

# MANAGEMENT DIRECTIVE

## INJURY AND ILLNESS PREVENTION PROGRAM

### Management Directive # 09-14

Date Issued: **12/23/09**

New Policy Release

Revision of Existing Management Directive MD 92-03, Injury and Illness Prevention Program, dated April 20, 1992

Cancels: None

### DEPARTMENTAL VALUES

The Department continues to focus on three priority outcomes. The three identified outcomes are improved safety for children, improved timelines to permanency, and reducing reliance on placement to achieve safety. The Department's vision is to ensure that children grow up safe, physically and emotionally healthy, educated, and in permanent homes.

### APPLICABLE TO

This Management Directive applies to all personnel employed by the Department of Children and Family Services (DCFS), including Full Time, Temporary and Part Time employees. All personnel shall comply with the provisions outlined in this document.

### OPERATIONAL IMPACT

The Director of the Department of Children & Family Services (DCFS) under the direction of the Departmental Safety Officer (DSO) & the Office of Health and Safety Management (OHSM) provides policy direction for the Departmental Environmental Health & Safety, Illness and Injury Prevention Program. In compliance with the California Code of Regulations Title 8, Section 3203, this directive is issued. Enforcement of this regulation is the California Division of Occupational Safety and Health, Department of Industrial Relations.

## DEFINITIONS

**IIPP** – The Injury and Illness Prevention Program, required under Title 8 of the California Code of Regulations, is a written plan containing health and safety procedures which are not only documented in writing but are put into practice on a day-to-day basis.

**OSHA** – Occupational Safety and Health Administration of the U.S. Department of Labor.

**CAL/OSHA** – California Occupational Safety and Health Act of 1973.

**CHIEF EXECUTIVE OFFICE (CEO) - RISK MANAGEMENT – LOSS PREVENTION AND CONTROL SECTION** - The CEO is responsible for establishing loss control and prevention standards for the County. This section manages loss control and prevention consultations for County Departments to help prevent workplace accidents, injuries and illnesses, and tort, general liability, vehicle liability and property losses.

**GENERAL SAFE WORK PRACTICES** – Work practices which generally apply to most of the employees at the worksite. Examples of general work practices are: lifting procedures, seating and getting up, housekeeping practices, knowledge of medical and first aid procedures, and knowledge of fire protection procedures and evacuation plans.

**SPECIFIC INSTRUCTION WITH REGARD TO HAZARDS UNIQUE TO ANY JOB ASSIGNMENT** – Training on the hazards and safe work practices specific to any individual employee's work assignment. Examples of specific instructions are: video display terminal/microfiche training, self-defense and street smarts training, and animal safety awareness training.

**SCHEDULED PERIODIC INSPECTIONS, PERIODIC SCHEDULED AND DOCUMENTED INSPECTIONS** – Inspections of the workplace at sufficient intervals to ensure that established safe work practices are being followed and that unsafe conditions or procedures are identified and corrected promptly. Frequency of inspections shall be affected by the type, expectation and magnitude of hazards involved; proficiency of employees; equipment or process changes; and injury/illness rates.

**AEROSOL TRANSMISSIBLE DISEASE (ATD) OR AEROSOL TRANSMISSIBLE PATHOGEN (ATP)** – A disease or pathogen for which droplet or airborne (i.e. coughing or sneezing) precautions are required.

**OCCUPATIONAL EXPOSURE** – Exposure from work activity or working conditions that is reasonably anticipated to create an elevated risk of contracting any disease caused by ATPs.

## PROCEDURES

### **The IIPP is designed to:**

- a) Identify the person(s) with the authority and responsibility for implementing this program;
- b) Provide a system for communicating health and safety information with employees;
- c) Provide employees with a system for access to health and safety information necessary for the safe execution of their job responsibilities;
- d) Provide a method for identifying and evaluating workplace hazards, and ensuring that safety inspections are routinely conducted;
- e) Provide a protocol and procedure for correcting unsafe conditions and/or practices;
- f) Provide employees with health and safety training;
- g) Provide a method for record keeping and documenting in compliance with the required elements of this program; and
- h) Eliminate conditions that can lead to violations of regulatory requirements of Title 8 California Code of Regulations.

### **General Responsibilities**

The ultimate responsibility for ensuring the health and safety of DCFS personnel is with the Board of Supervisors. The DCFS Department Head has been delegated the responsibility of employee health and safety management within DCFS.

### **Department Head Responsibilities**

- a) Approve new or revised employee health and safety programs and procedures.
- b) Authorize the allocation of physical and financial resources necessary to maintain an effective IIPP which includes the purchasing of any Ergonomic Equipment.
- c) Oversee and support the components outlined in this program.

### **Deputy Director Responsibilities**

Include, but are not limited to:

- a) Provide support, leadership and direction for the IIPP.
- b) Adopt policies, standards, and procedures that include the written Code of Safety Practices to ensure that activities and operations within the Bureau are conducted safely and comply with applicable local, state, and federal regulations and with DCFS policies.

- c) Delegate authority, responsibility and accountability to appropriate individuals to effectively implement and maintain all IIPP requirements.
- d) Provide financial support for completion of the provisions outlined in this program.
- e) Assist managers in pursuing disciplinary action against employees who violate health and safety rules and guidelines.

### **Division Manager Responsibilities**

- a) Review and act upon safety inspection/audit recommendations made by Departmental Safety Staff and/or outside inspectors representing city, state, or federal agencies.
- b) Request physical and financial resources necessary for the correction of environmental, health and safety hazards.
- c) Assist Section Heads in providing appropriate disciplinary action against employees who violate safety rules and regulations.
- d) Ensure that the DSO and/or OHSM are notified whenever Cal/OSHA, or any environmental, health, and safety regulatory agency, arrives on-site or requires any form of correspondence.
- e) Through discussion with supervisors evaluate the effectiveness of implementing the IIPP and provide recommendations for improvement to the DSO and/or OHSM.
- f) Actively support the system implemented for communicating with employees on matters relating to employee health and safety through labor/management committees, or any other means that ensure communication with employees.
- g) Notify DSO and/or OHSM of any significant corrective actions taken.
- h) Ensure their offices maintain and post occupational injury statistics (Cal/OSHA Forms 300 and 300A).
- i) Designate a coordinator to track and prepare the occupational injury statistics (Cal/OSHA Forms 300 and 300A).
- j) Establish and support an Office Safety Committee.

### **Section Head and Supervisor Responsibilities**

Include, but are not limited to:

- a) Ensure that the IIPP and other safety programs are complied within their section/unit.
- b) Assist employees in identifying and correcting actual and potential health and safety concerns.

