

DESERT SANDS UNIFIED SCHOOL DISTRICT

Injury and Illness Prevention Program

(Revised 11-18)

INTRODUCTION

The Desert Sands Unified School District has developed this formal Injury and Illness Prevention Program to ensure safe and healthful working conditions for all district employees. The Injury and Illness Prevention Program is intended to standardize various safety programs and procedures into one effective, uniform program and to ensure compliance with State and Federal safety regulations.

The program has been designed with the major emphasis on the health and safety of all district employees while trying to remain viable and effective. The program identifies district responsibilities and also defines responsibilities of the district program coordinator, site managers, supervisors and all other employees. The district administrator, managers and employees will be required to adhere to the policies and procedures set forth under this program. However, the administrator, managers and employees are encouraged to provide constructive criticism of the program in the interest of periodic modifications to ensure that the program remains one that not only espouses injury prevention but also allows for efficient implementation of all program components to achieve the desired goal of employee health and safety.

PLAN REVIEW

The district is aware that the work force, workplace and workplace safety regulations may change over time. It is important that the Injury and Illness Prevention Program remain viable in regards to any future changes. Therefore, the Injury and Illness Prevention Program Coordinator and Advisors will be responsible for reviewing the program written plan at least once during the first year and after implementation at least annually thereafter.

The review will be to ensure that the written plan is appropriate for the district at the time of the review and for any anticipated future changes.

PROGRAM COORDINATOR

The District hereby assigns responsibility for implementing and maintaining its Injury and Illness Prevention Program to:

Director, Risk Management

The program coordinator is responsible for ensuring that the district provides all employees with a safe and healthful workplace and that the district is in compliance with all CAL/OSHA and other applicable Federal, state and local safety and health standards.

In order that the program coordinator may fulfill their responsibilities, the district grants appropriate authority to them so that all district and program obligations are met.

Advisers:

Assistant Superintendent, Business Services

Director, Security & Safety Services

Director, Maintenance, Operations & Transportation

INJURY AND ILLNESS PREVENTION PROGRAM

RESPONSIBILITY

The Injury and Illness Prevention (IIP) Program administrator (the Risk Manager) has the authority and the responsibility for implementing and maintaining this IIP Program for Desert Sands Unified School District.

Managers and supervisors are responsible for implementing and maintaining the IIP Program in their work areas and for answering worker questions about the IIP Program. A copy of this IIP Program is available from each manager and supervisor.

COMPLIANCE

All workers, including managers and supervisors, are responsible for complying with safe and healthful work practices. Our system of ensuring that all workers comply with these practices includes one or more of the following checked practices:

1. Informing workers of the provisions of our IIP Program.
2. Evaluating the safety performance of all workers.
3. Recognizing employees who perform safe and healthful work practices.
4. Providing training to workers whose safety performance is deficient.
5. Disciplining workers for failure to comply with safe and healthful work practices.

COMMUNICATION

All managers and supervisors are responsible for communicating with all workers about occupational safety and health in a form readily understandable by all workers. Our communication system encourages all workers to inform their managers and supervisors about workplace hazards without fear of reprisal. Our communication system includes one or more of the following checked items:

1. New worker orientation including a discussion of safety and health policies and procedures.
2. Review of our IIP Programs.
3. Training programs.
4. Regularly scheduled safety meetings.
5. Posted or distributed safety information.
6. A system for workers to anonymously inform management about workplace hazards.

HAZARD ASSESSMENT

Periodic inspections to identify and evaluate workplace hazards shall be performed by a competent observer. All work sites owned and operated by the district shall have periodic inspections performed according to the following schedule:

1. When we initially established our IIP Program;
2. When new substances, processes, procedures or equipment which present a potential new hazard are introduced into our workplace;
3. When new, previously unidentified hazards are recognized;
4. When occupational injuries and illnesses occur; and
5. Whenever workplace conditions warrant an inspection.

ACCIDENT/EXPOSURE INVESTIGATIONS

Procedures for investigating workplace accidents and hazardous substance exposures include:

1. Interviewing injured workers and witnesses;

2. Examining the workplace for factors associated with the accident/exposure;
3. Determining the cause of the accident/exposure;
4. Taking corrective action to prevent the accident/exposure from reoccurring; and
5. Recording the findings and actions taken.

HAZARD CORRECTION

Unsafe or unhealthy work conditions, practices or procedures shall be corrected in a timely manner based on the severity of the hazards. Hazards shall be corrected according to the following procedures:

1. When observed or discovered; and
2. When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, we will remove all exposed workers from the area except those necessary to correct the existing condition. Workers who are required to correct the hazardous condition shall be provided with the necessary protection.

TRAINING AND INSTRUCTION

All workers, including managers and supervisors, shall have training and instruction on general and job-specific safety and health practices. Training and instruction is provided:

1. When the IIP Program is first established;
2. To all new workers;
3. To all workers given job assignments for which training has not previously been provided;
4. Whenever new substances, process, procedures or equipment are introduced to the workplace and represent a new hazard;
5. Whenever the employer is made aware of a new or previously unrecognized hazard;
6. To familiarize supervisors with the safety and health hazards to which workers under their immediate direction and control may be exposed; and
7. To all workers with respect to hazards specific to each employee's job assignment.

General workplace safety and health practices include, but are not limited to, the following:

1. Implementation and maintenance of the IIP Program;
2. Emergency action and fire prevention plan;
3. Provision for medical services and first aid including emergency procedures;
4. Prevention of musculoskeletal disorders, including proper lifting techniques;
5. Proper housekeeping, such as keeping stairways and aisles clear, work areas neat and orderly, and promptly cleaning up spills;
6. Proper storage to prevent stacking goods in an unstable manner and storing goods against doors, exits, fire extinguishing equipment and electrical panels;
7. Proper reporting of hazards and accidents to supervisors;
8. Hazard communication, including worker awareness of potential chemical hazards and proper labeling of containers, and;
9. Proper storage and handling of toxic and hazardous substances including prohibiting eating or storing food and beverages in areas where they can become contaminated.

RECORDKEEPING

Desert Sands Unified School District is a local governmental entity and is not required to keep written injury and illness records unless asked by the government to keep OSHA record logs for various sites.

IDENTIFICATION AND EVALUATION OF WORKPLACE HAZARDS

A major component in the effectiveness of the Injury and Illness Prevention Program depends on the ability to properly identify and evaluate workplace hazards. The main system for identifying and evaluating workplace hazards will be scheduled periodic inspections of the workplace. The purpose of these inspections will be to identify unsafe conditions and work practices.

Workplace inspections will be scheduled to meet the following minimum requirements:

1. An initial inspection when the program is first established;
2. An inspection of affected areas whenever new substances, processes, procedures or equipment are introduced to the workplace and which represents a new occupational safety and/or health hazard; and
3. An inspection of affected areas whenever the district is made aware of a new or previously unrecognized hazard.

To meet the minimum workplace inspection requirements, periodic inspections will be scheduled as follows:

1. Monthly workplace inspections are an important part of the overall inspection program. Inspections of the workplace will be conducted by district personnel at least monthly.

These inspections will be conducted with the following considerations:

- A. District personnel conducting inspections will be designated by the program coordinator, principal or designee, and/or the safety committee.
 - B. Inspections will be accomplished using appropriate check-off forms.
 - C. Copies of the completed check-off forms may be distributed as follows:
 - 1) original to Risk Management
 - 2) copy to the site manager
 - D. Personnel designated to perform workplace inspections may be disciplined for not completing assigned inspections or for deliberately falsifying reports.
2. Annually, District personnel will perform workplace inspections as a secondary function. District personnel may not be safety experts; therefore, the district may use outside safety experts to supplement the district's in-house inspection program.

Job Safety Analysis or ergonomic studies may be used to supplement the scheduled periodic workplace inspections. A program coordinator shall be responsible for reviewing and analyzing accident reports and "loss runs" to identify trends, high frequency and high severity exposures. This analysis with supporting data from safety/risk management experts shall be used to determine when job safety analysis or ergonomic studies would be appropriate to aid in identifying and evaluating of workplace hazards.

CORRECTIONS OF UNSAFE OR UNHEALTHFUL CONDITIONS

The District's Injury and Illness Prevention Program through the use of:

1. Employee safety and health training;
2. Workplace inspections; and
3. Systems of communication.

is designed to identify unsafe or unhealthful conditions, procedures and work practices. Each identified unsafe or unhealthful condition, procedure, or work practice, will be addressed in a timely manner.

The program coordinator and, if necessary, the safety committee, shall determine the appropriate corrective action to abate, eliminate or correct the identified condition.

Priorities for correction will be based on the severity of the hazard when observed or discovered. Priorities will always be given to safeguarding employees from serious injury or illness. If a hazard is discovered that poses an imminent danger to employees or building occupants and the hazard cannot be immediately abated, mitigated or corrected without endangering personnel and/or property; then, all exposed personnel will be evacuated from the area. Employees remaining to correct the identified hazardous condition may do so only if they are properly trained and safeguarded and are fully aware of the condition and precautions necessary to protect themselves.

Managers and supervisors must notify the program coordinator as soon as possible after the discovery of a hidden danger. If immediate corrective action cannot be implemented to abate, mitigate or correct the hidden danger; then, notification about the hazard must be given to all employees having the potential for exposure to the concealed hazard.

All work orders generated to correct unsafe or unhealthful conditions shall be given the highest priority.

INVESTIGATIONS OF OCCUPATIONAL INJURY, ILLNESS OR EXPOSURE TO HAZARDOUS SUBSTANCES

Investigation of occupational injury, illness or exposure to hazardous substances may be necessary to meet the following:

1. Legal obligations to the State or CAL/OSHA;
2. Requirements of the Workers' Compensation Program, and;
3. Provide an effective technique for the prevention of recurring or future accidents.

Procedures for investigations of occupational injury, illness or exposure to hazardous substances will determine the following:

1. What should be reported;
2. Who does the initial investigation;
3. Who does the follow-up investigation;
4. Who receives copies of the report(s), and;
5. When legally required reports must be completed.

The procedures will be applied as necessary depending on the nature of the situation.

WHAT SHOULD BE REPORTED?

Employees are required to report any accident or incident as soon as possible to their immediate supervisor. Reporting should be done regardless of the extent of injuries or even in the absence of injuries. "Near-accidents" should also be reported as they are an indication that something is wrong.

INITIAL INVESTIGATIONS

The immediate or department supervisor or administrator will be responsible for conducting the initial accident or incident investigation. The final report must include at least the following information:

1. Name of the injured or involved employee(s)
2. Employee information:
 - A. Date of Birth
 - B. Age
 - C. Sex
 - D. Other identifying number
3. Employee Occupation

4. Length of time at occupation
5. Date and time of the incident or accident
6. Location of the incident or accident
7. Description of the incident or accident
8. Acts or conditions contributing to the incident or accident
9. Nature and description of any personal injuries
10. Recommended corrective action
11. Additional remarks, sketches or photos as appropriate

FOLLOW-UP INVESTIGATION

The program coordinator or designee and/or the safety committee shall review all initial investigation reports. The program coordinator and/or the safety committee (or selected members) will conduct follow-up investigations when the review suggests that one is appropriate. Follow-up investigations will be required for any accident which requires reporting to CAL/ OSHA.

COPIES OF INVESTIGATIVE REPORTS

The supervisor completing the reports shall keep a copy in his or her department files. The supervisor completing the report shall also provide copies of the report to the following:

1. Appropriate department manager
2. Risk Management

LEGALLY REQUIRED REPORTS

A serious injury or illness is one that occurs in a place of employment or in connection with any employment which requires inpatient hospitalization for a period in excess of 24 hours or in which an employee suffers a loss of any member of the body or suffers a serious degree of permanent disfigurement.

Any serious injury or illness, or death of an employee occurring in a district workplace or in connection with any district employment, shall be reported to the nearest District Office of the Division of Occupational Safety and Health as soon as practically possible but not longer than eight (8) hours after discovery. The report shall include the following information:

1. Time and date of accident.
2. Employer's name, address and telephone number.
3. Name and title of person reporting the accident.
4. Address of the accident site.
5. Name of person to contact at the accident site.
6. Name and address of the injured employee(s).
7. Nature of injuries.
8. Location where the injured employee(s) was (were) moved to.
9. Identity of any law enforcement agencies present at the accident site.
10. Description of the accident and whether the accident scene has been altered.

For any occupational injury or illness that results in lost work time of at least a full day or shift beyond the date of occurrence, or that requires medical treatment beyond first aid, "Employer's Report of Occupational Injury or Illness" Form 5020 will be completed. This report will be submitted to the Division of Labor Statistics and Research, Department of Industrial Relations, within five (5) days after the occurrence has been reported to the district.

The program coordinator shall also ensure that, for any medical treatment provided for pesticide or suspected pesticide poisoning, the "Doctor's First Report of Occupational Injury or Illness" is also submitted to the Division. There are a number of accident situations which may require investigative action. Each situation may call for varying degrees of investigative procedures. The following situations are the most probable accident scenarios with the appropriate district procedures to implement.

NEAR-ACCIDENT

There is no accident and no injuries; however, an accident nearly occurred. The following action is required:

1. The incident is reported to the supervisor.
2. The supervisor shall conduct an initial investigation and distribute reports according to procedures.
3. The supervisor shall conduct a short meeting with employees to review the investigation results and discuss preventive measures.

ACCIDENT OCCURS-NO INJURIES

Although there are no injuries and no report is required to CAL/OSHA, an accident with the potential for injuries has occurred. Therefore, the same steps as listed for a near-accident shall be taken.

