

**SAN JOSE STATE UNIVERSITY  
RESEARCH FOUNDATION**

**SJSU | RESEARCH  
FOUNDATION**

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

**Date of Last Review**  
**August 7, 2024**

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## **I. INTRODUCTION**

San José State University Research Foundation (further identified as the “Research Foundation”) is dedicated to providing a safe and healthy working environment for staff, students, and the general public. To help achieve this goal, the Research Foundation will promote a comprehensive Injury and Illness Prevention Plan (IIPP) that integrates collaborative and cooperative efforts by the entire Research Foundation community to identify and eliminate unsafe conditions and practices, control health hazards, and comply fully with all applicable safety and health regulations.

The Research Foundation’s Illness and Injury Prevention Program includes the following elements:

1. Identifies persons with authority and responsibility for implementing the Program.
2. Outlines an enforcement and disciplinary process to ensure that employees comply with Research Foundation safety and health rules and regulations.
3. Establishes a system to communicate with employees about safety and health matters and to encourage feedback on safety concerns from them.
4. Outlines an inspection program or process to identify and evaluate workplace or worksite hazards on an ongoing basis and establishes procedures for correcting unsafe or unhealthy conditions in a timely manner
5. Outlines a procedure to investigate and resolve occupational injuries and illnesses.
6. Outlines a safety training program to ensure that training is provided, both general training to cover basic hazards to all places of employment and specific training to cover hazards unique to each employee's job assignment.
7. Outlines appropriate recordkeeping of steps to implement and maintain the program.

## **II. AUTHORITY & MANAGEMENT**

The Research Foundation follows the authority for executing this IIPP based on the California Labor Code, Section 6401.7, and the California Code of Regulations, Title 8, Section 3203 of the General Industry Safety Orders.

While the overall responsibility for the SJSU Research Foundation health and safety rests with the Executive Director, the immediate responsibility for workplace health and safety belongs to each Research Foundation employee who performs a managerial role (e.g. managers and directors). In addition, each individual employee is responsible for preventing Research Foundation accidents.

Research Foundation directors and managers shall take leadership roles in ensuring the IIPP’s effectiveness through their active efforts focused on developing the proper safety culture for those they manage and by ensuring that all operations under their control are conducted in compliance with applicable regulations and policies.

The Research Foundation is committed to providing a healthful and safe working environment and to supporting environmentally sound practices in conducting Research Foundation activities. The Research Foundation’s goal is to prevent all workplace injuries and illnesses.

### **III. APPROVALS**

This San José State University Research Foundation Injury & Illness Prevention Plan (IIPP) is approved and supersedes any previous program or plan.

Ranjit Kaur \_\_\_\_\_ Signature \_\_\_\_\_ Date  
Director of Human Resources  
IIPP Administrator  
SJSU Research Foundation

Andrew Exner \_\_\_\_\_ Signature \_\_\_\_\_ Date  
Executive Director  
SJSU Research Foundation

#### **IV. SCOPE & PURPOSE**

This IIPP applies to all San José State University Research Foundation employees, including student employees, volunteers, visitors, and contractors. This IIPP applies to all programs and activities wherever they occur. No student or employee is required to perform any task that is determined to be unsafe or unreasonably hazardous.

Implementation of this program will result in several benefits, including but not limited to the following:

- Protecting employees' health and safety while decreasing the risk of injury and illness to all who work at San José State Research Foundation locations.
- Reduced workers' compensation claims and costs.
- Improved organizational efficiency by reducing replacement or reassignment costs for injured workers.
- Improved employee morale and safety as employees become more aware of the importance and priority for safety.
- Minimized or reduced potential for penalties that regulatory enforcement agencies could assess.

It includes the following Research Foundation locations where they may be working for the Research Foundation:

Central Offices 210 N 4 <sup>th</sup> Street San Jose, CA 95112	Campus Programs San Jose State University One Washington Square San Jose, CA 95192	Timpany Center 730 Empey Way San Jose, CA 95128
NASA Programs NASA Ames Research Center Moffett Field, CA 94035-0001	Moss Landing Marine Laboratories 8272 Moss Landing Road Moss Landing, CA 95039	

Some of the facilities are not under the Research Foundation's control. IIPP administrator will partner with the project directors or facility services (Campus) to address safety concerns.

#### **V. RESPONSIBILITIES**

##### **Executive Director**

The ultimate responsibility for the effective implementation of the Research Foundation's IIPP policies and procedures rests with the Executive Director. The overall responsibilities of the Research Foundation's Executive Director include developing, implementing, and monitoring the Injury and Illness Prevention Program for the Research Foundation. While the Executive Director has assigned overall IIPP implementation and day-to-day management to the Research Foundation Administrator within its Human Resources Department, the Executive Director will lead by demonstrating:

- Genuine interest in safety-specific issues to ensure department heads, managers, and/or directors take necessary actions.
- Support for Research Foundation safety programs.

### **IIPP Administrator:**

The individual assigned by the Research Foundation Executive Director to be responsible for the administration of the IIPP is the Research Foundation Director of Human Resources. The responsibilities of the IIPP Administrator are as follows:

1. Facilitate and actively assist with compliance with the IIPP and other safety programs, policies, and procedures. Ensure managers adhere to adopted procedures and enforce safety rules, procedures and policies.
2. Revise and update the IIPP as often as needed or as appropriate to comply with the regulatory authority (Section II. Authority & Management).
3. Establish a training program designed to instruct employees and students in safe work practices and specific job duties prior to assignment to potentially hazardous employment.
4. In partnership with other managers and department supervisors, SJSU Environmental Health and Safety and third party property managers, establish protocols regarding regulatory compliance, hazard identification, and evaluation, procedures for correcting unsafe conditions, systems for communicating with employees. Coordinate with project directors/designee and SJSU Environmental Health and Safety to conduct periodic safety inspections of facilities, equipment and projects to identify unsafe conditions and practices.
5. Schedule and hold safety meetings, devise and implement employee training programs, and develop compliance strategies and record keeping.
6. Ensure that all SJSU Research Foundation campus and MLML Project Directors work with SJSU Environmental Health and Safety to maintain an inventory of hazardous materials in all work areas on the SJSU Campus. Work with other safety committee members at locations not under SJSU Campus Environmental Health and Safety to keep a record of hazardous materials present at their respective locations.
7. Investigate employee complaints of hazardous conditions and refer findings to appropriate managers and directors. Document employee (including student) injuries, incident reports, and complaints involving safety issues. Make recommendations and initiate corrective actions regarding identified hazards or deficiencies
8. Inform outside contract employees who work in areas under Research Foundation auspices or jurisdiction, of the hazards to which those employees may be exposed.
9. Distribute safety information, posters, and materials. Coordinate with outside consulting organizations as appropriate or as needed for assistance with complex workplace safety issues.

### **Manager and Director Responsibilities:**

1. Identify, mitigate, or eliminate hazardous conditions in a timely manner. This requires managers to be familiar with safety and health hazards to which employees may be exposed under their immediate direction and control.

2. Enforce safe work practices and procedures. Correct and/or report unsafe conditions to SJSURF Human Resources.
3. Implement regular training designed to instruct employees and students in safe work practices and specific job duties.
4. Instruct employees to recognize and avoid unsafe conditions, including hazards associated with non-routine tasks and emergency operations. This includes both general and job specific safety training is provided and completed.
5. Permit only those employees (including students) who are qualified by training to operate potentially hazardous equipment and making certain that employees and students understand all safety procedures associated with their job duties.
6. Create Standard Operating Procedures (SOP's) for high risk activities.
7. Ensure regularly scheduled work area safety inspections by coordinating with SJSU Environmental Health and Safety, SJSU FD&O for Campus and MLML locations.
8. Assist SJSU Environmental Health and Safety and or Third party building manager with the investigation of accidents and prepare written documentation as appropriate.
9. Request or create Material Safety Data Sheet (MSDS) when one is not already available for a hazardous material.
10. Recognize employees who consistently perform safe and healthful work practices. Issue appropriate corrective action to employees who knowingly violate safety rules, procedures or policies.
11. Communicate to employees regarding health and safety practices. This includes disseminating appropriate safety and related information, including, but not limited to, posting safety information on bulletin boards and/or break rooms.

#### **Employee Responsibilities:**

1. Perform job assignments safely and healthily, and always adhere to the Research Foundation safety practices, procedures, and guidelines.
2. Complete all required training sessions (both general and job-specific). Read and comply with procedures and guidelines provided by managers.
3. Inform their manager of workplace hazards without fear of reprisal. Ask appropriate questions to managers when there is concern about an unknown or hazardous situation.
4. Report injuries and illnesses to their manager or Human Resources immediately.

#### **Contractor, Visitor and Volunteer Responsibilities:**

1. Contractors, Visitors or Volunteers are bound by the health and safety requirements specified in their contract, their own IIPP and the Research Foundation's IIPP.
2. All contractors, visitors and volunteers shall adhere to applicable safety directions provided by their applicable Project Director or SJSU Research Foundation contact.

## **VI. COMPLIANCE**

All employees, managers, visitors, volunteers and contractors of the SJSU Research Foundation are bound by this Injury and Illness Prevention Program and are tasked with its compliance. Employees, managers, visitors, volunteers and Contractors are encouraged to reach out to SJSU Research Foundation Compliance email with any questions related to this IIPP at the following email: [research-foundation-compliance@sjsu.edu](mailto:research-foundation-compliance@sjsu.edu). Employees, managers, visitors or volunteers who fail to comply with safety rules and protocols will be subject to appropriate corrective action, which will include formal documentation of the incident, notification of law enforcement and for employees up to and including termination of employment, depending upon the severity of the offense (s). Managers will follow corrective action procedures as implemented by the Research Foundation, SJSU Environmental Health and Safety or applicable third party property manager. The Research Foundation reserves the right, at its sole discretion, to determine what appropriate levels of corrective actions, if any, are warranted. Each case is determined by its own facts. There are no guarantees if an action is applied that any particular progression will be observed. For example, a written level warning will not be automatically issued to an employee who previously received a verbal warning. The new offense will be viewed on its own merits in deciding upon an appropriate level of corrective action as to the new offense.

Managers can be subject to appropriate corrective action in cases that include, but are not limited to, the following:

1. Repeated safety rule violation by their department employees.
2. Failure to provide adequate training prior to job assignment that leads to an illness or injury.
3. Failure to report injury or illness and provide medical attention to employees injured at work.
4. Failure to adequately control unsafe conditions or work practices.
5. Failure to maintain good housekeeping standards and cleanliness in their departments.

## **VII. COMMUNICATION**

The following system of communication is designed to facilitate a regular flow of safety and health information between management and employees in a form that is readily understandable and consistent. The following methods have been established to communicate with employees on matters relating to health and safety:

1. New employee orientation including a review of safety and health policies and procedures as well notification of the availability of training resources for employees on the SJSU Research Foundation website.
2. Where to access the SJSU Research Foundation's IIPP.
3. Availability of department specific training programs, management, responsibility and storing of records.
4. The availability of scheduled department safety meetings.
5. Safety Data Sheets (SDSs) to provide information on the potential hazards of products or chemicals.

6. A system for workers to inform management about workplace hazards without fear of retaliation.
7. Access to Safety Committee meeting minutes.

### **Safety Committee:**

The Research Foundation's Safety Committee is established to achieve and maintain effective communications between management and employees and to resolve health and safety related problems. The Safety Committee will be comprised of members (Managers, Directors, and/or employees) of the various departments, and management. The Safety Committee will convene on a quarterly basis, and review the following:

1. Minutes of the previous meeting.
2. Unfinished business of the previous meeting.
3. Department inspection reports and corrective actions.
4. Discussion of injury or illness and corrective action taken.
5. Accident trend analysis.
6. New and outstanding recommendations submitted by departments or external agencies (insurance carrier, fire department, Cal-OSHA, etc.).
7. New business.
8. All meetings will be documented and communicated to employees as needed.

### **SJSU Research Foundation Safety Committee Members**

Department Represented	Location(s) Covered	Name
Central Office	210 N. 4 <sup>th</sup> Street	Andrew Exner
Central Office	210 N. 4 <sup>th</sup> Street	Ranjit Kaur
Central Office	210 N. 4 <sup>th</sup> Street	Eric Hagan
Central Office	210 N. 4 <sup>th</sup> Street	Myles Reed
Campus	1 Washington Sq	Matt Nymeyer
NASA	Bldg 262 Moffett Field	Jennifer Granada
MLML	8272 Moss Landing Rd,	Brian Gallagher
Timpany	730 Empey Way	Jennifer Schachner

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### **Anti-Reprisal Policy**

Directors and Managers will encourage employees to report any unsafe or unhealthy conditions they discover without fear of reprisal. Employees may submit anonymous feedback about hazards or safety concerns by contacting Research Foundation Human Resources professionals.

## **VIII. HAZARD INSPECTIONS & CORRECTION**

### **1. Hazard Inspections**

Inspections are viewed from the fact-finding perspective, not a fault-finding perspective. The emphasis is on locating potential hazards that can adversely affect safety and health, and making appropriate corrections.

All personnel are responsible for continuous, ongoing assessments of their own work areas/workplace. All potentially hazardous conditions must be immediately and properly reported for correction, as appropriate.

