

SAN JOAQUIN COUNTY WORKNET EMPLOYMENT AND ECONOMIC DEVELOPMENT DEPARTMENT POLICIES AND PROCEDURES DIRECTIVE

DIRECTIVE NO.	EFFECTIVE DATE	APPLICABILITY	PAGE
25-13	October 1, 2025	All Staff	1 of 6
SUBJECT: COMPREHENSIVE SAFETY AND EMERGENCY PROTOCOL			

I. PURPOSE

The purpose of this directive is to provide a unified framework for ensuring the safety, health, and well-being of all Employment and Economic Development Department (EEDD) employees, partners, and clients. This plan establishes modernized procedures for preventing, reporting, and responding to workplace violence, emergencies, evacuations, and heat-related illnesses.

EEDD is committed to fostering a culture of preparedness, collaboration, and accountability in compliance with the San Joaquin County Injury and Illness Prevention Program (IIPP), Cal/OSHA regulations, and all applicable local, state, and federal standards.

II. GENERAL INFORMATION

The procedures outlined in this plan apply to all EEDD staff and co-located partners operating at San Joaquin County WorkNet/AJCC centers, administrative offices, and any off-site events or fieldwork activities. In locations managed by partner agencies with existing safety or emergency plans, EEDD staff shall comply with those site protocols unless County policy provides stricter guidance, in which case County standards prevail.

This directive replaces and consolidates earlier departmental policies, including Departmental Reporting of Violence in the Workplace (2005) and Emergency Action Plan – Emergency Evacuations (2021), and introduces a new Heat Illness Prevention component consistent with Cal/OSHA §3395.

References

- [Cal/OSHA Title 8, §3203](#) – Injury and Illness Prevention Program

This WIOA Title I-financially assisted program or activity is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. This program is substantially funded by federal funding. For more information go to: www.sjworknet.org/WIOAresources.asp

- [Cal/OSHA Title 8, §3220](#) – Emergency Action Plan
- [Cal/OSHA Title 8, §3395](#) – Heat Illness Prevention
- [California Labor Code §6401.9](#) (SB 553) – Workplace Violence Prevention in General Industry

Definitions

- Workplace Violence: Any act or threat of physical violence, harassment, intimidation, or other threatening behavior that occurs at the worksite.
- Emergency: Any unplanned event (fire, earthquake, power outage, active threat, etc.) that poses an immediate risk to health, safety, or property.
- Heat Illness: A serious medical condition resulting from the body's inability to cope with heat, including heat exhaustion or heat stroke.
- DSHR (Department Safety and Health Representative): Designated staff responsible for maintaining safety documentation, training coordination, and liaison with San Joaquin County Risk Management.
- Partner Site: A non-EEDD facility where EEDD staff are co-located under another entity's safety or emergency plan.

III. POLICY

It is the policy of the Employment and Economic Development Department to maintain a safe and healthful environment for employees and the public through prevention, training, and rapid response to any incident that poses a risk of injury, violence, or illness. All safety-related reports, incident documentation, and training records shall be maintained by the Department Safety and Health Representative (DSHR) for a minimum of five (5) years, consistent with Cal/OSHA recordkeeping requirements (8 CCR §14300).

Employees are required to:

- Adhere to all safety procedures and emergency protocols described in this directive.
- Immediately report hazards, incidents, or unsafe conditions to their supervisor or the DSHR.
- Participate in safety drills and required training sessions.

Supervisors are responsible for:

- Ensuring implementation of this policy
- Maintaining site readiness, and enforcing compliance
- Supporting post-incident response and documentation

DSHR is responsible for:

- Maintaining safety documentation, training coordination, and liaison with San Joaquin County Risk Management.

- Training records shall be maintained by the DSHR for a minimum of five years, consistent with Cal/OSHA recordkeeping requirements (8 CCR §14300).

IV. PROCEDURE

All EEDD employees share responsibility for maintaining a safe, secure, and responsive work environment. The following procedures outline how to respond to incidents involving workplace violence, emergency evacuations, and heat-related illness. When in doubt, employees should prioritize personal safety and timely reporting.

1. **Reporting Workplace Violence**

If an act or threat of violence occurs:

- Immediately contact law enforcement (9-911) and ensure that all individuals are safe from harm.
- If anyone is injured, obtain or provide medical assistance.
- Once the situation is under control, the involved employee(s) must complete a Workplace Violence Incident Report Form (Attachment 1) before the close of business that day.
- The completed form must be submitted to the employee's supervisor or manager for review, signature, and forwarding to the Executive Director or designee within 24 hours.
- If the supervisor is unavailable, employees may forward the form directly to the Executive Director, Deputy Director, Administrative Services Manager, or DSHR.
- Only the Executive Director or designee may release information about any workplace violence incident.

The DSHR will coordinate with Human Resources and Risk Management to ensure proper follow-up, training, and preventive measures. The DSHR will also track all incidents as part of the Injury and Illness Prevention Program (Attachment 2)

2. **Emergency Action and Evacuation**

In the event of fire, earthquake, power outage, bomb threat, or other emergency requiring evacuation:

- Follow the Emergency Evacuation Map for your site.
- Designated Floor Wardens and alternates will guide staff and clients toward exits, assist individuals with disabilities, and confirm attendance once assembled in the designated safe area.

- Each site shall have designated Floor Wardens and alternates who are responsible for coordinating evacuations, maintaining updated rosters, and assisting individuals with disabilities. Wardens should carry identification (vests, badges, or whistles) to ensure visibility during emergencies. Supervisors are responsible for ensuring Wardens are trained and current on evacuation procedures.
- Employees must remain calm, assist others when possible, and follow all instructions issued by Floor Wardens or emergency personnel.
- Never re-enter a building until clearance is given by fire, police, or authorized safety officials.

Site-specific assembly areas shall be clearly identified for each WorkNet/AJCC location (See Attachment 3). Employees shall familiarize themselves with exit routes, stairways, and assembly points for their assigned worksite. Employees must remain calm, avoid crowding exits, and proceed directly to designated assembly areas without detours. Personal belongings should not be retrieved during an evacuation. Do not re-enter the building until given clearance by fire, police, or authorized San Joaquin County officials. Evacuation drills will be conducted regularly, and participation is mandatory. Please refer to the County Department Emergency Plan (Attachment 8) for more information.

Assisting Individuals with Disabilities

When assisting individuals with visual, hearing, or mobility impairments:

- Ask how to best assist the person.
- Communicate calmly, follow their lead, and inform emergency responders if anyone remains inside the building who requires assistance.
- Offer verbal guidance and describe obstacles or pathways.
- Do not move a person using a wheelchair unless the situation poses an immediate life threat.
- Visual Impairment: Clearly describe the nature of the emergency and offer your arm below the elbow to guide. Verbally identify obstacles and, once safe, orient the individual to their surroundings.
- Hearing Impairment: Use gestures, written communication, or visual cues (flashing lights, waving arms) to signal the emergency and provide route information.
- Mobility Impairment: Ask before assisting. Do not attempt to move someone using a wheelchair unless there is an immediate threat. If safe, accompany them to an area of refuge and notify emergency personnel.

3. Heat Illness Prevention

Supervisors and employees must take proactive steps to prevent heat illness during indoor or outdoor work or events conducted in hot conditions. Preventive measures include:

- Providing cool, potable water at all times.
- Ensuring shade or cooled rest areas are available when temperatures exceed 80°F.
- Encouraging rest breaks as needed to prevent overheating.
- Allowing time for acclimatization when employees are new or returning to heat-exposed environments.

Monitoring and Response:

- Supervisors shall monitor employees during hot conditions and perform periodic check-ins utilizing the Heat Illness Prevention Checklist (Attachment 5).
- Employees must watch for symptoms (dizziness, nausea, confusion, rapid heartbeat).
- If symptoms appear:
 - Move the affected person to a cool, shaded area.
 - Call 9-911 if symptoms are severe or persist.
 - Provide water and loosen restrictive clothing while awaiting help.

Reporting:

- Supervisors shall report any heat-related incident to the DSHR immediately.
- All employees receive annual training on heat illness prevention, emergency response, and first aid.

4. General Responsibilities

- Executive Director/Designee: Approves this directive and ensures departmental compliance.
- Supervisors/Managers: Implement procedures, maintain site readiness, and ensure employee participation in drills and training. Report all incidents promptly
- Employees: Comply with safety protocols, report incidents promptly, and participate in all required training.
- DSHR: Maintain safety documentation, coordinate drills and training, training records. Review incident reports, and liaise with San Joaquin County Risk Management. Submit quarterly safety summaries to the Executive Director.
- All EEDD and co-located partner staff must receive initial and annual refresher training on emergency response, evacuation procedures, assisting persons with disabilities, and site-specific safety protocols.

V. QUESTIONS REGARDING THIS DIRECTIVE

May be referred to the Executive Director of EEDD via Managers or designee.

VI. UPDATE RESPONSIBILITY

The Executive Director of EEDD and/or designee shall be responsible for updating this directive, as appropriate.

VII. APPROVED



PATRICIA VIRGEN
EXECUTIVE DIRECTOR

PV:vf

- Attachment 1: Workplace Violence Incident Report Form
- Attachment 2: Injury and Illness Prevention Program
- Attachment 3: WorkNet Center Evacuation Maps
- Attachment 4: County Department Emergency Plan Reference
- Attachment 5: Heat Illness Prevention Checklist

Print Form

2589.17 Workplace Violence Incident Report Form

San Joaquin County requires the supervisor of the alleged victim complete this form when a violent act or threat of violence occurs in the workplace as outlined in the Workplace Violence Prevention Policy.

Send completed form to Human Resources, Risk Management Office, 44 N. San Joaquin Street, Suite 330, or fax: 953-7330. (Form must be received with 24 hours via fax or email.) SJCRISKMGMT@sjgov.org or fax)

Date of Incident: _____ Time: _____

Date reported: _____

Location of Incident: _____

Description of Incident or Threat (use additional paper if necessary):

Name of Perpetrator (if known): _____

Perpetrator's Relationship to County (if known): _____

Weapons Involved: Yes ☐ No ☐ If yes, specify: _____

Name of Victim: _____

Department: _____ Phone: _____

Injuries: Yes ☐ No ☐ If Yes, specify: _____

Witness(es) Include witness written statement: _____ Department: _____

Phone: _____

Law Enforcement Notified: Yes ☐ No ☐

If Yes, Name of Agency and Report Number: _____

Property Damage: Yes ☐ No ☐ If Yes, specify: _____

Corrective Action(s) Taken: (Use additional paper if necessary)

Recommended Corrective Action(s) (use additional paper if necessary):

Provided Employee Assistance Program Information: Yes ☐ No ☐

Department Representative who completed this form: _____ Phone: _____



**SAN JOAQUIN COUNTY
EMPLOYMENT AND ECONOMIC DEVELOPMENT
DEPARTMENT
INJURY AND ILLNESS PREVENTION PROGRAM**



Approved and Adopted: May 10, 2023
Reviewed and Adopted: October 1, 2025

Authorities

Applicable Laws and Regulations:

- California Labor Code §6401.7 (Injury and Illness Prevention Program)
- California Code of Regulations, Title 8 §3203 (Injury and Illness Prevention Program)
- California Code of Regulations, Title 8 §5194 (Hazard Communication)
- California Code of Regulations, Title 8 §5144 (Respiratory Protection)
- California Code of Regulations, Title 8 §3380–3386 (Personal Protective Equipment)
- California Code of Regulations, Title 8 §3205 (COVID-19 Prevention)
- California Code of Regulations, Title 8 §3220–3221 (Emergency Action/Fire Prevention Plans)
- California Code of Regulations, Title 8 §1509 (Construction Safety Orders)
- California Labor Code §§5401, 6409.1 (Workers' Compensation Reporting Requirements)
- Federal Occupational Safety and Health Act of 1970, Section 5(a)(1) (General Duty Clause)

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I. General Overview

Every California employer must establish, implement, and maintain a written Injury and Illness Prevention Program (IIPP) and a copy must be maintained at each workplace or at a central work location.

The purpose of this IIPP is to further the goals of San Joaquin County to minimize accidental loss to employees, its property, and to the general public. This IIPP establishes policy, performance standards, and recommendations to County departments regarding their responsibilities for implementing safety and health programs within each department. Executive Director, Managers, Supervisors, and Departmental Safety Coordinators are encouraged to use this IIPP to organize and develop department-specific safety and health policies, procedures and work guidelines.

The requirements for establishing, implementing and maintaining an effective written injury and illness prevention program are contained in Title 8 of the California Code of Regulations, Section 3203 (T8 CCR 3203) and consist of the following eight elements:

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

This model program has been prepared for departments to provide the essential framework required for an IIPP. The record-keeping section requires that the Executive Director (IIPP administrator) select and implement the category appropriate for each department. Sample checklists are included to address some of the required elements of this program.

