



DESERT SANDS UNIFIED SCHOOL DISTRICT
The Future Is Here!

INJURY AND ILLNESS PREVENTION PROGRAM
(Includes COVID-19 Prevention)
FOR
DESERT SANDS UNIFIED SCHOOL DISTRICT
REVISED AUGUST 2023

Purpose and Scope

The Desert Sands Unified School District (DSUSD, District) is committed to providing a safe and healthy working and learning environment for all teachers, staff members, and students. This Injury and Illness Prevention Program (IIPP) is written in compliance with California Code of Regulations, Title 8 Sections 3203 (*Injury and Illness Prevention Program*), 3204 (*Access to Employee Exposure and Medical Records*), 3205 (*COVID-19 Protection*), 3205.1 (*COVID-19 Outbreaks*), 3205.3 (*COVID-19 Prevention in Employer-Provided Transportation*), and 842 (*Reporting Work-Connected Fatalities and Serious Injuries*), and will be updated in alignment with changes to State regulations and District protocols. The goal of this program is to provide employees with the tools needed to identify, evaluate, control, and prevent hazards in the workplace. Elements of the IIPP include employee training, communication, timely reporting of workplace injuries, periodic inspections of work areas and maintenance of records pertaining thereto, collegial consultation with District constituents, and provision of access to the latest IIPP.

All contractors (including consultants and vendors) retained by DSUSD and working on DSUSD property will be expected to maintain their own IIPP which shall meet, at minimum, all Cal/OSHA and District safety and risk-mitigation requirements. District Risk Management, the school site that requested the contractor's services, and/or the District's designee (e.g. third-party insurance administrator) may ask a contractor to provide their IIPP for review prior to the commencement of work on District property.

Responsibility

The DSUSD Director of Risk Management is the ***Injury and Illness Prevention Program Administrator***. The Program Administrator is responsible for ensuring that the IIPP is implemented at the District level and reviewed on a regular basis (at minimum, once a year, or more often as Cal/OSHA regulations dictate). The Program Administrator also serves as chair of the DSUSD Safety Committee (*see DSUSD Safety Committee section of this document for more information*).

The Safety and Industrial Hygienist Manager (SIH Manager), working under the direction of the Director of Risk Management, is responsible for ensuring the IIPP's

adherence to State and County health and safety regulations as well as the Program's overall "fit" to address inherent safety risks and risk-management needs of the District. The SIH Manager is also available to assist supervisors and employees in providing workplace-safety training. Finally, the SIH Manager is responsible for communicating major changes to the IIPP to Department Supervisors and the employee population at large.

The Worker's Compensation Coordinator (WC Coordinator), working under the direction of the Director of Risk Management, is responsible for ensuring that employee injuries are reported in accordance with Cal/OSHA and DSUSD guidelines. The WC Coordinator also provides "one-on-one" support to employees after the injury incident. *(See the Employee Injury Reporting section for more information.)*

Department Supervisors are responsible for implementing the IIPP at the department level. To ensure ready access to the IIPP, all employees may request a copy of the latest DSUSD IIPP from their supervisor or from the Risk Management department. Department supervisors may order hard-copy IIPP booklets from Graphic Services.

Supervisors are responsible for ensuring that their employees have received appropriate safety **training** in the following situations:

- On-boarding (new to the District or to the job position);
- Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard;
- Whenever the employer is made aware of a new or previously unrecognized hazard; and
- Periodic "refresher" training, as required by Cal/OSHA or deemed appropriate.

For all questions regarding the availability and applicability of safety training for their work areas, supervisors may reach out to the SIH Manager.

Supervisors must also familiarize themselves with the actual and potential safety and health **hazards** associated with work conducted by employees under their immediate direction. Any condition posing an immediate threat to health and

safety must be addressed by school-site staff as quickly as possible. After communicating with school-site administration, supervisors may reach out to the Maintenance & Operations (M&O) department for assistance, if the corrective action needed is outside of the capabilities or scope of staff on site. The SIH Manager is also available to provide general guidance.

Additional supervisor responsibilities pertaining to the IIPP are highlighted in the following IIPP sections:

- *Hazard Reporting*
- *Safety Inspections*
- *Accident Investigations*
- *Employee Injury Reporting*

Other DSUSD **safety plans** highlight supervisor responsibilities applicable under certain employee job tasks and working conditions. It is expected that supervisors review these plans and follow the applicable protocols. *(Please note that this list is not all-inclusive. Please refer to the DSUSD Risk Management website for a full list of safety plans.)*

- Bloodborne Pathogens Exposure Control Plan
- COVID-19 Prevention Program
- Chemical Hygiene Plan
- Hazard Communication Plan
- Heat Illness Prevention Plan

School-Site Administrators

School-site Administrators (Principals, Assistant Principals) are responsible for ensuring that the designated staff member conducts safety inspections at the prescribed schedule. See the *In-house Safety Inspections* section for more information.

It is expected that school-site administration will incorporate any suggested follow-up actions resulting from a safety inspection conducted in-house, or conducted by

Cal/OSHA or Keenan & Associates. The Risk Management Director and SIH Manager are available to provide assistance to the school-site management team.

DSUSD Maintenance and Operations

The Maintenance & Operations (M&O) department are responsible for taking the necessary actions to correct observed safety hazards or deficiencies in as expedient a manner as possible. M&O staff members may also report safety hazards they observe at the school site (*see the Hazard Reporting section*).

All Employees, Students, and Volunteers are responsible for:

- Understanding and complying with District and school site health and safety policies and procedures;
- Completing requisite safety training courses (either issued by the District or their supervisor);
- (*Students*) Notifying their teacher, school resource officer, or staff member, or (*Employees*) notifying their school-site administrator or Risk Management, if an unsafe condition or safety hazard is observed at the school or work site;
- (*Employees*) Reporting workplace injuries immediately to ensure proper follow-up (refer to the *Employee Injury Reporting* section for more information);
- Reviewing safety procedures and policies prior to working with equipment and/or substances which can pose a hazard if handled improperly; and
- Utilizing all appropriate and required safety protective equipment: when the work task requires it, and in accordance with the equipment manufacturer's guidelines.

Please note that employees who disobey or violate District safety protocols may be referred to Personnel Services for disciplinary action and will be re-trained on proper and safe work practices. Employees are entitled to representation from their Union in accordance with the current DSUSD collective bargaining agreement.

Communication and Employee Access

The latest IIPP is available on the DSUSD [Risk Management web page](#) for easy access, 24 hours a day.

Outside of an update to the IIPP or other District safety plan, DSUSD will share information concerning employee or student safety through one or more of the following channels:

- E-mail communication, physical mail, or handouts/flyers from the Superintendent’s office, Risk Management department, or the school-site Principal
- Communication from the DSUSD Safety Committee (*see DSUSD Safety Committee section for more information*)
- The DSUSD website (e.g. Superintendent’s [“Super Seconds” digest](#))
- The school-site websites
- DSUSD’s [YouTube page](#)

COVID-19 Prevention at DSUSD

In response to the Cal/OSHA Non-Emergency COVID-19 Prevention regulations effective February 3, 2023, the contents of the previous DSUSD COVID-19 Prevention Program (CPP) have been updated and placed within this IIPP. The stand-alone District CPP, as well as the July 2020 COVID-19 Addendum to the IIPP, have been retired as of June 2023. Please refer to the IIPP posted on the DSUSD Risk Management web page for subsequent updates pertaining to the District’s COVID-19 protocols.

Public Health Recommendations and Legal References

DSUSD Risk Management, in conjunction with the departments of Personnel Services and Student Support Services, regularly reviews guidance issued by the California Department of Industrial Relations (Cal/OSHA), California Department of Public Health (CDPH), and Riverside University Health System – Public Health. The *COVID-19 Prevention at DSUSD* section of the IIPP will be updated in accordance with directives from Cal/OSHA and State and County public health departments.

