Injury and Illness Prevention Program

October 2016

San Bernardino Valley College
701 South Mount Vernon Avenue
San Bernardino, California 92410

&

Crafton Hills College
11711 Sand Canyon Road
Yucaipa, California 92399
CONTENTS

Policy Statement  1
Responsibilities  1
Compliance  3
Communication  4
Hazard Assessment  6
Accident/Exposure Investigations  6
Hazard Correction  8
Training and Instruction  8
Recordkeeping  9
Employee Access to Records  10
Appendix A: SBVC Site Specific Information  11
Appendix B: CHC Site Specific Information  12
Appendix C: Reporting a Hazard  15
Appendix D: Safety Inspection Form  16
Appendix E-1: Common Safety Violations- Classrooms  18
Appendix E-2: Common Safety Violations- Offices  20
Appendix F: Safe Work Practices 22
Appendix G: Instructions for Injured Worker 31
Return to Work Program 33
Appendix H: Employee Statement of Injury or Illness 34
Appendix I: **Covered Employee Notification of Rights Materials** 35
Appendix J: Authorization For Medical Treatment 40
Appendix K: Supervisor Instructions for Managing Injured Workers 43
Policy Statement

In accordance with Board Policy 6800, and Administrative Procedure 6800, and Title 8 CCR Section 3203 Injury/Illness Prevention Program Regulation, The Board of Trustees mandates that the San Bernardino Community College District shall establish an Injury and Illness Prevention Program in compliance with applicable OSHA regulations and state law. These procedures shall promote an active and aggressive program to reduce and/or control safety and health risks.

The requirements for establishing, implementing and maintaining an effective written Injury and Illness Prevention Program are contained in Title 8 of the California Code of Regulations, Section3203 (T8 CCR 3203) and consist of the following elements:

- Responsibility
- Compliance
- Communication
- Hazard Assessment
- Accident/Exposure Investigation
- Hazard Correction
- Training and Instruction
- Recordkeeping

This program outlines the proper policies, procedures, and responsibilities which apply to employees in their respective work environments. By identifying and correcting potential and/or existing hazards as they are discovered, the amount of workplace injuries or illnesses can be kept to a minimum. A complete copy of the IIPP will be kept in a common location available to all employees to review. A copy will be given to each employee upon hiring, and all employees will sign a certificate or receipt which will be maintained in their file.

Responsibilities

IIPP Administrator

The College President is the IIPP Administrator, the Vice President of Administration is the designee, and both have the authority and responsibility for implementing and maintaining this IIPP for their respective campuses.

Assigned campus designees are as follows:

Vice President of Administrative Services/SBVC, Site Safety Officer
San Bernardino Valley College
Tel: (909) 384-8958

Vice President of Administrative Services/CHC, Site Safety Officer
Crafton Hills College
Tel: (909) 389-3210
Refer to Appendix A “Site-Specific Information- San Bernardino Valley College” for a communication flow chart and contact information. Refer to Appendix B “Site-Specific Information- Crafton Hills College” for a communication flow chart and contact information.

The District office and each campus shall maintain site safety committees to advise management on site-specific recommendations to maintain standards of safe practices and eliminate workplace injuries and illnesses by involving employees and managers in achieving a safe, healthful workplace.

The IIPP Administrators and designees may be assisted in their duties by the SBCCD, Safety & Risk Management. SBCCD, Safety & Risk Management can be reached at (909) 382-4040 or at smr@sbccd.cc.ca.us, during regular business hours.

The duties of the IIPP Administrator include, but are not limited to the following:

- Overall implementation and maintenance of the IIPP;
- Evaluate resource needs for the effective implementation of the IIPP;
- Implement the IIPP, as needed. This includes conducting periodic inspections, initiating hazard abatement, conducting accident investigations, and ensuring that employees follow mandated safety and health procedures. This task may be delegated to the Supervisors as needed;
- Ensure that all SBCCD employees are trained in workplace safety and are familiar with the health and safety hazards to which employees under their immediate direction or control may be exposed, as well as applicable laws, regulations, and SBCCD safety rules and policies;
- Suspend work activities that may jeopardize public and personnel health and safety;
- Direct changes in work practices in order to improve health and safety and audit field work facilities and field activities in order to evaluate the effectiveness and/or compliance with required IIPP safe work procedures.
- Remove individuals from operations or activities when their conduct jeopardizes their health and safety or that of others.
- Ensure that all SBCCD employees are trained in the proper use, maintenance and limitations regarding personal protective equipment (PPE);
- Provide any required PPE for employee use after a hazard assessment has been conducted;
- Complete all Occupational Injury and Illness forms;
- Develop methods for abating workplace hazards;
- Ensure that workplace hazards are abated in a timely and effective manner;
- Maintaining all records required by the IIPP and Worker’s Compensation. This includes posting the OSHA 300 Log and any other required postings in a conspicuous location.

Managers

All managers, supervisors and administrators are responsible for implementing and maintaining the IIPP in their work areas and for answering questions about the IIPP. Each department manager or supervisor is responsible for the safe operation of their department. Areas that present the highest number of potential hazards, such as laboratories, technical shops or maintenance operations are encouraged to convene their own department safety committees to assist with maintaining any site-specific Code of Safe Practices.
Employees

Employees are expected to understand the policies and procedures specified in the IIPP and to clarify those areas where understanding is incomplete. All employees should be aware of safety procedures for their particular work area and the campus as a whole. All employees are expected to report accidents, injuries, or unsafe conditions immediately to their supervisor and to provide feedback to management relating to omissions and necessary IIPP modifications or the Safety Committee.

Additionally, all SBCCD employees have the right to refuse to perform work where the employee feels unsafe or where specified safe working procedures are not adequate or understood, and to refuse to perform any activity where safe work procedures outlined in the IIPP and/or other health and safety-related documents are not being followed.

THIS IIPP IS AVAILABLE ON THE SBCCD, SAFETY & RISK MANAGEMENT WEBSITE:

https://sbccd.org/safetyrisk

Compliance

All SBCCD employees, including managers and supervisors, are responsible for complying with safe and healthful work practices. Our system of ensuring that all workers, faculty, staff and students are aware of, and comply with these practices includes the following:

- Informing workers of the provisions of our IIPP;
- Informing workers of the provisions of our IIPP through formal training programs;
- Providing employees with a set of comprehensive safety policies and procedures;
- Providing guidance and advocacy for employees through the District/Campus Safety Committees. Reports of potential unsafe practices or working conditions can be made anonymously to the District/Campus Safety Committee;
- Providing regular and on-going safety training specific to the site and task conditions that employees are working in;
- Performing regular inspections of work spaces to ensure a safe environment;
- Recognition of faculty and staff efforts to provide a safe campus environment; and
- Following progressive disciplinary action for any employee that does not comply with this IIPP and safe work practices.

Any SBCCD employee that does not comply with this IIPP may be subject to progressive disciplinary action, up to and including termination. Progressive discipline will follow those guidelines as presented in the California Education Code and applied by the San Bernardino Community College District.
Communication

Campus safety at all SBCCD buildings and Campuses is a product of effective communication. All managers and supervisors are accountable for sharing occupational safety and health information, policies and procedures with their staff and other members of the campus community. This information must be provided in a form that is readily understandable by all staff and community members.

Faculty and staff members are required to report occupational injuries and illnesses to their supervisor immediately. Injured workers need to complete an employee statement of occupational injury or illness. A separate workers’ compensation claim form (DWC-1) may also be required. Questions pertaining to the SBCCD Workers’ Compensation program should be addressed to the SBCCD Human Resources Department, which can be reached at (909) 382-4040, during normal business hours.

The communication system at SBCCD includes:

- **Direct One-on-One Communication**
- **Training Programs**
- **E-mail**
- **Posted or Distributed Safety Information**

**Reporting a Hazard**

SBCCD employees are required to immediately report any unsafe condition or hazard that they discover in the workplace to their Supervisor or the IIPP Administrator. Our communication system encourages all workers to inform their managers and supervisors about workplace hazards without fear of reprisal. Employees can report safety concerns anonymously if they perceive they shall be subject to any form of retribution.

An anonymous safety complaint/suggestion form can also be found in Appendix C of this document. Submit completed forms to the office of Administrative Services to the attention of the Vice President of Administrative Services or to District Safety & Risk Management.

Refer to Appendix C “Reporting a Hazard” for the hazard Reporting Flow Chart and Hazard Ranking Matrix. Refer to Appendix E-1 “Common Safety Violations in Classrooms” and E-2 “Common Safety Violations in Offices” to see common safety hazards in these environments.

**SAFETY CONCERNS MAY BE SUBMITTED ANONYMOUSLY AT THE LINK BELOW UNDER HAZARD REPORTING:**

[https://sbccd.org/safetyrisk](https://sbccd.org/safetyrisk)
Facility and Safety Committee

SBCCD recognizes that Safety Committees are an excellent way of communicating safety and health information to our employees, and also can facilitate the creation of a dynamic safety culture. The Facility and Safety Committee (FASC) is a collaboration of employees from the various departments, the academic/classified bargaining units and senates, at each campus (San Bernardino Valley College, and Crafton Hills College). Refer to Appendix A for the current, IIPP Administrator and or designee for San Bernardino Valley College (SBVC), and Appendix B for the current, IIPP Administrator or designee for Crafton Hills College (CHC).

The goal of the Safety Committee is to help the District eliminate workplace injuries and illnesses by involving employees in achieving a safe, healthful workplace and promoting awareness and participation in emergency response programs. Meetings will be held periodically, but not less than quarterly, and will be scheduled at the discretion of the IIPP Administrator and/or designee. Meeting minutes will be posted and accessible to all employees, and copies kept on file with the IIPP Administrator for a period of three (3) years.

