

# City of San Diego Parks and Recreation Department



THE CITY OF SAN DIEGO

## M E M O R A N D U M

DATE: March 3, 2021  
TO: Parks and Recreation Department Employees  
FROM: Andy Field, Parks and Recreation Director  
SUBJECT: Workplace Injury Processes and Safety Reminders – Please Post

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Summer is the busiest time of the year for the Parks and Recreation Department as we work to meet the needs of the millions of park visitors who will visit our facilities. We all need to be aware of the risks this increased activity brings, especially the potential for workplace accidents and injuries.

Supervisors, please ensure your staff have recently completed the Personal Protective Equipment (PPE) Refresher, Back Safety, Heat Illness and Prevention, and Driving on Turf (D.I. 6.14) tailgates, and the October 4, 2017 policy memo regarding Driving on Areas Not Designated/Designed for Vehicular Travel.

Everyone, your well-being is important to us; please take the time to perform tasks safely and with care.

Listed below is a summary of steps to take if you or your employees experience an injury while on the job:

**Notify your supervisor about the injury immediately.** The supervisor can assist in determining if the injury is minor or not, and take required steps:

- a. **Minor – does not require medical treatment (e.g. minor cuts, scrapes, bruises, sprains, etc.)**
  - Have employee complete the Minor Injury Report (RM-1568) within 24 hours
  - Send a copy to Payroll and give a copy to the employee
  - Payroll will file in the employee's medical file and send a copy to the Administrative Services Program Coordinator within 7 days of the injury
  - If you are unsure if this is minor, please contact your supervisor
  
- b. **Requires medical treatment**
  - If an injury is potentially life threatening, call 911 immediately.
  - Otherwise, Supervisor provides the Medical Status Report of Occupational Injury or Illness (MSR) (RM-1634) to the employee to give to the doctor.
  - Direct the employee (or make arrangements for them to be taken) to the nearest Medical Provider Network facility (see attached MPN list).
  - You may visit your personal doctor ONLY if you have a Notification of Pre-designation of Personal Physician form (RM-1698) on file with Risk Management PRIOR to the injury. To confirm if you have a valid pre-designation on file, contact the Workers' Compensation Division of the Risk Management Department at 619-236-6395.
  - You do not need a form or your supervisor's permission to visit the City doctor for a

- workplace injury that requires medical treatment.
- If your supervisor is not available and you need medical attention for a workplace injury, go to a City MPN facility.
- The City's MPN facilities have the Medical Status Report of Occupational Injury or Illness (RM-1634) (MSR form) on site and will document the visit.
- Ensure the MSR form (RM-1634) is completed by the doctor before you leave the facility.
- For Pesticide and other **hazardous**<sup>1</sup> chemical related injuries, or for any chemical exposure requiring emergency treatment, please go to the nearest Emergency room; the City's Medical Provider Network (MPN) facilities do not treat these types of injuries.
- Follow up with your supervisor to report your injury and complete the Workers' Compensation Claim Form (RM-1642), regardless of whether there is any lost work time related to the injury.

**Supervisors must report all workplace injuries/illnesses requiring medical attention (i.e. anything other than a minor injury) to the Worker's Compensation Call-in-Center within 24 hours of the notification of injury.** The 24-hour Call-in-Center number is 800-427-7980.

**Cal-OSHA Reporting ANY serious injury/illness** that occurs at work and results in any of the following:

- a) Death
- b) Hospitalization other than for medical observation or diagnostic testing
- c) Loss of any member of the body including eyes
- d) Any serious degree of permanent disfigurement

**MUST be reported immediately to your Deputy Director** (it is not necessary to follow the chain of command, if your supervisors cannot be reached), and to the Administrative Services Program Coordinator at 619-533-6527.

**IMPORTANT: Within 8 hours, any serious injury/illness listed in a, b, c or d above which occurs on the job MUST be reported to Cal/OSHA, at their 24-hour Hotline at 619-767-2280 or 800-321-6742. This 8-hour requirement applies at all times, even on weekends and after hours. If leaving a message, include details (e.g. your name and title, City of San Diego Parks and Recreation, name of injured employee, nature of incident, date/time/location (address) of incident, contact name and phone number.**

**For all workplace injuries requiring medical treatment, Supervisors must also complete the Parks and Recreation Supervisor's Accident and Injury Investigation Report.**

- This form is located on the Shared Drive at <\\ad\dfs\SDPR-Shared\PRMet\SHARED\EntireDepartment\Forms> Supervisor's Accident and Injury Investigation Report.
- Submit this form, along with the Workers' Compensation Claim form and related Medical Status Reports (MSRs), to the District Manager (or equivalent) for review.
- Send a copy of the completed form to the Administrative Services Program Coordinator in the Safety and Training Office.