II. Policy

The EEDD shall provide a safe and healthy work environment and make every effort to protect its employees and the public from risks resulting from its operations. The EEDD shall institute specific safety and health policies, procedures, and work guidelines that achieve the following goals:

1. Place employee safety and health as a primary consideration in establishing work practices and procedures and in the selection of equipment.
2. Give safety and health precedence over expediency and shortcuts.
3. Make every effort to minimize accidents.
4. Comply with and enforce all safety rules and regulations and County safety and health policies.

III. Responsibilities

Executive Director

The Executive Director is responsible for administering and implementing the department's IIPP and the method for ensuring that employees comply with safe and healthful work practices within their areas of responsibility. This IIPP supplements the existing County policy and the guidelines as outlined in this document. This department policy shall deal with the hazards unique to the department and any training required by these situations. The Executive Director has the following responsibilities:

1. Implement an effective safety and health program consistent with the requirements of this program and specific to the needs of the department, with all levels of management contributing to ensure that employees are aware of the safe operation/condition of their job assignment and work area.
2. Identify unsafe and unhealthy conditions and work practices through safety and health inspections or hazard assessments. Unsafe and unhealthy conditions will be identified during annual/biannual inspections and/or through receipt of safety condition reports.
3. Correct hazards after identification.
4. Establish a system to maintain accurate records of training and hazard identification/correction. Records to be kept as part of IIPP for a period of three (3) years.
5. Develop a system for ensuring that employees comply with safe and healthy work practices to include the use of established procedures for disciplinary actions. Safety training will be discussed at regular intervals, and/or when retraining is needed.
6. Establish a communications system to keep employees informed of safety and health regulations, and to allow employees to report safety and health hazards and receive a response to their report.
7. Develop and maintain an Emergency Action Plan, to include evacuation assignments and routes.
8. Develop work procedures that minimize hazards to employees and the public.
9. Appoint at least one permanent Department Safety and Health Representative (DSHR) to coordinate safety and health activities within the department.

Managers and Supervisors

Managers and Supervisors are the key to an effective IIPP and are responsible to the Executive Director for compliance with the department's IIPP. Managers and Supervisors shall have the following responsibilities:

1. Require employees follow the department IIPP.

2. Require all workers to comply with Cal-OSHA regulations and all applicable federal, state, county, and city regulatory requirements.
3. Create a safe and healthy work environment.
4. Encourage employees to report unsafe conditions and to submit practical suggestions for correction.
5. Promptly investigate accidents and injuries to determine a cause to prevent recurrence.
6. Ensure that tools, equipment, and protective devices are properly designed, maintained and utilized.
7. Educate employees regarding the proper personal protective equipment required for daily work assignments and ensure that the protective equipment is made available.
8. Enforce all safety rules, procedures and policies.
9. Provide employees safety and health orientation and training/retraining as required by the department's IIPP.
10. Inform and train department employees in job safety and health practices involving hazardous substances used in the workplace.

Employees

Employees are responsible for their own health and safety, and for working safely. Employees shall have the following responsibilities:

1. Maintain a clean and safe work area.
2. Wear and use personal protective equipment and proper clothing required for a job assignment.
3. Report all accidents and/or injuries or illnesses to a supervisor immediately.
4. Report any activity, behavior or unsafe condition that may result in an accident, injury or illness to a Supervisor or Director/Deputy Director immediately.
5. Comply with Cal-OSHA regulations and all applicable federal, state, county, and city regulatory requirements.

Department Safety and Health Representative

The Executive Director shall appoint at least one Department Safety and Health Representative (DSHR). The DSHR is responsible to the Executive Director for the management of the safety and health program. Some duties of the DSHR may include:

1. Coordinating day-to-day activities of the department's Safety and Health Program.
2. Working with Risk Management to implement the IIPP.
3. Maintaining safety and health communications within the department.
4. Acting as safety and health program advisor to the Executive Director and reporting safety and health problems within the department.
5. Coordinating safety and health training within the department.

6. Monitoring the abatement process for identified hazards.
7. Ensuring that all required reports are completed in a timely manner and filled out by the appropriate personnel.
8. Attending Safety and Health Committee Meetings and appropriate training courses.

The DSHR should have the time and authority to perform the duties assigned.

IV. Compliance

Management is responsible for ensuring that all safety and health policies and procedures are clearly communicated and understood by all employees. Managers and supervisors are expected to enforce the rules fairly and uniformly.

The Department Safety and Health Representative (DSHR) coordinates drills and training in collaboration with County Risk Management

All employees are responsible for using safe work practices, for following all directives, policies and procedures, and for assisting in maintaining a safe work environment.

Any employee found to be disregarding safety procedures will be subject to disciplinary actions, which may include retraining, warnings, or even termination, depending on the severity of the infraction.

Our commitment to a safe and healthy work environment is further supported by regular audits and inspections to identify potential hazards and ensure compliance with safety standards. These audits are documented, and any issues found are promptly addressed to maintain a safe workplace for everyone.

Our system of ensuring that all workers comply with the rules and maintain a safe and healthy work environment include:

- Informing workers of the provisions of our IIPP.
- Evaluating the safety performance of all workers.
- Recognizing employees who perform safe and healthful work practices.
- Providing training to workers whose safety performance is deficient.
- Disciplining workers for failure to comply with safe and healthy work practices.

V. Communication

Two-way communication between management and staff on health and safety issues is essential for an injury-free and productive workplace. The following list is designed to facilitate a continuous flow of safety and health information between all employees. Methods may consist of one or more of the following items.

- New worker orientation including a discussion of safety and health policies and procedures.
- Review of the IIPP.
- Workplace safety and health training.
- Regularly scheduled safety meetings. These should include a written record of employee attendance, topics discussed, any actions taken regarding safety and health issues and any carryover items from previous meetings.
- A system that allows employees to anonymously report workplace hazards or unsafe practices to management.
- Safety and health committees include management and employees. The committee reviews accident investigations, safety inspections, and Safety Condition reports, and makes suggestions to prevent future incidents. These recommendations are then submitted for correction.

VI. Hazard Identification

The Executive Director and DSHR establish procedures for identifying and evaluating workplace hazards, including scheduled periodic inspections to identify unsafe conditions and work practices. Inspections shall be made to identify and evaluate hazards when:

- The IIPP is first established.
- Occupational injuries and illnesses occur.
- Workplace conditions warrant an inspection.
- New substances, processes, procedures, or equipment are introduced to the workplace that represents a new occupational safety and health hazard.
- The department is made aware of a new or previously unrecognized hazard.

Periodic inspections consist of identification, evaluation and reporting of workplace hazards. Accident investigation shall be used as one of the methods for identifying previously unidentified hazards within a department.

VII. Accident/Exposure Investigation

The Executive Director and DSHR shall establish procedures for investigating workplace accidents and hazardous substance exposures. Procedures established should include, but not be limited to, the following steps:

- Visiting the accident scene as soon as possible.
- Interviewing injured workers and witnesses.
- Examining the workplace for factors associated with the accident/exposure.
- Determining the cause of the accident/exposure.
- Taking corrective action to prevent the accident/exposure from recurring.
- Recording the findings and corrective actions taken.

VIII. Automobile Accident or Incident Reporting

For the County to ensure the health and safety of employees as well as the public, and to defend and protect itself, County employees and/or their designated department representative shall complete and submit an Automobile Accident or Incident Report as soon as possible after being involved in, or observing an accident or incident, or having an accident or incident reported to them.

The following accident/incident situations shall be reported on the appropriate form as follows:

1. All motor vehicle accidents involving County-owned or -leased vehicles and employee-owned or rented vehicles while being used on official business when the amount of damage is greater than \$500.00.
2. All motor vehicle accidents involving County-owned or -leased vehicles and employee-owned or rented vehicles while being used on official business involved in an accident with a citizen, no matter what the damage.
3. Any County equipment damage, loss or theft greater than \$500.00
4. Any incident or occurrence involving the County, its employees, or a member of the public that does not involve an automobile accident and a liability claim may be expected.

County departments may obtain a supply of the Automobile Accident and Incident Report forms from Risk Management. In addition, an Automobile Accident form shall be located in the glove compartment of County vehicles. These forms are also available at www.sjgov.org/departments/risk-management/forms.

Reporting Motor Vehicle Accidents

Employees involved in an **injury accident** should call 9-1-1.

For all **non-injury accidents**, the employee should call the **Sheriff's radio communications at 468-4401**. Employees should refer to the "Notice to Drivers" envelope in the glove compartment of County vehicles for additional instructions in case of an accident.

If an employee is involved in an automobile accident (with or without injury), he or she is required to report to the department's designated representative(s) at the earliest opportunity. The department's designated representative, upon notification of a vehicle accident, shall complete the Automobile Accident form (S&T 207).

Forward the completed Automobile Accident form to Risk Management within (5) five working days from the date of loss. An additional copy shall be forwarded to the County Motor Pool. The reporting department should keep a copy of the report for their records.

Reporting Incidents

An [Incident Report](#) form (S&T 206) shall be prepared and submitted to report suitable incidents not involving an automobile accident. An Incident Report shall be completed as soon as possible after the occurrence of, or the report of, an incident. The report shall reflect such things as possible bodily injury or damage to public and County property in a County facility, on County premises, or caused by a County activity or employee.

An Incident Report shall be forwarded to Risk Management within (5) five working days from the time, and/or reported time of the accident or incident. The reporting department should keep a copy of the Incident Report for their records.

IX. Reporting Employee Occupation Injuries and Illnesses (Workers' Compensation)

The duties of an employer as defined by California Code of Regulations (Title 8) 14001 require: Every employer shall file a complete report of every occupational injury or occupational illness which results in lost time beyond the date of injury/illness or which requires medical treatment.

The employer's liability is determined in part by a specified condition known as "arising out of employment/course of employment" (AOE/COE).

Labor code 3600(a)(2)(3) indicates:

- (a) Liability for the compensation provided by this division, in lieu of any other liability whatsoever to any person except as otherwise specifically provided and shall without regard to negligence exist against an employer for any injury sustained by his/her employees arising out of and in the course of the employment.*
- (2) Where, at the time of the injury, the employee is performing service growing out of and incidental to his/her employment and is acting within the course of his/ her employment*
- (3) Where the injury is proximately caused by the employment, either with or without negligence*

The most common situations in reporting employee occupation injuries and illnesses are:

- A. When employee requests immediate medical treatment.
- B. When employee declines medical treatment.
- C. When employee seeks medical treatment at a later date after declining first request for treatment.

An explanation of the most common situations and the names of the forms required to complete the reporting process are listed below:

A. When employee requests medical treatment beyond first aid:

Labor Code 4600 requires:

The employer shall provide medical treatment that is reasonably required to cure or relieve from the effects of the injury.

Forms required):

- (1) [Supervisor's Report of Accident](#)
- (2) [Employee Request for Medical Treatment](#)
- (3) [Employee's Claim for Workers' Compensation Benefits](#)
- (4) [Employer's Report of Occupational Injury or Illness](#)
- (5) [Notice of Leave of Absence for Temporary Disability Indemnity Payment](#)

Listed below is a detailed explanation of the use of each form. The number preceding the form correlates to the form as it applies to each situation.

(1) Supervisor's Report of Accident

Upon notification of an injury or illness, a supervisor or manager must complete a [Supervisor's Report of Accident](#) form.

The Supervisor's Report of Accident form should:

- Include a detailed description of the accident.
- Be completed within 24 hours of the accident or injury.

(2) Employee Request for Medical Treatment

Upon notification of an injury or illness, a supervisor or manager must:

- Offer the employee immediate medical treatment.
- Provide the original copy of the [Employee Request for Medical Treatment](#) form to the employee.

The employee must provide the request form to the treating physician.

(3) Employee's Claim for Workers' Compensation Benefits

Labor code 5401 (a) requires:

Within one (1) working day of receiving notice or knowledge of injury, which results in lost time beyond the date of injury or which results in medical treatment, the employer shall provide, personally or by first-class mail, a claim form and a notice of potential eligibility for benefits to the injured employee.

The [Employee's Claim for Workers' Compensation Benefits](#) form must be completed if an injured employee:

- Has notified the employer medical treatment is or has been sought due to a work-related injury or illness and/or,
- Is losing time due to a work-related injury or illness.

Employee must complete top portion of [Employee's Claim for Workers' Compensation Benefits](#) form with:

- Date form provided to the employee.
- Complete description of the accident or injury.
- Body part/parts affected.
- Signature of employee.

Employer must complete bottom portion of [Employee's Claim for Workers' Compensation Benefits](#) form and must:

- Provide [Employee's Claim for Workers' Compensation Benefits](#) form within 24 hours of notification of request for medical treatment and/or lost time.
- Enter date employer first knew of injury, which is the day the employee requested medical treatment and/or lost time.
- If the employee is not readily available to provide the [Employee's Claim for Workers' Compensation Benefits](#) form, the supervisor or manager must:
 - Complete the employer portion.
 - Make copy of [Employee's Claim for Workers' Compensation Benefits](#) form indicating "date mailed."
 - Mail [Employees Claim for Workers' Compensation Benefits](#) form to employee.
 - Retain copy of [Employees Claim for Workers' Compensation Benefits](#) form with [Supervisor's Report of Accident](#) and [Employee Request for Medical Treatment](#) forms.