During these meetings the following issues will be discussed:

- Review results of the periodic, scheduled worksite inspections;
- Review investigations of occupational injuries and illnesses and causes of incidents resulting in occupational injury, occupational illness, or exposure to hazardous substances and, where appropriate;
- Suggestions to management for the prevention of future incidents;
- Review investigations of alleged hazardous conditions brought to the attention of any committee member;
- When determined necessary by the committee, the committee may conduct its own inspections and investigations to assist in remedial solutions;
- Employee safety suggestions;
- Review of any recent corrective/abatement actions implemented;
- Any other safety-related discussion deemed pertinent and appropriate.
Hazard Assessment

Managers and supervisors shall conduct periodic safety inspections of their facilities, equipment and projects to identify unsafe conditions and work practices. To ensure the on-going safety of the campus, managers and supervisors shall be asked to perform regular safety inspections utilizing self-inspection guidelines, refer to the "Safety Inspection Form" found in Appendix D of this document to identify potential hazards and/or unsafe work practices.

General office areas should be inspected semi-annually and laboratory/shop areas should be inspected on a quarterly basis. Records of these inspections and actions taken to correct any identified unsafe conditions shall be maintained by the appropriate manager or supervisor.

Additional inspection services are also provided by the San Bernardino Community College District’s safety consultant. Records of the findings from these inspections, and any corrective actions taken, shall be reviewed by the District/Campus Safety Committee and retained by the Office of Administrative Services (Campus) or Safety & Risk Management (District).

Accident/Exposure Investigations

A complete injury and illness investigation includes gathering data, making an objective evaluation of facts, statements and related information, and finally, developing a definite plan to prevent recurrence. To assure that meaningful data will be obtained, all management personnel should be familiar with injury and illness investigation techniques. In particular, each supervisor should be well versed in injury and illness investigation procedures, as well as be the key person in the accident investigation.

It is essential that injuries and illnesses be investigated as soon as possible while facts are still clear and more details can be remembered. Timely investigations also help make injury and illness reconstruction easier. Timely reporting is within 8 hours for applicable regulatory agencies and within 24 hours for the host facility/client. Injury and illness investigation findings and recommendations will be communicated to all employees.

When occupational injuries and illness occur, the appropriate manager or supervisors shall interview the injured employee(s) and any witnesses to identify factors that shall have contributed to the exposure or injury. The manager is required to inspect the accident scene to assess any correctable safety concerns. Documentation of the interviews and inspections, as well as any conditions requiring corrective action, shall be submitted to the appropriate District/Campus representative for evaluation. Records of these inspections and actions taken to correct any identified unsafe conditions shall be maintained by the appropriate manager or supervisor.

INVESTIGATION GUIDELINES TO FOLLOW:

▲ Visit the scene as soon as possible (when it is safe to do) — while facts are fresh and before witnesses forget important details;
▲ If possible, interview the injured worker on the same day, and at the scene;
▲ All interviews should be conducted as privately as possible. Interview witnesses one at a time. Talk with anyone who has knowledge of the injury or illness even if they did not actually witness it;
▲ Document details graphically; use sketches, diagrams and photos as needed, and take measurements when appropriate.
Focus on causes and hazards; develop an analysis of what happened, how it happened and how it could have been prevented. This will facilitate determination of what caused the incident itself, not just the injury.

Every investigation should include an action plan to address how to prevent such injuries or illnesses in the future; and

If a third party or defective product contributed to the injury, save any evidence. It could be critical to the recovery of claims costs.

Managers and supervisors will complete the supervisor statement of occupational injury or illness and the witness statement of employee injury forms and report observed violations that require correction to the appropriate department(s) and administrator(s). The manager or supervisor of the inspected unit is responsible for making and documenting the corrections to the listed violations.

SUPERVISORS ARE RESPONSIBLE FOR:

- Completing the supervisor’s statement of occupational injury or illness immediately;
- Ensuring that any witnesses complete a statement of employee injury as soon after the incident as feasible;
- Forwarding these completed documents to the SBCCD Office of Human Resources; and
- Correcting any safety hazards in a timely manner and document that response in writing.

Supervisor statements are utilized in Worker’s Compensation claims and must be completed immediately following an injury. Copies of the completed forms and the supervisor’s response to the hazardous condition should be retained by that manager or supervisor and forwarded to Human Resources.

http://www.sbccd.org/District_Faculty_-,a-,Staff_Information-Forms/Human_Resources_Forms, under Workers’ Compensation forms.

THE SBCCD DISTRICT OFFICE OF HUMAN RESOURCES IS RESPONSIBLE FOR:

- Recording and reporting to State Compensation Insurance Fund within five (5) days every employee injury or illness unless disability resulting from such injury or illness does not last through the day or does not require medical service other than minor first aid treatment; and
- Maintaining a master log and summary of employee occupational injuries and exposures.
Hazard Correction

Unsafe or unhealthy work conditions, practices or procedures shall be corrected in a timely manner. If the unsafe condition cannot be immediately abated, a suitable timetable for correcting the unsafe condition based on the severity of the hazard shall be established by the appropriate college administrator(s).

If a hazard presents an imminent danger to employees or building occupants and the hazard cannot be immediately corrected without endangering personnel and/or property, then all exposed personnel will be evacuated from the area. Employees remaining to correct the identified hazardous condition may do so only if they are properly trained.

Training and Instruction

All workers, including managers and supervisors, shall have training and instruction on general and job-specific and health practices. Employees attending or receiving training mandated by this program will sign attendance sheets and actively participate in training.

Employee training will be provided to employees, as indicated below:

Training programs will be based on the specific needs of the employee within the context of their work classification and work environment. All staff members will be provided with the following mandatory training:

- An orientation on the IIPP, Emergency Action Plan and Fire Prevention Plan;
- Means and methods for reporting unsafe conditions, work practices, injuries;
- How to secure emergency medical services and/or first aid;
When to request additional training or instruction;
Identification of potential hazards in the workplace and those hazards that are specifically related to their job assignment;
The means of minimizing or eliminating potential hazards, such as maintaining safe work conditions, safe work practices and the use of personal protective equipment.

A comprehensive list of available training programs is available from the appropriate campus representative or the SBCCD Human Resources office.

**A TRAINING MATRIX THAT OUTLINES THE SAFETY TRAINING PROGRAMS APPROPRIATE TO DIFFERENT JOB CLASSIFICATIONS CAN BE FOUND AT THE FOLLOWING SBCCD WEB SITE:**

[https://sbccd.org/safetyrisk](https://sbccd.org/safetyrisk), under Safety Training.

Safety training records shall be maintained for each employee for the duration of their employment. Copies of this documentation shall be maintained in the Human Resources office.

**Recordkeeping**

All non-personnel records and reports that are generated by this program shall be maintained by the appropriate manager/supervisor. Personnel workplace injury/illness records are to be kept and maintained by Human Resources. All records and reports that are generated by this program shall be maintained according to the requirements in T8CCR 3203(b).

- Records of occupational injuries and exposures will be kept on file for a minimum of three (3) years and will be made available for review by Cal / OSHA upon request. General safety records shall be kept a minimum of three (3) years. These include but are not limited to:
  - Notice of Safety Deficiencies and Audits
  - Report of Corrected Safety Deficiencies
  - Documentation of safety and health training
  - Scheduled and periodic safety inspections
  - Incident review records and interviews pertaining to injury incidents
  - Committee meeting records
- The Cal/OSHA Log 300 and Summary of Occupational Injuries and Illness shall be maintained for a minimum of five (5) years.
- The Cal / OSHA summary for the previous year will be posted during the months of February through April on designated safety bulletin boards throughout the campus for review by employees.
Employee Access to Records

The District recognizes employees, their designated representative and authorized representatives of the Chief of the Division of Occupational Safety and Health (Cal / OSHA), have a right of access to relevant exposure and medical records. Such access is necessary to yield both direct and indirect improvements in the detection, treatment and prevention of occupational disease. Whenever an employee or designated representative requests access to a record, the District shall assure that access is provided in a reasonable time, place and manner, as outlined in T8CCR3204.
Appendix A: SBVC Site Specific Information

- **College President**
  - (909) 384-8298

- **VP Adminitrative Services**
  - (909) 384-8958

- **Administrative Services**
  - (909) 384-8965
  - Call (909) 384-8965 for Safety Inspection Sheet submissions.

- **SBCCD Safety & Risk Management**
  - (909) 382-4040

- **Web Links**
  - [https://sbccd.org/safetyrisk](https://sbccd.org/safetyrisk)
## Appendix B: CHC Site Specific Information

<table>
<thead>
<tr>
<th>Role</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>College President</td>
<td>• (909) 389-3202</td>
</tr>
<tr>
<td>VP Administrative Services</td>
<td>• (909) 389-3210</td>
</tr>
<tr>
<td>Administrative Services</td>
<td>• (909) 389-3211</td>
</tr>
<tr>
<td></td>
<td>• Call (909) 389-3211 for Safety Inspection Sheet submissions.</td>
</tr>
<tr>
<td>SBCCD Safety &amp; Risk Management</td>
<td>• (909) 382-4070</td>
</tr>
<tr>
<td>Web Links</td>
<td>• <a href="https://sbccd.org/safetyrisk">https://sbccd.org/safetyrisk</a></td>
</tr>
</tbody>
</table>
Appendix C: Reporting a Hazard

Hazard Reporting Flow Chart

Observe

Assess/Rank

Report

Follow-Up (With Employee)

<table>
<thead>
<tr>
<th>Observe</th>
<th>Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess/Rank</td>
<td>Employee Supervisor</td>
</tr>
<tr>
<td>Report</td>
<td>Site Safety Officer (District, SBVC or CHC)</td>
</tr>
<tr>
<td></td>
<td>SBCCD, Safety &amp; Risk Management</td>
</tr>
<tr>
<td></td>
<td>SBCCD, Safety &amp; Risk Management</td>
</tr>
<tr>
<td>Follow-Up (With Employee)</td>
<td>Employee Supervisor</td>
</tr>
<tr>
<td></td>
<td>Employee Supervisor</td>
</tr>
<tr>
<td></td>
<td>Employee Supervisor</td>
</tr>
</tbody>
</table>
### Hazard Ranking

<table>
<thead>
<tr>
<th>1- Minor/ Delayed</th>
<th>2- Moderate</th>
<th>3- Severe/Immediate</th>
</tr>
</thead>
<tbody>
<tr>
<td>A hazard event, which could only cause minor injury or illness without lost time or other loss.</td>
<td>A hazard event, which could cause moderate injury, illness and/or property damage resulting in lost time.</td>
<td>A hazard event, which could cause fatal or serious injury, illness and/or damage, resulting in permanent or long term disability and/or significant loss.</td>
</tr>
</tbody>
</table>
Hazard Reporting

Can be accessed electronically at: https://sbccd.org/safetyrisk

What are you reporting?

