

Health and Safety Plan

School Year 2023 - 2024

ACCREDITATION

Hacienda La Puente Adult Education is accredited by the Council on Occupational Education (COE) for post-secondary training as well as the Western Association of Schools and Colleges (WASC) for secondary academic programs.



Council on Occupational Education
7840 Roswell Road
Building 300, Suite 325,
Atlanta, Georgia 30350
800-917-2081

Mission Statement

Hacienda La Puente Adult Education provides a comprehensive educational and career training program that helps a diverse population achieve their goals.

Introduction

Hacienda LA Puente Adult Education (HLP AE) has effective plans in place to ensure the health and safety of staff and students. Emergency procedures in case of crisis or natural disaster are listed in the *Emergency Response Plan* (Appendix A). Procedures for prevention of and in response to staff injuries or illness are listed in the *Injury and Illness Prevention Program* (Appendix B). Procedures in case of student medical emergency are listed below.

Health and Safety Plan Procedure

The HLP AE *Health and Safety Plan* is reviewed on a yearly basis by the school's safety committee. The HLP AE *Health and Safety Plan* are digitally distributed to students annually and are posted on the HLP AE website (<https://www.hlpae.com/about/plans-and-procedures>). Copies of the plan are posted in each classroom and office.

Medical Emergency Action Procedures

Remain calm and immediately call for a staff person trained in first-aid, while assessing appropriate emergency first-aid treatment needed. The staff person will administer treatment as necessary, utilizing designated first-aid supplies.

If the injury or illness requires emergency assistance, notify the front office (x2801) to call the paramedics or, if necessary, dial "9-911".

When 911 call is placed, please notify:

- District Police - x3898 or x3899
- Campus Security
 - (626) 677-7217 (Daytime)
 - (626) 698-2707 (Nighttime)
- Director, Adult Career and Technical Education - x2815

The Willow Front Office clerk/ counselor /teacher/ staff person will then send a staff member outside to direct the paramedics to the appropriate location.

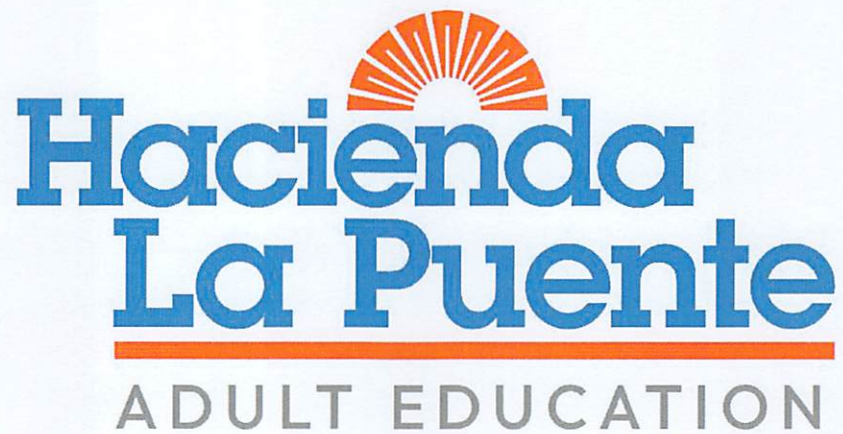
Keep the injured person quiet, safe from further injury and as comfortable as possible until medical care arrives. An accident report must be completed as soon as possible by the office manager, assisted by the staff person(s) who witnessed the incident. (It is to be typed, signed by the administrator and forwarded to the District Risk Management Office.)

Reference List

Appendix A – Emergency Action Plan

Appendix B – Injury and Illness Prevention Program

Appendix A



EMERGENCY ACTION PLAN
For
WILLOW CENTER

HACIENDA LA PUENTE ADULT EDUCATION
14101 East Nelson Avenue
La Puente, CA 91746
(626) 934-2800, 2801

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EMERGENCY TELEPHONE NUMBERS

From a District telephone, first dial "9" to get an outside line.

EMERGENCY RESPONSE PHONE

Dial 9- 911

Hacienda La Puente Unified School District

(626) 933-1000

Campus Security

(626) 653-3735

Chief of Police and Safety

(626) 933-3898/9

Executive Director, Adult Ed

(626) 933-3915

Superintendent

(626) 933-3801

24-Hour District Facility Failures

(626) 933-4357

Health and Safety

LA County Department of Public Health

(626) 968-3711

La Puente City Hall

(626) 855-1500

Law Enforcement

District California Highway Patrol

(626) 338-1164

Los Angeles County Sheriff's (Industry)

(626) 330-3322

Medical

Innovative Rehabilitation Services (Willow, Bldg A)

(626) 934-2920

Queen of the Valley Hospital

(626) 962-4011

Universal Industrial Care (Contract Physician)

(626) 336-6652

U.S. Health Works (Contract Physician)

(626)961-1152

Utilities

Electricity

(800) 655-4555

Gas

(800) 427-2200

Water

(626) 858-7246

STAFF AND DUTIES

The Director, Adult Career Technical Education, or his/her designated representative, will assume overall direction of disaster procedures. He/she will:

- ☐ Direct the evacuation of buildings, using fire signals and other procedures, as required, in the event of fire, threat of explosion, or following cessation of earthquake tremors.
- ☐ Arrange for the physical transfer of students, when flood, approaching fire, or other such peril threatens students' safety.
- ☐ Issue orders to staff to move students to designated areas of safety within the school, when such action is deemed necessary.

Instructional Staff will be responsible for the direct supervision of students. Each member will:

- ☐ Direct the evacuation of students to designated assembly areas in accordance with warning signals, written notification, or orders from director(s).
- ☐ Give DROP & COVER command during an earthquake.
- ☐ Take roll, using attendance rosters, when the class re-groups at the designated assembly area.
- ☐ Report to the director(s) the names of any students who are unaccountable or absent.
- ☐ Send students who are in need of first-aid attention to a nurse or other persons trained to administer first aid.

Custodian(s) will be responsible for the use of emergency equipment, the handling of supplies and the safe use of available utilities. He/she will do the following:

- ☐ Survey the plant and report damage to director(s).
- ☐ Direct and assist in rescue operations, as required.
- ☐ Direct and assist in firefighting until regular firefighting personnel take over.
- ☐ Control main shut-off valves for gas, water and electricity and take other preventive measures to minimize hazards that may result from broken or "down" lines.
- ☐ Disburse emergency equipment as needed.
- ☐ Take steps necessary to conserve usable water supplies.

Office manager(s) will assist the CTE Director(s), as needed. She/he will do the following:

- ☐ Provide for the safety of essential site records, giving priority to registration cards and second priority to case files.

Clerks will maintain lines of communication:

- ☐ Answer telephones
- ☐ Monitor radio emergency broadcasts
- ☐ Assist medical personnel as needed and act as communicator / messenger / carrier when directed.

Campus Security also maintains radio communication:

- ☐ Assist CTE Director as communicator with School District via Motorola radio.
- ☐ Monitor radio emergency broadcasts as directed.
- ☐ Assist with campus security as directed.

MAJOR DISASTERS

FIRE:

In the event a fire is detected within the building, the following actions will be taken:

- ☐ Sound alarm. This automatically implements the action - **LEAVE BUILDING**.
- ☐ Main office desk clerk will call the emergency response number 9-911 before leaving building.
When 911 call is placed, also notify:
 - District Police x3898 or 3899
 - Campus Security 653-3735
 - CTE Director Ext 2815
 - Executive Director 933-3915
- ☐ Assemble staff and students at a safe distance from the fire and away from firefighting equipment. All staff and students will first exit the building at the nearest and safest doorway and then later gather at a designated area. Staff will gather up attendance rosters for their area before leaving the building. Attendance rosters will be used to take roll when everyone gathers at the designated area. Front office clerk will remain to direct fire and other emergency personnel to the correct location and building.

CARBON MONOXIDE ALERT ACTIVATION:

- ☐ If a carbon monoxide alarm activates:
- ☐ Evacuate all personnel to outside, away from all buildings in fresh air
- ☐ Notify the Fire Department and the School Police
- ☐ Remain outside until emergency personnel deem it safe to re-enter the building

EARTHQUAKE:

Earthquakes usually occur without warning. If an earthquake occurs, the following actions will be taken:

- ☐ Staff member in authority implements action: **DROP, COVER & HOLD ON**.
 - **DROP** to the ground (before the earthquake drops you!),
 - Take **COVER** by getting under a sturdy desk or table, and
 - **HOLD ON** to it until the shaking stops.
- ☐ Move the students away from windows and out from under heavy suspended light fixtures.
- ☐ Implement action: **LEAVE BUILDING** when the earthquake is over. **DO NOT RUN**. Instructors will be responsible for taking class rosters for their respective work area.

- ☐ Guards should be posted at a safe distance from all building entrances to see that no one re-enters the building for any reason until the building has been declared safe.
- ☐ Do not light any fires after an earthquake.
- ☐ Avoid touching electrical wires that may have fallen.
- ☐ Render first aid, if necessary. Emergency supplies will be in the first-aid room.
- ☐ Take roll using attendance rosters.
- ☐ Request assistance as needed through appropriate channels, from the county or city Civil defense office or fire and police departments.
- ☐ Notify utility companies of any break or suspected break in lines, which may present an additional hazard.

SHELTER OPERATIONS:

In the event that the building must be evacuated, staff will walk with students to a designated area. A vehicle, either the school district's or private, will transport anyone unable to walk.

BOMB THREAT:

When a bomb threat is received, please remain calm and try to take notes of the following information:

1. The exact words of the person placing the call.
2. Male or female voice.
3. Young, middle age or old sounding voice.
4. Accent of voice.
5. Any background noise.
6. Does the voice sound familiar?
7. Exact time suspect hung up.

The person receiving the bomb threat should attempt to ask the caller:

1. When is the bomb going to explode?
2. Where is the bomb right now?
3. What type of bomb?
4. What does the bomb look like?
5. Why did you place the bomb?

The caller may not answer your questions, but any additional information that he may relate will be helpful, then

1. Call the emergency response number 9-911.

When 911 call is placed, also notify:

- District Police x3898 or 3899
- Campus Security 653-3735
- CTE Director Ext 2815 or 2806
- Executive Director 933-3915

2. Eliminate all radio, cellular, and computer transmissions until situation is resolved.

At all times **AVOID PANIC** – Do not alarm the students.

PHYSICAL SEARCH OF BUILDING:

No assigned area should be so large as to take over 20 minutes to search. This will facilitate noticing anything that does not belong in the area and save time in deciding whether to evacuate the building.