(4) Employer's Report of Occupational Injury or Illness

Labor code 6409.1 requires:

A report shall be filed for each injury and illness, which has, or is alleged to have, arisen out of and in the course of employment, within five (5) days after the employer obtains knowledge of the injury or illness.

The [Employer's Report of Occupational Injury or Illness](#) form must also be completed and forwarded to Risk Management with the [Employee's Claim for Workers' Compensation Benefits](#) form within 5 working days of employer's knowledge date.

If on-line filing is available in your department, then a pre-authorized departmental user may file the [Employer's Report of Occupational Injury or Illness](#) form electronically. A copy of the submitted form should then be forwarded to Risk Management.

Should the employee fail to return the [Employee's Claim for Workers' Compensation Benefits](#) form within the employer's timeline of 5 workdays, do not delay submitting the [Employer's Report of Occupational Injury or Illness](#) form. Forward the retained copy of [Employee's Claim for Workers' Compensation Benefits](#) form, which indicates, "date mailed," to Risk Management.

(5) Notice of Leave of Absence for Temporary Disability Indemnity Payment

If the injured employee is off work more than three days due to an on-the-job injury, the employee's supervisor or manager must provide [Notice of Leave of Absence for Temporary Disability Indemnity Payment](#) form to the injured employee. The [Notice of Leave of Absence for Temporary Disability Indemnity Payment](#) form provides the department with the employee's decision regarding use of their accrued time and billing of their insurance premiums for the employee's dependents. The employee will complete the form and return it to their department. The [Notice of Leave of Absence for Temporary Disability Indemnity Payment](#) form shall be forwarded to the County Human Resources Department.

On completion of the forms, follow the established guidelines to forward the forms.

B. When employee declines medical treatment:

Forms required (See Appendix F – Worker's Compensation Form)

- (1) Supervisor's Report of Accident**
- (2) Employee Request for Medical Treatment**

Listed below is a detailed explanation of the use of each form. The number preceding the form correlates to the form as it applies to each situation.

(1) Supervisor's Report of Accident

Upon notification of an injury or illness, a supervisor or manager must complete a Supervisor's Report of Accident form.

The Supervisor's Report of Accident form should:

- Include a detailed description of the accident
- Be completed within 24 hours of the accident.

(2) Employee Request for Medical Treatment

Upon notification of an injury or illness, a supervisor or manager must:

- Offer the employee immediate medical treatment.
- Should the employee decline medical treatment, the employee must sign and date the Employee Request for Medical Treatment indicating, "I have declined the offer of professional medical treatment at this time."
- File the Employee Request for Medical Treatment form along with the Supervisor's Report of Accident form in the departmental personnel file.

C. When employee seeks medical treatment at a later date after declining first request for treatment:

Forms required (See Appendix F – Worker's Compensation Form)

- (1) Supervisor's Report of Accident (initial report)**
- (2a) Employee Request for Medical Treatment (declined copy)**
- (2b) Employee Request for Medical Treatment (new)**
- (3) Employee's Claim for Workers' Compensation Benefits**
- (4) Employer's Report of Occupational Injury or Illness**
- (5) Notice of Leave of Absence for Temporary Disability Indemnity Payment**

Listed below is a detailed explanation of the use of each form. The number preceding the form correlates to the form as it applies to each situation.

(2b) Employee Request for Medical Treatment (new)

If employee had originally declined medical treatment, but has now decided to seek medical treatment for a work-related injury or illness, a supervisor or manager must:

- Offer the employee immediate medical treatment.

- Provide a new original copy of the Employee Request for Medical Treatment form to the employee with the current date.

The employee must provide the request form to the treating physician.

(3) Employee's Claim for Workers' Compensation Benefits

Labor code 5401 (a) requires:

Within one (1) working day of receiving notice or knowledge of injury, which results in lost time beyond the date of injury or which results in medical treatment, the employer shall provide, personally or by first-class mail, a claim form and a notice of potential eligibility for benefits to the injured employee.

The Employee's Claim for Workers' Compensation Benefits form must be completed if an injured employee:

- Has notified the employer medical treatment is or has been sought due to a work-related injury or illness and/or,
- Is losing time due to a work-related injury or illness.

Employee must complete top portion of Employee's Claim for Workers' Compensation Benefits form with:

- Date form provided to the employee.
- Complete description of the accident or injury.
- Body part/parts affected.
- Signature of employee.

Employer must complete bottom portion of Employee's Claim for Workers' Compensation Benefits form with notification of an employee's claim for workers' compensation claim and must:

- Provide Employee's Claim for Workers' Compensation Benefits form within 24 hours on notification of request for medical treatment and/or lost time.
- Enter date employer first knew of injury, which is the day employee requested medical treatment and/or lost time.
- If the employee is not readily available to provide the Employee's Claim for Workers' Compensation Benefits form, the supervisor or manager must:
 - Complete the employer portion.
 - Make copy of Employee's Claim for Workers' Compensation Benefits form indicating "date mailed."

- Mail Employee's Claim for Workers' Compensation Benefits form to employee.
- Retain copy of Employee's Claim for Workers' Compensation Benefits form with Supervisor's Report of Accident and Employee Request for Medical Treatment forms.

(4) Employer's Report of Occupational Injury or Illness

Labor code 6409.1 requires:

A report shall be filed for each injury and illness, which has, or is alleged to have, arisen out of and in the course of employment, within five (5) days after the employer obtains knowledge of the injury or illness.

The Employer's Report of Occupational Injury or Illness form must also be completed and forwarded to Risk Management with the Employee's Claim for Workers' Compensation Benefits form within 5 working days of employer's knowledge date.

If on-line filing is available in your department, then a pre-authorized departmental user may file the Employer's Report of Occupational Injury or Illness form electronically. A copy of the submitted form should then be forwarded to Risk Management.

Should the employee fail to return the Employee's Claim for Workers' Compensation Benefits form within the employer's timeline of 5 workdays, do not delay submitting the Employer's Report of Occupational Injury or Illness form. Forward the retained copy of Employee's Claim for Workers' Compensation Benefits form, which indicates, "date mailed," to Risk Management.

(5) Notice of Leave of Absence for Temporary Disability Indemnity Payment

If the injured employee is off work more than three days due to an on-the-job injury, the employee's supervisor or manager must provide Notice of Leave of Absence for Temporary Disability Indemnity Payment form to the injured employee. The Notice of Leave of Absence for Temporary Disability Indemnity Payment form provides the department with the employee's decision regarding use of their accrued time and billing of their insurance premiums for the employee's dependents. The employee will complete the form and return it to their department. The Notice of Leave of Absence for Temporary Disability Indemnity Payment form shall be forwarded to the County Human Resources Department.

X. Unsafe Condition/Correction

Unsafe or unhealthy work conditions, practices or procedures shall be corrected, in a timely manner, when observed or discovered.

When a serious or imminent unsafe condition is found, employees must be protected until the hazard is corrected. All actions taken and dates completed shall be reported and documented by a department's designated representative and reported to the Executive Director.

Unsafe or unhealthy conditions may be reported by:

- Reporting the condition to a supervisor;
- Reporting the condition to a Safety Committee member;
- Reporting the condition to the DSHR;
- Submitting a Safety Condition Report through a supervisor to the Executive Director;
- Submitting a Safety Condition Report directly, or anonymously, to the Executive Director;
- Contacting the County Risk Manager

XI. Safety and Health Training

Each department shall establish on-going training for all employees. This training must meet the requirements for each department's Injury and Illness Prevention Program (IIPP). All training shall be documented and maintained for three years. Documentation must include:

- Course content
- When the training was conducted
- Attendance roster

All County employees shall have training and instruction on general and job-specific safety and health guidelines as outlined in the department's IIPP. Training and instruction shall be provided:

- When the Department's IIPP is first established.
- To all new hires.
- To all employees given new job assignments for which training has not previously provided.
- Whenever new substances, processes, procedures, or equipment are introduced to the workplace and represent a new hazard.
- Whenever the employer is made aware of a new or previously unrecognized hazard.
- To familiarize supervisors with the safety and health hazards their employees may be exposed to.
- To familiarize employees with respect to the hazards specific to each job assignment.

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

- Explanation of the employer's IIPP, emergency action plan, fire prevention plan, measures for reporting any unsafe conditions, work practices, injuries, and when additional instruction is needed.
- Use of appropriate clothing, including gloves, footwear, and personal protective equipment.
- Information about chemical hazards to which employees could be exposed and other hazard communication program information.
- Availability of toilet, hand-washing, and drinking water facilities.
- Provisions for medical services including emergency procedures.

In addition, the Executive Director shall evaluate workplace hazards unique to their job assignment, and update information not already covered in other training (refer to Appendix B, Training Requirements).

XII. Record Keeping

Each department shall be responsible for maintaining the following records:

- Training records for each employee, including the employee's name, training dates, type of training, and training provider shall be maintained for a period of three years. Departments shall use an Employee Training Record (see Appendix D Employee Safety Training Record) or comparable form to record individual training.
- Any employee injury/illness record, including the Supervisor's Report of Accident, shall be maintained for three years.
- Cal/OSHA 300 Log of Work-Related Injuries or Illnesses during the current calendar year and retained for the previous five years.
- Copies of Safety Condition forms, and employee safety and health concerns submitted by employees, shall be retained by the department for three years.
- Copies of the department's safety and health inspections, including the corrective action that was taken, shall be maintained for a period of three years.
- Additional record-keeping requirements depending upon department's operations and activities to ensure compliance with Cal OSHA regulations under CCR, Title 8.

XIII. Program Requirements

CCR, Title 8 requires that a written policy, procedure, and employee training are developed and available to all employees. The following programs shall be developed and administered by all County Departments:

- ***Emergency Action and Fire Prevention Plans***
Ref: CCR, Title 8, Section 3220 and 3221

- ***Hazard Communication***
Ref: CCR, Title 8, Section 5194

In addition, departments that have any of the following exposures, operations, processes, or equipment, shall develop and administer policies, procedures and employee training in compliance with the referenced CCR, Title 8 [Currently not applicable to EEDD]:

- **Personal Protective Equipment:** Ref: CCR, Title 8, Sections 3380-3386, 5098,5144

The Comprehensive Safety and Emergency Protocol (Appendix A) integrates Departmental directives on Workplace Violence Reporting, Emergency Action and Evacuation, and Heat Illness Prevention.

Appendix A

Comprehensive Safety and Emergency Protocol

Appendix B

Hazard Identification and Hazard Communication Plan

Appendix C

Safety Training Requirements

Departments shall ensure that employees are trained regarding the applicable training subjects checked in compliance with Title 8 of the California Code of Regulations, Section 1509 (Construction Safety Orders) and Section 3203 (General Industry Safety Orders):

- The employer's Code of Safe Practices.
- Good housekeeping, fire prevention, safe practices for operating any construction equipment.
- Safe procedures for cleaning, repairing, servicing, and adjusting equipment and machinery.
- Safe access to working areas.
- Machine, machine parts, and prime movers guarding.
- Materials handling.
- Ergonomic hazards, including proper lifting techniques and working on ladders or in a stooped posture for prolonged periods at one time.
- Hazard communication.

Appendix D

Employee Safety Training Record

[illegible]

Appendix E

Safety Condition Report



SAFETY CONDITION REPORT

TO: _____ DATE Submitted: _____
Immediate Supervisor/Dept. Head

LOCATION & DESCRIPTION OF CONDITION AND/OR PROCEDURE:

(If applicable, provide your solution to the problem (if this is a report to the Department Head, please submit prior correspondence with immediate supervisor):

CONDITION DISCUSSED WITH: _____, DEPT. SUPV.

Submitted by (Optional): _____ Dept.: _____
Print Name Signature EE Contact #: _____

☐ All employees (except SEIU represented employees)

Employee shall report any health and safety concerns first to their immediate supervisor. If not satisfied with the decision, please reference your respective Memorandum of Understanding (MOU) and follow procedural steps outlined.

☐ SEIU represented employees

Employees shall report any health and safety concerns first to their immediate supervisor. The supervisor shall have up to five business days, depending on the immediacy of the issue, to respond in writing to the employee. If the employee is not satisfied with the supervisor's response, they may appeal the matter in writing to the Department Head or his/her designee, within five business days. The Department head or his/her designee shall respond in writing within ten business days, depending on the immediacy of the issue. If not satisfied with the response, the employee may appeal, in writing, the issue to the County Safety Committee (submit this to County Human Resources/Risk Management or SEIU, Local 1021).