Periodic inspections will be conducted where Research Foundation employees are located to ensure that locations are safe to operate and meet all necessary standards defined by the area of operation, state or federal law. Once completed action will be taken to eliminate hazards that were uncovered. For SJSURF campus locations, assignments, target dates for completion are managed through the Environmental Health and Safety Risk and Safety Portal and maintained in a digital format. For all Non SJSU campus locations, the responsibility of formal building inspection is placed upon the owner or designee of the facility or contacting partner location. Research Foundation employees are also encouraged to complete the Self Inspection checklist (attachment: G) to inspect their own workplaces for hazards.

If a hazard is identified or becomes known during any safety or other inspection that is deemed to be so serious that there is reasonable certainty that, if left uncorrected, can be expected to cause death or serious physical injury or illness, that hazard shall be immediately reported to the IIPP Administrator. The Administrator shall take charge and oversee that appropriate corrective action is immediately implemented, in partnership with the responsible area or site manager. When such a serious hazard exists that it cannot be immediately abated without endangering employees and/or property, all staff and personnel shall be evacuated and barred from the area, pending correction, except those who may be necessary to correct the hazardous condition. When appropriate, outside agencies will also be contacted for assistance.

- a. The College of Science, College of Engineering, and the College of the Humanities & the Arts, perform a “Laboratory Audit” for the management of hazardous materials in collaboration with the Environmental Health & Safety Department. The audits are scheduled during each semester. EH&S assists and accompanies colleges and departments in “Laboratory Audits” each semester of areas where hazardous materials are stored, used and disposed.
- b. Scheduled Workplace Inspections by the Office of the State Fire Marshal Title 19 of the California Code of Regulations requires that all Buildings be inspected annually by the Office of the State Fire Marshal. For SJSURF Campus locations EH&S accompanies the Deputy State Fire Marshal during the inspection of all buildings and rooms for fire safety compliance and coordinates the completion of corrective actions campus wide. For SJSURF Non-Campus locations, Fire Marshal Inspections are to be administered and completed by the owner or designee of the facility.

#### **Scheduled Health and Safety Inspections**

#	Inspection Type	Areas Inspected	Inspection Frequency & Schedule	Responsible Departments	Regulatory Reference
1	<b>Public &amp; Life Safety</b>	All Campus Buildings and Grounds	Annual	FD&O, UPD & EH&S	OSHA, Fire Code, Public Safety

2	<b>Hazardous Materials Storage, Use and Disposal Audit</b>  Laboratories, Art Studios, Maintenance Facilities	College of Science Duncan Hall & Science Building  College of Engineering  Student Union, Event Center, Aquatic Center  Central Plant, Corporation Yard  University Police & Parking	Fall and Spring Semesters (minimum)	Colleges and Departments in Collaboration with EH&S	Santa Clara County Hazardous Materials Ordinance OSHA
3	<b>Hazardous Materials Storage, Use and Disposal Inspections</b>  Laboratories, Art Studios	College of Science Duncan Hall & Science Building  College of Engineering  College of Humanities & the Arts  Central Plant, Corporation Yard	Weekly	Each Campus Department	Santa Clara County Hazardous Materials Ordinance OSHA

Periodic inspections shall be performed according to the following schedule:

- When new substances, processes, procedures or equipment which present potential new hazards are introduced into our workplace;
- When new, previously unidentified hazards are recognized;
- When occupational injuries and illnesses occur; and
- Whenever workplace conditions warrant an inspection.

At the completion of an IIPP audit or inspection, the affected department or site may be issued a Notice of Safety Violation.

Receipt of a Notice will require the responsible area or functional manager or Director to take necessary corrective action(s). If the unsafe condition cannot be immediately abated, the manager, Director, and and office of Environmental Health and Safety designated individual will develop a timetable for correcting the unsafe condition based on the severity of the hazard and based on the difficulty of correction in coordination of SJSURF Human Resources. A Report of Corrected Safety Violations shall be completed by the appropriate manager and/or Director and returned to Environmental Health and Safety or SJSURF Human Resources as appropriate dependent on location, upon completion of the abatement action. SJSU Environmental Health and Safety shall assist in hazard assessment by indicating the hazard classification for each unsafe condition noted on the Notice of Safety Violation.

## 2. Hazard Correction and Control

Unsafe or unhealthy work conditions, practices or procedures shall be corrected in a timely manner based on the Hazard Classification Hierarchy (**below**). Prioritization of remediation actions will be based on the ranking scheme. High priority hazards must always be corrected immediately or consideration should be given to stopping operations affected by the hazards.

Workers who are required to correct the hazardous condition shall be provided with the necessary protection. Imminent hazards must be immediately reported to the IIPP Administrator, Executive Director, and department manager.

Effective hazard control follows the “hierarchy of controls” methodology (below). The most effective means of control is, whenever possible, to eliminate the hazard. If this cannot be accomplished, the next most effective means of control is to substitute for a lesser hazard. If this is not feasible, the next most effective means of control is to engineer out the hazard. An example is, by exhaust ventilation. Last, if this is not feasible, administrative controls such as warning signs, labels, and alarms must be implemented for employees’ protection. Administrative controls, which include training, work procedures, and personal protective equipment (PPE’s) should always be considered as a means of prevention.

## Hierarchy of Controls



## IX. INJURY & ILLNESS RESPONSE PROCEDURES

### WORKERS' COMPENSATION INFORMATION

See also: <https://www.sjsu.edu/researchfoundation/employees/workers-comp.php>

The Research Foundation considers that safety is the responsibility of each employee and that it is a key priority at the Research Foundation. Each employee must contribute to the safe work practices of the Research Foundation.

The Workers' Compensation program is a NO FAULT program. Irrespective of whether or not the employee's own conduct or negligence caused the injury or illness **will not affect** their eligibility to receive appropriate medical attention and treatment from the Research Foundation workers' compensation program.

Please also note that the Research Foundation's Workers' Compensation program does not cover Independent Contractors or Volunteers. While both types of individuals should be medically referred, the proper referral, depending upon severity, is to call 911, to their personal physician, or to their clinic.

### What to do when an injury or illness happens at work

**In an emergency, please call or dial 9-1-1.**

When an employee is injured or becomes ill on the job, and the injury or illness is work-related, the employee MUST IMMEDIATELY notify their assigned manager or supervisor, or call Human Resources directly, unless doing so would take so much time that it would hurt the employee to delay seeking medical assistance.

**The first order of business is to get medical assistance for the injured or ill employee.**

The Manager must:

- 1) Provide first aid, if he or she is medically trained, or if first aid trained staff is readily available.
- 2) As soon as possible, arrange transportation for the employee to the appropriate medical facility. Please refer to the “Preferred Providers Clinics” list found at this [link](#).  
**NOTE:** If the injured or ill employee is a student of SJSU on campus, then please refer the student to the SJSU Student Health Center located on the campus of SJSU.
- 3) Notify Research Foundation HR about the injury/illness as soon as possible. Be prepared to give a short account of what happened, along with a short status report. **Please call one of the following: HR Generalist (408) 924-1308, HR Director at (408) 924-1409;**

As soon as practicable, the following forms will be filled out regarding the injured or ill employee:

- a) **SJSU Research Foundation Injury / Illness Investigation Report - (Filled out by the Employee)**

In this form, the employee explains in detail when, where, and how the injury or illness occurred, and what body part was affected. The employee then signs this form, attesting to his or her account of the events, and mails the form to Research Foundation HR. Research Foundation HR will forward this form to the Research Foundation's to the Workers' Compensation administrator, Sedgwick CMS. In the event that an employee is unable to complete the form, their supervisor will provide the necessary details to Research Foundation HR in writing.

- b) **DWC 1 form: Workers' Compensation Claim Form - (Filled out by Employee and Signed by the Employer)**

In this form, the employee summarizes the injury or illness, and signs a form that is submitted to the State of CA. The employee fills out the top portion, and then returns the form to HR. HR will fill out the bottom of the form with organization and employee information, and forward this form to the Research Foundation's to the Workers' Compensation administrator, Sedgwick CMS.

- c) **Form 5020: Employer's Report of Occupational Injury or Illness (Filled out by the Employer based on Employee's account of incident)**

Based on the employee's account of the events, the Employer (HR) fills out and submits Form 5020 to the Workers' Compensation administrator, Sedgwick CMS. The manager or HR will ask about the circumstances involved in the injury or illness.

This form **must be** filed within FIVE (5) days of the Employer's knowledge of the incident. The Research Foundation **strongly urges** that an employee report their work related injury

or illness **no later than 24 hours** following the incident that caused the injury or illness, to ensure that the employee is appropriately directed to proper medical care and treatment.

### **Pre-Designated Health Provider**

If an employee wants to name a specific doctor or clinic to be referred to in case of their workers' compensation illness or injury, the employee can do that at the outset of his or her employment by requesting and filling in and signing a "Pre-Designation Form" that will be kept on file at the Research Foundation. This form also must be signed by the designated doctor. In the absence of a specific Pre-Designation form already on file with the Research Foundation, the employee will be referred to a preferred provider clinic or the SJSU Health Center, as appropriate.

The attending physician at the urgent care center (offsite clinic or SJSU Health Center) determines the level of severity of the injury or illness, whether it is a one-time "First Aid" visit or if it requires more attention than that.

The Research Foundation's Workers' Compensation administrator is  
SEDGWICK CMS  
PO BOX 14629  
LEXINGTON, KY 40512 – 4479

For questions regarding this important matter, please call the HR Generalist at (408) 924-1308. HR Director at (408) 924-1409 or send an email to [fdn-hr-group@sjsu.edu](mailto:fdn-hr-group@sjsu.edu).

## **X. ACCIDENT REPORTING AND INVESTIGATION**

### **Administration Reporting Responsibilities**

Minor injuries incurred on the job will be reported to the immediate manager by the injured employee for arrangement of medical care and to perform an incident investigation. Minor injuries and illnesses means first aid, not requiring medical treatment, work limitations or time away from work.

An employee who is involved in an illness or injury is requested to fill out and sign an **SJSU Research Foundation Injury / Illness Investigation and submit it to HR**.

The IIPP Administrator, in conjunction with the department manager, will determine whether the cause of the incident can be quickly identified and mitigated, or whether a more detailed corrective action plan is needed. If the problem requires more extensive review, the IIPP Administrator will investigate the incident, determine what corrective action is necessary, and present those findings to the supervisor.

California law requires the Research Foundation to complete Form 5020, the [Employer's Report of Occupational Injury or Illness \(DLSR 5020\)](#) within **five days** of their knowledge of every occupational injury or illness which results in lost time beyond the date of the incident OR which requires medical treatment beyond first aid. Per Labor Code Sec. 5402, an employer's knowledge of an injury, obtained from ANY source, including a managing agent, superintendent, foreman, or other person in authority, or an employer's knowledge of an assertion of a claim of injury, is an equivalent notice of injury. This time frame is a legal obligation which must be adhered to.

Cal-OSHA **must** be notified by the IIPP Administrator as soon as reasonably feasible, and no later than eight (8) hours following a Serious Injury or Illness. Serious injury or illness includes:

- Bodily dismemberment.
- Permanent disfigurement.
- Death.
- Inpatient hospitalization, regardless of length of time, for other than medical observation or diagnostic testing;

## **Manager Reporting Procedures**

Managers who have an employee who was injured on the job shall:

- Call 911 if the employee is in immediate need of medical attention. Ensure that the employee is referred to appropriate medical care. A Preferred Provider List is available online at <https://sjsu.edu/researchfoundation/docs/2023-05-22-Clinics-for-WC-List.pdf>.
- If the ill or injured employee is a Student at SJSU, that Student must be referred to the SJSU Student Health Center, located on campus.
- Immediately contact the Human Resources department at the Research Foundation to report the illness or injury.
  - Follow reporting protocols and requirements set forth by Human Resources. Human Resources is responsible to contact and follow up with the employee, and provide the forms that must be completed.
  - Human Resources will also contact the Workers' Compensation administrator, Sedgwick CMS, to apprise of the illness or injury. Human Resources will provide completed forms to Sedgwick.

For facility-specific information such as nearest medical provider facilities and other response or evacuation instructions, please call the Research foundation's Human Resources department.

## **Investigation Procedures: Root Cause Analysis**

Department managers must investigate after any workplace incident (injury, exposure, or illness) involving their employees within 24 hours of occurrence. An incident is defined as an unexpected and undesirable event that can result in injury or property damage.

Each incident investigation must be documented using the Injury/Illness Investigation Report form. To properly conduct an investigation, consider the following:

- Safety – Determine if there is any remaining danger to you or others.
- Documentation – Conduct necessary interviews; make notes about your observations and possible factors that contributed to the incident/injury and take photographs.
- The IIPP administrator and department manager will review the findings to determine the root cause and/or contributing factors.
- Establish a sequence of events that led up to the incident/injury by considering all factors involved and develop a plan to correct the root cause and contributing factors to prevent reoccurrence.
- Each serious incident should be discussed and reviewed with the Safety Committee to ensure proper communication between departments and facilities so that similar circumstances, conditions, hazards, and/or work practices can be corrected organization-wide.