Past experience has shown that most bombs are planted on the street or outside the building.

Special attention should be given to restrooms, trash receptacles, false ceilings and storage areas that have easy public access.

DO NOT DISTURB SUSPICIOUS PACKAGES. *NEVER* handle, touch, smell, or attempt to dismantle **ANY** suspected, or improvised explosive device. Any attempt to do so places others and property in serious danger.

When the Officers and Deputies arrive, a brief meeting will be held with the search personnel. If the building has not already been evacuated, the management will again evaluate the situation and decide whether to evacuate. This decision should take into consideration the results of the search made by building personnel.

1. The most important thing in a bomb threat is to remain calm and obtain information accurately. Use a notepad.
2. Be prepared by having search teams organized and evacuation plans drawn up.
3. Be alert to suspicious persons in your area.
4. Notify the experts - DIAL 9-911 IMMEDIATELY upon receipt of a bomb threat.

When 911 call is placed, also notify:

- District Police x3898 or 3899
- Campus Security 653-3735
- CTE Director Ext 2815 or 2806
- Executive Director 933-3915

LOCKDOWN/SHELTER-IN-PLACE

Lock down procedures may be issued in situations involving dangerous intruders or other incidents that may result in harm to persons inside school buildings.

Director/Incident Commander:

- ☐ The Director/Incident Commander will issue a lockdown order by announcing a warning over PA system, sending a messenger to each classroom or other alternate method.

Teachers:

- ☐ Direct all students, staff and visitors into a classroom or other secure room.
- ☐ Lock classroom doors and turn off lights.
- ☐ Have all people get down on the floor away from windows and doors.
- ☐ Keep everyone inside the classroom until all-clear signal is given.

POWER FAILURES:

In case of an emergency resulting in a power failure, the following procedures are to be followed:

- ☐ Obtain flashlight for back-up lighting. Flashlights are located in each classroom.
- ☐ Open industrial doors and other exits to increase interior lighting. In inclement weather, use judgment to partially open doors.
- ☐ The Front Office Clerk will test phones and inform management if they are usable.

CHEMICAL ACCIDENT:

Warning of a chemical accident is usually received from the fire or police departments or from Civil Defense officials when such accidents occur. An overturned tanker truck or train car, a broken fuel line, or an accident in a commercial establishment that uses chemicals are all potential hazards if such accidents occur near the building or if the wind is such that it would carry fumes from such accidents to the building.

- ☐ Determine the need to implement action: **LEAVE BUILDING.**
 - ☐ Determine whether the students and staff members should leave the grounds.
 - ☐ If it is necessary to evacuate the area, move crosswind-- never directly with or against the wind, which may be carrying fumes.
 - ☐ Render first-aid as necessary.
1. Call emergency response phone 9-911.
 2. When 911 call is placed, also notify:
 - District Police x3898 or 3899
 - Campus Security 653-3735
 - CTE Director Ext 2815 or 2806
 - Executive Director 933-3915

Notify the Hacienda La Puente Unified School District office using Motorola radio.

The director(s) will direct further action as required. Students and staff members must not return to the building until fire department officials have declared the area safe.

SEVERE WINDSTORMS:

Warning of an impending windstorm is usually received via radio, television or civil defense officials. The United States Weather Bureau can usually forecast severe windstorms. If time and conditions permit, **GO HOME** may be implemented prior to the emergency. However, if high winds develop during work hours with sufficient warning, the following emergency actions will be affected:

- ☐ Implement action: **TAKE COVER**. Students and staff members should be assembled inside the building.
- ☐ Close windows and blinds.
- ☐ Remain near an inside wall.
- ☐ Evacuate areas that bear the full force of the wind.
- ☐ Keep a radio tuned to a local station so you will have the benefit of current advisory information.
- ☐ Take roll using attendance rosters.
- ☐ Notify utility companies of any break or suspected break in lines that might present an additional hazard.
- ☐ Contact the Hacienda La Puente Unified School District office by using Motorola radio.
- ☐ Students and staff members should be kept at the site until winds have subsided and it is safe to send them home.

EXPLOSION:

DROP command is to be given immediately in the event of an explosion. If an explosion occurs within the building or threatens the building, staff will implement action: **LEAVE BUILDING**.

- ☐ Sound the alarm. (Series of 3-second bell rings.)
- ☐ Move to an area of safety and maintain control of students.
- ☐ Call emergency response phone number 9-911.

When 911 call is placed, also notify:

- District Police x3898 or 3899
- Campus Security 653-3735
- CTE Director Ext 2815 or 2806
- Executive Director 933-3915

- ☐ If it is possible to fight small fires without endangering life, do so.

- ☐ Take roll using attendance rosters.
- ☐ Notify utility companies of any break or suspected break in lines that might present an additional hazard.
- ☐ The director(s) will direct further action as required.
- ☐ Staff and students must not return to the building until fire department officials declare the area safe.

FALLEN AIRCRAFT:

Warning of a falling or fallen aircraft is usually by sight, sound or fire. If an aircraft falls near the building, the following actions will be taken:

- ☐ The director(s) will determine which emergency action should be implemented. When necessary, staff members will take immediate action to ensure the safety of students if the director(s) is unable to direct emergency action.
- ☐ Students and staff members must be kept at a safe distance from the aircraft; the aircraft may explode.
- ☐ Call emergency response phone number 9-911.

When 911 call is placed, also notify:

- District Police x3898 or 3899
- Campus Security 653-3735
- CTE Director Ext 2815 or 2806
- Executive Director 933-3915

- ☐ Notify Hacienda La Puente Unified School District office using the emergency Motorola radio.

GLOSSARY OF EMERGENCY ACTION TERMS:

“STAND-BY” - Means to bring students into the building or to hold students in the building pending receipt of further instructions.)

“LEAVE BUILDING” - Means to affect the orderly movement of students and staff from inside the building to an outside area of safety and will be implemented when anything occurs which might make the building uninhabitable.)

“DROP & COVER” - The warning for some emergencies is the beginning of the disaster itself, such as the shaking of the earth in an earthquake. In emergencies such as these, the DROP command should be given immediately. Students should be instructed to kneel or crawl under tables or chairs until a clear signal is given.

“DIRECTED TRANSPORTATION” - Means loading students and staff into school buses, private cars, and other means of transportation and taking them to an area of safety. This action should be taken under the direction of competent civil defense authorities. Instructions from the authorities directing such evacuation could come to the building via any means of communication.

"CONVERT BUILDING" - Notification to the building staff to convert the building will be disseminated by Homeland Security or American National Red Cross officials. Requires dismissing classes if they are in session, alerting the staff, and preparing the building for conversion to an emergency hospital, first-aid station, or Congregate Care Center. This will be accomplished according to the district agreement with or American Red Cross or Homeland Security officials. The need for an emergency hospital or first-aid station in a building will have priority over a Congregate Care Center. Personnel normally assigned Congregate Care tasks will assist medical personnel in the operation of an emergency hospital or first-aid station.

MEDICAL EMERGENCY ACTION PROCEDURES:

Remain calm and immediately call for a staff person trained in first aid, while assessing appropriate emergency first-aid treatment needed. First-aid common sense is an important part of providing first-aid care. The staff person will administer treatment as necessary, utilizing a designated first-aid room and supplies.

If the injury or illness requires emergency assistance, notify the front office to call the paramedics or, if necessary, dial "9-911".

When 911 call is placed, also notify:

- District Police x3898 or 3899
- Campus Security 653-3735
- CTE Director Ext 2815 or 2806
- Executive Director 933-3915

The Willow Front Office clerk/ counselor /teacher/ staff person will then send a staff member outside to direct the paramedics to the appropriate location.

Keep the injured person quiet, safe from further injury and as comfortable as possible until medical care arrives.

An accident report must be completed as soon as possible by the counselor, assisted by the staff person(s) who witnessed the incident and given to the office manager for disposition. (It is to be typed, signed by the administrator and forwarded to the District Risk Management Office.)

WILLOW CENTER EMERGENCY EVACUATION PROCEDURE

Office Manager: Announce the Evacuation / Fire Drill

- ♦ Dial "All call" Button
- ♦ Use Public Address system to relay the following message: **(Clearly; Not too fast)**
"This is a fire drill; this is a fire drill! Please leave all buildings and classrooms and go to your assigned Evacuation Area."
- ♦ Repeat this two times.

Room Numbers to Call in an Emergency (These rooms cannot hear the P.A.)

Call each room and say to the party that answers: ***"This is an emergency evacuation (drill.) Everyone leaves the building immediately and go to your assigned evacuation area."***

♦ <u>Childcare (K1)</u>	<u>x 2958</u>
♦ <u>Room 108</u>	<u>x 2833</u>
♦ <u>Conference Center</u>	<u>x 2988</u>
♦ <u>Conference Room North</u>	<u>x 2852</u>

EMERGENCY EVACUATION AREA LEADER ASSIGNMENTS

Adult Ed Executive Director - Greg Buckner CTE Director - Micah Goins

Area Leader//Alternate//Area Building Search & Rescue Team
Area 1 Leader: Valerie Clifford / Alternate: Silvia Davila / Search & Resue: John Pi
Communicator: Warren Allen
Area 1 Willow Center Staff: Silvia Davila, Warren Allen, Sergio Hernandez-Monsivais, Garry Calas, Paula Way, Atousa Pakzad, Aileen Morgan Hunt, John Pi, John Trejo, Eduardo Garcia, Colleen Barela, Hannah Pastrano, Norman Davis, Heather Pasicznyk, Melani Nakasone, Veronica Espinoza (CPR), Ava Utasi, Viviana Navas-Corzo, Wendy Morell, Gloria Schuster (HS), Richard Natividad (HS), Antoinnette Haddad (M-T, W-F 8am-11am), Gisette Yanez (M, T-F 8am-10am), Martha Ayala (M, T-F 8am -10am), Estefania Antunez (M, T-F 8am -10am), Irma Gonzalez (PM), Mohammad Panahi-pour (PM), Linda Lee (oil painting), Science Building (Rio Hondo)
Area 1 AJCC/EDD Staff – Get info from Art Monreal or Rebecca Garcia
Area 2 Leader: Adriana Rodriguez / Alt: Nancy Acosta / Search & Resue: Doug Fore
Communicator: Bridgitt Grosser
Area 2 Willow Center Staff: Nancy Acosta, Doug Fore, Bridgitt Grosser, Joshua Arenas, Beverly Estrada, Mike Roberts, George Stransky, Mark McIntyre, Mike McIntyre
Area 3 Leader: Rosie Sandoval / Alt: Site Supervision Aide / Search & Resue: Matt Salas
Communicator: Site-Supervision Aide
Area 3 Willow Center Staff: Matt Salas, Maria De Jesus Hernandez, Beatriz Almada, Daisy Martinez
Area 4: Micah Goins / Alt: Jessica Rogoff / Search & Rescue: Peter Sill
Communicator: Michelyn King
Area 4 Willow Center Staff: Michelyn King, Michelle Farage, Gina Garcia, Vincent Nguyen, Jessica Rogoff, Jessica Bayardo, Atzli Ramirez, Peter Sill, Guadalupe Polanco
Area 4 AJCC/EDD Staff – Get info from Art Monreal or Rebecca Garcia

