinois Toxic Substance Disclosure to Employees Act (Public Act 83-240), often called the Illinois Right to Know Law, gives Illinois employees an inherent right to know about the known and suspected health hazards which may result from working with toxic substances so that they may make knowledgeable decisions regarding any personal risks of their employment. Employers are required to make such information available to employees about toxic substances which pose "known and suspected" health hazards.

The law went into effect January 1, 1984. The following material is not intended as a legal material, but it will help explain the rights of employees and the responsibilities of employers, manufacturers, suppliers, importers, and the Illinois Department of Labor (IDOL) under the Right to Know Law.

RIGHTS OF AN EMPLOYEE

1. You have a right to information about toxic substances at your workplace. The law specifies a number of ways for this information to be provided to you by your employer. These are:
 - A poster in an accessible location.
 - Safety Data Sheet (SDS). Copies must be made available to employees, their designated representatives, and their treating health care professional within 10 days of a written request.
 - Annual training to routinely exposed employees. Transferred employees must be trained prior to beginning their new work assignment.
 - Containers of toxic substances must be labeled with the chemical name(s) and appropriate hazard warnings. Fixed containers within a workplace need not be labeled, but the required information must be available in the employee's work area. Under certain circumstances, mixtures of toxic substances may be labeled with a trade name.
2. You may refuse to work with a substance on the Toxic Substance List if your employer has not supplied you with a Safety Data Sheet after you requested it in writing, and if your employer has not made a good faith effort within a time limit to get the Safety Data Sheet from the supplier or manufacturer.
3. You may not be discharged or otherwise disciplined or discriminated against in any manner by an employer for exercising your rights under the law.
4. If you believe you have been denied your rights under the Right to Know Law, you (or your representative) may file a complaint with the Illinois Department of Labor.
5. You may petition the Illinois Department of Labor to make additions to the Toxic Substance List. The Illinois Department of Labor will consider any such requests annually at a public hearing.
6. Your representatives are entitled to specific Safety Data Sheets in the possession of your employer within 10 days of a written request.
7. Your personal physician is entitled to receive, upon written request to the employer, any Safety Data Sheets in the employer's possession regardless of whether or not the substance is on the Toxic Substance List.

The Illinois Right to Know Law does require employees to be informed of toxic substances in their workplace. The Federal Occupational Safety and Health Act (OSHA) does require that your employer provide a safe and healthful working environment. Injuries and illnesses caused by toxic substances in

the workplace may be covered by the Illinois Workers' Compensation Act and the Illinois Occupational Diseases Act.

IV FACILITY SAFETY

MAINTENANCE OF SAFE WORKING CONDITIONS

Below is a District wide guideline to follow which includes but is not limited to standards of safe working conditions. Please refer to your departmental manual for more detailed instructions related to the job you are performing.

Buildings - General Upkeep

1. At least 2 exits must be available from all floors.
2. There must never be obstructions in aisles or exits.
3. Enough fire extinguishers of the proper type must be provided to meet the minimum fire code restrictions.
4. Fire extinguishers must be placed within easy reach and properly marked.
5. Fire extinguishers must be checked annually and levels maintained at all times.
6. Sprinkler systems, fire pumps, alarms, backflow valves, and boilers must be tested on an annual basis.
7. Sprinkler system valves must be inspected to insure all controls are operable and secured.
8. Under Illinois Public Act 1018, smoking is prohibited in all public buildings.
9. Materials and equipment must be stored in pre-designated areas.
10. All refuse must be placed in proper containers and a sufficient number of receptacles should be in each building. Waste receptacles must be emptied periodically and never allowed to be overfilled.
11. Slippery substances spilled on floors must be immediately removed.
12. All material must be neatly secured so as not to pose possible injury to by-passers.
13. Floors, walks, and parking lots must be maintained at as level and even a condition as possible. Repairs must be made of holes, depressions, broken floor surface, uncovered drains, loose or poorly fitted gratings, and sagging or expanded floor supports.
14. Computer files need to be backed up and carried off site on a weekly basis by Accounting Manager or Accounts Payable Clerk if Accounting Manager is out of the office.
15. All painting supplies & combustible materials must be stored in a proper storage facility.
16. All mop heads & oil rags must be stored in a self-closing fire resistant container.
17. Emergency lighting must be installed in all buildings used by the public.
18. Designated exits must be clearly lit and marked.
19. Broken lights must be replaced immediately.
20. Electrical wiring must be properly encased and replaced when worn.
21. Care must be taken not to overload circuits.
22. All electrical cords should be 3-pronged, double insulated, and of proper wire size. All extension cords should be used on a short term, temporary basis only.
23. Electrical cords must be kept in as orderly a fashion as possible to prevent any falls. Use of

extension cords should be only on a temporary basis and must not be run under carpeting or exposed so as to possibly cause injury.

24. Broken glass in windows and doors must be replaced by plexi-glass or safety glass.
25. Curtains and drapes must be fire retardant.
26. All stairways must be equipped with secure railings and well lit.
27. All buildings must have emergency phone numbers located at the telephone, as well as emergency procedures posted.
28. All buildings must be equipped with sufficient First Aid supplies.
29. Sidewalks, steps, parking lots, and tennis and basketball courts must be repaired if shifting or cracking presents hazardous conditions.
30. All tables & chairs should be inspected monthly and repaired as needed.

V EMERGENCY OPERATIONS PLAN

WEATHER

1. Notification of Watch (thunderstorm or tornado watch) Continue normal activity but watch for threatening conditions and listen to radio for latest Weather Service Warnings.
2. Notification of Warning - Take immediate action to direct participants and staff to go to a safe place. Follow specific plan for your facility.
3. Do NOT send participants who are minors home at any time until contact is made with parents or guardians.

FIRE - BASIC ACTION

1. First, get people to safety.
2. Second, call the Fire Department
3. Be ready to assist Fire Department with information.

UTILITY FAILURE - BASIC ACTION

1. Take steps to calm all participants and proceed with quiet activities.
2. If power failure is just in building, contact Park District office, then call parents of young participants and send adults home.
3. Call Northern Illinois Gas, Fire Department and Commonwealth Edison a) if gas or burning odor detected, evacuate the building immediately; b) if power failure is area wide, continue quiet activities and contact parents of young participants.

Refer to the Des Plaines Park District Crisis Manual for more detailed information.

EMERGENCY COMMUNICATIONS SYSTEM

After emergency warning has been received from Des Plaines Fire Department, or if you hear Thor-Guard or Tornado siren then proceed as follows:

1. Receptionist notifies Executive Director, Superintendent of Recreation, Superintendent of Parks & Golf, and Superintendent of Business.
2. ALC/Oakwood Secretary/Receptionist phone warning to all Park District Facilities.

ALC After Hours	(847) 668-6983
Arndt Park Field House	(847) 391-5728
Chippewa Pool	(847) 390-4956
Lake Park Day Camp	(847) 391-5731
Greenhouse	(847) 391-6923
Golf Center	(847) 803-4653
Iroquois Pool	(847) 391-5724
Lake Park Garage	(847) 391-5732
Lake Park	(847) 391-5730
Mountain View Mine	(847) 391-5733
Mystic Waters	(847) 391-5741
Oakwood	(847) 391-5744
Prairie Lakes Community Center	(847) 391-5711
After Hours	(847) 391-5713
Rosemont Pool	(847) 698-9325
West Park Field House	(847) 391-5723
Park Security Dispatch	(847) 391-5400 (Memorial Day thru Labor Day)
3. Vehicles are dispatched to all park facilities without radio or phone contact where scheduled recreation activities are in progress, except during tornado warnings or other threatening weather situations where risk of injury is prevalent.
4. If radio and/or phone lines are dead, communication shall be by vehicles or texting.
5. **Should you need emergency assistance or further information call 9-1-1.**

EMERGENCY EQUIPMENT BOXES

An Emergency Equipment Box shall be maintained in each facility. The Safety Committee will annually inspect all emergency box equipment during scheduled building inspections. Supervisory staff will be responsible for monthly inspections of emergency boxes.