Incident investigations identify causative or contributing factors of occupational injuries and illnesses, and help determine if any action is necessary in preventing recurrence. They are not intended to fix blame upon an individual or group of individuals. Incidents that do not result in injury or property

damage are often referred to as “incidents” or “near misses.” All incidents involving injury or property damage are to be investigated. All “near misses” that could have produced significant injury or damage should also be investigated. Report near misses to the IIPP Administrator via e-mail to: [research-foundation-compliance@sjtu.edu](mailto:research-foundation-compliance@sjtu.edu).

## **XI. TRAINING & INSTRUCTION**

Our safety training program aims to develop safe work habits and attitudes. It is critical that new employees understand work rules and procedures prior to being assigned a job.

### **New Employee Training**

Employees shall receive safety training at the start of employment. The new employee training will include:

- Notification of SJSU Research Foundation New Hire Onboarding resources website.
- Benefited employee orientation that includes Safety and workers’ compensation information
- Notification of the location of SJSU Research Foundation IIPP and attachments
- Emergency Building Evacuation Plan (Site manager will provide on first day of work)
- Community Safety Advisories sent via SJSU email.
- Access to CSULearn training platform and courses.

### **Additional Training Requirements**

Additional training will be in accordance with the following:

- Whenever new processes, procedures, or equipment are introduced into the workplace and represent a new hazard
- Whenever the Research Foundation is made aware of a previously unrecognized hazard

## Department Specific Training

Department managers are responsible for completing a hazard assessments and creating a department safety training matrix of required training, based upon identified hazards present. Employees are to complete required training prior to working in hazardous work areas, with hazardous equipment or other activities which exposes them to hazards.

Department specific training should include at a minimum:

- A review of potential safety and health hazards identified in employee work areas
- Necessary means of minimizing potential hazards e.g. Job Hazard Assessments, SOP's
- Instruction on which safety equipment or personal protective equipment (PPE) must be used

## Departmental Training Matrix

Training Topic	Job Title	Training Duration	Applicable Department	Training Provider
Computer Workstation Ergonomics	All staff	30 minutes	Central Office, NASA, MLML, Campus	CSULearn
Incident Preparedness: Active Shooter Training	All staff	14 minutes	All in person staff	CSULearn
Workplace Violence Prevention Training	All staff	40 minutes	All in person staff	CSULearn
SJSU Hazardous Materials and Lab Safety course	Applicable Lab staff	1 hour	Campus, MLML and NASA Employees upon Manager Request	CSULearn
Central Office Evacuation Plan	All Central Office Staff	30 minutes	Central Office	Myles Reed
Timpany Center Evacuation Plan	All Timpany Center Staff	30 minutes	Timpany Center	Project Director
NASA N-262 BEAP Document Training	All NASA in-person staff	30 minutes	NASA	Project Director
MLML Building Evacuation and Emergency Plan	All MLML Office Staff	30 minutes	MLML	Project Director/Safety Coordinator
SJSU IIPP Training	All Campus Office Staff	30 minutes	All Campus and MLML Staff	CSU Learn
SJSURF HIPAA Training	Applicable Campus Staff	30 minutes	Campus Employees upon Manager Request	CSU Learn
CPR Training	Applicable CO Staff	2 hours	Central Office & Timpany Center	Timpany Center

## **On-the-Job training**

On-The-Job training is the responsibility of the employee's Manager. Training may be provided online, through group presentations and/or via one-on-one coaching.

## **Training Records**

Training for each employee must be documented. Managers must document individual department specific safety training and safety meetings and maintain compliance with recordkeeping requirements as requested. Training records must include the following information:

- Employee name
- Training dates
- Types of training (topic and format)
- Training provider

### **The Safety Committee is responsible for the following related to safety training:**

- Develop procedures to identify employees who work in positions that require training.
- Assist managers in their development of safety training programs by providing advice, guidance and information concerning regulatory requirements relative to training content.
- Assist department managers with the establishing and regular updating of the department specific safety training matrix
- Provide other training resources as needed based on the job duties and location.
- Coordinate safety training for the department(s) they represent.

## **XII. RECORDKEEPING**

Cal-OSHA regulations have requirements for maintenance and retention of records for occupational injuries and illnesses, medical surveillance, exposure monitoring, inspections and other activities and incidents relevant to occupational health and safety.

### ***Injury & Illness recording:***

The Research Foundation will record and report within five (5) days every employee injury or illness unless disability resulting from such injury or illness does not last through the day or does not require medical service other than minor first-aid treatment.

Records of occupational injuries and illnesses will be kept on file in Human Resources and will be made available for review by Cal/OSHA at any time, for a period of five (5) years. The Cal/OSHA summary for the previous year will be posted by Human Resources in conspicuous places at the Central Office location.

### ***Employee Exposure Records:***

Each employee exposure record will be preserved and maintained for at least thirty (30) years, with the exception of certain background data to workplace monitoring and certain biological monitoring results in accordance with federal and local regulations. Such records include workplace monitoring or measuring

of a toxic substance or harmful physical agent; biological monitoring results which directly assess the absorption of a toxic substance or harmful physical agent by body systems; material safety data sheets; and in the absence of the above, a chemical inventory or any other record which reveals where and when used and the identity of a toxic substance or harmful physical agent.

***Medical Records:***

The relevant medical records for each employee relevant to workplace activity will be preserved and maintained for at least the duration of employment plus thirty (30) years except for certain health insurance claims records, first aid records, or the medical records of employees who have worked for less than one (1) year if they are provided to the employee upon termination of employment. Such records include medical and employment questionnaires or histories; the results of medical exams and lab tests; medical opinions, diagnoses, progress notes, and recommendations; first aid records; descriptions of treatments and prescriptions; and employee medical complaints.

***Documentation of Program Efforts:***

Essential records, including those legally required for workers' compensation, insurance audits and government inspections will be maintained for as long as required. The Research Foundation will also keep records of steps taken to establish and maintain the Injury & Illness Prevention Program.

They must include:

1. Records of scheduled and periodic inspections to identify unsafe conditions and work practices. The documentation includes the name of the person(s) conducting the inspection, the unsafe conditions and work practices identified, and the corrective action(s) taken. These records will be maintained for at least three years.
2. Documentation of health and safety training for each employee. Specifically, employee name or other identifier, training dates, type(s) of training and the name of the training provider will be included. Records will be retained for at least three years.
3. Training records will be kept in each department and in the Research Foundation Administrative Office as appropriate.

The Research Foundation Human Resources Director or assignee is responsible for maintaining these records and must be able to present them to Cal-OSHA and other regulatory agency if requested and shall ensure maintenance of the following records as indicated below:

RECORD	DURATION
The Written IIPP	Indefinitely
Cal-OSHA Log 300 Forms and Summary of Occupational Injury and Illness	5 years
Injury and Illness Investigation Reports	5 years
Employee Training Records	Duration of Employment (DOE) within CSU Learn

Records Relating to Employee Communication and Enforcement	3 years
IIPP Audit and Inspection Records	3 years
Safety Meeting Agendas	3 years
Safety Meeting Sign in Sheets	3 years
Employee Suggestions, Questions and Responses	3 years
Industrial Hygiene and Exposure Sampling Records	DOE + 30 years
Employee Medical Records	DOE + 30 years
Notices of Safety Violations or Citations	5 years
Reports of Corrected Safety Violations or Citations	5 years
Safety Data Sheets (SDS)	Duration of Use (DOU) + 30 years

### **XIII. MAINTAINING THE IIPP**

The IIPP Program Administrator or designee will periodically review and revise this IIPP when significant changes to the elements or applicability of the program occur or at least annually. This person shall also verify effective implementation of each element of the program, make any necessary changes, and communicate these changes to the management and effected personnel.

### **XIV. EMPLOYEES WORKING UNDER NON-SJSU RF SUPERVISION**

In the event that SJSU Research Foundation employees may work under the supervision of a non-SJSU Research Foundation organization as part of the SJSU Research Foundation operations. To ensure employee safety during work that is supervised by another organization, the IIPP Administrator be responsible for the following:

- Ensure contracts are in place for all work where SJSU Research Foundation employees are working at or under the supervision of a non-SJSU Research Foundation organization.
- Review all contracts that involve SJSU RF employees working under supervision of non-SJSU RF organizations. Ensure that language in contract:
  1. Confirms the non-SJSU Research Foundation organization has a compliant, documented Injury & Illness Prevention Plan (IIPP). If outside of California, the organization must comply with Federal or State safety program requirements.

2. Identifies the roles and responsibilities of each party of contract and how each party will comply with the Cal-OSHA IIPP.
3. Confirms the level of safety training provided to SJSU RF employees prior to assignment, and safety training provided by non-SJSU Research Foundation supervisor for SJSU Research Foundation employees.
4. Confirms all anticipated hazards will be identified and controls are in place prior to employee work activities.
5. Confirms agreement terms for recordkeeping and reporting.
6. Identifies agreement for joint safety inspections and accident investigations.

## **XV. ACCESS TO IIPP**

This IIPP is available to all SJSU Research Foundation employees and their representatives with the objective of providing access to this IIPP through the following processes:

1. Provide unobstructed access to IIPP through the SJSU Research Foundation website (<https://www.sjsu.edu/researchfoundation/resources/policies-and-guidance/index.php>).
2. Within 2 business days of requesting copy from IIPP Administrator (will be a hard copy unless requestor indicates electronic copy is adequate). The copy will be provided free of charge (up to 1 copy per year).

Questions or concerns about access should be directed to the SJSU Research Foundation HR at [research-foundation-compliance@sjsu.edu](mailto:research-foundation-compliance@sjsu.edu).

## **Attachment A: General Safety Guidelines**

1. All persons shall follow these safe practices rules, render every possible aid to safe operations, and report all unsafe conditions or practices to the supervisor.
2. Supervisors shall insist on employees observing and obeying every rule, regulation, and order as is necessary to the safe conduct of the work, and shall take such action as is necessary to obtain observance.
3. All employees shall be given frequent accident prevention instructions. When applicable, the accident prevention instructions shall also include specific instruction on the safe use, care of protection equipment.
4. Anyone known to be under the influence of drugs or intoxicating substances which impair the employee's ability to safely perform the assigned duties shall not be allowed on the job while in that condition.
5. Horseplay, scuffling, and other acts which tend to have an adverse influence on the safety or well-being of the employees shall be prohibited.
6. Work shall be well planned and supervised to prevent injuries in the handling of materials and in working together with equipment.
7. No one shall knowingly be permitted or required to work while the employee's ability or alertness is so impaired by fatigue, illness, or other causes that it might unnecessarily expose the employee or others to injury.
8. Employees shall be instructed to ensure that all guards and other protective devices are in proper places and adjusted, and shall report deficiencies promptly to their supervisor.
9. Crowding or pushing when boarding or leaving any vehicle or other conveyance shall be prohibited.
10. Workers shall not handle or tamper with any electrical equipment, machinery, or air or water lines in a manner not within the scope of their duties, unless they have received instructions from their supervisor.
11. All injuries shall be reported promptly to SJSURF HR at [research-foundation-compliance@sjtu.edu](mailto:research-foundation-compliance@sjtu.edu) so that arrangements can be made for medical or first aid treatment.
12. When lifting heavy objects, the large muscles of the leg instead of the smaller muscles of the back shall be used.
13. Inappropriate footwear or shoes with thin or badly worn soles shall not be worn.
14. Materials, tools, or other objects shall not be thrown from buildings or structures until proper precautions are taken to protect others from the falling objects.
15. Employees shall cleanse thoroughly after handling hazardous substances, and follow special instructions from authorized sources.
16. No burning, welding, or other source of ignition shall be applied to any enclosed, vehicle vessel, even if there are some openings, until it has first been determined that no possibility of explosion exists, and authority for the work is obtained from the Supervisor.

### **Use of Tools and Equipment**

17. All tools and equipment shall be maintained in good condition.
18. Damaged tools or equipment shall be removed from service and tagged "DEFECTIVE."
19. Only appropriate tools shall be used for the job.
20. Electric cords shall not be exposed to damage from vehicles.

## **Machinery and Vehicles**

21. Only authorized persons shall operate machinery or equipment.
22. Loose or frayed clothing, or long hair, dangling ties, finger rings, etc., shall not be worn around moving machinery or other sources of entanglement.
23. Machinery shall not be serviced, repaired or adjusted while in operation, nor shall oiling of moving parts be attempted, except on equipment that is designed or fitted with safeguards to protect the person performing the work.
24. Where appropriate, lock-out procedures shall be used.
25. Employees shall not work under vehicles supported by jacks or chain hoists, without protective blocking that will prevent injury if jacks or hoists should fail.
26. When loading where there is a probability of dangerous slides or movement of material, the wheels or treads of loading equipment, other than that riding on rails, should be turned in the direction which will facilitate escape in case of danger, except in a situation where this position of the wheels or treads would cause a greater operational hazard.

## **Attachment B: Accident Investigation Procedure**

### **Step 1. Preserve/Document the Scene**

- Preserve the Scene: Preserve the scene to prevent material evidence from being removed or altered;
  - Document the Scene: Document the incident facts such as the date of the investigation and who is investigating. Essential to documenting the scene is capturing the injured employee's name, injury description, whether they are temporary or permanent, and the date and location of the incident. Investigators can also document the scene by video recording, photographing and sketching.
  - Tools provided to help with Step 1 are Attachment F: SJSU Research foundation Injury/Illness Investigation Report.