Area 5 / Jorge Seccia / Alt: Priscilla Estrada / Search & Rescue: Norma Perez	
Communicator: Jennifer Recillas	
Area 5 Willow Center Staff: Dr. Gregory Buckner, Jennifer Recillas, Erendira Salazar, Jovanna Martinez, Norma Perez, Priscilla Estrada, Beatriz Islas, Susana Islas, Lorena Elizalde, Jackie Valenzuela, Yecsenia Lorenzo, Thomas Avellaneda, Kaylee Sic, Christina Ling, Stephanie Carreno, Angelica Villalpando, Katheleen Madera, Raul Castaneda, Martin Barragan, Gisette Yanez (T-F 10am-4:30pm), Yara Carrillo (8am-2:30pm), Martha Ayala (T-F 10am-4:30pm), Antoinnette Haddad (W-F 11am-2:30pm), Rosalen Lopez-Nunez (PM), Lauren Jimenez (PM), Estefania Antunez (T-F 10am-4:30pm), George Cenicerros, Felipe Olivares, Lawrence Archie, Eldy Herrera, Patrick Torres (PM), Jorge Gutierrez (PM)	
Area 5 AJCC/EDD Staff – Get info from Art Monreal or Rebecca Garcia	
Custodian Day: Julie Garcia / Anna Castillo /Dagoberto Aguirre	
Custodial Duties: Monitor Northwest (Willow Ave) Gate / Monitor Gas Main Shut-Off / Stop all Drivers.	
Security Day: Gabriel Jimenez 626-677-7217	NCS Tech: Matt 626-934-2990
Security Duties: Close Nelson Gates I & 2 / Monitor Traffic at Nelson Gate 3 / Monitor Bldg. B Gas Main Shut Off / Stop all Drivers / Communicate with School District via Radio	
Custodian Evening—After 3:00pm	
Eve. Custodian numbers (for Emergency use only)	
Security Evening: Jonas Ramirez 626-698-2702	
Arturo Gutierrez 626-543-4020 Fidel Perez 626-543-4022	
Evening Custodial Duties: Same as Daytime	
Officer Sergio Martinez 626-238-3360 ; Dispatch 626-933-3899	

All Teachers: Bring a roster. Keep class together and lead them to assigned area on evacuation chart. Take roll and count (including number of staff & students) REPORT **“ALL ACCOUNTED FOR”** to Area Leader.

Search and Rescue: Check all rooms (and restrooms) in the wing. Close (but don’t lock) doors. Report **“AREA CLEAR”** to Area Leader.

OLD WILLOW TELEPHONE LIST

(Note: THESE ROOMS CANNOT HEAR PA SYSTEM ANNOUNCEMENTS)

LOCATION	ROOM NUMBER	TELEPHONE EXTENSION	NOTES
Wing 1-4	1	934- 2961	
	2	2962	
	3	2963	
	4	2964	
Wing 5-8	5	2965	
	6	2966	
	7	2966	
	8	2966	

Wing 9-12	9	2969	
	10	2970	
	11	2971	
	12	2972	
Childcare	K-1	2958	Children present
	K-2	2959	
Wing 13-16	13	2974	
	14	2974	
	15	2975	
	16	2976	
Wing 17-20	17	2977	
	18	2978	
	19	2979	
	20	2980	
Wing 21-24	21/22	2982	
	23	2983	
	24	2965	
Wing 25-26	25	2981	
	26	2986	
S-1 – ABE PASS	S-1	2997	
S-2 - Vacant	S-2	2929	
Tech		2990/2991	

SITE CHECKOFF LIST FOR ALL AREAS

AREA LEADER INSTRUCTORS:

Use this form to record class count information from search and rescue team.
When completed, notify Area Leader, **"EVERYONE IS ACCOUNTED FOR"**.

CLASS COUNT FOR CLASSROOMS

(Area 1)

1 _____ 2 _____ 3 _____ 4 _____
5 _____ 6/7/8 _____
9 _____ 10 _____ 11 _____ 12 _____
98 _____ 100 _____ 102 _____ 104 _____
103 _____ 105 _____ 107 _____ 112 _____

108 _____ 110 _____ 113 _____ 116 _____
73 _____ 89 _____ 118 _____ 119 _____

(Area 3)

K1 _____ K2 _____

Conference Room (North) _____ Conference Room (South) _____

Conference Room (Main) _____

(Area 2)

Building D (UNOCCUPIED)

IRS Offices: _____ Workshop: _____ Warehouse: _____ Cafeteria (staff/students): _____

(Area 4)

13-16 _____

17 _____ 18 _____ 19 _____ 20 _____

21 _____ 22 _____ 23 _____ 24 _____

25 _____ 26 _____ S1 _____ S2 _____

(Area 5)

Automotive: _____ Welding: _____ Major Appliance: _____ Cosmetology: _____

Esthetician: _____ Barber: _____ Manicurist: _____

Willow Main Office: _____ Willow Workforce Office: _____ AJCC/EDD Office: _____

ALL TEACHERS: Bring roster, keep class together and lead them to assigned area.

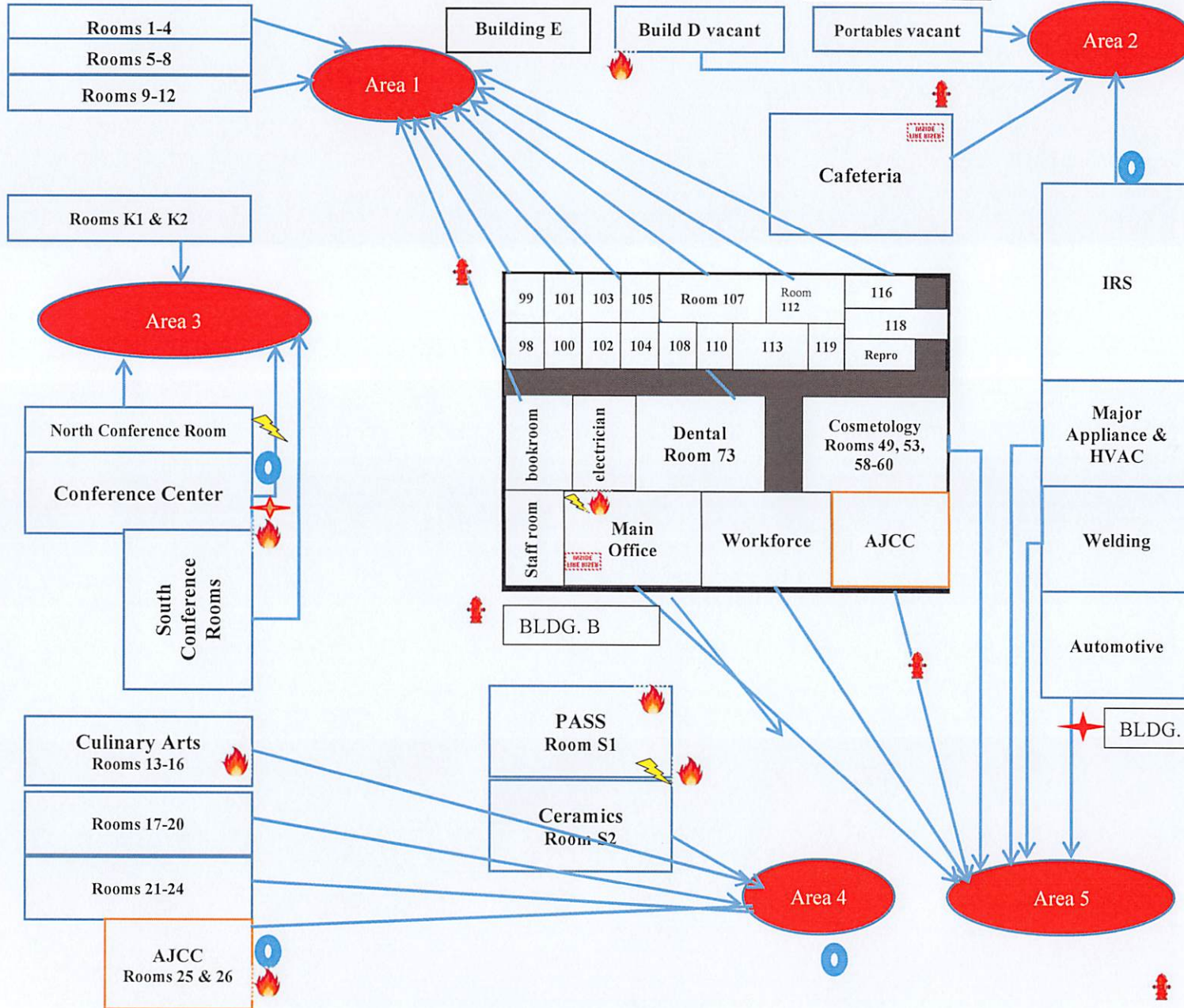
Take roll and count (including staff and students) and report TOTAL count to Area Leader.

SEARCH AND RESCUE: Check all rooms and restrooms in wing, close (but not lock) doors,

Report "AREA CLEAR" to Area Leader.

OLD WILLOW

EMERGENCY EVACUATION CHART – WILLOW CENTER



Earthquake

1. Drop, Duck, and Cover
2. Exit Building
 - Take personal valuables
 - Take class roster
 - Close doors (leave unlocked)
3. Go to Designated Area

In case of Fire

1. Exit Building
 - a. Take personal valuables
 - b. Take class roster
 - c. Close doors (leave unlocked)
2. Go to Designated Area

Emergency Shut Offs

	Water main
	Gas main
	Electrical main
	Fire Panel
	Fire Panel w/ Risers

Appendix B

HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

INJURY AND ILLNESS PREVENTION PROGRAM

IN ACCORDANCE WITH TITLE 8 CCR 3203

PREPARED BY

DEPARTMENT OF RISK MANAGEMENT

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Statutory Authority
Accident Report
Doctor's Note Administration
Dvc-1 Workers Compensation Claim Form
Employee Incident Report
Safety Inspection Checklist
Summary of Interactive Conference
Supervisor's Incident Investigation Report
Unsafe and/or Unhealthful Conditions Form
Witness Statement

Preface

Purpose of This Document

Hacienda La Puente Unified School District (HLPUSD) is committed to providing a safe and healthful environment for all staff, students, parents and visitors. The HLPUSD Illness Injury Prevention Program (IIPP) has been established to provide a framework for HLPUSD to ensure a safe and healthy work environment for its employees.