- ☐ Safety Hazard
- ☐ Complaint

Date of Incident

Your Name
Phone Number
Unit, Department, Division

Site

Email Address
Confirm Email

Location of Hazard

Summary of Hazard
Has any action been taken?

Do you want to be contacted?

- ☐ Yes
- ☐ No

Submit
## Appendix D: Safety Inspection Form

Managers are responsible for inspections of their offices/rooms/labs/shops

<table>
<thead>
<tr>
<th>Inspection</th>
<th>Room Number</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slips, trips and falls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clutter - clean &amp; orderly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire Hazards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel areas and panels impeded</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment operational and safe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seismic Issues - Top heavy cabinets, strapping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biological handling/Containment/Labeled</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemical handling &amp; storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disposal EHS protocol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spill training &amp; procedures/spill kits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyewash and shower</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleaning sterile microbiological procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sharps waste container</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fume Hoods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal protective Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biological handling/Containment/Labeled</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemical handling &amp; storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disposal Environmental Health &amp; Safety protocol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spill training &amp; procedures/spill kits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyewash and shower</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal protective Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment operational and safe</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix D: Safety Inspection Form

Regulated by Cal/OSHA to implement and enforce our Injury & Illness Prevention Program (IIPP): Subject to fines

Self-Inspection Requirements

*Room number with or without comment indicates a correction is needed

<table>
<thead>
<tr>
<th>Office Areas and classrooms inspected and documented semi-annually</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labs and shop areas inspected and documented quarterly</td>
</tr>
<tr>
<td><strong>Class rooms:</strong></td>
</tr>
<tr>
<td><strong>Labs and shops:</strong></td>
</tr>
</tbody>
</table>

Maintenance and Operations inspects the facility including interior, exterior, building system infrastructure, outside areas and service closets

Managers inspects for the safe use of the facility including procedures, equipment and placement and storage of materials

Submit Inspection Sheets to Administrative Services office (SVBC & CHC) and Safety & Risk Management office.
Appendix E-1: Common Safety Violations-Classrooms

Common Safety Violations in School Classrooms
The following are common safety violations found in the classroom whose corresponding numbers and explanations are listed on the following page. Please review this diagram and follow the SBCCD Recommendations to ensure safety to students, faculty and staff. For questions contact your Site Safety Officer SBVC (909) 384-3958; CHC (909) 369-3383, or the SBCCD Environmental Health and Safety at (909) 384-4070.
Common Safety Violations in School Classrooms

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

2. Classroom emergency exit windows shall not be blocked by items stored under or in front of the windows.

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

4. Exit signs for emergency window exits shall be visible at all times. Illuminated exit signs, when provided, shall be illuminated at all times.

5. Classroom exit doors shall not have decorations on the door.

6. Decorations or classroom materials that are suspended from the ceilings or walls shall be treated to be flame retardant and never impede an exit.

7. Suspending or hanging decorative items from fire sprinkler pipes is prohibited.

8. Classroom wall decorations shall not extend out from the walls or cover exit signs.

9. Suspending decorative or instructional items from the ceilings must be from the ceiling and not allowed.

10. Material stored on top of shelves or cabinets may not be closer than 18" to the ceiling. This material shall also be secured so that, during an earthquake, it will not fall. Unfastened or unrestrained materials shall be removed.

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

12. Excess paper and other supplies, shall be stored in an orderly manner in approved storage closets and not in open classrooms.

13. Hazardous materials, such as cleaning products and chemicals used for instruction, shall be stored in approved secure locations and always kept out of the reach of students. Science chemicals and hazardous materials must be kept and stored in accordance with the Chemical Hygiene Plan. Log onto http://www.sbccd.org/District_Faculty___A___Staff_Information-Forms/Environmental_Health_and_Safety/Safety_Programs/Chemical_Hygiene_Program.aspx to access the Chemical Hygiene Plan for SBVC/CHC.

14. All bookcases and cabinets over 42" tall shall be secured to walls.

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

16. Do not plug more than one extension cord and one power strip into a single electrical outlet. Extension cords shall be removed and stored at the end of the day. Extension cords shall not be used for permanent use. Extension cords and power strips may not be plugged in series.

17. Extension cords shall not be extended from one classroom to another or create a trip hazard.

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

19. Do not exceed the classroom occupancy load by putting too many student or desks in the room. (20 square feet per student.)

Most classrooms safety violations can be avoided by keeping classrooms clean, neat and well organized. Do not try and store more materials than your room was designed to safely handle. Do not obstruct the existing fire safety systems that are there to protect all occupants. Do not exceed the electrical capacity of the room with plug strips and extension cords. Always look for conditions that have the potential to hurt students, staff and faculty.

In addition to the illustrated classroom violations, fire/safety violations occur outside of the classroom. For violations outside of your control notify your Site Safety Officer SBVC (909) 384-8208, CHC (909) 389-3383, or SBCCD Environmental Health and Safety at (909) 364-4070.

Do not store items in basements or under stairs unless the entire area has fire sprinklers.

When storing items in closets or workrooms, maintain in 3 foot (36") clearance around all water heaters, electrical panels, fire alarm panels, and portable fire extinguishers.

When parking vehicles on campus walkways or grounds, do not block main walkways or any fire lanes.
Appendix E-2: Common Safety Violations - Offices

Common Safety Violations in College Offices

The following are common safety violations found in office environments whose corresponding numbers and explanations are listed on the following page. Please review the diagram and follow SBCCD Recommendations to ensure safety of faculty and staff. For questions, contact your Site Safety Officer SBVC at (909) 384-8558, CHC (909) 389-3210, or the SBCCD Environmental Health & Safety Office at (909)-384-4070.
1. All compressed gas cylinders shall be attached with restraints to prevent from overturning.

2. All bookcases and cabinets over 42” tall shall be secured to walls.

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

4. Only use approved ladders or step stools to reach items at heights. Chairs are never to be used as a step stool.

5. Electrical appliances such as coffee pots should be kept in designated kitchen areas. Only approved appliances may be used in the office.

6. Fire extinguishers shall be mounted on walls and checked on a monthly basis.

7. Microwaves shall be kept in designated kitchen areas. Only approved appliances may be used in the office.

8. TV’s, projectors and other wall mounted equipment shall be secured to prevent tip over during an earthquake.

9. Only approved chemicals and pesticides may be utilized in the office environment. All chemicals must be stored in approved cabinets.

10. Filing cabinet drawers need to be closed when not in use.

11. Office furniture shall be located against walls. Exit routes shall not be blocked by office furniture.

12. Water coolers shall be secured to the wall. All spills and leaks will be cleaned and reported immediately.

13. Power tools shall be properly stored and unplugged after use.

14. Exit routes shall be properly marked with Exit signage. Exit routes shall not be blocked.

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

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

17. Power cables shall be properly routed and secured to prevent trip hazard. Extension cords shall be removed and stored at the end of the day. Extension cords shall not be used for permanent use.

18. Do not plug more than one extension cord and one power strip into a single electrical outlet. Extension cords and power strips may not be plugged in series.

19. Computer equipment should be ergonomically adjusted to fit you and your workspace.

Most office safety violations can be avoided by keeping areas clean, neat and well organized. Do not try and store more materials than your office was designed to handle. Do not obstruct the existing fire safety systems that are in use to protect all occupants. Do not exceed the electrical capacity of the room with plug strips and extension cords. Always look for conditions that have the potential to injure staff and students.

For violations outside of your control notify your Site Safety Officer, SCVC (909) 384-8951, CHC (805) 383-3210, or SBCCCD Environmental Health and Safety at (909) 384-4070.

Do not store items in basements or under staircases unless the entire area has fire sprinklers. When storing items in closets or workrooms, maintain a 3 foot (36”) clearance around all water heaters, electrical panels, fire alarm panels, and portable fire extinguishers.
Appendix F: Safe Work Practices

CODE OF SAFE WORK PRACTICES - GENERAL

SBCCD is committed to the health and safety of all of its employees, subcontractors and subcontractor employees. Safety is a cooperative undertaking requiring participation by every employee. In our effort to make our project hazard free and provide the safest working conditions possible, we expect all site personnel to learn and practice the following basic safe work practices. In addition to the rules listed below, there may be additional site specific work rules on specific sites. Failure by any employee to comply with safety rules will be grounds for corrective discipline.

Supervisors shall insist that employees observe all applicable Company, State and Federal safety rules and practices and take action as is necessary to obtain compliance. To carry out this policy employees shall follow these safety rules and practices:

A. Report all unsafe conditions and equipment to your supervisor.

B. Report all incidents, injuries and illnesses to your supervisor immediately.

C. Alcoholic beverages and non-medicinal drugs are not permitted at the facility. Employees suspected of being under the influence of alcohol or drugs shall not be allowed on the job while in that condition, and may be terminated.