### **Step 2. COLLECT INFORMATION**

1. Incident information is collected through interviews, document reviews and other means. Appendix E provides a checklist to use to help ensure all information pertinent to the incident is collected.
2. In addition to interviews, investigators may find other sources of useful information. These include:
  - Equipment manuals
  - Industry guidance documents
  - Company policies and records
  - Maintenance schedules, records and logs
  - Training records (including communication to employees)
  - Audit and follow-up reports
  - Enforcement policies and records
  - Previous corrective action recommendations
3. Interviews can often yield detailed, useful information about an incident. Since memories fade, interviews must be conducted as promptly as possible: preferably as soon as things have settled down a bit and the site is both secure and safe. The sooner a witness is interviewed, the more accurate and candid his/her statement will be.  
An incident investigation always involves interviewing and possibly re-interviewing some of the same or new witnesses as more information becomes available, up to and including the highest levels of management. Carefully question witnesses to solicit as much information as possible related to the incident
4. Incident information is collected through interviews, document reviews and other means. Appendix E provides a checklist to use to help ensure all information pertinent to the incident is collected.
5. In addition to interviews, investigators may find other sources of useful information. These include:
  - Equipment manuals
  - Industry guidance documents
  - Company policies and records
  - Maintenance schedules, records and logs
  - Training records (including communication to employees)
  - Audit and follow-up reports
  - Enforcement policies and records
  - Previous corrective action recommendations
6. Incident information is collected through interviews, document reviews and other means. Appendix E provides a checklist to use to help ensure all information pertinent to the incident is collected.

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  - Equipment manuals
  - Industry guidance documents
  - Company policies and records
  - Maintenance schedules, records and logs
  - Training records (including communication to employees)
  - Audit and follow-up reports
  - Enforcement policies and records
  - Previous corrective action recommendations
9. Interviews can often yield detailed, useful information about an incident. Since memories fade, interviews must be conducted as promptly as possible: preferably as soon as things have settled down a bit and the site is both secure and safe. The sooner a witness is interviewed, the more accurate and candid his/her statement will be.
10. An incident investigation always involves interviewing and possibly re-interviewing some of the same or new witnesses as more information becomes available, up to and including the highest levels of management. Carefully question witnesses to solicit as much information as possible related to the incident.
11. Since some questions will need to be designed around the interviewee, each interview will be a unique experience. When interviewing injured workers and witnesses it is crucial to reduce their possible fear and anxiety, and to develop a good rapport. When conducting interviews, investigators should:
  - Conduct the interview in the language of the employee/interviewee; use a translator if needed
  - Clearly state that the purpose of the investigation and interview is fact-finding, not fault-finding
  - Emphasize that the goal is to learn how to prevent future incidents by discovering the root causes of what occurred
  - Establish a climate of cooperation, and avoid anything that may be perceived as intimidating or in search of someone to blame for the incident
  - Ask the individuals to recount their version of what happened
  - Not interrupt the interviewee
  - Take notes and/or record the responses; interviewee must give permission prior to being recorded
  - Have blank paper and or sketch available for interviewee to use for reference
  - Ask clarifying questions to fill in missing information
  - Reflect back to the interviewees the factual information obtained; correct any inconsistencies
  - Ask the individuals what they think could have prevented the incident, focusing on the conditions and events preceding the injury

### **Step 3. DETERMINE ROOT CAUSES**

1. The root causes of an incident are exactly what the term implies: The underlying reasons why the incident occurred in a workplace. Root causes generally reflect management, design, planning, organizational and/or operational failings (e.g., employees were not trained adequately; a damaged guard had not been repaired).
  - ✓ Determining the root cause is the result of persistently asking “why”
  - ✓ Determining the root cause is the most effective way to ensure the incident does not happen again

2. Finding the root causes goes beyond the obvious proximate or immediate factors; it is a deeper evaluation of the incident. This requires persistent “digging”, typically by asking “Why” repeatedly. Conclusions such as “worker was careless” or “employee did not follow safety procedures” don’t get at the root causes of the incident. To avoid these incomplete and misleading conclusions in the investigative process, investigators need to continue to ask “why?” as in, “Why did the employee not follow safety procedures?” If the answer is “the employee was in a hurry to complete the task and the safety procedures slowed down the work”, than ask “Why was the employee in a hurry?” The more and deeper “why?” questions asked, the more contributing factors are discovered and the closer the investigator gets to the root causes. If a procedure or safety rule was not followed, *why* was the procedure or rule not followed? Did production pressures play a role, and, if so, *why* were production pressures permitted to jeopardize safety? Was the procedure out-of-date or safety training inadequate? If so, *why* had the problem not been previously identified, or, if it had been identified, *why* had it not been addressed?
3. It cannot be stressed enough that a successful incident investigation must always focus on discovering the root causes. Investigations are not effective if they are focused on finding fault or blame. If an investigation is focused on finding fault, it will always stop short of discovering the root causes, because it will stop at the initial incident without discovering their underlying causes. The main goal must always be to understand how and why the existing barriers against the hazards failed or proved insufficient, not to find someone to blame.
4. The questions listed below are examples of inquiries that an investigator may pursue to identify contributing factors that, in turn, can lead to root causes:
  - If a procedure or safety rule was not followed, why was the procedure or rule not followed? Was the procedure out of date or safety training inadequate? Was there anything encouraging deviation from job procedures such as incentives or speed of completion? If so, why had the problem not been identified or addressed before?
  - Was the machinery or equipment damaged or fail to operate properly? If so, why?
  - Was a hazardous condition a contributing factor? If so, why was it present? (e.g., defects in equipment/tools/materials, unsafe condition previously identified but not corrected, inadequate equipment inspections, incorrect equipment used or provided, improper substitute equipment used, poor design or quality of work environment or equipment)
  - Was the location of equipment/materials/worker(s) a contributing factor? If so, why? (e.g., employee not supposed to be there, insufficient workspace, “error-prone” procedures or workspace design)
  - Was lack of personal protective equipment (PPE) or emergency equipment a contributing factor? If so why? (e.g., PPE incorrectly specified for job/task, inadequate PPE, PPE not used at all or used incorrectly, emergency equipment not specified, available, properly used, or did not function as intended)
  - Was a management program defect a contributing factor? If so, why? (e.g., a culture of improvisation to sustain production goals, failure of supervisor to detect or report hazardous condition or deviation from job procedure, supervisor accountability not understood, supervisor or worker inadequately trained, failures to initiate corrective actions recommended earlier)

#### ***Step 4. IMPLEMENT CORRECTIVE ACTIONS***

The investigation is not complete until corrective actions are implemented that address the root causes of the incident. Implementation should entail program level improvements and should be supported by senior management.

Note that corrective actions may be of limited preventive value if they do not address the root causes of the incident. Throughout the workplace, the findings and how they are presented will shape perceptions and subsequent corrective actions. Superficial conclusions such as "Bob should have used common sense," and weak corrective actions such as "Employees must remember to wear PPE", are unlikely to improve the safety culture or to prevent future incidents.

In planning corrective actions and how best to implement them, employers may find that some root causes will take time and perseverance to fix. Persisting in implementing substantive corrective actions, however, will not only reduce the risk of future incidents but also improve the company's safety, morale and its bottom line.

Specific corrective actions address root causes directly; however, some corrective actions can be general, across-the-board improvements to the workplace safety environment. Sample global corrective actions to consider are:

- Strengthening/developing a written comprehensive safety and health management program
- Revising safety policies to clearly establish responsibility and accountability
- Revising purchasing and/or contracting policies to include safety considerations
- Changing safety inspection process to include line employees along with management representatives

## Attachment C Self Inspection Checklist

This checklist is meant to be a guide to help you identify a potential hazard in your work area and to have the hazard corrected. Contact the SJSURF Human Resources at [fdn-hr-group@sjtu.edu](mailto:fdn-hr-group@sjtu.edu) should you have questions in applying these standards to your work area. Please contact your [fdn-hr-group@sjtu.edu](mailto:fdn-hr-group@sjtu.edu) if your work location has a separate checklist.

Inspector Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Date: \_\_\_\_\_

OK	Action needed	#	Item Description	Applicable?
		1	Are exits routes clear and accessible?	
		2	Are cabinets taller than 4 feet secured to prevent tipping, falling, or collapsing?	
		3	Are aisles, passageways, and corridors kept clear of cabinets and furniture?	
		4	Are extension cords in good repair and not worn, frayed, abraded, or wires exposed?	
		5	Cords, cables, and wires kept clear and do not create a tripping hazard?	
		6	Is there a portable fire extinguisher within at least 75' feet of travel and easily accessible?	
		7	The fire extinguisher is in working order and not expired?	
		8	Are fire rated doors kept closed and are not blocked open by wedges or other material?	
		9	Is your work area free of excessive debris and obstructions?	
		10	Is lighting adequate to perform regular job tasks and egress safely?	
		11	Have you received health and safety training at time of hire, when transferred to a new assignment having a new hazard or exposure, or whenever a new hazard or exposure is introduced into the workplace?	
		12	Are labels on hazardous substance containers legible, dated, and identified as to its hazards and content?	
		13	Is there a Material Safety Data Sheet (MSDS) readily available for each hazardous substance used? For MSDS access go to: <a href="http://hq.msdsonline.com/csuedusl/Search/Default.aspx">http://hq.msdsonline.com/csuedusl/Search/Default.aspx</a>	
		14	Are flammable, combustible or toxic chemicals kept in closed containers when not in use?	
		15	Are you aware to report any obvious hazard to life and property to your supervisor, Department Chair, or EHS as soon as reasonable or correct the problem yourself?	
		16	Are emergency telephone numbers posted where they can be readily found in case of an emergency?	

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Attachment D: Employer Incident Report Form Form 5020

<b>State of California</b> <b>EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS</b>		Please complete in triplicate (type, if possible). Mail two copies to: <b>Sedgwick CMS</b> <b>AO-CSURMA</b> <b>PO Box 14629,</b> <b>Lexington KY 40512-4479</b>		<b>OSHA Case No.</b>  <b>Fatality</b> <input type="checkbox"/>
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.		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 by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.		
<b>E</b> <b>M</b> <b>P</b> <b>L</b> <b>O</b> <b>Y</b> <b>E</b> <b>R</b>		<b>1. FIRM NAME</b> <b>SAN JOSE STATE UNIVERSITY RESEARCH FOUNDATION</b>		<b>1A. POLICY NUMBER</b> <b>AO-CSURMA - 35</b>
<b>2. MAILING ADDRESS</b> (Number, Street, City, Zip) <b>210 N. 4th Street, San Jose, CA 95112</b>		<b>2A. PHONE NUMBER</b> <b>(408) 924 - 5582</b>		<b>CASE NUMBER</b>
<b>3. LOCATION</b> If different from Mailing Address (Number, Street, City and Zip)		<b>3A. LOCATION CODE</b>		<b>OWNERSHIP</b>
<b>4. NATURE OF BUSINESS:</b> e.g. Painting contractor, wholesale grocer, sawmill, hotel, etc. <b>501(c)(3) Not for Profit organization</b>		<b>5. STATE UNEMPLOYMENT INSURANCE ACCT. NO.</b> <b>9101119 - 7</b>		<b>INDUSTRY</b>
<b>6. TYPE OF EMPLOYER</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> School District <input type="checkbox"/> OTHER GOVERNMENT - SPECIFY				<b>OCCUPATION</b>
<b>7. DATE OF INJURY / ONSET OF ILLNESS</b> (mm/dd/yy)		<b>8. TIME INJURY/ILLNESS OCCURRED</b> AM      PM	<b>9. TIME EMPLOYEE BEGAN WORK</b> AM      PM	<b>10. IF EMPLOYEE DIED, DATE OF DEATH</b> (mm/dd/yy)
<b>11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>12. DATE LAST WORKED</b> (MM/DD/YY)	<b>13. DATE RETURNED TO WORK</b> (MM/DD/YY)	<b>14. IF STILL OFF WORK, CHECK THIS BOX</b> <input type="checkbox"/>
<b>15. PAID FULL DAYS WAGES FOR DATE OF INJURY OR LAST DAY WORKED</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>16. SALARY BEING CONTINUED?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>17. DATE OF EMPLOYER'S KNOWLEDGE NOTICE OF INJURY/ILLNESS</b> (mm/dd/yy)	<b>18. DATE EMPLOYEE WAS PROVIDED CLAIM FORM</b> (mm/dd/yy)
<b>19. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS</b> if available, e.g., Second degree burns on right arm, tendonitis on left elbow, lead poisoning				
<b>20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED</b> (Number, Street city, Zip)		<b>20a. COUNTY</b>	<b>21. ON EMPLOYER'S PREMISES?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED</b> , e.g., Shipping department, machine shop.		<b>23. Other Workers Injured/Ill in this event?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED</b> , e.g., Acetylene, welding torch, farm tractor, scaffold.				
<b>25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED</b> , e.g., Welding seams of metal forms, loading boxes onto truck				
<b>26.. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS</b> , e.g., Worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY.				
<b>27. NAME AND ADDRESS OF PHYSICIAN</b> (Number, Street, City, Zip)		<b>27a. Phone Number</b>		
<b>28. HOSPITALIZED AS AN INPATIENT OVERNIGHT?</b> <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES If yes then, NAME AND ADDRESS OF HOSPITAL (Number, Street, City, Zip)		<b>28a. Phone Number</b>		
		<b>29. Employee treated in Emergency Room?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>ATTENTION:</b> This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29 (b)(6)-(10) & 14300.35(b)(2)(E)2. Note: Shaded boxes indicate confidential employee information as listed in CCR Title 8 14300.35(b)(2)(E)2.				
<b>E</b> <b>M</b> <b>P</b> <b>L</b> <b>O</b> <b>Y</b> <b>E</b> <b>E</b>		<b>30. EMPLOYEE NAME</b>		<b>31. SOCIAL SECURITY NUMBER</b>
				<b>32. DATE OF BIRTH</b> (mm/dd/yy)
<b>33. HOME ADDRESS</b> (Number, Street, City, Zip)		<b>33a. PHONE NUMBER</b>		
<b>34. SEX</b> <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE		<b>35. OCCUPATION</b> (Regular job title, NO initials, abbreviations or numbers)		<b>36. DATE OF HIRE</b> (mm/dd/yy)
<b>37. EMPLOYEE USUALLY WORKS</b> hours per day,      days per week,      total weekly hours		<b>37a. EMPLOYMENT STATUS</b> <input type="checkbox"/> regular, full time <input type="checkbox"/> part-time <input type="checkbox"/> temporary <input type="checkbox"/> seasonal	<b>37b. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED?</b>	
<b>38. GROSS WAGES/SALARY</b> \$      per		<b>39. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (e.g., tips, meals, overtime, bonuses, etc.)		
<b>Completed By (type or print)</b> <b>Wit Dinh</b>		<b>Signature &amp; Title</b> <b>Human Resources Manager</b>		
*Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.35), to others for the purpose of processing a workers' compensation or other insurance claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCT Title 8 14300.30). CCR Title 8 14300.40 requires provision upon request to certain state and federal workplace safety agencies.				