The emergency box shall be red or orange with letters "EMERGENCY" in white. Emergency boxes will be located at the following facilities:

- | | |
|--------------------------|---|
| 1. Administrative Office | 6. Pools – (3) |
| 2. Oakwood Garage | 7. Golf Center |
| 3. Lake Park Clubhouse | 8. Cumberland Terrace |
| 4. West Park Fieldhouse | 9. Prairie Lakes Office and Maintenance (2) |
| 5. Arndt Park Fieldhouse | 10. Mt. View Mine office |

Emergency boxes will contain the following materials:

Crisis Manual
Radio
4AA Batteries
Flashlight
Non-Latex gloves- 5 boxes
2 Pillars
Screwdriver- Multihead
3 splints
Triangular Bandages- 2 boxes
2 -3 2" roller bandages
Safety pins
Band Aids- 1 box
4X4 Gauze Pads- 2 boxes
Rolls Non-Allergenic Bandage Tape- 2 boxes
Ice Packs-10 boxes
Alcohol Wipes- 6 boxes
Antibacterial Ointment- 1 tube
Tweezers
Eye Wash-1 bottle
Whistle
Scissors
Dust mask- 2 pack of 5
5 Mylar Blankets
Roll duct tape
One Way CPR Face Shield- 4 boxes
Hand Santizer-1 bottle
Antibacterial Hand Wipes- 1 box
1 Red Bag for Contaminated Waste
2-3 Large Garbage Bags

DISASTER PLAN

The Park District staff will operate in shifts of up to 24 hours with the following core crew, which can be expanded as needed.

Staff	Number Needed
Executive Director, Supt of Recreation, Supt of Parks	1
Telephone & Radio operators	2
Vehicle operators	3
Building Staff, if housing people, each building	2

VI ACCIDENT/INCIDENT REPORTING PROCEDURES

STATEMENT OF ADMISSION

When an accident occurs, no matter how insignificant it may seem to be, it is of the utmost importance never to admit to guilt or negligence of any kind until there is a formal investigation of the matter by your supervisors and the causes of the incident have been determined. You are required to contact your immediate supervisor and not to render speculation on the causes of the incident. Any and all questions relating to an accident involving District property and/or personnel must be directed to a department head or other designated manager.

ACCIDENT/INCIDENT REPORTS

1. All reports of injuries or vehicle accidents must be filed within 24 hours of the occurrence. Accident/Incident Reports will be filled out on a paper form. All other forms will be submitted online via the PDRMA website, www.pdrma.org. Any completed online forms will be automatically routed to the Risk Manager who will review and finalize the submission process. In the event staff do not have access to the PDRMA website, a paper form can be completed and turned into a supervisor who will then submit the information online.
2. All Accident/Incident Report Forms are to be given to the Risk Manager, who will enter the data into the computer, make the required follow-up, and forward reports to staff.
3. If the injury is to a Park District employee, Form 4 must also be completed for reporting to Worker's Compensation. This is due within 24 hours of the injury and is submitted to the Business Department along with the completed Supervisory Investigate Form, if necessary. A sample is attached. Retaliation against any employee for reporting an employee injury is prohibited and subject to disciplinary action.
4. Incidents will be classed into four (4) categories by the Risk Manager upon receipt of the report:
 - 1 - "Minor Injury"
 - 2 - "Scrapes & Bruises"

3 - "Sprains, Head,
Teeth" 4 - "Major"

5. Accident/Incident Report Forms for categories 1, 2 & 3 above do not require the Executive Director or Department Head signatures. Supervisor's should initial or sign any reports before submitting to the HR and Risk Manager. The Business Department is responsible for notifying the appropriate administrative and supervisory staff of all category 4 incidents on the day the report is received by the Business Department. If the AED is utilized, the HR and Risk Manager will fill out the Post AED Use Form.
6. The Program/Facility Supervisor may be required to fill out a Supervisor's Investigation and Recommendations form, a sample is attached, in the case of bodily injury that requires further medical care or of a more serious nature, vehicle accidents, and when incidents are reoccurring. These forms are then turned in to your immediate supervisor.
7. The Superintendent of Business is responsible for supervising the process, including incident report being entered into computer, proper review procedures being followed, and preparation of periodic reports for use by staff and the Safety Committee.
8. The reporting supervisor has immediate responsibility for follow up to see that a dangerous condition does not exist which could cause further injury.
9. **All head injuries require a follow up phone call to check on injured party within 24 hours after the incident.**

FIRST AID KIT

Each program must have on hand at all times a first aid kit containing the supplies essential to the proper treatment of minor injuries. Check the contents of the kit at the beginning of the session or season and replenish the supplies at frequent intervals. Post emergency numbers on the phone and in the first aid kit. 911 can be directly dialed out from all facilities.

All first aid kits should include:

Ice Packs	Gauze
Band-Aids	Medical Tape
Antiseptic Wipes	Medical Scissors
Gloves	Eye Wash
Breathing Barrier	

IN THE EVENT OF DEATH

Contact the Executive Director at once; if he is not available, contact the Superintendent of Recreation, Superintendent of Parks and Golf, Superintendent of Business, Human

Resource and Risk Manager in that sequence. Refer to the Crisis Management for further instruction. In the event of an employee's death, IDOL needs to be notified within eight (8) hours of death. Call (217) 725-5485 and ask for the Division Manager.

IN THE EVENT OF A MAJOR INJURY

1. Survey the scene.
2. Check for responsiveness, ABC's and severe bleeding.
3. Call 911 immediately.
4. Apply first aid and/or CPR if necessary or advisable.
5. Contact your Supervisor immediately. If the individual is a minor, notify parents/guardians yourself tactfully. Don't alarm them unnecessarily. Inform them of the situation. Let them decide what is to be done next and let them do it.
EMERGENCY POLICE/FIRE DEPT.: 911 Consult the Crisis Management Manual is in **the binder titled DPPD Manuals & Plans** located at all facilities.
6. Encourage the other participants to continue with their activity. Make sure other participants are supervised.
7. Prepare a written, detailed report of the incident on an Incident Report Form and submit it to the Park District office on the day of the incident.
8. As soon as possible, notify your Supervisor of any statement given to the Police or Fire Departments. Make no statements to anyone else until you have contacted your Supervisor. If 911 is called, the Executive Director and Human Resources & Risk Manager must be notified as well.

IN THE EVENT OF A MINOR INJURY

1. Administer necessary first aid. Remember: First Aid is temporary and immediate aid given until the services of professional medical personnel can be obtained.
2. Remind the individual to inform his or her parents (*if a minor*) when he/she gets home to show them the injury.
3. Call the parents yourself. Inform them of the situation tactfully, don't alarm them unnecessarily. Let them decide what is to be done next and let them do it.
4. Fill out an Incident Report Form in all injury cases except applying a band-aid and treating a bloody nose. Those situations should be documented on a band-aid/first aid log.

BASIC FIRST AID PROCEDURES

Always protect yourself first by using universal precautions including medical gloves.

1. MINOR ABRASION OR LACERATION- clean area with mild soap and warm water. Apply a sterile dressing to stop bleeding, apply bandage. If bleeding is uncontrollable see serious bleeding under Emergency First Aid.
2. MINOR BRUISES - apply ice pack to control any swelling.
3. NOSE BLEEDS - have patient sit up, head forward. Press the nostrils together. If blood has not clotted and bleeding continues, seek medical aid.
4. POISON IVY OR OAK - Immediately after exposure, wash with soap and water. Seek medical aid.