ACCIDENT OCCURS-SLIGHT INJURIES

An accident occurs with slight injury to employee(s). The injured employee(s) required only first aid and then returned to work immediately. No reporting to CAL/OSHA is required; however, the following action is required:

1. The incident is reported to the supervisor.
2. The injured employee calls Company Nurse for treatment options and follows the instructions.
3. The supervisor shall conduct an initial investigation and distribute reports according to procedures.
4. The supervisor shall conduct a short meeting with employees to review the investigation results and discuss preventive measures.
5. The injured employee should be provided with an "Employee's Claim for Workers' Compensation Benefits."
6. If first aid was provided by a physician, the program coordinator should ensure that a "Doctor's First Report of Occupational Injury or Illness" is completed.

ACCIDENT OCCURS-MODERATE INJURIES

The accident results in injuries which require medical attention beyond first aid or result in the employee(s) missing at least a full day of work beyond the date of occurrence. This is considered a recordable injury and the following action is required:

1. The incident is reported to the supervisor.
2. The injured employee calls Company Nurse for treatment options and follows the instructions.
3. The injured employee shall be provided with an "Employee's Claim for Workers' Compensation Benefits."
4. Completion of "Employer's Report of Occupational Injury or Illness" Form 5020 and submission of the completed report to the Division of Labor Statistics and Research within five (5) days of the report of the occurrence.
5. If appropriate, completion of the "Doctor's First Report of Occupational Injury or Illness."
6. The supervisors shall conduct an initial investigation and distribute reports according to procedures.
7. The supervisor shall conduct a short meeting with employees to review the investigation results and discuss preventive measures.

ACCIDENT OCCURS-SERIOUS INJURY OR DEATH

The following action is required:

1. The incident is reported to the supervisor.
2. If immediate medical treatment beyond first aid, call 911.
3. CAL/OSHA must be notified immediately within eight (8) hours.
4. The injured employee shall be provided with an "Employee's Claim for Workers' Compensation Benefits."
5. Completion of "Employer's Report of Occupational Injury or Illness" form 5020 and submission of the completed report to the Division of Labor Statistics and Research within five (5) days of the occurrence.
6. Completion of "Doctor's First Report of Occupational Injury or Illness."
7. The supervisor shall conduct an initial investigation and distribute reports according to procedures.
8. The supervisor shall conduct a short meeting with employees to review the investigation results and discuss preventive measures.

EMPLOYEE TRAINING

The district will implement and maintain an Occupational Safety and Health Training program for all employees. The training program is intended to train and instruct employees in general safety and safe work practices and to provide instruction with regards to hazards specific or unique to each employee's job.

The program coordinator shall ensure that all supervisors are knowledgeable of the safety and health hazards to which employees under their immediate direction and control may be exposed.

To ensure that all employees receive adequate training, the training program will include the following elements:

1. All employees will receive training and instruction when the Injury and Illness Prevention program is first established.
2. All new employees will receive appropriate training prior to assignment to jobs having hazards covered under the training program.
3. All employees given new job assignments will receive training applicable to new exposure for which training had not been previously provided.
4. All employees exposed to new hazards due to the introduction of new substances, processes, procedures or equipment to the workplace will receive training and instruction applicable to the new hazards.
5. Employees will receive refresher training whenever the district program coordinator or safety committee is made aware of new or previously unrecognized hazards and/or when the district feels it is appropriate.

Training and instruction will be provided in any format or media approved by program coordinator and safety committee and which are readily understandable to all employees. Training formats and/or media may include but not be limited to:

1. Seminars, Workshops, and Conferences
2. Booklets, Guides, and Manuals
3. On-line Trainings, Film or Other Visual Media
4. Meetings

The program coordinator will ensure that all training and instruction provided under the Injury and Illness

Program is documented. Employees attending or receiving training mandated by this program will be requested to sign an attendance sheet. Supervisors and employees who refuse or fail to attend or participate in district-sponsored training will be subject to disciplinary procedures under existing district policy.

To ensure that employees receive complete training and instruction, general safety and health training will include but not be limited to the following:

1. General safe work practices
2. Access to personal exposure and medical records
3. Emergency Action Plan
4. Fire Prevention Plan
5. Portable fire extinguishers
6. Employee/Building Occupant alarm systems

Examples of information and training which may cover hazards unique or specific to individual jobs may include but not be limited to the following:

1. Standard operating procedures for specific equipment or jobs
2. Servicing of single, split and multiple rims or wheels
3. Personal safety devices and safeguards
4. Industrial trucks including forklifts
5. Power operated presses
6. Gas systems for welding and cutting
7. Noise-when noise levels are at or exceed 85dBA over an 8 hour total weight average (TWA)
8. Respiratory protective equipment
9. Airborne contaminants
10. Confined spaces
11. Changing and charging storage batteries
12. Occupational exposure to hazardous chemicals in laboratories
13. Hazard Communication
14. Asbestos
15. Regulated Carcinogens
16. Lead exposures
17. Lockout/Tagout
18. Excavation and trenching
19. Self-propelled aerial work platforms or devices
20. Emergency Planning-Hazardous Waste Operations & Emergency Response

If deemed appropriate by the program coordinator and the safety committee, the district may develop and implement programs to cover first aid and fire brigades. If either one or both of these programs are implemented, then employees participating shall receive appropriate training.

APPENDIX A

EMPLOYEE RESPONSIBILITIES

INJURY and ILLNESS PREVENTION (SAFETY)

PROGRAM COORDINATOR

RESPONSIBILITY

The district's injury and Illness Prevention program coordinator is responsible for implementing and maintaining all aspects of the district's Injury and Illness Prevention Program including:

1. Coordinate all risk control activities.
2. Act as a liaison between management and outside safety agencies.
3. Establish minimum safety standards, rules and regulations; and, ensure employees are aware of these regulations.
4. Ensure that safe practices and conditions are established.
5. Review all supervisors' reports of accidents, and see that recommendations are acted upon. Use these reports for analysis of accident trends.
6. Establish training programs for all employees and supervisors.
7. Ensure that all employees comply with all identified safety and health work practices.
8. Establish and facilitate a safety committee comprised of certificated, classified and management personnel.
9. Verify and post emergency phone numbers for police, fire and medical services.
10. Maintain bulletin boards in clearly visible areas with required safety information such as Workers' Compensation, reporting of accidents and how to get medical services.
11. Follow-up on the completion of safety recommendations of the safety committee, district personnel or other safety consultants.
12. Follow all OSHA reporting requirements.

SITE ADMINISTRATORS AND MANAGERS

Site administrators and managers include school principals and administrators or managers in charge of district school sites. Site managers are considered an integral part of a successful Injury and Illness Prevention Program. Each assumes the responsibility for staff, student and visitor safety and welfare at his or her site.

The site administrator/managers' safety and health responsibilities include:

1. Coordinating all required Injury and Illness Prevention policies and procedures with district program coordinator.
2. Ensuring that designated personnel complete assigned monthly safety inspections.
3. Ensuring that all notifications pertaining to safety-related issues are collected and submitted to the program coordinator at least once per month.
4. Ensuring that all employees attend district scheduled training sessions.
5. Ensuring that the appropriate supervisor completes the initial report following an accident at the site.
6. Ensuring instruction of employees in general safe work practices and on hazards unique to specific job assignments.
7. Ensuring that unsafe acts or conditions are brought to the attention of the program coordinator and/or safety committee.
8. Completing "Report of Employee Injury or Illness" form #(10)-56 after each employee industrial injury or illness.

DEPARTMENT ADMINISTRATORS, MANAGERS AND SUPERVISORS

Department administrators, managers and supervisors are considered the key link between the program coordinator and district employees. The duties and actions of these managers and supervisors are critical in assuring that the overall Injury and Illness Prevention Program works. Each department manager and supervisor is responsible for employee health and safety in his or her department or section and thereby has the authority to enforce appropriate parts of the Injury and Illness Prevention Program as delegated by the program

coordinator.

The department managers' and supervisors' duties and responsibilities include:

1. Ensuring instruction of employees in general safe work practices and on hazards unique to specific job assignments.
2. Supervising employees to ensure that safety policies, rules and regulations are not violated.
3. Ensuring that employees use appropriate personal protective and safety equipment when required and that such use is in accordance with operating instructions.
4. Ensuring that unsafe acts or conditions are brought to the attention of the program coordinator and/or safety committee.
5. Attending specialized training programs when offered by the district for supervisors and key employees.
6. Completing a "Report of Employee Injury or Illness" form. # (10)-56 Meet with employee and retrain if necessary, provide counsel, and if a repeat offender, consider disciplinary action.
7. Following-up on accident investigations by providing department employees with a synopsis of the accident and what precautions are necessary to prevent a reoccurrence.
8. Conducting periodic inspections of the workplace when directed by a program coordinator and completing the appropriate inspection check-off forms.

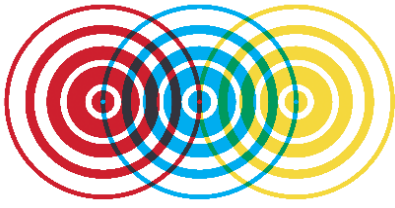
EMPLOYEE RESPONSIBILITIES

The district is taking action to ensure a safe and healthful work place and to ensure compliance with State, Federal and local safety regulations. Each employee should act in a manner which protects his or her health and welfare as well as that of co-workers, other district employees, students, visitors and the general public (when job duties extend beyond a district site).

Each district employee's safety responsibilities include:

1. Attending or participating in district-provided training and information programs.
2. Following all district safety rules and regulations and applying safe work practices to all jobs.
3. Reporting of safety hazards to his or her supervisor, the program coordinator or the safety committee.
4. When appropriate, providing recommendations on how to eliminate or reduce a discovered safety hazard or unsafe practice.
5. Reporting any accident or incident as soon as possible to their immediate supervisor.

Rev 11/18 (10)-3



DESERT SANDS UNIFIED SCHOOL DISTRICT

Injury and Illness Prevention Program

COVID-19 Addendum
(7-2020)

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Appendix A – Employee Health Self-Assessment Form

1. Purpose

- 1.1 This policy is designed to set forth standards and protocols for the Desert Sands Unified School District (DSUSD) regarding the current COVID-19 pandemic.
- 1.2 This addendum will be utilized for the protection of employees and any other persons performing essential work for DSUSD during the COVID-19 pandemic.
- 1.3 This addendum may be amended as procedures and guidance from local, State and Federal Regulations are updated.

2. Scope

- 2.1 DSUSD is monitoring all current information from local, State, and Federal agencies such as the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), Occupational Safety and Health Administration (OSHA), World Health Organization (WHO) and Riverside County Public Health Department.
- 2.2 DSUSD will follow all current recommendations and remain continually updated as conditions and/or recommendations change.

3. Responsibilities

- 3.1 The Superintendent has the overall responsibility for the implementation, documentation, maintenance, and review of this policy. The Superintendent may delegate specific authority to the primary Department Administrators.
- 3.2 All Managers/Supervisors are responsible to implement and enforce all aspects of these procedures.
- 3.3 All employees are required to follow all aspects of these procedures.

4. Coronavirus Disease 2019 (COVID-19)

On February 11, 2020, the World Health Organization announced an official name for the disease that is causing the 2019 novel coronavirus outbreak, first identified in Wuhan China. The new name of this disease is Coronavirus disease 2019, abbreviated as COVID-19.

There are many types of human coronaviruses including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease, caused by a new coronavirus that has not previously been seen in humans.

- 4.1 Symptoms of COVID-19 typically include the following:
 - Fever (100.4 degrees Fahrenheit or higher)

- Chills
- Cough
- Shortness of breath
- Respiratory illness
- Sore throat
- New loss of taste or smell

Note: According to the CDC, symptoms may appear in as few as 2 days or as long as 14 days after an exposure.

4.2 How COVID-19 Spreads

- Between people who are in close contact with another person (6' or less)
- Through respiratory droplets produced when an infected person coughs or sneezes and then lands in the respiratory track of another person
- It is possible to transmit the virus by touching a surface or object that has the COVID-19 virus on it and then touching your own mouth, nose, or eyes
- Some recent studies have suggested that it may spread by people who are not showing symptoms

5. Protection Guidelines

5.1 The following are Employer responsibilities that will be in place until further notice:

- In consultation with Personnel Services and on a case-by-case basis, any individual that appears to be unwell will be asked to leave and return when appropriate.
- Face coverings, hand sanitizer (if applicable) and appropriate protective gloves shall be made available throughout each site and office, as necessary and to the extent such supplies are available. Additional signage will be posted throughout DSUSD buildings and work areas to raise awareness.
- Ensure routine cleaning of frequently touched surfaces.
- Minimize gatherings of employees of more than 10 people when possible. If more than ten employees are involved in a meeting, procedures must be followed to minimize contact:
 - Seats placed at least 6' apart in all directions.
 - Handwashing will be encouraged and/or hand sanitizer will be provided, as necessary.
 - Gloves will be available.
 - Face coverings will be required.
- All meetings are encouraged to be call-in/video conference. This includes both office and field meetings. Any meeting or training session attended by employees must provide for physical distancing of at least 6'.
- Rotating work schedules will be considered when appropriate. Appropriate schedules could include:

- Staggered start and ending times
 - AM/PM schedule
 - Alternating days
- Implement measures to ensure physical distancing of at least six feet between workers and customers. This can include use of physical partitions or visual cues (e.g., floor markings or signs to indicate where customers should stand).