# Attachment E: Employee Incident Report Form DWC 1 Form

## Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

## Formulario de Reclamo de Compensación para 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. Attached is the form for filing 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 required you will be notified by the claims administrator, who is responsible for handling your claim, about your eligibility for benefits.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Your employer will then complete the "Employer" section, give you a dated copy, keep one copy and send one to the claims administrator. Benefits can't start until the claims administrator knows of the injury, so complete the form as soon as possible.

**Medical Care:** Your claims administrator will pay all reasonable and necessary medical care for your work injury or illness. Medical benefits may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, and medicines. Your claims administrator will pay the costs directly so you should never see a bill. For injuries occurring on or after 1/1/04, there is a limit on some medical services.

**The Primary Treating Physician (PTP)** is the doctor with the overall responsibility for treatment of your injury or illness. Generally your employer selects the PTP you will see for the first 30 days, however, in specified conditions, you may be treated by your predesignated doctor. If a doctor says you still need treatment after 30 days, you may be able to switch to the doctor of your choice. Special rules apply if your employer offers a Health Care Organization (HCO) or after 1/1/05, has a medical provider network. Contact your employer for more information. If your employer has not put up a poster describing your rights to workers' compensation, you may choose your own doctor immediately.

Within one working day after an employee files a claim form, the employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to provide treatment until the date that liability for the claim is accepted or rejected. Until the date the claim is accepted or rejected, liability for medical treatment shall be limited to ten thousand dollars (\$10,000).

**Disclosure of Medical Records:** After you make a claim for workers' compensation benefits, your medical records will not have the same 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.

**Payment for Temporary Disability (Lost Wages):** If you can't work while you are recovering from a job injury or illness, you will receive temporary disability payments. 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.

Si Ud. se lesionó o se enfermó, ya sea física 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 para trabajadores. Se adjunta el formulario para presentar un reclamo de compensación para 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 se requiere, el/la administrador(a) de reclamos, quien es responsable del manejo de su reclamo, le notificará a usted, lo referente a su elegibilidad para beneficios.

Para presentar un reclamo, complete la sección del formulario designada para el "Empleado", guarde una copia, y déle el resto a su empleador. Entonces, su empleador completará la sección designada para el "Empleador", le dará a Ud. una copia fechada, guardará una copia, y enviará una al/a la administrador(a) de reclamos. Los beneficios no pueden comenzar hasta que el/la administrador(a) de reclamos se entere de la lesión, así que complete el formulario lo antes posible.

**Atención Médica:** Su administrador(a) de reclamos pagará toda la atención médica razonable y necesaria, para su lesión o enfermedad relacionada con el trabajo. Es posible que los beneficios médicos incluyan el tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio y las medicinas. Su administrador(a) de reclamos pagará directamente los costos, de manera que usted nunca verá un cobro. Para lesiones que ocurren en o después de 1/1/04, hay un límite de visitas para ciertos servicios médicos.

**El Médico Primario que le Atiende-Primary Treating Physician PTP** es el médico con toda la responsabilidad para dar el tratamiento para su lesión o enfermedad. Generalmente, su empleador selecciona al PTP que Ud. verá durante los primeros 30 días. Sin embargo, en condiciones específicas, es posible que usted pueda ser tratado por su médico pre-designado. Si el doctor dice que usted aún necesita tratamiento después de 30 días, es posible que Ud. pueda cambiar al médico de su preferencia. Hay reglas especiales que son aplicables cuando su empleador ofrece una Organización del Cuidado Médico (HCO) o después de 1/1/05 tiene un Sistema de Proveedores de Atención Médica. Hable con su empleador para más información. Si su empleador no ha colocado un poster describiendo sus derechos para la compensación para trabajadores, Ud. puede seleccionar a su propio médico inmediatamente.

El empleador autorizará todo tratamiento médico consistente con las directivas de tratamiento aplicables a la lesión o enfermedad, durante el primer día laboral después que el empleado efectúa un reclamo para beneficios de compensación, y continuará proveyendo este tratamiento hasta la fecha en que el reclamo sea aceptado o rechazado. Hasta la fecha en que el reclamo sea aceptado o rechazado, el tratamiento médico será limitado a diez mil dólares (\$10,000).

**Divulgación de Expedientes Médicos:** Despues de que Ud. presente un reclamo para beneficios de compensación para los trabajadores, sus expedientes médicos no tendrán la misma privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un(a) juez de compensación para trabajadores posiblemente decida qué expedientes se revelarán. Si Ud. solicita privacidad, es posible que el/la juez "selle" (mantenga privados) ciertos expedientes médicos.

**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. recibirá pagos por incapacidad temporal. Es posible que estos pagos cambien o paren, cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de

## Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

## Formulario de Reclamo de Compensación para Trabajadores (DWC 1) y Notificación de Posible Elegibilidad



**Return to Work:** To help you to return to work as soon as possible, you should actively communicate with your treating doctor, claims administrator, and employer about the kinds of work you can do while recovering. They may coordinate efforts to return you to modified duty or other work that is medically appropriate. This modified or other duty may be temporary or may be extended depending on the nature of your injury or illness.

**Payment for Permanent Disability:** If a doctor says your injury or illness results in a permanent disability, you may receive additional payments. The amount will depend on the type of injury, your age, occupation, and date of injury.

**Vocational Rehabilitation (VR):** If a doctor says your injury or illness prevents you from returning to the same type of job and your employer doesn't offer modified or alternative work, you may qualify for VR. If you qualify, your claims administrator will pay the costs, up to a maximum set by state law. VR is a benefit for injuries that occurred prior to 2004.

**Supplemental Job Displacement Benefit (SJDB):** If you do not return to work within 60 days after your temporary disability ends, and your employer does not offer modified or alternative work, you may qualify for a nontransferable voucher payable to a school for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law based on your percentage of permanent disability. SJDB is a benefit for injuries occurring on or after 1/1/04.

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

You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your 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) benefits. Call State Employment Development Department at (800) 480-3287.

You can obtain free information from an information and assistance officer of the State Division of Workers' Compensation, or you can hear recorded information and a list of local offices by calling **(800) 736-7401**. You may also go to the DWC web site at [www.dir.ca.gov](http://www.dir.ca.gov). Link to Workers' Compensation.

**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 web site at [www.californiaspecialist.org](http://www.californiaspecialist.org).

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(a) de noche, o no pueda trabajar durante más de 14 días.

**Regreso al Trabajo:** Para ayudarle a regresar a trabajar lo antes posible, Ud. debe comunicarse de manera activa con el médico que le atiende, el/la administrador(a) de reclamos y el empleador, con respecto a las clases de trabajo que Ud. puede hacer mientras se recupera. Es posible que ellos coordinen esfuerzos para regresarte a un trabajo modificado, o a otro trabajo, que sea apropiado desde el punto de vista médico. Este trabajo modificado, u otro trabajo, podría extenderse o no temporalmente, dependiendo de la índole de su lesión o enfermedad.

**Pago por Incapacidad Permanente:** Si el doctor dice que su lesión o enfermedad resulta en una incapacidad permanente, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, su edad, su ocupación y la fecha de la lesión.

**Rehabilitación Vocacional:** Si el doctor dice que su lesión o enfermedad no le permite regresar a la misma clase de trabajo, y su empleador no le ofrece trabajo modificado o alterno, es posible que usted reúna los requisitos para rehabilitación vocacional. Si Ud. reúne los requisitos, su administrador(a) de reclamos pagará los costos, hasta un máximo establecido por las leyes estatales. Este es un beneficio para lesiones que ocurrieron antes de 2004.

**Beneficio Suplementario por Desplazamiento de Trabajo:** Si Ud. no vuelve al trabajo en un plazo de 60 días después que los pagos por incapacidad temporal terminan, y su empleador no ofrece un trabajo modificado o alterno, es posible que usted reúne los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo entrenamiento y/o mejorar su habilidad. Si Ud. reúne los requisitos, el administrador(a) de reclamos pagará los costos hasta un máximo establecido por las leyes estatales basado en su porcentaje del incapacidad permanente. Este es un beneficio para lesiones que ocurren en o después de 1/1/04.

**Beneficios por Muerte:** Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a los parientes o a las personas que viven en el hogar, que dependían económicamente del/de la trabajador(a) difunto(a).

**Es ilegal que su empleador** le castigue o despida, por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por atestiguar en el caso de compensación para trabajadores de otra persona. (El Código Laboral sección 132a). Si es probado, puede ser que usted reciba pagos por perdida de sueldo, reposición del trabajo, aumento de beneficios, y gastos hasta un límite establecido por el estado.

Ud. tiene derecho a estar en desacuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su administrador(a) de reclamos, para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios de Seguro Estatal de Incapacidad (SDI). Llame al Departamento Estatal del Desarrollo del Empleo (EDD) al (800) 480-3287.

Ud. puede obtener información gratis, de un oficial de información y asistencia, de la División estatal de Compensación al Trabajador (*Division of Workers' Compensation – DWC*), o puede escuchar información grabada, así como una lista de oficinas locales, llamando al **(800) 736-7401**. Ud. también puede ir al sitio electrónico en el Internet de la DWC en [www.dir.ca.gov](http://www.dir.ca.gov). Enlácese a la sección de Compensación para Trabajadores.

**Ud. puede consultar con un(a) abogado(a).** La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un(a) abogado(a), sus honorarios se tomarán de sus beneficios. Para obtener nombres de abogados de compensación para trabajadores, llame a la Asociación Estatal de Abogados de California (*State Bar*) al (415) 538-2120, ó vaya a su sitio electrónico en el Internet en [www.californiaspecialist.org](http://www.californiaspecialist.org).



## WORKERS' COMPENSATION CLAIM FORM (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 as the cover sheet of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

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.

Departamento de Relaciones Industriales  
DIVISION DE COMPENSACIÓN AL TRABAJADOR

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

**Empleado:** Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7401 para oír información gravada. En la hoja cubierta de esta forma está la explicación de los beneficios de compensación al trabajador.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

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. *Describa la lesión y parte del cuerpo afectada.* \_\_\_\_\_
7. Social Security Number. *Número de Seguro Social del Empleado.* \_\_\_\_\_
8. Signature of employee. *Firma del empleado.* \_\_\_\_\_

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

9. Name of employer. *Nombre del empleador.* SJSU Research Foundation
10. Address. *Dirección.* 210 North 4th Street, 3rd Floor, San Jose, CA 95112
11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* \_\_\_\_\_
12. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* \_\_\_\_\_
13. Date employer received claim form. *Fecha en que el empleador devolvió la petición al empleador.* \_\_\_\_\_
14. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* Sedgwick CMS, P. O. Box 14629, Lexington, Kentucky 40512-4479
15. Insurance Policy Number. *El número de la póliza de Seguro.* AO-CSURMA - 35
16. Signature of employer representative. *Firma del representante del empleador.* \_\_\_\_\_
17. Title. *Título.* \_\_\_\_\_
18. Telephone. *Teléfono.* (408) 924-1308

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

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

 Employer copy/Copia del Empleador Employee copy/ Copia del Empleado

**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 empleador.

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

 Claims Administrator/Administrador de Reclamos Temporary Receipt/Recibo del Empleador

## Attachment F: Injury/Illness Investigation Report

SJSU RESEARCH FOUNDATION  
210 North 4<sup>th</sup> Street, San Jose, CA 95112

# INJURY/ILLNESS INVESTIGATION REPORT

Please complete and return form within 24 hours or the next business day of injury/illness. This completed and signed form should be faxed to Research Foundation Human Resources at (408) 924 – 1409; or scanned and e-mailed to [fdn-hr-group@sjsu.edu](mailto:fdn-hr-group@sjsu.edu).