<sup>1</sup> To determine if a chemical is considered hazardous, consult your Safety Data Sheets (SDS).

- Forward the completed form to the Division Payroll Specialist.
- This should be done promptly, in most cases within 48 hours of any doctor visit.

**Within 24 hours of any doctor visit, the employee must submit the Medical Status Report (MSR) (RM – 1634) to his or her supervisor.**

- The doctor documents the date, time and duration of the doctor visit on this form
- If there are any work restrictions, they will be listed on the form and must be followed
- Ensure the form is completed by the doctor prior to leaving the facility
- Return the completed form to your supervisor who will sign and forward it to the assigned Payroll Specialist
- For clarification regarding the work restrictions, contact the assigned Workers' Compensation Claims Representative in the Risk Management Department
- For questions or assistance with this process you may contact Interim Deputy Director Louis Merlin at [lmerlin@sandiego.gov](mailto:lmerlin@sandiego.gov) or by calling 619-235-5913.

**If you fill out a minor injury report and then later need medical treatment related to that injury, go to one of the MPN facilities immediately. City Medical Facilities are open 7 days a week, some of them 24 hours a day. Do not visit your personal doctor unless you have a Pre-Designation registered with the Risk Management Department.**

Please click on the links below for additional information:

- **Administrative Regulation 63.00 outlines in detail the process and responsibilities involved with on the job injuries:**  
<https://www.sandiego.gov/sites/default/files/legacy/humanresources/pdf/ar/ar6300rev2.pdf>
- **Illness and Injury Prevention Program (IIPP) materials** on Citynet (scroll down and click on *Programs*, then *Illness and Injury Prevention Program*):  
<https://citynet.sandiego.gov/develop/safety-environmental-health>
- **Workplace injury processes** on Citynet:  
<https://citynet.sandiego.gov/my-sd/workers-compensation>
- **List of Medical Provider Network Facilities** and a map showing their locations:  
<https://www.sandiego.gov/sites/default/files/mpnclinicmap.pdf>

If you have any questions about workplace injuries and related processes, you may contact your supervisor, your Payroll Specialist, the Workers' Compensation Office at 619-236-6395, the Parks and Recreation Administrative Services Program Coordinator at 619-533-6527, or Interim Deputy Director Louis Merlin at [lmerlin@sandiego.gov](mailto:lmerlin@sandiego.gov) at 619-235-5913.



Andy Field  
Director

Attachment: 2017 Policy Memo: Driving on Areas Not Designated/Designed for Vehicular Travel



THE CITY OF SAN DIEGO  
M E M O R A N D U M

DATE: October 4, 2017

TO: Park and Recreation Employees

FROM: Herman D. Parker, Park and Recreation Director

SUBJECT: Policy Update: Driving on *Areas Not Designated/Designed for Vehicular Travel*

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The purpose of this memorandum is to provide guidance on the safe operation of City vehicles/equipment when driving on turf and other *Areas Not Designated/Designed for Vehicular Travel*. With increasing use of our park systems resulting in more congestion on our turf areas, it has become necessary to develop and implement this Department Policy.

*Areas Not Designated/Designed for Vehicular Usage* include, but are not limited to, turf (grass, lawn, sod), parks, road medians; recreational areas and developed or undeveloped areas (e.g., sidewalks, pedestrian plazas, beaches, boardwalks, unincorporated areas, and paper streets).

This policy includes, but is not limited to, activities such as mowing, spraying, turf sweeping, aerification in ballfields, playgrounds, cemetery, open space parks, emptying waste receptacles, cleaning remotely located drinking fountains, etc. and applies to all street-legal vehicles, motive equipment, golf carts, mules, etc.