D. Good housekeeping shall be practiced at all times. Work areas should be maintained in a neat, orderly manner. Trash and refuse are to be thrown in proper waste containers, and all spills shall be wiped up promptly. Stairways and aisles should be kept clear of items that can be tripped over, and all means of egress shall be kept unblocked, well-lighted and unlocked during work hours.

E. In the event of fire, sound alarm and evacuate. Upon hearing fire alarm, stop work and proceed to the nearest clear exit. Gather at the designated location. Only trained workers may attempt to respond to a fire or other emergency.

F. Wear proper personal protective equipment (PPE) at all times. PPE, appropriate to protect the employee from the hazards associated with the assigned task, will be worn at all times.

CODES OF SAFE PRACTICES – ADMINISTRATORS

General Campus Safety Rules

A. Be aware of where you are walking. Trip and slip hazards – uneven exterior walkways, stacks of paper or boxes, for example, or recently polished and slick floors, or extension cords – are common in all areas of the campus.

B. Be aware of the location of the nearest fire extinguisher. It shall come in handy. Read the instructions on the extinguisher now, before you need to use it.
C. Familiarize yourself with the emergency exit procedures. An emergency plan must be posted near the exit of every room to notify all employees and students of how to exit the room, the evacuation route and where they are to assemble after.

D. Chairs are not step stools. Don’t use them for that purpose. Use a step stool or ladder when reaching for elevated supplies and materials.

E. Electric extension cords are to be used only as a temporary source of power. Extension cords should be unplugged, rolled up and stored immediately after use. This includes cords to classroom appliances and overhead projectors. Improper use of electricity is the second most common cause of fires in schools.

F. Flammable and combustible liquids shall not be stored in classrooms, offices or resource rooms. These liquids are the third most common cause of school fires.

G. Be cautious with the use flammable materials. They shall not be attached to windows and doors and no more than 50% of all the wall space shall be covered with flammable materials. Window coverings, drapes and curtains shall not be installed unless they meet the Fire Marshall’s fireproofing requirements. Keep decorations for holidays only.

Office Ergonomic Safety Rules

A. Be aware of Repetitive Motion Injuries (RMI). Administrators don’t spend the majority of time at their desks using the computer, as Clerical Personnel do, but you still need to be aware of RMI and should take the following steps to reduce the chance of such an injury. As an Administrator it your responsibility to assure all staff follows safe practices and that includes yourself.

B. Complete a workstation ergonomic evaluation. If available, utilize an in- house resource to complete the evaluation or complete a self-evaluation (checklist attached).

C. Make the necessary adjustments to your chair. Most chairs will have at least two or three adjustable levers to use to change the height and tilts of the seat and backrest. Adjust the chair so you can achieve the most comfortable typing position.

D. Take the weight on your feet. Ensure that your feet rest on the ground so that not all the weight is on your lower back. If your feet do not reach the ground, utilize a footrest.

E. Type with your wrist at a neutral position. Adjust the height of chair and keyboard to ensure that, while typing, the shoulders are relaxed, there is a 90-degree angle at the elbow, and the wrist is in a flat position (i.e. no raising or lowering of the wrist from the forearm in order to reach the keys).

F. Avoid neck and eye strain. Position the monitor directly in front of you at a distance with its top at eye level. Keep the monitor between 18” and 24” from the eye, and place it at a right angle to the window. If you are entering data from a document, prop the document up or, better still, place it at eye level with the use of a document holder.

G. Keep the mouse close. Avoid having to reach either up or out to use the mouse. If possible it should be kept next to and at the same height as the keyboard. Hold the mouse gently and move it with the arm rather than the wrist.
H. Take your breaks. Take micro-breaks from typing for 2-3 minutes every half-hour and stop typing for ten minutes after typing uninterrupted for 2 hours. If possible, get outside during breaks for some valuable fresh air and, during the day, regularly stretch the hands, arms and back.

Office Equipment Safety Rules

A. Electric Powered Equipment can be a shock hazard. Periodically, check the equipment for frayed cords and defective plugs. Never clean or service electric powered equipment with the power on; always disconnect the equipment from the power source. Don’t use the equipment with wet hands or while on a damp floor.

B. Shut off electrical equipment. Before leaving the classroom, be sure electrical equipment, like audiovisual equipment, is shut off and unplugged.

C. Be careful with paper cutters. Cutters should only be used on a level, unobstructed and clear surface. The finger guard must be in place before using the cutter. The lever should be put down and in the locked position when it is not being used.

D. Photocopy machines could be harmful to the eyes. These machines emit an extremely bright light. Always make sure the machine cover is down when operating it.

E. Close file cabinet and desk drawers when not in use. File cabinets are unstable with the drawers open and a co-worker or student could walk into an open drawer.

F. Do not change a burnt out projection bulb when the projector is still hot. Disconnect the projector and wait for it to cool before changing the bulb.

Materials Storage Safety Rules

A. Store materials in an organized way. Do not overload shelves and drawers. Do not store materials on top of cabinets. Materials shall not be stored within 36” of the ceiling.

B. Weight can be a safety hazard. Heavier items should be stored on the lower shelves at about chest height or lower.

C. Place cabinets and shelves away from room exits. They could fall over and block the exit.

D. Keep aisles and passageways free of materials. As well as being a trip and fall hazard, they could also impede a quick exit in an emergency.

E. Keep the storeroom neat. Everything should have its place in the storeroom. Avoid placing old boxes and files in there on a permanent basis and keep clutter to a minimum.

Lifting Rules

A. It is just as important to keep your body in shape for the task as it is any other tool you use for other jobs. You can injure yourself just as easily lifting light objects as you can lifting heavier ones if you don’t lift properly and your “tool” is not in shape for the job. Lifting is a thinking person’s job.
B. **Before you lift something, prepare yourself and plan the move.** Make sure you are limber and physically fit enough to do the task safely. Daily exercises will keep your body ready for lifting and help you feel better. Size up the load to make sure you can handle it safely. If you think the load is too bulky or too heavy, ask someone to help you or try to break it up into smaller, more manageable loads. Use a hand truck or dolly if necessary. Plan your route and make sure the path is clear of trip, slip, and fall hazards.

C. **Use proper body mechanics when lifting.** Stand close to the object with your feet about shoulder width apart. Squat down, bending at the hips and knees. Keep your back straight. As you grip the load, arch your lower back inward by pulling your shoulders back and sticking your chest out with chin tucked in. Be sure to keep the load close to your body. When you set the load down, squat down, bending at the hips and knees, keeping your lower back arched in.

D. **Turn, don’t twist.** Twisting is not the thing to do. Instead of twisting, turn your whole body in the direction that you want to go. Twisting when carrying a load puts a lot of undo stress on your back.

E. **Push, don’t pull.** Whenever you have to move something that is on a cart, a dolly, or a hand truck, push the load. Pushing puts less strain on your back.

F. **Don’t store heavy objects higher than your waist.** If heavy objects aren’t stored higher than your waist than you won’t have to lift them higher than your waist. Lifting objects overhead puts a lot of undue stress on your back. It’s one of the surest ways to injure your back.

G. **Lift like a pro and avoid the pain.** Learning how to lift and carry safely is one of the most important things you can do for your back. It’s not hard to put these suggestions to use, and the payoffs will be well worth the time and effort you put into it.

**CODES OF SAFE PRACTICES – SECURITY OFFICERS**

With the passage of SB 1626 in 1998, state law will soon require security guards in K-12 school districts or California community college districts to complete a course of training developed by BSIS. The new law takes effect July 1, 2000, and effects guards working on school property for more than 20 hours per week. The new training requirement affects only guards employed pursuant to a contract between a K-12 school district or California community college district and a private patrol operator.

**Personal Security**

A. **Pay attention to your surroundings.** Stay in well-lighted areas and use the Buddy System (2 people walking or working together). Have your keys and flashlight ready and be aware of your surroundings as you go. Have a working cell phone nearby and alert others as to when they can expect you back at base.

B. **Use good judgment.** Only approach unwanted visitors when you feel comfortable that you have communicated with your base and that you understand the nature of the risk of contact. Don’t hesitate to call for additional campus security assistance.

C. **Avoid physical confrontation if at all possible.** Physical intervention should be the last resort. Avoid physically intervening in school fights or arguments. Use your voice to command and control the
combatants. You shall become the target and a victim. Request help via radio, cell phone or send a student to obtain additional adult assistance. Crowd dispersal is a key component to avoiding escalation.

**Threat Recognition**

A. Be aware of restraining orders against custodial and non-custodial adults. Preferably, request a picture to accompany the name.

B. All threats must be treated seriously. Be aware of your standard protocol for assessing, investigating and documenting threats. Written statements should be obtained from threat makers, witnesses and the targets of threats. The actions taken by administrators to address each threat should also be documented. Report any aggressive notes or letters from students to the administration and security supervisors.

C. Disgruntled current and former employees, suspended and expelled students, irate parents, job applicants, and other high-risk individuals are very likely to attend hearings, meetings, and visits. Be alert for these individuals and report them to the security office.

D. Suspicious activity shall include suspicious vehicles on and around campus, suspicious persons in and around school buildings including those taking photographs or videotaping, suspicious packages around the building perimeter and/or in the school, and suspicious information seeking efforts by phone or by unknown “visitors”.

**Security Management Procedures**

All threats must be treated seriously and you should be familiar with your District protocol for assessing, investigating and documenting threats. Written statements should be obtained from threat makers, witnesses and the targets of threats. The actions taken by administrators to address each threat should also be documented.

Security administrators should develop and use questions similar to those above to evaluate each threat, rather than relying on checklists of profiling characteristics or personality traits. A review of the threat maker’s past disciplinary and psychological record should be made as a part of the evaluation process. In addition to disciplinary action consistent with school policies, police also should be involved when appropriate.