Action taken by department, : (if no action taken please indicate why it is not necessary or appropriate):

CONDITION CORRECTED: _____

Revised October 1, 2025

DEPARTMENT SUPERVISOR /HEAD

DATE

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SIGNED _____

Distribution: 1 COPY - Department Head
Completed form to be forwarded to Department Head

Appendix F

Worker's Compensation and Incident Reporting Forms

SAN JOAQUIN COUNTY

SUPERVISOR'S REPORT OF ACCIDENT

Injured Employee: _____

Department: _____ Phone: _____

Accident Date _____ Time _____

Was First Aid or Medical Attention Given? ☐ YES ☐ NO

If so, by Whom? _____

Physician's Name and Address: _____

Describe Injury and Part of Body Injured: _____

Detailed Description of the Accident (Who-What-When-Where-Why) _____

Names of Witnesses _____

Cause of Accident (Describe Unsafe Acts & Unsafe Conditions) _____

Did Employee Lose Time From Work? ☐ Yes ☐ No

What Steps Have Been Taken to Avoid Similar Accidents: _____

SUPERVISOR'S SIGNATURE

ORIGINAL – COUNTY RISK MANAGER

CANARY - DEPARTMENT



SAN JOAQUIN COUNTY
EMPLOYEE REQUEST for MEDICAL TREATMENT

TO: Doctor _____

Doctor's Address _____

_____, while in our employ
(Employee)

is requesting medical treatment for incident occurring

(Date) (Time)

A Workers' Compensation claim has been filed. Please complete and send the "Doctor's First Report of Work Injury" to San Joaquin County Human Resources, Risk Management, 44 N. San Joaquin Street, Suite 330, Stockton CA 95202.

FROM: EMPLOYER San Joaquin County

DEPARTMENT: _____

ADDRESS: 44 N. San Joaquin Street, Suite 330, Stockton CA 95202

BY: _____
(Supervisor) (Date)

OR: "I have declined the offer of professional medical treatment at this time"

(Employee's Signature) (Date)

S&T 201 2/99)
Updates Address Revision 9/09

Distribution: OriginalDoctor
Yellow..... Human Resources
PinkRetain



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- or self-funded 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 \$10,000 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 atiendan de inmediato. Ellos buscarán reembolso del administrador de reclamos.

Cambiando a otro Médico Primario o PTP:

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

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

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

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

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

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

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

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

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

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

Revised October 1, 2025

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 período 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, Ud. debe hacerlo. Si no es así, es importante regresar a trabajar con su empleador actual tan

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

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

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

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

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

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

pronto como usted pueda medicamente hacerlo. Los estudios demuestran que entre más tiempo esté fuera del trabajo, más difícil es regresar a su trabajo original 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- SJDB*): Si Ud. se lesionó en o después del 1/1/04, y su lesión resulta en una incapacidad permanente y su empleador no ofrece un trabajo regular, modificado, o alternativo, usted podría cumplir los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo curso de reentrenamiento y/o mejorar su habilidad. Si Ud. cumple los requisitos, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales.

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

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

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

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

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

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



WORKERS' COMPENSATION CLAIM FORM (DWC 1)

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

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

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

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la Division 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, porfavor proporcione su dirección de correo electrónico abajo y marque la caja apropiada. Si usted decide después que quiere recibir las notificaciones por correo, usted debe de informar a su empleador por escrito.

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

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

Employee—complete this section and see note above

Empleado—complete esta sección y note la notación arriba.

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.* **San Joaquin County**
11. Address. *Dirección.* **44 N. San Joaquin St., #330, Stockton, CA 95202**
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.* _____
_ TRISTAR Risk Management, P.O. Box 2805, Clinton, IA 52733-2805
16. Insurance Policy Number. *El número de la póliza de Seguro.* **Self-insured**
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.

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

State of California EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS	SAN JOAQUIN COUNTY RISK MANAGEMENT 44 N SAN JOAQUIN ST., SUITE 330 STOCKTON, CA 95202	
<p>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.</p> <p>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 subsequently 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 telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.</p>		
EMPLOYER	1. FIRM NAME SAN JOAQUIN COUNTY	
	2. MAILING ADDRESS (Number and Street, City, Zip)	
	3. NATURE OF BUSINESS, e.g., painting contractor, wholesale grocer, hotel, etc. COUNTY GOVERNMENT	4. STATE UNEMPLOYMENT INSURANCE ACCT.NO.
	5. DEPARTMENT	5A. HOME DEPARTMENT CODE
	6. TYPE OF EMPLOYER <input type="checkbox"/> Private <input type="checkbox"/> State <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> School District <input type="checkbox"/> Other-Government-Specify: _____	
	EMPLOYEE	7. EMPLOYEE NAME
8. EMPLOYEE ID NUMBER		
9. HOME ADDRESS (Number and Street)		9B. HOME PHONE NUMBER
10. DATE OF BIRTH (mm/dd/yy)		
9A. CITY, STATE, ZIP		11. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
12. OCCUPATION (Payroll Title)		12A. TITLE CODE
13. DATE OF HIRE (mm/dd/yy)		
14. EMPLOYEE USUALLY WORKS _____ HOURS PER DAY _____ DAYS PER WEEK _____ TOTAL WEEKLY HOURS		
14A. EMPLOYMENT STATUS (Check applicable status at time of injury) <input type="checkbox"/> REGULAR FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> OTHER		
14B. Does the employee accrue sick leave? <input type="checkbox"/> YES <input type="checkbox"/> NO		
15. GROSS WAGES/SALARY \$ _____ per (hr or wk)		15A. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (e.g. tips, meals, lodging, overtime, bonuses, etc.) <input type="checkbox"/> YES, \$ _____ per _____ <input type="checkbox"/> NO
16. SUPERVISOR'S NAME		16A. SUPERVISOR'S E-MAIL
16B. SUPERVISOR'S PHONE	16C. EMPLOYEE'S WORK PHONE	
INJURY OR ILLNESS	17. DATE OF INJURY OR ONSET OF ILLNESS (mm/dd/yy)	18. TIME INJURY/ILLNESS OCCURRED A.M. P.M.
	19. TIME EMPLOYEE BEGAN WORK A.M. P.M.	20. IF EMPLOYEE DIED, DATE OF DEATH (mm/dd/yy)
	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"/>
	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)
	29. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS, (e.g., second degree burns on right arm, tendonitis of left elbow, lead poisoning).	
	30. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Street, Building, Room)	30A. COUNTY SAN JOAQUIN COUNTY
	30B. ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	31. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED (e.g., shipping department, machine shop, room number)	32. OTHER WORKERS INJURED/ILL IN THIS EVENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
	33. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED (e.g., acetylene, welding torch, farm tractor, scaffold).	
	34. WHAT WAS EMPLOYEE DOING WHEN THE INJURY/ILLNESS Occurred, e.g., welding seams of metal forms, loading boxes onto truck, lifting binders.	
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). (SPACE WILL EXPAND TO ACCOMMODATE YOUR DESCRIPTION)		
36. NAME AND CITY OF PHYSICIAN WHO TREATED EMPLOYEE FOR THIS INJURY	36a. PHONE NUMBER	
37. IF HOSPITALIZED AS AN INPATIENT, NAME AND CITY OF HOSPITAL	38. PHONE NUMBER	
39. DEPARTMENT REPRESENTATIVE WHO COMPLETED THIS FORM Name: _____ Phone: _____	40. EMPLOYER COMMENTS (space will expand)	



NOTICE OF LEAVE OF ABSENCE FOR TEMPORARY DISABILITY INDEMNITY PAYMENT (FORM 29)

The following must have occurred prior to processing your Form 29 request:

- Report your injury/illness to a supervisor/manager.
- A completed claim packet must be submitted to Risk Management. Forms include:
 - Employee's Claim for Workers' Compensation Benefits form (DWC-1)
 - Employer's Report of Occupational Injury/Illness form (5020)
 - Supervisor's Report of Accident
- If you are medically placed off work due to the incident, you must complete and submit a "Request for Leave of Absence" form to your department.
- If you are medically placed off work due to the incident, you are responsible for providing medical documentation to the department for the period of leave and any extensions.

Please read carefully:

When an employee files a claim for workers' compensation, the Third Party Administrator (TPA) will have a period of time in which to accept, deny or delay a claim. By policy and practice, workers' compensation related leaves of absence run concurrently with Family Medical Leave Act (FMLA) and the California Family Rights Act (CFRA), which provides up to 12 weeks of protected leave from work.

Temporary Disability (TD) payments will begin if your claim is approved by the County's TPA. Employees with an approved workers' compensation claim, are off work due to the work injury, and authorized to receive TD payments, will continue to accrue seniority, vacation, and sick leave.

An employee who has filed a workers' compensation claim will have the following options specific to use of leave accruals while off work due to work related injury/illness. These are the only options available under the workers' comp process. If an employee does not have enough accruals to meet the minimum use of either 32 hours per pay period (SEIU) or 41 hours per pay period, then by default 0 hours use will apply.

80 hours

- Employees may elect to use 80 hours of leave accruals per pay period. This provides a regular paycheck to the employee
- Deductions continue, including the employee's cost share for health insurance for self and dependents (if any)
- Retirement contributions continue as normal
- If the claim is approved, the employee will receive a partial time reimbursement of leave accruals based on the TD payment determined by the TPA

41 hours

- Employees may elect to use 41 hours of leave accruals per pay period. This will provide a 41-hour paycheck to the employee
- Deductions continue, including the employee's cost share for health insurance for self and dependents (if any)
- Retirement contributions are pro-rated to 41 hours
- If the claim is approved, the employee will receive a partial time reimbursement of the 41 hours of leave accruals based on the TD payment determined by the TPA
- If the claim is approved, the employee will also receive a partial TD payment (Because TD checks are mailed—be sure your address in PeopleSoft is current.)

32 hours (SEIU members ONLY. Effective 10/24/22)

- (SEIU members only) Employees may elect to use 32 hours of leave accruals per pay period. This will provide a 32-hour paycheck to the employee
- Deductions continue. However, deductions for the employee's cost share for health insurance for self and dependents (if any) may be impacted if there is not enough wages to cover the cost. Employees who choose to use 32 hours must contact the HR Benefits Unit to determine whether separate payment is necessary to continue insurance coverages. (HR Benefits Unit 209-468-9987)

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HR Form #29 (revised 04-2025)

- Retirement contributions are pro-rated to 32 hours
- If the claim is approved, the employee will receive a partial time reimbursement of the 32 hours of leave accruals based on the TD payment determined by the TPA
- If the claim is approved, the employee will also receive a partial TD payment (Because TD checks are mailed—be sure your address in PeopleSoft is current)

0 hours

- Employees who have filed a workers' compensation claim have the option of using zero (0) hours.
- Employees electing not to use time or have no accruals to use, will only receive TD payment determined by the TPA
- Workers' compensation TD checks are mailed to the employee and cannot be direct deposited
- Because payments are not generated out of payroll, it is important to be aware of the following:
 - No deductions are taken out of TD checks (i.e. insurances, retirement, loan payments, etc.)
 - Arrangements must be made with HR Benefits to continue payments for insurances
 - FMLA/CFRA eligible employees – applicable cost share will be applied to employee and dependent coverage
 - NON FMLA/CFRA eligible employees – applicable cost share will be applied to the employee only. Dependent coverage is at 100% cost for the employee

NOTE: Employees using less than 80 hours

Because deductions vary from employee to employee, having less than an 80-hour paycheck may not be enough to cover all deductions. For example, some employees have loan payments automatically deducted from their checks, along with gym membership fees, etc. These deductions are in addition to deductions for taxes, insurances, etc. As such, it is the employee's responsibility to review their paycheck stub to determine what needs to be paid. It is the employee's responsibility to make the necessary arrangements to continue payments with each respective agency.

When does temporary disability (TD) end?

- When an employee returns to work (temporary modified duty or full duty)
- When an employee is declared permanent and stationary (P&S) or maximum medical improvement (MMI)
- Other circumstances determined by the TPA

What to do when temporary disability (TD) indemnity payments end:

- If you are still off work and workers' compensation has ended your TD payments, please be aware that your department will revert to using your applicable leave accruals to provide you wages
- Employees should contact their department about use of accruals when TD payments have ended
- Employees should contact HR Benefits Unit to discuss insurance coverage status
- Follow standard leave of absence procedures for your department

Retirement Contributions

Contributions towards retirement are based on hours on payroll per pay period. If using less than 80 hours of leave accruals per pay period, the employee may consider contacting the San Joaquin County Employee's Retirement Association (SJCERA) for information regarding the effect on retirement service credits. SJCERA can be reached at 209-468-2163.

Resources:

Dept Payroll Contact: _____ Phone: _____
 Risk Management: 209-468-3370 or sjcriskmgmt@sjgov.org
 Benefits: 209-468-9987 or hr-benefits@sjgov.org
 SJCERA: 209-468-2163

I certify that I have read and understand the above information.

Employee Signature: _____ Date: _____

Print Employee Name: _____ EE ID#: _____

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 HR Form #29 (revised 04-2025)



NOTICE OF LEAVE OF ABSENCE FOR TEMPORARY DISABILITY INDEMNITY PAYMENT (FORM 29)

Name:	Date:
Job Class:	Dept:
Empl ID:	Division:
EE contact phone:	Sup contact phone:

Our records indicate that you may be eligible to receive Temporary Disability (TD) Indemnity payments as a result of an on-the-job injury or illness. The date of your injury or illness was _____ and you have been off work since _____.
Please read this form and fill in the information requested. Sign and return it to your department with a Request for Leave of Absence form

FMLA/CFRA NOTICE:

Workers' Compensation related leave runs concurrently with Family Medical Leave Act (FMLA) and the California Family Rights Act (CFRA). Eligible employees are entitled up to 12 weeks of FMLA/CFRA.

