

Injury and Illness Prevention Program



December
2019

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INTRODUCTION

Mt. San Antonio College has developed this formal Injury and Illness Prevention Program to ensure safe and healthful working conditions for all. The Injury and Illness Prevention Program is intended to standardize various safety programs and procedures into one effective, uniform program and to ensure compliance with State and Federal safety regulations.

The program has been designed with the major emphasis on the health and safety of all college employees while trying to remain viable and effective. The program identifies college responsibilities and defines responsibilities of the College Program Coordinator, departments, managers, supervisors and all other employees. All college administrators, managers, and employees will be required to adhere to the policies and procedures set forth under this program. However, all administrators, managers, and employees are encouraged to provide constructive input ensuring that the program remains one that not only espouses injury prevention but also allows for efficient implementation of all program components to achieve the desired goal of optimum employee health and safety.

I. RESPONSIBILITY

The College hereby assigns responsibility for implementing and maintaining its Injury & Illness Prevention (IIP) Program to the Program Coordinator:

Name: Duetta Langevin

Title: Director of Safety, Health Benefits & Risk Management

This appointment is effective currently and will continue until another person is assigned this responsibility.

The Program Coordinator is responsible for ensuring that the College provides all employees with a safe and healthful workplace and that the College is in compliance with all Cal/OSHA and other applicable Federal, State and local safety and health standards.

All permanent and part-time employees are responsible for adherence to this program in carrying out their day-to-day responsibilities. Managers and supervisors are responsible for implementing and maintaining the IIP Program in their work areas and for answering worker questions about the IIP Program. Human Resources will distribute this handbook to all permanent new hires. Distribution to all other employees will be the responsibility of the immediate manager/supervisor.

The College offers its full support to the Program Coordinator and pledges to provide this person with the time and resources necessary to fulfill his or her responsibilities.

II. COMPLIANCE

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

PROGRAM NOTIFICATION: This is fully addressed in the section entitled Communication.

TRAINING AND RETRAINING PROGRAMS: These are fully addressed in the section entitled Training and Instruction.

EMPLOYEE INCENTIVE PROGRAM(S): Department managers, department heads or supervisors may develop incentive programs. Incentive programs must be approved by the Program Coordinator.

EMPLOYEE RECOGNITION PROGRAM(S): A program which recognizes outstanding employees may be developed by department heads and managers. Recognition programs must be approved by the Program Coordinator.

DISCIPLINARY ACTION: Employees found violating workplace safety practices or found jeopardizing the safety of any other employee, student, or visitor will be subject to disciplinary action in accordance with existing college policy. Disciplinary action will be taken for violations of known rules, regulations, work practices or policies. Any action taken will not violate employee rights under Cal/OSHA regulations and will be enforced in a non-discriminatory fashion.

SUPERVISORY OBSERVATIONS: Supervisors will conduct scheduled and unscheduled observations of work practices for employees under their direct supervision. These observations will be conducted to ensure employee compliance with safe and healthy work practices.

III. COMMUNICATION

All managers and supervisors are responsible for communicating with employees about occupational safety and health in a form that is readily understandable. Our communication system encourages all employees to inform their managers and supervisors about workplace hazards without fear of reprisal.

Upon hiring, management or Human Resources will identify employees with special communication needs. Management or Human Resources will ensure that such an employee understands the safety and health requirements before being assigned to duties exposing him/her to workplace hazards.

The communication portion of this program will consist of any one or combination of the following:

TRAINING AND RETRAINING PROGRAMS: Training programs are considered a key component of the communication system. These programs are fully addressed in this plan in the section entitled “Training and Instruction.”

MEETINGS: Meetings will be a part of department safety functions. Each department head or manager will inform the Program Coordinator of the type and frequency of manager/supervisor and employee safety meetings. These meetings will be intended as a brief session to discuss one or more safety items and encourage open discussions between employees and management.

Documentation will be kept of each meeting. This documentation will include at a minimum, the following:

- ◆ Date of meeting
- ◆ Time and length of meeting
- ◆ Meeting Topic(s)
- ◆ List of attendees
- ◆ Any recommendations agreed upon during the meeting which may improve workplace safety

Each manager/supervisor conducting meetings will maintain a file of the meeting’s documentation and also submit a copy to the Program Coordinator.

HEALTH AND SAFETY COMMITTEE: The College Health and Safety Committee is considered an important part of the overall system of communication. The committee will include but not limited to representation from management, classified personnel and certificated personnel.