- c) Identify the physical and financial resources required for the correction of safety concerns, and inform management of these requirements.
- d) Ensure that employees are appropriately trained for the duties assigned to them.
- e) Notify the Division Manager of any display of flagrant or consistent disregard for environmental, health and safety rules and guidelines by employees.
- f) Ensure the use of any required personal protective equipment, safety programs or procedures necessary for the safe execution of an employee's job responsibilities.
- g) Notify the Division Manager of significant corrective actions taken.

### **Employee Responsibilities**

- a) Follow the guidelines of DCFS' IIPP and any other environmental, health and safety programs implemented by the Department.
- b) Protect self from recognized and uncontrolled hazards.
- c) Immediately inform supervisory staff of any known safety deficiencies or any potentially hazardous conditions that may lead to injury or illness. If the employee's direct supervisor is not available, hazards are to be reported to the next available person in the employee's line of supervision (i.e. lead person, supervisor or section head).
- d) Refrain from performing work tasks for which he/she has not received specialized training (e.g., electrical work, office equipment repair, heavy lifting, building maintenance, etc.).
- e) Not remove, displace, damage or destroy any safety device, safeguard, notice or warning used in any work area, or interfere in any way with their use by any other person.
- f) Not interfere with the use of any method or process adopted for the protection of any employee, including himself/herself.

### **Safety Officer/OHSM Responsibilities**

The DSO and/or OHSM is the Program Administrator. Responsibilities include, but are not limited to:

- a) Ensure that DCFS' IIPP is reviewed annually and revised if necessary.
- b) Initiate and manage the development of comprehensive, written environmental health and safety programs designed to assist employees in protecting themselves, and to comply with regulatory requirements.
- c) Assist Offices to maintain and post occupational injury statistics (Cal/OSHA forms 300 and 300A).

- d) Advise management on Program policy and procedure issues.
- e) Assist Offices in establishment of Safety Committees.
- f) Coordinate required safety training programs.

## **EMPLOYEE RECOGNITION**

### **Employee Evaluations**

- a) On an annual basis supervisors are given the opportunity to evaluate their employees' safety performance as part of the performance evaluation process. A specific safety factor on the performance evaluation form has been provided to allow supervisors the opportunity to rate their employee's work habits as they relate to safety.
- b) Supervisors are required to accurately reflect the employee's approach towards safety by marking the appropriate box on the form. Accurate completion of the performance evaluation assists the department in providing recognition to those employees who perform their work assignments in a safe manner. The evaluation also assists the department in informing employees that they need to improve their work habits as they relate to safety.

### **Recognition Procedure**

Letter of recognition: Employees who enhance DCFS' IIPP through the development of specific safety procedures, or employees who participate in significant environmental health and safety activities will be recognized by the department for their efforts. The procedure for employee recognition will be completed as follows:

- a) Any employee who witness or become aware of a co-worker's extraordinary efforts to improve safety through successfully raising the level of safety awareness in their work area may nominate, in writing, their co-worker for a Letter of Recognition.
- b) The Section Head, and/or other appropriate level of supervision approve and sign the Letter of Recognition.
- c) Whenever possible, the Letter of Recognition will be formally presented to the employee at a recognition meeting scheduled at the employee's work location.
- d) A copy of the Letter of Recognition shall be forwarded by the section head to the Personnel Office for the placement into the "recognized" employee's personnel file.

### **Disciplinary Action Procedure**

When an employee violates safety rules, an investigation of the violation will be carried out by the supervisor of the employee and disciplinary action will be taken as follows:

- a) Where a lack of understanding of the safe work practices has resulted in an unsafe act, or where an otherwise conscientious employee experiences a lapse in good

judgment leading to an unsafe act, the supervisor or lead person is required to issue, at a minimum, a verbal warning to the employee. Presenting the employee with the "Code of Safe Practices" may be warranted.

- b) For the second violation, both the infraction and the advice are documented in the employee's personnel file. Retraining (by supervision or through the formal training program) should also be considered as a method to prevent the employee from committing future unsafe acts.
- c) The third infraction may result in a formal written warning or suspension of the employee.
- d) A fourth violation may lead to employee termination.
- e) The supervisor, through appropriate lines of management, is required to notify (in writing) the Employee Relations Performance Management (PM) Section when an employee knowingly and/or consistently violates safety rules.

Examples of types of unsafe acts may include, but are not limited to, the following:

1. Breaking a work rule regarding safety (tampering with safety guards or fire sprinklers, smoking in work areas, placing door jams on fire doors, etc.)
2. Carelessness resulting in injury to self and/or others.
3. Misuse of County of Los Angeles equipment.
4. Misuse of County of Los Angeles vehicles and failure to adhere to the California Vehicle Code.
5. Failure to heed posted caution and warning signs.
6. Failure to report accidents.
7. Failure to adhere to management directive via memos, or e-mails regarding safety precautions.
8. Any other action deemed detrimental to the health, safety, and well being of a County employee, visitor or the general public.

<p><b>NOTE:</b> Disciplinary action, up to and including termination, may be pursued depending on the type, severity, and/or frequency of the violation(s). PM has the sole responsibility of determining applicable disciplinary action.</p>
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### **Communication – Title 8 CCR §3203 (a) (3)**

#### **Employee Bulletin Board Postings**

- a) Employee bulletin boards must be located in lunchrooms at all worksites occupied by DCFS.

- b) Safety bulletins, which are generally single page, are posted on employee bulletin boards and other high visibility areas when they are initially generated. The bulletins should remain on the boards for at least 30 working days following posting.
- c) Employees are encouraged to become familiar with the location of, and the materials posted on, the bulletin boards.

### **Anonymous Hazard Notification by Employees**

- 1) Open communication between employee and supervisor is encouraged. However, in order to provide all DCFS employees with an opportunity to inform the department of their workplace health and safety concerns without fear of reprisal, two methods of anonymous notification have been implemented. These methods are:
  - a) Providing a written notice or voicemail of a safety concern to the DSO and/or OHSM. Anonymously informing the Chief Executive Office (CEO) Loss Control and Prevention Section of the existence of a safety concern.
- 2) Whether contacting the CEO Loss Control and Prevention Section or using the written notice/voicemail system, employee notification must include:
  - a) the nature of the concern;
  - b) the location;
  - c) the time the concern was first identified, and;
  - d) when appropriate, the names of individuals involved.
- 3) The DSO and/or OHSM are responsible for responding to any notices, initially reviewing the notices and, if possible, correcting the concerns identified.