Use of Accruals:

Employees who have filed a workers' compensation claim, may elect to use one of the following increments of leave accruals per pay period while awaiting a determination from the claims administrator or after the claim has been approved for TD benefits.
Employees who do not have enough accruals to meet either 32 hours use of time per pay period (SEIU) or 41 hours use of time per pay period will default to 0 use.

Please be aware, MOUs require sick leave accruals are to be used first.

___ 80 hours ___ 41 hours ___ 32 hours (SEIU Only)

___ I do not want to use any accrual (0 hours) and elect to receive TD payments only

___ I certify that I am a SEIU member and have the option to use 32 hours of accruals per pay period

Health Insurance:

Health insurance coverage will continue for employees and their dependents so long as accruals are utilized in increments of either 80 hours or 41 hours per pay period. Employees who choose to use 32 hours per pay period must contact the HR Benefits Unit to determine whether separate payment to continue health insurance coverage is necessary. (HR Benefits Unit 209-468-9987).

Employees electing not to use accruals (0 hours), or have no accruals, or not enough accruals must make arrangements with HR Benefits Unit to continue health insurance coverage.

- FMLA/CFRA eligible employees – applicable cost share will be applied to employee and dependent coverage
- NON FMLA/CFRA eligible employee – applicable cost share will be applied to the employee only. Dependent coverage is at 100% cost for the employee

Return to Work:

- The employee must present a medical clearance from their physician to return to work.
- Upon return to work, TD benefits are discontinued

I certify that I have read the above information:

Employee Signature

date

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HR Form #29 (revised 04-2025)

FOR DEPARTMENT USE ONLY

Department Designee Print Name

Date

Department Designee Signature

Checklist:

- ☐ RLOA Form completed
- ☐ FMLA/CFRA eligibility reviewed
- ☐ FMLA/CFRA designated (as appropriate)
- ☐ Medical certification received for lost time period from work. *(Workers' compensation related absences do not require a separate HCPC form once approved by WC.)*
- ☐ Form 29 reviewed and completed with the employee
- ☐ Form 29 copy provided to the employee
- ☐ WC FAQ provided to the employee
- ☐ WC claim packet with Form 29 submitted to Risk Management
- ☐ RLOA packet submitted to Position Control

Distribution: Original: HR/Risk Management, Copy: Department, Timekeeper, Employee
HR Form #29 (revised 04-2025)



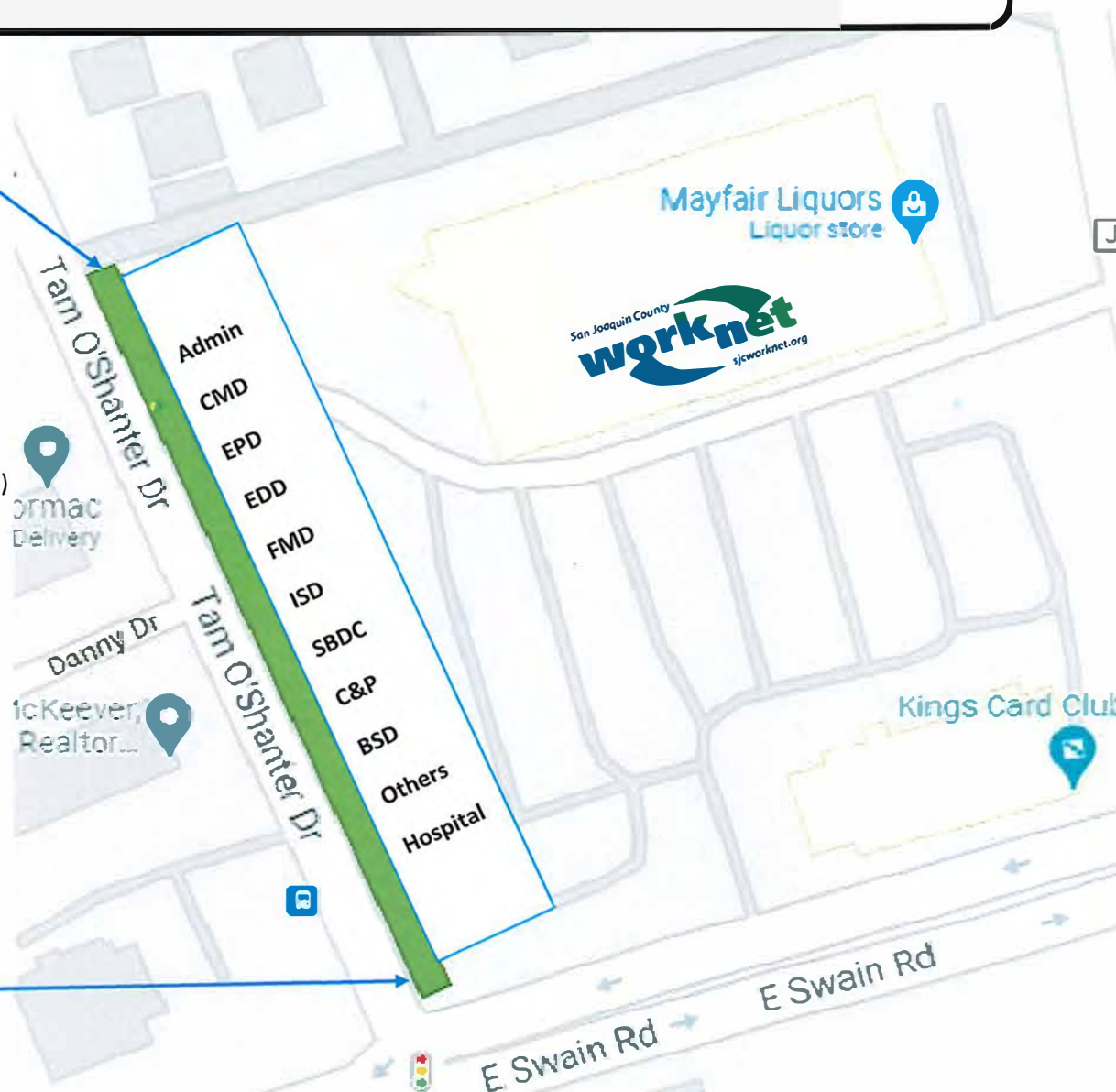
ASSEMBLY AREA MAP

**ASSEMBLY
AREA**
(Sidewalk)

**WorkNet – 6221 West Lane, Suite 105
Stockton, CA 95210**

Administration (Admin)
Client Mgt. Div. (CMD)
Employment Prep Div. (EPD)
Employment Development Department (EDD)
Financial Mgt. Div. (FMD)
Information Systems Division (ISD)
Delta College (SBDS)
Contracts & Planning (C&P)
Business Services Div. (BSD)
Others/Tenants/Visitors
Hospital Call Center (Hospital)

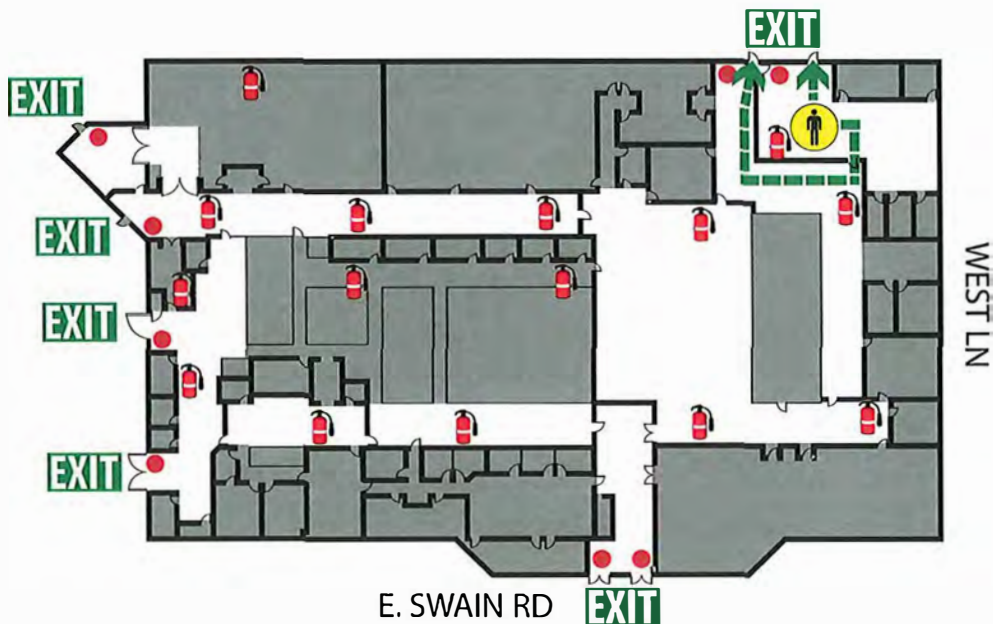
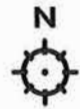
**ASSEMBLY
AREA**
(Sidewalk)



Updated: 9/10/21

EVACUATION PLAN

6221 WEST LANE



YOU ARE HERE



EXIT PATH



FIRE EXTINGUISHER



MANUAL FIRE ALARM BOX

CALL 9-911 FIRE / POLICE / MEDICAL

IN CASE OF EMERGENCY, PULL FIRE ALARM.

FIRE ALARM SOUNDS LIKE A HORN WITH FLASHING STROBES.

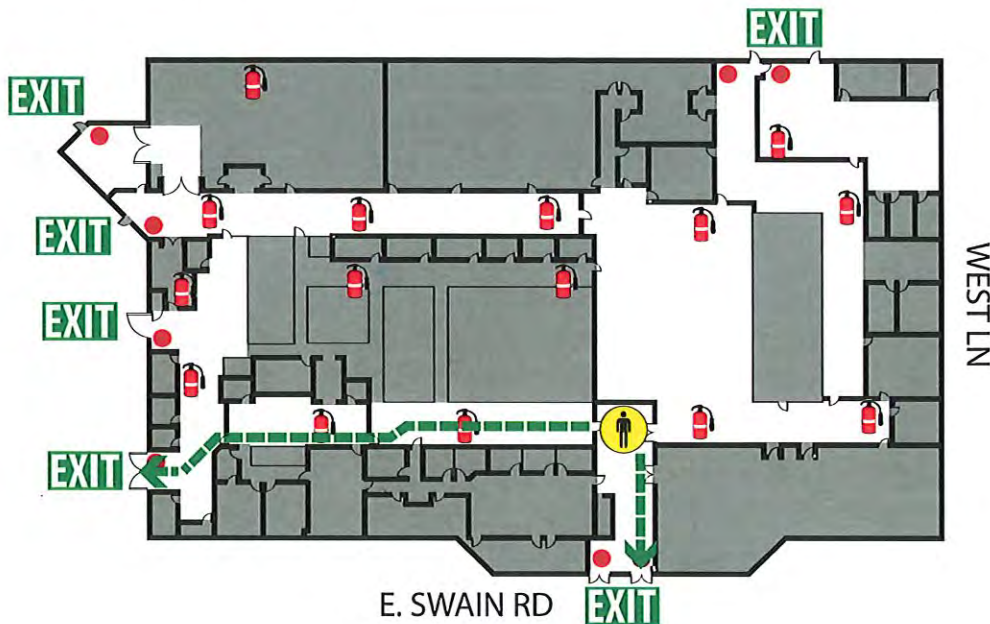
PERSONS WITH DISABILITIES



SHALL CALL 9-911 TO REPORT THEIR LOCATION AND PROCEED TO THE NEAREST EXIT AND AWAIT ASSISTANCE.

EVACUATION PLAN

6221 WEST LANE



YOU ARE HERE



EXIT PATH



FIRE EXTINGUISHER



MANUAL FIRE ALARM BOX

CALL 9-911 FIRE / POLICE / MEDICAL

IN CASE OF EMERGENCY, PULL FIRE ALARM.

FIRE ALARM SOUNDS LIKE A HORN WITH FLASHING STROBES.