EMERGENCY FIRST AID PROCEDURES

Call 911 immediately in any emergency situation. Always protect yourself first by using universal precautions when giving first aid including gloves and breathing protection.

1. **SHOCK** - Treat all patients for shock as follows - comfort victim, avoid causing additional pain; maintain body temperature, give small amounts of room temperature water. Call 911.
2. **ANIMAL BITES** - If a child is bitten by a stray animal. Monitor the location of the animal if possible. Treat the wound as usual, clean thoroughly with water and control bleeding.
3. **BLISTERS** - Do not rupture any of the blisters; apply a dry sterile dressing.
4. **BRUISES AND SPRAINS** - Apply cold; to lessen pain and swelling, elevate sprain.
5. **BURNS** – For 1st and 2nd degree burns: Stop burning by using cold water, apply dry sterile dressing. Seek medical aid. Treat for shock. Do not apply water for 3rd degree burns.
6. **FRACTURES** - **DO NOT MOVE** the injured person. Control any serious bleeding and continue treatment as in a simple fracture.
 - A. Check circulation in fractured extremity
 - B. Immobilize, wait for EMS, splint/sling only if necessary.
 - C. Treat for shock
7. **DISLOCATIONS** - Never try to correct the dislocation. Treat the same as a fracture.
8. **DROWNING AND SUFFOCATION** - Start ABC's of CPR immediately. Apply AED immediately if pulse is not detected. Treat for shock. Keep victim warm.
9. **FAINTING** - Lower patient to ground and position on his/her back. Raise lower limbs (unless head, neck or limb injury is suspected). Loosen tight clothing.
10. **FOREIGN BODIES IN THE EYE** - Most particles may be washed out naturally by tears, or may be removed by pulling the upper lid and flushing with water. If a particle is imbedded, do not try to remove. Have the patient close the eye, place a pad over both eyes and bandage loosely. Maintain body temperature.
11. **HEAT CRAMPS** - Have victim rest in a cool place. Light hand pressure massages applied to muscles of limb will often relieve cramps. Slowly give cool water or commercial sport drink.
12. **HEAT EXHAUSTION** - Symptoms may include: weakness, headache, nausea, lightheadedness, muscle aches and cramps, pale face, skin moist and cool. Call 911. If possible move to a cool place. Treat for shock. Apply cool cloths to skin. Loosen tight clothing and remove excess clothing. If conscious, very slowly, give cool fluids (if not vomiting).
13. **HEAT STROKE (Life-Threatening)** - Symptoms: Red, dry skin, rapid weak pulse, rapid shallow breathing. **Call 911**. Seek same treatment as heat exhaustion. Ice packs can be applied to the side of neck, underarms, and groin to help with cooling. If possible move to a cool place. Treat for shock. Apply cool cloths to skin. Loosen tight clothing and remove excess clothing. Monitor vital signs, CPR if necessary.

14. **SERIOUS BLEEDING** (Abrasions, lacerations, incisions, punctures) - Applying direct pressure with sterile dressing - if blood soaks through, apply more dressing on top of old. Elevate limb if possible.
15. **CHEMICAL BURNS** - Flush area with water for 15 minutes. Seek medical attention immediately.

Refer to SDS sheets which are located in the offices of ALC, PLCC, Lake Park Garage, Oakwood Maintenance Center, and Golf Center.

VII COMMUNICABLE / INFECTIOUS DISEASES POLICY

RIGHT TO PARTICIPATE / STATE COMPLIANCE

A person who has or has had a communicable/infectious disease has a right to participate in a Park District program or be actively employed in the workplace as long as they pose no threat of infection to other participants or employees, and are able to meet acceptable performance standards.

It shall be the policy of the Des Plaines Park District to comply with the State of Illinois Department of Public Health rules and regulations for the control of Communicable Diseases.

COMMUNICABLE/INFECTIOUS DISEASES - PARTICIPANTS

A participant who is infected with a serious communicable or infectious disease shall be prohibited from attending Park District programs until such a time that a physician, in consultation with the Communicable/Infectious Disease Review Team, determines that the disease does not present a reasonable risk of transmission at the time of re-admittance. The Communicable/Infectious Review Team is composed of, but not limited to, the Executive Director or his/her designee, a District appointed physician with expertise in Communicable/Infectious disease, and may also include the District's legal counsel and public health officials.

For purposes of defining when a participant is infected with a communicable/infectious disease or is suspected of being infected, the following guidelines shall be used:

1. Any staff member who has reasonable cause to believe that a participant is infected with a communicable/infectious disease shall contact his/her immediate supervisor. The Executive Director may require that the parent/guardian have the participant submit to an appropriate medical evaluation conducted by the family Physician. The results of this evaluation shall be shared with the Executive Director. In addition, the Executive Director may require that the participant submit to a physical examination conducted by a physician selected by the Park Board.
2. Any participant who is infected with a disease wherein there is any reasonable risk of transmitting the disease to other people shall be required to report the condition to the Executive Director. The Executive Director will exclude that participant for the period

in which there is any risk of transmission of the disease dependent upon the medical condition of the participant.

3. In the event that any participant is infected with a communicable/infectious disease, the Review Team shall implement the following when determining whether that participant shall be readmitted to park programs.
 - a. Upon notification to the Executive Director by the parent/guardian or physician that a participant has a communicable/infectious disease, the Review Team shall determine whether there is any risk of transmitting the disease to other people. In arriving at its decision, the Review Team shall examine the recommendations of the public health officials, parent/ guardian, physicians, and other medical resources that may be utilized by the District.
 - b. Participants who cannot control their bodily functions, or in the event that the age or mental capacity of the participant creates a risk of transmission of the disease to participants or District employees, the Review Team shall restrict the participant from park programs and facilities. Such exclusion shall be continued until such time as the participant's age, medical condition, or mental abilities significantly change to allow readmission.
4. Park District officials shall be required to maintain confidentiality of the medical records of any participant identified as having a communicable/ infectious disease.
5. When a participant who has a communicable/infectious disease is readmitted to programs because the disease is in remission or not considered to be actively contagious, park personnel, parent/ guardians, and other participants who may have been in contact with the infected participant shall be informed of how the disease is transmitted and the appropriate hygienic precautions.
6. The Executive Director and the Review Team shall regularly monitor the condition of the participant with a communicable/infectious disease.
7. The Executive Director's and the Review Team's decision, including any conditions established for attendance, may be appealed by the parent/guardian to the Board. Such appeal must be in writing and must state the reasons for the objection, as well as the action desired. The appeal shall be processed as quickly as possible. Pending the appeal, the participant shall remain out of park programs if the decision of the Executive Director or Review Team is not to readmit the participant. If permitted to attend a program, the participant shall be subject to any conditions established by the Executive Director and the Review Team pending disposition of appeal of these conditions.

COMMUNICABLE/INFECTIOUS DISEASES - EMPLOYEES

1. Any employee who is infected with a communicable/infectious disease shall be placed on sick leave for the duration of the time that the employee poses a health risk irrespective of the employee's abilities to otherwise discharge his/her job duties. Job restrictions shall occur until such a time that a physician, in consultation with the

Communicable/Infectious Review Team, determines that the disease does not present a reasonable risk of transmission within the scope of the work assignment at the time of remittance. The Communicable/Infectious Review Team is composed of, but not limited to, the Executive Director or his/ her designee, a District appointed physician with expertise in communicable/infectious disease, and may also include the District's legal counsel and public health officials.

