**Announcement No. 19/2020**

**of the Rector of Lodz University of Technology**

**of 2 November 2020**

**issued on the basis of Ordinance No. 21/2020**

**of the Rector of Lodz University of Technology**

**of 9 March 2020 on specific measures related to**

 **prevention, counteraction and control of the SARS-CoV-2 virus**

**at Lodz University of Technology**

**Rules of conduct in case of an accident during remote work or training using distance learning methods and techniques.**

1. An employee, student or PhD student who has suffered an accident during remote work or training using remote learning methods and techniques, if his health allows it, is obliged to immediately inform the Occupational Health and Safety Section by phone and/or e-mail about this fact and:

1) in the case of employees– the immediate superior;

2) in case of students and doctoral students – the Vice-Dean for Student Affairs (the Vice-Dean for Student Affairs, referred to in this Announcement, should also be understood as the Director of the College for college students, the Director of the Interdisciplinary Doctoral School of Lodz University of Technology for doctoral students of the Interdisciplinary Doctoral School and the head of doctoral studies for participant’s doctoral studies).

2. Immediately after receiving information about the accident, the immediate supervisor of the employee who has suffered an accident or the appropriate Vice-Dean for Student Affairs is obliged to report the accident on the appropriate forms:

1) for students and doctoral students according to the template "Reporting an accident of a student / doctoral student during training with the use of distance learning methods and techniques" constituting Appendix 1 to the ordinance;

2) for employees according to the template "Reporting an employee accident during remote work" constituting Appendix 2 to the ordinance.

The completed form should be submitted to the Occupational Health and Safety Section in person, by internal mail or by sending a signed scan to the e-mail address: rah@adm.p.lodz.pl.

3. Each accident occurring during work or training with the use of distance learning methods and techniques will be considered individually by the accident investigation team.

4. The accident investigation team will determine the circumstances and causes of the accident each time, and will also draw up a post-accident protocol for the employee / student / doctoral student. The protocol will assess whether the incident meets the definition of an accident and may be considered an accident at work of an employee / an accident during the student's / PhD student's education.

5. The Announcement shall enter into force on 2 November 2020.

Appendix 1

to the Announcement No. 19/2020 of the Rector of Lodz University of Technology of 2 November 2 2020

issued on the basis of Ordinance No. 21/2020 of the Rector of Lodz University of Technology

of 9 March 2020 on special measures related to prevention,

preventing and combating the SARS-CoV-2 virus at Lodz University of Technology

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 organizational unit

**REPORTING A STUDENT/DOCTORAL STUDENT ACCIDENT**

**DURING TRAINING USING DISTANCE LEARNING METHODS AND TECHNIQUES**

1. Name/surname of the injured student/doctoral student …………………………………………….

2. Date and place of birth ……………………………..……………………………..…………………

3. Place of residence ……………………………..…………………………………….………………

4. Faculty, field of study, year of study...……………………………..………………………………

5. Date and time of the accident ……………………………………………………………………….

6. Place of the accident ……………………………………………….………………………………..

7. Brief description of the accident ………...…………..…………………………………………………………………………………

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8. Health and safety training (date of training) ……….……………………………………………….

9. Date of last medical examination…………..………………………………………………………...

10. Witnesses of the accident: (name, surname and contact phone number)

 1) ………………………………………………………………………………….…………………

2) ………………………………………………………………………………….…………………

11. Name of the person reporting the accident ….………………………………..….…………….……

12. Name of the person responsible for the supervision of the victim …………..…………………………………………………………………………………………...

13. PESEL number of the student/doctoral student (for foreigners, series and passport number) ……………………………………………………………………………………………………..…

14. Student/doctoral contact phone number …………..………………………………………………...

15. Student/doctoral contact e-mail address……..…………………………………………….…..……

Date of accident report acceptance Signature

by the OHS Section: Vice Dean for Student Affairs:

………………………………………….. …………………………………………......

L.dz. RAH.

Appendix 2

to the Announcement No. 19/2020 of the Rector of Lodz University of Technology of 2 November 2 2020

issued on the basis of Ordinance No. 21/2020 of the Rector of Lodz University of Technology

of 9 March 2020 on special measures related to prevention,

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 organizational unit

**REPORTONG AN EMPLOYEE ACCIDENT**

**WHEN WORKING REMOTELY**

1. Name/surname of the injured student/doctoral student …………….………………………...……..

2. Date and place of birth ..……………………………………………………………………………

3. Place of residence …………..………………………………………………………………………

4. Occupation by education and position held ………………………………………………………...

5. Number of hours completed on three consecutive days of work before the accident………...……

6. Start and end of work time on the day of the accident ……………….……….………………….…

7. Date and time of the accident …………………………………………………………………….…

8. Place of the accident ……..………………………………………………………………….……...

9. Brief description of the accident ……………………..……………..…………………………………………………………………

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10. Health and safety training (date of the training) …………….….………………….……………...

11. Length of service at the University………………………………………………………...…….…..

12. Periodic medical tests validity date ………………….……………………………………….……

13. Accident witnesses: (name, surname and contact telephone number)

1) ………………………………………………………………….………………………...……….

2) ………………………………………………………….…………………………………………

14. Name and surname of the person reporting the accident ………………………...…………….……

15. Name of the person responsible for the supervision of the victim ………………..……………………….…….……………………………………………………….

16. Type of contract………………………………………………………………………………….…...

17. PESEL number of an employee (for foreigners passport series and number) …………………...………………………………………………………………………………..….

18. Contact telephone number of an employee………………...…………………………………………

Date of accident report acceptance Signature of the

by the OHS Section: immediate superior:

………………………………………….. …………………………………………......

L.dz. RAH.