### **Safety Bulletins**

OHSM periodically distributes safety bulletins to all DCFS offices. Upon receipt, the Office Head should post these bulletins to the office bulletin board and any conspicuous areas in the work place.

## **HEALTH AND SAFETY WORK PRACTICES**

Safe and healthy work practices and/or procedures are established to prevent accidents, injuries, and illness and to protect the safety of all DCFS employees. All employees should review the provisions of the Injury and Illness Prevention Program.

The following paragraphs describe general safety rules that each employee must follow to ensure and promote a safe and healthy work environment.

Additional workplace safety and health practices are listed on Exhibit VII, Code of Safe Practices.

## **Office Equipment and Machines**

Scissors, paper cutters, writing instruments and similar office devices can cause minor but painful injuries. Always use such equipment carefully. Report such injuries at once, take first aid measures to avoid infection, and seek medical care if necessary. Keep the blades of paper cutters closed and locked when not in use.

## **Lifting, Carrying, and Moving Materials**

Always use good judgment in lifting objects and ask for assistance if objects are awkward or beyond ability to lift. At all times, observe the following safety precautions:

- a) Do not pick up heavy boxes or other items over 10 pounds in weight, unless properly trained to do so.
- b) Do not move heavy office furniture and office equipment unless properly trained and authorized.

## **Floors, Aisles, Stairs and Steps**

- a) Floors and work surfaces shall be maintained free of debris, holes, loose boards, threadbare carpeting, protruding nails, etc. If such conditions exist, notify management immediately.
- b) Walking surfaces shall be clean, in good repair, adequately lighted, and shall not be slippery.
- c) Aisles shall be clearly marked and wide enough for easy flow of traffic. Aisles shall be kept clear of objects or obstructions which can impede the movement of staff.
- d) Stairways and exits shall not be obstructed. Nothing shall be stored in or around stairwells or landings.
- e) Stairways and exits shall be well-lighted and where necessary, shall be provided with emergency lighting. If unsafe lighting conditions exist, notify management immediately.

## **Storage**

- a) Storage areas shall be neat and orderly so as not to create hazards. Materials should not be haphazardly strewn about the storage area.
- b) Boxes should not be stored under the desk.
- c) Food should not be stored at the work area overnight. All food stuff should be properly contained in appropriate storage containers in the kitchen area or refrigerator. Food waste should be properly disposed of and not left uncovered in waste baskets.

## **INJURY AND ILLNESS PREVENTION PLAN**

### **Health and Safety Inspections – Title 8 CCR §3203(a) (4)**

The objective of the environmental health and safety inspection is to:

Improve the effectiveness of the IIPP by:

- a) Reviewing accidents and exposures to hazardous situations in order to provide guidance on how to prevent future incidents.
- b) Evaluating the accuracy of health and safety record keeping practices.
- c) Categorizing safety deficiencies for the purpose of identifying hazard occurrence trends, so corrective action can be taken.
- d) Evaluating the thoroughness and effectiveness of environmental health and safety training.
- e) Conducting walk-through inspections for the purpose of improving work-area housekeeping and identifying and eliminating work-area hazards.

### **Formal Inspections**

Two types of formal inspections will be conducted on a regular basis:

1. Monthly Inspection: Work areas must be inspected monthly using Form DCFS 122, Facility Information Sheet & Safety Inspection Checklist, Fire Extinguisher and First Aid Kit reports (Exhibit I). A copy of the form is routinely forwarded to the OHSM for review and comment, and a copy filed in the IIPP Book.
  - a) The Office Head will designate an individual to ensure that the area/site inspection is completed monthly. It is recommended that the designated staff person is also the person responsible for the implementation of the IIPP at the office.
  - b) Upon completion of the inspection, the designee ensures that all identified deficiencies are corrected, and any uncorrected deficiencies are appropriately addressed in a timely manner. Any adverse or hazardous conditions must be reported immediately to the DCFS Property Management Section for corrective action.
  - c) Corrective actions taken are to be noted on the Checklist.
  - d) Monthly Checklists should be maintained for a minimum of one (1) year.
2. Quarterly Facility Inspections (County-owned facilities only): Exterior facility inspection conducted by Health & Safety Management using Quarterly Facility Self-Inspection Checklist (Exhibit II).
  - a) Any adverse or hazardous conditions must be reported immediately to the DCFS Property Management Section for corrective action.

- b) Findings must be reported to the CEO Loss Control and Prevention Section. Copy of report must be maintained.

**NOTE:** It is recommended that photographs are taken of all identified hazardous conditions, and maintained with the checklist. Photos should be shared with the appropriate entity charged with correcting the condition.

### **Annual Environmental Health and Safety Audits**

The OHSM (designee) shall complete the Annual Audit Checklist (Exhibit III) to ensure that all DCFS offices are in compliance with the following IIPP provisions:

- a) All necessary safety records are appropriately maintained;
- b) Health and Safety Inspections have been completed in accordance with this directive; and
- c) Employee training is current and consistent with the appropriate training matrix.

The annual audit is conducted once per calendar year and may be completed with the assistance of the CEO Loss Control and Prevention staff. OHSM will forward a copy of the checklist to the Office Head for completion by the designated person. A copy shall be maintained in the IIPP book and a copy returned to OHSM.

### **Informal Identification and Correction of Safety Concerns**

In addition to the identification and correction of safety concerns through the monthly and quarterly inspection processes, the informal identification of environmental health and safety deficiencies must be appropriately addressed as follows:

- a) The informal identification and correction of safety concerns allows employees who identify a potentially hazardous situation the opportunity to report the hazardous condition to their supervisor and to correct the noted condition. (e. g. worn parts on equipment, improperly stored or used equipment, unsafe acts by co-workers, damaged walkways, or any other inappropriate condition).
- b) Safety deficiencies that do not pose a threat of injury or illness shall be addressed in a timely manner.

## **PREVENTATIVE MAINTENANCE**

### **Hazard Control and Correction**

In order to prevent or mitigate adverse or hazardous conditions, management should enforce the following corrective actions:

- a) Monthly and Quarterly Inspections.

- b) Immediate reporting of unsafe, unhealthy, and hazardous conditions to appropriate management level using the Safety Hazard Inspection Report (DCFS 125) (Exhibit IV).
- c) Conduct accident investigations and complete Accident Investigation Report (DCFS 121) (Exhibit V).
- d) Any other workplace hazards identified through other means, including, but not limited to, Cal/OSHA or Department of Public Health Inspections, are to be reported immediately to the Property Management Section for corrective action with notification to OHSM.