Control of COVID-19 Hazards

The following are examples of preventative measures the District may take to reduce the spread of COVID-19. As a rule, it is important to examine and consider the impact of COVID-19 local infection trends (e.g. number of hospitalizations) before implementing one or more of these preventative measures.

- Remote work
- Physical distancing
- Reducing the density of employees indoors
- Moving indoor tasks outdoors
- Implementing separate shifts and/or break times
- Restricting access to the work area

At this stage of the COVID-19 pandemic, the most effective control is to require individuals who might have COVID-19 (regardless of when symptoms began) to refrain from coming to the workplace.

Employee Training

Employees may receive training on COVID-19 preventative measures in the workplace via the online [Keenan Safe Schools](#) portal. Once logged on, click on “View Library” and type in the keyword “Coronavirus” in the search bar to retrieve a list of COVID-19 courses.

Exclusion of COVID-19 Cases from the Workplace

With the assistance of the DSUSD School Nurse and the contact-tracing team, the District will take steps to identify COVID-19 employee cases and ensure they do not come to work during their infectious period.

COVID-19 employee cases who develop COVID-19 symptoms shall not return to the work during the shorter of the following:

- The infectious period, as defined by Cal/OSHA or CDPH; or
- Isolation can end after Day 5 if symptoms are not present or are resolving and fever-free for 24 hours without the use of fever-reducing medication.

Staff are required to wear a well-fitting mask when sharing indoor airspace for a total of 10 days.

- If symptoms, other than fever, are not resolving, continue to isolate until symptoms are resolving or until after Day 10.
- In addition, the employee case may not return to the worksite until at least 24 hours have passed since a fever of 100.4 degrees Fahrenheit or higher has resolved without the use of fever-reducing medication.

Individuals ending isolation before Day 10 are still encouraged to mask through Day 10. However, persons who end isolation before Day 10 can remove their masks after two sequential negative tests at least one day apart after Day 5.

All DSUSD employees are required to report a positive COVID-19 test result to their school site administrator/immediate supervisor, remain in home isolation, and await further instruction from the School Nurse/contact-tracing team.

COVID-19 Testing for Exposed Employees

This section applies if three (3) or more employee COVID-19 cases within an exposed group visited the worksite during their infectious period during a 14-day period, unless the CDPH determines a different criterion. Applicability continues until there are one (1) or fewer COVID-19 cases detected in the exposed group for a 14-day period.

The District will make COVID-19 testing available at no cost to employees who fall within a COVID-19 exposed group. An “exposed group” is defined by Cal/OSHA as all employees at a work location, working area, or common area, where an employee COVID-19 case was present at any time during the infectious period.

COVID-19 testing may consist of take-home, antigen tests; or tests performed on-site under the direct supervision of medical personnel (similar to a test clinic setting).

COVID-19 Testing of Close Contacts

The District will make COVID-19 testing available at no cost to employees who had a close contact in the workplace. Exception: Returning cases who did not develop COVID-19 symptoms are not subject to the close-contact testing requirement. COVID-19 testing may consist of take-home, antigen tests; or tests performed on-site under the direct supervision of medical personnel (similar to a test clinic setting).

Employer-Provided Transportation

To the extent feasible, cohorts can travel together in employer-provided transportation (e.g. work truck, “white fleet” vehicle) but should minimize time spent with those outside the cohort, in the same vehicle. A “cohort” can consist of individuals who work in the same department and regularly spend time with one another. Face coverings can be worn by vehicle occupants for comfort and safety.

Face Coverings

Single-use face coverings are available at District offices and school sites, free of charge and for voluntary use by employees, absent a public health order or Cal/OSHA mandate to wear face coverings in the workplace.

When required by a regulation or public health order, the District will continue to provide face coverings and ensure that they are worn by employees when working indoors or inside a work vehicle when at least one other employee is present in the vehicle.

Single-use respirators for voluntary use are also available for those employees working in the conditions mentioned above. Those employees requesting respirators must receive proper training prior to receiving those masks. Please note that there are certain work tasks where the use of a respirator would not be recommended, for safety reasons. For questions and guidance regarding face coverings and respirators, please contact the DSUSD Safety and Industrial Hygienist Manager.

Ventilation

Within the District's buildings, heating, ventilation and air conditioning (HVAC) system air filters have been replaced with high-efficiency air filtration, as defined by the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE).

General Workplace Safety and Health Practices

Below are some overarching practices employed at the school and District administrative sites to maintain employee and student health and safety. Additional site-specific and job-specific safety procedures and protocols are provided and reinforced through supervisor/employee communication as well as online and in-person safety training courses.

- Implementation and maintenance of the IIP Program;
- Implementation of an emergency action and fire prevention plan;
- Provision for medical services and first aid;
- Prevention of musculoskeletal disorders, including proper lifting techniques;
- Proper housekeeping, such as keeping stairways and aisles clear, work areas neat and orderly, and promptly cleaning up spills;
- Prohibiting horseplay or other acts which can be distracting to the work environment;
- Proper storage to prevent stacking goods in an unstable manner and storing goods against doors, exits, fire-extinguishing equipment, and electrical panels;
- Proper reporting of hazards and accidents to supervisors;
- Hazard communication, including worker awareness of potential chemical hazards and proper labeling of containers, and;
- Proper storage and handling of toxic and hazardous substances, including prohibition of eating or storing food and beverages in areas where they can become contaminated.

Hazard Reporting

To ensure timely correction of hazards, any unsafe condition discovered at the school or work site must be reported to the appropriate school-site administrator, or Risk Management, as soon as possible. See **Appendix A** for the District's "Report of Unsafe Condition" form. Supervisors may submit this form on behalf of their employees at the employee's request; teachers and staff members may submit this form on behalf of a student. This form may also be submitted anonymously.

The details of reports sent to Risk Management may be shared with the Safety Committee for information and appropriate follow-up. Risk Management will not disclose any personal identifying information.

Safety Inspections (Hazard Assessments)

In-House Safety Inspections

All school sites are required to complete a comprehensive safety inspection and report their findings on the appropriate form (see **Appendices B-1 and B-2**). School-wide inspections must be completed no less than once every 6 months, and according to the schedule provided in **Appendix B-3**.

School-site administrators may reference the Principal's Handbook for more information on in-house safety inspections. School-site administrative personnel are responsible for ensuring that:

- The inspections for their school are completed on schedule;
- Completed inspection forms are signed off and submitted to Risk Management; and
- Work orders for corrective maintenance are submitted to Maintenance & Operations (M&O).

Appendix B-4 provides a pictorial overview of common safety hazards encountered in the classroom. Please note that the scope of the safety inspection as outlined in Appendices B-1 and B-2 may not be inclusive of all areas or operations on the school

site. Refer to the *Department or Area-Specific Inspections* section for more information.

Property & Liability Inspections (Keenan)

Staff from Keenan & Associates, the District's current third-party insurance administrator, will conduct District-wide inspections approximately once every 2 years. While the scope of their inspections is geared primarily toward reducing the District's liability, any major safety hazards observed during the course of the inspections will be reported to Risk Management for follow-up. On occasion, staff members from Risk Management may accompany the inspectors from Keenan.

Department or Area-Specific Inspections

Employees working in departments or areas on the school site that may see a higher incidence of injuries may inspect their spaces more frequently than the semi-annual in-house comprehensive inspection. Safety inspection forms for some higher-risk areas have been included in this plan as Appendices.

- Science Lab (**Appendix C-1**)
- Chemical Storage Area (**Appendix C-2**)
- Theater Arts (**Appendix C-3**)

Additional inspection forms may be available through Risk Management. Please feel free to reach out to the SIH Manager for guidance in your respective area.

Other Considerations for Safety Inspections

In addition to routine inspections, additional inspections should be conducted:

- When relevant changes are made to the DSUSD IIPP;
- When new substances, processes, procedures, or equipment, presenting potential new hazards, are introduced to the work and/or teaching environment;
- When new, previously unidentified hazards are recognized;
- When occupational injuries and illnesses occur;

- When workplace/educational conditions reasonably warrant an inspection.