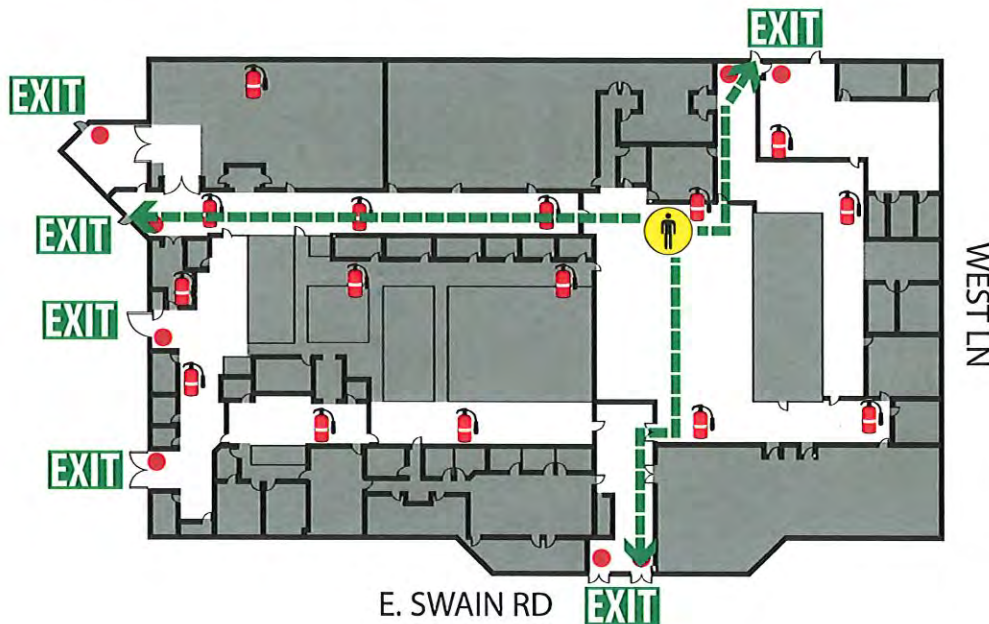
PERSONS WITH DISABILITIES



SHALL CALL 9-911 TO REPORT THEIR LOCATION AND PROCEED TO THE NEAREST EXIT AND AWAIT ASSISTANCE.

EVACUATION PLAN

6221 WEST LANE



YOU ARE HERE



EXIT PATH



FIRE EXTINGUISHER



MANUAL FIRE ALARM BOX

CALL 9-911 FIRE / POLICE / MEDICAL

IN CASE OF EMERGENCY, PULL FIRE ALARM.

FIRE ALARM SOUNDS LIKE A HORN WITH FLASHING STROBES.

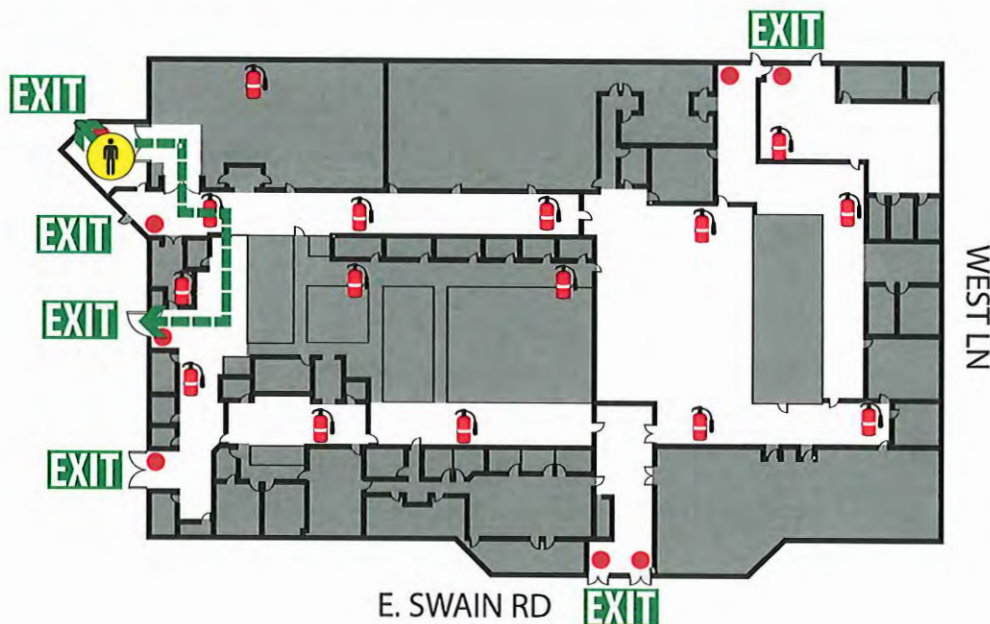
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SHALL CALL 9-911 TO REPORT THEIR LOCATION AND PROCEED TO THE NEAREST EXIT AND AWAIT ASSISTANCE.

EVACUATION PLAN

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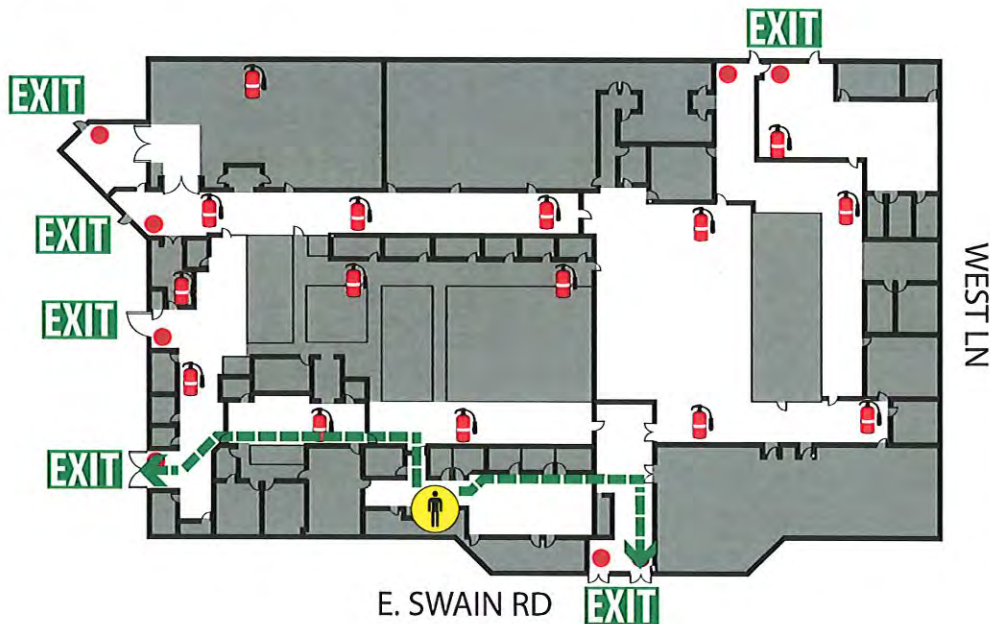
PERSONS WITH DISABILITIES



SHALL CALL 9-911 TO REPORT THEIR LOCATION AND PROCEED TO THE NEAREST EXIT AND AWAIT ASSISTANCE.

EVACUATION PLAN

6221 WEST LANE



YOU ARE HERE



EXIT PATH



FIRE EXTINGUISHER



MANUAL FIRE ALARM BOX

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IN CASE OF EMERGENCY, PULL FIRE ALARM.

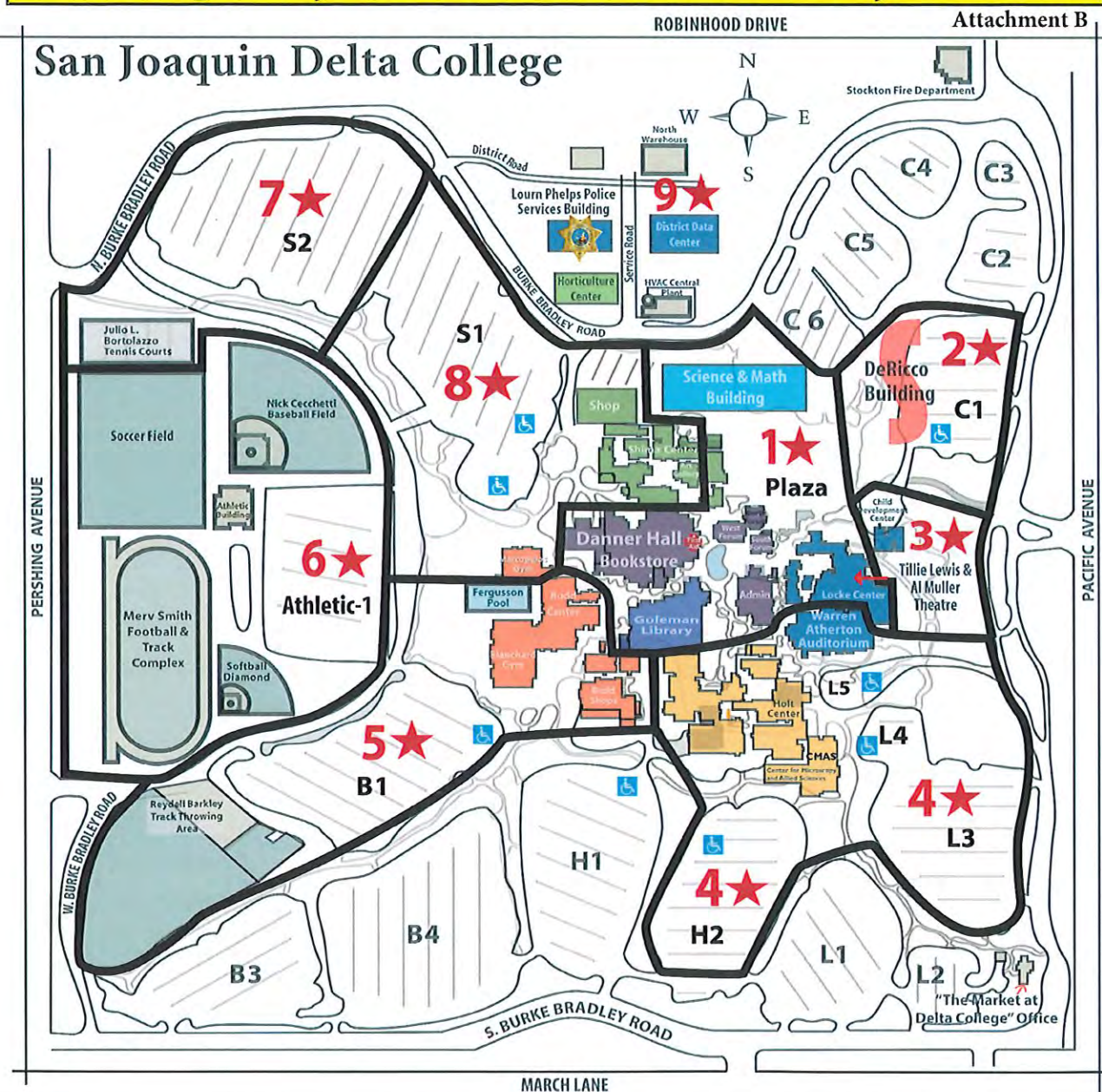
FIRE ALARM SOUNDS LIKE A HORN WITH FLASHING STROBES.

PERSONS WITH DISABILITIES



SHALL CALL 9-911 TO REPORT THEIR LOCATION AND PROCEED TO THE NEAREST EXIT AND AWAIT ASSISTANCE.

Emergency Evacuation Assembly Areas



Region Evacuation Assembly Areas

If a building must evacuate outdoors during an emergency, occupants will gather in region evacuation assembly areas. Information command posts will be set up at these sites.