### **Heat Illness - Title 8 CCR §3203**

Heat illness, a medical condition, result from the body's inability to cope with the heat and cool itself. Managers, supervisors, and employees are strongly warned that heat illness can be deadly. This risk is generally the highest for people who work outdoors, and that is why California's Heat Illness Prevention Standard was developed.

Heat illness includes: heat cramps, fainting, heat exhaustion, and heatstroke. Early symptoms are: fatigue, heavy sweating, headache, cramps, dizziness, high pulse rate and nausea/vomiting. Medical help should be immediately sought by calling 911.

Heat Illness, however, can also affect those working in Indoor Working Environments. This section will address preventative measures when cooling systems are being repaired and/or new systems are being implemented.

As soon as it is known, Management must communicate to staff by the most effective means - e-mail, loud speakers, area postings, etc., that the air system is down, and the approximate time frame of repair.

- Upon request, allow the use of personal fans.
- Advise staff they are able to leave work, using any available personal benefits (sick, vacation, personal time, Holiday, etc.).
- Encourage staff to drink at least one 8-ounce cup of cooked, fresh water every 15 minutes during the time the air system is inoperable.

### **Aerosol Transmissible Diseases – Title 8 Chapter 4 § 5199. Sections applicable to Referring Employers**

For all intent and purposes, DCFS does not meet the criteria of a referring employer as it relates to ATDs. However, staff on occasion, may come in contact with clients, parents, children and other general public in the workplace who are suspected of having been exposed to an ATD. If an employee suspects that they have been exposed to the virus in the workplace, the following precautions are suggested:

1. Seek treatment from a treating physician.

2. If employee is considered in a high risk group as defined by the CDC, the CDC recommends administration of the seasonal influenza vaccine.
3. At no charge to the employee, the County will administer the vaccination. Employee may go to any on-site Department of Health Services' (DHS) clinic, DHS Central Health Center (located at 241 N. Figueroa Street. Call (213) 240-8203 to check availability), or utilize Occupational Health Program's (OHP) network of clinics or mobile (on-site) service (see [http://ceo.lacounty.gov/ohp/misc/Employee\\_contractors.xls](http://ceo.lacounty.gov/ohp/misc/Employee_contractors.xls)).
4. When an employee is observed to have a noticeable prolonged cough, and/or other symptoms of influenza, the following procedure should be observed:
  - a) Set interactive meeting with the employee to discuss observable condition(s).
  - b) Refer the employee to their primary treating physician on County time. The employee should be advised that a release from the physician must be presented upon their return to work.

**NOTE:** Seasonal influenza is not considered an ATD unless a pandemic has been called by the CDC. Seasonal influenza does not require referral.

The information below contains sample criteria to be used by non-medical employees (DCFS staff who may have contact with clients, parents, children and other persons from the public) for screening purposes in settings where no health care providers are available (**non-mandatory**). Client' privacy must be maintained during the screening procedure.

1. For screening a coughing client with potential TB – privately ask the person:
  - a. If he/she has had a cough for more than three weeks;
  - b. If, in addition to cough, he/she has one or more of the following clinical symptoms of TB disease:
    - Unexplained weight loss (>5lbs)
    - Night Sweats
    - Fever
    - Chronic Fatigue/Malaise
    - Coughing up blood

A person who has had a cough for more than three weeks and who has one of the other symptoms in b, must be referred to a health care provider for further evaluation unless, that person is already under treatment. Consider referring a person with any of the above symptoms, if there is no alternative explanation.

2. In addition to TB, other vaccine preventable aerosol transmissible diseases, including pertussis, measles, mumps, rubella ("German Measles") and chicken pox should be considered when non-medical personnel screen individuals in non-health care facilities. The following is a brief list of some findings that should

prompt referral to a health care provider for further evaluation when identified through a screening process:

- Severe coughing spasms, especially if persistent; coughing fits may interfere with eating, drinking and breathing
  - Fever, headache, muscle aches, tiredness, poor appetite followed by painful, swollen salivary glands, one side or both sides of face under jaw
  - Fever, chills, cough, runny nose, watery eyes associated with onset of an unexplained rash (diffuse rash or blister-type skin rash)
  - Fever, headache, stiff neck, possibly mental status changes
3. Any client who exhibits any of the above described findings and reports contact with individuals known to have any of these transmissible illnesses in the past 2-4 weeks should be promptly evaluated by a health care provider. Refer the client to their personal treating physician.

### **Workplace Violence/Threat Management**

The policy of the County of Los Angeles is that it will tolerate no workplace acts of violence or threats in any form, DHR PPG 620 (Appendix A).

### **Occupational Injury & Illness Reporting & Investigation – Title 8 CCR §3203 (a) (5-6)**

#### **Reporting Procedure for an Injury/Illness**

Employees must immediately report all work-related injuries or illnesses to their supervisor, unless the employee is unable to do so. In this case, the notification must be made by a lead worker or co-worker, or the employee as soon thereafter as possible. Upon becoming aware of an employee injury or illness, the supervisor or designated staff will:

1. Seek the assistance of emergency services if the injury or illness is of a serious or life threatening nature (Dial 911).
2. Assess the need for medical attention if the injury or illness does not appear to be of a serious nature. If medical attention is required, the supervisor or designated staff person should direct the employee to one of the medical providers belonging to the County's Medical Provider Network (MPN) or the employee's personal physician if the employee has pre-designated a personal physician in writing.
3. Review the *County of Los Angeles Return to Work Program: Employee Packet* with the employee and complete applicable forms if the injury requires lost work time beyond the date of the injury and/or medical treatment beyond first aid, forward copies of the required forms to the OHSM Return to Work Coordinator.
4. Issue the *DWC-1 Form: Employee Claim for Workers' Compensation Benefits* to the employee within one (1) working day of the injury and complete *Form 5020: Employer's Report of Occupational Injury (Exhibit VI)*.

## **CAL/OSHA Notification**

Office Management MUST notify OHSM OR Personnel Officer IMMEDIATELY of any serious injury or illness, or death of an employee occurring in the workplace. OHSM or Personnel Officer shall immediately report any serious injury or illness, or death occurring in the workplace to the nearest District Office of the Division of Occupational Safety and Health (Cal/OSHA).

**NOTE: Immediately** means as soon as practically possible but no longer than eight (8) hours after the Department knows or, with diligent inquiry, would have known of the death or serious injury or illness.

**Serious** means any injury or illness occurring in a place of employment or in connection with any employment which requires inpatient hospitalization for a period in excess of 24 ours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement.

1. The OHSM maintains the Employer's Report of Industrial Injury on file for employee's length of employment plus five (5) years.