School district administration offices typically house the offices of the superintendent, board members, personnel department, treasurer, special education staff, and student services hearing officers and staff. The ever-increasing political nature of school board meetings, and for that matter school politics in general, often draws a presence and attention to school administration offices and the individuals housed in these offices. It is not uncommon for highly charged meetings and emotional issues to result in escalated undesirable and threatening behavior.

**Security Supervisor Management Controls**

A number of measures can be taken to reduce administration office safety threats. These include, but are not limited to:

1. Security personnel should know the threat assessment protocol that applies not only to dealing with threats made by and/or to students, but also to threats made to school administrators and office staff. (A number of cases have been documented where threats have been made to harm building administrators as well as district-level coordinators, supervisors, directors, and even superintendents.)

2. Include administration offices, both at the building and district levels, in school security assessments conducted for your district.
3. Develop crisis guidelines for school administration sites as would be done for actual school buildings.
4. Train administrators and school office staff (including secretaries and receptionists) on appropriate security policies and procedures, threat assessment and management, office safety measures, and district crisis guidelines and proper security reporting procedures.
5. Incorporate crime prevention into school office layouts and central office designs, including in reception areas, secretarial offices, and inside administrative offices and meeting rooms.
6. Evaluate methods for reducing and controlling access to district central offices and support facilities.
7. Establish basic procedures for conducting potentially high-risk meetings and hearings.
8. Assess physical security measures, including the use of security technology, for reducing administration office safety risks and for preparing to manage incidents of crime and violence in office settings.
9. Evaluate the contents, in addition the layout, of administration offices, as well as communication methods that would be used in a threatening situation.

Reducing After-School and Weekend Risks

Wide open doors and facilities, limited (if any) supervision, and leaving the school on “auto pilot” create security concerns. Security officials should explore ways to reduce risks and to prepare for managing those incidents that cannot be prevented. Some specific steps to consider might include:

1. Reduce the number of open doors that are accessible to outsiders once the normal school day has ended. (Of course, reduced access should also be a part of daytime school security procedures, too.)

2. Concentrate (as best possible) after-school and weekend activities in limited areas of the building. If at all possible, avoid having activities spread out all over the school. If you do have multiple activities taking place, evaluate security- staffing needs and try to identify ways to contain the activities to their designated areas. Gate-off sections of the building not being used for after-school activities in accordance with fire code standards and good common sense.

Response Protocols

1. **Responding to threat of physical assault by fighting students**
   A. Security will check to make sure radio equipment is in proper operating condition.
   B. Security will communicate with other Security in order to assess response needs.
   C. At least one Security Officer will provide assistance in case of threat of physical assault. Security will assess need to contact local police services and promptly notify base of his/her situation and recommendations.
   D. In all cases involving student confrontation, Security will clear the classroom, playground or other areas of all non-participating students before addressing confrontation.
   E. Security should attempt to identify non-aggressive student and remove him/her from area to diffuse situation.
   F. In cases involving weapons, Security will immediately notify base. They in turn will notify police services.
   G. Security personnel will work together to control and contain situation by isolating student with weapon until assistance arrives.

2. **Responding to threat by non-student**
A. All Security will be on constant alert for non-students entering campus grounds. While patrolling assigned areas, Security will make sure all outside doors are locked and are in good operating condition.

B. Security will report situation to base and other Security Officers and will use his/her best judgment in recommending to base whether police services should be contacted.

C. Security will take initiative in preventing non-students from entering school grounds by approaching non-students before they enter campus. If already on campus, Security will be courteous in asking non-student to leave and will escort non-student off campus. If necessary, Security will exercise reasonable force in escorting non-student off campus.

D. Security will remain in continual contact with base and other Security officers regarding whereabouts of non-students, number of non-students, description, direction, and whether non-student is armed.

E. For schools with closed campus at lunchtime, Security will maintain student control by restricting students to a central area such as a playground.

3. **Patrols playground, school buildings, offices, hallways, cafeteria and restrooms.**
   
   A. Prior to commencing patrol of assigned area, Security will check to make sure radio equipment is in proper operating condition.
   
   B. Security will keep assigned area clean and free of debris and foreign substances; and will report hazards to supervisor and custodial staff.
   
   C. In case of fire, earthquake, chemical spill or other emergency requiring evacuation, Security will promptly notify office (base), and supervise assigned area for safe evacuation of all staff and students.
   
   D. Security will keep exits open during school hours and conduct inspections to verify ability to easily exit.
   
   E. Security will inspect alarm system to determine that system is operable.

**Safety Tips When dealing with angry individuals:**

- Apologize for inconvenience.
- Control your emotions.
- Empathize or sympathize with the individual.
- Ignore sarcasm/personal attacks.
- Never argue with the individual.
- Offer assistance.
- Never accuse the individual.
- Call for help when necessary.

**Safety Tips/Internal Violence**

- Try to calm angry individual by talking
- Empathize/sympathize
- Ask if you can help
- Understand angry individual’s position
- Focus on individual’s behavior
- Call for help when necessary

**Safety Tips/External Violence**

- Don’t open door to stranger after business hours
- Notify base if working late
- Don’t let a caller know you are alone
Report suspicious characters to police services
Build a rapport with police services
Use the “buddy system”

Preparing for Workplace Violence Summary

- Verbal threats are as serious as physical threats
- Don’t ignore violent or angry outbursts
- Stress and conflict can cause a violent incident
- Protect yourself and be cautious
- Report acts of violence no matter how small
- Don’t treat threats lightly
- Make sure your radio is fully charged
- Have 911 hotline procedures
- Don’t freeze
- Watch for warning signs
- Know your location

Conduct

You are in the public eye. In your official duties, your actions reflect upon you, the school, and the school district. Be helpful and courteous at all times. Conduct yourself as a professional.

I. Attitude
Your attitude will largely determine your success in gaining the cooperation of the motoring public, your co-workers and supervisor, children and parents. Courtesy cannot be over emphasized. Be courteous and helpful even under adverse conditions. DO NOT assume an overbearing manner in your contacts with the general public or schoolchildren.

II. Attention to Your Duties
The lives of school children are in your hands. Attention to the duties and responsibilities of your position is required at all times.

III. Personal Interest
Show a personal interest in your work by learning and using the names of as many children and parents as possible. Using names shall help promote a positive attitude with the general public and will help when giving directions to schoolchildren.

IV. Equipment
Make sure your equipment is in good working condition and fully charged. Be familiar with its proper function and maintenance.

V. Appearance
Dress to suit weather conditions. Your appearance must be neat and clean at all times when on duty. A slovenly appearance results in a loss of public respect. Remember you are in the public eye.

Personal Safety Rules
1. Focus your attention on students. In order to avoid begin injured your attention must be focused on the students you are supervising. Don’t engage in a lengthy conversation with other employees or individual students. A stray ball could hit you. Be prompt and efficient when dealing with disciplinary matters. Don’t let the problem student distract you too long from the majority of students.
2. **Position yourself for the widest, safest view.** You want to take a position in the area you are working that affords you the best view for supervising the greatest number of students. Don’t let trees; walls, or other obstacles obstruct your view. Don’t take a position with your back to students engaged in a playground activity, especially those involving throwing objects.

3. **Don’t engage in play activities with students.** If you are engaged in playing with a group of students you could be injured by an activity of another group of student, and other students shall be without supervision.

4. **Be aware of safety hazards.** Play areas and equipment should be safety inspected, but there shall be slip, trip, or fall hazards in the area you are working. Watch your step. Report safety hazards to your supervisor immediately.

5. **Scan your area of responsibility.** Once you have positioned yourself appropriately, visually scan the area you are responsible for securing and supervising. This will help keep you alert.

Remember, keeping alert and aware of what is going on in the area you are supervising is not only your job, but will also help you avoid being injured.

For additional information, contact the [National Association of School Resource Officers](https://www.nasro.org)
Appendix G-1: Instructions for Injured Worker

If you are injured at Work...

• Report the injury to your supervisor immediately
• Your Supervisor will complete the "Supervisor Report of Injury"

Your Supervisor and will provide the following forms:

• Employee Report of Industrial Accident
• DWC-1 Claim Form
• Employee Notification of Rights Material (MPN)
• Authorization for Medical Treatment

If you need to see a Doctor...

• Your Supervisor will give you the completed “Authorization for Medical treatment” form, and
• Notify the Human Resources Office
Please Keep all scheduled appointments

If you wish to change Physicians...

Keep Human Resources and Your Site Informed

- If you cannot keep an appointment, please call Keenan at 1-800-654-8347 Ext. 1107.
- Missed appointments may result in loss of benefits and your ability to participate in the return to work program.

- You may change physicians after receiving your initial medical attention, as long as the doctor you choose is within the medical provider network (MPN).
- Information regarding the MPN will be given to you at the time of your injury.
- Questions? Contact Keenan 1-800-654-8347 X1107, or the MPN Coordinator listed on the Employee Notification of Rights Material

- It is your responsibility to bring a copy of your work status to your Supervisor and to the Human Resources Office immediately following every doctor 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 that they are clearly written on your status report.
Appendix G-2: Return to Work Program

The District’s Return to Work Program provides opportunities for injured employees to return to work with medical restrictions as outlined by the treating physician. An important part of recovering from an injury is returning to work. The temporary modified duties will be allowed for 60 days with a periodic review. The temporary modified duties will be re-evaluated at the end of those 60 days.

### TEMPORARY MODIFIED DUTIES AND/OR CHANGES IN YOUR WORK SCHEDULE REQUIRES THE APPROVAL PROCESS BELOW:

- Provide Human Resources with your treating physician’s documentation specifying your limitations;
- HR will work with your Supervisor to evaluate the modified job duty assignments if applicable; and
- A meeting will be held with you to discuss your options.

### TEMPORARY MODIFIED DUTIES WILL BE TERMINATED AND THE EMPLOYEE PLACED OFF WORK IF ONE OF THE FOLLOWING OCCURS:

- The treating physician writes the Employee off work;
- The treating physician increases the medical restrictions that cannot be accommodated; or
- The employee does not follow all the medical directives of his/her treating physician.