The goal of the program is to eliminate occupational injuries and illnesses. The program had been developed and implemented as required under the California Code of Regulations (CCR), Title 8, Chapter 4, Subchapter 7 and Section 3203.

The purpose of this document is to provide information to employees and communicate the reasons and components of the IIPP.

Intended Audience

The IIPP guidelines and procedures described in this document are designed for use by HLPUSD administration, principals and staff. Administrators, Directors, Principals, Supervisors and Staff are encouraged to read this document and required to follow the guidelines and procedures established in this document, unless otherwise specified.

What is inside this Document?

The document provides information to the eight (8) sections required under CALOSHA:

Section 1 Responsibility

Defines the IIPP related responsibilities of specific HLPUSD management personnel and employees.

Section 2 Compliance

Describes the commitment of HLPUSD personnel to compliance and actions to be taken if an employee does not comply with the IIPP Program.

Section 3 Communication

Discusses the means of communicating the IIPP requirements between management and staff.

Section 4 Hazard Assessment

This section of the IIPP discusses the process for assessing and analyzing hazards to which employees may be exposed.

Section 5 Accident Reporting and Investigation Procedures

This section explains how employees should report workplace injuries and the requirements for reporting certain injuries to Cal/OSHA. This section also how Administrators, Directors, Principals and Supervisors should conduct workplace accident investigations and identifies the HLPUSD policy for assisting investigations by external organizations.

Section 6 Hazard Correction

Describes the responsibilities and processes in correcting hazards in the workplace.

Section 7 Training and Instruction

Discusses the methods used to train employees on safety issues.

Section 8 Record-Keeping

Identifies the requirements for storing safety related documentation.

Section 1 Responsibility

Overview

This section of the HLPUSD IIPP defines the responsibilities of Administrators, Directors, Principals Supervisors and employees. Employee rights are also listed.

Director of Risk Management

1. The Director of Risk Management serves as the IIPP Coordinator for the District. The IIPP Coordinator is responsible for implementing and maintaining the elements of the safety program:
2. Coordinate risk control activities.
3. Maintain, evaluate and revise the IIPP as needed or as new OSHA regulations are implemented.
4. Coordinate with the Workers' Compensation Third Party Claims Administrator to maintain data on injury frequency, severity and trends.
5. Provide advice and guidance to Administrators, Directors, Principals and Supervisors.
6. Communicate safety objectives to employees.
7. Develop and/or assist in employee training programs.
8. Review all accident reports and investigations.
9. Maintain records as prescribed by legislation.
10. Ensure the District is adhering to federal, state and local laws, regulations, rules and safety codes.
11. Serve as a liaison between management and outside safety agencies.

Administrators/Directors/Principals Responsibilities

Administrators, Directors and Principals are responsible, where appropriate, for specific elements of the IIPP as follows:

1. Manage the injury prevention efforts in their school site and areas of responsibilities.
2. Provide the necessary means of ensuring a safe and healthy working environment for their staff.
3. Provide supervisors and employees with safety training and job instruction.
4. Manage a planned safety meetings and/or safety talk programs.
5. Manage safety discipline.
6. Ensure compliance with federal, state and local safety codes. Cal/OSHA safety regulations can be found in CCR Title 8. These regulations can be accessed via the Internet at: <https://www.dlr.ca.gov/title8/t8index.asp>.

Supervisor Responsibilities

Supervisors have an important role within the IIPP. Supervisors interact with their employees on a daily basis and can influence safety attitudes and practices. It is crucial Supervisors set an example for employees concerning safety responsibilities. The specific responsibilities for Supervisors are as follows:

1. Take reasonable action necessary to prevent injuries when there is an immediate danger.
2. Take responsibility for the safety of all employees under their supervision and/or any employee not under their supervision but in the supervisor's work area.
3. Provide and maintain a clean and hazard-free work area.
4. Provide safety orientation and job instruction to supervised employees.
5. Plan, conduct and document safety evaluations in assigned areas of responsibility.
6. Conduct safety meetings with employees.
7. Continuously observe and evaluate work conditions and procedures to detect and correct unsafe conditions and practices.
8. Follow the recommended discipline policy for employees who do not follow the safety and health rules, policies and procedures.
9. Encourage employees to report unsafe conditions and submit practical suggestions for correction.
10. Respond immediately to maintenance work requests concerning safety related issues. The maintenance requests must be given the highest priority.
11. Procedures in accordance with Cal/OSHA lock out/tag out regulations will be strictly adhered to for locking, blocking and tagging out unsafe equipment, electrical circuitry, and equipment with moving parts. Lock out/tag out procedures will be used if equipment is in need of repair or is no longer in use.
12. All equipment shall be used in a safe manner for which the equipment is intended and in accordance with manufacturer's instructions and recommended rules for safe operation.
13. Contract with outside vendors may be necessary to complete needed repairs when Facilities, Maintenance and Operations personnel are not trained, equipped, or qualified to complete the needed repair.
14. Posting required safety related signs as requested by Administrators, Directors, Principals and Supervisors.

Employee Responsibilities

Employees are responsible for adhering to the IIPP as directed by management. Employees are responsible for:

1. Comply with all safety rules and operating procedures established by the District.
2. Wear appropriate personal protective equipment (PPE) as required and provided by the District.
3. Inspect and maintain equipment for proper use and safe operation.
4. Report injuries immediately.
5. Encourage other workers to work in a safe manner.
6. Report all observed unsafe acts and conditions to their Supervisor.
7. Report to work and not be under the influence of alcohol or illegal drugs.

Employee Rights.

Employees have rights with respect to occupational safety. Employees have the right to:

1. Safe and healthful working conditions.
2. Receive training in general safe work practices and specific training with regard to hazards unique to any job

assignment.

3. Refuse work that would violate a health and safety standard or order where such violation would pose a real and apparent hazard to their safety or health.

SECTION 2 COMPLIANCE

Overview

This section of the IIPP describes the District's commitment to compliance and expectations regarding employee compliance, and action to be taken if employees do not comply with their responsibilities under the IIPP.

District Commitment

HLPUSD is committed to the following:

1. Providing all employees a safe and healthy work environment.
2. Provide all necessary PPE (Personal Protective Equipment) and safety training to employees.
3. Maintaining an open door policy allowing all employees to communicate any safety concerns.
4. Complying with all federal, state, and local safety regulations. Providing full cooperation with any outside agency during the course of an inspection or audit.

Employee Compliance

Occupational safety and health regulations and workplace practices are created to reduce or eliminate occupational injuries and illness. Employee compliance with all rules and regulations is essential to maintain a safe and healthy workplace. Employees who violate any safety policies, procedures, rules and/or regulations may be subject to disciplinary action.

Disciplinary Action

HLPUSD utilizes progressive disciplinary action as the preferred method of discipline for employees who violate District policies, rules and procedures. The objective of progressive discipline is to correct unacceptable behavior or performance of an employee. In the event an employee violates safety rules or requires counseling because of unsafe work practices, the District will use progressive disciplinary procedures. In most instances, these steps apply. However, if the performance or behavior has been sufficiently serious or frequent, it may lead to further disciplinary action up to and including termination.

Disciplinary action will include, but not be limited to, the following:

1. Retraining.
2. Warning.
3. A written reprimand will be placed in personnel file.
4. Suspension from work with no compensation and record added to personnel file.
5. Termination.

Section 3 Communication

Overview

This section of the HLPUSD IIPP discusses the requirements for communicating IIPP compliance between management and staff. Information is in the appendices regarding communication means such as employee training, forms, program reviews, and printed/posted literature.

General Information

HLPUSD recognizes that open two-way communication between management and staff is essential to an injury-free productive workplace. HLPUSD recognizes that employees must be given an opportunity to communicate safety issues to management. The District will not take any action against an employee for reporting or identifying workplace safety issues.

Administrators, Directors, Principals, and Supervisors are responsible for communicating with employees about occupational safety and health issues in a manner or form readily understandable to employees. Employees are encouraged to inform their Administrators, Directors, Principals and Supervisors about workplace hazards without fear of reprisal.

The District's method of communication will use several different methods including:

1. Access to the written IIPP.
2. Employee Bulletin Board Safety Training.
3. Safe Work Practices.
4. Safety Meetings.
5. Safety Training (live and online).
6. Safety Committees.

New Employee Orientation

All new HLPUSD employees are required to take a new hire orientation/training. Safety information communicated to each employee shall include, but not limited to blood borne pathogens, fire procedures, first aid procedures, hazard communication, injury reporting, PPE (Personal Protective Equipment), where applicable.

Documentation of all new employee training will be maintained in Human Resources via Keenan SafeSchools.

Training Programs

HLPUSD is committed to providing all necessary safety training to employees. Safety training programs are necessary for the District to communicate to employees the hazards associated with their positions and safe work necessary to mitigate those hazards.

Training is communicated through:

1. Hands-on and work shops.
2. On line courses.
3. On the job training.
4. Safety Videos Seminars.
5. Written Safety Materials.

Communication during training shall be to and from employees. Employees during their training are afforded the opportunity to ask questions to clarify any information an employee may not understand.

Administrators, Directors, Principals and Supervisors will review the effectiveness of specific training programs and make recommendations if needed to the necessary personnel or agencies conducting the training.

Posted/Distributed Information Website

HLPUSD is committed to providing its employees with accurate and timely safety information. Safety literature, policies, procedures, concerns and other safety information are posted in an area accessible to all employees at their work site and posted on the District's website. The IIPP is posted on the District's website <https://hlp schools.org>.

Warning signs and other indicators of a hazardous condition will be posted at a work site if a hazard exists in accordance with applicable laws or District policies.

Review of Injury and Illness Prevention Program

The IIPP is to be used as a reference source for all safety information pertaining to HLPUSD. All employees are entitled to review the contents of the IIPP. Each site has a copy of the program which must be kept at a location readily accessible to all employees.

New employees will be informed of the program during orientation.

Employees will be notified via email of any revisions to the program as the revisions are made.

Section 4 Hazard Assessment

Overview

This section of the HLPUSD IPP discusses the process for assessing and analyzing hazards to which HLPUSD may be exposed.