5.2 The following are minimum standards and employee responsibilities that will be in place until further notice:

- All employees are required to maintain a minimum of 6' of physical distancing at all times and to the extent possible.
- Employees are required to conduct a daily health assessment (see section 7).
- If an employee is displaying flu-like symptoms they must stay home or leave for home immediately if they begin to display symptoms (see section 7, Appendix A).
- Employees must wash hands frequently with soap and water for a minimum of 20 seconds. If soap and water is not available use hand sanitizer (60% alcohol content or greater).
- Avoid touching eyes, nose and mouth.
- Employees should follow respiratory etiquette such as covering mouth/nose when coughing/sneezing and immediately wash hands after. Cover the mouth and nose with a tissue. If a tissue is not available, cough or sneeze into sleeve, not hands.
- Employees should avoid sharing equipment or workspaces. If equipment or workspaces are shared, employees should practice frequent hand washing.
- Employees shall clean/disinfect frequently touched surfaces when supplies are available.
- Employees should maintain a clutter-free work surface and workstation for efficient and regular cleaning/disinfecting.
- Staggered breaks and lunch times to avoid employees from gathering in one location is encouraged.
- If more than one occupant in a vehicle, face coverings must be worn by the employee. Employees shall clean/disinfect frequently touched vehicle surfaces when supplies are available.
- No physical greetings such as a handshake or hug.
- When possible, employees should use the stairs, not the elevator.
- Face coverings are required whenever employees leave their personal work area and when in the vicinity of others. Employees should wash or sanitize hands before and after using or adjusting face coverings.

6. Monitor/Observe/Enforce

- 6.1 The site manager/supervisor shall conduct frequent site reviews to ensure all protocols are in place and being enforced.
- 6.2 If any employee is observed not following DSUSD safety measures, the supervisor, in consultation with the Primary Department Administrator and or Personnel Services, may ask the employee to leave the site immediately.

7. Wellness Check-in

- 7.1 For the well-being of the employee and their co-workers, employees must complete a daily self-check of their own health. This assessment may be recorded and made available to your supervisor. Daily health checks will be made available to all DSUSD employees in paper form or electronically.
- 7.2 Employees are required to check their own temperature before reporting to work. Any temperature of 100.4 degrees Fahrenheit or higher is defined as a fever.
- 7.3 If an employee is not feeling well and is exhibiting symptoms that may be attributed to COVID-19, such as acute respiratory symptoms or a fever, the District will:
 - Immediately send employees with acute respiratory illness symptoms home or to medical care as necessary.
 - Actively encourage sick employees to stay home.
 - The CDC recommends that persons directly exposed to an individual who has tested positive or been diagnosed with COVID-19 self-quarantine for 14 days.
 - If an employee is confirmed by medical verification to have the COVID-19 infection, the District will inform immediate coworkers of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the American with Disabilities Act (ADA).

8. Disinfection and Recovery

- 8.1 In the event DSUSD has a confirmed case of COVID-19, procedures will be addressed towards identifying any area(s) that have potential contamination. DSUSD will work to disinfect the area following CDC guidance.
- 8.2 Depending on the area(s) that may require disinfection, the specific work area may need to be temporarily shut down to allow for the proper cleaning and to disinfect the area(s) of potential contamination.
- 8.3 If possible, open outside doors and windows and use ventilating fans to increase air circulation in the area. Wait 24 hours or as long as practical before cleaning and disinfecting the area.

- 8.4 Conduct deep cleaning of the entire general area where the infected employee worked and may have been including breakrooms, restrooms, and travel areas, with a cleaning agent approved for use by the Environmental Protection Agency (EPA) against the coronavirus.
- 8.5 Custodial staff cleaning the area should be equipped with the proper personal protective equipment for COVID-19 disinfection and the EPA approved cleaning agent.

9. Procedures/Tasks that May Violate the 6' Rule for Physical Distancing

- 9.1 Due to the nature of some of the work performed by DSUSD employees, there can be times where employees may need to be closer than 6'.
- 9.2 Any task requiring employees needing to be within 6' or closer of each other shall be limited in duration as much as possible.

10. Training

- 10.1 The District will provide training in the general description of COVID-19, symptoms, when to seek medical attention, how to prevent its spread, and the employer's procedures for preventing its spread at the workplace. The training may consist of reviewing written documents, online video training, and/or acknowledge receipt of the District's COVID-19 Injury and Illness Prevention Program addendum.
- 10.2 Training to include updates from the CDC, local health department, OSHA and other State or Federal agencies.
- 10.3 All training shall be documented.

11. Forms

- 11.1 Appendix A – Employee Self-Assessment Form

Cal-OSHA Heat Advisory:

When employees work in hot conditions, employers must take special precautions in order to prevent heat illness. Heat illness can progress to heat stroke and be fatal, especially when emergency treatment is delayed. An effective approach to heat illness is vital to protecting the lives of California Workers.



Information
provided by
Cal/OSHA.

For more information, visit the
Cal/OSHA website at

www.dir.ca.gov

WHAT TO LOOK FOR: HEAT EXHAUSTION AND HEATSTROKE

Causes:

- Occurs when the body no longer can dissipate heat adequately
- Dehydration
- Over exercise
- Extreme environmental conditions

HEAT EXHAUSTION

Symptoms

- Weak/exhausted
- Paleness cool/moist skin
- Dizziness
- Nausea
- Vomiting
- Fainting
- Temperature (100 to 102 ° F)

Treatment

- Rest
- Water/Gatorade at 50%
- Ice packs
- Cool environment
- Vomiting indicates sever exhaustion and IV fluids are required. Call 9-1-1 if the person vomits.

HEATSTROKE

Symptoms

- Warm
- Flushed skin
- Do not sweat even after brisk exercise
- Temperature (103 °F and up)
- Delirious, unconscious, or having seizures

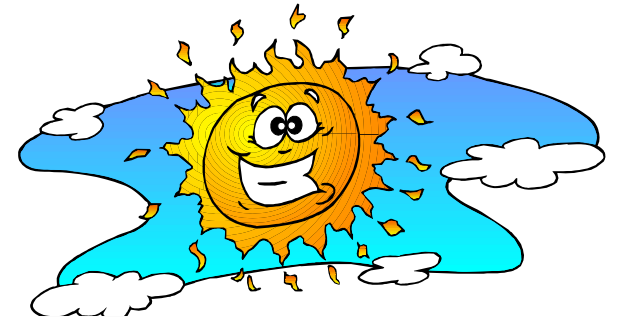
Treatment

- Call 9-1-1
- Do anything you can to reduce the temperature - Ice packs, water buckets

Report all heat related injury and illness to
your Supervisor and complete an
Injury/Illness Report Form.
Seek immediate medical attention

Heat Illness Prevention

Guidelines for Workers



Awareness of heat
illness symptoms
can save your life or
the life of a
co-worker

Things you should know about working in the heat.....



ACCLIMITIZATION

- If you are coming back to work from an illness or an extended break or you are just starting a job working in the heat, it is important to be aware that you are more vulnerable to heat stress until your body has time to adjust. Let your employer know you are not used to the heat. It takes about 5-7 days for your body to adjust



- Drinking plenty of water frequently is vital to workers exposed to the heat. An individual may produce as much as 2-3 gallons of sweat per day. In order to replenish that fluid, the worker should drink 3 to 4 cups of water every hour starting at the beginning of their shift.

- Taking your breaks in a cool shaded area and allowing time for recovery from the heat during the day are effective ways to avoid heat illness.
- Avoid or limit the use of alcohol and caffeine during periods of extreme heat; both dehydrate the body.
- If you or a co-worker start to feel symptoms such as nausea, dizziness, weakness or unusual fatigue, let your supervisor know and rest in a cool shaded area. If symptoms persist or worsen, seek medical attention.



Desert Sands USD
Risk Management
47950 Dune Palms Road
La Quinta, CA 92253
760 771-8511

Wear light protective clothing

- Whenever possible, wear clothing that provides protection from the sun but allows airflow to the body
- Protect your head and shade your eyes if working outdoors.
- When working in the heat, be sure to pay extra attention to your co-workers and be sure you know how to call for medical attention.
- When utilizing Emergency Services, call 9-1-1 and be prepared to provide clear directions to the location of the injured worker.



Desert Sands Unified School District

Desert Sands Unified School District
ADMINISTRATIVE SERVICES
47-950 Dune Palms Road
La Quinta, California 92253
(760) 777-4200

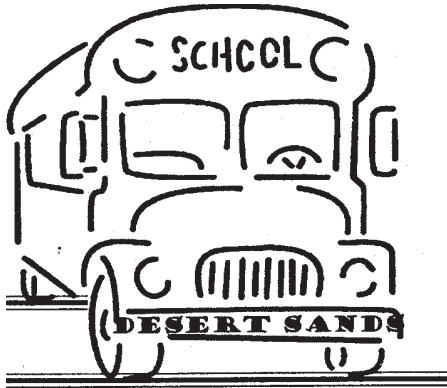
Risk Management Office
(760) 771-8512



The Safe Way
is the
Best Way

Regardless of where you are, there is always the possibility that an accident can inflict personal injury which could impact your opportunity to earn a living. This is why Desert Sands Unified School District has established a Health and Safety Program.....really nothing more than a series of common sense controls and a few regulations which need to be established for the protection of every employee. The district attempts to maintain a safe workplace for its employees consistent with federal, state and local codes / regulations.

It is important that not only employers, but also employees, recognize their obligations to comply with occupational health and safety standards and all rules and regulations that apply to their own actions while performing their specific job assignments.



DISTRICT VEHICLES

1. Do not operate a district vehicle unless you are authorized by your supervisor. All operators must have a legal operator's permit or license.
2. It is your responsibility to be familiar with operation of your assigned vehicle.
3. Every vehicle operator must obey all traffic laws. All accidents must be reported. If you are involved in an accident, notify the Highway Patrol or Police. Do not discuss accident causes with anyone other than your immediate supervisor, the police, or the Risk Management Office.
4. Drive with caution at all times.
5. Seat belts will be used at all times while operating a district vehicle.
6. Maximum speed limit on all school campuses is five (5) mph.



WHEN AN ACCIDENT OCCURS

Report all injuries, no matter how slight, to your supervisor without delay. Your supervisor, in cooperation with the Risk Management Office, will see that you receive any required medical attention and necessary follow-up treatment.


SAFETY COMMITTEE

The district has a Safety Committee made up of classified, certificated and management employees.

If you are aware of a safety problem or if you have a recommendation, you can contact either your supervisor or the Safety Committee (by calling the Risk Management Office) for assistance. (760) 771-8512

A "Report of Unsafe Condition" form (10)-50 is available at each work site.

DESERT SANDS UNIFIED SCHOOL DISTRICT REPORT OF UNSAFE CONDITION	
TO:	Administrator in Charge of Plant
FROM:	_____
JOB TITLE:	_____
DATE:	_____
Location of Unsafe Condition: (Be specific. Indicate name of site, exact location, etc. *Indicate if necessary per 29 CFR 1910.120*)	

Describe Unsafe Condition: (Be specific. Indicate if necessary per 29 CFR 1910.120*)	
	

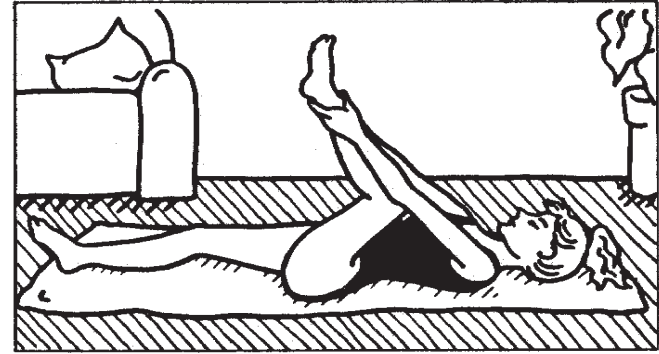
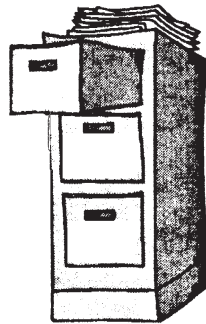
Does this Unsafe Condition constitute a Health or Safety Issue:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe the Health or Safety Issue:	

* In accordance with the Desert Sands Unified School District's Injury & Illness Prevention Plan, this form may be submitted anonymously.	
FOR SCHOOL SITE USE ONLY	
Date Received:	By Whom:
Action Taken:	_____
Work Order Number (If Assigned): _____	
• White Copy - Site/Dep. Admin. • Pink Copy - Safety Committee or Risk Management • Yellow Copy - Originator	
Rev: 12/00 (10)-50	

GENERAL SAFE PRACTICES OFFICE OR CLASSROOM

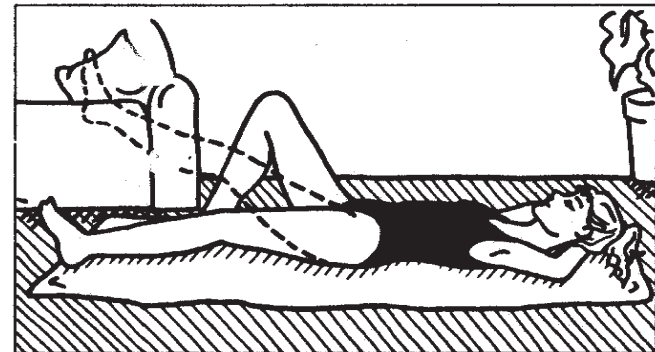


1. Portable electrical equipment and appliances must be securely placed and guarded.
2. Do not use chairs, boxes, desks, tables, or any unstable material in place of a ladder or step stool.
3. The drawers of desks and file cabinets should be closed when left unattended.
4. No more than one file drawer should be opened at any time.
5. File cabinet should be appropriately loaded from bottom drawer up, to prevent tipping.
6. Do not operate office equipment without proper instructions.
7. Exits, hallways and aisles should be kept clear of all obstructions.
8. If you have to lift an object that is above shoulder-level, use a stepstool or ladder to avoid over-reaching.



Hamstring Stretch

Lie on your back with one leg straight in front of you and the other bent. Hold onto the ankle of your bent leg and slowly try to straighten your leg (keep your lower back on the floor.) Hold for ten seconds. Relax. Repeat five to ten times, then switch sides.