For the purpose of defining when an employee is infected with a communicable/ infectious disease, or suspected of being infected, the following guidelines shall be used:

- a. Any employee whose health or medical condition poses any significant threat to the health and welfare of the park users and staff shall be required to report such illness to the Executive Director or his/her immediate supervisor. The Executive Director may require that the employee submit to an appropriate medical evaluation conducted by his/ her family physician. The results of this evaluation shall be shared with the Executive Director.
2. In addition, the Executive Director may require that the employee submit to a physical examination conducted by a physician selected by the Board to determine the nature of the employee's medical condition and the extent of the health risk to others.
3. Pending completion of a full medical review, the Executive Director may remove the employee from work or require a restricted work environment without loss of pay or other benefits.
4. In the event that a medical examination by the Board appointed physician establishes that the medical condition of an employee poses a serious threat to the health and welfare of the park users or other employees, the employee will be placed on medical leave for the period of time that the employee's health poses a risk of contagion in the park environment. The use of medical leave shall be in compliance with the Park District's Policy governing use of sick leave.
5. In the event that any employee is infected with a communicable/infectious disease, the Review Team shall implement the following when determining whether that employee shall be readmitted to the work site:
 - a. Upon notification to the Executive Director that an employee has a communicable/infectious disease, the Review Team shall determine the least restrictive work setting for the employee.
 - b. In arriving at its decision, the Review Team shall examine the recommendations of the public health officials, the employee's physician, and other medical resources that may be utilized by the District.
6. Park officials shall be required to maintain confidentiality of the medical records of any employee identified as having a communicable/infectious disease.

7. When an employee who has a communicable/infectious disease is readmitted to the work site because the disease is in remission or is not considered to be contagious at the time of re-admittance, park personnel shall be informed of how the disease is transmitted and the appropriate hygienic precautions.
8. The Executive Director and the Review Team shall monitor the condition of the employee with a communicable/infectious disease.
9. The Executive Director's and the Review Team's decision, including any conditions established for attendance, may be appealed by the employee to the Board. Such appeal must be in writing and must state the reasons for the objection, as well as the action desired. The appeal shall be processed as quickly as possible. Pending the appeal, the employee shall remain on sick leave if the decision of the Executive Director or Review Team is not to readmit the employee. If permitted to attend the work site, the employee shall be subject to any conditions established by the Executive Director and the Review Team pending disposition of appeal of these conditions.

MAINTENANCE OF PRECAUTIONARY HYGIENE PROCEDURES

1. Because infections can be present in blood or body fluid (vomit, feces, urine, saliva, tears, nasal), park facilities shall adopt routine procedures for handling blood or body fluids regardless of whether children or adults with a communicable/infectious disease are attending classes or facilities.
2. Disposable gloves shall be placed in every facility, gym, and office and on every bus. A generous supply of paper products (i.e., paper towels, Kleenex, etc.) shall be available along with gloves for use in cleaning body fluids.
3. Documentation of incidences of contact with blood or other body fluids should be made whether or not a participant or employee is known to have a communicable disease.
4. **Direct skin contact with body fluids should be avoided. Disposable gloves shall be worn whenever contact with body fluids is anticipated.**
5. Soiled surfaces shall be promptly cleaned with disinfectants, such as household bleach (diluted 1 part bleach to 10 parts water) or phenolic compounds (Lysol). Disposable towels or tissues shall be used whenever possible, and mops shall be rinsed in the disinfectant. Those who are cleaning shall avoid exposure of open skin lesions or mucous membranes to the blood or body fluids.
6. Spilled body fluids, stained clothing, stained equipment and disposable gloves used to clean fluids shall be discarded in plastic bags when removed.
7. Non-disposable items contaminated with blood or other body fluids shall be rinsed and placed in plastic bags while awaiting cleaning. Clothing shall be placed in a plastic bag and sent home for laundering.

8. Clothing soaked with blood or body fluids shall be **disposed of** or washed as soon as practical. General laundering procedures will suffice to destroy most infectious agents. If possible, it is advisable to add laundry bleach to the wash cycle in order to strengthen the disinfection process or throw away in a biohazard bag.

HEPATITIS B VACCINE

1. The Hepatitis B policy will be discussed with all employees on a yearly basis at the staff training by their supervisor.
2. All employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious material unless the employee has previously had the vaccine or wishes to submit to antibody testing which shows the employee to have sufficient immunity.
3. Employees who accept the offer will sign a consent form, those who decline the Hepatitis B vaccine will sign a waiver at the time of the incident. (Attachment C)
4. Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost. Please list who has the responsibility for assuring that the vaccine is offered, the waivers are signed, etc., and who will administer the vaccine.
5. The Hepatitis B vaccine is given in three intra muscular doses. Two initial doses are given one month apart and the third is given six months after the first.

POST EVALUATION AND FOLLOW-UP

1. If any employee actually comes into contact with blood or other potentially infectious materials, the District shall provide a confidential medical evaluation and follow-up, again at no cost to the employee. Hepatitis B vaccinations and post-exposure evaluation and follow-up will be provided at a reasonable time and place, by and under the supervision of a licensed physician, and utilizing an accredited laboratory. Evaluation and follow-up will include at least the following elements:
 - a. When the employee incurs an exposure incident, it should be reported to the employee's supervisor immediately.
 - b. All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up.
 - c. This follow-up will include the following:
 1. Documentation of the route of exposure and the circumstances related to the incident.
 2. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident and evaluation of reported illness.

INTERACTION WITH HEALTH CARE PROFESSIONALS

The Park District will provide the healthcare professional who is responsible for an employee's Hepatitis B vaccination, or for an exposed employee's post-exposure evaluation, with a copy of the IDOL/OSHA regulations. The District will also provide the healthcare professional who is responsible for an exposed employee's post-exposure evaluation with:

- a. A description of the employee's duties as they relate to the exposure incident;
- b. Documentation of the route(s) of exposure and the circumstances under which exposure occurred;
- c. Results of the source material or individual's blood testing, if available; and;
- d. All medical records relevant to the appropriate treatment of the employee, including his or her HBV vaccination status, which are the Park District's responsibility to maintain.

The Park District will obtain and provide to the employee, within 15 days of its completion a copy of the written opinion of the healthcare professional who performs a post-exposure evaluation.

INCIDENT REPORTS

To the extent practicable, the Park District must keep records noting incidents of employee contact with blood or other potentially infectious materials, and of non-compliance with these guidelines by employees observed during routine monitoring of the workplace. To the extent monitoring reveals a failure to follow recommended precautions, further education of the employee involved should be provided, and if such non-compliance is of a nature that poses a threat to the health or safety of other employees or the public, disciplinary action should be taken.

CONFIDENTIALITY

The District shall respect the rights of privacy of the individual. Therefore, knowledge that a participant or employee has a communicable/infectious disease shall be confined to those persons with an identified need to know. Those persons shall be provided with appropriate information concerning precautions related to the disease and shall be made aware of confidentiality requirements.

ADDITIONAL REGULATIONS

The Executive Director may establish additional rules and regulations designed to implement this policy, provide for the protection of the health of employees and participants, and recognize any due process and the special recreational interests of participants and employees suspected of having communicable/infectious diseases.