Hazard Reporting System

It is the responsibility of all employees to report unsafe work conditions and practices to their appropriate Supervisor or Site Administrator. Unsafe conditions can be submitted anonymously via email or inter-office mail or call the Risk Management Office at (626) 933- 3860.

The District is committed to conducting complete and thorough investigation of all reports of hazardous conditions. If conditions are determined to be hazardous, appropriate measures will be taken by the District to correct those conditions.

Workplace Hazardous Detection

The detection of hazards in the workplace is essential in ensuring a safe work environment. Undetected and uncorrected safety hazardous can cause accidents resulting in serious Injury to employees.

A workplace inspection program is essential in order to reduce unsafe conditions that may expose faculty, staff, students, and visitors to incidents that may result in personal injuries or property damage. It is the responsibility of each Site Administrator or their Designee and Facilities Managers to ensure that systematic safety inspections are conducted as appropriate.

Evaluations of equipment and facilities can detect hazardous conditions before they cause injury.

There are two major sources of unsafe conditions:

1. Normal wear and tear of equipment.
2. Normal wear and tear where equipment and facilities deteriorates over time.

There are two types of inspections. Evaluations of equipment and facilities can detect hazardous conditions before they cause injury.

1. Overall facility inspections.
2. Specific work area inspections.

For the purpose of the IPP, the following inspections are to be conducted:

1. The overall facility inspection will be performed annually by Facilities, Maintenance and Operation personnel:
 - a) Any new substances, processes, procedures, or equipment is introduced to the workplace that have occupational hazard potential.
 - b) A previously unrecognized hazard is discovered.
 - c) An accident or illness occurs.
2. Specific work area inspection by each Site Administrator or Facilities Manager periodically, but not less than annually.

All inspections will be documented and the Director of Facilities, Maintenance and Operations will maintain a file of this documentation.

Facilities, Maintenance and Operations employees are responsible for site inspection and need to complete the safety inspection checklist, which is included in the appendix. Once the safety inspection checklist is completed, it is forwarded to Director of Facilities, Maintenance and Operations. Safety inspection checklists are not meant to be all-inclusive. Work conditions change over time and so will inspection methods.

Any employee may report an unsafe condition and reporting can be anonymous. The Unsafe Condition Form is available in on the District's website, School Sites, Individual Departments, Risk Management Office and Facilities Department and is in the appendix of the IIPP.

Section 5 Accident Reporting Procedures Overview

This section of the HLPUSD IIPP explains how employees should report and follow-up on work places injuries and other requirements for reporting serious and fatal injuries to Cal/OSHA. Dial 911 if a work place injury requires urgent immediate medical attention.

Injured Employee Procedure's (Workers Compensation)

The following instructions pertain to employees injured in the workplace.

1. Immediately report all injuries, mishaps or near misses to your supervisor.
2. Employees if injured on the job should complete the following workers compensation forms with 24 hours
 - a. Employee Incident Form (In the appendix).
 - b. DWC-1 (In the appendix) (Lines 1 through 8 and sign line 9).
 - c. Go to the District's designated clinic or an approved clinic within the District's MPN (Medical Provider Network).
 - d. Provide a doctor's note to your supervisor. If there are work restrictions please review the work restrictions with your supervisor.
 - e. If you are not able to return to work provide your supervisor a note informing us of your absence.

Supervisors of injured employees will:

1. Conduct an investigation in to the accident and attempt to determine the root cause.
2. Fill out and submit the Supervisor's Incident Investigation Report (in appendix).
3. Conduct an interactive conference (Summary of Interactive Conference Form is in the appendix) with the injured employee. If there are work restrictions determine whether or not the injured employee can be accommodated.
4. District policy is to accommodate work restrictions. If you cannot accommodate you must call Risk Management prior to sending the injured employee home.

Reports to Cal OSHA

Serious and fatal injuries are to be reported immediately to Cal OSHA by the Director of the Risk Management or designee. **Immediately** means as soon as practically possible, but no later than 8 hours upon the District becoming aware of the accident or injury.

Serious injuries requiring Cal OSHA notification include injuries that occur on District sites or connection with any employment that results in:

1. A fatality.
2. An employee suffering the loss of a body part or a serious degree of permanent disfigurement.
3. In-patient hospitalization for a period in excess of 24 hours for other than medical observation.

This does not include any injury, illness or death caused by the commission of a Penal Code violation, except the violation of Section 385 of the Penal Code (high voltage accident in excess of 750 volts), or an accident on a public street or highway.

If the District can demonstrate that exigent circumstances exist, the period for the reporting is no longer than eight (8) hours after the incident.

In making such a report, whether by telephone or fax, the Director of Risk Management, or designee shall provide the following information if available:

1. Time and date of accident.
2. School name, address and telephone number.
3. Name and job title of person reporting the accident.
4. Address of site of accident or event.
5. Name of person to contact at site of accident.
6. Name and address of injured employee(s).
7. Nature of injury.
8. Location where injured employee(s) was moved to.
9. List and identify of other law enforcement agencies present at the site of the accident.
10. Description of the accident and whether the accident and whether the accident scene was altered since time of accident.

Accident Investigation

Overview

This section of the HLPUSD IIPP explains how Supervisors should perform an employee accident investigation and identifies the HLPUSD policy for enabling investigations by organizations outside the District.

Supervisor's Accident Investigation

Direct Supervisor of the employee is responsible for conducting the initial accident or incident investigation.

Understanding the root cause of an accident will allow management to apply measures to prevent similar accidents from occurring. Determining the root cause may be difficult. A thorough investigation allows management to understand how the accident occurred.

Procedures for investigating employee injuries include:

1. Visit the accident scene as soon as possible. This allows the Supervisor to see the scene of the accident before alterations to the scene occur.
2. Interview injured employees and witnesses as soon as possible after the accident or incident.
3. Examine the workplace for contributing factors associated with the accident or incident. It is essential to inspect the scene to determine if there are any hazards present that may cause future accidents.
4. Determine the root cause of the accident.
5. Take corrective action to prevent the accident from occurring.
6. Submit work orders if necessary to mitigate future incidents. Document findings and corrective actions taken by completing the Supervisor's Incident Investigation Report.

Outside Agency Investigation

Serious injuries and fatalities may be investigated by outside agencies. Outside agencies may include Cal OSHA, Fire Department, Police Department and the District Attorney Office. Our third party liability administrator may investigate as well. The District will cooperate and assist outside agencies during the course of these investigations.

Section 6 Hazard Mitigation and Correction Overview

This section of the HLPUSD IIPP describes the responsibilities and processes relating to correction of hazards in the workplace.

Hazard Correction Responsibilities

The correction of any identified hazards will be conducted immediately upon detection. Personnel at all levels have responsibilities in hazard correction. All personnel should have an understanding of their role in hazard correction to eliminate identified hazards.

A work order needs to be submitted to Facilities, Maintenance and Operations Department regarding safety hazards.

Directors/Principals/Site Administrators

Upon identification of an unsafe or unhealthy work condition or practice Directors/Principals/Site Administrators shall

1. Initiate the appropriate corrective action by way of a work order or communicate directly with Facilities, Maintenance and Operations and/or Risk Management.
2. Immediately notify appropriate employees.
3. Handle conditions involving serious danger personally until appropriate individuals are notified and corrective action has been taken.
4. Take steps to mitigate the hazard.

Supervisors are responsible for

1. Identifying and controlling access to a hazard and to prevent further danger to employees and the public.
2. Notifying the necessary persons responsible for taking required action to correct the hazard.
3. Identifying and determining the root cause of any unsafe condition.
4. Any source of a hazard that is beyond the ability of the supervisor to correct is to be reported immediately to Senior Management.
5. Take temporary precautions until corrections can be made.
6. Supervisors shall provide a status report to Administrator, Director or Principal when temporary corrections have been made.

Facilities, Maintenance and Operations

The Facilities, Maintenance and Operations is responsible for all repairs to buildings, grounds, and equipment with conditions that create hazards. Any safety related work order should be given the highest priority.

Controlling Access to Areas Containing Hazards

A serious concealed danger exists when condition or work practice creates a substantial probability of death, great bodily harm, or serious exposure to an individual and the danger is not readily apparent to individuals. To prevent danger to employees and the public, access to any area that contains an immediate hazard or serious concealed danger should be controlled.

Administrators, Directors, Principals and Supervisors responsible for the area of operation where such conditions exist are responsible for informing employees verbally and in writing. The notification of any serious hazard should be done immediately or as soon as practical.

Only authorized personnel are allowed access to areas with immediate hazards or serious concealed danger. Areas with such conditions should be properly secured to prevent any unauthorized access. Students should not be allowed to access such areas. Only when the condition has been corrected should access be restored.

Examples of areas with immediate hazards include, but are not limited to, construction sites, confined spaces, chemical storage areas, transformers, high voltage areas, and electrical utility rooms.

Hazard Correction Follow-Up

Whenever any report of unsafe or unhealthy conditions has been made, follow-up is essential to ensure that proper corrections are being or have been made.

Once a reported hazard is corrected, Administrators, Directors, Principal or Supervisors responsible for the area should conduct a safety evaluation to make sure the hazard has been eliminated.

Section 7 Training and Instruction

Overview

This section of the HLPUSD IIPP discusses the methods used for training and instruction of employees on safety issues. Training is the most effective tool at management's disposal to control workplace hazards.

New Hire Orientation

New employees are required to attend an orientation that includes safety as a major topic.

The Director of Risk Management or designee is responsible for conducting New Employee Safety Training. Safety Training at the New Hire Orientation shall include but not be limited to:

1. Reviewing the Illness Injury Prevention Plan.
2. Blood borne pathogens.
3. Hazard Communication and Integrated Pest Management Plan.

Initial Job Instruction

Employees moving to new occupations may be confronted with a new work environment and may be subject to a new set of hazards. Safety training is essential for every employee regardless if they are a new hire or transferred from another department or site. Employees moving to new occupations may be confronted with a new work environment and may be subject to a new set of hazards.

Initial Job Instruction refers to the on-the job training given to new employees to prepare them to do a specific job. This type of safety training is an initial effort to acquaint employees with what they need to know to perform their new positions safely. This type of training shall include topics such as general hazards, clean up and housekeeping responsibilities, and appropriate safety rules.

Pre-Job Safety Instructions for Non-Routine Hazardous Jobs.

For non-routine hazardous jobs, it is advisable to cover the major job hazards with pre-job safety instructions to include a specific orientation to the employee for a specific hazardous operation.