## **Injury and Illness Investigation**

- a) For each injury or illness reported, the supervisor must investigate the accident or exposure using the Accident Investigation Report form (Exhibit V) to determine the cause and implement the corrective action needed to prevent recurrence.
- b) The supervisor must complete *Form 5020: Employer's Report of Occupational Injury* clearly indicating the nature of the injury or illness, the cause, and the corrective action taken, if applicable. It is not the responsibility of the employee to complete this form.
- c) Guidance from CEO Loss Control and Prevention staff may be sought when conducting an accident investigation. Initial contact should be made with OHSM.

**NOTE:** When the nature of the injury or illness or cause is not evident within the first 24 hours, Form 5020, Employer's Report of Industrial Injury, must still be completed to the best of the supervisor's knowledge. A revised report may need to be completed when the details of the injury or illness, cause, or corrective action are known. Completed reports are to be forwarded to OHSM.

## **Record Keeping (IIPP) – Title 8 CCR §3203 (B) (1) & (2))**

### **Training Records**

All training records are to be maintained by the Training Academy. Employees interested in obtaining a training history can request information from the Training Academy, or go on-line to the Training Website.

### **Inspection Reports**

Monthly Office Inspection Reports are to be maintained in the IIPP Manual for no less than one (1) year.

Quarterly Inspection Reports are to be maintained at the OHSM for no less than one (1) year.

All inspection reports are to be maintained by the OHSM.

### **CAL/OSHA Reports**

Office Heads shall designate a Cal/OSHA Coordinator (it is recommended that this person is the same person identified as the IIPP Coordinator) to maintain copies of all Workers Compensation Claims (Employer's Report of Occupational Injury, 5020 and DWC Forms) reported during the calendar year.

- a) At the end of the calendar year the Annual Cal/OSHA Form 300 Log and Form 300A Summary must be completed. In lieu of the Form 5020, the Cal/OSHA Form 301 Incident Report can be utilized.
- b) Upon completion of the Form 300 Log and the Form 300A Summary, the Summary Form only must be posted from February 1 – April 30.
- c) A copy of the forms must be maintained with the IIPP Manual for three (3) years, and copy mailed to OHSM.
- d) Upon request, the forms must be made available to authorized persons or entities, including Cal/OSHA.

### **CAL/OSHA Unannounced Visits**

Cal/Osha is authorized to conduct workplace inspections to enforce occupational safety and health standards. Every workplace covered by Cal/Osha regulations may be subject to inspection by compliance health and safety staff.

Inspections are conducted by Cal/Osha safety engineers and industrial hygienists from district offices throughout California. Complaint, referral and accident inspections, as well as scheduled compliance inspections, are conducted by the local district offices.

This section establishes standard reporting procedures for office management/designee in the event of an unannounced Cal/OSHA visit to a DCFS worksite.

- a) Notify OHSM immediately.
- b) Inspector must present a State of California photo identification card and Division of Occupational Safety and Health business card prior to conducting an inspection of the worksite.
- c) Provide requested information to the Cal/Osha inspector, or request an extension.
- d) Site visited to be conducted by designated mid-management staff or above.

### **CAL/OSHA Complaints**

Office Management MUST forward a copy of the complaint to OHSM immediately.

### **Motor Vehicle Accidents**

See Vehicle Loss Control Program, MD 09-03.

### **Training – Title 8 CCR §3203(a) (7)**

#### **New Employee Training**

- a) All new employees will be provided a copy of the Code of Safe Practices (Exhibit VII) and must sign Acknowledgement of Receipt. A copy will be filed in the Employee Personnel File. In addition, all new hires are to receive a copy of the “New Employee’s Guide to Workers’ Compensation” (Appendix B)
- b) Specialized training may be required before performing certain jobs within DCFS. Field Safety Training is applicable to payroll classes, such as Children Social Workers (CSW), Dependency Investigators and Assistants, Human Services Aides and Adoptions Assistants. This training will be provided to CSWs through the CSW Core Training Academy and all other payroll classes as the need is identified through the Training Academy.
- c) As classes are scheduled, employees are encouraged to register for Violence in the Workplace Prevention Classes, Ergonomics, Hazard Communication/Office Safety, Workers’ Compensation and all other trainings that affect the well being and safety of staff.

#### **Injury and Illness Prevention Program (IIPP)**

A copy of this directive is available to all employees at the OHSM website.

Ergonomics (See MD 09-12)

## **Hazard Communication/Office Safety**

See appropriate sections above.

## **Safety Committee – Title 8 CCR §3203 (c) (1-6) and (a) (3)**

### **Office Safety Committee**

All DCFS offices are encouraged to establish office safety committees. Membership representation should include a sampling of all staff and union representation.

### **Health and Wellness Coordinator**

The DCFS Health & Wellness Coordinator communicates periodically on issues such as health screenings, fitness techniques, well-being, and wellness related topics. Safety and health information will also be periodically distributed through the OHSM. Unless otherwise directed by the DCFS Executive Team, the Health and Wellness Coordinator is the only authorized person to distribute health information to all DCFS staff.

## **APPROVAL LEVELS**

<b>Form No.</b>	<b>Form Name</b>	<b>Approval Level</b>
<b>DCFS 122</b>	Safety Inspection Checklist (Exhibit I)	Office Head
<b>N/A</b>	Safety Hazard Inspection Report (Exhibit IV)	Office Head
<b>DCFS 121</b>	Accident Investigation Report (Exhibit V)	Office Head

## **LINKS**

CEO's Website:

<http://ceo.lacounty.gov/mpn/pdf/NewEmpWrkrsCompGUIDE%20FORM%20FINAL.pdf>

Disability Management and Return to Work Policy:

<http://lacdcfs.org/Policy/Management%20Directives/MD0907DisabilityManagementReturntoWork.doc>

Vehicle Loss Control Policy:

<http://lacdcfs.org/Policy/Management%20Directives/MD0903VehicleLossControl.doc>

## **RELATED POLICIES**

**MD 09-07**, Disability Management and Return to Work Program

**FORM(S) REQUIRED/LOCATION**

**HARD COPY**

**DCFS 122**, Safety Inspection Checklist

Original: IIPP Book

Copy: OHSM

**DCFS 121**, Accident Investigation Report

Original: Office

Copy: Property Management

Copy: OHSM

**Annual Audit Checklist**

Original: IIPP Book

Copy: OHSM



**COUNTY OF LOS ANGELES  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

**INJURY AND ILLNESS PREVENTION PROGRAM (IIPP)**

FACILITY INFORMATION SHEET

<b>Facility Address:</b>	
Number of Floors Occupied: <input type="text"/>	Does The Office Have: <input type="checkbox"/> Elevator(s) <input type="checkbox"/> Stairway(s) <input type="checkbox"/> Both
Office Head:	Phone No.:
IIPP Coordinator:	Phone No.:
RTW Coordinator:	Phone No.:
Building Landlord:	Phone No.:

<b>STAFF:</b>	<b><u>JOB TITLE</u></b>	<b><u>NUMBER</u></b>
	Supervising Transportation Worker(s)	_____
	Supervising Children's Social Worker(s)	_____
	Transportation Worker(s)	_____
	Group Supervisor(s)	_____
	Administrator(s)	_____

**NUMBER OF ACCIDENTS RECORDED FOR MONTH OF:** \_\_\_\_\_, \_\_\_\_\_ (Year)  
(Obtained from CAL/OSHA 300)

**Current Hazards/Potential Hazards and Action(s) taken to date:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IIPP Objective(s) for Month of:**

\_\_\_\_\_  
\_\_\_\_\_

**Monthly Self Inspections:**

Conducted By: \_\_\_\_\_

Report Completed: \_\_\_\_\_

Report Reviewed By: \_\_\_\_\_

Corrective Action Follow Through By: \_\_\_\_\_  
Date



**COUNTY OF LOS ANGELES  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
INJURY AND ILLNESS PREVENTION PROGRAM (IIPP)**

**SAFETY INSPECTION CHECKLIST**

<b>Office:</b>	<b>Address:</b>
<b>Date of This Inspection:</b>	<b>Date of Prior Inspection:</b>

**POSTINGS**

<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>ACTION NEEDED</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	Is the CAL/OSHA poster Safety and Health Protection on The Job displayed in a prominent location where all employees are likely to see it?
<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>ACTION NEEDED</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	Are emergency telephone numbers posted where they can be readily found in case of emergencies?
<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>ACTION NEEDED</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	Where employees may be exposed to any toxic substances or harmful physical agents, has appropriate information concerning medical and exposure records and Material Safety Data Sheets been posted or other wise made readily available to affected employees.
<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>ACTION NEEDED</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	Are signs concerning exiting from buildings, room capacities, floor loading, exposures to x-ray, microwave, or other harmful radiation or substances posted where appropriate?
<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>ACTION NEEDED</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	Is the Log and Summary of Occupational Injuries and Illnesses (CAL/OSHA 200) posted in February of current year?

**RECORDING KEEPING**

<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>ACTION NEEDED</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	Are all occupational injuries and illnesses. Except minor injuries requiring only first aid, being recorded as required on the CAL/OSHA 200 Form?
<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>ACTION NEEDED</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	Are employee safety and health training records maintained?
<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>ACTION NEEDED</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	Is documentation of safety inspections and corrections maintained?
<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>ACTION NEEDED</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	Is there a written, effective Injury and Illness Prevention Program on file?
<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>ACTION NEEDED</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	Is there a person who is responsible and has authority for overall activities of the injury and illness prevention program?

**YES**      **NO**      **ACTION**  
            **NEEDED**      **N/A**  
                 

Is there a procedure for identifying and evaluating workplace hazards?

**YES**      **NO**      **ACTION**  
            **NEEDED**      **N/A**  
                 

Are identified hazards corrected in a timely manner?

**YES**      **NO**      **ACTION**  
            **NEEDED**      **N/A**  
                 

Is training provided in both general and specific safe work practices for all employees?

**YES**      **NO**      **ACTION**  
            **NEEDED**      **N/A**  
                 

Does the management staff encourage employee participation in health and safety matters?

**YES**      **NO**      **ACTION**  
            **NEEDED**      **N/A**  
                 

Is there a procedure that ensures employees will be recognized for safe and healthful work practices?

**FIRST AID**

**YES**      **NO**      **ACTION**  
            **NEEDED**      **N/A**  
                 

Are employees instructed in proper first aid and other emergency procedures?

**YES**      **NO**      **ACTION**  
            **NEEDED**      **N/A**  
                 

Are first aid kits easily accessible to each work area and periodically inspected and replenished as needed?

**GENERAL WORK ENVIRONMENT**

**YES**      **NO**      **ACTION**  
            **NEEDED**      **N/A**  
                 

Are all worksites clean and orderly?

**YES**      **NO**      **ACTION**  
            **NEEDED**      **N/A**  
                 

Are floors in good condition (no frayed carpeting or loose or missing tiles)?

**YES**      **NO**      **ACTION**  
            **NEEDED**      **N/A**  
                 

Are all electrical and phone cords strung so they do not present a tripping hazard?

**YES**      **NO**      **ACTION**  
            **NEEDED**      **N/A**  
                 

Are any electrical cords frayed?

**YES**      **NO**      **ACTION**  
            **NEEDED**      **N/A**  
                 

Are storage files firmly anchored?

**YES**      **NO**      **ACTION**  
            **NEEDED**      **N/A**  
                 

Are any unsafe chairs or desks being used?

<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>ACTION NEEDED</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	Are restrooms fixtures and plumbing in good condition?
<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>ACTION NEEDED</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	Are all work areas adequately illuminated?
<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>ACTION NEEDED</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	Are all restrooms clean and sanitary and properly supplied?
<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>ACTION NEEDED</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	Are the water fountains functioning properly?

**WALKWAYS**

<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>ACTION NEEDED</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	Are aisles and passageways kept clear?
<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>ACTION NEEDED</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	Are surfaces covered, when wet, with non-slip materials?
<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>ACTION NEEDED</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	Are holes in the floor, entrances, or other walking surfaces repaired properly, covered, or other wise made safe?
<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>ACTION NEEDED</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	Are spilled materials cleaned up immediately?

**STAIRS & STAIRWAYS**

<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>ACTION NEEDED</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	Are there standard stair rails or handrails on all stairways having four or more risers?
<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>ACTION NEEDED</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	Are steps or stairs and stairways designed or provided with a surface, which renders them slip-resistant?
<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>ACTION NEEDED</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	Are stairways in good condition?
<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>ACTION NEEDED</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	Is lighting adequate?
<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>ACTION NEEDED</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	Are stairways unobstructed?