Des Plaines Park District General Cleanliness Procedures

A. Procedures for Cleaning Up of Body Fluid Spills.

(Blood, feces, urine, semen, vagrant secretions, vomitus)

Spill Kit Locations: **ALC, PLCC, Golf Center – Front/Reception Desk**
 Lake Park – In First Aid Kit in the concession area
 MV Adventure Center – Under left concession register
 Oakwood – Next to First Aid Kit by Utility Sink
 Pools – Managers Office, First Aid Office
 Arndt, Cumberland Terrace, West Field Houses –

1. Wear disposable gloves. **If unanticipated** contact occurs, hands and other affected areas should be washed with soap and water immediately after contact.
2. Clean and disinfect (sanitize) all soiled hard, washable surfaces immediately, removing soil before applying disinfectant.
 - a. Apply absorbent agent (sweeping compound) for large soiled areas. After soil is absorbed, vacuum or sweep up all material.
 - b. Use paper towels or tissues to wipe up small soiled areas. After soil is removed, use clean paper towels and soap and water to clean area. Place contaminated material in a disposable plastic bag.
 - c. Disinfect area with a dilution of 1:10 household bleach solution or another disinfectant, using a clean mop. (See Section III for the selection of a disinfectant.)
3. Clean and disinfect (sanitize) soiled rugs and carpets at once.
 - a. Apply sanitary absorbent agent, let dry and vacuum.
 - b. Apply rug shampoo (a germicidal detergent) with a brush and re-vacuum.
4. Clean equipment and dispose of all disposable material.
 - a. Soiled tissue and flushable waste can be flushed in a toilet. Discard paper towels, vacuum bag, or sweepings in a waste receptacle lined with a plastic bag.
 - b. Rinse or spray broom and dust pan in disinfectant solution and wipe with a paper towel for drying.
 - c. Soak mop in disinfectant solution and rinse thoroughly or wash in hot water cycle after soaking in disinfectant.
 - d. Disinfectant solution should be promptly disposed of down a drain.
5. Clothing and other non-disposable items (e.g., sheets, towels) soaked with body fluids should be rinsed and placed in a plastic bag to be sent home or laundered.

6. Remove disposable gloves and discard in waste receptacle.
7. Wash hands thoroughly.
8. Plastic bags holding contaminated waste should be secured and disposed of daily.
9. Large waste containers (dumpsters or other containers which are impervious to animals) containing potentially contaminated waste should be located in a safe area away from the playground or other areas used by participants.
10. Do not place hands in trash or waste containers in order to pack trash. Puncture proof or puncture resistant gloves should be worn when emptying trash or garbage receptacles.

B. Special Procedures for Special Settings

1. Accidental blood or body fluid spill:
 - a. Notify the custodian whenever possible and as soon as possible of any accidental blood or body fluid accident.
 - b. Cover and contain. You may use items as basic as a paper towel, chair or any item on hand as an "alert". A standing "caution" sign is optimal if available.
 - c. Generously sprinkle a compound on the area (secured from maintenance).
 - d. Wash hands.
 - e. **If gloves become overly soiled or compromised, remove them, discard, wash hands, and put on a new pair of disposable gloves.**
 - Discard used gloves in plastic bag in waste receptacle.
 - f. Store and handle clean clothing and linens separately from the soiled clothing and linens.
 - Immediately place each participant's soiled clothing and linens in an individually labeled plastic bag which is to be sealed and sent home.
 - Immediately place all soiled Park District linens in a plastic bag in a waste receptacle.
2. Injuries resulting in blood accidents:
 - a. Have participants cover and/or apply pressure to the area with a clean cloth or paper towel.
 - b. Follow basic established procedures for contacting your supervisor.
 - c. A pair of disposable gloves must be worn while attending to the injury. **If unanticipated** contact occurs, hands and other affected areas should be washed with soap and water immediately after contact.
 - d. **If gloves become overly soiled or compromised, remove them, discard, wash hands, and put on a new pair of disposable gloves.**
 - Discard used gloves in plastic bag in waste receptacle.
 - e. Store and handle clean clothing and linens separately from the soiled clothing and linens.

- Immediately place each participant's soiled clothing and linens in an individually labeled plastic bag which is to be sealed and sent home.
- Immediately place all soiled Park District linens in a plastic bag in a waste receptacle.

C. Selecting an Appropriate Disinfectant

1. Any liquid or bar soap is acceptable for routine hand washing.
2. Select and stock a sanitary absorbent agent for cleaning body fluid spills.
3. Dispense to classrooms and other areas on request.
4. Select an intermediate level disinfectant which will kill vegetative bacteria, fungi, tubercle bacillus, and viruses. Aerosol sprays are not recommended because of possible inhalant problems and flammability.
 - a. Select an agent that is registered by the U.S. Environmental Protection Agency (EPA) for use as a disinfectant in school.
 - b. Select an agent that belongs to one of the following classes of disinfectants:
 1. Ethyl or isopropyl alcohol
(70-90 percent)
 2. Quaternary ammonium germicidal detergent solution
(2 percent aqueous solution)
 3. Iodophor germicidal detergent
(500 ppm available iodine)
 4. Phenolic germicidal detergent solution
(1 percent aqueous solution)
 5. Sodium hypo-chlorate (household bleach). New recommendations for effective but less toxic dilutions are:
 - a) 5 teaspoons per gallon disinfectant
 - b) 1 teaspoon per 16 oz. spray and wipe bottle
 - c) 2 teaspoons per gallon for larger amount
 - d) 1 teaspoon per gallon for submersion for two or more minutes.
 This solution must be made fresh daily.
 - c. Use all products according to the manufacturer's instructions.
 - d. Store all disinfectants in a safe area inaccessible to students.

VIII IDOL INSPECTION PROCEDURES

INTRODUCTION

Under the requirements of the State of Illinois Safety Inspection and Education Act – 1983, job safety and health protection is provided “for public workers through the promotion of safety and healthful working conditions.” Specifically, “each public employer shall provide a work place free of recognized hazards”. Likewise, each employee shall comply with rules and regulations that apply to their own actions and conduct on the job. The Illinois Department of Labor (IDOL) is charged with enforcing the Act through on-site inspections which are conducted by IDOL inspectors. The procedures as listed below shall be followed should an IDOL inspection occur at any DPPD facility.

Chain of Personnel: **Superintendent of Parks & Golf Operations**
 Assistant Superintendent of Parks & Planning
 Human Resources & Risk Manager
 Executive Director

PROCEDURES:

1. The Illinois Department of Labor inspector may or may not call to schedule an appointment. He/she may likely arrive unannounced.
 - Designate the Superintendent of Parks or his/her designee to meet with the IDOL inspector. This should be the appropriate department head or another high-ranking administrative staff person.
2. In all probability the inspector will not reschedule the visit and has the complete authority to conduct the inspection regardless if the agency staff is available or not.
 - Establish a chain of personnel in the event that the first agency designee is not at the workplace when the inspector arrives.
3. Upon entering the workplace, the IDOL inspector will present their credentials and ask to meet with management to discuss the purpose of the visit and scope of the inspection.
 - Instruct office personnel to direct the inspector to meet with the appropriate administrative staff person.
4. The opening conference will most likely include a check - list and the inspector will outline what records will be reviewed.
 - Establish a listing of where the records listed below will be kept because these documents must be made available to the inspector. Records include:
 - a) Safety training program/hazard communication program (Employee Right-to-Know)
 - b) Current OSHA 200 log
 - c) Any prior IDOL inspection report

Copies of this list should be kept on file at the ALC, Oakwood, Prairie Lakes, Lake Park and the Golf Center.

It is advisable that agency personnel create a cooperative environment and not one that is adversarial.

5. The inspection will then begin.

- Have agency representative accompany the inspector. The inspector may take photographs/material samples and employer should do the same for agency records.
6. The inspector may solicit employee input at any time during the inspection and this may be done in private.
 - Allow employees to participate when requested.
 7. Correct minor violations during the course of the inspection (housekeeping) etc.
 8. A closing conference will then be held to review any violations noted by the inspector. This is an opportunity for the employer to bring those minor violations corrected during the inspection to the inspector's attention and reduced the list of violation.
 - Present the agency's view of the situation and discuss the abatement period.
 9. Violations must be corrected within 30 days of the closing conference date. Citation for violations will be issued in writing by the IDOL within 30 days.
 - Establish procedure and time line to correct noted violations.