Supervisors assigning non-routine, hazardous job duties are responsible for conducting pre-job safety instructions. During the orientation, the Supervisor will cover specific hazards and precautions necessary for the job. Information to be included but not limited to:

1. Safety equipment and personal protective equipment (PPE) requirements.
2. Potential exposure to toxic materials.
3. Emergency procedures.
4. Physical hazards associated with the work areas.

Safety Talks Planned

Safety Talks

Planned Safety Talks are one of several supervision tools for ongoing safety instructions designed to increase awareness of hazards, safe job procedures and critical safety rules.

Essentially, such talks are short five to ten minute instructional talks between the first line Supervisor and one or more employees.

The subject of the talk is a specific topic like a safety rule or particular hazard that needs to be emphasized.

Planned safety talks should be used whenever a new substance, process, procedure, or piece of equipment presenting a new hazard is introduced and whenever a Supervisor becomes aware of a new or previously recognized hazard.

Supervisors may schedule regular Safety Talks regarding other topics at a frequency that best suits the operation

Correctional Safety Talks

If an employee is working in an unsafe manner, it is the responsibility of the Supervisor to correct the employee in an appropriate manner.

Section 8 Record Keeping

Overview

This section of the HLPUSD IIPP describes the requirements for keeping records about safety evaluations, safety training, employee injuries and Supervisor investigations, and environmental/employee medical monitoring.

Safety Evaluation Documentation

Safety evaluations shall:

1. Be maintained by Risk Management Office.
2. Include the name of the person conducting the evaluation.
3. Include any unsafe condition or work practice.
4. Include corrective actions.
5. Be maintained for at least five (5) years.

Employee Injury Reports and Supervisor Accident Investigation Reports

The follow applies to documents related to employee injuries. The Risk Management Office and the District's Third Party Workers Compensation Claims Administrator will maintain employee injury reports and Supervisor accident investigation reports.

Environmental/Employee Medical Monitoring

The Director of Risk Management or designee shall maintain environmental and/or employee medical monitoring documentation for a period of no less than thirty (30) years required through the pre-determined job description and associated risk assessment as well as when required through incident exposure.

STATUTORY AUTHORITY

- California Labor Code Section 6401.7
- California Code of Regulations Title 8, Sections 1509

RELEVANT REGULATIONS AND LEGISLATION

- 11 Senate Bill 198 (1989) This bill requires employers to identify and correct hazards existing in the workplace to protect their employees. According to the Legislative Counsel's Digest of the bill, it states that "This Bill (SB198) would require every employer to establish, implement and maintain an effective written injury prevention program including specified elements and to provide specified training of employees in general safe and healthy work practices"..
- 11 California Labor Code and Title 8 of the California Code of Regulation
In 1991, the next phase of the Occupational Safety Control took effect. Labor Code Section 6400 requires every employer to "provide a safe and healthful workplace for his/her employees. Title 8 (T8) of the California Code of Regulations (CCR) "requires every California employer to have an effective injury and illness prevention program in writing that must be in accord with T8 and CCR Section 3203 of the General Industry Safety Orders".

Driver

Driver's License Number

Vehicle Year, Make and Model

Vehicle License Plate

Area of Damage

Describe How Accident Occurred

District

Accident Date

Time

Location

Police Agency Called

ACCIDENT REPORT

- Stop at once
- Call an ambulance for anyone seriously injured
- Contact the local police authority
- Obtain the name, address and phone # of all persons in the other vehicle(s)
- Obtain the name, address and phone # of all witnesses
- Obtain the license number and state of registration of the other vehicle(s)
- Phone your supervisor if there is personal injury or extensive property damage
- Do not discuss the accident with anyone other than the police authority, your employer or a representative of Keenan & Associates
- Complete this report as soon as possible and submit to the District office
- DO NOT ADMIT RESPONSIBILITY

LIABILITY COVERAGE

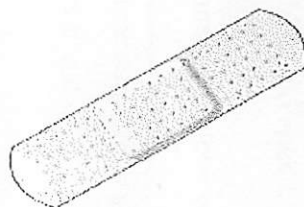
This vehicle is owned by a public entity and is self-insured through the membership in a joint powers insurance authority pursuant to the California Government Code. Section 16020 (B) (4) of the California Vehicle Code specifically exempts public entities from having to provide proof of financial responsibility.



DOCTOR'S NOTES ADMINISTRATION



- It is the employee's responsibility to submit ALL doctor's notes to his/her supervisor in a timely manner.
- Each site administrator will review all doctor's notes.
- Keep the original doctor's notes in a site confidential file. Please scan and email a copy of it to the following people in one email:
 - Hal Longan @ Risk Management Office
 - Ana Rosales @ Risk Management Office
 - Angelica Escalante @ Human Resources
- If there are work restrictions, site administrator will conduct an Interactive Meeting to determine whether or not the work restriction can be accommodated.
- It is the District's goal to accommodate work restrictions.
- Site administrators will call Hal Longan, Director of Risk Management, to discuss an employee's work restrictions when they believe the restrictions cannot be accommodated. Assistant Superintendent of Human Resources, Jill Rojas, will make the final determination on whether or not the work restrictions will be accommodated.
- The district reserves the right to require a doctor's note following any period of illness leave.
- A doctor's note is automatically required if an employee is absent:
 - 5 days or more due to a medical condition.
 - Hospitalization for one or more days.
 - Had a medical procedure (both in-patient and out-patient).
 - Was taken by ambulance.
 - Had a visit to the Emergency Room (ER).
- Before going on a planned medical leave of absence, an employee needs to contact Angelica Escalante @ HR to determine the type of leave qualified and file the proper paperwork.
- At least one day prior to the expected date to return to work, the employee shall notify the site supervisor in order for any substitute employee to be released. If the employee fails to notify the site supervisor, and both the employee and the substitute report to work, the substitute is entitled to the assignment and the employee may not receive pay for that day.
- The doctor's note needs to clearly state the dates of absence and the date of return to work. It needs to state if the employee is to return to work, to full duty/without any restrictions, or it needs to clearly state specific restrictions and the duration of any restriction.
- Employees who return to work without a doctor's note are not permitted to work.
- IF a doctor's note is not legible or appears questionable in its validity, Hal Longan will contact the Doctor's Office. The District does NOT inquire about the diagnosis.





HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

RISK MANAGEMENT OFFICE

15959 EAST GALE AVENUE • P.O. BOX 60002 • CITY OF INDUSTRY, CALIFORNIA 91716-0002
PHONE (626) 933-3860 • FAX (626) 933-3863

DIRECTIONS FOR FILLING OUT

Workers' Compensation Claim Form DWC-1

DWC-1 Form must be given to the Employee within one working day of notice of injury.

1. Injured Employee fills out lines 1 through 9. **Please make sure employee signs on line 9.**
 - a. Employee needs to describe the injury/illness and include every part of the body effected.
2. Principal or Administrator's designee fills out lines 12 through 14
 - a. Line 12 is the date you knew about the injury. This may be the date the employee tells you he/she was injured on the job or it may be the date you have notice your employee was injured on the job.
 - b. Line 13 is the date you gave the claim form (DWC-1) to the employee.
 - c. Line 14 is the date the employee returned the DWC-1 claim form to you...
 - d. Sign on line 17 and put your title on line 18.
3. Employee receives a copy of the DWC-1 form.
4. If employee declines medical treatment, please send the declination form and all other documentation to Risk Management Office
5. Scan and email copy of DWC-1 to Ana Rosales, Desiree Apodaca and Hal Longan the same day you fill out the DWC-1 along with:
 - a. Employee Report of Injury
 - b. Supervisor's Report of Incident
 - c. Witness Statements.

Please call me at 626.933.3860 if you have any questions.

Hal Longan
Director of Risk Management and Benefits

8/2021

Vision Statement:

The Hacienda La Puente Unified School District is a community committed to developing lifelong learners who value themselves and the diversity of all people; apply decision-making skills leading to responsible actions; and use creativity, critical thinking, and problem solving in meeting the challenges of a changing society.



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- SJD): 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.

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.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese 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 División 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.

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.* Hacienda La Puente Unified School District: Risk Management Office
11. Address. *Dirección.* 15959 East Gale Avenue, City of Industry CA 91745
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.* Keenan and Associates, PO Box 2707, Torrance CA 90509
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.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

Empleador: Se requiere que Ud. feche esta forma y que provéa 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.

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

EMPLOYEE INCIDENT REPORT

EMPLOYEE INFORMATION

Employee Name: _____ Job Title: _____
Home Address/City/Zip Code: _____
Phone Number: _____ () _____ Date of Birth: _____
Gender: ☐ Male ☐ Female Date of Hire: _____ Social Security # _____
Start Time: _____ End Time: _____ Work Site: _____
of Hours Worked Daily: _____ # of Days Weekly: _____ # of Hours Weekly: _____

INJURY/ILLNESS INFORMATION

Type of Incident: ☐ Injury ☐ First Aid ☐ Near Miss
Date of Injury/Incident: _____ Time: _____ Date Reported: _____
How did you report the injury/incident? ☐ In person ☐ Phone ☐ Other: _____
Did anyone witness the injury? ☐ Yes ☐ No If so, Who: _____
Was anyone else injured? ☐ Yes ☐ No If so, Who: _____
Where did injury/incident occur? (Be specific, including building & room number, if applicable)

What were you doing when the injury/incident occurred? (state equipment, materials and/or chemicals)

Describe how the injury occurred: (Example: I was walking down the stairs, tripped & fell injuring right knee on the cement; I was lifting a box, felt sharp pain in lower back.)

What body part(s) were injured? _____
Have you ever had previous trouble with this part of your body? _____
Was there anything that could have been done to prevent the injury? _____

MEDICAL TREATMENT

Are you seeking medical treatment at this time? ☐ No ☐ Yes (if no fill out refusal of treatment)
If yes please indicate where you are being referred to: _____

EMPLOYEE SIGNATURE

This is an accurate statement, in my own words, which describes my accident and/or injuries.
Warning: Any person who makes a false or fraudulent written or oral statement for the purpose of obtaining workers' compensation benefits or payments is guilty of a felony. Penalties include fines, imprisonment or both.

(Signature) (Please Print Name)
Date _____

SAFETY INSPECTION CHECKLIST – GRADES K-5

(Note: Safety Inspections must be performed monthly)

This checklist is intended as a guide.
Please look for other unsafe conditions and report them so that corrective action can be taken immediately.