**EXITING**

<b>YES</b>	<b>NO</b>	<b>ACTION NEEDED</b>	<b>N/A</b>	Are all exits marked with an exit sign and illuminated by a reliable light source?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>YES</b>	<b>NO</b>	<b>ACTION NEEDED</b>	<b>N/A</b>	Are all exits kept free of obstructions?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**HAZARDOUS SUBSTANCES SECTION**

<b>YES</b>	<b>NO</b>	<b>ACTION NEEDED</b>	<b>N/A</b>	Are hazardous substances identified which may cause harm by inhalation, ingestion, skin absorption or contact?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>YES</b>	<b>NO</b>	<b>ACTION NEEDED</b>	<b>N/A</b>	Is there a posted list of hazardous substances used in your workplace?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**EMERGENCY ACTION PLAN**

<b>YES</b>	<b>NO</b>	<b>ACTION NEEDED</b>	<b>N/A</b>	Have emergency evacuation procedures and routes been developed and communicated to all employees?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>YES</b>	<b>NO</b>	<b>ACTION NEEDED</b>	<b>N/A</b>	Is the evacuation plan current (Personnel Manual Section 1095)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>YES</b>	<b>NO</b>	<b>ACTION NEEDED</b>	<b>N/A</b>	Is the emergency action plan reviewed and revised periodically?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**ERGONOMICS**

<b>YES</b>	<b>NO</b>	<b>ACTION NEEDED</b>	<b>N/A</b>	Can the work be performed without eyestrain or unnecessary glare to the employees?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>YES</b>	<b>NO</b>	<b>ACTION NEEDED</b>	<b>N/A</b>	Are glare screens attached to computer monitors?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Completed By:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_



County of Los Angeles  
 Department of Children and Family Services  
 Facility Location \_\_\_\_\_

Inspector \_\_\_\_\_

Date \_\_\_\_\_

**QUARTERLY FACILITY SELF-INSPECTION CHECKLIST**

<b>QUARTERLY FACILITY SELF-INSPECTION CHECKLIST</b>				
	<b>Walkways, Sidewalks and Parking Areas</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
1	Are walkways, sidewalks and parking areas free from potholes, depressions, displacements, cracks or other trip hazards, including displacements greater than ½ inch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Are holes or displacements in the walkways, sidewalks or parking areas repaired, covered or otherwise made safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Are grates or similar covers over floor openings, such as floor drains, designed that foot traffic or rolling equipment will not be affected by the grate spacing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Are walkways, sidewalks and parking areas free of standing oil or unintended wet surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Are steps on stairs and walkways designed and maintained with slip-resistant surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Are handrails in place and properly secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Are guardrails provided where surfaces are elevated more than 30 inches above any adjacent level or ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Are walkways, sidewalks and parking areas adequately illuminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Are all concrete tire stops free from protruding metal anchor rods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Were any other hazards observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*All conditions which result in a “No” answer, or for any reason need further clarification or comment, shall be documented in the following table.*

**DETAILS & COMMENTS**

Page \_\_\_ of \_\_\_

<b>DETAILS &amp; COMMENTS</b>	
<b>Number</b>	<i>Documentation shall be detailed so as to be self-explanatory to anyone evaluating the report (whether present during inspection or not), and should clearly convey the specifics relevant to the observed condition and location. Attach additional sheets as necessary.</i>



**COUNTY OF LOS ANGELES  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
INJURY AND ILLNESS PREVENTION PROGRAM (IIPP)**

**THE OFFICE OF HEALTH AND SAFETY MANAGEMENT**

**ANNUAL AUDIT CHECKLIST**

**Office Location:** \_\_\_\_\_

Please send a copy to Health and Safety Management

	<b>YES</b>	<b>NO</b>
<b>Current Form 300 &amp; 300A</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DCFS Form 122 (Safety Inspection Checklist)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fire Extinguisher</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>First Aid Kits</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Forms Filed in IIPP Book</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Copy of IIPP Management Directive</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Any Other Inspection/Maintenance Records (Identify)</b>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Completed by

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

c: OHSM





COUNTY OF LOS ANGELES  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
INJURY AND ILLNESS PREVENTION PROGRAM (IIPP)

**ACCIDENT INVESTIGATION REPORT**

Date:	Office Name & Address:
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PART I – ACCIDENT DATA		
Date & Time of Accident:	Name of Employee:	Employee Number:
<input type="checkbox"/> Copy of Employee’s Report of Occupational Injury or Illness attached		

**PART II – SUPERVISOR’S FINDINGS**

1. Describe what prompted the investigation \_\_\_\_\_

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2. Describe what caused the incident \_\_\_\_\_

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3. Explain what actions should be taken to prevent similar incidents \_\_\_\_\_

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4. Are there any other aspects of the operation that require attention? \_\_\_\_\_

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**5. Note actions already taken to reduce or eliminate the above incident or similar incidents** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & Title of Supervisor:	Signature:	Date:
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PART III – OFFICE HEAD REVIEW		
Report Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Report Revised: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:		
Name & Title of Office Head:	Signature:	Date:

DISTRIBUTION: Original – File in Accident Investigation File  
 Copy – Personnel, 425 Shatto Place, Los Angeles, CA 90020  
 (with attachment)

State of California  <b>EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS</b>	Please complete in triplicate (type, if possible). Mail two copies to:  <b>AIMS</b>  Acclamation Insurance Management Services P.O. Box 937 Santa Clarita, CA 91380-0937    Employee No: <b>(661) 705-2900</b> MEGA Flex <input type="checkbox"/> YES <input type="checkbox"/> NO	OSHA Case no.  [ ] Fatality
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**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 worker's compensation benefits or payments is guilty of a felony.**

NOTICE: California law requires employers to report within **five days** of knowledge every occupational injury or illness which results in lost time beyond the date of the incident **OR** requires medical treatment beyond first aid. If an employee substantially dies as a result of a previously reported injury or illness, the employer must file within **five days** of knowledge an amended report indicating death. In addition, every serious injury/illness or death must be reported immediately by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.