Health and Safety Committee members who willfully neglect their duties or repeatedly fail to attend meetings may be subject to dismissal from the committee. The committee shall determine the number of unexcused absences from meetings which can result in dismissal from the committee.

The Health and Safety Committee will do all things necessary to ensure that at least the following are met:

- ◆ The committee usually meets monthly, but never less than quarterly. The 1st Tuesday of each month has been designated as the standard meeting date unless there is a holiday.
- ◆ Agendas and minutes are prepared for each meeting showing the health and safety issues discussed. These minutes shall be made available to all employees through the use of postings, newsletters or other appropriate written materials. Notes of the meetings will be kept on file with the Program Coordinator for at least 3 years.
- ◆ Minutes or records of Health and Safety Committee meetings will be made available to Cal-OSHA should they be requested.
- ◆ Results of all periodic scheduled workplace inspections shall be reviewed.
- ◆ Reports of investigations of occupational accidents and causes of any incident resulting in injury, illness or exposure to hazardous substances shall be reviewed. Where necessary or appropriate, the committee will submit suggestions to management for the prevention of future incidents.
- ◆ Investigations of alleged hazardous conditions brought to the attention of any committee member shall be reviewed.
- ◆ The Health and Safety Committee may conduct its own department inspection and/or investigation, when deemed necessary, to assist in finding remedial solutions for hazardous conditions.
- ◆ Employee safety suggestions shall be submitted to the Program Coordinator for evaluation and recommendation by the Health and Safety Committee.
- ◆ The Program Coordinator shall communicate with Cal-OSHA, when requested, to verify abatement action taken by the college pursuant to citations.
- ◆ Employees selected for membership on the Health and Safety Committee shall be informed that they or the committee will not be held liable for any act or omission in connection with the Health and Safety Committee.
- ◆ The IIP Program shall be reviewed on an annual basis and recommendations for modifications shall be submitted to the Vice President, Administrative Services.

ANONYMOUS NOTIFICATIONS: To further encourage employees to report unsafe conditions, the College will make available a form for the anonymous reporting of safety concerns and hazardous conditions. (See Appendix A or www.mtsac.edu/risk/)

POSTED OR DISTRIBUTED SAFETY INFORMATION: When appropriate, the College may use communications such as intra-college memos, postings, newsletters or other appropriate materials to further communicate to employees on matters relating to workplace safety and health.

IV. HAZARD ASSESSMENT

A major component in the effectiveness of the Injury and Illness Prevention Program is the proper identification and evaluation of workplace hazards. The primary process for identifying and evaluating workplace hazards will be scheduled periodic inspections of the workplace. The purpose of these inspections will be to identify unsafe conditions and work practices.

Workplace inspections will be scheduled as follows:

1. Annually
2. When new substances, processes, procedures or equipment (which present hazards) are introduced into the workplace;
3. When new, previously unidentified hazards are recognized;
4. When occupational injuries and illnesses occur;
5. When permanent or part-time workers are hired or reassigned to processes, operations, or tasks for which a hazard evaluation has not been previously conducted; and
6. Whenever workplace conditions warrant an inspection.

To ensure that workplace hazards are identified and evaluated on a regular basis, periodic inspections will be scheduled as follows:

BY COLLEGE PERSONNEL

Periodic workplace inspections are an important part of the overall inspection program. College personnel may have time and expertise limitations as regards to monthly inspections; however, College personnel bring a unique perspective to their workplace hazards. Therefore, inspections of the workplace will be conducted by College personnel m a y o c u r quarterly, not less than annually. These inspections will be conducted with the following considerations:

- ◆ College personnel conducting inspections will be designated by the Program Coordinator and/or the Health and Safety Committee.
- ◆ Inspections will be accomplished using appropriate check-off forms or written report out format.
- ◆ Copies of the completed inspection check-off forms will be distributed as follows:
 - Original to the Program Coordinator
 - Copy to the Health and Safety Committee
 - Copy to the department manager
- ◆ Personnel designated to perform workplace inspections may be subject to disciplinary procedures for not completing assigned inspections or for deliberately falsifying reports.