INDEX OF FORMS

Hepatitis B Vaccination Declination_____	30
Police/Fire Emergency Call List_____	31
Accident/Incident Form 01_____	32-33
Vehicle Accident Report Form 02_____	34-37
Property Loss Report Form 03_____	38
Employers First Report of Injury Form 4 (Form 45)_____	39-40
Post AED Use Form_____	41-43
Return To Work Form_____	44
Memorandum of Understanding_____	45

Other Important Numbers:

ComEd	1 (800) 334-7661
Nicor	1 (800) 642-6748
Poison Control	1 (800) 222-1222
Police Non-Emergency	1 (847) 391-5400

HEPATITIS B VACCINATION DECLINATION

I understand and acknowledge that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection which is known to be a serious disease. I have been given the opportunity to be vaccinated with Hepatitis B vaccine series, at no charge to myself. However, I decline the Hepatitis B vaccination series at this time. I understand and acknowledge that by declining this vaccine series, I continue to be at risk of acquiring Hepatitis B. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine series, I can receive the vaccination series at no charge to me.

Employee's Signature: _____

Print Name: _____

Employee# _____

Date: _____

**Des Plaines Park District
Police/Fire Emergency Call List
Effective April 1, 2017**

Listed below are the facilities and the appropriate contact person in numerical order. For a facility or grounds maintenance-related emergencies - please call the Parks Maintenance Staff listed in order that they appear. For a program, facility scheduling or public related emergencies - please call the Recreation Staff listed in order that they appear.
Unless otherwise specified, all numbers are (847) area code.

ADMINISTRATION AND LEISURE CENTER - 2222 BIRCH ST.

<u>Parks Maint. Staff</u>	<u>Home</u>	<u>Cell</u>	<u>Recreation Staff</u>	<u>Home</u>	<u>Cell</u>
1. Ed Kelley	N/A	962-6985	1.Jeanette Berard	394-0411	848-0711
2. Ken Rochau	827-7394	962-5064	2.Jennifer Boys	(630) 279-3397	962-6974
3. Don Prellberg	265-0839	962-6986	3.Paul Cathey	635-6946	962-6934
4. Paul Guza	N/A	372-9339			

PRAIRIE LAKES COMMUNITY CENTER - 515 E. THACKER

<u>Parks Maint. Staff</u>	<u>Home</u>	<u>Cell</u>	<u>Recreation Staff</u>	<u>Home</u>	<u>Cell</u>
1. Ed Kelley	N/A	962-6985	1.Shelli Sarg	963-8005	312-3486
2. Ken Rochau	827-7394	962-5064	2.Joe Weber	N/A	224-223-5981
3. Don Prellberg	265-0839	962-6986	3.Paul Cathey	635-6946	962-6934
4. Paul Guza	N/A	372-9339			

LAKE PARK CLUB HOUSE - 1175 HOWARD ST.

<u>Parks Maint. Staff</u>	<u>Home</u>	<u>Cell</u>	<u>Recreation Staff</u>	<u>Home</u>	<u>Cell</u>
1. Ed Kelley	N/A	962-6985	1.Brian Panek	(630) 536-8759	(630) 988-2413
2. Don Prellberg	265-0839	962-6986	2.Tyler Fuchs	N/A	977-0611
3. Brian Panek	N/A	(630) 988-2413	3. Paul Cathey	635-6946	962-6934

MOUNTAIN VIEW ADVENTURE CENTER - 510 E. ALGONQUIN

<u>Parks Maint. Staff</u>	<u>Home</u>	<u>Cell</u>	<u>Recreation Staff</u>	<u>Home</u>	<u>Cell</u>
1. Ed Kelley	N/A	962-6985	1.Shelli Sarg	963-8005	312-3486
2. Don Prellberg	265-0839	962-6986	2.Jennifer Boys	(630) 279-3397	962-6974
3. Paul Guza	N/A	372-9339	3.Paul Cathey	635-6946	962-6934

SWIMMING POOLS - (CHIPPEWA, IROQUOIS, MYSTIC WATERS)

<u>Parks Maint. Staff</u>	<u>Home</u>	<u>Cell</u>	<u>Recreation Staff</u>	<u>Home</u>	<u>Cell</u>
1. Ed Kelley	N/A	962-6985	1.Matt Hartnett	N/A	529-4324
2. Paul Guza	N/A	372-9339	2.Jennifer Boys	(630) 279-3397	962-6974
			3.Don Miletic	N/A	962-6953

GOLF CENTER, 353 N. River Road

<u>Parks Maint. Staff</u>	<u>Home</u>	<u>Cell</u>	<u>Recreation Staff</u>	<u>Home</u>	<u>Cell</u>
1. Ed Kelley		962-6985	1.Brian Panek	(630) 536-8759	(630) 988-2413
2. Ken Rochau	827-7394	962-5064	2.Tyler Fuchs	N/A	977-0611
3. Brian Panek	N/A	(630)988-2413	3.Paul Cathey	635-6946	962-6934

OTHER FACILITIES, PARK SITES

<u>Parks Maint. Staff</u>	<u>Home</u>	<u>Cell</u>
1. Ed Kelley	N/A	962-6985
2. Don Prellberg	265-0839	962-6986
3. Ken Rochau	827-7394	962-5064
4. Paul Guza	N/A	372-9339

Form 1 – Accident Incident Report



Accident/Incident Report

Attorney/Client Privileged Document

Form
01

1	Agency name	Today's date		
2	Date of incident (mm/dd/yyyy)	Time of incident (hh/mm a.m./p.m.)		
3	Name of person completing report	Title of person completing report		
4	Business phone number	Business email		
5	How did the incident occur? (Provide a brief, factual description; do not speculate on fault, etc.)			
6	Name of the location (park, pool, community center; Ex. Smith Pool, Johnson Community Center) or nearest intersection where the incident occurred.			
7	Is there an address for this location? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
	If yes, please provide the following:			
	Street address _____			
	City	State	Zip code	
8	Location (Specify the exact type of location/facility where injury occurred. Ex. maintenance garage, sports field, aquatic outdoor, golf course, etc.)			
9	Primary location (Specify exact location. Ex. lap pool, cart storage, classroom, pavilion)			
BODILY INJURY				
If an employee was injured, please submit the form for an Employee Injury (Form 04) type of incident.				
10	Was a person injured? (Ex. patron, citizen, participant, volunteer) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
11	If yes, please provide the following information:			
	Last name _____		First name _____	
	Address _____			
	City _____ State _____ Zip code _____			
	Home phone # _____ Work phone # _____ Cell phone # _____			
	Age _____		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
12	Is injured person an agency volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
13	Describe the injury (affected body part and type of injury; Ex. contusion, bruise, laceration, sprain, break, etc.)			
14	Did injured person make any statements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
	If yes, what did injured person say? _____			

15 Was first aid administered? ☐ Yes ☐ No ☐ Unknown

Name and position of person who administered first aid _____

What first aid was given? _____

Did first aid involve AED and/or CPR? ☐ Yes ☐ No ☐ Unknown

If yes, please submit a PDRMA post-AED form.

Were paramedic services offered?

Called and refused (at scene by patron) ☐ Yes Offered and called ☐ Yes

Offered and refused ☐ Yes Offered, refused, called by agency anyway ☐ Yes

Unable to respond and called ☐ Yes

Were police called? ☐ Yes If yes, please provide the following information.

