

INJURY & ILLNESS PREVENTION PROGRAM



**FREMONT UNION HIGH SCHOOL DISTRICT
589 W. FREMONT AVE.
SUNNYVALE, CA. 94087**

FREMONT UNION HIGH SCHOOL DISTRICT

APRIL 11, 2018

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INJURY & ILLNESS PREVENTION PROGRAM

1.0 OVERVIEW

The California Code of Regulations (CCR), Title 8, Section 3203, requires employers to maintain a safe and healthful workplace for employees. These regulations are enforced by the California Occupational Safety and Health Administration (Cal/OSHA). The regulations require a written Injury and Illness Prevention Program (IIPP) to specify responsibilities and procedures to protect employees and reduce losses resulting from injuries and illnesses.

It is the position of the Fremont Union High School District that all accidents are preventable. All employees, from senior managers to first line supervisors, share responsibility for providing a safe working environment. This requires that District facilities be maintained and operated in strict compliance with health and safety regulations.

This document is intended to assure compliance with 8 CCR Section 3203, and defines specific workplace safety responsibilities and procedures for all employees. This Injury & Illness Prevention Program is organized into 4 sections. Section 2 outlines the responsibilities of the Site Administrator, supervisors, employees, and other District representatives in the area of worker health and safety. Consistent with Cal/OSHA Guidance, Section 3 includes specific procedures for compliance, communications, hazard assessment & correction, accident investigation & reporting, emergency incidents, training & instruction, and recordkeeping. Section 4.0 identifies other safety-related plans & programs required at Fremont Union High School District schools.

2.0 RESPONSIBILITIES

2.1 Site Administrator

The Site Administrator has overall responsibility for ensuring site conditions and operations are in strict compliance with applicable health and safety requirements. Specifically, the Site Administrator is responsible for:

- implementing an Injury and Illness Prevention Program (IIPP) consistent with California Code of Regulations, Title 8, Section 3203;
-

- posting the *IIPP Summary (Attachment A)*;
- taking action to mitigate identified safety hazards, including any temporary measures, as appropriate;
- establishing a Safety Committee and designating a Committee Chair to carry out the responsibilities referenced in Section 2.4;
- informing employees on procedures for reporting workplace hazards and safety concerns;
- instructing employees on procedures for reporting accidents, injuries, and workers' compensation claims;
- continuing contact with injured employees; and
- reporting serious workplace injuries to Cal/OSHA as referenced in Section 3.4.

2.2 Supervisors

Supervisors are responsible for enforcing safe work practices and mitigating identified hazards. Other responsibilities include:

- providing new employees with an orientation of job hazards and safe work practice associated with their defined duties prior to assignment, including use of personal protective equipment;
- investigating accidents and taking necessary action to prevent recurrence;
- recommending disciplinary action for employees failing to comply with safety requirements;
- ensuring employees are trained in safe work practices and any hazards unique to their duties;
- ensuring proper reporting of work-related injuries and illnesses;
- reporting workers' compensation claims and continuing contact with injured employees; and
- maintaining employee training records.

2.3 Employees

Employees are responsible for following safe work practices and procedures as referenced in this document. Other responsibilities include:

- reporting unsafe conditions, work practices, or accidents to their supervisors immediately; and
- utilizing appropriate personal protective equipment as instructed by their supervisors.

2.4 Safety Committee

The Safety Committee is responsible for reviewing accident reports, regulatory notices, and workplace safety concerns. Other responsibilities include:

- reviewing work-related injury and illness statistics;
- making recommendations to the Site Administrator on necessary corrective actions;
- conducting periodic site inspections; and
- reviewing the IIPP and recommending necessary revisions to the Site Administrator.

2.5 The Facilities Department

The Facilities Department is responsible for advising site administrators on regulatory requirements, and for conducting periodic site inspections to assess compliance with applicable standards. Other responsibilities include:

- developing policies and procedures for workplace safety;
- assisting administrators in preparation and implementation of the IIPP;
- conducting studies to evaluate potential workplace hazards, including exposure to chemical, physical, and biological agents;
- compiling injury and illness statistics to identify “high loss facilities”;
- evaluating factors contributing to elevated claim rates and preparing corrective action plans to reduce loss potential;
- issuing a corrective action notice following routine compliance inspections; and
- preparing health and safety training materials and providing training, as requested.

3.0 PROCEDURES

3.1 Compliance

1. The Site Administrator shall be familiar with the health and safety standards, policies, and procedures referenced in Table 3. The Site Administrator should review and determine which of the listed requirements in Table 4 apply to their facility. THE FACILITIES DEPARTMENT is available to assist in this determination and can be reached at (408) 522-2256.
2. The Site Administrator will establish a Safety Committee to perform the responsibilities identified in Section 2.4. The Safety Committee is chaired by the Site Administrator or designee, and membership may include the School Facility Manager, a union representative, and other employees selected by the Site Administrator. *[Note: Schools may also include in the Safety Committee, the School Nurse, the Chemical Safety Coordinator, a representative of School Police, and parent or other designated member of the school community].* Present membership of the Safety Committee is shown in Table 1.

3. The Site Administrator will review at least annually the information provided in this IIPP, and make necessary revisions. In conducting this review, the Site Administrator should consider changes in operations, personnel, regulatory requirements, and identified hazards.
4. The Site Administrator will ensure that the *IIPP Summary (Attachment A)* is posted in an area accessible to employees.
5. To help improve employee safety awareness, the Site Administrator may implement incentives, including: contests, recognitions and awards, and posters and publicity. Safety incentives for the current year are indicated in Table 3.
6. The Site Administrator will discipline staff members found responsible for contributing to unsafe conditions or work practices. Violation of safety procedures or policies will result in appropriate administrative action. The Site Administrator may call the Office of Human Resources at (408) 522-2228 or (408) 522-2279.
7. Employees shall immediately report potential safety hazards, and may do so in the following manner:
 - Direct reporting to immediate supervisor;
 - Presenting concerns or potential hazards at scheduled staff meetings;
 - Informing a member of the Safety Committee;
 - Informing the Site Administrator through anonymous notifications;
 - Reporting the condition to the The Facilities Deapartment at (408) 522-2256
 - Written documentation of the hazard by completing an “*Employee Request for Correction of Safety Hazard*” (*Attachment B*).

3.2 Communications

1. The Site Administrator will ensure the IIPP is accessible to all employees, and new employees are oriented on the contents of the IIPP. This orientation should be provided within 30 days of employment. The orientation should be documented using *Health and Safety Training Form (Attachment C)*.
2. The Site Administrator will disseminate safety-related District Bulletins, THE FACILITIES DEPARTMENT Safety Alerts and other documents to employees, as appropriate. This information may be disseminated during staff meetings or posted on bulletin boards.
3. The Site Administrator will encourage employees to inform their managers and supervisors of potential workplace hazards. The Site Administrator will inform all employees on the procedures for reporting potential hazards as indicated in Section 3.1.7, and such reporting will not result in disciplinary action. Employees may also report unsafe conditions or work practices to the Office of Safety and Operation Services.

3.3 Hazard Assessment & Correction

1. The Site Administrator will ensure that safety inspections are conducted as often as necessary or at least semi-annually, and should use the *Facility Inspection Checklist (Attachment D)*. The Site Administrator may refer to the The Facilities Department website at www.fuhsd/safety for additional guidance.
2. The School Facility Manager or designee will conduct a daily survey to identify any unsafe conditions and take action to ensure correction. Corrections may be made by facility staff or may require placement of a “trouble call” to the Maintenance Office at (408) 522-2255 or to other appropriate District offices.
3. The Site Administrator will ensure that all reported potential safety hazards are documented in a log for the purpose of facilitating necessary corrective action.
4. If employees report a potential chemical, biological or physical exposure, the Site Administrator will assess the situation, and determine the need for outside assistance. As appropriate, the Site Administrator may request assistance from local police and fire, or The Facilities Department at 408-522-2255
5. The Site Administrator will ensure that identified hazards are corrected in a timely manner. When an imminent hazard is identified which cannot be immediately abated without endangering employees, workers and other personnel shall be removed from the affected area and the area secured to prevent reentry except for designated workers. Workers entering the area to correct the unsafe condition shall be properly trained and provided with the appropriate personal protective equipment.
6. In determining corrective actions, the Site Administrator or designee shall evaluate whether the identified hazard can be eliminated through workplace redesign (i.e., engineering controls) or product substitution. If it is not possible to eliminate the hazard, consideration should be given to reducing the exposure duration or rotating the work assignment among employees. The use of personal protective equipment to control the exposure should be considered as the last resort.
7. The Site Administrator or designee shall ensure that identified hazards have been corrected. This should include periodic review of prior inspections, regulatory agency reports, The Facilities Department Corrective Action Notices, and Facility Inspection Checklists. This should also include examination of the Trouble Call Printout.

