

SAFETY DOESN'T HAPPEN BY ACCIDENT

JUNE 24, 2011



HOW SAFETY WORKS

Over the course of the past three years the Office of Safety and Training has been implementing a comprehensive safety program designed to enhance workplace safety. The program is built based on the Four Point Workplace Safety Program created by OSHA. When the elements are so ingrained into the culture that they become part of the normal daily activity SAFETY WORKS. This became apparent during the recent survey conducted by the Kansas Department of Labor. In December of 2008 I conducted an OSHA Initial Audit of the Carpenter Shop assisting them in hazard identification and correction. The department corrected all deficient areas. In addition, they kept up on their monthly safety audits intended to consistently evaluate their

work environment for hazards. When KDOL arrived the only deficiency they could find was a saw blade that did not return to the neutral position upon release. Results such as these are a true testimony of how safety works when everyone does their part. Congratulations to Galen Hageman, Jim Ukena, Doug Coleman, Robert Hauck, Steven Jones, Dan Marshall, Don Nanninga, and John Silva for an excellent survey and for the past three years of dedication to safety. Many other departments did very well on the survey. I chose to use the Carpenter Shop as an example because their safety program has been the longest in existence and is still working even though I have not been back to check on them since

the initial audit. In addition, it illustrates Safety cannot be about Sandy Hoffman the Safety Officer. It has to be about every person and every department operating as if they are in survey every day. The biggest mistake we can make is to clean up everything just for a survey and then let it return to the same condition once they leave. I have provided numerous hazard identification training sessions prior to and since KDOL's visit. Please be correcting hazards as you encounter them. If you have questions or concerns please contact my office at 2-1715. Together we make a difference leaving a legacy once we are long gone.

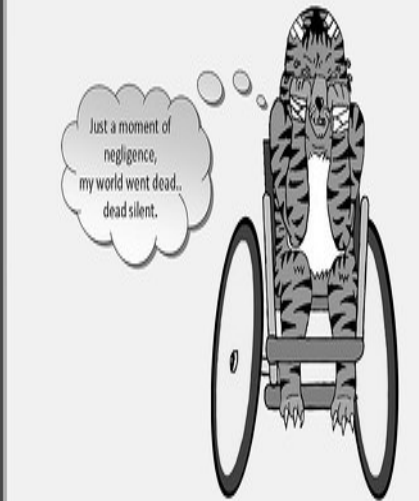
Thanks! Sandy

KANSAS DEPARTMENT OF LABOR NEW WORKER'S COMPENSATION RULES

On May 15, 2011 the Kansas Department of Labor enacted new Worker's Compensation laws on "What to do if an Injury occurs on the job?" It is very important that you please read and understand the reporting requirements. If you fail to follow the appropriate reporting criteria your claim may be

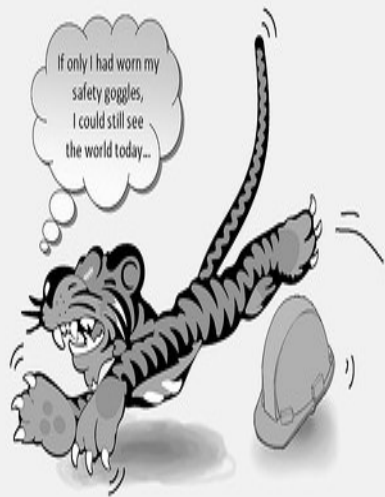
denied. If you continue to report all injuries immediately to your supervisor and complete the appropriate injury report you should not have problems. The new reporting notice is located on the back page of this bulletin. If you have any questions, comments or concerns do not hesitate to

contact my office 2-1715.



Just a moment of negligence, my world went dead... dead silent.

Don't Be a Victim of Workplace Accidents



If only I had worn my safety goggles, I could still see the world today...

This notice must be posted and maintained by the employer in one or more conspicuous places.



★NOTICE★

Your employer is subject to the Kansas Workers Compensation Law which provides compensation for job-related injuries

This notice applies to dates of accident on or after May 15, 2011

WHAT TO DO IF AN INJURY OCCURS ON THE JOB

NOTIFY YOUR EMPLOYER IMMEDIATELY. Per K.S.A. 44-520, a claim may be denied if an employee fails to notify their employer within the earliest of the following dates: (A) 30 calendar days from the date of accident or the date of injury by repetitive trauma; (B) if the employee is working for the employer against whom benefits are being sought and such employee seeks medical treatment for any injury by accident or repetitive trauma, 20 calendar days from the date such medical treatment is sought; or (C) if the employee no longer works for the employer against whom benefits are being sought, 20 calendar days after the employee's last day of actual work for the employer.