Findings from these inspections should be shared with the area manager, school-site administrator(s), and Risk Management (SIH Manager).

Cal/OSHA Inspections

An inspector from the San Bernardino office of Cal/OSHA (Enforcement) may show up to the school site, in response to an employee injury report or a complaint filed with Cal/OSHA. These visits are generally unannounced.

Employees on site should provide reasonable accommodation to the Cal/OSHA inspector during their visit. Upon the inspector's arrival, front-office staff should **contact Risk Management immediately** and ask the inspector to wait for a Risk Management staff member to arrive before starting the inspection.

Unless otherwise directed by a school-site administrator or Risk Management, any questions posed by the Cal/OSHA inspector as they pertain to specific employees, work areas, and/or work conditions should be referred to the school-site administrator or Risk Management. If you encounter an unaccompanied Cal/OSHA inspector at the school site, please feel free to direct the inspector to the front office.

The Risk Management department will serve as the liaison between the school site and Cal/OSHA, for the purposes of communication and ensuring that any necessary corrective actions are taken.

With the goal of promulgating employee safety, on occasion the SIH Manager may solicit the assistance of Cal/OSHA Consultation staff, which would result in a site visit. The SIH Manager would coordinate with school-site administrative staff well in advance of this visit, and accompany the Consultation inspector during their visit. It is important to note that Cal/OSHA Consultation and Cal/OSHA Enforcement are two different branches with unique roles and responsibilities.

Industrial Hygiene Assessments

Industrial-hygiene (IH) surveys (e.g. noise surveys, chemical exposure assessments) will be conducted if there is reason to believe that the employee's exposure to a hazardous chemical or physical agent exceeds Cal/OSHA's Permissible Exposure Limit (PEL) and/or Short-Term Exposure Limit (STEL). The District may also conduct IH surveys on workers handling specific agents, as dictated by Cal/OSHA regulations. The SIH Manager will coordinate with the employee and their department for this survey. The results of the survey will be shared with the employee as soon as the report is available from the consultant.

The M&O department will coordinate IH surveys determined to be necessary in responding to or investigating a one-time event (e.g. employee concern of poor indoor air quality).

Accident Investigations

The department supervisor/school site administrator, with the assistance of the Risk Management department (as needed), will investigate workplace accidents and hazardous-substance exposures utilizing the follow procedure:

1. Visiting the accident scene as soon as possible;
2. In the event of a serious injury, securing the area and any material or equipment that may have contributed to the accident or injury and calling Risk Management immediately;
3. Interviewing injured workers and witnesses;
4. Examining the workplace for factors associated with the accident/exposure;
5. Determining the cause of the accident/exposure;
6. Taking corrective action to prevent the accident/exposure from reoccurring;
7. Recording the findings and corrective actions taken, utilizing the Supervisor's Report of Injury or Illness (**Appendix G**). **All supervisors** with direct reports (employees) must complete this form immediately upon notification of an employee's injury or severe illness and submit the completed form and any other pertinent documentation to Risk Management.

Employee Injury Reporting

Employee's Self-Reporting and Response Procedure

The following section is a synopsis of the DSUSD *Instructions for Injured Employee (Appendix D-1)* and the *Employee Injury Process Flowchart (Appendix D-2)*. Please refer to these Appendices for additional details.

It is imperative that injuries sustained by the employee during the work shift be reported **immediately** to their supervisor. If the supervisor is not available, the injury should be reported to the school-site Principal or front office Administrative Assistant.

1. Is the injury serious (i.e. requires medical attention)?

- Yes – proceed to question #1.b.
- No – proceed to question #2.

● ***1.b. Is immediate medical attention required (i.e. emergency)?***

○ Yes –

- Call 911 (9-911 from a District site landline phone), and then call Risk Management. (Supervisor can call Risk Management.)
- If employee is transported directly to a medical facility without first reporting to Risk Management, the supervisor is required to call Risk Management at (760) 771-8545 to report the injury and the medical facility location.
- When employee is able, employee must call the Company Nurse Hotline at (877) 518-6702 (*code: QS729*) for further instructions.
- The employee is required to complete the *Employee Injury Report – Medical Treatment Required* packet and return to Risk Management (**see Appendix E**).

○ No -

- Employee must call the Company Nurse Hotline at (877) 518-6702 (*code: QS729*) for further instructions. The Company Nurse will provide employee with an incident report number.

If treatment is needed, employee will be provided the name and location of the approved medical facility.

- If employee is not able to drive, the injured worker should be transported by a supervisor or school site administrator to the approved medical facility. The employee must contact the Company Nurse prior to going to the approved medical facility.
- The employee is required to complete the *Employee Injury Report – No Medical Treatment* packet and return to Risk Management (**see Appendix F**).

2. Does the employee request medical treatment (i.e. see a doctor)?

○ Yes –

- Employee must call the Company Nurse Hotline at (877) 518-6702 (*code: QS729*) for further instructions.
- The employee is required to complete the *Employee Injury Report – Medical Treatment Required* packet and return to Risk Management (**see Appendix E**).

○ No –

- Employee is not required to report to Risk Management, however, the employee is required to complete the *Employee Injury Report* packet for no medical treatment and return to Risk Management (**see Appendix F**).
- If employee is injured at work but does not require or request medical treatment, the employee will need to complete the *Declination of Medical Treatment* form. If within one (1) year of the injury date, it is later determined that medical treatment is necessary, the employee **must contact the Company Nurse** to report the injury. In addition, the employee must complete the DWC-1 form.

Reporting Employee Injuries to Cal/OSHA

Cal/OSHA requires that work-related fatalities and serious injuries and illnesses be reported as soon as practicable, and no later than 8 hours after the employer is aware of the incident. Risk Management will report incidents that meet the reporting criteria to Cal/OSHA on the District's behalf.

Cal/OSHA defines "serious injury or illness" as an injury or illness, occurring in a place of employment or in connection with any employment, that:

- Requires inpatient hospitalization for other than medical observation or diagnostic testing; or
- Results in an amputation, the loss of an eye, or any serious degree of permanent disfigurement.

Any injuries, illness, or deaths resulting from an accident on a public street or highway (with the exception of construction zones) are exempt from Cal/OSHA reporting.

Any fatalities and serious injuries and illnesses (meeting Cal/OSHA reporting criteria) involving a consultant or contractor working on a school site must be reported to Cal/OSHA by their employer. Details of the incident must also be shared with DSUSD Facilities Services (for school-site construction work areas) and Risk Management.

DSUSD Safety Committee

The DSUSD Employee Safety Committee (also commonly referred to as just the Safety Committee) meets once a month during the regular school year. The Committee consists of four Classified (CSEA) members, four Teacher (DSTA) members, and four Management members (including the Chair of the Committee, the Director of Risk Management).

According to the Bylaws of the Safety Committee, the Committee serves:

- To address employee safety issues in the schools and District. This includes exploring ways to improve safety at work sites;
- To provide a forum for discussing employee work safety programs;

- To measure and evaluate the effectiveness of employee work safety programs;
- To make recommendations for implementation and revisions in safety programs and procedures;
- To provide information to employee groups regarding current procedures and any changes in district safety programs;
- To review federal and state legislative requirements regarding employee work safety;
- To establish and ensure guidelines for compliance with federal and state law.

Any questions regarding the Safety Committee by a non-member may be posed to a Committee member (of the same constituent group) or the Director of Risk Management.

For more information, please refer to the [Safety Committee web page](#) on the District's website.

Acknowledgements

The DSUSD Risk Management department wishes to acknowledge the following departments, institutions, and publications for their assistance and contributions to this Injury and Illness Prevention Program. Thank you!