At all times, employees are directed to refrain from driving on *Areas Not Designated/Designed for Vehicular Usage*, unless it is absolutely necessary or required as part of their work duties. If it is determined by the supervisor that driving in *Areas not Designated/Designed for Vehicular Usage* is necessary or required as part of an employee/volunteer's work duties, the employee/volunteer is required to follow this policy:

*This policy does not require employees/volunteers to exit the vehicle when stopped temporarily in street traffic. This policy does not apply to Golf Division employees working on golf courses.*

Employees are instructed to tailgate Administrative Regulation 75.85 Driving on Areas Not Designated for Vehicular Usage and adhere to the following provisions whenever they must drive on *Areas Not Designated/Designed for Vehicular Usage*:

- There should be at least 50 feet of unobstructed vision in the direction of travel.
- Vehicles must not travel at more than ten miles per hour.
- In low visibility conditions and when approaching blind spots, humps, mounded/hilly areas or corners, driver must stop, sound horn, then proceed at 2-3 miles per hour until visibility is clear to 50 feet.
- Emergency flashers must be used at all times, as well as hazard and strobe light(s), when available.
- When driving alone, driver must always walk completely around the vehicle when stopped for any length of time and/or returning to the vehicle before proceeding.
- If another employee/volunteer is present, he/she may act as a spotter and walk around the vehicle instead of the driver before the vehicle proceeds.
- When available, other City employees/volunteers will assist with vehicle/equipment movement in the role of a spotter. Spotters should walk approximately ten (10) feet in front/back of the vehicle, yet not directly in the vehicle's path of travel. The spotter is responsible for ensuring the vehicle's path of travel is clear and free of potential hazards.
- The vehicle driver/operator must follow the backing procedures as stated in the vehicle backing policy. See City of San Diego Driver/Operator Manual, "Backing a Vehicle/Equipment" and Administrative Regulation 75.05 – Vehicle/Equipment Backing Procedures.

Supervisors must immediately tailgate all employees who drive on this policy, and once per year afterwards, and employees must follow this policy at all times.

Thank you for your attention to this important matter.



Herman D. Parker  
Park and Recreation Director

cc: Park and Recreation Unclassified Staff  
David Monroe, City of San Diego Accident Review Board Chair  
Rebeca Córdova, Administrative Services Program Manager  
Deb Moser, Risk Management Safety Program Manager  
Colin Brazile, Senior Human Resources Officer

## **San Diego Parks and Recreation Procedures for Reporting Accidents and Injuries**

1. Employee/volunteer reports an accident and injury to the supervisor. The supervisor gives the employee/volunteer the Employee's Claim for Worker's Compensation Benefits form. The employee/volunteer fills out the top half of the claim form and returns the form to the supervisor. The supervisor fills out the bottom half of the claim form and any portion of the top half not completed by the injured employee.
2. The supervisor must call the Call-in-Center at 1-800-427-7980 **within 24 hours** of when the employee/volunteer reports the injury and provide the following information:
  - Name of injured employee/volunteer
  - Employee ID number
  - Date and time of injury
  - Where injury occurred
  - What body part was injured
  - How injury occurred
3. The Risk Management Department will be notified by the Call-in-Center **within 24 hours** of the supervisor's call. Risk Management will contact the supervisor, injured employee/volunteer and the physician.
4. You must report the following to Cal/OSHA at 619/767-2280, immediately and **no later than 8 hours** after the event if:
  - Any employee fatality as a result of a work-related incident.
  - Any in-patient hospitalization other than for observation.
  - Any employee amputation as a result of a work-related incident.
  - Any employee loss of an eye as a result of a work-related incident.
5. Employee/volunteer will receive a Medical Status Report for Occupational Injury or Illness form from the Medical Provider Network. Employee/volunteer will complete top portion of the form. The doctor will complete the work restriction portion. Employee/volunteer will give the completed form to the supervisor. Employee/volunteer will turn in all Medical Status Reports from follow-up visits to the supervisor.
6. Supervisor completes the Parks and Recreation Department's Supervisor's Accident and Injury Investigation Report. The supervisor turns in all three pieces of paperwork (Parks and Recreation Supervisor's Accident and Injury Investigation Report, Medical Status Report from the Medical Provider Network and Worker's Compensation Benefit form) to the next level supervisor.
7. The original Supervisor's Accident and Injury Investigation Report should be forwarded through the chain of command to the Deputy Director. The Deputy Director will be responsible for ensuring copies are sent to the Division's Payroll Specialist and the Department's Safety and Training Office. (The Deputy Director's office will also be responsible for coordinating a 3-month follow-up if needed and for maintaining the original copy of the report.)

**CITY OF SAN DIEGO  
PARKS AND RECREATION DEPARTMENT  
Supervisor's Accident and Injury Investigation Report on Staff/Volunteers**

Supervisors are required to investigate all staff accidents and injuries as soon as they occur. **Remember all injuries requiring medical treatment beyond first aid must be reported to the Call-In-Center at 1-800-427-7980.** This form contains information recommended in the performance of a thorough investigation. Investigation reports need to be maintained in Department and Division personnel file for the injured employee for a minimum of five years from the date of the accident.