**Notes:**

1. *Employees on Workers’ Compensation may not leave the state of California without prior approval from the District.* (Ed. Code Section #87787, CSEA Bargaining Agreement Section 14.5.6, Under Industrial Accident and Illness Leave).
2. “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 HUMAN RESOURCES AT 909-382-4040**
Appendix H: Employee Statement of Injury or Illness

**EMPLOYEE PERSONAL INFORMATION**

**EMPLOYEE NAME:** ____________________________ **EMPLOYMENT SITE:** ____________________________

**HOME ADDRESS:** ____________________________ **PHONE NUMBER:** ____________________________

**DATE OF BIRTH:** ____________________________ **SOCIAL SECURITY #:** ____________________________

**PLEASE CHECK ALL THAT APPLY:**

- ☐ FULL TIME ☐ CLASSIFIED ☐ CONFIDENTIAL ☐ SUBSTITUTE ☐ STUDENT
- ☐ PART TIME ☐ ACADEMIC ☐ MANAGER/SUPERVISOR ☐ SHORT TERM

**PLEASE ANSWER ALL THE QUESTIONS BELOW AND SUBMIT TO YOUR SUPERVISOR.**

1. **DATE OF INJURY/ILLNESS:** ____________________________

2. **TIME YOU BEGAN WORK:** ☐ AM ☐ PM **TIME OF INJURY:** ☐ AM ☐ PM

3. **ADDRESS WHERE INJURY/ILLNESS OCCURRED:** ____________________________

4. **DEPARTMENT/SITE WHERE EVENT OCCURRED:** ____________________________

5. **PLEASE STATE SPECIFIC PART OF BODY AFFECTED AND TYPE OF INJURY:** ____________________________

6. **PLEASE STATE EQUIPMENT, MATERIALS AND/OR CHEMICALS BEING USED WHEN INJURY OCCURRED:** ____________________________

7. **EXPLAIN THE CIRCUMSTANCES AND/OR ACTIVITY RELATED SPECIFICALLY TO THE INJURY/ILLNESS.**

   **DESCRIBE THE SEQUENCE OF EVENTS THAT LED TO THE INCIDENT THAT DIRECTLY AFFECTED THE INJURY/ILLNESS (USE BACK OF FORM IF NECESSARY.)** ____________________________

8. **WAS ANYONE ELSE INJURED?** ☐ NO ☐ YES: (IDENTIFY) ____________________________

9. **WHO DID YOU NOTIFY REGARDING THIS ACCIDENT/ILLNESS:** ____________________________

10. **PLEASE NAME ANY WITNESSES:** ____________________________

11. **COMMENTS:** ____________________________

**EMPLOYEE SIGNATURE** ____________________________
Appendix I: **Covered Employee Notification of Rights Materials**

**PRIME Advantage Medical Network – Medical Provider Network**
(“MPN”)

This pamphlet contains important information about your medical care in case of a work-related injury or illness.

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**YOU ARE IMPORTANT TO US**

A safe working environment is our number one priority. However, should you become injured or ill, as a result of your job, we want to ensure you receive prompt quality medical treatment. Our goal is to assist you in making a full recovery and returning to your job as soon as possible. In compliance with California law, we provide workers’ compensation benefits, which include the payment of all appropriate medical treatment for work-related injuries or illnesses. If you have any questions regarding the MPN, please contact Keenan’s MPN Coordinator at 1-800-654-8102.

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**PRIME ADVANTAGE MEDICAL NETWORK - “MPN”**

San Bernardino Community College District provides workers’ compensation coverage for you in the event you sustain a work-related injury. **PRIME Advantage Medical Network** accesses medical treatment through Prudent Buyer HCO, which utilizes Blue Cross of California’s PPO (“Blue Cross”) network. Blue Cross has contracted with doctors, hospitals, and other providers to respond to the special requirements of on-the-job injuries or illnesses.

Prudent Buyer is a State of California certified Health Care Organization (“Prudent Buyer HCO”), which means that it has met all MPN access and network requirements.

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**ACCESS TO CARE**

If you should experience a work-related injury or illness, you should:

- **Notify your employer:** Immediately notify your supervisor or employer representative so you can secure medical care. Employers are required to authorize medical treatment within one working day of your filing of a completed claim form (DWC-1). To ensure your rights to benefits, report every injury and request a claim form.

- **Initial or Urgent Care:**
  - direct you to an MPN provider upon initial report of injury. Access to medical care should be immediate but in no event longer than 3 business days.

- **For Emergency Care:**
  - In the case of emergency* go to the nearest healthcare provider. Once your condition is stable, contact your employer, San Bernardino Community College District, Blue Cross at (866) 700-2168, or Keenan’s MPN Coordinator at (800) 654-8102 for assistance in locating a MPN provider for continued care.

  *Emergency care is defined as a need for those health care services provided to evaluate and treat medical conditions of a recent onset and severity that would lead a layperson, possessing an average knowledge of medicine, to believe that urgent care is required.

- **Subsequent Care:**
  - All non-medical emergencies, which require ongoing treatment, in-depth medical testing or a rehabilitation program, must be authorized by your claims examiner and based upon medically evidenced based treatment guidelines (American College Of Environmental Medicine “ACOEM” or California Labor Code §5307.27). Access to subsequent care, including specialist services, shall be available within no more than twenty (20) business days.

  - If you relocate or move outside of California or outside of the **PRIME Advantage Medical Network** geographic service area and require continued care for your work-related injury or illness, you may select a new physician to provide ongoing care or you may contact...
your claims examiner for assistance with locating a new primary care physician. If your relocation or move is temporary upon your return to California should you require ongoing medical care, immediately contact your claims examiner or your employer so arrangements can be made to return you to your prior MPN provider or, if necessary, for assistance in locating a new MPN provider for continued care.

If you are temporarily working outside of California and are injured:

- If you are working outside of California and experience work related injury or illness, notify your employer. For initial, urgent or emergency care, or follow up care, go to the nearest healthcare provider for medical treatment.

- If you need assistance locating a physician or should the physician you select need authorization to provide care to you, call Keenan’s MPN Coordinator at (800) 654-8102 and we will assist you. Upon your return to California, should you require ongoing medical care, immediately contact your claims examiner or your employer for referral to an MPN provider for continued care.

### HOW TO CHOOSE A PHYSICIAN WITHIN THE MPN

The MPN has providers for the entire state of California. The MPN must give you a regional list of providers that includes at least 3 physicians in each specialty commonly used to treat work related injuries or illnesses in your industry. The MPN must provide access to primary physicians within 15 miles and specialists within 30 miles. To locate a participating provider or obtain a regional listing:

**Provider Directories:**

- On-line Directories – if you have internet access, you may obtain a regional directory or locate a participating provider near you by visiting [www.keenan.com](http://www.keenan.com) and clicking on ‘Keenan Solutions -Products and Services’ then the ‘Workers’ Compensation’ option and then the ‘PRIME Advantage MPN for School Clients’ option or [www.bclhwcmcs.com](http://www.bclhwcmcs.com) and clicking on the ‘Provider Finder’ tab.

- If you do not have internet access, you may request assistance locating an MPN provider or obtaining an appointment by calling Keenan’s MPN Coordinator at (800) 654-8102 or Blue Cross at (866) 700-2168.

- Promptly contact your claims examiner to notify us of any appointment you schedule with an MPN provider.

#### Choosing a Physician (for all initial and subsequent care):

- Your employer will direct you to an MPN provider upon initial report of injury. You have the right to be treated by a physician of your choice within the MPN after your initial visit.

- If you wish to change your MPN physician after your initial visit, you may do so by:
  - Accessing the on-line provider directories (see above)
  - Contacting your claims examiner or Keenan’s MPN Coordinator at (800) 654-8102
  - Contacting Blue Cross at (866) 700-2168 to locate an MPN provider

- If you select a new physician, immediately contact your claims examiner and provide him or her with the name, address and phone number of the physician you have selected. You should also provide the date and time of your initial evaluation.

- If it is medically necessary for your treatment to be referred to a specialist, your MPN physician will make the appropriate referral within the network.

- If a type of specialist is recommended by your MPN physician, but is not available to you within the network, your claims examiner will work with you and your MPN physician to locate a specialist outside of the network, schedule an appointment and notify you of the date and time, or you may select the appropriate specialist and notify us of your selection. Your MPN physician, who is your primary care physician, will continue to direct all of your medical treatment needs.
SECOND AND THIRD OPINIONS

Second Opinion:

- If you disagree with either the diagnosis or the treatment prescribed by your MPN physician, you may obtain a second opinion within the MPN. During this process you are required to continue your treatment with an MPN physician of your choice. In order to obtain a second opinion you have some responsibilities:
  - Inform your claims examiner of your dispute regarding your treating physician’s opinion either orally or in writing.
  - You are to select a physician or specialist from a regional list of available MPN providers, which will be provided to you by your claims examiner upon notification of your request for a second opinion.
  - You are to make an appointment within 60 days.
  - You are to inform your claims examiner of the appointment date and time.

Third Opinion:

- If you disagree with either the diagnosis or the treatment prescribed by your MPN physician, you may obtain a third opinion within the MPN. During this process you are required to continue your treatment with an MPN physician of your choice. In order to obtain a third opinion you have some responsibilities:
  - Inform your claims examiner of your dispute regarding your treating physician’s opinion either orally or in writing.
  - You are to select a physician or specialist from the list of available MPN providers previously provided or you may request a new regional area list.
  - You are to make an appointment within 60 days.
  - You are to inform your claims examiner of the appointment date and time.
  - You may waive your right to a third opinion if you do not make an appointment within 60 days from receipt of the list.
  - You have the right to request a copy of the medical records sent to the third opinion physician.