3.4 Accident Investigation & Reporting

1. Following an occupational injury or illness, the Site Administrator or designee will:
 - ensure injured or ill personnel receive necessary first aid or medical attention;
 - ensure proper and prompt reporting of occupational injuries and illnesses
 - take necessary action to prevent recurrence;

- investigate the accident, including inspection of the accident site and interview of employees and witnesses, to identify contributing factors and determine the cause(s) of the accident;
 - complete the “*Employee Injury/Accident Investigation Report*” (Attachment G), and forward a copy to The Facilities Department; and
 - follow-up with the injured employee.
2. If medical treatment other than first aid is required, the Site Administrator will complete the *Workers’ Compensation Claim Forms*
 3. Consistent with Cal/OSHA regulations, the Coordinator of Safety & Operation Services or Executive Assistant to the Chief Business Officer will report within 8 hours any serious injuries, illnesses or deaths to one of the Cal/OSHA offices listed below:

1515 Clay Street, Suite 1901
Oakland, CA 94612
(510) 794-2521
Fax (510) 286-7037

For purposes of reporting, a “serious injury” is defined as a death, amputation, permanent disfigurement, hospitalization for more than 24 hours for other than observation, or an incident resulting in multiple injuries requiring hospitalization. The following information will be required when reporting the injury:

- Time, date, description of accident, and nature of the injury;
- Employer’s name, address, and telephone number;
- Name and job title of person reporting;
- Address of accident site;
- Name of person to contact at accident site;
- Name and address of injured employee(s); and
- Location of injured employee(s).

3.5 Serious Incidents

1. In the event of a “serious incident”, the Site Administrator will call 911 as appropriate, and notify the Superintendent at (408) 522-2201 *Note: A “serious incident” is any incident involving a death or serious injury, a chemical release that requires outside assistance, or incidents requiring the evacuation of personnel or closure of a room or facility.*
2. The Superintendent will notify the The Facilities Department at (408) 522-2256 and provide details of the incident.
3. In the event of an emergency, the Site Administrator should refer to the Facility Emergency Response Plan for specific action depending on the type of emergency.

3.6 Training & Instruction

1. The Site Administrator will ensure all supervisors receive appropriate health and safety training. At a minimum, the training should include District safety policies and procedures, specific requirements of the IIPP, and other training with respect to hazards unique to the employee's job assignment. The Facilities Department may be contacted for guidance at (408) 522-2256
2. Supervisors will train staff on District safety policies and procedures, safe work practices, specific requirements of the IIPP, and training with respect to hazards unique to the employee's job assignment. The Facilities Department may be contacted for guidance at (408) 522-2256.
3. Supervisors will ensure that employee training is documented using the *Health and Safety Training Form (Attachment C)*. These forms shall be retained at the facility.
4. Supervisors will ensure appropriate retraining of employees with new job assignments or, whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new potential hazard.

3.7 Recordkeeping

The Site Administrator will ensure retention of the following documents at the facility for at least five years:

- safety inspection reports
- regulatory citations and Corrective Action Notices;
- minutes from Safety Committee meetings;
- Current year Cal/OSHA Form 300A "Summary of Occupational Injuries and Illnesses" (electronic copies of the current and prior years OSHA 300 Log and 300A Forms are maintained by THE FACILITIES DEPARTMENT.)
- Employee accident investigation reports;
- workers' compensation claims; and
- employee training records.

4.0 SUPPLEMENTAL SAFETY PLANS & PROGRAMS

All District facilities are required to have an Illness and Injury Prevention Program (IIPP). Depending on the type of facility and nature of operations, other safety-related plans and programs may also be required. Table 3 presents a matrix of required safety plans and programs for different types of facilities and operations. The Site Administrator should annually review Table 4 to determine those supplemental plans and programs which are applicable to *Fremont Union High School District Schools*. Following this review, the Site Administrator should indicate within Table 4 whether or not the specific plans or programs listed are applicable and sign and date accordingly.

TABLE 2

Safety Incentives

The following safety incentives have been developed for the current year. *[Note: Select and describe one or more of the following suggested safety incentives]*

A. Safety Contests

[Insert details]

B. Recognition and awards

[Insert details]

C. Posters

[Insert details]

D. Publicity

[Insert details]

E. Other

[Insert details]

TABLE 3

Health and Safety Plans Required for FUHSD Facilities

Plan or Program	Regulatory Reference	Applicability		Guidance
		Non-Schools	Schools	
Injury Illness Prevention Program	8 CCR ' 3203	X	X	THE FACILITIES DEPARTMENT
Safe School Plan	CEC ' 35294 et seq.,		X	THE FACILITIES DEPARTMENT Model Safe School Plan
Emergency Operations Plan	CEC ' 35294 et seq.,	X	X	THE FACILITIES DEPARTMENT Model Emergency Operation Plan for Schools Non-School Site Emergency Operations Plan
Asbestos Compliance Plan and Asbestos Management Plan ¹	HSC ' 25915; 40 CFR ' 763.93	X	X	THE FACILITIES DEPARTMENT TEMPLATE
Integrated Pest Management Program	CEC ' 17610; FUHSD IPM Policy	X	X	THE FACILITIES DEPARTMENT TEMPLATE
Bloodborne Pathogen Exposure Control Program	8 CCR ' 5193; 29 CFR ' 1910.1030	X	X	THE FACILITIES DEPARTMENT TEMPLATE
Lab Chemical Hygiene Plan ²	Chemical Hygiene & Safety Plan Bulletin		X	THE FACILITIES DEPARTMENT TEMPLATE
Hazard Communication Program	8 CCR ' 5194; 29 CFR ' 1910.1200	X	X	THE FACILITIES DEPARTMENT TEMPLATE
Lead Paint Management Plan ³	District Policy	X	X	THE FACILITIES DEPARTMENT TEMPLATE
Confined Space Entry Program ⁴	8 CCR ' 5157	X		THE FACILITIES DEPARTMENT Confined Space Entry Program
Respiratory Protection Program ⁵	8 CCR ' 1529	X		THE FACILITIES DEPARTMENT Respiratory Program,
Lockout / Tagout Program ⁶	8 CCR ' 3314	X		THE FACILITIES DEPARTMENT Lockout / Tagout

				Program
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¹Does not apply to new construction if certified by architect or EPA building inspector to be constructed of non-asbestos containing material.

²Applies only to secondary schools.

³Does not normally apply to buildings constructed after 1978, unless operations include “trigger tasks” that expose workers to lead (8 CCR ' 1532.1).

⁴Applicable to operations where workers are required to enter tanks, vaults, or other confined spaces as defined in 8 CCR ' 5157.

⁵Required when employee job assignments require the use of respirators to limit exposure to regulated substances.

⁶When cleaning, adjusting, servicing or repairing pneumatic, hydraulic, chemical or electrical equipment where there is a potential for the release energy that may cause injury.

TABLE 4

Required Health and Safety Plans¹
Fremont Union High School District Schools

Plan or Program	Required Yes or No
Injury and Illness Prevention Program	Yes
Safe School Plan	
Emergency Response Plan	
Asbestos Compliance Plan and Asbestos Management Plan	
Integrated Pest Management Program	
Bloodborne Pathogen Exposure Control Program	
Lab Chemical Hygiene Plan	
Hazard Communication Program	
Lead Paint Management Program	
Confined Space Entry Program	
Respiratory Protection Program	
Lockout / Tagout Program	

Site Administrator

Date

¹An Injury and Illness Prevention Program (IIPP) is required at all District facilities. In addition, other safety-related plans may be required as supplements to the IIPP. The specific plans and programs that are required depend on the type of operations and physical characteristics of the facility. Guidance for determining the plans and programs applicable to a specific facility is provided in Table 4, *Health and Safety Plans Required for FUHSD Facilities*. Each year, the Site Administrator should review Table 4, and document this determination by marking the appropriate boxes above and providing signature.

ATTACHMENT A

INJURY & ILLNESS PREVENTION PROGRAM SUMMARY

FREMONT UNION HIGH SCHOOL DISTRICT SCHOOLS

California Code of Regulations, Title 8, Section 3203, requires each employer to develop and implement an Injury & Illness Prevention Program (IIPP). The following is a summary of the IIPP for Fremont Union High School District Schools

Overall responsibility for ensuring site conditions and operations are in strict compliance with applicable health and safety requirements is designated to the Principal or designee.

The Safety Committee is responsible for assisting the Site Administrator by:

- Reviewing work-related injury and illness statistics;
- Making recommendations to the Site Administrator on necessary corrective actions;
- Conducting periodic site inspections;
- Conduct accident investigations and recommend corrective measures to prevent the recurrence of similar accidents; and
- Reviewing the IIPP and recommending necessary revisions to the Site Administrator.

To ensure employees comply with applicable standards, the IIPP includes:

- Recognition/Incentive Programs
- Disciplinary Action
- Training/Retraining Programs

To ensure communications between employees and supervisors, the IIPP requires that safety-related information is disseminated via District bulletins, memorandums, safety grams or other pertinent documents. These materials will be distributed in the following manner:

- posting on bulletin boards accessible to all employees; and

Following an occupational injury or illness, the Site Administrator or designee will take the following steps:

- ensure injured personnel receive first aid or medical attention;
- take necessary actions to prevent recurrence;
- investigate the accident scene and interview victim and witnesses;
- complete the "Accident Investigation Report" form and forward a copy to THE FACILITIES DEPARTMENT; and
- if medical treatment is required, complete the Workers' Compensation Claims Forms and refer the employee to the appropriate medical provider.