- Clark County School District (Nevada) – Risk Management
- Hemet Unified School District – Safety & Risk Management
- Los Angeles Unified School District – Environmental Health & Safety
- San Francisco State University – Environmental Health & Safety
- University of California Office of the President – Safety & Loss Prevention

Appendices

- Appendix A – DSUSD Report of Unsafe Condition
- Appendix B-1 – DSUSD Safety Inspection Checklist for Grades K-5
- Appendix B-2 – DSUSD Safety Inspection Checklist for Grades 6-12
- Appendix B-3 – DSUSD Safety Inspection Calendar
- Appendix B-4 – Common Safety Hazards in the Classroom
- Appendix C-1 – Science Lab Safety Inspection Checklist
- Appendix C-2 – Chemical Storage Area Safety Inspection Checklist
- Appendix C-3 – Theater Arts Safety Inspection Checklist
- Appendix D-1 – DSUSD Instructions for Injured Employee
- Appendix D-2 – DSUSD Employee Injury Process Flowchart
- Appendix E – DSUSD Report of Injury – Medical Treatment Required
- Appendix F – DSUSD Report of Injury – No Medical Treatment
- Appendix G – DSUSD Supervisor’s Report of Injury or Illness



DESERT SANDS UNIFIED SCHOOL DISTRICT

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): _____

APPENDIX B-1

Desert Sands Unified School District
SAFETY INSPECTION CHECKLIST – Grades K – 5

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

School _____ For Month of _____

PLAYGROUND EQUIPMENT

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

GROUNDS AND FIELDS

- | | S | N | NA |
|---|--------------------------|--------------------------|--------------------------|
| 1. Blacktop, playing courts and sidewalks free of holes or cracks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. No dirt or water flowing on sidewalk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Area free of debris and broken glass | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Shrubs and trees – no branches hanging over walkways | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Fencing free of sharp corners and edges | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 6. Fields level, free of holes and foreign objects | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Sprinklers in proper repair and not protruding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

MULTIUSE ROOMS / GYMNASIUMS

- | | S | N | NA |
|---|--------------------------|--------------------------|--------------------------|
| 1. Stairs, ramps, floors and aisles kept clean and dry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Floors free of tripping hazards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Seating free of torn upholstery, or loose hardware | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Stage rigging, ropes, blocks and tackles in good repair; stage lighting securely attached with cable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Stairs equipped with threads and handrails | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Exits properly marked; exit lights working | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Emergency lighting system operating properly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

MISCELLANEOUS

- | | S | N | NA |
|---|--------------------------|--------------------------|--------------------------|
| 1. All fire extinguishers properly maintained/charged | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. First aid kits properly stocked | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Hallway exits properly marked | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Access to electrical, gas and water shut offs unobstructed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Secondary containers are marked properly (chemicals) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

S = Satisfactory N = Unsatisfactory NA=Not Applicable

Describe any unsafe conditions not listed above: _____

Have work orders been issued for correction of unsatisfactory conditions? Yes No

List work order numbers: _____

Person conducting inspection signature _____ Date _____

Site Administrator or designee signature _____ Date _____

APPENDIX B-2

DESERT SANDS UNIFIED SCHOOL DISTRICT SAFETY INSPECTION CHECKLIST – Grades 6 – 12

School _____ For Month of _____ Date of Inspection _____

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

GROUNDS AND FIELDS (Recommendation: Coach's Input)	S	N	NA
1. Blacktop, playing courts & sidewalks free of holes or cracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. No dirt or water flowing on sidewalk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Area free of debris and broken glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Shrubs and trees – no branches hanging over walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Fencing free of sharp corners and edges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Fields level, free of holes and foreign objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Sprinklers in proper repair and not protruding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

SWIMMING POOLS (Recommendation: Pool Tech's Input)	S	N	NA
1. Swimming Pool ladders anchored and free of rust and corrosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Diving board platforms free of signs of excessive wear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. All swimming pool/deck surfaces free of cracks and foreign matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Life Saving equipment available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Pool fencing and bleachers in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S=Satisfactory N- Not Satisfactory NA-Not Applicable
Describe any unsafe conditions not listed above: _____

INDUSTRIAL ARTS (INCLUDING THEATRE WORK AREA) (Recommendation: Teacher or Para Ed's Input)	S	N	NA
1. All materials safely racked or stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Floors clean and free from tripping/slipping hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Extension cords and cables secured and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Electrical outlets in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Oily Rags kept in closed metal containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Guards provided on all machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Power tools maintained in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Fire extinguishers properly charged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Exits unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

SCIENCE AREAS (Recommendation: Teacher's Input)	S	N	NA
1. Chemicals stored properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Eye wash stations checked and maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. General good housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fire blankets available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Fire extinguishers properly charged, mounted & accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Secondary containers are marked properly (chemicals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MISCELLANEOUS	S	N	NA
1. All fire extinguishers properly maintained/charged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. First aid kits properly stocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Hallway exits properly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Access to electrical, gas and water shut offs unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Secondary containers are marked properly (chemicals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Work Orders: _____
Person conducting inspection signature _____
Site Administrator or designee signature _____

APPENDIX B-3

Attention: School Sites – New Comprehensive Safety Inspection Schedule

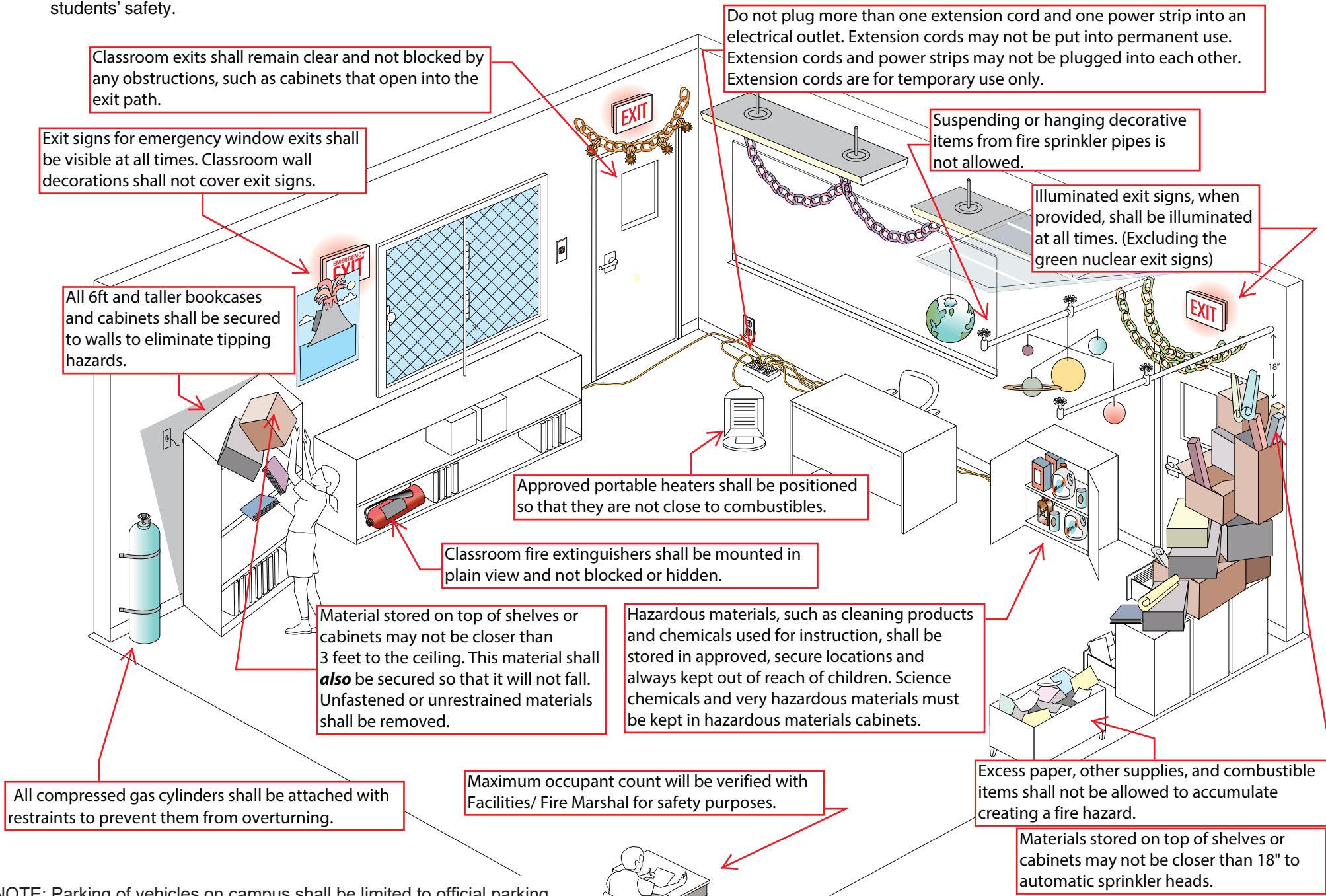
- School-site Administrators and designated site “inspectors”: Each school site has been placed into one of three groups: A, B, or C. Please conduct your safety inspections during the months designated for your group.
- The new twice-yearly schedule goes into effect on **October 1, 2023**.
- Until 9/30/23, please continue to conduct inspections monthly and submit forms monthly.
- Please return a copy of your completed and signed inspection form to Risk Management no later than the last day of every month according to the schedule for your group.
- If you have old inspection forms that indicate inspections are required monthly, you may continue to use them. Updated forms will be available to order via DSUSD Graphic Services no later than October 2023.
- If you have questions, please contact DSUSD Risk Management at x18511.