PLAYGROUND EQUIPMENT

	S	N
1. Swing sets securely anchored	<input type="checkbox"/>	<input type="checkbox"/>
2. Swing set seats, chains, and hooks in safe condition	<input type="checkbox"/>	<input type="checkbox"/>
3. Backstops securely anchored	<input type="checkbox"/>	<input type="checkbox"/>
4. Backstop fencing in safe condition	<input type="checkbox"/>	<input type="checkbox"/>
5. Wood equipment free of splinters and dry rot	<input type="checkbox"/>	<input type="checkbox"/>
6. Metal equipment slides free of cracks and sharp edges	<input type="checkbox"/>	<input type="checkbox"/>
7. Slides Securely anchored; ladders secure; treads in good condition	<input type="checkbox"/>	<input type="checkbox"/>
8. Climbing apparatus securely anchored	<input type="checkbox"/>	<input type="checkbox"/>
9. Climbing apparatus free of sharp edges	<input type="checkbox"/>	<input type="checkbox"/>
10. Bolts, fasteners and pivotal connectors present and free of wear on all equipment	<input type="checkbox"/>	<input type="checkbox"/>
11. Cushioning material under all equipment	<input type="checkbox"/>	<input type="checkbox"/>

GROUNDS AND FIELDS

	S	N
1. Blacktop, play courts and sidewalks free of holes or cracks	<input type="checkbox"/>	<input type="checkbox"/>
2. No dirt or water flowing on sidewalk	<input type="checkbox"/>	<input type="checkbox"/>
3. Area free of debris and broken glass	<input type="checkbox"/>	<input type="checkbox"/>
4. Shrubs and trees-no branches hanging over walkways	<input type="checkbox"/>	<input type="checkbox"/>
5. Fencing free of sharp corners and edges	<input type="checkbox"/>	<input type="checkbox"/>
6. Fields level, free of holes and foreign objects	<input type="checkbox"/>	<input type="checkbox"/>
7. Sprinklers in proper repair and not protruding	<input type="checkbox"/>	<input type="checkbox"/>

Describe any unsafe conditions not listed above: _____

MULTIUSE ROOMS/GYMNASIUMS

	S	N
1. Stairs, ramps, floors, and aisles kept clean and dry	<input type="checkbox"/>	<input type="checkbox"/>
2. Floors free of tripping hazards	<input type="checkbox"/>	<input type="checkbox"/>
3. Seating free of splinters, torn upholstery, or loose hardware	<input type="checkbox"/>	<input type="checkbox"/>
4. Bleacher seats and steps in good condition	<input type="checkbox"/>	<input type="checkbox"/>
5. Stage rigging, ropes, blocks and tackles in good repair	<input type="checkbox"/>	<input type="checkbox"/>
6. Stairs equipped with treads and handrails	<input type="checkbox"/>	<input type="checkbox"/>
7. Exits properly marked; exit lights working	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency lighting systems operating properly	<input type="checkbox"/>	<input type="checkbox"/>

MISCELLANEOUS

	S	N
1. All fire extinguishers properly maintained/charged/access unobstructed	<input type="checkbox"/>	<input type="checkbox"/>
2. First aid kits properly stocked	<input type="checkbox"/>	<input type="checkbox"/>
3. Hallways exits properly marked	<input type="checkbox"/>	<input type="checkbox"/>
4. Access to electrical, gas, water shut offs unobstructed	<input type="checkbox"/>	<input type="checkbox"/>

S = SATISFACTORY

N = UNSATISFACTORY

Have work orders been issued for correction of unsatisfactory conditions? List work order numbers: _____

School _____ For Month Of _____

Signature _____ Date _____

This checklist is intended as a guide.
Please look for other unsafe conditions and report them so that corrective action can be taken immediately.

ATHLETIC FACILITIES

	S	N
1. Weights and equipment properly racked and stored	<input type="checkbox"/>	<input type="checkbox"/>
2. Cables on apparatus securely attached and in good condition	<input type="checkbox"/>	<input type="checkbox"/>
3. Gymnastics equipment in good condition	<input type="checkbox"/>	<input type="checkbox"/>
4. Basketball hoops free of sharp edges	<input type="checkbox"/>	<input type="checkbox"/>
5. Stadium and outdoor bleacher seats and steps in good condition	<input type="checkbox"/>	<input type="checkbox"/>
6. Player seating in good condition	<input type="checkbox"/>	<input type="checkbox"/>

GROUNDS AND FIELDS

1. Blacktop, playing courts and sidewalks free of holes or cracks	<input type="checkbox"/>	<input type="checkbox"/>
2. No dirt or water flowing on sidewalk	<input type="checkbox"/>	<input type="checkbox"/>
3. Area free of debris and broken glass	<input type="checkbox"/>	<input type="checkbox"/>
3. Shrubs and trees-no branches hanging over walkways	<input type="checkbox"/>	<input type="checkbox"/>
5. Fencing free of sharp corners and edges	<input type="checkbox"/>	<input type="checkbox"/>
6. Fields level, free of holes and foreign objects	<input type="checkbox"/>	<input type="checkbox"/>
7. Sprinklers in proper repair and not protruding	<input type="checkbox"/>	<input type="checkbox"/>

MULTIUSE ROOMS/GYMNASIUMS/THEATERS

1. Stairs, ramps, floors and aisles kept clean and dry	<input type="checkbox"/>	<input type="checkbox"/>
2. Floors free of tripping hazards	<input type="checkbox"/>	<input type="checkbox"/>
3. Seating free of splinters, torn upholstery, or loose hardware	<input type="checkbox"/>	<input type="checkbox"/>
4. Bleachers seats and steps in good condition	<input type="checkbox"/>	<input type="checkbox"/>
5. Stage rigging, ropes, blocks and tackles in good repair	<input type="checkbox"/>	<input type="checkbox"/>
6. Stairs equipped with treads and handrails	<input type="checkbox"/>	<input type="checkbox"/>
7. Exits properly marked; exits lights working	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency lighting systems operating properly	<input type="checkbox"/>	<input type="checkbox"/>

SWIMMING POOLS

	S	N
1. Swimming pool ladders anchored and free of rust and corrosion	<input type="checkbox"/>	<input type="checkbox"/>
2. Diving board platforms free of signs of excessive wear	<input type="checkbox"/>	<input type="checkbox"/>
3. All swimming pool and deck surfaces free of cracks and foreign matter	<input type="checkbox"/>	<input type="checkbox"/>
4. Life saving equipment available	<input type="checkbox"/>	<input type="checkbox"/>
5. Pool fencing and bleachers in good condition	<input type="checkbox"/>	<input type="checkbox"/>

INDUSTRIAL ARTS

1. All materials safely racked or stored	<input type="checkbox"/>	<input type="checkbox"/>
2. Floors clean and free from tripping/slipping hazards	<input type="checkbox"/>	<input type="checkbox"/>
3. Extension cords and cables secured and in good condition	<input type="checkbox"/>	<input type="checkbox"/>
4. Electrical outlets in good condition	<input type="checkbox"/>	<input type="checkbox"/>
5. Oily rags kept in closed metal containers	<input type="checkbox"/>	<input type="checkbox"/>
6. Guards provided on all machinery	<input type="checkbox"/>	<input type="checkbox"/>
7. Power tools maintained in good condition	<input type="checkbox"/>	<input type="checkbox"/>
8. Fire extinguishers properly charged	<input type="checkbox"/>	<input type="checkbox"/>
9. Exits unobstructed	<input type="checkbox"/>	<input type="checkbox"/>

HOME ECONOMICS

	S	N
1. Floors clean and free from tripping/slipping hazards	<input type="checkbox"/>	<input type="checkbox"/>
2. Electrical cord and outlets in good condition	<input type="checkbox"/>	<input type="checkbox"/>
3. Natural gas connections secure and in good condition	<input type="checkbox"/>	<input type="checkbox"/>
4. Dryers vented; exhausts provided for ranges	<input type="checkbox"/>	<input type="checkbox"/>
5. Fire extinguishers properly charged	<input type="checkbox"/>	<input type="checkbox"/>
6. Exits unobstructed	<input type="checkbox"/>	<input type="checkbox"/>

S = SATISFACTORY N = UNSATISFACTORY

SAFETY INSPECTION CHECKLIST – (Note: Safety Inspections must be performed monthly)

This checklist is intended as a guide.
Please look for other unsafe conditions and report them so that corrective action can be taken immediately.

MISCELLANEOUS

S N

- | | | | |
|----|--|--------------------------|--------------------------|
| 1. | All fire extinguishers properly maintained/
charged/access unobstructed | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | First aid kits properly stocked | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Hallways exits properly marked | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Access to electrical, gas, and water shut offs
unobstructed | <input type="checkbox"/> | <input type="checkbox"/> |

S = SATISFACTORY N = UNSATISFACTORY

Describe and unsafe conditions not listed
above: _____

Have work orders been issued for correction of unsatisfactory
conditions? List work order numbers:

School _____ Month _____

Signature _____ Date _____



HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT
SUMMARY OF INTERACTIVE CONFERENCE

Industrial: ☐

Non-Industrial: ☐

Date of Injury/Illness: _____

Date of Conference: _____ Employee's Name: _____

In attendance: _____

Position: _____ Site: _____
(Attach copy of job description/job function analysis)

Work restrictions/functional limitations: _____

Are these restrictions/limitations temporary? ☐ No ☐ Yes (Give date of follow-up examination or estimated date of release from restrictions) _____

Have you provided medical verification of these restrictions/limitations? ☐ Yes ☐ No

If yes, date(s) of request: _____

Has medical verification been provided? ☐ Yes (please attach) ☐ No

Is the information adequate to determine the accommodation needed? ☐ Yes ☐ No

If no, does the employee authorize the District to contact the physician for clarification (Form HLP 390)? ☐ Yes ☐ No
(If no, the employee must obtain the clarification directly from the physician and provide it to Personnel Services.)

Date(s) of clarification request: _____

Response? _____

Accommodation(s) requested: _____

DISCUSSION

Which essential functions of the position are affected by the employee's limitations, and how?

Which nonessential functions of the position are affected by the employee's limitations, and how?
(Nonessential functions may be reassigned or removed as a reasonable accommodation)

How will the requested accommodation(s) enable the employee to perform the *essential* functions?

Are the requested accommodations *reasonable*, i.e. (explain each answer):

- Would they be effective—enable the employee to perform the essential functions of the job?

- Would they require another employee to perform this employee's essential functions?

- Would they require *removal* of an essential function of this position? (Identify)

- Would they require changes to the performance/production standards for this position? (Identify)

- Would they pose a significant risk of substantial harm to the health and safety of the employee or others (staff, students, or visitors)? (Identify the specific risk and any expert opinions relied on.)