Employees will be trained in general safe work practices and will be provided specific instructions with respect to hazards unique to their job assignments. Training should include the following:

- New employee safety orientation
- Emergency procedures
- Hazard Communication
- Bloodborne Pathogen
- Asbestos Awareness

The Site Administrator will ensure retention of the following documents at the facility for at least 5 years:

- safety inspection reports;
- regulatory citations and Corrective Action Notices;

- discussion at Safety Committee meetings, staff development sessions and during new employee orientation.

Employees should report safety hazards through the following methods:

- Direct reporting of safety/health hazards to immediate supervisor;
- Presenting safety/health concerns at staff meetings;
- Informing Safety Committee representatives of the hazard;
- Informing the Site Administrator through anonymous notifications;
- Submitting an "Employee Request for Correction of Safety Hazard Form."
- Submitting a inquiry or complaint to THE FACILITIES DEPARTMENT at (408) 522-2256

Hazards will be assessed and corrected in the following manner:

- Safety Inspections will be conducted as often as necessary or at least semi-annually
- The Plant Manager or designee will conduct a daily survey to identify and correct unsafe conditions.
- The Site Administrator will ensure that identified hazards are corrected in a timely manner.
- When imminent hazards are identified which cannot be immediately abated, engineering controls, administrative controls or appropriate PPE must be used.
- Temporary control measures such as barricading or tagging will be used to mitigate hazards that cannot be corrected immediately by on-site personnel.
- The Site Administrator or designee will ensure that all identified hazards have in fact been corrected.
- minutes from Safety Committee meetings;
- Cal/OSHA Form 300 "Summary of Occupational Injuries and Illnesses";
- accident investigation reports; and
- training records

For more information, employees should see their supervisor or may contact the Facilities Department at (408) 522-2256.

ATTACHMENT B

**FREMONT UNION HIGH SCHOOL DISTRICT
EMPLOYEE REQUEST FOR CORRECTION OF SAFETY HAZARD**

This form is to be completed when a hazard or dangerous situation has been noted by an employee. It is the responsibility of the Site Administrator to ensure that follow-up and corrective measures are taken.

Employee

To: [Insert Site Administrator's Name]

This is a request that the following safety hazard be investigated and/or corrected.

Dept. _____ Bldg. _____ Room _____

Location of hazard: _____

Description of hazard: _____

Were measures/actions taken to temporarily control the hazard? Yes No

If yes, What? _____

If no, give reason _____

Signed: _____

Employee

Date

Site Administrator

1. Recommendation: _____

2. Referred to the Office of Safety and Operation Services at 589 W. Fremont Ave.
Sunnyvale, Ca. 94087

3. Referred to the School Facility Manager for Immediate action.

4. Referred to Maintenance, Pools & Grounds.

5. Other (specify) _____

Signed: _____

Site Administrator

Date

ATTACHMENT D

FACILITY INSPECTION CHECKLIST

FACILITIES INSPECTION FORM

Facility Name: _____ Inspection Date: _____

ADMINISTRATIVE

1. Injury and Illness Prevention Program

Yes No

- Responsible person identified Comments: _____
- Required inspection schedule met _____
- Accident investigations are prompt and thorough _____
- Program documents on file _____
- Staff received Hazard Communication training _____

2. Emergency Fire and Earthquake Drills

Yes No

- Drills conducted per code; principal sign off Comments: _____
- Elem. Fire drill one/month; 9-12 twice/year _____
- Elem. drop/cover drill once/qtr.; 9-12 once/sem _____
- Emergency preparedness plan available _____
- Supply location is orderly, clean _____
- Emergency response materials (e.g., kit) available _____
- and in accessible location _____
- Emergency/earthquake water changed every 6 mos. _____
- Fire station testing log maintained _____

3. Facility Site Safety

Yes No

- District-wide Safety Plan available Comments: _____
- Site and buildings are free of fire hazards _____
- Fire extinguishers available in each building _____
- Fire extinguishers accessible, current _____
- Fire extinguisher inspections conducted monthly _____
- Exits marked and unobstructed, exit doors operable _____
- Fire lanes open/unobstructed _____
- Telephones available for emergency use _____
- Gates permit entry for emergency vehicles _____
- Accessibility for special needs students _____
- Free of unauthorized chemicals _____
- Cal/OSHA's required notices posted _____

4. Pest Management Program

Yes No

- Free of unauthorized pesticide/herbicide products Comments: _____
- Program notifications/documentation on campus _____
- Exclusion work completed _____
- Food use areas identified _____

ADMINISTRATIVE (continued)

5. Trouble Calls	Yes	No	
Trouble calls being made in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____
Facility manager maintains a log of trouble calls and M&O response statuses	<input type="checkbox"/>	<input type="checkbox"/>	_____

BUILDING

6. General Building Maintenance	Yes	No	
Buildings in good repair	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____
Roofs/gutters well maintained	<input type="checkbox"/>	<input type="checkbox"/>	_____
Free of dry rot, water damage, exposed wires	<input type="checkbox"/>	<input type="checkbox"/>	_____
Floor covering in good repair	<input type="checkbox"/>	<input type="checkbox"/>	_____
Furniture and equipment has seismic restraints or bracing	<input type="checkbox"/>	<input type="checkbox"/>	_____
At least 18" clearance for sprinkler heads	<input type="checkbox"/>	<input type="checkbox"/>	_____
At least 36" clearance for electrical panels	<input type="checkbox"/>	<input type="checkbox"/>	_____

7. Drinking Water	Yes	No	
Water fountains are functional, operable	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____
Fixtures are clean; parts are not obstructed	<input type="checkbox"/>	<input type="checkbox"/>	_____
Water pressure is adequate	<input type="checkbox"/>	<input type="checkbox"/>	_____
Access and ration is sufficient	<input type="checkbox"/>	<input type="checkbox"/>	_____
Water is visibly clear	<input type="checkbox"/>	<input type="checkbox"/>	_____
District flushing procedures in place	<input type="checkbox"/>	<input type="checkbox"/>	_____

8. Graffiti	Yes	No	
Free of graffiti on restroom walls, partitions, fixtures	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____
Free of graffiti on building exteriors, windows	<input type="checkbox"/>	<input type="checkbox"/>	_____
Free of graffiti on building interiors, hallways, stairwells, rooms	<input type="checkbox"/>	<input type="checkbox"/>	_____
Regular graffiti removal process in place, with matching paint-over	<input type="checkbox"/>	<input type="checkbox"/>	_____

9. Asbestos	Yes	No	
AHERA compliance maintained	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____
Appropriate documentation on site (e.g., AHERA Management Plan)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interior building components in good condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exterior building components in good condition	<input type="checkbox"/>	<input type="checkbox"/>	_____

10. Painted Surfaces	Yes	No	
Interior building components in good condition	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____
Exterior building components in good condition	<input type="checkbox"/>	<input type="checkbox"/>	_____

BUILDINGS (continued)

11. Electrical, Heating and Ventilation

Yes No

- Ventilation/heating/cooling systems in good repair
- Lighting, alarms, cables are adequate
- Fixtures, switches and outlets are operable
- Maintenance requests kept on file
- Free of obvious safety hazards

<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

12. Windows – Operable, Safe, Clear

Yes No

- Windows provide light and unobstructive view
- Any broken windows have been reported, dated
- Any broken windows were repaired w/in 72 hours
- Any cracked windows have been reported
- Venetian blinds in good repair
- Free of obvious safety hazards

<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

13. Restrooms – Operable, Supplied, Clean

Yes No

- Toilets, sinks, and urinals clean and operable
- Adequate ventilation
- Free of offensive odors
- Clean fixtures, walls, floors
- Stalls have doors with functional slide bolts
- Dispensers stocked w/paper, soap
- Sink surfaces in good repair
- Lights, doors, windows, and hand dryers are operable
- Accessible during working hours
- Free of obvious safety hazards
- Last date of deep cleaning _____

<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

14. Kitchens

Yes No

- Pest problems have been managed
- Drains clean
- Adequate cleanliness
- Last date of deep cleaning _____

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

15. Lunch Shelters

Yes No

- Pest problems have been managed
- Drains clean
- Roof intact
- Lighting adequate/functioning
- Heaters functional (if applicable)
- Tables, trash receptacles and decks clean

<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

BUILDINGS (continued)

16. Stairways/Hallways

Yes No

- Lighting adequate/functioning
- Free of slippery conditions
- Free of obstructions
- Lockers in good repair
- Adequate cleanliness
- Handrails in good repair

<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

17. Gyms/Locker Rooms

Yes No

- Free of odors
- Lighting adequate/functioning
- Lockers in good repair
- Hot water available for showers
- Backboards properly attached
- Floors free of safety hazards (not slippery or peeling)
- Adequate cleanliness

<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

18. Auditorium/Multi-Purpose Rooms

Yes No

- Lighting adequate/functioning
- Drapes and dimmer board in good condition
- Free of broken/loose seats
- Adequate cleanliness