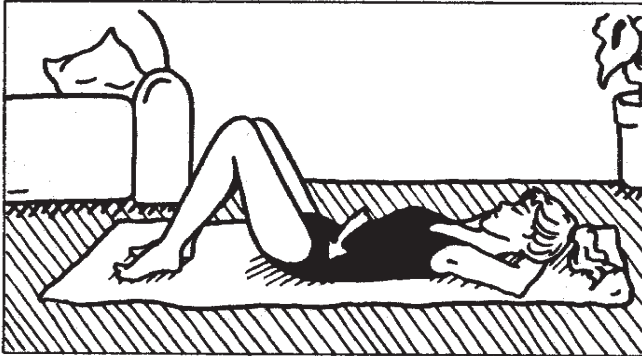
Leg Lift

Lie on the floor with one leg straight in front of you and the other bent as shown. Slowly raise your straightened leg as far as you can. Hold for ten seconds. Slowly lower your leg to the floor. Relax. Repeat five to ten times, then switch sides.

BACK EXERCISES

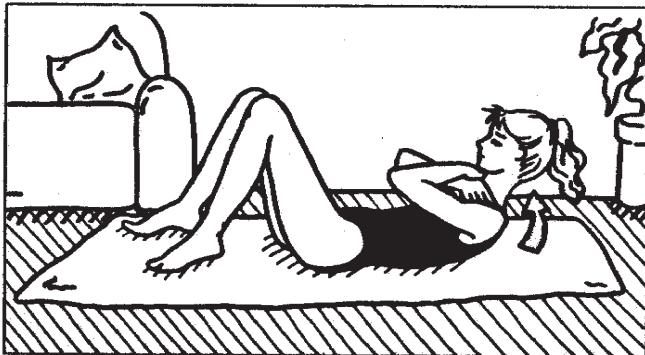
Making Your Back Work For You

No matter what your job, we all use our backs every day when sitting, standing, lifting, even lying down. A back injury can result in pain, disability, and even loss of income if it prevents us from doing our jobs. Proper lifting techniques and back exercises when done on a daily basis, can help keep your back in condition. (Remember, if you are experiencing back pain of any sort, check with a healthcare professional before doing these or any exercises.)



Pelvic Tilt

Lie as shown with knees bent and feet flat on the floor. Slowly tighten your stomach and buttocks as you press your lower back onto the floor. Hold for ten seconds and then release. Repeat the sequence five to ten times.



Bent-Knee Sit-Ups

Lie as shown with knees bent and feet and lower back on the floor. Place your arms as shown and slowly raise your shoulders, using your stomach muscles. (Do not stretch with your neck or arms.) Hold for ten seconds. Relax. Repeat five to ten times.

GENERAL SAFE PRACTICES FOR ALL DEPARTMENTS

1. Know the locations of the nearest fire exits and the nearest fire extinguisher and first aid kit. Ask your supervisor if you do not know where these emergency items are located.
2. Learn how to properly operate a fire extinguisher. Do not block access to fire fighting equipment.
3. The district has a Tobacco-Free policy. There are no tobacco products allowed on district property or in district vehicles.
4. Walk, do not run. The few seconds you may save are not worth the risk of a bad fall.
5. Personal protective equipment such as gloves, safety glasses, ear protection, hard hats, safety clothing, etc. may be required in certain operations. Your supervisor will know what type of personal protection is necessary. When required, it must be worn for your own protection and the care and maintenance of this personal protective equipment is your responsibility.
6. Loose wires, broken electrical circuits, etc. must be regarded as “hot” (energized). Report them to your supervisor at once.
7. Flammable liquids, such as gasoline, naphtha, benzene, or acetone must be stored in properly labeled approved safety cans.
8. Employees are not to take chances or endanger the lives of others in the performance of his/her job duties. Do not take chances, or guess! When in doubt, ask your supervisor to explain any job.

LIFTING BASICS

Techniques For Safe Lifting

Safe lifting is always important--but it is critical when lifting is a part of your job or every day activities. If you have ever "thrown out" your back while doing a seemingly simple lift--moving a crate, lifting a piece of furniture, carrying a file box to the office--you know firsthand the importance of safe lifting. Safe lifting means keeping your back aligned while you lift, maintaining your center of balance, and letting the strong muscles in your legs do the actual lifting. By using the following techniques, you can learn how to lift safely and save your back from accidental strain and injury.

The Safe Way To Lift

Before you lift anything, think about the load you will be lifting. Ask yourself: "Can I lift it alone?" "Do I need mechanical help?" "Is it too awkward for one person to handle, or should I ask a co-worker for help?" If the load is manageable, follow these tips for safe lifting:



1. Tuck Your Pelvis

By tightening your stomach muscles you can tuck your pelvis which will help your back stay in balance while you lift.



2. Bend Your Knees

Bend at your knees instead of at your waist. This helps you keep your center of balance and lets the strong muscles in your legs do the lifting.



3. Hug The Load

Try to hold the object you're lifting as close to your body as possible, as you gradually straighten your legs to a standing position.



4. Avoid Twisting

Twisting can overload your spine and lead to serious injury. Make sure your feet, knees, and torso are pointed in the same direction when lifting.

Tips To Remember

In addition to these techniques, remember to make sure that your footing is firm when lifting and that your path is clear. And be sure to use the same safe techniques when you set your load down. It takes no more time to do a safe lift than it does to do an unsafe lift, so why not play it safe and lift it right?



Instructions for Keenan SafeSchools – Safety Data Sheets Online System

<http://dsusd-keenansafeschoolssds.com/>

How to log on to the online training program:

1. Using your web browser, go to: <http://dsusd-keenansafeschoolssds.com/>
2. Your **username** is: **“Your employee ID number”**
3. Once you enter your username, the system will verify who you are. If it is correct, click the “Log Me In” button on that page.
4. Start a course by clicking on the course title. The courses have audio so be sure to turn up your speakers.
5. You must complete each section of the course and pass the quiz in order to receive full credit.

If you have any questions, please contact:

Barbara Sasser
Director of Risk Management
760-771-8511
Barbara.Sasser@desertsands.us

Thanks and have a safe year!



Desert Sands Unified School District

47-950 Dune Palms Road ♦ La Quinta, California 92253 ♦ (760) 777-4200

Hepatitis B Vaccination “At-Risk” Classifications

Desert Sands Unified School District employees working in an “at-risk” assignment are offered the Hepatitis B Vaccination Series at no cost by the District. The following classifications are considered “at-risk”:

- Administrative Assistants, Elementary & Middle
- Athletic Coaches
- Athletic Trainers
- Bus Drivers, Special Education
- Custodians
- Health Technicians
- Maintenance Plumbers
- Nurses
- Occupational Therapists
- Office Specialists, Elementary & Middle
- Office Technicians, Elementary & Middle
- Para Educators, Special Education
- Physical Education Teachers
- Security Agents
- Teacher, Special Education/SH
- Walk-On Coaches

All employees working in any of the above assignments, including substitutes, should receive a Hepatitis B Vaccination Authorization Form. The complete and signed form regarding the Hepatitis B series shall be returned to the Personnel Department.

All DSUSD employees requesting a Hepatitis B Vaccination are responsible for the scheduling of appointments directly with the designated Occupational Health Care provider. It is the employee’s responsibility to keep and attend all appointments required in the series. Reminders and/or notifications will not be provided.

Following the first injection, the second part of the series is administered after 30 days. The final injection is available six months from the initial administered injection. For optimal protection, employees shall complete ALL Hepatitis B Vaccination series injections. If you are already immune (have antibodies), this vaccine will not cause adverse effects. The hepatitis B vaccination will not prevent other hepatitis viruses such as hepatitis A, non-A or non-B. The series may not prevent hepatitis B if you are exposed prior to completing the injection series.

Possible side effects of the Hepatitis B Vaccine Series may include, but is not limited to:

- Soreness at the injection site with or without swelling, redness, warmth, hardness. These usually subside within two days
- Low grade fever (101 F). This is confined to the first 48 hours
- Systemic complaints of malaise, fatigue, headache, nausea, dizziness, myalgia (muscle aches), arthralgia (joint aches)
- Rash
- Check with the physician for additional information

A Titer Test (blood draw) is taken 30 to 60 days after the third injection. Results of the Titer Test will determine if the series was successful or if another series and/or a fourth injection “booster” is necessary.

Notification of completion shall be provided to Personnel Department for verification.

new hire pamphlet

If a work injury occurs

California law guarantees certain benefits to employees who are injured or become ill because of their jobs.

Any job related injury or illness is covered. Types of injuries include, but may not be limited to, strains, sprains, cuts, cumulative or repetitive traumas, fractures, illnesses and aggravations. Some injuries from voluntary, off duty, recreational, social or athletic activity may not be covered. Check with your supervisor or Keenan & Associates if you have any questions.

All work related injuries must be reported to your supervisor immediately. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you a claim form within one working day after learning about your injury.

It is a misdemeanor for an employer to discriminate against workers who are injured on the job or who testify in another employee's case. Any such employee may be entitled to compensation, reinstatement and reimbursement for lost wages and benefits.

Workers' compensation benefits include

Medical Care – All medical treatment, without a deductible or dollar limit. For dates of injury on or after 1/1/04 there is a limit of 24

chiropractic, 24 physical therapy and 24 occupational therapy visits. However this limit does not apply for post surgical treatments. Costs are paid directly by Keenan & Associates, through your employer's workers' compensation program, so you should never see a bill.

If emergency treatment is required go to the nearest emergency room or contact 911.

Keenan & Associates will arrange medical treatment, often by a specialist for the particular injury. Preferred Provider Networks may be utilized for physicians as well as medical care centers.

If you have health care coverage you are eligible to treatment with your personal physician or medical group should you become injured on the job. If you are eligible, **before you are injured**, you must notify your employer **in writing** and provide your employer **written** documentation from your personal physician or medical group that they agree to be predesignated. Your personal physician must be your regular primary care physician who previously directed your medical treatment, who retains your medical history and records. You may only predesignate your primary care physician if they are a family practitioner, general practitioner, board certified or board eligible internist, obstetrician-gynecologist, or pediatrician. Your personal physician may be a multispecialty medical group composed of licensed doctors or osteopathy providing medical services predominantly for non-occupational illness and injuries.

Your employer may be using a Medical Provider Network (MPN), which is a selected group of health care providers to provide treatment to

workers injured on the job. If you have predesignated a personal physician prior to your work injury, then you may receive treatment from your predesignated doctor. If you have not predesignated and your employer is using and MPN, you are free to choose an appropriate provider from the MPN list after the first medical visit directed by your employer or Keenan & Associates. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information on reverse side.

If your employer **does not** participate in a Medical Provider Network (MPN) you may be able to change your treating physician to your personal chiropractor or acupuncturist. Generally your employer, or Keenan, has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your employer, or Keenan, initiates treatment you may, upon request, have your treatment transferred to your personal chiropractor or acupuncturist. To be eligible you must notify your employer **in writing prior to being injured**. However, a chiropractor cannot be your treating physician after receiving 24 chiropractic office visit.

Your employer will provide you with a form to use an optional method to predesignate your personal physician.

Contact Keenan & Associates if you plan to change physicians at any time.

Payment for Lost Wages - If you're temporarily disabled by a job injury or illness, you'll receive tax-free income until your doctor says you are able to return to work. Payments are two-thirds of your average weekly pay, up to

a maximum set by state law. Payments aren't made for the first three days unless you are hospitalized in an inpatient basis or unable to work more than 14 days.

If the injury or illness results in permanent disability, additional payments will be made after recovery. If the injury results in death, benefits will be paid to surviving, eligible dependents.

Rehabilitation – For dates of injury on or after 1/1/04 - you may be entitled to a **Supplemental Job Displacement Voucher**, which entitles you to a voucher for educational training.

MPN Information

Harbor Health Systems MPN Contact
(888) 626-1737
MPNcontact@harborsys.com

How to obtain additional information

Contact your employer representative or Keenan & Associates if you have questions about workers' compensation benefits. You may also contact an Information and Assistance Officer at the State Division of Workers' Compensation. You can consult 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.

Department of Workers' Compensation Information and Assistance Offices

You can get free information from a state Division of Workers' Compensation Information & Assistance Officer. The phone numbers are listed below. Hear recorded information by calling toll-free 800-736-7401 or visit www.dwc.ca.gov.

Anaheim	714-414-1804
Bakersfield	661-395-2514
Eureka	707-441-5723
Fresno	559-445-5355
Goleta	805-968-4158
Long Beach	562-590-5001
Los Angeles	213-576-7389
Marina Del Rey	310-482-3858
Oakland	510-622-2861
Oxnard	805-485-3528
Pomona	909-623-8568
Redding	530-225-2047
Riverside	951-782-4347
Sacramento	916-928-3158
Salinas	831-443-3058
San Bernardino	909-383-4522
San Diego	619-767-2082
San Francisco	415-703-5020
San Jose	408-277-1292
San Luis Obispo	805-596-4159
Santa Ana	714-558-4597
Santa Rosa	707-576-2452
Stockton	209-948-7980
Van Nuys	818-901-5367

Keenan & Associates adjusting locations

Keenan & Associates
Claims Processing Unit
PO Box 2707
Torrance, CA 90509

Torrance
800-654-8102

Eureka
707-268-1616

Pleasanton
925-225-0611

Rancho Cordova
800-343-0694

Redwood City
650-306-0616

Riverside
800-654-8347

San Jose
800-334-6554

Anyone who knowingly files or assists in the filing of a false workers' compensation claim may be fined up to \$150,000 and sent to prison for up to five years.
[Insurance Code Section 1871.4]

Folleto de información para los nuevos empleados

Si sufre una lesión de trabajo

Las leyes de California garantizan ciertos beneficios a los empleados que resultan lesionados o se enferman a causa de su trabajo.