Name of police department _____

Name of officer _____

Do you expect this person to submit a claim? ☐ Yes ☐ No ☐ Unknown

PROPERTY DAMAGE

16 Was property damaged as a result of this accident/incident? ☐ Yes ☐ No ☐ Unknown

17 If yes, how was the person involved in the accident/incident?

Owner of property adjacent to park district ☐ Patron ☐

Vehicle owner ☐ Other ☐

18 Last name (or business name) _____ First name (not necessary if business name) _____

Address _____

City _____ State _____ Zip code _____ Phone number _____

Describe the property damage _____

WITNESS INFORMATION

19 If there was a witness(es) to the accident/incident, please provide the following information:

Last name _____ First name _____

Address _____

City _____ State _____ Zip code _____ Phone number _____

20 Did witness make any statements? ☐ Yes ☐ No ☐ Unknown

If yes, what did witness say? _____

21 Where was witness when the accident/incident occurred? _____

Form 2 – Vehicle Accident Report



Vehicle Accident Report

(Accident involving agency vehicle. May involve bodily injury/property damage.)
Attorney/Client Privileged Document

Form
02

1	Agency name		Today's date	
2	Date of incident (mm/dd/yyyy)		Time of incident (hh/mm, a.m./p.m.)	
3	Name of person completing the report		Title of person completing report	
4	Business phone		Business email	
5	How did the incident occur? (Provide a brief factual summary.)			
6	Name of the location (street/road/highway) or nearest intersection where the incident occurred.			
7	Is there an address for incident location? If yes, please provide the following:			
	Street address			
	City	State	Zip code	
8	Location			
	Offsite (non-agency owned)	<input type="checkbox"/>	On agency property	<input type="checkbox"/>
9	Primary location			
	Highway/roadway	<input type="checkbox"/>	Parking lot	<input type="checkbox"/>
			Other	<input type="checkbox"/>
10	Was the agency vehicle occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
11	Agency driver last name		First name	
	Address			
	City	State	Zip code	
	Home phone #	Work phone #	Cell phone #	
	Email			
	Is this driver an employee? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
	If Yes, enter job title of employee			
	Identify the type of driver			
	Full-time employee	<input type="checkbox"/>	Intern	<input type="checkbox"/>
	Part-time employee	<input type="checkbox"/>	Volunteer	<input type="checkbox"/>
	Seasonal employee	<input type="checkbox"/>	Non-agency employee	<input type="checkbox"/>
			Spouse/family member	<input type="checkbox"/>
12	Agency vehicle VIN	Make	Model	License number

13	Is vehicle drivable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	If no, provide current location of vehicle			
14	Area of damage			
15	Estimated repair cost			
16	Was a trailer involved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	If yes, provide the following information.			
	Trailer year	Make	Model	License number
	Trailer area of damage			
	Current location of trailer			
	Estimated repair cost of trailer			
17	Has a police agency conducted an investigation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, provide the following information.
	What police agency investigated the incident?			
	Police report number			
18	Was the agency driver ticketed, arrested or cited for violation(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	If yes, provide details of the ticket, arrest or violation(s).			
19	CLAIMANT INFORMATION			
	Identify other people involved in the accident. (Make additional copies of this section if needed.)			
	How was the person involved in the accident? (Check all that apply.)			
	Driver of other vehicle <input type="checkbox"/>	Injured person <input type="checkbox"/>	Owner of involved property <input type="checkbox"/>	
	Owner of other vehicle <input type="checkbox"/>	Passenger of agency vehicle <input type="checkbox"/>	Passenger of other vehicle <input type="checkbox"/>	
	Pedestrian <input type="checkbox"/>			
	Last name or business name		First name (not necessary for business)	
	Address			
	City	State	Zip code	
	Home phone #	Work phone #	Cell phone #	

19	Vehicle make	Model	Year
Area of damage			
Is vehicle driveable? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, current location of vehicle			
Extent of damage <input type="checkbox"/> Moderate <input type="checkbox"/> Nothing visible <input type="checkbox"/> Severe <input type="checkbox"/> Slight			
Describe the property damage (other than vehicle)			
Extent of damage to property other than vehicle <input type="checkbox"/> Moderate <input type="checkbox"/> Nothing visible <input type="checkbox"/> Severe <input type="checkbox"/> Slight			
Age of injured person _____		Sex of injured person <input type="checkbox"/> Male <input type="checkbox"/> Female	
Was the injured person transported by paramedics? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, where was the injured person taken?			
Do you expect the injured person to file a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe the injury			

ADDITIONAL CLAIMANT INFORMATION

Identify other people involved in the accident. (Make additional copies of this section if needed.)

How was the person involved in the accident? (Check all that apply.)

Driver of other vehicle <input type="checkbox"/>	Injured person <input type="checkbox"/>	Owner of involved property <input type="checkbox"/>
Owner of other vehicle <input type="checkbox"/>	Passenger of agency vehicle <input type="checkbox"/>	Passenger of other vehicle <input type="checkbox"/>
Pedestrian <input type="checkbox"/>		

Last name or business name First name (not necessary for business)

Address

City State Zip code

Home phone # Work phone # Cell phone #

Vehicle make Model Year

Area of damage

Is vehicle driveable? ☐ Yes ☐ No If no, current location of vehicle

Extent of damage ☐ Moderate ☐ Nothing visible ☐ Severe ☐ Slight

Describe the property damage (other than vehicle)

Extent of damage to property other than vehicle ☐ Moderate ☐ Nothing visible ☐ Severe ☐ Slight

19	Age of injured person _____	Sex of injured person	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	Was the injured person transported by paramedics?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If yes, where was the injured person taken?			
	Do you expect the injured person to file a claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Describe the injury			
20	Identify witnesses of the accident. (Provide the following information for each witness. Make additional copies of this page if needed.)			
	Last name		First name	
	Address			
	City	State	Zip code	
	Home phone #	Work phone #	Cell phone #	
	Witness to accident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, provide the following information.			
	Relation to injured person or property owner:			
	Agency employee or volunteer <input type="checkbox"/>	Another program participant or park user <input type="checkbox"/>	Friend <input type="checkbox"/>	
	Other <input type="checkbox"/>	Passerby <input type="checkbox"/>	Relative <input type="checkbox"/>	
	Did witness make any statements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
	If yes, provide the following information.			
	What did witness say?			
	Where was witness when the accident occurred?			
21	Was the driver of the agency vehicle conducting agency business at the time of the accident?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
22	What street was the agency driver on?		What street was the other driver driving on?	
23	What direction was the agency driver traveling?			
	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West
	What direction was the other driver traveling?			
	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West
24	Weather conditions			
	Dry <input type="checkbox"/>	Fog <input type="checkbox"/>	Ice <input type="checkbox"/>	Snow <input type="checkbox"/>
			Wet <input type="checkbox"/>	
25	Accident diagram			

Form 3 – Property Loss Report



Property Loss Report

(For damage to agency property)

Attorney/Client Privileged Document

Form
03

1	Agency name	Today's date	
2	Date of incident (mm/dd/yyyy)	Time of incident (hh/mm, a.m./p.m.)	
3	Name of person completing the report	Title of person completing report	
4	Business phone	Business email	
5	How did the incident occur and what property was damaged? (Provide a brief factual summary.)		
6	Name of the location (park, pool, community center; Ex. Smith Pool, Johnson Community Center) or nearest intersection where the incident occurred.		
7	Is there an address for incident location? If yes, please provide the following:		
	Street address		
	City	State	Zip code
8	Location (Specify the exact type of location/facility damaged, listing multiple locations/facilities if necessary. Ex. maintenance garage, sports field)		
9	Primary location (Identify the exact area of damage. Ex. tool storage, batting cage)		
10	Estimate of loss		
11	Contact person at facility		
12	Contact person's email		
13	Contact person's phone number		
14	Was damage caused by third-party (non-agency) individual? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
15	Has the party responsible for damage been identified? If yes, provide the following contact information for the person or persons identified:		
	Name	Street address	
	City	State	Zip code
16	Has a police agency conducted an investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
17	What police agency investigated the incident?	What is the police report number?	
18	Were criminal charges brought against the responsible party? If yes, what were the charges?		