<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

19. Classrooms

Yes No

- Lighting adequate/functioning
- Free of broken furniture
- Proper flags
- Adequate cleanliness, including sinks
- Glides on chairs

<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

20. Shops

Yes No

- Lighting adequate/functioning
- Equipment has appropriate guards
- Safety lines clearly painted on floor
- Hot water available
- Adequate cleanliness

<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

BUILDINGS (continued)

21. Libraries

Yes No

- Lighting adequate/functioning
- Shelving in good repair
- Carpet in good condition (no stains,
broken seams, etc.)
- Adequate cleanliness

<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

22. Administrative Office

Yes No

- Lighting adequate/functioning
- Adequate cleanliness

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

23. Hopper Rooms

Yes No

- Organized
- Well stocked
- Adequate cleanliness
- Cleaning solutions are authorized and labeled

<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

GROUNDS

24. General Grounds Maintenance

Yes No

- Campus is clean, operational
- Parking lines clear
- Game lines clear
- Litter removed daily
- Collection bin area is neat
- Chemicals stored safely and in appropriate locations
- Perimeter of school site/fencing is neat
- Site free of weeds
- Sewer/storm drains clear
- Exterior lighting is functioning/adequate
- Fences/gates in good repair (on track, has locks,
no holes/rust)
- Asphalt in good condition (no significant cracks,
holes, standing water, loose gravel/mulch, etc.)
- Custodial equipment/tools (mowers, carts, etc.) in
safe, operable condition – i.e., guards, brakes, etc.
and stored properly

<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

25. Playground Equipment

Yes No

- Equipment inspection on file at M&O District
- Equipment is functional and in good repair
- Playground surfacing in good repair

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

26. Landscape

Yes No

- Tree canopies adequately raised
- Trees/plants adequately trimmed away from buildings
- Free of obvious hazards

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

I hereby certify that the above areas are either in good working condition or deficiencies have been forwarded to the appropriate office.

Site Administrator:

Print Name

Signature

Coordinator of Safety:

Print Name

Signature

Coordinator of Maintenance:

Print Name

Signature

ATTACHMENT E
WORKERS' COMPENSATION PROCEDURES





Worker's Compensation Accident/Injury Checklist

PART 1 - Time of Incident/Injury or Report of Incident/Injury (<i>before visit to doctor, if possible</i>)		
<input type="checkbox"/> Done	Immediately provide the injured worker the " Employee Injury Packet " (Prime Plus Keenan Solution, Temporary Perscription Card*, Kaiser On-The-Job, US Healthworks Treatment Authorization)	Assure that the following sections of the Temporary Perscription Card are complete: (a) Employee's SSN, (b) Date of Injury, (c) Employee's DOB (date of birth), (d) Employee's Name & Address
<input type="checkbox"/> Done	<u>Injured worker</u> completes <u>top portion</u> of the Worker's Compensation - Employee Incident/Injury Report	Assure that Date of Injury on <u>ALL FORMS</u> , including Temporary Perscription Card , match. Make a copy. Keep the original and provide a copy to the injured employee.
<input type="checkbox"/> Done	<u>Injured worker</u> completes <u>top portion</u> of the Worker's Compensation Claim Form - DWC-1 Form (numbers 1-8)	Assure that Date of Injury on <u>ALL FORMS</u> , including Temporary Perscription Card, match.
<input type="checkbox"/> Done	<u>Employer</u> completes <u>bottom portion</u> of the Worker's Compensation Claim Form - DWC-1 Form (numbers 9-18). Keenan & Associates: 1740 Technology Drive Suite 300, San Jose CA 95110. Insurance Policy # 034A	Assure that Date of Injury on <u>ALL FORMS</u> , including Temporary Perscription Card , match. Make a copy. Keep the original and provide a copy to the injured employee. Employee MUST receive <u>ALL 3</u> pages of the DWC-1 .
PART 2 - After Incident/Injury (<i>after employee has been sent to doctor</i>)		
<input type="checkbox"/> Done	Immediately contact Lena Bryant at (408) 522-2230 and provide her a "heads up" concerning this industrial injury.	
<input type="checkbox"/> Done	<u>Employer</u> completes <u>bottom portion</u> of the Worker's Compensation - Employee Incident/Injury Report .	Assure that Date of Injury on <u>ALL FORMS</u> , including Temporary Perscription Card , match.
<input type="checkbox"/> Done	Complete the 5020 Online Claim Form , which is located on the P & C Bridge website (www.keenan-pcbrdge.com)	
<input type="checkbox"/> Done	Forward all completed forms to Lena Bryant within 24 hours, so claim is not delayed.	
PART 3 - Ongoing (<i>after visit to doctor</i>)		
<input type="checkbox"/> Done	Send any/all Work Status/Notes or Modified Duty Forms from the doctor to Lena Bryant.	
<input type="checkbox"/> Done	<u>Do not</u> allow the injured employee to return to work without receiving clearance from Human Resources.	
<input type="checkbox"/> Done	Make certain the injured worker is following any/all work restrictions or modified or modifications provided by his/her doctor and confirmed by HR.	
Questions/Concerns: Contact Lena Bryant @ 408-522-2230 For cases that may be considered "First Aid Only" - Assure Worker's Compensation -Employee Incident/Injury Report is completed and contact Lena Bryant.		



**Important Information about Medical Care
if you have a Work-Related Injury or Illness**
Complete Written Employee Notification regarding Medical Provider Network
(Title 8, California Code of Regulations, Section 9767.12)

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer has chosen to provide this medical care by using a Workers' Compensation physician network called a Medical Provider Network (MPN). This MPN is administered by Harbor Health Systems.

This notification tells you what you need to know about the MPN program and describes your rights in choosing medical care for work-related injuries and illnesses.

- What happens if I get injured at work?**

In case of an emergency, you should call 911 or go to the closest emergency room.

If you are injured at work, notify your employer as soon as possible. Your employer will provide you with a claim form. When you notify your employer that you have had a work-related injury, your employer or insurer will make an initial appointment with a doctor in the MPN.

- What is an MPN?**

A Medical Provider Network (MPN) is a group of health care providers (physicians and other medical providers) used by YOUR EMPLOYER to treat workers injured on the job. MPNs must allow employees to have a choice of provider(s). Each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine.

- What MPN is used by my employer?**

Your employer is using the PRIME PLUS MPN Powered by Harbor Health Systems MPN with the identification number 2357. You must refer to the MPN name and the MPN identification number whenever you have questions or requests about the MPN.

- Who can I contact if I have questions about my MPN?**

The MPN Contact listed in this notification will be able to answer your questions about the use of the MPN and will address any complaints regarding the MPN.

The contact for your MPN is:

Name: Harbor Health Systems MPN Contact
Title: MPN Contact
Address: P.O. Box 11779, Newport Beach, CA 92658-5041
Telephone Number: (888) 626-1737
Email address: MPNcontact@haborsys.com

General information regarding the MPN can also be found at the following website:
www.haborsys.com/KeenanPlus

- **What if I need help finding and making an appointment with a doctor?**

The MPN's Medical Access Assistant will help you find available MPN physicians of your choice and can assist you with scheduling and confirming physician appointments. The Medical Access Assistant is available to assist you Monday through Saturday from 7am-8pm (Pacific) and schedule medical appointments during doctors' normal business hours. Assistance is available in English and in Spanish.

The contact information for the Medical Access Assistant is:

Toll Free Telephone Number: (855) 521-7080
Fax Number: (703) 673-0181
Email Address: MPNMAA@harborsys.com

- **How do I find out which doctors are in my MPN?**

You can get a regional list of all MPN providers in your area by calling the MPN Contact or by going to our website at: www.harborsys.com/KeenanPlus. At minimum, the regional list must include a list of all MPN providers within 15 miles of your workplace and/or residence or a list of all MPN providers within the county where you live and/or work. You may choose which list you wish to receive. You also have the right to obtain a list of all the MPN providers upon request.

You can access the roster of all treating physicians in the MPN by going to the website: www.harborsys.com/KeenanPlus.

- **How do I choose a provider?**

Your employer or the insurer for your employer will arrange the initial medical evaluation with an MPN physician. After the first medical visit, you may continue to be treated by that doctor, or you may choose another doctor from the MPN. You may continue to choose doctors within the MPN for all of your medical care for this injury.

If appropriate, you may choose a specialist or ask your treating doctor for a referral to a specialist. Some specialists will only accept appointments with a referral from the treating doctor. Such specialist might be listed as "by referral only" in your MPN directory.

If you need help in finding a doctor or scheduling a medical appointment, you may call the Medical Access Assistant.

- **Can I change providers?**

Yes. You can change providers within the MPN for any reason, but the providers you choose should be appropriate to treat your injury. Contact the MPN Contact or your claims adjuster if you want to change your treating physician.

- **What standards does the MPN have to meet?**

The MPN has providers for the entire State of California.

The MPN must give you access to a regional list of providers that includes at least three physicians in each specialty commonly used to treat work injuries/illnesses in your industry. The MPN must provide access to primary treating physicians within 30 minutes or 15 miles and specialists within 60 minutes or 30 miles of where you work or live.