Notice may be given orally or in writing. Where notice is provided orally, if the employer has designated an individual or department to whom notice must be given and such designation has been communicated in writing to the employee, notice to any other individual or department shall be insufficient under this section. If the employer has not designated an individual or department to whom notice must be given, notice must be provided to a supervisor or manager.

Where notice is provided in writing, notice must be sent to a supervisor or manager at the employee's principal location of employment.

The notice, whether provided orally or in writing, shall include the time, date, place, person injured and particulars of such injury. It must be apparent from the content of the notice that the employee is claiming benefits under the workers compensation act or has suffered a work-related injury.

BENEFITS. Benefits are paid by the employer's insurance carrier or self insurance program. Benefits include medical treatment, partial wage replacement for lost time and if the injury results in permanent disability for additional benefits. An employer is required to furnish all necessary medical treatment and has the right to designate the treating physician. If the employee seeks treatment from a doctor not authorized by the employer, the employer or its insurance carrier is only liable up to \$500.00 dollars for the unauthorized medical treatment.

QUE HACER SI UNA LESIÓN OCURRE EN EL TRABAJO

NOTIFIQUE A SU EMPLEADOR INMEDIATAMENTE.

De acuerdo con el artículo de ley K.S.A. 44-520, un reclamo puede ser negado si el empleado no notifica a su empleador dentro de antes de las siguientes fechas: (A) 30 días a partir de la fecha del accidente o la fecha de la lesión debido a trauma por movimientos repetitivos; (B) si el empleado está trabajando con el empleador en contra del cual se están buscando beneficios y dicho empleado busca tratamiento médico por cualquier lesión por accidente o trauma repetitiva, 20 días a partir de la fecha que dicho tratamiento médico ha sido obtenido; o (C) si el empleado ya no trabaja para el empleador en contra del cual se están buscando beneficios, 20 días después del último día de trabajo para dicho empleador.

El aviso puede darse oralmente o por escrito. Donde el aviso se da oralmente, si el empleador ha designado un individuo o departamento a quien el aviso se debe dar y tal designación ha sido comunicada por escrito al empleado, aviso a cualquier otro individuo o departamento deberá ser insuficiente bajo esta sección. Si el empleador no ha designado a un individuo o departamento a quien se debe dar el aviso, el aviso puede darse a un supervisor o gerente.

Donde el aviso se hace por escrito, el aviso debe ser enviado a un supervisor o gerente de la oficina principal de empleo del trabajador.

El aviso, sea que se haga oralmente o por escrito, debe incluir la hora, fecha, lugar, persona lesionada y detalles de tal lesión. Debe ser visible a partir del contenido del aviso, que el empleado está reclamando beneficios bajo la ley de compensación del trabajador o que ha sufrido una lesión relacionada con el trabajo.

BENEFICIOS. Los beneficios son pagados por la compañía aseguradora del empleador o programa de seguro propio. Los beneficios incluyen tratamiento médico, reemplazo de sueldo parcial por tiempo perdido y si la lesión resulta en incapacidad permanente para beneficios adicionales. El empleador debe proporcionar todo el tratamiento médico necesario y tiene el derecho de designar el doctor para dicho tratamiento. Si el empleado busca tratamiento con un doctor que no ha sido autorizado por el empleador, el empleador o su compañía aseguradora serán responsables de pagar solamente los primeros \$500.00 dólares para tratamiento médico no autorizado.

WHERE TO GET HELP WITH YOUR CLAIM (DÓNDE CONSEGUIR AYUDA CON SU RECLAMO):

State Self Insurance Fund

(785) 296-2364

Employer's Insurance Carrier (Compañía Aseguradora del Empleador)

Telephone (Teléfono de la Aseguradora)

900 SW Jackson, Rm 951S, Topeka, KS 66612

Address (Dirección de la Aseguradora)

For Questions about Workers Compensation Law contact (Para preguntas acerca de la Ley de Compensación del Trabajador):

KANSAS DEPARTMENT OF LABOR
Division of Workers Compensation/Ombudsman
800 SW Jackson St, Suite 600, Topeka, KS 66612-1227

Web site: www.dol.ks.gov
E-mail: wc@dol.ks.gov
Phone: 1-800-332-0353 or 785-296-2996