- At the time of selection of the physician for a third opinion, your claims examiner will notify you about the Independent Medical Review process and provide you with an application for the Independent Medical Review process (see below).

INDEPENDENT MEDICAL REVIEW (IMR)

If you disagree with the diagnosis service, diagnosis or treatment provided by the third opinion physician, you may request an Independent Medical Review (IMR). An IMR is performed by a physician identified for you by the Administrative Director (AD) with the Division of Workers’ Compensation Medical Unit of the State of California. To request an IMR you will be required to complete and file a Medical Review Application with the AD. The AD will select an IMR who has the appropriate specialty necessary to evaluate your dispute. The AD will send you written notification of the name, address and phone number of the IMR.

You may choose to be seen by the IMR in person or you may request that the IMR only review your medical records. Whichever you choose, you will be required to contact the IMR for an appointment. Your IMR should see you within 30 days from your request for an appointment. The IMR will send his/her report to the AD for review and a determination will be made regarding the dispute.

You may waive your right to the IMR process if you do not schedule an appointment within 60 calendar days from receiving the name of the IMR from the AD.

CONTINUITY OF CARE POLICY

San Bernardino Community College District will, at the request of a covered injured employee, provide for the completion of treatment by a terminated MPN physician or provider in accordance with Labor Code §5307.27 and the adopted medical treatment guidelines.

The completion of treatment will be provided by a terminated provider to a covered injured employee who, at the time of the contract’s termination, was receiving services from that provider for one of the conditions described below, unless the provider was terminated or non-renewed for reasons related to disciplinary cause or reason, as defined in paragraph (6) of subdivision (a) of Section 805 of the Business and Professions Code, or fraud or other criminal activity.

(A) **An acute condition.** An acute condition is a medical condition that involves a sudden onset of symptoms due to
an illness, injury, or other medical problem that requires prompt medical attention and that has a limited duration. Completion of treatment shall be provided for the duration of less than ninety (90) days.

(B) **A serious chronic condition.** A serious chronic condition is a medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over a period of at least (90) days or requires ongoing treatment to maintain remission or prevent deterioration. Completion of treatment shall be provided for a period of time necessary to complete a course of treatment and to arrange for a safe transfer to another provider, as determined by the insurer or employer in consultation with the injured employee and the terminated provider and consistent with good professional practice. Completion of treatment under this paragraph shall not exceed 12 months from the contract termination date.

(C) **A terminal illness.** A terminal illness is an incurable or irreversible condition that has a high probability of causing death within one year or less. Completion of treatment shall be provided for the duration of a terminal illness.

**Performance of a surgery or other procedure** that is authorized by the insurer or employer as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days of the contract’s termination date.

San Bernardino Community College District may make a determination whether an injured covered employee’s treatment should be transferred to a physician or provider within the MPN if the above conditions are not met.

Whether or not the injured covered employee is required to select a new physician or provider in the MPN, San Bernardino Community College District will notify the covered injured employee in writing in both English and Spanish and use lay terms to the maximum extent possible of the determination providing a copy of the determination to the injured covered employee’s primary treating physician, and to the employee’s residence.

If the terminated provider agrees to continue treating the injured covered employee in accordance with (A) through (D) of this policy, and if the injured covered employee disputes the medical determination made by San Bernardino Community College District, the injured covered employee shall request a report from his/her primary treating physician that addresses whether he/she falls within any of the conditions set forth in (A) through (D).

If the treating physician does not agree with the determination made by San Bernardino Community College District that the injured covered employee’s medical condition does not meet the conditions set forth in (A) through (D), the injured covered employee shall continue to treat with the terminated provider until the dispute is resolved.

If the treating physician agrees with the determination made by San Bernardino Community College District that the injured covered employee’s medical condition does not meet the conditions set forth in (A) through (D), the transfer of care shall go forward during the dispute resolution process.

If the treating physician fails to provide a report the covered injured employee within 20 calendar days of the request from the covered injured employee, the determination made by San Bernardino Community College District shall apply.

Disputes regarding the medical determination made by the treating physician concerning the continuity of care policy shall be resolved pursuant to Labor Code §4062. A copy of this policy is available upon request.

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**TRANSFER OF CARE POLICY**

For injured covered employees who are being treated outside of the MPN for an occupational injury or illness that occurred prior to the effective date of MPN, San Bernardino Community College District will provide for the completion of treatment as noted below.

(A) If the injured covered employee is being treated by a physician or provider prior to the implementation of the MPN and the injured covered employee’s physician or provider becomes a contracted provider within the MPN, the injured covered employee and their physician shall be notified that his/her treatment is being provided under the provisions of the MPN.

(B) Injured covered employees who are being treated by a physician or provider outside of the MPN for an occupational injury or illness that occurred prior to the effective date of the MPN, including injured covered employees who pre-designated a physician and do not fall within Labor Code §4600(d), will continue to be treated outside the MPN for the following conditions:

I. **An acute condition.** Is a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a duration of less than ninety (90) days.
Completion of treatment shall be provided for the duration of the acute condition.

II. **A serious chronic condition.** A serious chronic condition is a medical condition due to a disease, illness, catastrophic injury, or other medical problem or medical disorder that is serious in nature and that persists without cure or worsens over ninety (90) days and requires ongoing treatment to maintain remission or prevent deterioration. Completion of treatment will be provided for a period of time, necessary, up to one year from the covered employee’s receipt of notification:

(A) to complete a course of treatment approved by San Bernardino Community College District and

(B) to arrange for transfer to another provider within the MPN, as determined by San Bernardino Community College District. The one-year period for completion of treatment starts from the date of the injured employee’s receipt of the notification, as required by subdivision (f), of the determination that an injured covered employee has a serious chronic condition as defined,

III. **A terminal illness.** A terminal illness is an incurable or irreversible condition that has a high probability of causing death within one year or less. Completion of treatment shall be provided for the duration of a terminal illness.

IV. **Performance of a surgery or other procedure** that is authorized by San Bernardino Community College District as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days from the MPN coverage effective date.

San Bernardino Community College District may make a determination whether an injured covered employee’s treatment should be transferred to a physician within the MPN if the above conditions are not met. All transfer of care determinations will be in writing in both English and Spanish and use lay terms to the maximum extent possible, and will be sent to the injured covered employee’s residence and a copy of the letter shall be sent to the injured covered employee’s primary treating physician. If the injured covered employee disputes a transfer determination made by San Bernardino Community College District, he/she must request a report from the their primary treating physician that addresses whether the injured covered employee falls within any of the conditions set forth in (I) through (IV).

1) If the treating physician **agrees** with the determination made by San Bernardino Community College District that the injured covered employee’s medical condition does not meet the conditions set forth in (I) through (IV), the transfer of care shall go forward during the dispute resolution process.

2) If the treating physician **does not agree** with the determination made by San Bernardino Community College District that the injured covered employee’s medical condition does not meet the conditions set forth in (I) through (IV), the transfer of care shall not go forward until the dispute is resolved.

3) If the treating physician fails to provide a report to the covered injured employee within 20 calendar days of the request from the covered injured employee, the determination made by San Bernardino Community College District shall apply.

Until the injured covered employee is transferred into the MPN, the employee’s physician may make referrals to providers within or outside the MPN. Disputes regarding the medical determination made by the treating physician concerning the transfer of care shall be resolved pursuant to Labor Code §4062. A copy of this policy is available upon request.

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**KEENAN & ASSOCIATES ADJUSTING LOCATIONS**

**Torrence:** 800-654-8102

**Eureka:** 707-268-1616

**Rancho Cordova:** 800-343-0694

**Redwood City:** 650-306-0616

**Riverside:** 800-654-8347

**San Jose:** 800-334-6554

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**MEDICAL DIRECTORY USER ID AND PASSWORD INFORMATION**

When locating participating providers on-line, through the Internet, a user id and password is required to ensure that you are provided correct information.

User ID: special

Password: access
Appendix J: Authorization For Medical Treatment

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS (MAPS ON BACK SIDE)</th>
<th>PHONE</th>
<th>HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>US Healthworks Medical Group</td>
<td>500 Inland Center Dr, STE 105</td>
<td>909-889-2665</td>
<td>24 Hours, 7 Days/Week</td>
</tr>
<tr>
<td>Loma Linda University Occupational Medicine Center</td>
<td>328 E Commercial Rd, STE 101, San Bernardino, CA 92408</td>
<td>909-558-6222</td>
<td>Monday - Friday 7AM - 5PM</td>
</tr>
<tr>
<td>Fox Occupational Medical Center</td>
<td>1375 Camino Real, STE 130, San Bernardino, CA 92408</td>
<td>909-844-1500</td>
<td>24 Hours, 7 Days/Week</td>
</tr>
</tbody>
</table>

I HAVE BEEN GIVEN THE FOLLOWING FORMS:
1. State Claim Form DWC - 1
2. Medical Treatment Authorization Form
3. Instructions for Injured Workers
4. Covered Employee Notice of Rights Materials (MPS)

EMPLOYEE SIGNATURE: ___________________________ DATE: ____________

AUTHORIZED SUPERVISOR (PRINT): ___________________________ TITLE: ____________

SUPERVISOR SIGNATURE: ___________________________ DATE: ____________

INSTRUCTIONS TO MEDICAL PROVIDER: MAIL ORIGINAL DOCTOR’S FIRST REPORT AND ALL MEDICAL BILLS TO:

FIRST AID CLAIMS ONLY:
SBCCD, ATTN: HUMAN RESOURCES
114 S. DEL ROSA DR
SAN BERNARDINO, CA 92408

RECORDABLE CLAIMS:
Keanan & Associates
PO BOX 50016
RIVERSIDE, CA 92517
951-788-8013 (FAX)

DISTRIBUTION:  ORIGINAL PROVIDER COPY: FAX TO SBCCD HR 909-382-8173 COPY: EMPLOYEE

SBCCCD
WC – MED_AUTH 07-2013
Appendix K: Supervisor Instructions for Managing Injured Workers

1. IN THE EVENT OF A LIFE THREATENING EMERGENCY, IMMEDIATELY CONTACT
   - VALLEY COLLEGE  911
   - CRAFTON HILLS COLLEGE  911
   - DISTRICT/ANNEX/ETC/ARF  911

2. CONTACT THE HUMAN RESOURCES OFFICE AT 909-382-4040 TO INITIATE THE PROCESS.
   ✓ CAL-OSHA IS TO BE CONTACTED WITHIN 8 HOURS OF THE EMPLOYERS KNOWLEDGE OF AN EMPLOYEE BEING HOSPITALIZED OR SEVERELY INJURED.
   ✓ IF NOTIFICATION IS NECESSARY ON THE WEEKEND, YOU MUST CONTACT THEM BY CALLING 909-383-4321.