If you live in a rural area or an area where there is a health care shortage, there may be a different standard.

After you have notified your employer of your injury, the MPN must provide initial treatment within 3 business days. If treatment with a specialist has been authorized, the appointment with the specialist must be provided to you within 20 business days of your request.

If you have trouble getting an appointment with a provider in the MPN, contact the Medical Access Assistant.

If there are no MPN providers in the appropriate specialty available to treat your injury within the distance and timeframe requirements, then you will be allowed to seek the necessary treatment outside of the MPN.

- **What if there are no MPN providers where I am located?**

If you are a current employee living in a rural area or temporarily working or living outside the MPN service area, or you are a former employee permanently living outside the MPN service area, the MPN or your treating doctor will give you a list of at least three physicians who can treat you. The MPN may also allow you to choose your own doctor outside of the MPN network. Contact your MPN Contact for assistance in finding a physician or for additional information.

- **What if I need a specialist that is not available in the MPN?**

If you need to see a type of specialist that is not available in the MPN, you have the right to see a specialist outside of the MPN.

- **What if I disagree with my doctor about medical treatment?**

If you disagree with your doctor or wish to change your doctor for any reason, you may choose another doctor within the MPN.

If you disagree with either the diagnosis or treatment prescribed by your doctor, you may ask for a second opinion from another doctor within the MPN. If you want a second opinion, you must contact the MPN contact or your claims adjuster and tell them you want a second opinion. The MPN should give you at least a regional or full MPN provider list from which you can choose a second opinion doctor. To get a second opinion, you must choose a doctor from the MPN list and make an appointment within 60 days. You must tell the MPN Contact of your appointment date, and the MPN will send the doctor a copy of your medical records. You can request a copy of your medical records that will be sent to the doctor.

If you do not make an appointment within 60 days of receiving the regional provider list, you will not be allowed to have a second or third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If the second opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify your employer or insurer and you. You will get another list of MPN doctors or specialists so you can make another selection.

If you disagree with the second opinion, you may ask for a third opinion. If you request a third opinion, you will go through the same process you went through for the second opinion.

Remember that if you do not make an appointment within 60 days of obtaining another MPN provider list, then you will not be allowed to have a third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If you disagree with the third-opinion doctor, you may ask for an MPN Independent Medical Review (IMR). Your employer or MPN Contact will give you information on requesting an Independent Medical Review and a form at the time you select a third-opinion physician.

If either the second or third-opinion doctor or Independent Medical Reviewer agrees with your need for a treatment or test, you may be allowed to receive that medical service from a provider within the MPN, or if the MPN does not contain a physician who can provide the recommended treatment, you may choose a physician outside the MPN within a reasonable geographic area.

- **What if I am already being treated for a work-related injury before the MPN begins?**

Your employer or insurer has a "*Transfer of Care*" policy which will determine if you can continue being temporarily treated for an existing work-related injury by a physician outside of the MPN before your care is transferred into the MPN.

If your current doctor is not or does not become a member of the MPN, then you may be required to see a MPN physician. However, if you have properly predesignated a primary treating physician, you cannot be transferred into the MPN. (If you have questions about predesignation, ask your supervisor.)

If your employer decides to transfer you into the MPN, you and your primary treating physician must receive a letter notifying you of the transfer.

If you meet certain conditions, you may qualify to continue treating with a non-MPN physician for up to a year before you are transferred into the MPN. The qualifying conditions to postpone the transfer of your care into the MPN are set forth in the box below.

Can I Continue Being Treated By My Doctor?

You may qualify for continuing treatment with your non-MPN provider (through transfer of care or continuity of care) for up to a year if your injury or illness meets any of the following conditions:

- **(Acute)** The treatment for your injury or illness will be completed in less than 90 days;
- **(Serious or Chronic)** Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN effective date, or the termination of contract date between the MPN and your doctor.

You can disagree with your employer's decision to transfer your care into the MPN. If you don't want to be transferred into the MPN, ask your primary treating physician for a medical report on whether you have one of the four conditions stated above to qualify for a postponement of your transfer into the MPN.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer can transfer your care into the MPN and you will be required to use an MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the transfer of your care. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete Transfer of Care policy for more details on the dispute resolution process.

For a copy of the Transfer of Care policy, in English or Spanish, ask your MPN Contact.

• **What if I am being treated by a MPN doctor who decides to leave the MPN?**

Your employer or insurer has a written "*Continuity of Care*" policy that will determine whether you can temporarily continue treatment for an existing work injury with your doctor if your doctor is no longer participating in the MPN.

If your employer decides that you do not qualify to continue your care with the non-MPN provider, you and your primary treating physician must receive a letter notifying you of this decision.

If you meet certain conditions, you may qualify to continue treating with this doctor for up to a year before you must choose a MPN physician. These conditions are set forth in the, "***Can I Continue Being Treated By My Doctor?***" box above.

You can disagree with your employer's decision to deny you Continuity of Care with the terminated MPN provider. If you want to continue treating with the terminated doctor, ask your primary treating physician for a medical report on whether you have one of the four conditions stated in the box above to see if you qualify to continue treating with your current doctor temporarily.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her medical report on your condition. If your primary treating physician does not give you the report within 20 days of your request, your employer's decision to deny you Continuity of Care with your doctor who is no longer participating in the MPN will apply, and you will be required to choose a MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the selection of an MPN doctor treatment. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete Continuity of Care policy for more details on the dispute resolution process.

For a copy of the Continuity of Care policy, in English or Spanish, ask your MPN Contact.

- **What if I have questions or need help?**

- **MPN Contact:** You may always contact the MPN Contact if you have questions about the use of the MPN and to address any complaints regarding the MPN.
- **Medical Access Assistants:** You can contact the Medical Access Assistant if you need help finding MPN physicians and scheduling and confirming appointments.
- **Division of Workers' Compensation (DWC):** If you have concerns, complaints or questions regarding the MPN, the notification process, or your medical treatment after a work-related injury or illness, you can call the DWC's Information and Assistance office at 1-800-736-7401. You can also go to the DWC's website at www.dir.ca.gov/dwc and click on "medical provider networks" for more information about MPNs.
- **Independent Medical Review:** If you have questions about the MPN Independent Medical Review process contact the Division of Workers' Compensation's Medical Unit at:

DWC Medical Unit
PO Box 71010
Oakland, CA 94612
(510) 286-3700 or (800) 794-6900

Keep this information in case you have a work-related injury or illness.

Workers' Compensation Temporary Prescription ID Card

» To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed processing your approved workers' compensation prescriptions (based on the guidelines established by your employer).

Questions or need assistance locating a participating retail network pharmacy? Call the Express Scripts Patient Care Contact Center at 800.945.5951.

Atencion Trabajador Lesionado:

Este formulario de identificación para servicios temporales de prescripción de recetas por compensación del trabajador DEBERÁ SER PRESENTADO a su farmacéutico al surtir su(s) receta(s) inicial(es).

Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de Express Scripts, en el teléfono 800.945.5951.

» To the Pharmacist:

Express Scripts administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard claim limitations include quantity exceeding 150 pills or a day supply exceeding 14 days. This form is valid for up to 30 days from DOI. Limitations may vary. For assistance, call Express Scripts at 888.786.9640.

Pharmacy Processing Steps

- Step 1: Enter bin number 003858
- Step 2: Enter processor control A4
- Step 3: Enter the group number as it appears above
- Step 4: Enter the injured worker's nine-digit ID number
- Step 5: Enter the injured worker's first and last name
- Step 6: Enter the injured worker's date of injury
(enter in DOI field in the format YYYYMMDD)

Express Scripts

ID #: _____

Your SSN is your temporary ID number; present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

Date of Injury: ____/____/____
MM/DD/YYYY

Group #: KEENAN1

Employee Date of Birth: ____/____/____

Thank you for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

Please see other side for a list of participating retail network pharmacies.

» To the Supervisor: Please fill in the information requested for the injured worker.

Employee Information

First M Last

Street Address or PO Box

City State ZIP

Employer Name

Fremont Union High School District



Participating Retail Network Pharmacies

A & P	Drug Emporium	Major Value	Schnucks
Acme Pharmacy	Drug Fair	Marsh Drugs	Scolari's
Albertson's	Drug Town	Medic Discount	Sedano
Albertson's/Acme	Drug World	Medicap	Shaw's
Albertson's/Osco	Eckerd	Medistat	Shop 'N Save
Albertson's/Sav-On	Econofoods	Meijer	Shopko
Amerisource	EPIC Pharmacy	Minyard	ShopRite
Bergen	Network	NCS HealthCare	Snyder
Anchor Pharmacies	FamilyMeds	Neighborcare	Stop & Shop
Arrow	Farm Fresh	Network	Sun Mart
Aurora	Farmer Jack	Pharmaceuticals	Super Fresh
Bartell Drugs	Food City	Northeast	Super Rx
Bigg's	Food Lion	Pharmacy Services	Target
Bi-Lo	Fred's	Osco	Texas Oncology
Bi-Mart	Gemmel	P & C Food	Srvs
BJ's Wholesale	Giant	Markets	The Pharm
Club	Giant Eagle	Pamida	Thrifty White
Brooks	Giant Foods	Park Nicollet	Times
Brookshire Brothers	Hannaford	Pathmark	Tom Thumb
Brookshire Grocery	Harris Teeter	Pavilions	Tops
Bruno	H-E-B	Price Chopper	Ukrop's
Carrs	Hi-School	Publix	United Drugs
Cash Wise	Pharmacy	Quality Markets	United
Coborn's	Hy-Vee	Raley's	Supermarkets
Costco	Jewel/Osco	Randalls	Vons
Cub	Kash n Karry	Rite Aid	Waldbaums
CVS	Keltsch	Rosauers	Walgreens
D&W	Kerr	Rx Express	Wal-Mart
Dahl's	Kmart	RXD	Wegmans
Dierbergs	Knight Drugs	Safeway	Weis
Discount Drugmart	Kroger	Sam's Club	Winn Dixie
Doc's Drugs	LeaderNet (PSAO)	Sav-On	
Dominicks	Longs Drug Store	Save Mart	

NOTE: This form is not valid in the state of Ohio. For all other states, liability of a workers' compensation claim is not assumed based on the dispensing of medication(s) to a patient.