### EMPLOYEE INFORMATION

Print Employee Name (Last, First, MI) \_\_\_\_\_

Department: \_\_\_\_\_

Employment Type: Select

Work Schedule: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

### INJURY/ILLNESS INFORMATION

Date of Incident: \_\_\_\_\_ Time of Day: \_\_\_\_\_ Day of Week: \_\_\_\_\_

Address of incident: \_\_\_\_\_

What was the injury or illness? What specific part of the body was affected? How?

What was the Employee doing just before the incident occurred? What tools, equipment, or material were being used?

How did the injury occur? Please be specific.

What object or substance directly harmed the Employee?

**SJSU RESEARCH FOUNDATION**  
**210 North 4<sup>th</sup> Street, San Jose, CA 95112**

**WITNESSES:** (Attach written statements)

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Did you Leave work for the day?: \_\_\_\_\_ Date of Return to work?: \_\_\_\_\_

Emergency Room Visited?: \_\_\_\_\_ Emergency Room Visit Date: \_\_\_\_\_

\*Please attach any relevant Work Status Reports for this incident.

**CONTRIBUTING FACTORS TO INJURY/ILLNESS** Check all that apply:

<input type="checkbox"/> Weather conditions	<input type="checkbox"/> Poor housekeeping/clutter	<input type="checkbox"/> Unsafe act
<input type="checkbox"/> Lack of skill/training	<input type="checkbox"/> Defective equipment/tools	<input type="checkbox"/> Poor design
<input type="checkbox"/> Inadequate maintenance	<input type="checkbox"/> Inadequate work space	<input type="checkbox"/> Smoke
<input type="checkbox"/> Inadequate planning	<input type="checkbox"/> Uneven/wet walking surface	<input type="checkbox"/> Noise
<input type="checkbox"/> Inadequate lighting	<input type="checkbox"/> Inadequate protective equip.	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Inadequate ventilation	<input type="checkbox"/> lack of enforcement	<input type="checkbox"/> 3 <sup>rd</sup> party
<input type="checkbox"/> Chemicals (Include MSDS)	<input type="checkbox"/> Staffing	<input type="checkbox"/> Dust

**TREATMENT AND FILING CLAIM** (check one):

I choose to accept medical evaluation and/or appropriate treatment, and hereby file a claim for the above noted illness or injury.

I will go to the appropriate medical facility that the Research Foundation has designated. ORI

have a Pre-designated medical provider on file with the Research Foundation.

I decline my right to undergo medical evaluation and/or treatment offered at no cost to me, and I decline to file a Workers' Compensation claim at this time. I understand that if I should change my mind, I have one year from the date of this injury to file a Workers' Compensation Claim. I also understand that, at that future date, I must immediately notify my manager, and I will then be referred to a health facility designated by the company.

---

Employee Signature

Date

\*Please return completed form to [fdn-hr-group@sjsu.edu](mailto:fdn-hr-group@sjsu.edu).

## Notice of Safety Violation

### San José State University Research Foundation

This notice is to be used when Safety Violations occur in accordance with the SJSURF Injury and Illness Prevention Program.

**Employee Name:** \_\_\_\_\_

**Employee Department:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Date of Safety Violation:** \_\_\_\_\_

**Address/Location of Safety Violation:** \_\_\_\_\_

**Type of Safety Violation:** \_\_\_\_\_

**Reasoning behind Safety Violation:** \_\_\_\_\_

**Consequences of the Safety Violation:** \_\_\_\_\_

**Disciplinary Action:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# San José State University Research Foundation COVID-19 Prevention Program (CPP)

This document provide specific guidance during the COVID-19 world pandemic period, and it serves as the COVID-19 Prevention Plan (CPP) in compliance with the REVISED Cal/OSHA Emergency Temporary Standards (ETS) 8 CCR Section 3205(c), effective January 9<sup>th</sup>, 2024.

## Authority and Responsibility

The Human Resources Director has overall authority and responsibility for implementing the provisions of this CPP in our workplace. In addition, all managers and supervisors are responsible for implementing and maintaining the CPP in their assigned work areas and for ensuring employees receive answers to questions about the program in a language they understand. All employees are responsible for using safe work practices, following all directives, policies and procedures, and assisting in maintaining a safe work environment.

## Identification and Evaluation of COVID-19 Hazards

We implement the following in our workplace:

- Conduct workplace-specific evaluations to identify COVID-19 hazards at work locations, offices and others areas where employees work. Evaluations of campus offices have been managed by campus EH&S. Project Directors shall evaluate hazards in areas under their specific control (locations where building is managed by a third party). Project may use the Appendix A: Identification of COVID-19 Hazards Form to evaluate the workplace or may draft other written guidance to communicate hazards to employees.
- Document the vaccination status of our employees via [The University Personnel Self Service Tool](#) which is maintained as a confidential record.
- Evaluate employees' potential workplace exposures to all persons at, or who may enter, our workplace.
- Develop COVID-19 policies and procedures to respond effectively and immediately to individuals at the workplace who are a COVID-19 case to prevent or reduce the risk of transmission in the workplace. The most up to date information on the Research Foundation policies and procedures can be found at the following sites:  
<https://www.sjsu.edu/researchfoundation/news-updates/covid.php>  
<https://www.sjsu.edu/healthadvisories/>
- Review applicable orders and general and industry-specific guidance from the State of California, Cal/ OSHA, and the local health department related to COVID-19 hazards and prevention.
- Evaluate existing COVID-19 prevention controls in our workplace and the need for different or additional controls.
- Conduct periodic inspections using the Appendix B: COVID-19 Inspections form as needed to identify and evaluate unhealthy conditions, work practices, and work procedures related to COVID-19 and to ensure compliance with our COVID-19 policies and procedures.
- Employees that are located outside of Central Office should follow the workplace guidelines of the facility in which they are located.

## Employee Participation

- Employees are encouraged to participate in the identification and evaluation of COVID-19. Additionally, all employees must review and complete the mandatory SJSU COVID- 19 Health and Safety Protocols Training in CSULearn.
- Employees that are located outside of Central Office have an obligation to understand and

follow the policies and procedures of the facility in which they are located.

## **Correction of COVID-19 Hazards**

COVID-19 hazards are treated like any other workplace injuries or illnesses. Project directors, managers and supervisors have primary responsibility for ensuring safe working conditions and correcting hazards. In the event of a workplace acquired infection, managers or supervisors will notify Human Resources immediately. Human Resources is available for consultation and investigation support.

Unsafe or unhealthy work conditions, practices or procedures related to COVID-19 may be documented using the Appendix B: COVID-19 Inspections form provided in this CPP. Managers and supervisors shall correct hazards in a timely manner based on the severity of the hazards, and shall follow up to ensure corrective actions have been taken. Human Resources can also assist with personnel issues related to COVID-19.

## **Control of COVID-19 Hazards**

### **Face Coverings**

Employees will be provided face coverings and required to wear them:

- When required by orders from the CDPH. This includes spaces within vehicles when a CDPH regulation or order requires face coverings indoors.
- During outbreaks and major outbreaks.
- When employees return to work after having COVID-19 until 10 days have passed since the date that COVID-19 symptoms began or, if the person did not have COVID-19 symptoms, from the date of their first positive COVID-19 test, or after a close contact.
- Face coverings will be clean, undamaged, and worn over the nose and mouth.

The following exceptions apply:

- When an employee is alone in a room or vehicle.
- While eating or drinking at the workplace, provided employees are at least six feet apart and, if indoors, the supply of outside or filtered air has been maximized to the extent feasible.
- While employees are wearing respirators required by the employer and used in compliance with CCR, Title 8 section 5144.
- Employees who cannot wear face coverings due to a medical or mental health condition or disability, or who are hearing-impaired or communicating with a hearing- impaired person. Such employees shall wear an effective non-restrictive alternative, such as a face shield with a drape on the bottom, if the condition or disability permits it.
- During specific tasks which cannot feasibly be performed with a face covering. This exception is limited to the time period in which such tasks are actually being performed.
- If an employee is not wearing a face covering due to exceptions (4) and (5), above, the COVID-19 hazards will be assessed, and action taken as necessary.
- Employees will not be prevented from wearing a face covering, including a respirator, when not required by this section, unless it creates a safety hazard.

### **Engineering controls**

For indoor locations, using Appendix B where relevant, we identify and evaluate how to maximize, to the extent feasible, ventilation with outdoor air using the highest filtration efficiency compatible with our existing building ventilation systems. We also determine the feasibility of using portable or mounted High Efficiency Particulate Air (HEPA) filtration units, or other air cleaning systems to improve ventilation, in a manner that does not increase the risk of COVID-19 transmission. Each building at different locations is unique in its ventilation design and engineering control strategies

vary by building.

### **Personal protective equipment (PPE) used to control employees' exposure to COVID-19**

We evaluate the need for PPE (such as gloves, goggles, and face shields) as required by section 3380, and provide and ensure use of such PPE as needed. Upon request, we provide respirators for voluntary use to all employees who are working indoors or in vehicles with more than one person.

We provide and ensure use of respirators in compliance with section 5144 when deemed necessary by Cal/OSHA.

### **Testing of employees**

COVID-19 testing is available at no cost, during paid time, to all employees through [Santa Clara County](#) as well as on the SJSU Campus and local clinics for all non-campus locations when testing is required by the Research Foundation or in the event of a COVID-19 outbreak during work hours.

- Who had close contact in the workplace;
- Who have COVID-19 symptoms, and
- During outbreaks and major outbreaks (see below for further details)

### **Investigating and Responding to COVID-19 Cases**

We have developed effective procedures to investigate COVID-19 cases that include seeking information from our employees regarding COVID-19 cases, close contacts, test results, and onset of symptoms. This is accomplished by using the Appendix C: Investigating COVID-19 Cases form or via information received in the course of investigating employee exposures.

We also ensure the following is implemented:

- Employees that had a close contact are offered COVID-19 testing through [Santa Clara County](#) as well as on the SJSU Campus and local clinics for all non-campus locations when testing is required by the Research Foundation at no cost during their working hours, excluding:
  - COVID-19 cases who were allowed to return to work per our return-to-work criteria and have remained free of symptoms for 90 days after the initial onset of symptoms, or for cases who never developed symptoms, for 90 days after the first positive test.
- The information on benefits described in Training and Instruction, and Exclusion of COVID-19 Cases, below, will be provided to employees.
- Written notice within one day of knowledge of a COVID-19 case that people at the worksite may have been exposed to COVID-19. This notice will be provided to all employees (and their authorized representative), independent contractors and other employees at the worksite during the infectious period. These notifications must meet the requirements of T8CCR section 3205(c)(3)(B) and Labor Code section 6409.6(a)(4); (a)(2); and (c), and in a form readily understandable by employees and can be anticipated to be received by the employee.
- We consider a “close contact” that meets the definition in section 3205(b)(1) 3205(b)(1) states being within six feet of a COVID-19 case for a cumulative total of 15 minutes or greater in any 24-hour period within or overlapping with the infectious period defined by this section, regardless of the use of face coverings, unless close contact is defined by regulation or order of the CDPH. If so, the CDPH definition shall apply, unless it is otherwise defined by CDPH; “infectious period” meets the definition in 3205(b)(9), unless it is otherwise defined by CDPH; and “worksit” meets the section 3205(b)(12) definition. “Worksite,” for the limited purposes of this section and section 3205.1, means the building, store, facility, agricultural field, or other location where a COVID-19 case was present during the infectious period. It does not apply to buildings, floors, or

- other locations of the employer that a COVID-19 case did not enter.
- Information on leave, pay, benefits and work arrangements will be provided as needed.

## System for Communicating

Our goal is to ensure that we have effective communication with our employees throughout this period while keeping all employees safe and aware.

- Employees should report COVID-19 hazards to their supervisor and to Human Resources 408-924-1308 or email [research-foundation-compliance@sjsu.edu](mailto:research-foundation-compliance@sjsu.edu).
- Employees can report symptoms, possible close contacts and hazards without fear of reprisal.
- Employees with medical or other conditions that put them at increased risk of severe COVID-19 illness can request accommodations by contacting their project director and/or Human Resources.
- Employees have access to COVID-19 testing through [Santa Clara County](#) as well as through employer sponsored health coverage when testing is required by the Research Foundation in the event of a COVID-19 outbreak during work hours.
- In response to CCR Title 8 section 3205.1, Multiple COVID-19 Infections and COVID-19 Outbreaks, as well as section 3205.2, Major COVID-19 Outbreaks if three or more employee COVID-19 cases within an exposed group, as defined by section 3205(b), visited the workplace during their infectious period at any time during a 14-day period, Employees in the exposed group will be required to test twice (once per week) until no new cases are confirmed.
- With regard to the COVID-19 hazards to which employees, including other contractors and individuals in contact with our workplace who may be exposed, and in line with our COVID-19 policies and procedures. Employee confidentiality will be maintained as required.
- COVID-19 information and other updates are provided to employees via email and our [COVID-19 Information](#) page.