Cualquier lesión o enfermedad relacionada con el trabajo está cubierta. Entre los tipos de lesiones se incluyen, sin limitarse, torceduras, esguinces, cortaduras, traumas cumulativos o repetitivos, fracturas, enfermedades y agravamientos. Algunas lesiones de actividades voluntarias, fuera de turno, recreativas, sociales o atléticas puede que no estén cubiertas. Si tiene alguna pregunta consulte con su supervisor o con Keenan & Associates.

Todas las lesiones relacionadas con el trabajo deben ser reportadas a su supervisor inmediatamente. No espere, hay un límite de tiempo para reportarlas. Si espera demasiado, puede perder su derecho a recibir beneficios. Su empleador tiene la obligación de darle un formulario de reclamos dentro de un día laboral desde que se enteró de su lesión.

Es un delito menor que un empleador discrimine a trabajadores que se lesionaron en el trabajo o que testifiquen en el caso de otro empleado. Cualquier empleado en esas circunstancias puede tener derecho a una indemnización, restitución y reembolso por la pérdida de ingresos y beneficios.

Los beneficios de compensación a los trabajadores incluyen

Atención médica – Todo tratamiento médico sin deducible ni cantidad límite. Para lesiones sufridas con fechas de o posteriores al 01/01/04 hay un límite de 24 visitas quiroprácticas, 24 visitas de terapia física y 24 visitas de terapia ocupacional.

Sin embargo, este límite no se aplica a los tratamientos post quirúrgicos. El costo es pagado directamente por Keenan & Associates, a través del programa de compensación de su empleador, de modo que usted nunca tendrá que ver una factura.

Si necesita tratamiento de emergencia vaya a la sala de emergencias más cercana, o llame al 911.

Keenan & Associates hará arreglos para el tratamiento médico con un especialista para la lesión correspondiente. Redes de proveedores preferenciales pueden ser utilizados por médicos como también centros de tratamiento médico.

Si usted tiene cobertura de seguro de salud, es elegible para recibir tratamiento con su médico personal o grupo médico si se lesiona en el trabajo. Si es elegible, deberá notificar a su empleador **por escrito antes de que cualquier lesión ocurra**, y deberá proporcionar a su empleador evidencia **por escrito** de su médico personal o grupo médico que indique que acepta esta designación anticipada. Su médico personal debe ser su médico de atención primaria regular que haya estado a cargo anteriormente de su tratamiento médico, y mantiene su historial y expedientes médicos. Solo puede predesignar a su médico de tratamiento primario si es un médico familiar, médico general, certificado o internista titulado, obstetra-ginecólogo o pediatra. Su médico personal puede ser un grupo médico multi-especial compuesto de médicos licenciados u osteópatas cuya práctica es predominantemente para lesiones y enfermedades no ocupacionales.

Es posible que su empleador use una Red de Proveedores Médicos (por sus siglas en inglés MPN), que es un grupo selecto de proveedores de asistencia médica seleccionados para dar tratamiento a los trabajadores lesionados en el

trabajo. Si usted ha hecho una designación previa de un médico personal antes de lesionarse en el trabajo, entonces puede recibir tratamiento de su médico previamente designado. Si no ha hecho una designación previa y su empleador está usando una MPN, usted puede escoger un proveedor apropiado de la lista de la MPN después de la primera visita médica dirigida por su empleador o por Keenan & Associates. Si está recibiendo tratamiento de parte de un médico que no pertenece a la MPN para una lesión existente, es posible que tenga que cambiar a un médico dentro de la MPN. Para más información, consulte la información de la Red de Proveedores Médicos en el reverso.

Si su empleador **no** participa en una Red de Proveedores Médicos, es posible que pueda cambiar su médico a su quiropráctico o acupunturista personal. Generalmente, su empleador o Keenan tienen el derecho a elegir al médico para su tratamiento durante los 30 días posteriores a la fecha en que su empleador supo de la lesión o enfermedad. Después de que su empleador o Keenan inicie su tratamiento, usted puede solicitar que dicho tratamiento sea transferido a su quiropráctico o acupunturista personal. Para que esto sea posible usted deberá notificar a su empleador, **por escrito, antes de la ocurrencia de cualquier lesión**. Sin embargo, un quiropráctico no puede ser su médico personal después de recibir 24 visitas quiroprácticas.

Su empleador le dará un formulario para que usted use como método optativo para predesignar a su médico personal.

Comuníquese con Keenan & Associates si piensa cambiar de médico en cualquier momento.

Pago de ingresos perdidos – Si usted resulta temporalmente incapacitado debido a una lesión o enfermedad relacionada con el trabajo, recibirá ingresos libres de impuestos hasta que su médico indique que puede volver a trabajar. Los pagos serán dos terceras de su pago semanal normal, hasta un máximo establecido por la ley estatal. No se paga por los primeros tres días a no ser que usted sea internado en el hospital o no pueda trabajar por más de 14 días.

Si la lesión o enfermedad resulta en una incapacidad permanente, se le harán pagos adicionales después de recuperarse. Si la lesión resulta en su fallecimiento, se le pagarán los beneficios a sus dependientes sobrevivientes elegibles.

Rehabilitación – Para fechas de lesión del 01/01/04 y posteriores – Podría tener derecho a un *Vale de desplazamiento de trabajo*, el cual le da derecho a un vale para recibir entrenamiento educativo.

Información de MPN

Harbor Health Systems MPN Contact
(888) 626-1737
MPNcontact@harborsys.com

Cómo obtener información adicional

Comuníquese con el representante de su empleador, o en caso de tener alguna pregunta acerca de sus beneficios de compensación a los trabajadores con Keenan & Associates. También puede comunicarse con un Funcionario de Información y Asistencia de la División Estatal de Compensación a los Trabajadores. Puede consultar con un abogado. La mayoría de los abogados ofrecen una primera consulta gratuita.

Si desea contratar a un abogado, los honorarios serán deducidos de algunos de los beneficios que le correspondan. Para obtener los nombres de abogados de compensación a los trabajadores, llame al State Bar of California al teléfono 415-538-2120.

Oficinas de Información y Asistencia del Departamento de Compensación a los Trabajadores

Puede recibir información gratuita de un Funcionario de Información y Asistencia de la División de Compensación a los Trabajadores del estado. A continuación incluimos los números de teléfono. También puede escuchar información grabada llamando gratis al 800-736-7401 o visitando www.dwc.ca.gov.

Anaheim	714-414-1801
Bakersfield	661-395-2514
Eureka	707-441-5723
Fresno	559-445-5355
Goleta	805-968-4158
Long Beach	562-590-5001
Los Angeles	213-576-7389
Marina Del Rey	310-482-3858
Oakland	510-622-2861
Oxnard	805-485-3528
Pomona	909-623-8568
Redding	530-225-2047
Riverside	951-782-4347
Sacramento	916-928-3158
Salinas	831-443-3058
San Bernardino	909-383-4522
San Diego	619-767-2082
San Francisco	415-703-5020
San Jose	408-277-1292
San Luis Obispo	805-596-4159
Santa Ana	714-558-4597
Santa Rosa	707-576-2452

Stockton	209-948-7980
Van Nuys	818-901-5367

Oficinas de los ajustadores de Keenan & Associates

Keenan & Associates
Claims Processing Unit
PO Box 2707
Torrance, CA 90509

Torrance
800-654-8102

Eureka
707-268-1616

Pleasanton
925-225-0611

Rancho Cordova
800-343-0694

Redwood City
650-306-0616

Riverside
800-654-8347

San Jose
800-334-6554

Cualquier persona que con conocimiento, presenta o ayuda en la presentación de una demanda falsa de compensación laboral puede ser multada con una suma de hasta \$150,000 y hasta 5 años en prisión.
[Código de seguros sección 1871.4]



Desert Sands Unified School District

47-950 Dune Palms Road • La Quinta, California 92253
Workers' Compensation Coordinator – (760) 771-8545 -- FAX: (760) 771-8547

Workers' Compensation Employee Procedures

Determining Severity of Injury

Once an injury occurs or is discovered by the worksite, the next step needs to be determined.



REMEMBER! For emergencies or immediate medical treatment, call 911 or 9-911 Immediately! (*Refer to 911 protocol*)

-Injury Report Only?



No medical treatment needed or required at this time.

-Requesting Medical Treatment?



Medical treatment is required or needed.



Injury Report Only



If the injured employee is not requesting medical treatment, injury report forms are required. This ensures future medical treatment, if needed. The employee has up to one (1) year from the date of injury to seek medical treatment.

-Complete the [DSUSD Employee Injury Report](#) (paper version).

Or

-Visit Risk Management online to complete the DSUSD Employee Injury Report (Online) at <http://www.dsusd.us/wcinjury> .

-Complete [DSUSD Declination of Medical Treatment](#).



If it is determined that medical treatment is necessary or requested by the employee, the employee needs to notify their supervisor/site administrator and seek coverage if needed. Refer to “Company Nurse” for additional information/support and further instructions.

-Contact “[Company Nurse](#)” at **1-877-518-6702**. Use DSUSD’s Search Code: **QS729**

-Visit authorized occupational facility (No appointment needed).

-Complete [DSUSD Employee Injury Report](#) (paper version).

Or

-Visit Risk Management online to complete the DSUSD Employee Injury Report (Online) at <http://www.dsusd.us/wcinjury> .

-Visit Risk Management for completion of additional forms. **(Prior to reporting back to School Site/Department)**

Employee Work Status Report

-After each appointment, employees are required to provide Risk Management a work status report from the treating physician or occupational clinic. **(Prior to reporting back to School Site/Department)**

-The employee also provides a copy of the work status report to the immediate supervisor/site administrator.

Workers' Compensation Medical Appointments

Scheduled workers' compensation appointments are to be kept and attended. Failure to attend and/or reschedule appointments may affect the overall recovery process of an injured employee. Furthermore, multiple unattended or rescheduled appointments may result in, inaccurate accommodations/restrictions for Modified Duty.

-In the days prior to the scheduled appointment, employee is to coordinate with immediate supervisor/site administrator for required or needed coverage.

-The employee is also to communicate with assigned department/site about appointment status also notifying Risk Management.

-Employees are to return to their assigned department/site after visiting Risk Management. No additional time is approved without prior approval from physician. No detours are permitted.

**Note – Failure to provide Work Status Reports to Risk Management may affect benefits*

“Workers’ compensation fraud is a felony, anyone who knowingly files or assists in the filing of a false workers’ compensation claim may be fined up to \$50,000 and sent to prison for up to five years”

(Insurance Code section 1871.4)

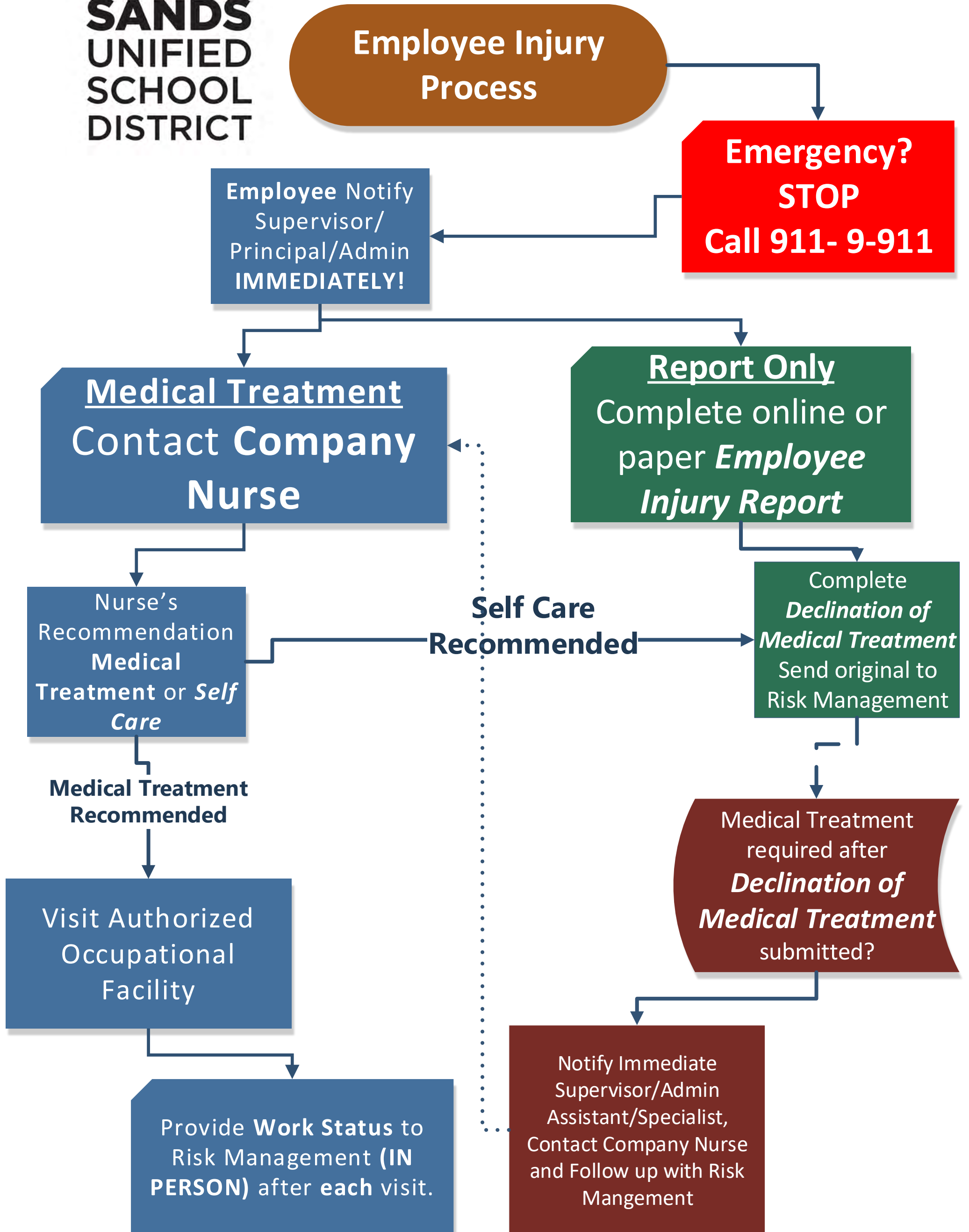


Desert Sands Unified School District

47-950 Dune Palms Road La Quinta, California 92253

Risk Management Department – (760) 771-8511 -- FAX: (760) 771-8547
Workers' Compensation Coordinator – (760)771-8545

Employee Injury Process





Desert Sands Unified School District

47-950 Dune Palms Road • La Quinta, California 92253
Workers' Compensation Coordinator – (760) 771-8545 -- FAX: (760) 771-8547

INSTRUCTIONS FOR INJURED EMPLOYEE

For EMERGENCIES CALL 911!