Kaiser On-the-Job[®]

Kaiser Permanente Occupational Health Services are available to all employees, not just our members.

Emergency and non-life-threatening care

If you have an emergency medical condition, call **911** or go to the nearest hospital. An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a reasonable person would have believed that the absence of immediate medical attention would result in any of the following: (1) placing the person's health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; (2) serious impairment to bodily functions; or (3) serious dysfunction of any bodily organ or part.

A mental health condition is an emergency medical condition when it meets the requirements of the paragraph above or, for members who are not enrolled in Kaiser Permanente Senior Advantage, when the condition manifests itself by acute symptoms of sufficient severity such that either of the following is true: the person is an immediate danger to himself or herself or to others, or the person is immediately unable to provide for, or use, food, shelter, or clothing, due to the mental disorder.

For a non-life-threatening, work-related injury or illness, follow two simple steps:

1. Inform your supervisor of your work-related injury or illness as soon as possible.
2. Call the Kaiser On-the-Job Occupational Health Center nearest you.

To locate the nearest center, call **1-888-KOJ-WORK (1-888-565-9675)**, or refer to the appropriate page in this guide. If you've designated a provider as your occupational health physician, please follow the appropriate guidelines for accessing non-life-threatening care for work-related injuries and illnesses.

▲ DEDICATED OCCUPATIONAL HEALTH CENTER

Santa Clara Medical Center

10050 N. Wolfe Road, Suite SW1-190

Cupertino, CA 95014

408-236-6160

Hours

M-F, 8:30 a.m.–5 p.m.*

■ HOSPITAL SERVICES/AFTER-HOURS CARE

Santa Clara Medical Center

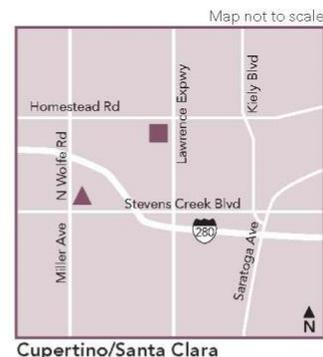
700 Lawrence Expressway, Dept. 100

Santa Clara, CA 95051

408-851-5300

Hours

7 days a week, 24 hours



*Holidays closed: Martin Luther King Jr. Day; Presidents' Day; Memorial Day; Independence Day; Labor Day; Nov. 26-27 (Thanksgiving observed); Dec. 25-26 (Christmas observed); Jan. 1-2, 2015 (New Year's Day observed)

kp.org

 KAISER PERMANENTE.



Treatment Authorization

SILICON VALLEY

SUNNYVALE
1195 EAST ARQUES AVE
SUNNYVALE CA
408-773-9000

MILPITAS
1717 SOUTH MAIN STREET
MILPITAS, CA 95035
408-957-5700

GILROY
773 WREN STREET
GILROY, CA 95020
408-848-0444

REDWOOD CITY
201 ARCH ROAD
REDWOOD CITY, CA 94062
510-638-0701

SANTA CLARA
988 WALSH AVENUE
SANTA CLARA, CA
408-988-6868

SAN JOSE
1893 MONTEREY RD, STE 200
SAN JOSE, CA
408-288-3800

DATE _____ TIME: _____ AM PM

PATIENT NAME: _____

Services Requested:

<input type="checkbox"/> Injury	Date of Injury: _____	Last Worked: _____
<input type="checkbox"/> Injured Body Part:	_____ County: _____	
<input type="checkbox"/> Return to Work Evaluation		
<input type="checkbox"/> Instacheck		
<input type="checkbox"/> Physical Exam Type:	_____	
<input type="checkbox"/> Drug/Alcohol Test. Please Specify below:	Please specify below	
<input type="checkbox"/> DOT DRUG TEST	<input type="checkbox"/> Pre-Placement	<input type="checkbox"/> Random
<input type="checkbox"/> NON-DOT DRUG TEST	<input type="checkbox"/> Post-Accident	<input type="checkbox"/> Post-Injury
<input type="checkbox"/> DOT BREATH ALCOHOL TEST	<input type="checkbox"/> Return to Duty	<input type="checkbox"/> Follow Up
<input type="checkbox"/> NON-DOT BREATH ALCOHOL TEST	<input type="checkbox"/> Reasonable Suspicion	
Titer (Hepatitis B)		
Hepatitis B Vaccine		

PICTURE ID IS REQUIRED!

Does Employee Work for a Temp/Leasing Company? Yes No

Employer: **Fremont Union High School District**

Dept: **HR**

Telephone: **408.522.2230**

Worker's Comp. Ins.: **Keenan & Associates**

Authorized by: **Lena Bryant**

lena_bryant@fuhisd.org

Title: **Senior HR Specialist**

Thank you for using US Healthworks!

FREMONT UNION HIGH SCHOOL DISTRICT
WORKER'S COMPENSATION - EMPLOYEE INCIDENT/INJURY

PART I: TO BE COMPLETED BY EMPLOYEE

Name: SSN:

Home Address: Phone:

Sex: Job Title: Dept./Site:

To whom did you report this incident?: Date of injury: Time of incident:

Time you begin work: AM/ PM Were you unable to work at least one full day after injury? (circle one) Yes/No
If yes, date last worked

Have you returned to work? (circle one) Yes/No
If yes, date returned: Body part injured (be specific)

Have you gone or are you planning to go to the a doctor? If yes, provide name & address of doctor:

Date you reported incident: Location of incident:

How did incident occur? Be specific & detailed.

Employee's Signature: Date:

PART II: TO BE COMPLETED BY SUPERVISOR/PRINCIPAL

Type of Incident: (choose one) Injury Illness Near Miss

Incident Date: Where did the injury occur? Date employee reported incident:

Did incident occur on school premises? (circle one) Yes/No Under School jurisdiction? (circle one) Yes/No

Safety Rule(s) Violated? (circle one) Yes/No Was the employee working within his/her job description? (circle one) Yes/No

Describe the incident (How, why & what happened. Include step-by-step detail of incident.)

What caused the incident?

Name(s) of witness(es) & phone #:

Describe immediate corrective action, the date immediate corrective action was complete & by whom:

Supervisor's/Principal's Signature: Date:

Please make three (3) copies: one for the District; one for the Employee; and one for the Safety Director/Committee

§ 10139. Workers' Compensation Claim Form (DWC 1) and Notice of Potential Eligibility.

Note: Authority cited: Sections 133 5307.3 and 5401, Labor Code. Reference: Sections 132(a), 139.48, 139.6, 4600, 4600.3, 4601, 4604.5, 4616, 4650, 4656, 4658.5, 4658.6, 4700, 4701, 4702, 4703, 5400, 5401, 5401.7 and 5402, Labor Code.



Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility *Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad*

If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Use the attached form to file a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If you file a claim, the claims administrator, who is responsible for handling your claim, must notify you within 14 days whether your claim is accepted or whether additional investigation is needed.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Do this right away to avoid problems with your claim. In some cases, benefits will not start until you inform your employer about your injury by filing a claim form. Describe your injury completely. Include every part of your body affected by the injury. If you mail the form to your employer, use first-class or certified mail. If you buy a return receipt, you will be able to prove that the claim form was mailed and when it was delivered. Within one working day after you file the claim form, your employer must complete the "Employer" section, give you a dated copy, keep one copy, and send one to the claims administrator.

Medical Care: Your claims administrator will pay for all reasonable and necessary medical care for your work injury or illness. Medical benefits are subject to approval and may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, medicines, equipment and travel costs. Your claims administrator will pay the costs of approved medical services directly so you should never see a bill. There are limits on chiropractic, physical therapy, and other occupational therapy visits.

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness.

- If you previously designated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
- If your employer is using a medical provider network (MPN) or Health Care Organization (HCO), in most cases, you will be treated in the MPN or HCO unless you predesignated your personal physician or a medical group. An MPN is a group of health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
- If your employer is not using an MPN or HCO, in most cases, the claims administrator can choose the doctor who first treats you unless you predesignated your personal physician or a medical group.
- If your employer has not put up a poster describing your rights to workers' compensation, you may be able to be treated by your personal physician right after you are injured.