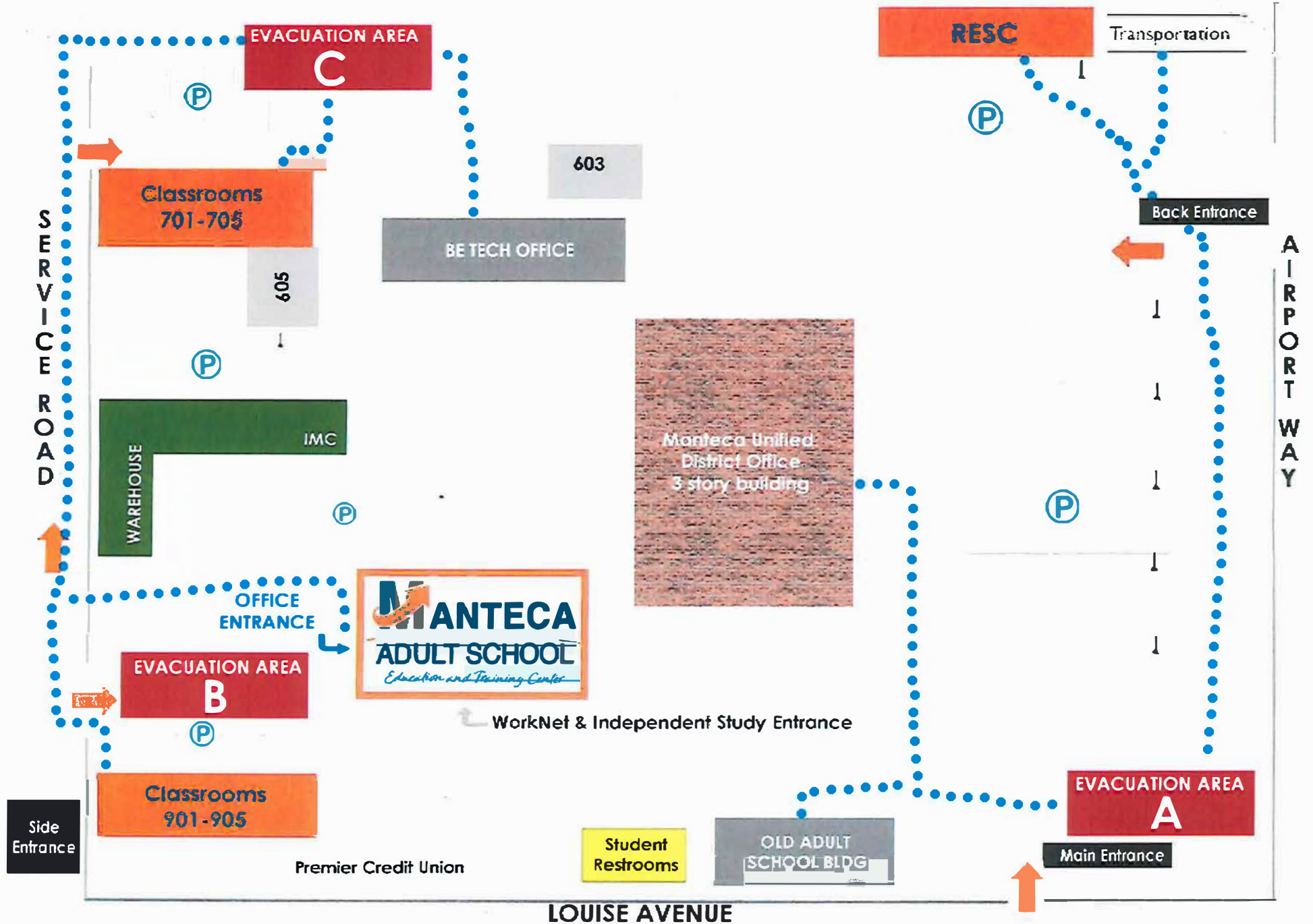
REGION BUILDINGS

ASSEMBLY AREA

- | | | |
|----|--|---------------|
| 1★ | ADMINISTRATION, DANNER HALL, FORUMS, LOCKE, GOLEMAN LIBRARY, & SCIENCE AND MATH. | Plaza |
| 2★ | DERICCO STUDENT SERVICES BUILDING | LOT C1 |
| 3★ | CHILD DEVELOPMENT CENTER | CDC Play Area |
| 4★ | HOLT AND ATHERTON THEATER | LOT H2 or L3 |
| 5★ | BUDD, BUDD SHOPS, BLANCHARD GYM, POOL, TRACK THROWING AREA, AND PRINT SHOP | LOT B1 |
| 6★ | ATHLETIC FACILITIES | LOT A1 |
| 7★ | TENNIS COURTS. | LOT S2 |
| 8★ | MARCOPULOS GYM AND SHIMA | LOT S1 |
| 9★ | DATA CENTER, HVAC PLANT, POLICE DEPT., AND NORTH WAREHOUSE. | District Road |

★ Emergency Evacuation Assembly Areas

SJDC Police 954-5000



SAN JOAQUIN COUNTY DEPARTMENT EMERGENCY PLAN



Employment and Economic Development Department

SAN JOAQUIN COUNTY**DEPARTMENT EMERGENCY PLAN OVERVIEW*****I. Purpose***

The purpose of the Department Emergency Plan (Plan) is to ensure County employees are able to identify and respond to actual and potential risks in a timely and safe manner. These risks can be, but are not limited to, fire emergency, bomb threats, hostile parties, earthquake, flood, and other natural disasters. With the establishment of the written Plan, review by employees, formal training, and exercises, the department will be able to ensure a safer work environment for all employees.

The structure of the Plan is threefold. First, it outlines procedures intended to protect employees and equipment in the event an emergency strikes. Second, it allows department staff to carry out, in an organized and pre-planned manner, a facility threat coordinator order to:

1. Search for suspicious articles or gather other information
2. Shelter-In-Place
3. Evacuate their facility to an Assembly Area

Finally, it allows the department to establish some priorities and procedures for restoring minimal department services as quickly as possible if present facilities are suddenly unavailable.

II. Authority

The basic authority requiring employers to establish a Department Emergency Plan and Fire Prevention Plan is found in the California Administrative Code, General Industry Safety Orders (GISO), Title 8, Section(s) 3220 and 3221.

The Plan also incorporates the objectives of the Employee Preparedness Program (EPP), found in San Joaquin County Administrative Manual, Section 1910.

III. Emergency Planning Responsibilities

It is the responsibility of each department to complete and maintain a Department Emergency Plan that can be used by employees in an emergency. If a department has staff permanently assigned to different buildings, it is the responsibility of the department to create a Plan for each separate location. The department must also develop a written policy that states all separate plans are consistent with overall departmental policies.

Departments are responsible for keeping the Plan current and providing changes to the Office of Emergency Services and their respective building Facility Threat Coordinator (FTC).

Responsibilities further include providing training to their personnel on the Plan. To meet these responsibilities and meet the requirements of Section II, the following shall be addressed:

A. Advising Employees of their Responsibilities

1. Before implementing the Plan, the employer shall designate and train a sufficient number of persons to assist in the safe and orderly evacuation of employees.
2. Department heads shall advise each employee of his/her responsibility under the Plan at the following times:
 - i. Initially when the Plan is developed
 - ii. Upon initial hire or extra-departmental job change
 - iii. Whenever the employee's responsibilities or designated actions change
 - iv. Whenever the Plan changes

B. Initial Training and Plan Availability

1. The employer shall review with each employee those parts of the Plan, which the employee must know to carry out the Emergency Plan. This review shall be conducted upon initial assignment and on an annual basis.
2. The written Plan shall be kept at the work place and made available for employee review.
3. The County Office of Emergency Services (OES) will assist with completion and maintenance of Department Emergency Plans. OES will also conduct an initial planning and training sequence as buildings are brought into the County Employee Preparedness Program. In addition, OES will conduct annual training for facility threat coordinators and area wardens, and coordinate annual evacuation drills for each building in the program.
4. As part of the Employee Preparedness Program, OES will also conduct initial and annual refresher training on the Plan. This will entail the following:
 - i. Overview of the Facility Threat Coordinator/Area Warden System
 - ii. Overview of Department Emergency Plan contents and importance
 - iii. Personal safety considerations in a fire
 - iv. Personal safety considerations in a bomb threat
 - v. Personal safety considerations during an act of violence in the work place

C. Facility Threat Plan and Department Emergency Plan Structure

1. The County Emergency Response System for protecting its employees and facilities is implemented for each separate building or facility. To achieve this, a Facility Threat Plan (FTP) will be developed for each separate building or facility. The FTP will create an organization and procedures for the response of resident departments to fire, earthquake and bomb threats (among others) to that specific building. The FTP, implemented by a cadre of Facility Threat Coordinators and Area Wardens is a separate plan from the Department Emergency Plan, but each plan complements the other.
2. Department Emergency Plans are maintained and overseen by a Department Emergency Coordinator appointed for that building/facility. The Coordinator will ensure department staff can carry out the orders of the Facility Threat Coordinator with a minimum of outside supervision and in a manner that best protects the department's staff and equipment.
3. Departments resident in each building will prepare a separate Department Emergency Plan for their staff in that building. That Plan will ensure that department staff can implement any action(s) ordered by the Facility Threat

Coordinator through the Wardens. Department Plans should ensure that staff can perform four functions in an orderly manner:

- i. Report threats to employee safety to the appropriate persons
 - ii. Search their department area for suspicious articles or other information
 - iii. Evacuate the building to their assembly area and account for staff
 - iv. Shelter-in-place in their department work area
4. One resident department will be tasked by OES to provide staff that will be assigned and trained as the Facility Threat Coordinator for each specific building or facility. One department per floor/area of the facility will be tasked to provide staff to be assigned and trained as the Area Warden for that floor/area. These individuals will carry out the duties on behalf of the entire building and are no longer available to their departments for other roles/responsibilities in Department Emergency Plans.

D. Responsibilities of the Facility Threat Coordinator and Area Wardens

1. The structure of Facility Threat Coordinators and Area Wardens will evaluate threats and make protective action decisions in conjunction with public safety agencies. They will supervise the implementation of protective actions by resident departments. In addition, they will disseminate information to all departments in a building regarding any emergency event. Finally, the Facility Threat Coordinator will be responsible for maintaining the Facility Threat Plan for the Facility.

E. Recovery and Follow-up Responsibilities

1. Plans and procedures for managing employee response to emergencies will be developed by each respective facility. The designated Facility Threat Coordinator and a structure of wardens and Department Emergency Coordinators will oversee emergency decision-making and implementation of protective actions for their building/facility.
2. Once the situation is stabilized and the threat removed, the County Administrator and appropriate department heads will assume responsibility for overseeing recovery operations including dealing with employee welfare and business continuity issues.

DEPARTMENT EMERGENCY PLAN (Tracy Center) EMERGENCY ORGANIZATION
--

Department Name:	Employment and Economic Development Dept.	Completed by:	Paul Huerta
Facility Name:	Tracy WorkNet Center	Email Address:	phuerta@sjcworknet.org
Facility Address:	340 W. 4th Street Tracy, CA 95376		
Email-Address:			

DEPARTMENT EMERGENCY STAFF

One person and alternates should be assigned to each position for each building or for the entire department as indicated. Additional alternates and assistants can be assigned as needed.

DEPARTMENT EMERGENCY COORDINATOR (one per building)

Responsible for employee training on the Department Emergency Plan, maintaining the Plan, supervising implementation, and keeping the Department Head informed of emergency situations.

Name of Primary:	Location (Floor #, Area, etc.):	Contact Info :
Paul Huerta	6221 West Lane - Suite 105, Stockton, CA 95210	(209) 468-2201
Name of 1 st Alternate:	Location (Floor #, Area, etc.):	Contact Info :
Armando Ayala	340 W. 4th Street Tracy, CA 95376	(209) 831-5017
Name of 2 nd Alternate:	Location (Floor #, Area, etc.):	Contact Info :
Click here to enter text.	Click here to enter text.	Click here to enter text.

FIRE PREVENTION OFFICER (one per building or department)

Responsible for department fire prevention, elimination of unsafe work practices among employees, and investigating safety issues and complaints.

Name of Primary:	Location (Floor #, Area, etc.):	Contact Info :
Click here to enter text.	Click here to enter text.	Click here to enter text.
Name of 1 st Alternate:	Location (Floor #, Area, etc.):	Contact Info :
Paul Huerta	6221 West Lane - Suite 105, Stockton, CA 95210	(209) 468-2201

INFORMATION OFFICER (one per building or department)

Responsible for providing information to County departments, other government agencies, the media, and public.

Primary:	Location (Floor #, Area, etc.):	Contact Info :
Patricia Virgen	6221 West Lane - Suite 105, Stockton, CA 95210	(209) 468-2245
1 st Alternate:	Location (Floor #, Area, etc.):	Contact Info :
Paul Huerta	6221 West Lane - Suite 105, Stockton, CA 95210	(209) 468-2201

RELOCATION & RECOVERY COORDINATOR (one per building or department)

Responsible for overseeing relocation and recovery operations.

1 st Alternate:	Location (Floor #, Area, etc.):	Contact Info :
Patricia Virgen	6221 West Lane - Suite 105, Stockton, CA 95210	(209) 468-2245

DEPARTMENT EMERGENCY PLAN (Tracy Center)
ALERT AND EMERGENCY NOTIFICATION

ALERTING PROCEDURES

In case of fire, explosion, toxic spill or other emergency notify the following:

POLICE/FIRE/EMS

9-911 from County office phone

911 from public or cell phone

DEPARTMENT EMERGENCY COORDINATOR (one per building)

Name of Primary: Paul Huerta

Contact Info:

(209) 468-2201

1st Alternate:

Contact Info:

Patricia Virgen

(209) 468-2245

FACILITY THREAT COORDINATOR: (one per building)

Responsible for evaluating threats and making protective action decisions with public safety agencies; supervising implementation of protective actions by departments; disseminating information to departments regarding an emergency event; and maintaining the Facility Threat Plan.

Name of Primary:

Contact Info:

Paul Huerta

(209) 468-2201

1st Alternate:

Contact Info:

Patricia Virgen

(209) 468-2245

WARDEN ASSIGNMENTS FOR FACILITY AREAS CONTAINING DEPARTMENT STAFF

Responsible for communication with Facility Threat Coordinator and providing direction to Department Emergency Coordinators.

Floor/Area:

Name of Primary:

Contact Info:

Alternate:

Contact Info:

Tracy WorkNet

Armando Ayala

(209) 831-5017

Ramiro Gomez

(209) 831-5680

Method for Alerting Employees of Emergency Situations During and after Hours

Emergency notification roster (telephone tree) will be used to notify employees of situation and for disseminating other important information.

EMERGENCY NOTIFICATION ROSTER ISSUED TO:

Click here to enter text.

DEPARTMENT EMERGENCY PLAN (Tracy Center) EVACUATION PROCESS

The Facility Threat Coordinator will issue the order to evacuate through the Wardens and Department Emergency Coordinators. The Department Emergency Coordinator and/or employees are authorized to immediately evacuate if faced with an imminent hazard.