BY OUTSIDE SAFETY EXPERTS

When necessary, the College will use outside safety experts to supplement the College's in-house inspection program. If outside safety experts are used, they must:

- ◆ Provide evidence of being safety experts such as being professional members of the American Society of Safety Engineers (ASSE), being registered as a Professional Engineer (PE), having the Certified Safety Professional (CSP) designation or other recognized achievements

- ◆ Provide references showing experience with educational institutions.
- ◆ Provide proof of professional liability insurance.
- ◆ Submit reports to the designated Program Coordinator.
- ◆ Agree to maintain copies of all submitted reports for at least three years as a back-up for College records.

OTHER

The Program Coordinator shall be responsible for reviewing and analyzing accident and loss reports to identify trends, high frequency and high severity exposures. This analysis, with supporting data from safety/risk management experts, shall be used to determine when workplace conditions warrant an inspection.

V. ACCIDENT/EXPOSURE INVESTIGATIONS

Procedures for investigations of occupational injury, illness or exposure to hazardous substances will include:

1. Interviewing injured workers and witnesses;
2. Completing Managers accident investigation report.
3. Examining the workplace for factors associated with the accident/exposure;
4. Determining the cause of the accident/exposure;
5. Taking corrective action to prevent the accident/exposure from re-occurring; and
6. Recording the findings and corrective actions taken.

The following guidelines shall also apply depending on the nature of the situation:

WHAT SHALL BE REPORTED: Employees are required to report any accident or incident or near miss to their immediate supervisor as soon as possible. Reports shall be submitted regardless of the extent of injuries or even in the absence of injuries. “Near-accidents” shall also be reported as they are an indication that something is wrong.

There are a number of accident situations, which may require investigative action. Each situation may call for varying degrees of investigation procedures. Following are the most probable accident scenarios with the appropriate college procedures to implement:

- A. NEAR ACCIDENT WITH NO INJURY:** Although there is no injury and no report is required to the Division of Occupational Safety and Health, a near accident with the potential for injury has occurred. Therefore the following action is required:
- ◆ The incident is reported to the supervisor.
 - ◆ The supervisor shall conduct an initial investigation and complete the *Manager’s Report of Employee Injury/Incident form*. Form Located on Risk website, www.mtsac.edu/risk/
 - ◆ The supervisor shall conduct a short meeting with employees to review the investigation results and discuss preventive measures.
- B. ACCIDENT OCCURS WITH INJURY:** An accident occurs with injury to employee(s). The injured employee(s) requires first aid or medical attention beyond first aid. The following action is required:
- ◆ The injured employee shall be sent to a designated occupational medical care facility for medical treatment, or to their predesignated doctor on file.
 - ◆ **911 shall be called for serious life-threatening emergencies.**
 - ◆ The incident is reported directly to the manager and Risk Management (X4230).
 - ◆ The supervisor shall conduct an initial investigation and complete the *Manager’s Report of Employee Injury/Incident form (Appendix C)*.
 - ◆ The injured employee shall be provided with an *Employee’s Claim for Workers’ Compensation Benefits (DWC-1)* Please distribute the carbons accordingly.
 - ◆ The supervisor/manager shall conduct a short meeting with employees to review the investigation results and discuss preventive measures.

C. ACCIDENT OCCURS – SERIOUS INJURY, ILLNESS OR DEATH. The following action is required:

- ◆ The incident is reported to a 911 Operator and the Public Safety Department (**X4555**).
- ◆ The incident is then reported to the supervisor/manager and Risk Management (**X4230**).
- ◆ The Division of Occupational Safety and Health will be notified immediately by the telephone. San Bernardino State Office - 909-383-4321.
- ◆ The supervisor/manager shall conduct an initial investigation and complete the *Manager's Report of Employee Injury/Incident form*, www.mtsac.edu/risk/. An outside agency may be contacted to assist with the follow up investigation.
- ◆ The supervisor shall conduct a short meeting with employees to review the investigation results and discuss preventive measures.

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

INITIAL INVESTIGATIONS: The immediate manager or supervisor is responsible for conducting the initial accident or incident investigation. The initial investigation must include at least the following information and be submitted on the *Manager's Report of Employee Injury/Incident form* located at www.mtsac.edu/risk

- ◆ Name of the injured or involved employee(s)
- ◆ Employee information: A#
 - Phone Number
 - Current Address
- ◆ Employee occupation
- ◆ Length of time at occupation
- ◆ Date and time of incident or accident
- ◆ Location of the incident or accident
- ◆ Description of the accident
- ◆ Acts or conditions contributing to the incident or accident
- ◆ Nature and description of any personal injuries
- ◆ Recommended corrective action
- ◆ Additional remarks, sketches, photos, names of witnesses, etc.