## Training and Instruction

We provide effective employee training and instruction that includes:

- Our COVID-19 policies and procedures to protect employees from COVID-19 hazards, and how to participate in the identification and evaluation of COVID-19 hazards.
- Information regarding COVID-19-related benefits (including mandated sick and vaccination leave) to which the employee may be entitled under applicable federal, state, or local laws.
- The fact that:
  - COVID-19 is an infectious disease that can be spread through the air.
  - COVID-19 may be transmitted when a person touches a contaminated object and then touches their eyes, nose, or mouth.
  - An infectious person may have no symptoms.
- The fact that particles containing the virus can travel more than six feet, especially indoors, so physical distancing, face coverings, increased ventilation indoors, and respiratory protection decrease the spread of COVID-19 and are most effective when used in combination.
- The importance of frequent hand washing with soap and water for at least 20 seconds and using hand sanitizer when employees do not have immediate access to a sink or hand washing facility, and that hand sanitizer does not work if the hands are soiled.
- The right of employees that are not fully vaccinated to request N95 respirator for voluntary use, without fear of retaliation. Employees will be provided proper training for using respirators on:
  - How to properly wear them.
  - How to perform a seal check according to the manufacturer's instructions each time a

respirator is worn and the fact that facial hair can interfere with a seal.

- Proper use of face coverings and the fact that face coverings are not respiratory protective equipment. Since COVID-19 is an airborne disease, N95s and more protective respirators protect the users from airborne disease, while face coverings primarily protect people around the user.
  - The conditions where face coverings must be worn at the workplace.
  - Employees can request face coverings and can wear them at work regardless of vaccination status and without fear of retaliation.
- COVID-19 symptoms, and the importance of obtaining a COVID-19 test and not coming to work if the employee has COVID-19 symptoms.
- Information on our COVID-19 policies and how to access COVID-19 testing and vaccination, and the fact that vaccination is effective at preventing COVID-19, protecting against both transmission and serious illness or death

## **Exclusion of COVID-19 Cases**

Where we have a COVID-19 cases in our workplace, we limit transmission by:

- Ensuring that COVID-19 cases where symptoms are present are excluded from the workplace until our return-to-work requirements are met.
- Reviewing current CDPH guidance for persons who had close contacts, including any guidance regarding quarantine or other measures to reduce transmission.
- Continuing and maintaining an employee's earnings (as applicable per Research Foundation policy), seniority, and all other employee rights and benefits whenever demonstrated that the COVID-19 exposure is work related.
- Providing employees with information on available benefits at the time of exclusion.

## **Reporting, Recordkeeping, and Access**

It is our policy to:

- Report information about COVID-19 cases and outbreaks at our workplace to the local health department whenever required by law, and provide any related information requested by the local health department.
- Maintain records of the steps taken to implement our written COVID-19 Prevention Program in accordance with section 3203(b).
- Make our written COVID-19 Prevention Program available at the workplace to employees, authorized employee representatives, and to representatives of Cal/OSHA immediately upon request.
- Use the **Appendix C: Investigating COVID-19 Cases** form or similar method to keep a record of and track all COVID-19 cases in partnership with SJSU.

## **Return-to-Work Criteria**

- **COVID-19 cases, regardless of vaccination status or previous infection and who develop symptoms**, cannot return to work until we can demonstrate that all of the following criteria have been met:

- At least 24 hours have passed since a fever of 100.4 degrees Fahrenheit or higher has resolved without the use of fever reducing medications; and
- a COVID-19 case must wear a face covering in the workplace until 10 days have passed since the date that COVID-19 symptoms began or, if the person did not have COVID-19 symptoms, from the date of their first positive COVID-19 test.
- **COVID-19 cases, regardless of vaccination status or previous infection, whose COVID19**

**symptoms are not resolving**, may not return to work until:

- At least 24 hours have passed since a fever of 100.4 degrees Fahrenheit or higher has resolved without the use of fever-reducing medication; and
- 10 days have passed from when the symptoms began.
- COVID-19 tests may be self-administered and self-read only if the following independent verification of the results can be provided with a timestamped photograph.
- A negative COVID-19 test will not be required for an employee to return to work once the requirements for “cases with symptoms” or “cases who tested positive but never developed symptoms” (above) have been met.
- Regardless of vaccination status, previous infection, or lack of COVID-19 symptoms, a COVID-19 case shall wear a face covering in the workplace until 10 days have passed since the date that COVID-19 symptoms began or, if the person did not have COVID- 19 symptoms, from the date of their first positive COVID-19 test.
- The return to work requirements for COVID-19 cases who do or do not develop symptoms apply regardless of whether an employee has previously been excluded or other precautions were taken in response to an employee’s close contact or membership in an exposed group.
- If an order to isolate, quarantine, or exclude an employee is issued by a local or state health official, the employee will not return to work until the period of isolation or quarantine is completed or the order is lifted.

## **Appendix A: Investigating COVID-19 Cases Procedure**

All personal identifying information of COVID-19 cases or persons with COVID-19 symptoms, and any employee required medical records will be kept confidential unless disclosure is required or permitted by law. Unredacted information on COVID-19 cases will be provided to the local health department, CDPH, Cal/OSHA, the National Institute for Occupational Safety and Health (NIOSH) immediately upon request, and when required by law. All investigations will be conducted via email supplying the same information noted on this Appendix Procedure.

**Date COVID-19 case (suspect or confirmed) became**

**known: Date investigation was initiated:**

**Name of person(s) conducting the investigation:**

### **COVID-19 Case Summary**

**Name:**

**Email:**

**Job Title:**

**Work Location:**

**Last Day in Non-Remote Work Location:**

**Date of Positive Test:**

**Date of Symptoms:**

**Summary of employees, independent contractors, and employees of other employers that came in close contact:**

**Summarized communication without identifying of present covid-19 cases in the workplace and options for care will be communicated to close contacts who will be notified via Email within 24 hours by SJSURF HR.**

## **Additional Consideration #1**

### **COVID-19 Outbreaks**

This addendum will stay in effect until there are one or fewer new COVID-19 cases detected in the exposed group for a 14-day period.

#### **COVID-19 testing**

We immediately provide COVID-19 testing available at no cost to our employees within the exposed group, regardless of vaccination status, during employees' paid time, except for returned cases and employees who were not present at the workplace during the relevant 14-day period(s).

Additional testing is made available on a weekly basis to all employees in the exposed group who remain at the workplace.

Employees who had close contacts will have a negative COVID-19 test taken within three to five days after the close contact or will be excluded and follow our return-to-work requirements starting from the date of the last known close contact.

#### **Face Coverings**

Employees in the exposed group, regardless of vaccination status, will wear face coverings when indoors, or when outdoors and less than six feet from another person, unless one of the exceptions in our CPP applies.

#### **Respirators**

Employees will be notified of their right to request and receive a respirator for voluntary use, as stipulated in our CPP.

#### **COVID-19 investigation, review, and hazard correction**

SJSU Research Foundation will perform a review of potentially relevant COVID-19 policies, procedures and controls, and implement changes as needed to prevent further spread of COVID-19 when this addendum initially applies and periodically thereafter. The investigation, review, and changes will be documented and include:

- Investigation of new or unabated COVID-19 hazards including:
  - Our leave policies and practices and whether employees are discouraged from remaining home when sick.
  - Our COVID-19 testing policies.
  - Insufficient supply of outdoor air to indoor workplaces.
  - Insufficient air filtration.
  - Insufficient physical distancing.
- Review updated every 30 days that CCR, Title 8 section 3205.1 continues to apply:
  - In response to new information or to new or previously unrecognized COVID-19 hazards.
  - When otherwise necessary.

- Any changes implemented to reduce the transmission of COVID-19 based on the investigation and review, which may include:
  - Moving indoor tasks outdoors or having them performed remotely.
  - Increasing the outdoor air supply when work is done indoors.
  - Improving air filtration.
  - Increasing physical distancing to the extent feasible.
  - Requiring respiratory protection in compliance with CCR, Title 8 section 5144.
  - Other applicable controls.

## **Ventilation**

Buildings or structures with mechanical ventilation will have recirculated air filtered with Minimum Efficiency Reporting Value (MERV)-13 or higher efficiency filters, if compatible with the ventilation system. If MERV-13 or higher filters are not compatible with the ventilation system, filters with the highest compatible filtering efficiency will be used. High Efficiency Particulate Air (HEPA) air filtration units will be used in accordance with manufacturers' recommendations in indoor areas occupied by employees for extended periods, where ventilation is inadequate to reduce the risk of COVID-19 transmission.

These ventilation requirements will continue to be implemented after the outbreak has passed and CCR, Title 8 section 3205.1 is no longer applicable.

## **Major Outbreaks**

The following will be done while CCR, Title 8 section 3205.1 applies if 20 or more employee COVID-19 cases in an exposed group visited the worksite during their infectious period within a 30-day period:

- The COVID-19 testing will be required of all employees in the exposed group, regardless of vaccination status, twice a week or more frequently if recommended by any applicable federal, state or local office. Employees in the exposed group will be tested or excluded and follow our CPP return to work requirements. The twice a week testing requirement ends when there are fewer than three new COVID-19 cases in the exposed group for a 14-day period. We will then follow weekly testing requirement until there are one or fewer new COVID-19 cases in the exposed group for a 14-day period.
- Report the outbreak to Cal/OSHA.
- Provide respirators for voluntary use to employees in the exposed group, encourage their use, and train employees according to CCR, Title 8 section 5144(c)(2) requirements.
- Any employees in the exposed group who are not wearing respirators as required will be separated from other persons by at least six feet, except where it can be demonstrated that at least six feet of separation is not feasible, and except for momentary exposure while persons are in movement. Methods of physical distancing include:
  - Telework or other remote work arrangements.
  - Reducing the number of persons in an area at one time, including visitors.
  - Visual cues such as signs and floor markings to indicate where employees and others should be located or their direction and path of travel
  - Staggered arrival, departure, work, and break times.
  - Adjusted work processes or procedures, such as reducing production speed, to allow greater distance between employees. When it is not feasible to maintain a distance of at least six feet, individuals will be as far apart as feasible.

## **Additional Consideration #2**

### **COVID-19 Prevention in Employer-Provided Transportation**

The requirements of our CPP will be complied with within a vehicle, including how a COVID-19 case will be responded to.

#### **Assignment of transportation**

To the extent feasible:

- Transportation will be assigned such that cohorts travel and work together, separate from other workers dependent on business needs.
- Employees who usually maintain a household together shall travel together.

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**San José State University Research Foundation  
Workplace Violence Prevention Program (WVPP)**

**Introduction:**

SJSU Research Foundation aims to provide a working environment that minimizes the potential for workplace violence and other safety/security risks. Violence in the workplace poses a significant threat to the safety and wellbeing of our employees and the general public. It is the responsibility of all employees to help minimize workplace violence. This policy establishes procedures to minimize the threat of violence in the workplace and provides guidelines for responding promptly and effectively to workplace violence.

**Purpose:**

The purpose of this plan is to:

- Identify the names and job titles of the persons responsible for the implementation and maintenance of the Workplace Violence Prevention Program.
- Highlight how employees can report violent incidents, threats, or other workplace violence concerns and how to respond.
- Reinforce against unlawful retaliation for reporting, in good faith, violent incidents, threats, or other workplace violence concerns, and participating in any related investigations of such reports.
- Outline procedures to respond to actual or potential workplace violence emergencies.
- Detail training requirements about this plan, including the frequency of training.
- Outline procedures to identify and evaluate workplace violence hazards.
- Communicate post-incident response and investigation processes.

**Definitions:**

**Workplace violence** refers to any “act of violence or threat of violence that occurs in a place of employment.” It includes, regardless of whether an employee sustains an injury, the threat or use of physical force against an employee that results in or is likely to result in injury, trauma, or stress, as well as incidents involving a threat or use of a firearm or other dangerous weapon.

A “**threat of violence**” means any verbal or written statement, including, but not limited to, texts, electronic messages, social media messages, or other online posts, or any behavior or physical conduct that conveys an intent, or that is reasonably perceived to convey an intent to cause physical harm or to place someone in fear of physical harm, and that serves no legitimate purpose.

There are four common types of workplace violence:

- **Type 1 Violence:** Workplace violence committed by a person who has no legitimate business at the worksite, including violent acts by anyone who enters the workplace or approaches workers with the intent to commit a crime.
- **Type 2 Violence:** Workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors.

- **Type 3 Violence:** Workplace violence against an employee by a present or former employee, supervisor, or manager.
- **Type 4 Violence:** Workplace violence committed in the workplace by a person who does not work there but has or is known to have had a personal relationship with an employee.
- Workplace violence does not include lawful acts of self-defense or defense of others.