GROUP “A”: Inspections due: October, April	GROUP “B”: Inspections due: November, May
Adams	Hoover
Amistad	IHS
Dr. Carreon Academy	IMS
Carrillo Ranch	Jackson
Carter	Jefferson
Desert Ridge Academy	Johnson
Earhart	Kennedy
Eisenhower	Lincoln
Ford	LQHS
Franklin	LQMS
Glenn	Madison

GROUP “C”: Inspections due: December, June	
Monroe	Roosevelt
Oliphant	SHHS
Paige	Summit/Horizon
PDCMS	Truman
PDHS	Van Buren
Reagan	Washington

Common Safety Hazards in School Classrooms

The following are common safety hazards found in the classroom. Please review this diagram and take appropriate steps to ensure our students' safety.



Classroom exits shall remain clear and not blocked by any obstructions, such as cabinets that open into the exit path.

Exit signs for emergency window exits shall be visible at all times. Classroom wall decorations shall not cover exit signs.

All 6ft and taller bookcases and cabinets shall be secured to walls to eliminate tipping hazards.

Approved portable heaters shall be positioned so that they are not close to combustibles.

Classroom fire extinguishers shall be mounted in plain view and not blocked or hidden.

Material stored on top of shelves or cabinets may not be closer than 3 feet to the ceiling. This material shall **also** be secured so that it will not fall. Unfastened or unrestrained materials shall be removed.

Hazardous materials, such as cleaning products and chemicals used for instruction, shall be stored in approved, secure locations and always kept out of reach of children. Science chemicals and very hazardous materials must be kept in hazardous materials cabinets.

All compressed gas cylinders shall be attached with restraints to prevent them from overturning.

Maximum occupant count will be verified with Facilities/ Fire Marshal for safety purposes.

Excess paper, other supplies, and combustible items shall not be allowed to accumulate creating a fire hazard.

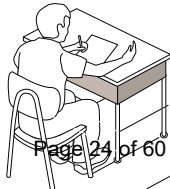
Materials stored on top of shelves or cabinets may not be closer than 18" to automatic sprinkler heads.

Do not plug more than one extension cord and one power strip into an electrical outlet. Extension cords may not be put into permanent use. Extension cords and power strips may not be plugged into each other. Extension cords are for temporary use only.

Suspending or hanging decorative items from fire sprinkler pipes is not allowed.

Illuminated exit signs, when provided, shall be illuminated at all times. (Excluding the green nuclear exit signs)

NOTE: Parking of vehicles on campus shall be limited to official parking stalls. Do not park vehicles on school grounds in such a way as to block paths of egress or block access to fire lanes.



APPENDIX C 1

LAB INSPECTION CHECKLIST

School Name: _____

Conducted By: _____

Date of Inspection: _____

Room Number: _____

I. Laboratory Work Practices

	Yes/No	Comments
✓ Food and beverages are not stored in the laboratory areas, refrigerators or in glassware that is also used for laboratory operations.	Yes/No	
✓ Pipetting is performed by mechanical means.	Yes/No	
✓ Laboratory surfaces are cleaned; disinfected or decontaminated after work is performed.	Yes/No	
✓ Hoods are not being used for storage.	Yes/No	

II. Housekeeping

	Yes/No	Comments
✓ Laboratory and storage areas uncluttered and orderly (including bench tops).	Yes/No	
✓ Aisles & exits are free from obstruction.	Yes/No	
✓ Work surfaces are protected from contamination.	Yes/No	
✓ Electrical cords are in good condition and are UL listed.	Yes/No	
✓ Tools and equipment are in good repair and electrically grounded.	Yes/No	
✓ Tops of cabinets and shelves are free from stored items.	Yes/No	
✓ Heavy objects are confined to lower shelves.	Yes/No	
✓ Glassware is free from cracks, chips, sharp edges and other defects.	Yes/No	
✓ Broken glass containers are available and in use.	Yes/No	

III. Personal Protective Equipment

	Yes/No	Comments
✓ Protective gloves are available and matched to hazards involved.	Yes/No	
✓ Eye protection is available and in use in all laboratories.	Yes/No	
✓ Lab coats or other protective garments are available and in use.	Yes/No	
✓ Lab coats are only worn in the laboratory and are removed before entering offices, lunchrooms, rest rooms, conference rooms and other non-laboratory general use areas. (This includes disposable protective clothing).	Yes/No	

IV. Hazard Communication

	Yes/No	Comments
✓ Primary & secondary chemical containers are labeled with identity, appropriate hazard warnings, and expiration dates.	Yes/No	
✓ Signs on storage areas (e.g. refrigerators) and laboratories are consistent with hazards within.	Yes/No	
✓ SDS binders are available for chemicals used and stored in area. *	Yes/No	
✓ Employees know the location of the SDS binders for their work area.	Yes/No	

* *Electronic versions of SDS's are okay as long as they are accessible during work shift. Questions? Call Risk*

V. Chemical Storage

	Yes/No	Comments
✓ Incompatible materials are segregated.	Yes/No	
✓ Corrosives and flammables are stored below eye level.	Yes/No	
✓ Hazardous materials used/stored in the laboratory are limited to small quantities.	Yes/No	
✓ Unnecessary, unused, or outdated materials are removed from laboratories and chemical storage areas.	Yes/No	
✓ Safety carriers are available and in use while transporting chemicals.	Yes/No	
✓ All lab carts have side-rails.	Yes/No	
✓ All containers are properly labeled.	Yes/No	

VII. Compressed Gas Cylinders

	Yes/No	Comments
✓ Gas cylinders are properly chained/secured.	Yes/No	
✓ Cylinder caps are in place when cylinders are not in use or being moved.	Yes/No	
✓ Gas cylinders are transported on a cart with chains.	Yes/No	
✓ Gas cylinders are stored away from excessive heat.	Yes/No	
✓ Fuel gas cylinders are at least 20 feet away from oxygen cylinders.	Yes/No	
✓ Gas cylinders are properly marked as to their contents.	Yes/No	
✓ Full and empty cylinders are stored separately.	Yes/No	
✓ Empty gas cylinders are labeled "EMPTY".	Yes/No	
✓ Gas lines, piping, manifold, etc. are labeled with the identity of their contents.	Yes/No	
✓ Hoses, tubing and regulators are in good working condition.	Yes/No	