(some sites/departments may require **9-911**)

Report all non-emergency injuries or illnesses to your Site Administrator/Supervisor or Admin Assistant/Specialist **Immediately**. The administrator will give you the following instructions/forms to complete and review:

- Company Nurse Information
- Employee Injury/Illness Report
- Declination of Medical Treatment (if applicable)

COMPANY NURSE HOTLINE:

Speak to a live Registered Nurse (RN) and have your injury/illness go through a triage process to determine the appropriate level of care for treatment based on the information obtained or provided during the call. Any/all medical treatment required injury/illnesses are required to be done through Company Nurse. In an emergency situation, Company Nurse shall be contacted once the situation is stabilized.

EMPLOYEE INJURY/ILLNESS REPORT:

Employee Injury/Illness Report needs to be completed (detailed as possible) and reviewed with Supervisor prior to visiting the authorized occupational medical facility and Risk Management. This form helps keep a detailed record of the injury, it also helps the District improve/prevent future injuries.

IF YOU DO NOT NEED TO SEE A DOCTOR:

You will complete an ***Employee Injury/Illness Report*** either by paper or online at www.dsusd.us/wcinjury. After the injury report is complete you will need to complete a ***Declination of Medical Treatment*** form. Once complete, return the form to your site administrator, be sure to retain a copy for your records. If medical treatment is required at a later date within one (1) year, please notify your site administrator and/or Workers' Compensation Coordinator in Risk Management at (760)77185-45 or workers.comp@desertsands.us for additional assistance.

DWC-1

This form will be provided if Medical Treatment is required or not. This form is valid for one (1) year after injury date. If you are declining medical treatment, retain a copy of the form which will be provided to you for your records. In the event medical treatment is required at a later date notify your site administrator and /or your immediate supervisor for direction.

PLEASE KEEP ALL SCHEDULED APPOINTMENTS:

If you cannot keep an appointment, please contact the Workers' Compensation Coordinator in Risk Management at (760)77185-45 or workers.comp@desertsands.us. Missed appointments may result in loss of benefits and your ability to participate in the temporary/alternative modified duty program. As a recommendation, attempt to make your appointments after working hours. Any appointments made during



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working hours will be taken as one (1) occurrence of Industrial Accident Leave (**Note:** *You may not claim Industrial Leave for appointments on days that are taken as Sick or Vacation.*).

MEDICAL TREATMENT:

All services requested by the treating physician beyond the initial visit **must** by law (SB899), go through Utilization Review (UR). Timely filing of employee and supervisor reports is beneficial to the UR process. All UR approvals are set by certain medical standards (ACOEM) and are not a guaranteed that requested services will be approved. Any questions regarding your treatment or a medical referral please contact your Workers' Compensation Coordinator in Risk Management or your claims examiner at Keenan & Associates at (800) 654-8347.

IF YOU WISH TO CHANGE PHYSICIANS:

You may change physicians after the first 30 days as long as the doctor you choose is within the medical provider network (MPN). Information regarding the MPN is included with the packet of forms that will be provided to you upon report of your injury. If you have questions, please contact Keenan & Associates at (800) 654-8347 or the MPN coordinator listed on *The Complete Written Employee Notification*.

KEEP RISK MANAGEMENT AND YOUR SITE ADMINISTRATOR INFORMED:

It is your responsibility to provide a copy of your work status to the Workers' Compensation Coordinator, at Risk Management **Immediately** following every doctors visit. If you are given work restrictions by your physician, they should clearly state what your limitations are, including any recommended change in your normal schedule. Be certain you understand these limitations and they are clearly written on your work status report provided to the Workers' Compensation Coordinator. Please remember these restrictions also apply during your off-duty time as well as during work.

TEMPORARY ALTERNATIVE/MODIFIED DUTY PROGRAM:

The District's temporary alternative/modified duty program provides opportunities for injured employees to collaborate with coworkers in a productive work environment while following the medical restrictions outlined by the treating physician. An important part of recovering from an injury is remaining active in the work to environment. The temporary alternative/modified duties will be discussed in a brief interactive process with your Workers' Compensation Coordinator regarding changes in restrictions and/or changes in assignment work locations.

COVERAGE/ATTENDANCE

It is the employee's responsibility while on workers' compensation to provide coverage for days that require a substitute for a number of hours/days to cover appointments and/or if placed off work. Attendance is to be updated on AESOP software excluding departments who do not utilize it.

FMLA/CFRA

Industrial accident and/or industrial illness leaves of absence are FMLA/CFRA-qualifying and shall run concurrently with and be counted against the employee's FMLA/CFRA leave entitlement.



Desert Sands Unified School District

47-950 Dune Palms Road • La Quinta, California 92253
Workers' Compensation Coordinator – (760) 771-8545 -- FAX: (760) 771-8547

IMPORTANT POINTS

Employees on workers' compensation are not entitled to extra duty or overtime.

Employees on workers' compensation are not allowed on district property.

“Exceptions to be on district property”

- Providing work status reports to Risk Management and/or office personnel
- For personal matters (i.e. IEP Meetings/self's child school matters).

“Workers' compensation fraud is a felony, anyone who knowingly files or assists in the filing of a false workers' compensation claim may be fined up to \$50,000 and sent to prison for up to five years” (*Insurance Code section 1871.4*)

IF YOU HAVE ANY QUESTIONS, CONTACT THE Workers' Compensation Coordinator in Risk Management at (760)771-8545 AND/OR WORKERS.COMP@DESERTSANDS.US

IN CASE OF WORKPLACE INJURY

ACCION a seguir en caso de un accidente en el trabajo



**AVAILABLE
24 HOURS A DAY**

1-877-518-6702

Employer Name (Nombre De Compania)

**Desert Sands
Unified School District**

Search Code (Código Del Búsqueda)

QS729

1

Injured worker notifies supervisor.

Empleado lesionado notifica a su supervisor.

2

Supervisor/Injured worker immediately calls injury hotline.

Supervisor / Empleado lesionado llama inmediatamente a la línea de enfermeros/as.

3

Company Nurse gathers information over the phone and helps injured worker access appropriate medical treatment.

Profesional Médico obtiene información por teléfono y asiste al empleado lesionado en localizar el tratamiento médico adecuado.

NOTICE TO EMPLOYER/SUPERVISOR: Please post copies of this poster in multiple locations within your worksite. If the injury is non-life threatening, please call Company Nurse prior to seeking treatment. Minor injuries should be reported prior to leaving the job site, when possible.



Desert Sands Unified School District

47-950 Dune Palms Road ∪ La Quinta, California 92253 ∪ (760) 777-4200

To: Desert Sands USD Employee

From: Risk Management Department
Workers' Compensation Office

Date: April 2017

Subject: Workers' Compensation Pre-Designation of Personal Physician Information

It is the district's desire to provide employees with the best possible medical care in the event of a work related injury. If you are injured at work and need medical treatment, Risk Management will assist you in receiving the best possible medical care. It is often to the employee's benefit to treat with a workers' compensation physician because the treatment is immediate and the doctors are familiar with the workers' compensation reporting procedures.

However, if you have health insurance and you are injured on the job, you have the right to be treated by your personal physician. Per Labor Code 4600 to qualify as your pre-designated, personal physician, the physician must agree, in writing, to treat you for a work related injury. Pre-designation of a personal physician must be in place before the workers' compensation injury or illness occurs.

If you wish to be treated by your primary personal physician, the following criteria are required:

1. Your pre-designated personal physician must be your primary treating physician that has previously directed your medical care and who retains your medical history and records.
2. Your pre-designated personal physician must be your primary treating physician that has limited his or her practice of medicine to general practice or who is a board-certified or board eligible internist, pediatrician, obstetrician-gynecology or family practitioner.
3. You must provide the name and address of your pre-designated personal physician in writing, **prior to being injured** and you must provide written documentation that your physician has agreed to be pre-designated.

If you wish to be treated by your personal physician for a work injury or illness, complete the employee information on the Pre-Designated Physician Form (available on the Risk Management website). Your personal physician needs to complete the physician section and return the completed form to Risk Management.

If you have any questions, please contact the Workers' Compensation Office at (760) 771-8545.

Desert Sands Unified School District

Workers' Compensation: Pre-Designation of Personal Physician

If you have health insurance and you are injured on the job you have the right to be treated immediately by your personal physician (M.D., D.O), or medical group, if you notify your employer, in writing, prior to the injury. Per Labor Code 4600 to qualify as the your predesignated, personal physician, the physician must agree, in writing, to treat you for a work related injury, must have previously directed your medical care and must retain your medical history and records. Your predesignated physician must be a family practitioner, general practitioner, board certified or board eligible internist, obstetrician-gynecologist or pediatrician. Your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors or medicine or osteopathy, which operates an integrated multi-specialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries.

This is an optional form that can be used to notify your employer of your personal physician. You may choose to use another form, as long as you notify your employer, in writing, prior to being injured on the job and provide written verification that your personal physician meets the above requirements and agrees to be predesignated. Otherwise, you will be treated by one of your employers' designated workers' compensation medical providers.

EMPLOYEE NAME & ADDRESS:

- ☐ I acknowledge receipt of this form and elect not to predesignate my personal physician at this time. I understand that I will receive medical treatment from my employers' medical provider. I understand that, at any time in the future, I can change my mind and provide written notification of my personal physician. I understand that the written notification must be on file prior to an industrial injury.

Employee Signature: _____ Date: _____

- ☐ If I am injured on the job, I wish to be treated by my personal physician*:

Name of Physician or Medical Group _____ Phone Number _____

Address _____

*This physician is my personal primary care physician who has previously directed my medical care and retains my medical history and records.

Name of Insurance Company, Plan, or Fund providing health coverage for non-occupational injuries or illnesses:

 Employee Signature: _____ Date: _____

A Personal Physician must be willing to be predesignated and treat you for a workers' compensation injury. The remainder of this form is to be completed by your physician and returned to your Employer.

PERSONAL PHYSICIAN ACKNOWLEDGEMENT

Per Labor Code 4600 to qualify you must meet the criteria outlined above. You are not required to sign this form, however, if you or your designated employee, does not sign, other documentation of the physicians' agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

PERSONAL PHYSICIAN OR MEDICAL GROUP NAME: _____

- ☐ I agree to treat the above named employee in the event of an industrial injury or illness. I meet the criteria outlined above. I agree to adhere to the Administrative Director's Rules and Regulations, Section 9785, regarding the duties of the employee-designated physician.

 (Physician or Designated Employee of the Physician or Medical Group)

 Date

Please return completed form to:

Desert Sands Unified School District, Attn: Risk Mgmt, 47950 Dune Palms Rd., La Quinta, CA Fax: 760-771-8547

Important Information about Medical Care if you have a Work-Related Injury or Illness

Complete Written Employee Notification regarding Medical Provider Network
(Title 8, California Code of Regulations, Section 9767.12)

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

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

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

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

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

- **What is an MPN?**

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

- **What MPN is used by my employer?**

Your employer is using the PRIME Advantage MPN Powered by Harbor Health Systems MPN with the identification number 2358. You must refer to the MPN name and the MPN identification number whenever you have questions or requests about the MPN.

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

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

The contact for your MPN is:

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

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

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

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

The contact information for the Medical Access Assistant is:

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

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

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

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

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

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

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

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

- **Can I change providers?**

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

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

The MPN has providers for the entire State of California.

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

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

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

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

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

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

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

own doctor outside of the MPN network. Contact your MPN Contact for assistance in finding a physician or for additional information.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Can I Continue Being Treated By My Doctor?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<p>Keep this information in case you have a work-related injury or illness.</p>
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Información Importante sobre el Cuidado Médico si tiene una Lesión o Enfermedad Relacionada con el Trabajo

Notificación por Escrito Completa para los Empleados: Red de Proveedores Médicos
(Título 8, Código de Regulaciones de California, sección 9767.12)

La ley de California requiere que su empleador proporcione y pague por el tratamiento médico si se lesiona en el trabajo. Su empleador ha elegido proporcionar este cuidado médico utilizando la red de proveedores médicos de Compensación de Trabajadores (con sus siglas en inglés, MPN). Esta Red de Proveedores Médicos es administrada por Harbor Health Systems.

Esta notificación le indica lo que debe conocer sobre el programa de la MPN y describe sus derechos para elegir el cuidado médico para las lesiones y enfermedades relacionadas con el trabajo.

- **¿Qué sucede si me lesiono en el trabajo?**

En caso de una emergencia, usted debe llamar al 911 o dirigirse a la sala de emergencia más cercana.