Only if there is *no* reasonable accommodation that will enable the employee to perform the essential functions of his/her job: Is there another *vacant* position in the District that the employee is qualified to perform?

Position title: _____ Schedule: _____ Salary: _____
Would placing the employee in the vacant position violate any other employee's negotiated seniority rights?

List any qualifying examination, license, or certification required for the vacant position:

Is the position in a *higher classification* than the employee currently holds? (If so, the employee may *compete* for the vacant position) _____

RESULTS

This interactive conference resulted in the following agreements (check all that apply):

☐ The following accommodation(s) will be provided to the employee: _____

☐ The following requested accommodations will *not* be provided (specify reasons): _____

☐ These agreements will be reconsidered in ____ weeks/ ____ months to determine whether the accommodation is effective and/or whether the employee's restrictions/limitations have changed.

☐ No reasonable accommodations can be provided that will permit the employee to perform the essential functions of this job. The following vacant position(s) was offered:

☐ The employee accepts ☐ does not accept ☐ the position of _____

☐ Other: _____

By signing this form, all parties to this conference agree to keep the information discussed confidential, except to consult with medical or legal professionals regarding respective rights and obligations.

Employee's Signature: _____ Date: _____

Supervisor/Principal: _____ Date: _____

Human Resources: _____ Date: _____

Risk Management: _____ Date: _____

Other: _____ Date: _____

Other: _____ Date: _____

HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

SUPERVISOR'S INCIDENT INVESTIGATION REPORT

EMPLOYEE INFORMATION

Employee Name: _____ Job Title: _____

Regular Employee? ☐ Yes ☐ No If No, Explain: _____

Was any informal or formal personnel action considered or taken against the employee within the previous twelve months? ☐ Yes ☐ No Explain: _____

Has the employee ever reported any previous physical condition/s associated with work or non-work activities (second job, sports, etc. that could be related to or aggravated by this injury)? ☐ Yes ☐ No
If Yes, explain: _____

INJURY/ILLNESS INFORMATION

Type of Incident: ☐ Injury ☐ First Aid ☐ Near Miss

Date of Injury/Incident: _____ Time: _____ Date Reported: _____

How was injury/incident reported? ☐ In person ☐ Phone ☐ Other: _____

Did anyone witness the injury? ☐ Yes ☐ No If so, Who: _____

• Please Attach Witness Statement to Investigation Report

Employee: ☐ Stayed on Job ☐ Went Home ☐ Went to Physician/Clinic ☐ Other

Where did injury/incident occur? (Be specific, including building & room number, if applicable)

Were pictures taken? ☐ Yes ☐ No

Describe how the injury occurred: (Example: employee was walking down the stairs, tripped & fell injuring right knee on the cement; employee was lifting a box, felt sharp pain in lower back.)

Body Part: (Check appropriate box(es) and on the line provided specify the location by indicating LF for Left, RT for Right, BO for Both, FR for Front and BA for Back.)

<input type="checkbox"/> Head/Skull _____ <input type="checkbox"/> Nose _____ <input type="checkbox"/> Ear _____ <input type="checkbox"/> Tooth _____ <input type="checkbox"/> Mouth _____ <input type="checkbox"/> Eye _____	<input type="checkbox"/> Arm _____ <input type="checkbox"/> Elbow _____ <input type="checkbox"/> Shoulder _____ <input type="checkbox"/> Finger _____ <input type="checkbox"/> Wrist _____ <input type="checkbox"/> Hand _____	<input type="checkbox"/> Leg _____ <input type="checkbox"/> Hip _____ <input type="checkbox"/> Foot _____ <input type="checkbox"/> Knee _____ <input type="checkbox"/> Toe _____	<input type="checkbox"/> Heart _____ <input type="checkbox"/> Chest _____ <input type="checkbox"/> Lung _____ <input type="checkbox"/> Abdomen _____ <input type="checkbox"/> Mental Trauma	<input type="checkbox"/> Back, Upper _____ <input type="checkbox"/> Back, Mid _____ <input type="checkbox"/> Back, Lower _____ <input type="checkbox"/> Neck _____ <input type="checkbox"/> Other _____
--	---	--	---	---

Nature of Injury: (Check appropriate box)

<input type="checkbox"/> Irritation/inflammation <input type="checkbox"/> Trauma/Contusion (Bruise) <input type="checkbox"/> Puncture/Laceration <input type="checkbox"/> Abrasion	<input type="checkbox"/> Strain/Sprain <input type="checkbox"/> Fracture <input type="checkbox"/> Repetitive Motion <input type="checkbox"/> Bite	<input type="checkbox"/> Emotional Stress <input type="checkbox"/> Exposure (to what): _____ <input type="checkbox"/> Other: _____
---	--	--

Cause of Incident/Injury: (Check appropriate box(es))

- | | |
|---|--|
| <input type="checkbox"/> Rules/procedures known, but not followed | <input type="checkbox"/> Uneven or slippery surface |
| <input type="checkbox"/> Incorrect body position in relation to work | <input type="checkbox"/> Lack of training or skill |
| <input type="checkbox"/> Incorrect tools or mechanical aids used | <input type="checkbox"/> Exposure (chemical, noise, etc.) |
| <input type="checkbox"/> Equipment operated incorrectly | <input type="checkbox"/> Faulty/broken equipment |
| <input type="checkbox"/> Protective equipment not used | <input type="checkbox"/> Congested area/poor housekeeping |
| <input type="checkbox"/> Protective equipment used improperly | <input type="checkbox"/> Animal or insect |
| <input type="checkbox"/> Distraction/lack of required attention to task | <input type="checkbox"/> Action of another person |
| <input type="checkbox"/> Horseplay/Teasing | <input type="checkbox"/> Conflict with supervisor |
| <input type="checkbox"/> Physical or mental impairment | <input type="checkbox"/> Environmental factors (weather, lighting, etc.) |
| | <input type="checkbox"/> Other: _____ |

Source of Incident/Injury: (Check appropriate box.)

- | | | | |
|-----------------------------------|--|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Equipment/Tools | <input type="checkbox"/> Material | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Objects | <input type="checkbox"/> Environment | <input type="checkbox"/> Person | |

CORRECTIVE ACTION

Was this accident preventable? ☐ Yes ☐ No

What did the injured worker do or failed to do that contributed to the accident: _____

Was the injured employee properly trained for what was being done? ☐ Yes ☐ No

Was another co-worker involved in the accident? ☐ Yes ☐ No

If Yes, list the names: _____

Was another company/individual involved in the accident? ☐ Yes ☐ No

If yes list the name and contact information: _____

What did the other person do or fail to do that contributed to the accident? _____

Preventative Action Required:

- | | |
|--|--|
| <input type="checkbox"/> Enforce safety procedures | <input type="checkbox"/> Update or revise procedures |
| <input type="checkbox"/> Provide more complete job instruction | <input type="checkbox"/> Submit work order to correct unsafe condition |
| <input type="checkbox"/> Provide personal protective equipment | <input type="checkbox"/> Date work order submitted: _____ |
| | <input type="checkbox"/> Other: _____ |

Is there any reason to believe this may NOT be a valid claim? ☐ No ☐ Yes

Prepared by _____
Signature _____ Print Name _____

Site _____ Date _____

Forward completed form to:
Director of Risk Management
Hal Longan



HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

RISK MANAGEMENT OFFICE

15959 EAST GALE AVENUE • P.O. BOX 60002 • CITY OF INDUSTRY, CALIFORNIA 91716-0002
PHONE (626) 933-3860 • FAX (626) 933-3863

Unsafe and/or Unsafe Condition Form Risk Management Procedures for Filling Out Form

1. Once an employee fills out an Unsafe and/or Unsafe Condition Form, the form will be submitted to the employee's supervisor.
2. The supervisor reviews the form and writes the possible resolution in the comment/response section of the form.
3. The form goes to the Administrator/Principal or Director to review and either concurs with the supervisor's resolution by initializing the form if they agree (or)
4. If the Administrator/Principal or Director disagrees with the supervisor's suggestion or has an alternative, the Administrator/Principal or Director writes their recommendation below the supervisor's response in the comment/response section
5. All Unsafe and/or Unsafe Condition Forms with recommendations will be sent to the Risk Management Office.
6. Director of Risk Management will follow up within 48 hours after receiving the Unsafe and/or Unsafe Condition form with the Supervisor or Administrator/Principal or Director and the employee to make sure the issue has been addressed.

Vision Statement:

The Hacienda La Puente Unified School District is a community committed to developing lifelong learners who value themselves and the diversity of all people; apply decision-making skills leading to responsible actions; and use creativity, critical thinking, and problem solving in meeting the challenges of a changing society.

HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

UNSAFE AND/OR UNHEALTHFUL CONDITIONS NOTIFICATION

This form is to notify the District of an unsafe and/or unhealthful working condition. After completing and signing this form, submit it to hlongan@hlpusd.k12.ca.us

1. Employee's Name: _____

Classification: _____

Work Location: _____ Phone/Ext. _____

2. Location where unsafe and/or unhealthful condition is believed to exist:

Site/Facility/Department: _____ Room# _____

Address: _____

Administrator/Supervisor in charge of area: _____

3. Describe briefly the unsafe and/or unhealthful condition(s) which you feel exist(s) and any suggestions on how to improve the unsafe condition or practice:

4. I hereby certify, to best of my knowledge, that the above is true and correct.

Signature

Date

FOR OFFICE USE ONLY

Comments/Responses: _____

White - Employee Canary - Supervisor Pink - Personnel Services Goldenrod - CSEA

HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

WITNESS STATEMENT OF INJURY/INCIDENT

WITNESS INFORMATION

Employee Name: _____ Job Title: _____

Home Address/City/Zip Code: _____

Phone Number: () _____ Work Site: _____

INJURY/ILLNESS INFORMATION

Name of Injured Employee: _____

Date of Injury/Incident: _____ Time: _____

Describe what you saw: _____

Where did injury/incident occur? (Be specific, including building & room number, if applicable)

What equipment, materials or chemicals were being used? _____

In your opinion what body part(s) were injured? _____

In your opinion who or what caused the injury/incident? _____

Was there anything that could have been done to prevent the injury? _____

Did anything appear suspicious about the injury/incident? _____

OTHER WITNESSES

Were there any other witnesses? ☐ No ☐ Yes (if yes please provide the names below)

EMPLOYEE SIGNATURE

I have personal knowledge of the facts set forth in the declaration, and if necessary I am capable and competent to testify to those facts. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(Signature)

(Please Print Name)

Date _____