VI. Flammable Liquids Storage & Handling

	Yes/No	Comments
✓ Flammable liquids are stored and used away from ignition sources.	Yes/No	
✓ Bulk quantities of flammable liquids are stored in approved storage cabinets.	Yes/No	
✓ Flammable liquid storage cabinets are properly labeled.	Yes/No	
✓ Flammable liquid storage cabinets close properly.	Yes/No	
✓ Flammables stored on open shelves in glass or plastic containers are within permissible quantities.	Yes/No	
✓ Safety cans used to handle small quantities of flammable liquids are properly labeled.	Yes/No	
✓ Solvent waste cans are labeled properly.	Yes/No	
✓ Nothing is stored on top of flammable cabinets.	Yes/No	

VIII. Waste Handling: Hazardous, Non-Hazardous & Biological

	Yes/No	Comments
✓ No liquid waste is disposed of in the sinks or the sewer.	Yes/No	
✓ Hazardous wastes are not accumulated for longer than one month in the laboratory.	Yes/No	
✓ Waste streams are separated as necessary: ex. Solid vs. liquid, hazardous vs. non-hazardous, halogenated vs. non-halogenated, etc.	Yes/No	
✓ Waste containers are appropriately tagged before placing in waste room.	Yes/No	
✓ Containers of hazardous waste are labeled properly with the date and name of person discarding waste.	Yes/No	
✓ Biological waste is appropriately marked with a biohazard symbol.	Yes/No	
✓ Syringes and other sharp waste are disposed of into a sharps container and placed directly into biohazard waste container.	Yes/No	
✓ Waste material is not allowed to accumulate on the floors, in corners or under shelves/tables in laboratories.	Yes/No	
✓ Radioactive waste is properly marked with radiation symbol.	Yes/No	

IX. Means of Egress and Emergency Exits

	Yes/No	Comments
✓ Exits are clearly marked.	Yes/No	
✓ Exits are free from obstruction.	Yes/No	
✓ All fire doors are self-closing.	Yes/No	
✓ All fire doors are kept closed.	Yes/No	
✓ Fire alarms are provided.	Yes/No	
✓ Telephones are labeled with emergency numbers.	Yes/No	
✓ Emergency evacuation routes are clearly posted.	Yes/No	
✓ Emergency evacuation routes are posted in common hallways.	Yes/No	
✓ Emergency exit lights are working and clear of obstruction.	Yes/No	

X. Other Labeling & Posting

	Yes/No	Comments
✓ Warning signs and labels are present whenever required (e.g. carcinogen, mutagen) where chemicals are stored.	Yes/No	
✓ Biohazard symbols are posted on access doors to biohazard laboratories and animal rooms and on potentially contaminated equipment.	Yes/No	

XI. Safety Equipment

	Yes/No	Comments
✓ Safety showers and eye wash stations are located within 75' of all laboratories.	Yes/No	
✓ Safety showers and eye wash stations are clearly labeled, and these areas are clear from obstruction.	Yes/No	
✓ All showers and eye wash stations are clean, covers are replaced and they are in good working condition.	Yes/No	
✓ Fire extinguishers are available.	Yes/No	
✓ Fire extinguishers are checked monthly. Date of last check:	Yes/No	
✓ Fire detection devices, smoke alarms, sprinkler systems, lighted exit signs are in good working condition.	Yes/No	
✓ First-aid supplies are readily available and clearly visible.	Yes/No	
✓ Spill team list is clearly posted in laboratories.	Yes/No	

MONTHLY CHECKLIST FOR SAFE HANDLING AND STORAGE OF CHEMICALS

Activity	Yes	No
1. All chemicals are correctly and clearly labeled.		
2. Unlabeled containers and chemical wastes have been inventoried and a disposal request submitted to Risk Management.		
3. Only chemicals that are being used are continually being stored.		
4. Only the amount of chemicals that can be consumed within a year are being stored.		
5. Staff is aware of and has trained others on hazards and precautions for protection prior to using any chemical, and has reviewed the precautionary labels and contents before using any chemical product.		
6. All chemicals are stored by compatibility (refer to the DSUSD Chemical Hygiene Plan).		
7. Chemicals are stored on shelves below eye level.		
8. Chemicals are NOT stored on the floor.		
9. Chemicals are being stored in approved storage cabinets.		
10. Neutralizing chemicals, absorbent, and other spill control materials are readily available.		
11. Compressed gas cylinders are upright and secured to the wall with caps in place (if cylinders not in active use).		
12. Storage cabinets for corrosive chemicals (separated for acids and for abases) are appropriately labeled.		
13. Flammable materials are stored in approved storage cabinets.		
14. Shelving is equipped with lips to prevent products from rolling off shelves and secured to walls/floor to prevent tipping of entire sections.		
15. Storage areas/cabinets are labeled to identify the hazardous nature of the products stored within.		
16. Class ABC fire extinguishers are available in chemical storage areas and are in working order.		
17. There are no sources of ignition in the chemical storage area.		
18. Chemical storage area has two exits and egress (exiting) area is clear.		
19. Used and contaminated reagents are stored and labeled properly.		
20. Current inventory lists and SDS's are posted clearly in each storage room throughout the science department.*		
21. Chemical storage cabinets are locked when laboratory classes are not in session.		

**A chemical inventory and Safety Data Sheets in online form, readily accessible by all area users during the work shift, are also acceptable. For technical assistance, please contact DSUSD Risk Management (Safety and I.H. Manager).*

Inspector Name (Printed)

Inspector Signature

Date

Site Administrator Name (Printed)

Site Administrator Signature

Date

School Name: _____



UC Performing Arts General Safety Inspection Checklist (adapted for DSUSD)

Location: _____ Area: _____

Inspected by: _____ Date: _____

Periodic inspections (at least quarterly) are recommended. Document the inspections using this checklist. Mark potential hazards according to your judgment. Check all items that apply, and make comments when warranted. Place an "X" in the appropriate box to indicate the item is compliant/safe (Yes), non-compliant/hazardous (No), does not apply to the area (NA).

Fire Prevention, Emergency Exits, Emergency Response		Yes	No	N/A	Corrective Action/Date Completed
1	Emergency and other vital phone numbers (e.g. Risk Mgmt.) are posted near a phone.				
2	Fire doors are unlocked and kept closed at all times.				
3	Emergency exit doors are visible and free of obstructions on both sides of the doors.				
4	Exits are properly marked and illuminated.				
5	Fire extinguishers are mounted, accessible, fully-charged and serviced within the last 12-months.				
6	Fire extinguishers, alarm pulls, sprinkler risers, and sprinklers heads are free of obstructions.				
7	Intercom or emergency communication equipment is operational.				
8	Occupancy limits are posted near the main exit of large rooms and assembly areas.				
9	Evacuation maps are posted where required.				
10	First aid kits are fully supplied and sanitary.				
11	Flammable and combustible materials are stored away from ignition sources.				
12	Space heaters are absent.				
Storage, and Hanging Objects		Yes	No	N/A	Corrective Action/Date Completed
13	Storage shelves are not overloaded.				
14	Bookcases, storage cabinets, and file cabinets are secured from tipping.				
15	File drawers are closed when not in use.				
16	Materials are stored to minimize unnecessary climbing, reaching, and bending.				
17	No storage is within 18" of sprinkler heads (24" from ceiling when no sprinklers).				