Si se lesiona en el trabajo, notifíquelo a su empleador lo antes posible. Su empleador le proporcionará un formulario del reclamo. Cuando le notifique a su empleador que tuvo una lesión relacionada con el trabajo, su empleador o asegurador hará la cita inicial con el médico de la MPN.

- **¿Qué es la MPN?**

La Red de Proveedores Médicos (MPN) es un grupo de proveedores de cuidados de la salud (médicos y otros proveedores médicos) utilizados por SU EMPLEADOR para tratar a los empleados lesionados en el trabajo. Las Redes de Proveedores Médicos deben permitirles a los empleados tener una opción de proveedor(es). Cada MPN debe incluir una combinación de médicos especializados en lesiones relacionadas con el trabajo y médicos con experiencia en áreas generales de la medicina.

- **¿Que MPN es utilizada por mi empleador?**

Su empleador se encuentra utilizando la Red de Proveedores Médicos PRIME MPN Administrada por la Red de Proveedores Médicos de Harbor Health Systems con el número de identificación 2358. Cuando tenga preguntas o solicitudes sobre la MPN, debe referirse al nombre y número de identificación de la MPN.

- **¿Con quién puedo comunicarme si tengo preguntas sobre mi MPN?**

El Contacto de la MPN mencionado en esta notificación será capaz de contestar sus preguntas sobre el uso de la MPN y se ocupará de cualquier queja relacionada con la MPN.

El contacto de su MPN es:

Nombre: Contacto de la MPN Harbor Health Systems
Título: Contacto de la MPN
Dirección: P.O. Box 11779, Newport Beach, CA 92658-5041
Número de Teléfono: (888) 626-1737
Dirección de Correo Electrónico: MPNcontact@harborsys.com

Información general relacionada con la MPN también puede ser encontrada en el siguiente sitio web:
www.harborsys.com/Keenan.

- **¿Qué sucede si necesito ayuda para encontrar y hacer una cita con el médico?**

El Asistente de Acceso Médico de la MPN le ayudará a encontrar los médicos de su elección y podrán ayudarlo a programar y confirmar las citas con los médicos. El Asistente de Acceso Médico se encuentra disponible para asistirle de lunes a sábado de 7am-8pm (Pacífico) y programarle citas médicas durante horas normales de los negocios de los médicos. La asistencia se encuentra disponible en inglés y español.

La información de contacto del Asistente de Acceso Médico es:

Número de Teléfono de Línea Gratuita: (855) 521-7080
Número de Fax: (703) 673-0181
Dirección de Correo Electrónico: MPNMAA@harborsys.com

- **¿Cómo puedo saber que médicos se encuentran en mi MPN?**

Usted puede obtener una lista de todos los proveedores regional de la MPN en su área llamando al Contacto de la MPN o dirigiéndose a nuestro sitio web en: www.harborsys.com/Keenan. Como mínimo, la lista regional debe incluir una lista de todos los proveedores de la MPN dentro de quince (15) millas de su lugar de trabajo y/o residencia, o una lista de todos los proveedores de la MPN dentro del condado donde usted vive y/o trabaja. Usted puede elegir la lista que desea recibir. También, tiene derecho a obtener una lista de todos los proveedores de la MPN, una vez lo solicite.

Usted puede tener acceso a la lista de todos los médicos tratantes en la MPN dirigiéndose al sitio web en www.harborsys.com/Keenan.

- **¿Cómo selecciono un proveedor?**

Su empleador o el asegurador de su empleador harán los arreglos para la cita médica inicial con un médico de la MPN. Después de la primera visita médica, usted puede continuar siendo tratado por ese médico, o puede elegir otro médico de la MPN. Usted puede continuar eligiendo los médicos dentro de la MPN para todos sus cuidados médicos para esta lesión.

Si es apropiado, usted puede elegir un especialista o solicitarle a su médico tratante un referido a un especialista. Algunos de los especialistas solo aceptarán citas con un referido del médico tratante. Dicho especialista podría ser mencionado como "solo por referido" en el directorio de la MPN.

Si necesita ayuda en encontrar un médico o en programar una cita médica, puede llamar al Asistente de Acceso Médico.

- **¿Puedo cambiar de proveedores?**

Sí. Usted puede cambiar de proveedores dentro de la MPN por cualquier motivo, pero los proveedores que elija deberán ser apropiados para tratar su lesión. Comuníquese con el Contacto de la MPN o con su ajustador de reclamos si desea cambiar su médico tratante.

- **¿Qué estándares tiene que cumplir la MPN?**

La MPN tiene proveedores por todo el estado de California.

La MPN debe brindarle acceso a una lista de proveedores regionales que incluye al menos tres (3) médicos de cada especialidad, comúnmente utilizados en tratar lesiones/ enfermedades en el trabajo, en su industria. La MPN debe brindar acceso a los médicos tratantes primarios dentro de los primeros treinta (30) minutos o quince (15) millas, y especialistas dentro de los primeros sesenta (60) minutos o treinta (30) millas de donde trabaje o viva.

Si vive en un área rural o un área donde haya escasez de cuidados médicos, puede haber un estándar diferente.

Después de que ha notificado a su empleador de su lesión, la MPN debe proporcionar el tratamiento inicial dentro de tres (3) días laborables. Si el tratamiento con el especialista ha sido autorizado, la cita con el especialista deberá ser otorgada dentro de veinte (20) días laborables de su solicitud. Si tiene problemas para obtener una cita con el proveedor en la MPN, comuníquese con el Asistente de Acceso Médico.

Si no existen proveedores de la MPN disponibles en la especialidad apropiada para tratar su lesión dentro de los requerimientos de distancia y tiempo, entonces se le permitirá buscar el tratamiento necesario fuera de la MPN.

- **¿Qué sucede si no existen proveedores de la MPN donde me encuentro localizado?**

Si es un empleado actual viviendo o trabajando temporalmente en un área rural, o viviendo fuera del área de servicio de la MPN, o si es un ex empleado viviendo permanentemente fuera del área de servicio de la MPN, la MPN también puede permitirle elegir su propio médico fuera de la red de la MPN. Comuníquese con su Contacto de la MPN para obtener asistencia en encontrar un médico o para información adicional.

- **¿Qué sucede si necesito un especialista que no se encuentra disponible en la MPN?**

Si necesita ver un tipo de especialista que no se encuentra disponible en la MPN, usted tiene derecho a ver un especialista fuera de la MPN.

- **¿Qué sucede si no estoy de acuerdo con mi médico sobre el tratamiento médico?**

Si no está de acuerdo con su médico o si desea cambiar su médico por algún motivo, usted puede elegir otro médico de la MPN.

Si no está de acuerdo con el diagnóstico o con el tratamiento prescrito por su médico, puede solicitar una segunda opinión de otro médico dentro de la MPN. Si desea una segunda opinión, debe comunicarse con el contacto de la MPN o con su ajustador de los reclamos y dígame que desea una segunda opinión. La MPN deberá ofrecerle por lo menos la lista de los proveedores regionales de la MPN de la cual puede elegir un médico para la segunda opinión. Para obtener una segunda opinión, usted debe escoger un médico de la lista de la MPN y hacer una cita dentro de sesenta (60) días. Deberá informarle al Contacto de la MPN de la fecha de su cita, y la MPN le enviará al médico una copia de sus expedientes médicos. Usted puede solicitar la copia de sus expedientes médicos que serán enviados al médico.

Si no hace una cita dentro de sesenta (60) días de haber recibido la lista de los proveedores regionales, a usted no se le permitirá tener una segunda o tercera opinión con relación a este diagnóstico o tratamiento de este médico tratante.

Si el médico de la segunda opinión siente que su lesión se encuentra fuera del tipo de lesión que él o ella normalmente trata, la oficina del médico notificará a su empleador o asegurador, y a usted. A usted se le brindará otra lista de médicos o especialistas de la MPN para que pueda hacer otra elección.

Si no se encuentra de acuerdo con la segunda opinión, usted puede solicitar una tercera opinión. Si solicita una tercera opinión, pasará por el mismo proceso que el pasó con la segunda opinión.

Recuerde que si no hace una cita dentro de sesenta (60) días de haber obtenido otro proveedor de la lista de la MPN, entonces no se le permitirá tener una tercera opinión con relación a este diagnóstico o tratamiento disputado de este médico tratante.

Si no se encuentra de acuerdo con el doctor de la tercera opinión, puede solicitar una Revisión Médica Independiente de la MPN (IMR). Su empleador o el Contacto de la MPN le brindarán información sobre como solicitar una Revisión Médica Independiente y un formulario, al momento de seleccionar el médico de la tercera opinión.

Si el médico de la segunda o tercera opinión o Evaluador Médico Independiente se encuentra de acuerdo con su necesidad del tratamiento o prueba, a usted se le puede permitir recibir ese servicio médico de un proveedor dentro de la MPN, si la MPN no contiene un médico que puede proporcionar el tratamiento recomendado, usted puede elegir un médico fuera de la MPN dentro de un área geográfica razonable.

Si el Revisor Médico Independiente respalda su necesidad de tratamiento o prueba, usted puede recibir ese cuidado de un médico que se encuentre dentro o fuera de la MPN.

- **¿Qué sucede si ya estoy siendo tratado por la lesión relacionada con el trabajo antes de que comience la MPN?**

Su empleador o asegurador tiene una póliza de “Transferencia de Cuidados Médicos” la cual determinará si puede continuar siendo tratado temporalmente por una lesión existente relacionada al trabajo por un médico que se encuentre fuera de la MPN, antes de que su cuidado médico sea transferido a la MPN.

Si su médico actual no se encuentra o no va a ser miembro de la MPN, entonces a se le puede requerir que vea a un médico de la MPN. Sin embargo, si ha pre-designado apropiadamente un médico tratante primario, usted no puede ser transferido a la MPN. (Si tiene preguntas sobre la pre-designación, pregúntele a su supervisor).

Si su empleador decide transferirlo a la MPN, usted y su médico tratante primario deben recibir una carta notificándoles la transferencia.

Si cumple con ciertas condiciones, usted puede cualificar para continuar tratándose con un médico que no pertenezca a la MPN por hasta un (1) año antes de ser transferido a la MPN. Las condiciones que cualifican para posponer la transferencia de su cuidado a la MPN se encuentran en el encasillado a continuación

¿Puedo Continuar Siendo Tratado Por Mi Médico?

Usted puede cualificar para continuar el tratamiento con su proveedor que no pertenece a la MPN (a través de la transferencia de los cuidados o continuidad de los cuidados) por hasta un (1) año, si su lesión o enfermedad cumple cualquiera de las siguientes condiciones:

- **(Aguda)** El tratamiento de su lesión o enfermedad será completado en menos de noventa (90) días;
- **(Seria o Crónica)** Su lesión o enfermedad es seria y continua por al menos noventa (90) días sin una cura completa o empeora, y requiere tratamiento en lo subsiguiente. Se le puede permitir ser tratado por su médico tratante actual por hasta un (1) año, hasta que pueda realizarse una transferencia segura de los cuidados médicos.
- **(Terminal)** Usted tiene una enfermedad incurable o una condición irreversible que es probable que cause la muerte dentro de un (1) año o menos.
- **(Cirugía Pendiente)** Usted ya tiene una cirugía u otro procedimiento que ha sido autorizado por su empleador o asegurador que ocurrirá dentro de ciento ochenta (180) días de la fecha de efectividad de la MPN, o la fecha de terminación del contrato entre la MPN y su médico.

Usted puede no estar de acuerdo con la decisión de su empleador de transferir su cuidado a la MPN. Si no desea ser transferido a la MPN, solicítele a su médico tratante primario un reporte médico donde se indique si tiene una de las cuatro condiciones señaladas anteriormente para cualificar para que se posponga su transferencia a la MPN.

Su médico tratante tiene veinte (20) días a partir de la fecha de su solicitud para entregarle una copia del reporte sobre su condición. Si su médico tratante primario no le entrega el reporte dentro de veinte (20) días a partir de su solicitud, el empleador puede transferir su cuidado a la MPN, y a usted se le requerirá utilizar un médico de la MPN.

Necesitará entregarle una copia del reporte a su empleador si desea posponer la transferencia de sus cuidados médicos. Si usted o su empleador no está de acuerdo con el reporte del médico sobre su condición, usted o su empleador pueden disputarlo. Vea la póliza completa de transferencia de los cuidados médicos para más detalles sobre el proceso de resolución de disputas.

Para una copia de la póliza de Transferencia de los Cuidados, en inglés o español, solicítela a su Contacto de la MPN.

- **¿Qué sucede si estoy siendo tratado por un médico de la MPN que decide dejar la MPN?**

Su empleador o asegurador tiene una póliza de “Continuidad de los Cuidados Médicos” que determinará si puede temporalmente continuar con el tratamiento para la lesión existente relacionada con el trabajo, con su médico, si su médico no se encuentra por más tiempo participando en la MPN.

Si su empleador decide que usted no cualifica para continuar su cuidado médico con el proveedor que no pertenece a la MPN, usted y su médico tratante primario deben recibir una carta notificándoles de esta decisión.

Si cumple con ciertas condiciones, usted puede cualificar para continuar siendo tratado con este médico por hasta un (1) año antes de tener que elegir un médico de la MPN. Estas condiciones se exponen en el, “**¿Puedo Continuar Siendo Tratado Por Mi Médico?**” encasillado anterior.

Usted puede no estar de acuerdo con la decisión de su empleador de denegar su Continuidad de los Cuidados Médicos con el proveedor terminado de la MPN. Si desea continuar tratándose con el médico terminado, solicite a su médico tratante primario un reporte médico donde indique que usted tiene una de las cuatro condiciones señaladas en el encasillado anterior, para ver si cualifica para continuar tratándose con su médico actual temporalmente.