### **Roles and Responsibilities:**

The Human Resources Director or designee has the authority and responsibility for implementing and maintaining the provisions of this WVPP program for the SJSU Research Foundation. Additional roles and responsibilities are as follows:

Responsible Person	Job Title/Position	WVPP Responsibilities	Phone #	Email
Ranjit Kaur	HR Director	Authority and Implementation. Major change initiation.	408-924-1308	ranjit.kaur@sjsu.edu
Andrew Exner	Executive Director	Approval and Referral to SJSURF HR.	408-924-1434	andrew.exner@sjsu.edu
Myles Reed	HR Generalist	Responsible for emergency response, hazard identification administration processing, and coordination with other employers, employee involvement and training.	408-924-1308	myles.reed@sjsu.edu

### **Employee Involvement:**

- SJSU Research Foundation has implemented the following policies and procedures to ensure active involvement of employees and authorized employee representatives in the development and implementation of the plan:
- Management will work with and allow employees and authorized employee representatives to participate in: Identifying, evaluating, and determining corrective measures to prevent workplace violence.
- Designing and implementing training as new threats are identified in coordination with its Injury and Illness Prevention Program Safety Committee, CSU Chancellors office and AORMA insurance services. Reporting and investigating workplace violence incidents.

- Management will ensure that all workplace violence policies and procedures within this written plan are clearly communicated and understood by all employees. Managers and supervisors will enforce the rules fairly and uniformly.
- All employees will follow all workplace violence prevention plan directives, policies, and procedures, and assist in maintaining a safe work environment.
- The plan shall be in effect at all times and in all work areas and be specific to the hazards and corrective measures for each work area and operation.

### **Employee Compliance:**

Our system to ensure that employees comply with the rules and work practices that are designed to make the workplace more secure, and do not engage in threats or physical actions which create a security hazard for others in the workplace, include at a minimum:

- Training employees, supervisors, and managers in Workplace Violence Prevention Plan through CSU Learn course.
- Effective procedures to ensure that supervisory and nonsupervisory employees comply with the WVPP through active monitoring of training course completion and regular reminders.
- Provide retraining to employees whose safety performance is deficient with the WVPP.
- Recognizing employees who demonstrate safe work practices that promote the WVPP in the workplace by performing regular review of mitigated potentially negative safety events report to the SJSURF IIPP committee and formal recognition of high performers in written and verbal format.
- Discipline employees for failure to comply with the WVPP in accordance with the SJSURF Standards of Conduct policy and the SJSURF Injury and Illness Prevention Program.

### **Reporting Workplace Violence:**

All employees shall promptly report all threats or acts of workplace violence to their supervisor or manager. We recognize that open, two-way communication between our management team, staff, and other employers, about workplace violence issues is essential to a safe and productive workplace. The following communication system is designed to facilitate a continuous flow of workplace violence prevention information between management and staff in a form that is readily understandable by all employees, and consists of the following:

- New employee orientation includes workplace violence prevention policies and procedures.
- Provision of workplace violence prevention training to all new hires via CSU Learn.
- Regularly scheduled meetings have been established as part of the SJSURF Injury and Illness Prevention Program. A regular review of potential workplace violence hazards and recognition of high performing employees has been incorporated.
- Endorsement of effective communication between employees and supervisors about workplace violence prevention and violence concerns while on the job
- Posted or distributed workplace violence prevention information when necessary and available
- How employees can report a violent incident, threat, or other workplace violence concern to employer or law enforcement without fear of reprisal or adverse action.
- Employees are encouraged to email [research-foundation-compliance@sjtu.edu](mailto:research-foundation-compliance@sjtu.edu) or call 408-924-1308 to make a formal report concerning workplace violence.
- Employees can anonymously report a violent incident, threat, or other violence concerns via the [SJSU Research Foundation Anonymous Feedback Form](#)

- (Campus Employees Only) If you are a victim of a crime, have witnessed criminal activity or suspicious behavior and/or if you have information you believe will assist UPD in solving a crime:
  - 24-hour Dispatch Center (408) 924-2222
  - [Bluelight Phones](#)
  - [Confidential Crime Reporting](#)
- Employees will not be prevented from accessing their mobile or other communication devices to seek emergency assistance, assess the safety of a situation, or communicate with a person to verify their safety. Employees' concerns will be investigated in a timely manner and they will be informed of the relevant results of the investigation and any corrective actions to be taken on a "as needed to know" basis. Updates on the status of investigations and corrective actions may be provided to relevant employees through email and at departmental safety meetings. These updates could include information about the progress of relevant investigations, the results of investigations, and any corrective actions taken but are not required to be provided.
- SJSU Research Foundation strictly prohibits and does not tolerate any form of unlawful retaliation for engaging in any protected activity, including good faith reporting of incidents of workplace violence, or filing, testifying, assisting, or participating in any manner in any related investigation, proceeding, or hearing.
- Prohibited retaliation includes, but is not limited to, termination, demotion, suspension, failure to hire or consider for hire, failure to give equal consideration in making employment decisions, failure to make employment recommendations impartially, adversely affecting working conditions, or otherwise denying any employment benefit.

### **Responding to Workplace Violence:**

Following any incident, SJSU Research Foundation Human Resources in Coordination with relevant parties involved will conduct a thorough investigation, implement necessary security measures, offer necessary support services to those impacted, and take disciplinary action where required along the way. Our response procedures reflect our commitment to maintaining a workplace where safety is paramount, fostering a culture of trust and well-being for all.

### **Training:**

All employees, including managers, are required to have training and instruction on this plan, including:

- Knowledge of how to access the most up-to-date version of this plan.
- How employees can participate in the development and implementation of this plan.
- Key definitions.
- How to report workplace violence incidents or concerns.
- Workplace violence hazards specific to an employee's role.
- How to seek assistance to prevent or respond to violence.
- Strategies to avoid physical harm.
- Any such training will be interactive and allow for questions and answers with the persons responsible for maintaining this plan.

Training and instruction about this plan are provided:

- When this plan is first established.
- To all employees annually via CSU Learn Course: CSU's Workplace Violence Prevention Plan Training.
- Whenever new or previously unrecognized workplace violence hazards have been identified; or
- When changes are made to this plan.
- To the extent that training is provided when a new or previously unrecognized workplace violence hazard has been identified — or when changes are made to this plan — such training will only cover the new hazards and/or changes to this plan.
- 

### **Identification and Evaluation of Workplace Violence Hazards:**

SJSU Research Foundation will proactively identify and evaluate workplace violence hazards to help ensure the ongoing safety and security of our employees. Our comprehensive approach involves: Regular risk assessments conducted by those listed in the Roles & Responsibilities section.

Inspections that will be conducted when the plan is first established, after each workplace violence incident, and whenever SJSU Research Foundation is made aware of a new or previously unrecognized hazard.

Additionally, we encourage open communication with employees, providing a platform for any employee to report concerns, observations, or experiences related to workplace violence hazards. Employees should reach out to [research-foundation-compliance@sjsu.edu](mailto:research-foundation-compliance@sjsu.edu) with any questions or concerns or to make a report.

### **Correcting Workplace Violence Hazards:**

- Workplace violence hazards shall be evaluated and corrected in a timely manner based on the severity of the hazards. Hazards shall be corrected according to the following procedures:
- When observed or discovered; and
- When an imminent hazard exists which cannot be immediately abated without endangering employee(s), we will work to remove all endangered employees from the area except those necessary to address the existing hazard. Employees who are required to address the hazard shall be provided with the necessary protection.

### **Emergency Response:**

SJSU Research Foundation has implemented the following emergency response procedures for dealing with active or potential workplace violence emergencies:

- Evacuation or sheltering plans to respond to actual or potential workplace violence emergencies.
- SJSURF holds regular quarterly safety meetings where issues related to safety are discussed which includes scenarios and procedures related to workplace violence.
- SJSURF assigned active shooter training
- SJSURF assigned workplace violence training.
- Effective means to alert employees of the presence, location, and nature of workplace violence emergencies.
- Central Office Group Chat
- Email and text notification for campus incidents.
- How to obtain help from staff, security personnel, or law enforcement.
- Employees are encouraged to email [research-foundation-compliance@sjsu.edu](mailto:research-foundation-compliance@sjsu.edu) or call 408-924-1308 to make a formal report concerning workplace violence.

- Employees can anonymously report a violent incident, threat, or other violence concerns via the [SJSU Research Foundation Anonymous Feedback Form](#)
- (Campus Employees Only) If you are a victim of a crime, have witnessed criminal activity or suspicious behavior and/or if you have information you believe will assist UPD in solving a crime: ○ 24-hour Dispatch Center (408) 924-2222
- [Bluelight Phones](#)
- [Confidential Crime Reporting](#)

### **Post-Incident Response and Investigations:**

Any workplace violence incident must be thoroughly investigated. Procedures for investigations include:

- Assessment of the incident scene as soon as possible.
- Interviews of all parties involved including employees, security, patrons, and witnesses.
- Reports from law enforcement.
- Examining the location for factors associated with the incident.
- Review of security footage.
- Review of all previous incidents.
- Determining the cause of the incident.
- Taking corrective action to prevent the incident from recurring.
- Recording the findings and take corrective action.
- Document in the violent incident log.

### **Violent Incident Log:**

The SJSURF Violent Incident log includes the following information:

- Date/time/location of the incident.
- The workplace violence type or types involved in the incident.
- A detailed description of the incident.
- Classification of the perpetrator (e.g., client, customer, friend, coworker, etc.).
- Classification of circumstances at the time of incident (e.g., working regular job duties, rushed, working during low staffing, isolated/alone, working in unfamiliar or new location, poorly lit area, etc.).
- Classification of the location where the incident occurred.
- Whether security or law enforcement was contacted.
- Actions taken by the employer to protect the employee or other hazards identified because of the incident.
- Information about the person completing the log, including name, job title, and date completed.
- The type of incident
- Physical attack without a weapon (e.g. biting, chocking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, spitting)
- Attack with a weapon or object
- Threat of physical force or threat of the use of a weapon or other object
- Sexual assault or threat (e.g. rape, attempted rape, physical display, or unwanted verbal or physical sexual contact)

- Animal attack
- Other

The log does *not* include any personal identifying information sufficient to allow the identification of any person involved in a violent incident.

Please contact [research-foundation-compliance@sjsu.edu](mailto:research-foundation-compliance@sjsu.edu) for copies of any of these records.

### **Recordkeeping:**

SJSU Research Foundation is required to:

- Create and maintain records of workplace violence hazard identification, evaluation, and correction, for a minimum of five (5) years.
- Create and maintain training records for a minimum of one (1) year and include the following:
  - Training dates.
  - Contents or a summary of the training sessions.
  - Names and qualifications of persons conducting the training.
  - Names and job titles of all persons attending the training sessions.
- Maintain a violent incident log for each workplace violence incident and must maintain such records for at least five (5) years.
- Maintain records of workplace violence incident investigations for a minimum of five (5) years.
  - The records shall not contain medical information per subdivision (j) of section 56.05 of the Civil Code.

### **Employee Access to written WVPP:**

A copy of the SJSU Research Foundation WVPP shall be kept in writing and made available and easily accessible to employees, authorized employee representatives, and representatives of Cal-OSHA at all times and upon request. A Copy of the WVPP is available on our website here

### **Employee Access to Records:**

The following records shall be made available to employees and their representatives, upon request and without cost, for examination and copying within **15 calendar days of a request**:

- Records of workplace violence.
- Training records.
- Violent incident logs.

### **Plan Review and Update:**

This plan will be reviewed and updated for effectiveness:

- At least annually.
- When a deficiency is observed or becomes apparent.
- After a workplace violence incident.
- As needed.

Review of the WVPP will include:

- Incident investigations and the violent incident log.
- Control measures in place and the effectiveness of those controls.

# SJSURF Violent Incident Log

DATE	TIME	LOCATION	DETAILED DESCRIPTION OF THE INCIDENT				WORKPLACE VIOLENCE TYPE				WHERE INCIDENT OCCURRED?	
							1	2	3	4		
<b>CLASSIFICATION OF PERPETRATOR:</b>		<input type="checkbox"/> Client <input type="checkbox"/> Customer <input type="checkbox"/> Family of client <input type="checkbox"/> Friend of client <input type="checkbox"/> Family of customer <input type="checkbox"/> Friend of customer <input type="checkbox"/> Stranger		<input type="checkbox"/> Co-worker <input type="checkbox"/> Supervisor/manager <input type="checkbox"/> Partner/spouse <input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____		<b>CLASSIFICATION OF CIRCUMSTANCES AT TIME OF INCIDENT:</b>		<input type="checkbox"/> Performing usual job duties <input type="checkbox"/> Poorly lit areas <input type="checkbox"/> Rushed <input type="checkbox"/> Isolate/alone <input type="checkbox"/> Unable to get help/assistance. <input type="checkbox"/> Working in unfamiliar/new loc. <input type="checkbox"/> Rushed <input type="checkbox"/> Low staffing level <input type="checkbox"/> Working in community setting <input type="checkbox"/> Other: _____				
		<b>TYPE OF INCIDENT:</b>		<input type="checkbox"/> Physical attack without a weapon <input type="checkbox"/> Animal attack <input type="checkbox"/> Sexual assault or threat (including rape, attempted rape, physical display, or unwanted verbal or physical sexual contact) <input type="checkbox"/> Other		<input type="checkbox"/> Attack with a weapon or object <input type="checkbox"/> Threat of physical force or threat of the use of a weapon or other object						
<b>CONSEQUENCES OF INCIDENT:</b>				<b>Was security contacted?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>RESPONSE:</b>						
		<b>Was law enforcement contacted?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>RESPONSE:</b>								
<b>COMPLETED BY:</b>				<b>JOB TITLE:</b>					<b>DATE COMPLETED:</b>			