UC Performing Arts - General Safety Inspection Checklist (continued)

Electrical Hazards		Yes	No	N/A	Corrective Action/Date Completed
18	Cords and plugs are in good condition; no exposed internal wires or taped wires.				
19	Extension cords are only used temporarily.				
20	No multi-extension cord or extension cord to surge device usage.				
21	Outlets and switches cover plates are present.				
22	Breakers and fuse switches are identified.				
23	Electrical panels are free of obstructions have a clearance of 30" to each side and a clearance of 36" in front.				
Walking Surfaces, Stairways, Ramps and Corridors		Yes	No	N/A	Corrective Action/Date Completed
24	Building entrances, aisles, and work areas are free of trip and fall hazards.				
25	Entrance mats are in place, and extended mats are used during wet weather.				
26	No tripping hazards present; walkways are clear of all materials, cords, wires, paper, and equipment.				
27	Carpets and rugs are secure and in good condition.				
28	Floors are clean, dry, and free slippery materials.				
29	Stairways, ramps, and corridors are illuminated.				
30	Stairways, ramps, and corridors are clear and free of stored materials.				
31	Stair treads are in good condition.				
32	Ramps have non-slip surfaces.				
33	Handrails and guardrails are present where required and are in good condition.				
General Safety and Housekeeping		Yes	No	N/A	Corrective Action/Date Completed
34	Work tables, desks, and chairs are in good condition.				
35	Step stools and ladders are available to facilitate reaching items stored overhead.				
36	Sharp and pointed tools are shielded to prevention accidental contact.				
37	Good housekeeping practices are in place.				
38	Restrooms are clean, and the fixtures are secure.				

UC Performing Arts - General Safety Inspection Checklist (continued)

General Safety and Housekeeping		Yes	No	N/A	Corrective Action/Date Completed
39	Safety data sheets are accessible. (Hard-copy or electronic)				
40	Primary and secondary chemical containers are labeled to identify the contents and specific hazard.				
Other		Yes	No	N/A	Corrective Action/Date Completed
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					



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

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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*)

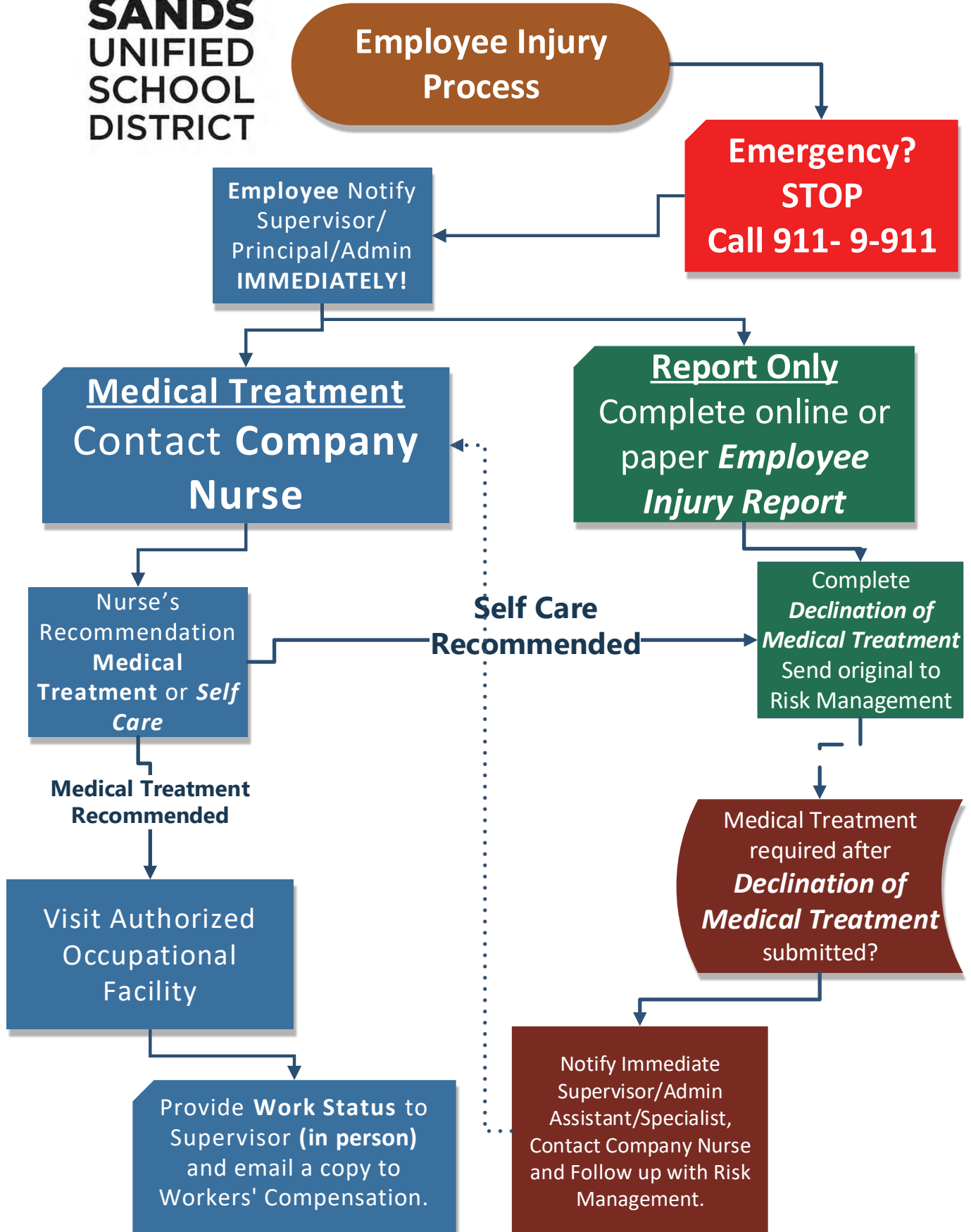
IF YOU HAVE ANY QUESTIONS, CONTACT THE Workers' Compensation Coordinator in Risk Management at (760)771-8545 AND/OR WORKERS.COMP@DESERTSANDS.US



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





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PLEASE FOLLOW THE STEPS BELOW TO MAKE SURE ALL THE APPROPRIATE DOCUMENTS HAVE BEEN COMPLETED AND STEPS HAVE BEEN TAKEN TO EFFICIENTLY PROCESS YOUR WORK-RELATED INJURY/ILLNESS

EMPLOYEE'S INJURY/INCIDENT CHECKLIST FOR MEDICAL TREATMENT ONLY

- ___ NOTIFY YOUR **SITE ADMINISTRATOR/SUPERVISOR**

- ___ CALL *COMPANY NURSE HOTLINE (877)518-6702 – CODE (QS729)*
(FOR MEDICAL TREATMENT ONLY)

- ___ COMPLETE **EMPLOYEE INJURY/ILLNESS REPORT**

- ___ REVIEW **EMPLOYEE INJURY/ILLNESS REPORT** WITH SITE ADMINISTRATOR

- ___ VISIT **AUTHORIZED OCCUPATIONAL MEDICAL FACILITY**

- ___ PROVIDE WORK STATUS TO RISK MANAGEMENT
IMMEDIATELY AFTER OR PRIOR TO YOU NEXT SHIFT

- ___ VISIT **RISK MANAGEMENT** TO COMPLETE ADDITIONAL DOCUMENTATION



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DSUSD Employee Injury Report

Employee Information

Full Name: _____ Today's Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City _____ State _____ ZIP Code _____

Phone: _____ Email: _____

Social Security# (Last 4 Only): _____ Date of Birth: _____ Employee ID: _____

Employment Information

Work Site: _____ Position: _____

From: _____ ^{AM} ^{PM} To: _____ ^{AM} ^{PM} Work Hrs: _____ Supervisor: _____

Work Months: 12 11 10 9.75 9.5 Substitute Volunteer

Injury/Illness Information

Date of Injury: _____ Time of Injury: _____ Location of Injury: _____

Supervisor Notified: Yes No If Yes, Name: _____ Date Notified: _____ Time Notified: _____

Body Part/s Injured: _____

Equipment, Materials and/or Chemicals being used?: _____

Anyone Else Injured?: _____ Witnesses: _____

(Additional) _____

Employee Statement

Describe how Injury/Illness Occurred: *(Facts Only)*



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Disclaimer and Signature

California Labor Code 5401.7 states: “Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers’ compensation benefits or payments is guilty of felony.”