Su médico tratante primario tiene veinte (20) días a partir de la fecha de su solicitud para entregarle una copia de su reporte médico sobre su condición. Si su médico tratante primario no le entrega el reporte dentro de veinte (20) días de su solicitud, la decisión de su empleador de denegar su Continuidad a los Cuidados Médicos con su médico que no pertenece por más tiempo a la MPN será aplicada, y a usted se le requerirá elegir un médico de la MPN.

Necesitará entregarle una copia del reporte a su empleador si desea posponer la elección de un médico de la MPN para el tratamiento. Si usted o su empleador no están de acuerdo con el reporte de su médico sobre su condición, usted o su empleador pueden disputarlo. Vea la póliza completa de Continuidad de los Cuidados Médicos para más detalles del proceso de resolución de disputas.

Para una copia de la póliza de Continuidad de los Cuidados Médicos, en ingles o español, solicítela a su Contacto de la MPN.

- **¿Qué hago si tengo preguntas o necesito ayuda?**

- **Contacto de la MPN:** Siempre comuníquese con el Contacto de la MPN si tiene preguntas sobre la utilización de la MPN y para tratar cualquier queja relacionada con la MPN.
- **Asistentes de Acceso Médico:** Puede comunicarse con el Asistente de Acceso Médico si necesita ayuda para encontrar médicos de la MPN, y programar y confirmar citas.
- **División de Compensación de Trabajadores (DWC):** Si tiene alguna duda, queja, o pregunta relacionada con la MPN, el proceso de notificación, o su tratamiento médico después una lesión o enfermedad relacionada con el trabajo, puede llamar a la oficina de Información y Asistencia de la DWC al 1-800-736-7401. También, puede ir al sitio web de la DWC en www.dir.ca.gov/dwc y hacer clic en “red de proveedores médicos” para más información sobre las Redes de Proveedores Médicos.
- **Revisión Médica Independiente:** Si tiene preguntas sobre el proceso de la Revisión Médica Independiente de la MPN, comuníquese con la Unidad Médica de la División de Compensación de Trabajadores en:

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

Mantenga esta información en caso de que tenga una lesión o enfermedad relacionada con el trabajo.



DESERT SANDS UNIFIED SCHOOL DISTRICT
REPORT OF UNSAFE CONDITION

Date: _____

To: Site Administrator

From:* _____ Job Title: _____

Location of Unsafe Condition, Hazard or Practice: (Be specific. Indicate name of site & location)

Description of Unsafe Condition, Hazard or Practice: (Be specific, i.e. "Large crack in sidewalk.")

Does this Unsafe Condition, Hazard or Practice constitute a Health or Safety Issue?

_____ No _____ Yes -- If yes, describe issue:

What should be done to correct the issue?

*** In accordance with the Desert Sands Unified School District's Injury & Illness Prevention Plan, this form may be submitted anonymously. You may also submit this form directly to Risk Management.**

*This form **should not be used** to report immediate and dangerous working conditions. If a dangerous working condition exists that requires immediate corrective action, the employee shall notify his/her supervisor at once. If the situation involves a serious injury and/or the need for rescue, fire, or other emergency response, call 9-1-1 immediately. Some district phones require the caller to dial 9-9-1-1.*

FOR SCHOOL SITE USE ONLY

Date Received: _____ By Whom: _____

Action Taken: _____

Work Order Number (If Assigned): _____

LIFTING SAFELY TO PREVENT BACK INJURIES PROPER LIFTING TECHNIQUES

It is estimated that **8 out of 10** Americans will have a back injury sometime during their lives. Preventing a back injury can be as simple as learning proper lifting and material handling techniques, eliminating excess body weight, strengthening neglected back muscles, and adopting good posture habits, with your three natural back curves in their normal position at work, home and play.

BACK FACTS:

- The personal pain and inconvenience caused by back problems cannot be measured. It can be calculated in dollars and cents:
- Prevention is the best insurance!
- You are the key.
- **Step 1:** Keep your back in mind
- **Step 2:** Think ahead, mentally lift the load first
- **Step 3:** Get help, if the load is too bulky

Back injuries cost employers an estimated **\$6.5 billion a year!**

Don't jerk as you lift; too sudden a motion can injure your back.

Don't turn without moving your feet — you'll twist your back.

Don't reach — move closer to the load or move the load closer to you.

BACK SAFETY – STACKING HEIGHTS

Safest stacking practices place objects between knee and shoulder height. Below knee height, places stress on the low back. Above shoulder height, places stress on the shoulders and upper back.



Here are a few things to consider first:

Get items OFF floor level. Raise the bottom by placing a sturdy carton or wood platform under the bottom item. This helps to eliminate lifts from ground level.

On shelves, place the heavier items at waist height. This is an easier lift for the back.

Keep the height of the stack below shoulder height if possible. If the stack is above shoulder height, use a stepstool properly.

TIPS FOR STAYING SAFE AND HEALTHY!

- Aerobic exercise - walk, swim or bike 3 to 5 times a week.
- Stretching - slow stretches, hold for 10 seconds and don't bounce during stretching.
- Strengthening - Lift weights 2 to 3 times a week.

QUESTIONS? ASK ME, YOUR SAFETY PROFESSIONAL!

Linda Tsai
Loss Control Consultant
(916)859-7160 ext. 4251
ltsai@keenan.com



Please remember that the goal of Keenan's loss control services is to (i) promote safety awareness, (ii) assist in identification of conditions that may pose a risk of injury and/or property damage, and (iii) provide recommendations and/or suggestions to help mitigate the risks identified. While we are confident that the conclusions and suggestions contained in this newsletter will assist the district to create a safer environment, we do not suggest that following our recommendations will eliminate all risk of injury or that it will result in improved loss experience.

Back Stretching

These stretches are being offered to you as a comfort tip only.

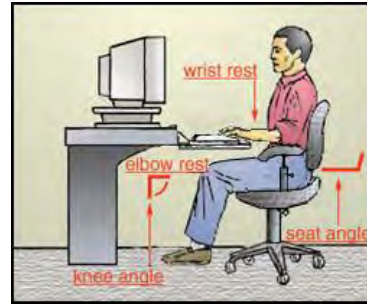
Caution: If you have any pre-existing conditions, check with your doctor before doing the following exercises. If you feel any discomfort during the exercises, stop immediately and check with your doctor.

We do so much forward bending throughout the day (sitting, lifting, etc.) so it's important to take a moment and stretch the back.

- Stand with your feet shoulder width apart and soften your knees.
- Place your hands on your beltline, with your fingers pointing in, towards each other.
- **Looking straight ahead**, gently arch your back a bit (like you do when yawning/stretching). Hold for two or three seconds, then relax. Repeat a few times.



Keenan's Loss Control services promote safety awareness, and assist in the identification of conditions which may pose a risk of injury. We do not suggest that following our recommendations will eliminate all risk of injury or will result in improved loss experience.



Setting Up Your Workstation To Fit You!

1. **Chair.** Office chairs are designed to provide seated support for employees working at the computer workstation. A good chair can provide comfort and support for the body. A properly adjusted chair can reduce fatigue by supporting the back, legs, and arms.

✓ **Adjust Properly –**

- **Height:** Correct chair height is when your feet are resting flat on the floor or a footrest, and the back of the knee is slightly higher than the seat of the chair. This will allow the blood in the legs to circulate freely.
- **Backrest:** The backrest should support the entire back comfortably. The rounded, curved section of the backrest should be adjusted to support your waistline or “belt” line. The backrest should be close enough to support your back during all desk activities.
- **Armrests (Optional):** The armrests should be adjusted high enough so the forearms rest lightly on them. If they are too low, you will find yourself slouching or leaning to one side in order to reach them. If they are too high, you will find yourself working with your shoulders elevated.

2. **Keyboard.** Keyboards either sit on top of the desk surface or on a pull-out keyboard platform. A good rule of thumb to remember when working at the keyboard is to keep your elbows level with the spacebar of the keyboard, with the elbows resting comfortably at your side. This allows you to work with your wrists in a straight, neutral position and your shoulders relaxed.

✓ **Adjust Properly –**

- **Keyboard:** Make sure the keyboard legs are flat. Keyboards should be flat on the desktop or pull-out keyboard tray or angled negatively with the back side slightly lower than the front.
- **Wrist rest:** This provides a soft place to rest on and helps to keep the wrists straight. **Remember to use only during pauses from keying.**

3. **Mouse.** Most computers have a mouse. Overuse of the mouse can cause fatigue. Remember that keyboard commands are a very effective alternative for excessive mouse usage.

✓ **Use Properly** –

- Ensure that the mouse is properly placed close to the body.
- Don't over-grip the mouse. Use a relaxed hold.
- When using the mouse, don't just move the wrist! Move the entire arm to move the mouse around.
- Program the mouse to help with common functions.
- Use pull-down menus and keyboard commands to reduce mouse usage.

4. **Monitor.** Monitors are usually placed where space allows. Many people shove their monitors into a corner so they can have increased desk space. This can create problems.

✓ **Adjust Properly** –

- **Location:** The monitor should be placed *directly in front of you!* Posture follows vision. If the monitor is in the corner, you will twist your neck and head to view the monitor. This is not a good posture to hold eight hours a day.
- **Distance:** The monitor should be at the correct viewing distance. Generally, it should be placed out 18 to 24 inches, or about an arm's distance away. If you find yourself leaning forward to read the monitor, it is too far away. Pull it closer.
- **Height:** For normal vision, typically the top of the monitor screen should be AT eye level. The top of the monitor screen should never be above eye level. If it is, it forces you to look up and places the neck into an awkward position. If your monitor is flat on the desktop and angled up, it may be too low, which pulls your posture forward. With the monitor angled up, it can catch too much glare which can create eyestrain.
NOTE: Bifocal users may have trouble if the monitor is too high as they will tilt their head back and lift their chin up to view the screen through the bottom portion of the glasses. One recommendation for bifocal users is to lower the monitor flat onto the desktop and angle it down a bit until it is easily read through the bottom portion of the glasses.
- **Glare:** Place the computer set up perpendicular to the window. Shield outside sources of light with blinds, curtains, or window tinting.

✓ **Article Link:** http://www.osha.gov/SLTC/computerworkstations_ecat/index.html

Back Safety: Lifting Properly



Incorrect

Lift properly:

Get CLOSE!

This will reduce the stress load on the back.



Correct



Correct

Keep the CURVES

Arched back

Shoulders back

Chin up!



Correct

Squat, Lock, & Lift!

Lift with your legs keeping the curves in the back

LIFTING

Lifting and Transferring in a Special Education Environment

Source: Kathy Espinoza

80% of all humans will have back pain at some point in their lifetime. Problems occur from **excessive forward bending**, lifting, transferring, changing, locking wheelchairs, etc.

ALWAYS use a mechanical hoist if available. Remove the risk of injury...use what's available.

- ✓ Yes, it is time consuming.
- ✓ Yes, it is cumbersome.
- ✓ Yes, it prevents back injuries!

Develop an SOP for the transfer of each student. Just like special nutritional needs are noted for each student, LIFTING and TRANSFERRING needs should be made for EACH child.

Know what places special education workers are at risk for injury...

- ✓ Physical demands of the job
- ✓ Equipment and facilities
- ✓ Work practices and personal factors (your fitness level, personal habits, previous medical condition, stress, etc.)

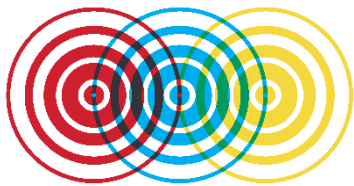
Limit the “beans in the jar!”

- ✓ Get close, keep the curves, and build a bridge!
- ✓ If you lock your legs, you use 100% of your back...so BEND YOUR KNEES!
- ✓ Options for bending low to the ground include: Get down on one knee, down on both knees, build a bridge, or a try a golfer's lift.
- ✓ Limit the carrying distance. Bring the wheelchair as close as possible to limit the distance you have to lift and carry!
- ✓ Plan and practice your lifts. Do this for both, “two-person” and “single-person” lifts. Get close...get position...count! Practice, practice, practice!

Remember to ***Expect the Unexpected!*** Children with special needs are combative and uncooperative at times or they may drop to the floor unexpectedly. Anticipate the unexpected and be ready!

Stretch often throughout the day! Remember, if you have any pre-existing conditions, check with your doctor before doing any stretching exercises.

Most important...**The children you work with love you and are counting on you to be there!**



DESERT SANDS UNIFIED SCHOOL DISTRICT

Employee Daily Health Self-Check

On a daily basis, all employees of Desert Sands Unified School District are asked to complete the daily self-check for symptoms relating to COVID-19. Please review and answer the following questions. If you answer any of the questions below with “yes”, you are to remain home, contact your direct supervisor/manager, and seek medical care. The District will provide notice once the daily self-check is no longer necessary. The health check is subject to change based on the medical findings of local government authorities.

Date: _____

Last Name (Print): _____

First Name (Print): _____

Job Title: _____

School Site/Department: _____

1. Do you have a fever? A fever is defined as a temperature of 100.4 degrees Fahrenheit or higher.

_____ Yes _____ No

2. Are you experiencing known COVID-19 symptoms, such as: chills, cough, fever, shortness of breath, respiratory illness, sore throat, or new loss of taste/smell?

_____ Yes _____ No

3. In the last 14 days, have you been requested to self-quarantine by a physician?

_____ Yes _____ No

4. Have you or anyone in your household tested positive for COVID-19 in the last 14 days?

_____ Yes _____ No

Please choose the applicable statement below:

_____ I certify that I have answered **No** to all the questions above and I am safe to work today.

_____ I certify that I have answered **Yes** to one or more questions above and will not report to my worksite today.

Signature