Form 4 – Employers First Report of Injury or Illness



Employee Injury Report

**Form
04**

1	Complete an Employee Injury Report for each employee injured.		
2	Agency name	Today's date	
3	Date of incident (mm/dd/yyyy)	Time of incident (hh/mm a.m./p.m.)	
4	Name of person completing report	Title of person completing report	
5	Business phone	Business email	
6	How did the incident occur? (Provide a one-line factual description.)		
7	Name of the location (park, pool, community center; Ex. Smith Pool, Johnson Community Center) or nearest intersection where the incident occurred.		
8	Is there an address for this location? If yes, please provide the following:		
	Street address		
	City	State	Zip code
9	Location (Specify the exact type of location/facility where injury occurred. Ex. maintenance garage, sports field, aquatic outdoor, golf course, etc.)		
10	Primary location (Specify exact location. Ex. lap pool, cart storage, classroom, pavilion)		
11	Employer's FEIN		
12	Did the employee miss more than three (3) scheduled workdays? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
13	What was the employee doing when the accident occurred?		
14	How did the incident occur? (Provide a detailed factual description.)		
15	Employee last name	First name	
	Address		
	City	State	Zip code
	Home phone #	Work phone #	Cell phone #
	Best number to contact employee		Email
	Social security number	Date of birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	Marital status (divorced/married/single/unknown)	Number of dependents	Does employee speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Average weekly wage		Job title/occupation

Employee Injury Report

Form
04
(pg. 2)

15	What is the employee's employment status?			
	<input type="checkbox"/> Permanent full-time	<input type="checkbox"/> Permanent part-time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Intern <input type="checkbox"/> Other
	Date hired (mm/dd/yyyy)		What is the employee's tenure? (length of employment)	
			<input type="checkbox"/> Less than 1 yr. <input type="checkbox"/> 1-3 yrs. <input type="checkbox"/> 4-10 yrs. <input type="checkbox"/> 11-19 yrs. <input type="checkbox"/> More than 20 yrs.	
	Time employee began work on day of incident (hh/mm a.m./p.m.)			
	Last date employee worked prior to date of incident (mm/dd/yyyy)			
	If the employee died as a result of the accident, give the date of death. (mm/dd/yyyy)			
	Did the incident occur on agency premises? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
	Injury or illness? <input type="checkbox"/> Injury <input type="checkbox"/> Illness			
	Describe the injury or illness (affected body part and type of injury; Ex. contusion, bruise, laceration, sprain, break, etc.)			
	What object or substance, if any, directly harmed the employee?			
	16	Did the injured employee seek medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
17 If yes, was the treatment given away from the worksite? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
18 Was the employee treated in an emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19 Was the employee hospitalized overnight as an inpatient? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
20 Name of treating physician, health care provider, or emergency room				
Address				
City State Zip code Phone number				

POST AED USE FORM

Des Plaines Park District
Post AED Use Form
Attorney/Client and Risk Management Privileged Document

Instructions: This form is to be completed and forwarded to PDRMA within 24 hours after an AED is used. The form can be faxed to 630-769-0445, Attn: Claims Dept. Do not delay sending this form even if some information requested is not immediately available.

Agency Information:

Agency name: _____

Incident location (name of facility where incident occurred):

Incident date: _____ Time of incident: _____ AM / PM

Person completing this form:

Title: _____ Phone number: _____

Victim Information:

Name of victim: _____ Gender: M / F Age: _____

Address:

Activity of victim at time of incident, if known:

Participant waiver for victim on file? Y / N / unknown

Incident Information:

Exact location of incident:

Was the victim collapse witnessed by the responder? Y / N

Witness(es) to the incident:

1. _____ Employee? Y / N
2. _____ Employee? Y / N

3. _____ Employee? Y / N

Time EMS/911 was called: _____ AM / PM

Time EMS arrived _____ AM / PM

Person who called EMS/911:

Is this person an employee? Y / N

Location of phone

Location AED was stored:

Person who brought AED:

Was the victim breathing normally? Y / N

Did the victim have a pulse? Y / N / Did not check per training protocols

Person(s) who performed CPR:

Was Conventional or Hands-Only CPR performed? _____

Is this person an employee? Y / N

Is this person certified to perform CPR? Y / N / unknown

Person(s) who used the AED:

Is this person an employee? Y / N

Is this person certified to use an AED? Y / N / unknown

Number of shocks, if any, delivered before EMS took over care? _____

Did the person have a pulse when EMS took over care? Y / N / unknown

Was the person breathing normally when EMS took over care? Y / N / unknown

Name of EMS department that responded: _____

Was there a police response? _____

Was the person transported by EMS? _____
Where were they transported to? _____
Post Incident Issues: Did the employee(s) performing CPR use protective gloves? Y / N unknown Did the employee(s) performing CPR use a mouth barrier? Y / N unknown Did the employee(s) come into contact with the victim's blood or other bodily fluids? Y/N unknown If the employee(s) came into contact with the victim's blood or other bodily fluids were they offered a post-exposure medical evaluation? Y/N unknown (Reference your agencies Communicable Disease Policy for details) Did the agency offer the employee(s) EAP (Employee Assistance Program) services? Y/N unknown Was the person(s) who administered CPR and/or the AED offered EAP services? Y/N unknown AED data card/disc secured? Y / N AED placed back into service? Y / N AED battery, pads and data card/disc replaced Y / N Date that the PDRMA Incident Report completed and sent? _____
Additional facts relevant to this event: _____ _____ _____ _____

Signature of person completing this form

Date

Confidential: This information is for agency and PDRMA use only.

Return to Work Form

DES PLAINES PARK DISTRICT RETURN TO WORK FORM

The employee must have this form filled out before they can return to work after any form of injury or chronic illness which caused an absence.

Employees Name:		Date:	
Job Description:			
Employee may return to work without restrictions:			
YES	NO	Date:	
Employee may return to modified work:			
YES	NO	Date:	
If yes please complete this portion:			
	YES	NO	Comments:
Digging			
Lifting			
Mowing			
Standing			
Sitting			
Bending			
Walking			
Pushing			
Pulling			
Use of			
Eyes			
Ears			
Arms			
Hands			
Voice			
Any other restrictions not listed?			
Length of time in modified work?			
Employee definitely may not work, please explain.			
Is employee on any type of medication? If yes, please provide names:			
Print Doctor's Name:			
Doctor's Signature:		Date:	
Doctor's Phone# :			

MEMORANDUM OF UNDERSTANDING

The parents of _____, have requested that one of our employees,
(Name of participant)

_____, provide transportation and supervisory services
(Name of employee)

for their child, _____, before and after scheduled program hours. The programs
or activities included in this agreement are (list all programs or activities): _____

_____ for the following dates: _____ through _____. In consideration for granting
permission for _____ to provide such off duty services,
(Name of employee)

both (identify employee) and (identify parents) must agree and acknowledge the following:

1. The Des Plaines Park District does not provide any transportation or supervisory services outside of scheduled program/activity hours;
2. That any agreement between the participant's parents and the Des Plaines Park District employee to provide such services is a private agreement between the family and the employee in his/her personal and private capacity;
3. That while providing such private services for the family, the employee shall be the agent and employee of the family, and not the agent or employee of the Des Plaines Park District;
4. That the Des Plaines Park District makes no representation whatsoever as to the skills, qualifications, and/or suitability of (identify employee) providing such private services;
5. That the family is solely responsible for determining if (identify employee) is adequately insured, skilled, qualified, and/or appropriate for performing any and all services contemplated by this private arrangement;
6. That (identify employee) understands that because he/she is acting as an agent and employee of the family and not acting as an agent or employee for the des Plaines Park District while performing any and all services contemplated by this private arrangement, he/she is not entitled to any worker's compensation or general liability benefits generally afforded by the Des Plaines Park District employees;

I have read, fully understand and agree to the above.

Employee Signature: _____ Date: _____

Father or Male Guardian Signature: _____ Date: _____

Mother or Female Guardian Signature: _____ Date: _____

If only one parent or Guardian is signing, explain why: _____