The *Manager's Report of Employee Injury/Incident* (www.mtsac.edu/risk/) is to be forwarded to the Risk Management within 24 hours or the next business day.

FOLLOW-UP INVESTIGATION: The Risk Management department and/or the Health and Safety Committee shall review all initial investigation reports. The Risk Management department and/or the Health and Safety Committee (or selected members) will conduct follow-up investigations when their review suggests that one is appropriate. Follow-up investigations will be required for any accident, which requires reporting to Division of Occupational Safety and Health.

REPORTING INCIDENTS TO THE DIVISION OF OCCUPATIONAL SAFETY AND

HEALTH: Any serious injury or illness, or death of an employee occurring in a college workplace or in connection with any college employment shall be reported to the nearest Office of the Division of Occupational Safety and Health within eight (8) hours (or twenty-four (24) hours if there are exigent circumstances.) The report shall be made by the Program Coordinator or his/her designee by telephone and shall include the following information:

- ◆ San Bernardino OSHA Office - 909-383-4321
- ◆ Time and date of accident
- ◆ Employer's name, address and telephone number
- ◆ Name and title of person reporting the accident
- ◆ Address of the accident site
- ◆ Name of person to contact at the accident site
- ◆ Name and address of the injured employee(s)
- ◆ Nature of injury
- ◆ Location where the injured employee(s) was (were) moved to
- ◆ Identity of any law enforcement agencies present at the accident site
- ◆ Description of the accident and whether the accident scene has been altered

Any occupational injury or illness resulting in lost work time of at least one day beyond the date of occurrence, or which requires medical treatment beyond first aid, shall require completion of the *Employer's Report of Occupational Injury or Illness Form 5020, located at www.mtsac.edu/risk/*. This report will be prepared by the Program Coordinator or his/her designee and submitted to the District's workers' compensation claims adjuster within five (5) days after the occurrence has been reported to the College.

VI. HAZARD CORRECTION

The Program Coordinator and, if necessary, the Health and Safety Committee, department manager, Director of Maintenance & Operations, and Vice President of Administrative Services shall determine the appropriate corrective action to eliminate or correct the identified condition(s).

Priorities for correction will be based on the severity of the hazard when observed or discovered. Attention will be given to safeguarding employees from serious injury or illness. If a hazard is discovered which 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 and safeguarded and are fully aware of the condition and precautions necessary to protect themselves.

Managers and supervisors must notify the Program Coordinator as soon as possible after the discovery of a concealed hidden danger.

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

VII. TRAINING AND INSTRUCTION

All permanent and part-time employees, including managers and supervisors, shall receive training and instruction on general and job-specific safety and health practices. Training and instruction can be provided through a brief on-site safety meeting by the Program Coordinator or safety experts. Training and instruction shall be provided as follows:

1. To all new employees, except for construction workers who are provided training through a construction industry occupational safety and health training program approved by Cal/OSHA;
2. To all employees given new job assignments for which training has not previously been provided;
3. Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard;
4. Whenever the employer is made aware of a new or previously unrecognized hazard;
5. To supervisors/managers to familiarize them with the safety and health hazards to which employees under their immediate direction and control may be exposed; and
6. To all employees with respect to hazards specific to each job assignment.

Workplace safety and health practices for all employees include, but are not limited to the following:

1. Explanation of the employer's IIP Program, emergency action and fire prevention plan, and measures for reporting unsafe conditions, work practices, injuries and when additional instruction is needed.
2. Use of appropriate clothing, including gloves, footwear, and personal protective equipment.
3. Prevention of musculoskeletal injuries, including proper lifting techniques.
4. Information about chemical hazards to which employees could be exposed and other hazard communication program information.
5. Availability of toilet, hand-washing and drinking water facilities.
6. Provisions for first aid including emergency procedures.