<b>E M P L O Y E R</b>	1. FIRM NAME <b>COUNTY OF LOS ANGELES      Dept. of Children and Family Services</b>		1A.. DEPT. CODE NO. <b>350</b>	DO NOT USE THIS COLUMN
	2. MAILING ADDRESS (Number and Street, City, ZIP)		2A. PHONE NUMBER	Case No.
	3. LOCATION, IF DIFFERENT FROM MAILING ADDRESS (Number and Street, City, Zip)		3A. ESTABLISHMENT CODE	Ownership
	4. NATURE OF BUSINESS, e.g. painting contractor, wholesale grocer, sawmill, hotel, etc.) <b>CHILDREN'S SERVICES</b>	5. STATE UNEMPLOYMENT INSURANCE ACCT. NO. <b>944-0503-02</b>		Industry
	6. TYPE OF EMPLOYER [ ] PRIVATE [ ] STATE [ ] CITY [X] COUNTY [ ] SCHOOL DIST. [ ] OTHER GOVERNMENT - SPECIFY _____			Occupation

<b>E M P L O Y E E</b>	7. EMPLOYEE NAME		8. SOCIAL SECURITY NUMBER	9. DATE OF BIRTH (mm dd yy)	Sex	
	10. HOME ADDRESS ( Number and Street, City, ZIP)			10A. PHONE NUMBER	Age	
	11. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	12. OCCUPATION (Regular job title-NO initials, abbreviations or numbers)		13. DATE OF HIRE (mm dd yy)		Daily hours
	14. EMPLOYEE USUALLY WORKS hours      days      total ____ PER DAY    ____ PER WEEK    ____ WEEKLY HRS		14A. EMPLOYMENT STATUS (check applicable status at time of injury) regular      full-time      part -time ____ temporary      seasonal		14B. JOB ITEM NO.	Days per week
	15. GROSS WAGES SALARY \$ _____ per <b>MONTH</b>		16. OTHER PAYMENTS NOT REPORTED AS WAGES, SALARY (e.g. tips, meals, lodging, <u>overtime</u> , bonuses, etc.)?    [ ] YES      per _____ [ X ] NO			Weekly hours

<b>N J U R Y</b>	17. DATE OF INJURY OR ON-SET OF ILLNESS(mm dd yy)		18. TIME INJURY ILLNESS OCCURRED <b>      AM      PM</b>		19. TIME EMPLOYEE BEGAN WORK <b>      AM      PM</b>		20. IF EMPLOYEE DIED,DATE OF DEATH ( mm dd yy)		Weekly wage
	21. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO		22. DATE LAST WORKED (mm dd yy)		23. DATE RETURNED TO WORK ( mm dd yy)		24. IF STILL OFF WORK CHECK THIS BOX <input type="checkbox"/>		County
	25. PAID FULL WAGES FOR DAY OF INJURY OR LAST DAY WORKED? <input type="checkbox"/> YES <input type="checkbox"/> NO		26. SALARY BEING CONTINUED? <input type="checkbox"/> YES <input type="checkbox"/> NO		27. DATE OF EMPLOYER'S KNOWLEDGE NOTICE OF INJURY, ILLNESS (mm dd yy)		28. DATE EMPLOYEE WAS PROVIDED EMPLOYEE CLAIM FORM? (mm dd yy)		Nature of Injury

<b>O R  I L L N E S S</b>	29. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED. MEDICAL DIAGNOSIS, if available, e.g. second degree burns on right arm, tendonitis of left elbow, lead poisoning.								Part of Body
	30. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City)				30A. COUNTY		30B. ON EMPLOYERS PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO		Source
	31. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g. shipping department, machine shop.						32. OTHER WORKERS INJURED/ILL IN THIS EVENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		Event
	33. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g. acetylene, welding torch, farm tractor, scaffold.								Sec. source
	34. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g. welding seams of metal forms, loading boxes onto truck.								Extent of Injury
	35. HOW INJURY, ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, e.g. worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY.								
	36. NAME AND ADDRESS OF PHYSICIAN (Number and Street, City, ZIP)							36A. PHONE NUMBER	
37. IF HOSPITALIZED AS IN-PATIENT, NAME AND ADDRESS OF HOSPITAL (Number and Street, City, ZIP)							37A. PHONE NUMBER		

Completed by (type or print)	Signature	Title	Date
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## Department of Children & Family Services Return to Work Program

### TREATING PHYSICIAN'S LETTER: Physical Injury To be completed by Supervisor

\_\_\_\_\_

(date)

To: \_\_\_\_\_

(Treating Physician)

Re: Injured Worker: \_\_\_\_\_

(Print name of Employee)

Employee Number: \_\_\_\_\_

Our employee has been sent to your office for medical treatment of an injury that may be work-related.

Enclosed is the job description of the injured worker's duties. We would request that a review of his/her job description be made prior to making a decision regarding recovery limitations/work restrictions.

The County of Los Angeles has an Early Return to Work Program and will attempt to modify the current position or place an injured worker into a Work Hardening/Light Duty Assignment. Please use the enclosed Patient Status Report to outline the recovery limitations/work restrictions, if any, recommended at this time, as well as the treatment plan.

**The employee needs this information prior to leaving your office.**

Should you have any questions or need to review additional information regarding our program, please contact me at \_\_\_\_\_.

(Telephone number)

Thank you for your full cooperation.

Sincerely,

\_\_\_\_\_  
Print Supervisor Name



COUNTY OF LOS ANGELES  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
INJURY AND ILLNESS PREVENTION PROGRAM (IIPP)

**Health and Safety Work Practices**

All employees are encouraged and advised to follow general workplace safety and health practices which include, but are not limited to, the following:

- a) Make sure that desks and work areas are clean and orderly. Pick up items such as pencils or paper clips, especially when they have fallen to the floor.
- b) To promptly report all unsafe or unhealthful conditions in the work place.
- c) Adhere to emergency action and fire prevention plan (See Departmental Emergency Plan).
- d) Adhere to provisions for medical services and first aid (See Departmental Emergency Plan).
- e) Be extra cautious when coming to doors opening in your direction. Be careful when pushing open such a door.
- f) Slow down when approaching a "blind" corner.
- g) Keep all file, desk, and table drawers closed when not in use.
- h) Never open more than one file drawer at a time.
- i) Place heavy materials in bottom drawers.
- j) Do not place any office equipment, decorations, or plants on top of file space in work cubicles.
- k) Never use chairs, desks, or other office furniture as makeshift ladders. Always use a stepladder.
- l) Never overreach while climbing on a stepladder.
- m) Watch where you are walking. Beware of threadbare floor coverings.

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW OF  
CODE OF SAFE PRACTICES**

To All Employees:

Attached is a copy of the Code of Safe Practices. These guidelines are provided for your safety.

It is the responsibility of the supervisor to provide and review this Code with each employee. It is the employee's responsibility to read and comply with this code.

The attached copy of the Code of Safe Practices is for you to keep. Please sign and date below and return only this page to your immediate supervisor.



I have read and understand the Code of Safe Practices.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

# APPENDICES

**For Appendix A click on the link below.**

[http://dhr.lacounty.info/countydoc/cms1\\_042153.pdf](http://dhr.lacounty.info/countydoc/cms1_042153.pdf)

**For Appendix B click on the link below.**

<http://www.ceo.lacounty.gov/mpn/pdf/NewEmpWrkrsCompGUIDE%20FORM%20FINAL.pdf>