Within one working day after you file a claim form, your employer or the claims administrator must authorize up to \$10,000 in treatment for your injury, consistent with the applicable treating guidelines until the claim is accepted or rejected. If the employer or claims administrator does not authorize treatment right away, talk to your supervisor, someone else in management, or the claims administrator. Ask for treatment to be authorized right now, while waiting for a decision on your claim. If the employer or claims administrator will not authorize treatment, use your own health insurance to get medical care. Your health insurer will seek reimbursement from the claims administrator. If you do not have health insurance, there are doctors, clinics or hospitals that will treat you without immediate payment. They will seek reimbursement from the claims administrator.

Switching to a Different Doctor as Your PTP:

- If you are being treated in a Medical Provider Network (MPN), you may switch to other doctors within the MPN after the first visit.
- If you are being treated in a Health Care Organization (HCO), you may switch at least one time to another doctor within the HCO. You may switch to a doctor outside the HCO 90 or 180 days after your injury is reported to your employer (depending on whether you are covered by employer-provided health insurance).
- If you are not being treated in an MPN or HCO and did not predesignate, you may switch to a new doctor one time during the first 30 days after your injury is reported to your employer. Contact the claims administrator to switch doctors. After 30 days, you may switch to a doctor of your choice if

Si Ud. se lesiona o se enferma, ya sea físicamente o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación de trabajadores. Utilice el formulario adjunto para presentar un reclamo de compensación de trabajadores con su empleador. **Ud. debe leer toda la información a continuación.** Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran dependiendo de la índole de su reclamo. Si usted presenta un reclamo, el administrador de reclamos, quien es responsable por el manejo de su reclamo, debe notificarle dentro de 14 días si se acepta su reclamo o si se necesita investigación adicional.

Para presentar un reclamo, llene la sección del formulario designada para el "Empleado," guarde una copia, y déle el resto a su empleador. Haga esto de inmediato para evitar problemas con su reclamo. En algunos casos, los beneficios no se iniciarán hasta que usted le informe a su empleador acerca de su lesión mediante la presentación de un formulario de reclamo. Describa su lesión por completo. Incluya cada parte de su cuerpo afectada por la lesión. Si usted le envía por correo el formulario a su empleador, utilice primera clase o correo certificado. Si usted compra un acuse de recibo, usted podrá demostrar que el formulario de reclamo fue enviado por correo y cuando fue entregado. Dentro de un día laboral después de presentar el formulario de reclamo, su empleador debe completar la sección designada para el "Empleador," le dará a Ud. una copia fechada, guardará una copia, y enviará una al administrador de reclamos.

Atención Médica: Su administrador de reclamos pagará por toda la atención médica razonable y necesaria para su lesión o enfermedad relacionada con el trabajo. Los beneficios médicos están sujetos a la aprobación y pueden incluir tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio, las medicinas, equipos y gastos de viaje. Su administrador de reclamos pagará directamente los costos de los servicios médicos aprobados de manera que usted nunca verá una factura. Hay límites en terapia quiropráctica, física y otras visitas de terapia ocupacional.

El Médico Primario que le Atiende (Primary Treating Physician- PTP) es el médico con la responsabilidad total para tratar su lesión o enfermedad.

- Si usted designó previamente a su médico personal o a un grupo médico, usted podrá ver a su médico personal o grupo médico después de lesionarse.
- Si su empleador está utilizando una red de proveedores médicos (*Medical Provider Network- MPN*) o una Organización de Cuidado Médico (*Health Care Organization- HCO*), en la mayoría de los casos, usted será tratado en la *MPN* o *HCO* a menos que usted hizo una designación previa de su médico personal o grupo médico. Una *MPN* es un grupo de proveedores de asistencia médica quien da tratamiento a los trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si su tratamiento es cubierto por una *HCO* o una *MPN*. Hable con su empleador para más información.
- Si su empleador no está utilizando una *MPN* o *HCO*, en la mayoría de los casos, el administrador de reclamos puede elegir el médico que lo atiende primero a menos de que usted hizo una designación previa de su médico personal o grupo médico.
- Si su empleador no ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede ser tratado por su médico personal inmediatamente después de lesionarse.

Dentro de un día laboral después de que Ud. presente un formulario de reclamo, su empleador o el administrador de reclamos debe autorizar hasta \$10000 en tratamiento para su lesión, de acuerdo con las pautas de tratamiento aplicables, hasta que el reclamo sea aceptado o rechazado. Si el empleador o administrador de reclamos no autoriza el tratamiento de inmediato, hable con su supervisor, alguien más en la gerencia, o con el administrador de reclamos. Pida que el tratamiento sea autorizado ya mismo, mientras espera una decisión sobre su reclamo. Si el empleador o administrador de reclamos no autoriza el tratamiento, utilice su propio seguro médico para recibir atención médica. Su compañía de seguro médico buscará reembolso del administrador de reclamos. Si usted no tiene seguro médico, hay médicos, clínicas u hospitales que lo tratarán sin pago inmediato. Ellos buscarán reembolso del administrador de reclamos.

Cambiando a otro Médico Primario o PTP:

- Si usted está recibiendo tratamiento en una Red de Proveedores Médicos

your employer or the claims administrator has not created or selected an MPN.

Disclosure of Medical Records: After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

Problems with Medical Care and Medical Reports: At some point during your claim, you might disagree with your PTP about what treatment is necessary. If this happens, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, the steps to take depend on whether you are receiving care in an MPN, HCO, or neither. For more information, see "Learn More About Workers' Compensation," below.

If the claims administrator denies treatment recommended by your PTP, you may request independent medical review (IMR) using the request form included with the claims administrator's written decision to deny treatment. The IMR process is similar to the group health IMR process, and takes approximately 40 (or fewer) days to arrive at a determination so that appropriate treatment can be given. Your attorney or your physician may assist you in the IMR process. IMR is not available to resolve disputes over matters other than the medical necessity of a particular treatment requested by your physician.

If you disagree with your PTP on matters other than treatment, such as the cause of your injury or how severe the injury is, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, notify the claims administrator in writing as soon as possible. In some cases, you risk losing the right to challenge your PTP's opinion unless you do this promptly. If you do not have an attorney, the claims administrator must send you instructions on how to be seen by a doctor called a qualified medical evaluator (QME) to help resolve the dispute. If you have an attorney, the claims administrator may try to reach agreement with your attorney on a doctor called an agreed medical evaluator (AME). If the claims administrator disagrees with your PTP on matters other than treatment, the claims administrator can require you to be seen by a QME or AME.

Payment for Temporary Disability (Lost Wages): If you can't work while you are recovering from a job injury or illness, you may receive temporary disability payments for a limited period. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Stay at Work or Return to Work: Being injured does not mean you must stop working. If you can continue working, you should. If not, it is important to go back to work with your current employer as soon as you are medically able. Studies show that the longer you are off work, the harder it is to get back to your original job and wages. While you are recovering, your PTP, your employer (supervisors or others in management), the claims administrator, and your attorney (if you have one) will work with you to decide how you will stay at work or return to work and what work you will do. Actively communicate with your PTP, your employer, and the claims administrator about the work you did before you were injured, your medical condition and the kinds of work you can do now, and the kinds of work that your employer could make available to you.

Payment for Permanent Disability: If a doctor says you have not recovered completely from your injury and you will always be limited in the work you can do, you may receive additional payments. The amount will depend on the type of injury, extent of impairment, your age, occupation, date of injury, and your wages before you were injured.

Supplemental Job Displacement Benefit (SJDB): If you were injured on or after 1/1/04, and your injury results in a permanent disability and your employer does not offer regular, modified, or alternative work, you may qualify for a nontransferable voucher payable for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law.

Death Benefits: If the injury or illness causes death, payments may be made to a

(Medical Provider Network- MPN), usted puede cambiar a otros médicos dentro de la MPN después de la primera visita.

- Si usted está recibiendo tratamiento en un Organización de Cuidado Médico (Healthcare Organization- HCO), es posible cambiar al menos una vez a otro médico dentro de la HCO. Usted puede cambiar a un médico fuera de la HCO 90 o 180 días después de que su lesión es reportada a su empleador (dependiendo de si usted está cubierto por un seguro médico proporcionado por su empleador).
- Si usted no está recibiendo tratamiento en una MPN o HCO y no hizo una designación previa, usted puede cambiar a un nuevo médico una vez durante los primeros 30 días después de que su lesión es reportada a su empleador. Póngase en contacto con el administrador de reclamos para cambiar de médico. Después de 30 días, puede cambiar a un médico de su elección si su empleador o el administrador de reclamos no ha creado o seleccionado una MPN.

Divulgación de Expedientes Médicos: Después de que Ud. presente un reclamo para beneficios de compensación de trabajadores, sus expedientes médicos no tendrán el mismo nivel de privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un juez de compensación de trabajadores posiblemente decida qué expedientes serán revelados. Si usted solicita privacidad, es posible que el juez "selle" (mantenga privados) ciertos expedientes médicos.