Training and instruction will be provided in any format or media approved by the Program Coordinator and Health and Safety Committee and which is readily understandable to all employees. Training formats may include but not be limited to:

1. Seminars
2. Workshops
3. Manuals
4. Booklets
5. Video, film or other visual media-online training applications
6. Meetings

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

- ◆ Standard operating procedures for specific equipment of jobs

- ◆ Servicing of single, split and multiple rims or wheels [CCR, T8, 3326(c)]
- ◆ Personal safety devices and safeguards
- ◆ Powered Industrial Trucks [CCR, T8, 3664 (a)(1)]
- ◆ Power operated presses
- ◆ Gas systems for welding and cutting [CCR, T8, 4799(a), 4848(a)(21)]
- ◆ Noise – when noise levels are at or exceed 85dB over an eight hour TWA [CCR, T8, 5099]
- ◆ Respiratory Protective Equipment [CCR, T8, 5144(c)]
- ◆ Airborne contaminants
- ◆ Confined spaces
- ◆ Changing and charging storage batteries
- ◆ Occupational exposure to hazardous chemicals in laboratories
- ◆ Hazard Communication [CCR, T8, 5194(b)(1)]
- ◆ Asbestos
- ◆ Regulated Carcinogens
- ◆ Lead exposures [CCR, T8, 5216(l)(1)]
- ◆ Lockout/Tagout Procedures [8 CCR 3314]
- ◆ Excavation and trenching
- ◆ Self-propelled aerial work platforms or devices [CCR, T8, 3657(h)]
- ◆ Emergency Planning – Hazardous Waste Operations & Emergency Response [CCR, T8, 3220(e)]
- ◆ First Aid Procedures
- ◆ Cart Training Certification

VIII. RECORDKEEPING

Recordkeeping of essential data is important as it documents critical activity taking place as part of the Injury and Illness Prevention Program. Recordkeeping will be mandatory for the following:

- ◆ Workplace Inspections
- ◆ Employee Occupational Safety and Health Training
- ◆ Occupational Injuries and Illnesses

The Program Coordinator will be responsible for ensuring that all relevant records are completed and kept as required by this program and/or Cal/OSHA. The record keeping activities may require the involvement of other departments such as Human Resources.

Workplace inspection records shall be kept for all scheduled, periodic inspections. These records will be maintained for a period of three years and will include at a minimum:

- ◆ Date of inspection
- ◆ Work areas inspected
- ◆ Name of person(s) conducting the inspection
- ◆ The unsafe conditions and work practices which have been identified
- ◆ Action taken to correct the identified unsafe conditions.

Personnel records shall be kept for all Safety and Health Training provided to employees. These records will be kept for each employee and will include at a minimum:

- ◆ Employee name
- ◆ Employee ID number
- ◆ Date(s) of training
- ◆ Type of training provided
- ◆ Training provider(s)

The Program Coordinator shall maintain records of all recordable occupational injuries and illnesses for the District. Recordable losses are losses which result in lost work time of at least a full day or shift beyond the date of occurrence, or which requires medical treatment beyond first aid. The records or Cal-OSHA log will meet the following requirements:

- ◆ The recordings will be on *California Division of Occupational Safety & Health (DOSH) Form 300* or an equivalent.
- ◆ Each recordable loss will be entered as soon as possible, but in no case later than five (5) working days after discovery that a recordable loss has occurred.
- ◆ Records will be kept based on a calendar year.

In addition to the log of Occupational Injuries and Illnesses, a supplementary record for each occupational injury and illness will be available in the Administrative Services office within five working days after the college has received information of a recordable loss. Supplementary records may be kept with any of the following at the discretion of the Program Coordinator:

- ◆ *California Division of Labor Statistics and Research Form 5020*
- ◆ Internal records such as a supervisor's report of occupational injury.

An annual summary of Occupational Injuries and Illnesses will be posted for the District. The summary will consist of the year's total from the *Federal OSHA Form 300*. If no injuries or illnesses occurred during the year, the form will still be posted with zeros on the totals line. The summary shall be completed within one (1) month after the close of the calendar year and will be posted on the Human Resources bulletin board no later than February 1 and remain in place until April 30.

All records referred to in this section will be maintained by the College for at least five (5) years following the end of the year to which they relate. Should any employee work less than one year, the College may, at its option and upon termination, provide records of training to that employee in lieu of maintaining records within the College as long as the transfer of such records is documented and kept in the employees personnel file.

Appendices

<https://www.mtsac.edu/risk/>

[Cal OSHA Site](#)

Risk Management Forms

Bulletins

Resources

Appendix A

EMPLOYEE SAFETY SUGGESTION OR
REPORT OF HAZARD



EMPLOYEE SAFETY SUGGESTION OR REPORT OF HAZARD

This form is for faculty, staff, or volunteers who wish to provide a safety suggestion or report a hazardous workplace condition or practice. Complete this form and return to your manager or Risk Management.