SPECIAL EVACUATION RESPONSIBILITIES

Identify staff assigned during an evacuation to perform such tasks: 1) Account for employees at Assembly Area 2) Notify general public in area to evacuate. 3) Assist physically challenged or injured persons 4) Save critical equipment 5) Turn off electrical appliances 6) Assist the Department Emergency Coordinator with duties. Tasks 1, 2, and 3 must be assigned and performed, other tasks are optional.

EVACUATION PROCEDURES

EVACUATION ROUTES

Develop map(s) showing evacuation route for staff on each floor/area to include direction to department assembly area. Post for employee information and attach a copy to department plan.

EVACUATION ASSIGNMENTS

Responsible for communication with Facility Threat Coordinator and providing direction to Department Emergency Coordinators.

Name: Armando Ayala

Task: Take roll at assembly area and report discrepancies to Department Emergency Coordinator. Assist persons with disabilities to assembly area. Ensure all areas are vacated, work stations, store room, breakroom, restroom(s).

Name: Ramiro Gomez

Task: Notify general public in the center to evacuate to assembly area – avoid panic. Assist persons with disabilities to assembly area.

EVACUATION ROUTES

Evacuation Routes (red directional arrows) detailed in the Evacuation Maps (attached).

DEPARTMENT ASSEMBLY AREA

Tracy Center: Assembly area is located on the sidewalk between Sherwin Williams Paint Store (Southern facing wall) and Grant Line Road.

EXTERNAL ASSEMBLY AREA

Tracy Center: Assembly area grassy area located between Sherwin Williams Paint Store (Southern facing wall) and Grant Line Road.

METHOD FOR ACCOUNTABILITY OF EMPLOYEES

The floor wardens are responsible to account for (take roll) staff and immediately notify the Department Emergency Coordinator of any staff unaccounted for within the Center. Each floor warden is required to keep a current list of employee and contact numbers for this purpose.

PROCEDURES FOR HANDLING PERSONS IN CUSTODY OR CARE OF DEPARTMENT

Customers/visitors will proceed with staff to the assembly area, each co-located partner will encourage their customers to assemble in the same area as their staff. Customers/visitors are not required to evacuate to the same assembly area in the event of an emergency or drill but space is available should they choose to assemble with staff.

DEPARTMENT EMERGENCY PLAN (Stockton Center) EMERGENCY ORGANIZATION

Department Name:	Employment and Economic Development Dept.	Completed by:	Paul Huerta
Facility Name:	Stockton WorkNet Center	Email:	phuerta@sjcworknet.org
Facility Address:	6221 West Lane - Suite 105, Stockton, CA 95210	Address:	.org
Email-Address:			

DEPARTMENT EMERGENCY STAFF

One person and alternates should be assigned to each position for each building or for the entire department as indicated. Additional alternates and assistants can be assigned as needed.

DEPARTMENT EMERGENCY COORDINATOR (one per building)

Responsible for employee training on the Department Emergency Plan, maintaining the Plan, supervising implementation, and keeping the Department Head informed of emergency situations.

Name of Primary:	Location (Floor #, Area, etc.):	Contact Info :
Paul Huerta	6221 West Lane - Suite 105, Stockton, CA 95210	(209) 468-2201
Name of 1 st Alternate:	Location (Floor #, Area, etc.):	Contact Info :
Patty Virgen	6221 West Lane - Suite 105, Stockton, CA 95210	(209) 468-2245

FIRE PREVENTION OFFICER (one per building or department)

Responsible for department fire prevention, elimination of unsafe work practices among employees, and investigating safety issues and complaints.

Name of Primary:	Location (Floor #, Area, etc.):	Contact Info :
Click here to enter text.	Click here to enter text.	Click here to enter text.
Name of 1 st Alternate:	Location (Floor #, Area, etc.):	Contact Info :
Paul Huerta	6221 West Lane - Suite 105, Stockton, CA 95210	(209) 468-2201

INFORMATION OFFICER (one per building or department)

Responsible for providing information to County departments, other government agencies, the media, and public.

Primary:	Location (Floor #, Area, etc.):	Contact Info :
Patty Virgen	6221 West Lane - Suite 105, Stockton, CA 95210	(209) 468-2245
1 st Alternate:	Location (Floor #, Area, etc.):	Contact Info :
Paul Huerta	6221 West Lane - Suite 105, Stockton, CA 95210	(209) 468-2201

RELOCATION & RECOVERY COORDINATOR (one per building or department)

Responsible for overseeing relocation and recovery operations.

Primary:	Location (Floor #, Area, etc.):	Contact Info :
Click here to enter text.	Click here to enter text.	
1 st Alternate:	Location (Floor #, Area, etc.):	Contact Info :
Patty Virgen	6221 West Lane - Suite 105, Stockton, CA 95210	(209) 468-2245

DEPARTMENT EMERGENCY PLAN (Stockton Center)**ALERT AND EMERGENCY NOTIFICATION****ALERTING PROCEDURES****In case of fire, explosion, toxic spill or other emergency notify the following:**

POLICE/FIRE/EMS

9-911 from County office phone**911** from public or cell phone**DEPARTMENT EMERGENCY COORDINATOR** (one per building)

Name of Primary: Paul Huerta

Contact Info:

(209) 468-2201

1st Alternate:

Contact Info:

Patty Virgen

(209) 468-2245

FACILITY THREAT COORDINATOR: (one per building)*Responsible for evaluating threats and making protective action decisions with public safety agencies; supervising implementation of protective actions by departments; disseminating information to departments regarding an emergency event; and maintaining the Facility Threat Plan.*

Name of Primary:

Contact Info:

Paul Huerta

(209) 468-2201

1st Alternate:

Contact Info:

Patty Virgen

(209) 468-2245

WARDEN ASSIGNMENTS FOR FACILITY AREAS CONTAINING DEPARTMENT STAFF*Responsible for communication with Facility Threat Coordinator and providing direction to Department Emergency Coordinators.*

Floor/Area:	Name of Primary:	Contact Info:	Alternate:	Contact Info:
1st Floor – Admin	Marcella Galindo	(209) 468-3517	Annette Lovato	(209) 468-3524
1st Floor – EDA	Aquantay Minor	(209) 468-3661	Francisco Martin	(209) 468-8033
1st Floor - Fiscal	Mary Franks	(209) 468-3513	Johnson Young	(209) 468-3676
1st Floor – CMD Youth	Jesus Gonzalez	(209) 468-3506	Jori Bulawit-Jones	(209) 468-3511
1st Floor – CMD Adult	Rehana Zaman	(209) 468-0323	Lesli Jones	(209) 468-3651
1st Floor - Facilities	Jeremy Gonzalez	(209) 468-3574	Narone Lot	(209) 468-3569
1st Floor – ISD	Chris Pack	(209) 468-3552	Annette Lovato	(209) 468-3524
1st Floor – Center	John Phillips	(209) 468-3500	Maribel Rodriguez	(209) 468-3575

Method for Alerting Employees of Emergency Situations During and after Hours*Emergency notification roster (telephone tree) will be used to notify employees of situation and for disseminating other important information.***EMERGENCY NOTIFICATION ROSTER ISSUED TO:**

Click here to enter text.

DEPARTMENT EMERGENCY PLAN (Stockton Center) EVACUATION PROCESS

The Facility Threat Coordinator will issue the order to evacuate through the Wardens and Department Emergency Coordinators. The Department Emergency Coordinator and/or employees are authorized to immediately evacuate if faced with an imminent hazard.

SPECIAL EVACUATION RESPONSIBILITIES

Identify staff assigned during an evacuation to perform such tasks: 1) Account for employees at Assembly Area 2) Notify general public in area to evacuate. 3) Assist physically challenged or injured persons 4) Save critical equipment 5) Turn off electrical appliances 6) Assist the Department Emergency Coordinator with duties. Tasks 1, 2, and 3 must be assigned and performed, other tasks are optional.

EVACUATION PROCEDURES

EVACUATION ROUTES

Develop map(s) showing evacuation route for staff on each floor/area to include direction to department assembly area. Post for employee information and attach a copy to department plan.

EVACUATION ASSIGNMENTS

Responsible for communication with Facility Threat Coordinator and providing direction to Department Emergency Coordinators.

Name: Alejandra Mata, Lesli Jones, Megan McSwain, Andrea Moccia, EDD Staff	Task: Take roll at assembly area and report discrepancies to Command Post. Assist persons with disabilities to assembly area. Ensure all areas are vacated, work stations, store room, breakroom, restroom(s).
---	--

Name: John Phillips, Maribel Rodriguez	Task: Notify general public in area to evacuate to assembly area. Assist persons with disabilities to assembly area.
--	--

Name: Paul Huerta, EDD Staff	Task: Assist disabled or injured person to assembly area or designated safe area in lobby.
------------------------------	---

Name: Marcella Galindo, Aquantay Minor, Mary Franks, Jesus Gonzalez, Rehana Zaman, Jeremy Gonzalez, Chris Pack, EDD Staff	Task: Ensure area (1 st Floor) is vacated: All work stations, offices, store rooms, staff restrooms, public restrooms, breakroom, elevator. Store Room Clerks: Ensure store room is vacated.
---	--

EVACUATION ROUTES

Evacuation Routes (red directional arrows) detailed in the Evacuation Maps (attached).

DEPARTMENT ASSEMBLY AREA

Staff and customers assemble directly north of Children's Museum (large grass border between Children's Museum parking lot and Weber Avenue. The map designates specific locations for each division/partner agency.

EXTERNAL ASSEMBLY AREA

The external facility command post is a grass area (South-East corner of Lincoln and Weber Avenue.

METHOD FOR ACCOUNTABILITY OF EMPLOYEES

Managers/Supervisors/Designee are responsible to account for their staff and report to the command center. The Manager/Supervisor/Designee shall take roll at the assembly area and immediately notify the Department Emergency Coordinator of any staff unaccounted for within his or her unit. Each Manager/Supervisor is required to keep a current list of employee and contact numbers for this purpose.

PROCEDURES FOR HANDLING PERSONS IN CUSTODY OR CARE OF DEPARTMENT

Customers/visitors will proceed with staff to the assembly area, each co-located partner will encourage their customers to assemble in the same area as their staff. Customers/visitors are not required to evacuate to the same assembly area in the event of an emergency or drill but space is available should they choose to assemble with staff.

Heat Illness Prevention Checklist

This checklist supports compliance with Cal/OSHA §3395 and internal EEDD procedures for preventing heat-related illnesses among employees working primarily indoors. It should be reviewed seasonally (April–October) or as temperatures and indoor conditions warrant.

1. General Preparedness

- ☐ All staff have completed annual Heat Illness Prevention Training.
- ☐ Supervisors and the Department Safety and Health Representative (DSHR) have reviewed high-temperature protocols for indoor settings.
- ☐ Emergency procedures for heat-related illnesses are clearly posted and known by all employees.
- ☐ Employees are encouraged to self-monitor for heat-related symptoms and report discomfort immediately.

2. Indoor Temperature & Ventilation

- ☐ Building air conditioning (HVAC) systems are functioning properly and maintained according to County Facilities standards.
- ☐ Thermostats are monitored to ensure indoor temperatures remain below 80°F whenever feasible.
- ☐ Staff are instructed to report temperature fluctuations or A/C malfunctions immediately to their supervisor or Facilities.
- ☐ Fans or portable cooling devices are available in areas prone to heat buildup.

3. Hydration & Rest

- ☐ Cool, potable water is readily available in every work area (e.g., water dispensers, bottles, or fountains).
- ☐ Employees are encouraged to hydrate frequently throughout the day.
- ☐ Supervisors remind staff to take brief breaks in cooler areas if they feel warm, flushed, or fatigued.
- ☐ Staff are aware of symptoms such as lightheadedness, excessive sweating, or nausea, and know to report them promptly.

4. High-Heat or Equipment Areas

- ☐ Areas with limited airflow (e.g., storage rooms, copier rooms, IT closets) are monitored periodically for elevated temperatures.
- ☐ Doors to these rooms remain open or ventilated during hot weather when safe to do so.
- ☐ Any indoor area consistently exceeding 85°F triggers additional cooling or relocation procedures.

5. Employee Awareness & Acclimatization

- ☐ New or returning employees are informed of building-specific heat procedures during onboarding.
- ☐ Employees returning from extended leave or telework are reminded to stay hydrated and acclimate gradually if building temperatures are elevated.
- ☐ Supervisors conduct visual check-ins for signs of heat fatigue during high-temperature days.

6. Response to Heat Illness Symptoms

- ☐ Move the person to an air-conditioned or shaded area.
- ☐ Loosen restrictive clothing and offer cool water (if alert and conscious).
- ☐ Contact 911 if symptoms include confusion, fainting, vomiting, or rapid heartbeat.
- ☐ Notify the immediate supervisor and DSHR immediately after emergency services are contacted.

7. Documentation & Follow-Up

- ☐ All reported heat-related incidents are documented using the Incident Report Form (Attachment A).
- ☐ The DSHR logs all events and coordinates follow-up training or environmental inspections as needed.
- ☐ HVAC inspections and maintenance requests are retained for departmental review.

Supervisor Verification

Supervisor Name: _____ Date: _____

Building / Site: _____

Signature: _____