Problemas con la Atención Médica y los Informes Médicos: En algún momento durante su reclamo, podría estar en desacuerdo con su PTP sobre qué tratamiento es necesario. Si esto sucede, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, los pasos a seguir dependen de si usted está recibiendo atención en una MPN, HCO o ninguna de las dos. Para más información, consulte la sección "Aprenda Más Sobre la Compensación de Trabajadores," a continuación.

Si el administrador de reclamos niega el tratamiento recomendado por su PTP, puede solicitar una revisión médica independiente (*Independent Medical Review-IMR*), utilizando el formulario de solicitud que se incluye con la decisión por escrito del administrador de reclamos negando el tratamiento. El proceso de la IMR es parecido al proceso de la IMR de un seguro médico colectivo, y tarda aproximadamente 40 (o menos) días para llegar a una determinación de manera que se pueda dar un tratamiento apropiado. Su abogado o su médico le pueden ayudar en el proceso de la IMR. La IMR no está disponible para resolver disputas sobre cuestiones aparte de la necesidad médica de un tratamiento particular solicitado por su médico.

Si no está de acuerdo con su PTP en cuestiones aparte del tratamiento, como la causa de su lesión o la gravedad de la lesión, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, notifique al administrador de reclamos por escrito tan pronto como sea posible. En algunos casos, usted arriesga perder el derecho a objetar a la opinión de su PTP a menos que hace esto de inmediato. Si usted no tiene un abogado, el administrador de reclamos debe enviarle instrucciones para ser evaluado por un médico llamado un evaluador médico calificado (*Qualified Medical Evaluator-QME*) para ayudar a resolver la disputa. Si usted tiene un abogado, el administrador de reclamos puede tratar de llegar a un acuerdo con su abogado sobre un médico llamado un evaluador médico acordado (*Agreed Medical Evaluator-AME*). Si el administrador de reclamos no está de acuerdo con su PTP sobre asuntos aparte del tratamiento, el administrador de reclamos puede exigirle que sea atendido por un QME o AME.

Pago por Incapacidad Temporal (Sueldos Perdidos): Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. puede recibir pagos por incapacidad temporal por un periodo limitado. Estos pagos pueden cambiar o parar cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de impuestos. Los pagos por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado una noche o no puede trabajar durante más de 14 días.

Permanezca en el Trabajo o Regreso al Trabajo: Estar lesionado no significa que usted debe dejar de trabajar. Si usted puede seguir trabajando, usted debe hacerlo. Si no es así, es importante regresar a trabajar con su empleador actual tan

spouse and other relatives or household members who were financially dependent on the deceased worker.

It is illegal for your employer to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Resolving Problems or Disputes: You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your employer or claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) or unemployment insurance (UI) benefits. Call the state Employment Development Department at (800) 480-3287 or (866) 333-4606, or go to their website at www.edd.ca.gov.

You Can Contact an Information & Assistance (I&A) Officer: State I&A officers answer questions, help injured workers, provide forms, and help resolve problems. Some I&A officers hold workshops for injured workers. To obtain important information about the workers' compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an I&A officer of the state Division of Workers' Compensation. You can also hear recorded information and a list of local I&A offices by calling (800) 736-7401.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their website at www.californiaspecialist.org.

Learn More About Workers' Compensation: For more information about the workers' compensation claims process, go to www.dwc.ca.gov. At the website, you can access a useful booklet, "Workers' Compensation in California: A Guidebook for Injured Workers." You can also contact an Information & Assistance Officer (above), or hear recorded information by calling 1-800-736-7401.

pronto como usted pueda medicamente hacerlo. Los estudios demuestran que entre más tiempo esté fuera del trabajo, más difícil es regresar a su trabajo original y a sus salarios. Mientras se está recuperando, su *PTP*, su empleador (supervisores u otras personas en la gerencia), el administrador de reclamos, y su abogado (si tiene uno) trabajarán con usted para decidir cómo va a permanecer en el trabajo o regresar al trabajo y qué trabajo hará. Comuníquese de manera activa con su *PTP*, su empleador y el administrador de reclamos sobre el trabajo que hizo antes de lesionarse, su condición médica y los tipos de trabajo que usted puede hacer ahora y los tipos de trabajo que su empleador podría poner a su disposición.

Pago por Incapacidad Permanente: Si un médico dice que no se ha recuperado completamente de su lesión y siempre será limitado en el trabajo que puede hacer, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, grado de deterioro, su edad, ocupación, fecha de la lesión y sus salarios antes de lesionarse.

Beneficio Suplementario por Desplazamiento de Trabajo (Supplemental Job Displacement Benefit- SJDDB): Si Ud. se lesionó en o después del 1/1/04, y su lesión resulta en una incapacidad permanente y su empleador no ofrece un trabajo regular, modificado, o alternativo, usted podría cumplir los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo curso de reentrenamiento y/o mejorar su habilidad. Si Ud. cumple los requisitos, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales.

Beneficios por Muerte: Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a un cónyuge y otros parientes o a las personas que viven en el hogar que dependían económicamente del trabajador difunto.

Es ilegal que su empleador le castigue o despidan por sufrir una lesión o enfermedad laboral, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. (Código Laboral, sección 132a.) De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

Resolviendo problemas o disputas: Ud. tiene derecho a no estar de acuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su empleador o administrador de reclamos para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios del Seguro Estatal de Incapacidad (*State Disability Insurance-SDI*) o beneficios del desempleo (*Unemployment Insurance- UI*). Llame al Departamento del Desarrollo del Empleo estatal al (800) 480-3287 o (866) 333-4606, o visite su página Web en www.edd.ca.gov.

Puede Contactar a un Oficial de Información y Asistencia (Information & Assistance- I&A): Los Oficiales de Información y Asistencia (*I&A*) estatal contestan preguntas, ayudan a los trabajadores lesionados, proporcionan formularios y ayudan a resolver problemas. Algunos oficiales de *I&A* tienen talleres para trabajadores lesionados. Para obtener información importante sobre el proceso de la compensación de trabajadores y sus derechos y obligaciones, vaya a www.dwc.ca.gov o comuníquese con un oficial de información y asistencia de la División Estatal de Compensación de Trabajadores. También puede escuchar información grabada y una lista de las oficinas de *I&A* locales llamando al (800) 736-7401.

Ud. puede consultar con un abogado. La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un abogado, los honorarios serán tomados de algunos de sus beneficios. Para obtener nombres de abogados de compensación de trabajadores, llame a la Asociación Estatal de Abogados de California (*State Bar*) al (415) 538-2120, o consulte su página Web en www.californiaspecialist.org.

Aprenda Más Sobre la Compensación de Trabajadores: Para obtener más información sobre el proceso de reclamos del programa de compensación de trabajadores, vaya a www.dwc.ca.gov. En la página Web, podrá acceder a un folleto útil, "Compensación del Trabajador de California: Una Guía para Trabajadores Lesionados." También puede contactar a un oficial de Información y Asistencia (arriba), o escuchar información grabada llamando al 1-800-736-7401.



WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included in the Notice of Potential Eligibility, which is the cover sheet of this form. Detach and save this notice for future reference.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quedese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la Division de Compensación al Trabajador al (800) 736-7401 para oír información grabada. Una explicación de los beneficios de compensación de trabajadores está incluido en la Notificación de Posible Elegibilidad, que es la hoja de portada de esta forma. Separe y guarde esta notificación como referencia para el futuro.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos. Es posible que reciba notificaciones escritas de su empleador o de su administrador de reclamos sobre su reclamo. Si su administrador de reclamos ofrece enviarle notificaciones electrónicamente, y usted acepta recibir estas notificaciones solo por correo electrónico, por favor proporcione su dirección de correo electrónico abajo y marque la caja apropiada. Si usted decide después que quiere recibir las notificaciones por correo, usted debe de informar a su empleador por escrito.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee—complete this section and see note above

Empleado—complete esta sección y note la notación arriba.

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.
5. Address and description of where injury happened. *Dirección/Lugar dónde ocurrió el accidente.* _____
6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* _____
7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. Check if you agree to receive notices about your claim by email only. *Marque si usted acepta recibir notificaciones sobre su reclamo solo por correo electrónico. Employee's e-mail.* _____ *Correo electrónico del empleado.* _____
You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option. *Usted recibirá notificaciones de beneficios por correo ordinario si usted no escoge, o su administrador de reclamos no le ofrece, una opción de servicio electrónico.*
9. Signature of employee. *Firma del empleado.* _____

Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.

10. Name of employer. *Nombre del empleador.* _____
11. Address. *Dirección.* _____
12. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
13. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
14. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
15. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* _____
16. Insurance Policy Number. *El número de la póliza de Seguro.* _____
17. Signature of employer representative. *Firma del representante del empleador.* _____
18. Title. *Título.* _____ 19. Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within **one working day** of receipt of the form from the employee.

Empleador: Se requiere que Ud. feche esta forma y que propée copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de **un día hábil** desde el momento de haber sido recibida la forma del empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

Employer copy/Copia del Empleador Employee copy/Copia del Empleado Claims Administrator/Administrador de Reclamos Temporary Receipt/Recibo del Empleado