Date:

Subject:

- Hazard Report Safety Suggestion

Condition:

- Fire Safety Chemical Physical Safety
 Walkway/Road Safety Transportation Environmental
 Other

Potential Injury:

- Trip, Slip, Fall Struck by Object Cuts, Abrasion
 Exposure Strain, Sprain Electrical
 Other

Hazard Location (building, room, other description):

Description of Hazard:

Suggestion for Improving Safety/Correction of Hazard:

EMPLOYEE SAFETY SUGGESTION OR REPORT OF HAZARD

OPTIONAL: Complete this section if you want a written response. (If you wish to remain anonymous, do not complete this section)

Employee Signature

Date

Print Name:

Extension

Department:

Notes:

1. Employees are advised that use of this form or other report of unsafe conditions or practices is protected by law. It is unlawful for the employer to take any action against an employee in reprisal for exercising rights to participate in communications involving safety.
2. Risk Management and Administrative Services will investigate all reports or questions submitted and, if requested, will provide a written response to the employee who provided the information or the workers in the affected area.

Appendix B

WORKERS' COMPENSATION CLAIM FORM (DWC 1)



WORKERS' COMPENSATION CLAIM FORM (DWC 1)

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

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

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

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

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

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

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

Employee—complete this section and see note above

Empleado—complete esta sección y note la notación arriba.

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

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

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

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

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

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

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

Switching to a Different Doctor as Your PTP:

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

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

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

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

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

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

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

Cambiando a otro Médico Primario o PTP:

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

Appendix C

MANAGER'S REPORT OF EMPLOYEE INJURY



MT. SAN ANTONIO COLLEGE
MANAGERS REPORT OF
EMPLOYEE INJURY/INCIDENT

1100 North Grand Avenue
Walnut, CA 91789-1399
909.274.7500 • www.mtsac.edu

IMPORTANT: This form is to be completed by employee's manager to investigate
And provide information concerning this injury and immediately submitted (within one business day)
To Risk Management, Building 4-Room 2555

Name of Injured _____ Job Title _____

Department _____ Extension _____

Home Address _____ Telephone _____
Number, Street

_____ Date of Hire _____
City, State, Zip

Date of Accident _____ Hour _____ AM/PM (please circle)

Date Employer First Knew of Accident _____ Reported to: _____

Accident Location _____
(Be specific-building, parking lot, etc. If location not on campus please include address)

What was employee doing at time of injury? _____
(example: loading trucks, emptying trash, etc.)

How did accident/illness/exposure occur? _____

Employee Work Hours:
Hours Per Day _____ Days Per Week _____ Total Weekly Hours _____
Shift hours: _____ A.M./P.M. to _____ AM/PM (please circle)
Employee status - check one
[] Regular Full-Time [] Regular Part-Time
[] Hourly As Needed [] Student Hourly Worker
[] Clinical [] Volunteer

Apparent nature of injury - Briefly describe: _____
(Example: cut, sprain/strain, etc.)

Injured part of body (please check):
[] Neck [] Eye L/R [] Leg L/R [] Hand L/R [] Head [] Back [] Finger L/R Digit [] Chest [] Arm L/R [] Face [] Abdomen [] Foot L/R

Did Injury Involve Sharps (Needles)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--------------------------------------	------------------------------	-----------------------------

Was 911 called? Yes No

Name of witness(es) and phone numbers/extensions _____

Was personal protective equipment required?(protective glasses, safety shoes, safety hats, etc.) Was injured employee using required equipment properly? _____

Corrective action taken (modification of a machine, environment, training, etc.) _____

Additional comments _____

COMPLETED BY:

Signature _____

Date _____

Printed name _____

Extension _____

APPROVED BY:

Signature _____

Date _____

Printed name _____

Extension _____

Please have employee complete before returning form to Risk Management:

Employee Description of Accident: _____

Does employee wish to seek medical attention? Yes No

If yes, where? (name and address of facility or hospital) _____

COMPLETED BY EMPLOYEE:

Signature _____

Date _____

Printed name _____

Extension _____

Risk Management Use Only:

Salary Rate _____
Comments _____
Incident Only _____

4/2018:rm/sv



The College would like to thank the following for their contribution to this program:

Duetta Langevin, Andrea Solorzano, and Suzanne Vasquez

December 2019