3. PROVIDE THE EMPLOYEE THE FOLLOWING PAPERWORK:
   ✓ COVERED EMPLOYEE NOTIFICATION OF RIGHTS MATERIALS (MPN)
   ✓ EMPLOYEE STATEMENT OF OCCUPATIONAL INJURY OR ILLNESS
     o THIS IS AN INTERNAL FORM THAT MUST BE FILLED OUT BY THE EMPLOYEE ANYTIME YOU ARE NOTIFIED THAT AN INJURY, ILLNESS OR ACCIDENT OCCURRED, REGARDLESS OF THE EMPLOYEE’S INTENT TO SEEK MEDICAL CARE. THE EMPLOYEE MUST FILL OUT THIS FORM IMMEDIATELY.

   ✓ ORIGINAL WORKERS COMPENSATION CLAIM FORM (DWC-1)
     o COMPLETE EMPLOYEE NAME AND NUMBERS 9-17 ON THE FORM.
       ▪ THE FOLLOWING INFORMATION SHOULD BE USED FOR ITEMS 13 AND 14
       ▪ KEENAN & ASSOCIATES; PO BOX 59916; RIVERSIDE CA 92517
       ▪ INSURANCE POLICY NUMBER: NOT APPLICABLE
     o IT IS EXTREMELY IMPORTANT FOR THE EMPLOYEE TO RETURN THE DWC-1 FORM AS SOON AS POSSIBLE IN ORDER TO RECEIVE BENEFITS TIMELY
       ▪ IF THE EMPLOYEE DOES NOT WANT TO FILE A CLAIM, GIVE THE EMPLOYEE THE GREEN AND PINK COPIES. SEND THE WHITE AND YELLOW COPIES TO HUMAN RESOURCES.
       ▪ IF THE EMPLOYEE DOES WANT TO OPEN A CLAIM, HAVE THEM FILL OUT THE TOP SECTION BEFORE GIVING THEM THE PINK AND GREEN COPIES. SEND THE WHITE AND YELLOW COPIES TO HUMAN RESOURCES.

   ✓ AUTHORIZATION FOR MEDICAL TREATMENT
     o THE EMPLOYEE SHOULD COMPLETE THE TOP SECTION AND CHECK THE APPROPRIATE BOXES REGARDING MEDICAL TREATMENT.
     o MAKE SURE TO PRINT YOUR NAME AND TITLE, AND SIGN THE FORM TO AUTHORIZE TREATMENT.
4. FOLLOW THE DISTRIBUTION INSTRUCTIONS ON THE BOTTOM OF THIS FORM AND ENSURE THE EMPLOYEE HAS RECEIVED ALL THE LISTED FORMS. FILL OUT THE SUPERVISOR STATEMENT OF OCCUPATIONAL INJURY OR ILLNESS.

5. PROVIDE THE WITNESS REPORT OF INJURY TO ANY IDENTIFIED WITNESSES.

6. FAX ALL OF THE FORMS TO THE HUMAN RESOURCES OFFICE IMMEDIATELY AND MAIL THE HARD COPIES TO THE HUMAN RESOURCES OFFICE WITHIN 24 HOURS. THE FORMS THAT SHOULD BE INCLUDED ARE:
   - EMPLOYEE STATEMENT OF OCCUPATIONAL INJURY OR ILLNESS
   - SUPERVISOR STATEMENT OF OCCUPATIONAL INJURY OR ILLNESS
   - WORKERS COMPENSATION CLAIM FORM (DWC-1)
   - AUTHORIZATION FOR MEDICAL TREATMENT
   - WITNESS REPORT OF INJURY (IF APPLICABLE)

7. THE COLLEGE DOES HAVE A RETURN TO WORK PROGRAM AND SUPERVISORS MAY BE ASKED TO PARTICIPATE IN DISCUSSIONS REGARDING TEMPORARY MODIFIED DUTY

NOTES:

- ANY DOCTOR’S NOTES, APPOINTMENTS NOTICES, OR TEMPORARY/MODIFIED DUTY SLIPS RECEIVED AT THE SITE MUST BE FORWARDED TO THE HUMAN RESOURCES OFFICE IMMEDIATELY
- ANY MODIFIED DUTY REQUIRES COORDINATION WITH HUMAN RESOURCES BEFORE THE EMPLOYEE MAY RETURN TO WORK
- PLEASE MARK TIMECARDS ACCORDINGLY IF THE EMPLOYEE IS OUT FOR ANY INDUSTRIAL INJURY REASONS

IF YOU HAVE ANY QUESTIONS, CONTACT HUMAN RESOURCES AT 909-382-4040
Appendix L: SUPERVISOR STATEMENT OF OCCUPATIONAL INJURY OR ILLNESS

PLEASE ANSWER ALL THE QUESTIONS BELOW AND SUBMIT TO HUMAN RESOURCES WITHIN 24 HOURS.

EMPLOYEE NAME: ________________________ EMPLOYMENT SITE: ________________________

OCCUPATION: ___________________________ DATE REPORTED: ___________________________

DATE OF INJURY: _________________________ ON EMPLOYER’S PREMISES? ☐ NO ☐ YES

TIME OF INJURY: ☐ AM ☐ PM TIME EMPLOYEE BEGAN WORK ☐ AM ☐ PM

WAS ANYONE ELSE INJURED? ☐ NO ☐ YES SPECIFY NAME(S): ____________________________

12. WHERE DID ACCIDENT/ILLNESS/EXPOSURE OCCUR: ___________________________________________

13. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED: _______________________________________

14. EQUIPMENT, MATERIALS OR CHEMICALS EMPLOYEE WAS USING WHEN EVENT/EXPOSURE/ILLNESS OCCURRED:
                                                                                                           ___________________________________________

15. SPECIFIC ACTIVITY EMPLOYEE WAS PERFORMING WHEN EVENT/EXPOSURE/ILLNESS OCCURRED: _____________
                                                                                                           ___________________________________________

16. HOW INJURY/ILLNESS OCCURRED (DESCRIBE SEQUENCE OF EVENTS, SPECIFIC OBJECT OR EXPOSURE WHICH
    DIRECTLY PRODUCED THE INJURY/ILLNESS.) USE SEPARATE SHEET IF NECESSARY ________________________
                                                                                                           ___________________________________________

17. WAS A DOCTOR SEEN? ☐ NO ☐ YES, PLEASE IDENTIFY BELOW:
                                                                                                           US HEALTHWORKS ☐ LOMA LINDA OCCUP MED CTR ☐ PRE-DESIGNATED PHYSICIAN
                                                                                                           ☐ CLOSEST HOSPITAL: ____________________________ HOSPITALIZED? ☐ NO ☐ YES

18. WAS FIRST AID APPLIED? ☐ NO ☐ YES, DESCRIBE: _________________________________________________

19. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? ☐ NO ☐ YES LAST DAY _____________

20. HAS EMPLOYEE RETURNED TO WORK? ☐ NO, STILL OFF WORK ☐ YES, DATE ________________________

21. WAS THE ACCIDENT PREVENTABLE? ☐ NO ☐ YES, EXPLAIN _______________________________________

22. WHAT STEPS HAVE BEEN TAKEN TO PREVENT SIMILAR ACCIDENTS? _______________________________

__________________________________________________________________________________________
Appendix M: WITNESS STATEMENT OF EMPLOYEE INJURY

WITNESS NAME: ___________________________ CONTACT PHONE: __________________

JOB TITLE: ___________________________ DISTRICT EMPLOYEE? □ YES □ NO

HOME ADDRESS: ___________________________

NAME(S) OF INJURED EMPLOYEES: __________________________

DATE OF INJURY: ___________________________ TIME OF INJURY: __________ □ AM □ PM

SITE AND EXACT LOCATION OF ACCIDENT: ___________________________

23. PLEASE DESCRIBE THE ACCIDENT: __________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

24. IN YOUR OPINION, WHAT WERE THE CONTRIBUTING CAUSES TO THE ACCIDENT? __________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

25. PLEASE NAME ANY OTHER WITNESSES: ____________________________________________________________
________________________________________________________________________________________________________________________________________________

WITNESS SIGNATURE ___________________________ DATE ___________________________
Safety Program Approval Form


Reviewed by: ______________ Date ____________

Whitney J. Fields
SBCCD Director, Safety & Risk Management

Approved by: ___________________________ Date ____________

Scott Stark
SBVC/Vice President Administrative Services/Business Services

Approved by: ___________________________ Date ____________

Diana Rodriguez
SBVC President

Revised October 2016
Safety Program Approval Form


Reviewed by: [Signature]
Whitney J. Fields
Date 9/19/16

SBCCD Director, Safety & Risk Management

Approved by: [Signature]
Michael Strong
Date 9/23/16

CHC/Vice President Administrative Services/Business Services

Approved by: [Signature]
Dr. Wei Zhou
Date 9/28/16

CHC President

Revised October 2016