I, _____ *Declare under penalty of perjury that the foregoing is true and correct.*

Signature: _____ Date: _____

Notes:



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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
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Desert Sands Unified School District

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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

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

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

Continue Below



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

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

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

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

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

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

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

Switching to a Different Doctor as Your PTP:

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

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

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

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

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

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

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

Cambiando a otro Médico Primario o PTP:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



WORKERS' COMPENSATION CLAIM FORM (DWC 1)

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

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

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

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

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

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

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

Employee—complete this section and see note above

Empleado—complete esta sección y note la notación arriba.

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

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

- Name of employer. *Nombre del empleador.* Desert Sands Unified School District
- Address. *Dirección.* 47-950 Dune Palms Road, La Quinta, CA 92253
- Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
- Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
- Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
- Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* _____
Keenan & Associates, PO Box 2707, Torrance, CA 90509
- Insurance Policy Number. *El número de la póliza de Seguro.* Keenan & Associates Policy No. 1854, Self-Insured Certificate No. 7599
- Signature of employer representative. *Firma del representante del empleador.* _____
- Title. *Título.* Director, Risk Management
- Telephone. *Teléfono.* 760-771-8512

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

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

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

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



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

PLEASE FOLLOW THE STEPS BELOW TO MAKE SURE ALL THE APPROPRIATE DOCUMENTS HAVE BEEN COMPLETED AND STEPS HAVE BEEN TAKEN TO EFFICIENTLY PROCESS YOUR WORK-RELATED INJURY/ILLNESS

EMPLOYEE'S INJURY/INCIDENT CHECKLIST

NOT SEEKING MEDICAL TREATMENT

___ NOTIFY YOUR SITE ADMINISTRATOR/SUPERVISOR

___ COMPLETE ONLINE EMPLOYEE INJURY REPORT
(VISIT – WWW.DSUSD.US/WCINJURY) **DSUSD EMAIL REQUIRED**

___ COMPLETE EMPLOYEE INJURY/ILLNESS REPORT
(REQUIRED IF ONLINE REPORT NOT COMPLETED)

___ COMPLETE DECLINATION OF MEDICAL TREATMENT
(NOT SEEKING MEDICAL TREATMENT)

___ REVIEW EMPLOYEE INJURY/ILLNESS REPORT WITH SITE ADMINISTRATOR

This document is not a waiver of workers' compensation benefits as stated by Labor Code 5405(a), where no benefits have been provided. The injured employee has a maximum period of one (1) year from the date of injury to obtain medical treatment and benefits.



Desert Sands Unified School District

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Injury/Illness Report Form

Employee Information

Full Name: _____ Today's Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City _____ State _____ ZIP Code _____

Phone: _____ Email: _____

Social Security# (Last 4 Only): _____ Date of Birth: _____ Employee ID: _____

Employment Information

Work Site: _____ Position: _____

From: _____ AM PM To: _____ AM PM Work Hrs: _____ Supervisor: _____

Work Months: 12 11 10 9.75 9.5 Substitute Volunteer

Injury/Illness Information

Date of Injury: _____ Time of Injury: _____ Location of Injury: _____

Supervisor Notified: Yes No If Yes, Name: _____ Date Notified: _____ Time Notified: _____

Body Part/s Injured: _____

Equipment, Materials and/or Chemicals being used?: _____

Anyone Else Injured?: _____ Witnesses: _____

(Additional) _____

Employee Statement

Describe how Injury/Illness Occurred: *(Facts Only)*



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

Disclaimer and Signature

California Labor Code 5401.7 states: “Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers’ compensation benefits or payments is guilty of felony.”

I, _____ *Declare under penalty of perjury that the foregoing is true and correct.*

Signature: _____ Date: _____

Notes:



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Workers' Compensation Coordinator – (760) 771-8545 -- FAX: (760) 771-8547

Declination of Medical Treatment

If the need for medical treatment arises as a result of this injury, I have been instructed to inform my Site Administrator and immediately contact the Workers' Compensation Coordinator at (760)771-8545

Name of Injured Employee **Employee ID** **Social Security #** **Date of Injury**

Location of Injury **Assigned School/Department**

Details of Injury (Facts Only):

My signature below confirms that **I am not** experiencing any signs/symptoms resulting from the industrial accident indicated above. Medical Treatment has been offered but I further decline any medical treatment as a result of this job-related accident.

My signature below confirms that **I am** experiencing signs/symptoms resulting from the industrial accident indicated above. Medical Treatment has been offered but I further decline any medical treatment as a result of this job-related accident.

Signature:	Date:
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This document is not a waiver of workers' compensation benefits as stated by Labor Code 5405(a), where no benefits have been provided. The injured employee has a maximum period of one (1) year from the date of injury to obtain medical treatment and benefits.



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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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Workers' Compensation Coordinator – (760) 771-8545 -- FAX: (760) 771-8547

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.



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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

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

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

Continue Below



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

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

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

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

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

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

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

Switching to a Different Doctor as Your PTP:

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

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

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

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

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

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

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

Cambiando a otro Médico Primario o PTP:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



WORKERS' COMPENSATION CLAIM FORM (DWC 1)

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

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

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

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

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

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

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

Employee—complete this section and see note above

Empleado—complete esta sección y note la notación arriba.

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

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

- Name of employer. *Nombre del empleador.* Desert Sands Unified School District
- Address. *Dirección.* 47-950 Dune Palms Road, La Quinta, CA 92253
- Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
- Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
- Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
- Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* _____
Keenan & Associates, PO Box 2707, Torrance, CA 90509
- Insurance Policy Number. *El número de la póliza de Seguro.* Keenan & Associates Policy No. 1854, Self-Insured Certificate No. 7599
- Signature of employer representative. *Firma del representante del empleador.* _____
- Title. *Título.* Director, Risk Management
- Telephone. *Teléfono.* 760-771-8512

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

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

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

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



DESERT SANDS UNIFIED SCHOOL DISTRICT

47-950 Dune Palms Road • La Quinta, California 92253 • (760) 777-4200 • FAX: (760) 771-8505

Department of Risk Management
Phone (760)771-8511 • Fax (760)771-8547

Supervisor’s Injury and Illness Incident Report

INSTRUCTIONS

1. Report the illness/injury IMMEDIATELY to the Workers’ Compensation Coordinator.
2. Request the ill/injured employee to report the incident to the Company Nurse as soon as possible.
3. Within (24) hours of the injury or illness:
 - The employee's direct supervisor or site administrator must complete ALL sections of this form. **(Under no circumstances is the injured/ill employee to complete this form.)**
 - Forward the completed form to Workers’ Compensation via email: workers.comp@desertsands.us
 - Keep a copy in the department in a confidential file location

Employee Name (Please print clearly): _____

Check any of the following unsafe actions which you feel may apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Haste/unsafe speed | <input type="checkbox"/> Improper Procedure | <input type="checkbox"/> Unsafe lifting |
| <input type="checkbox"/> Not authorized | <input type="checkbox"/> Un-safe equipment usage | <input type="checkbox"/> Un-safe position |
| <input type="checkbox"/> Disregard of instructions | <input type="checkbox"/> Defective equipment/tools | <input type="checkbox"/> Running/jumping |
| <input type="checkbox"/> Lack of knowledge/skill/training | <input type="checkbox"/> Inattention | <input type="checkbox"/> Poor Housekeeping |
| <input type="checkbox"/> Failure to use proper equipment | <input type="checkbox"/> Assault | <input type="checkbox"/> Act of other |
| <input type="checkbox"/> Inadequate protective gear | <input type="checkbox"/> Horseplay | <input type="checkbox"/> Physical handicap |
| <input type="checkbox"/> Carelessness | <input type="checkbox"/> Alcohol/drugs | <input type="checkbox"/> Other |

What steps have been taken or recommended to prevent a recurrence?

Comments:

By signing the form below, the Supervisor understands this is a confidential document and agrees to protect against unlawful distribution. Furthermore, the Supervisor of the injured person has investigated this accident or injury, reviewed, approved, and implemented the corrective actions necessary to prevent a recurrence of this accident.

Supervisor/Administrator’s Name (Print): _____ Date: _____

Supervisor/Administrator’s Signature: _____