This form contains information relating to employee safety and health, and **should** be used and maintained 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. This report needs to be shredded when its retention value is no longer applicable.

**I. EMPLOYEE INFORMATION:**

Employee Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Hire Date: \_\_\_\_\_  Male  Female  
Job Title: \_\_\_\_\_ Employee Phone: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

**II. ACCIDENT/INJURY INFORMATION:**

Accident Site: \_\_\_\_\_ Date of Accident: \_\_\_\_\_ Accident Time: \_\_\_\_\_ am/pm  
Shift Beginning Time: \_\_\_\_\_ am/pm Report Confirmation Number (from Call-In-Center): \_\_\_\_\_

**NOTE: The Training Office and Risk Management, Safety Office must be notified immediately in the event of death, hospitalization, or disfigurement.**

**What was the employee doing just before the accident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. (Examples: climbing a ladder while carrying roofing materials; daily computer key entry)

**What happened?** Tell how the injury occurred. (Example: When ladder slipped on wet floor the worker fell 20 feet; worker developed soreness in wrist over time)

**What was the injury?** List the part of the body that was affected and the nature of the injury. (Examples: strained lower back; carpal tunnel syndrome on right wrist, dog bite on right ankle, scratch on left elbow)

**What source directly harmed the employee?** (Examples: concrete floor, tool/equipment, animal/insect, furniture, vehicle, citizen)

**Root cause or related unsafe conditions/practices that caused the accident/injury?** Describe what you believe to be the actual cause of the injury. (Example: Employee was working on wet and slippery surface, which caused the ladder to slip)

EMPLOYEE NAME: \_\_\_\_\_ ACCIDENT DATE: \_\_\_\_\_

**III. HEALTHCARE INFORMATION:**

Check the correct box and fill in the answer, as needed. Provide phone numbers where requested.

Yes	No	Question
<input type="checkbox"/>	<input type="checkbox"/>	Was the employee treated by a physician or other healthcare professional? If yes, name of healthcare professional: _____ Phone number: _____
<input type="checkbox"/>	<input type="checkbox"/>	Was the treatment given away from the worksite? If yes, where was treatment given? _____ Phone number: _____
<input type="checkbox"/>	<input type="checkbox"/>	Was the employee treated in an emergency room? If yes, name of facility: _____ Phone number: _____
<input type="checkbox"/>	<input type="checkbox"/>	Was the employee hospitalized overnight as an in-patient other than for observation? If yes, name of facility: _____ Phone number: _____
<input type="checkbox"/>	<input type="checkbox"/>	Did the employee die? If yes, date of death: _____
<input type="checkbox"/>	<input type="checkbox"/>	Was Cal/OSHA called? If yes, provide the report confirmation number _____

**IV. CORRECTIVE ACTION PLAN AND RECOMMENDATIONS:** Describe what steps should be taken to prevent this type of accident/injury from reoccurring? (Example: Recommendation to provide training to all affected employees with regard to ladder placement and ladders are not to be placed in any areas where there is a likelihood the ladder may slip.) **Corrective measures should be implemented when possible within 24 hours of the accident.**

<b>SUPERVISOR'S RECOMMENDATION(S):</b>	
Date corrective action was taken:	Supervisor's Signature:

<b>AREA MANAGER/GMM COMMENT(S):</b>	
Date received:	Area Manager/GMM Signature:

<b>DISTRICT MANAGER'S COMMENT(S):</b>	
Date received:	District Manager's Signature:

<b>DEPUTY DIRECTOR'S COMMENT(S):</b>	
Date received:	Deputy Director's Signature:

**Check List of Actions Taken:**

<input type="checkbox"/> Copy Sent to Payroll Specialist	By: _____	Date: _____
<input type="checkbox"/> Copy Given to Division's Safety Officer	By: _____	Date: _____
<input type="checkbox"/> Copy Sent to Department Training Office	By: _____	Date: _____

**V. FOLLOW-UP: WAS CAUSE OF ACCIDENT RESOLVED?** It is the supervisor's responsibility to follow-up all accident/injuries.  If, Yes Date: \_\_\_\_\_

<input type="checkbox"/> If, No: Hold for 3 month follow-up (Describe current situation)	
Date corrective action was taken:	Supervisor's Signature: