



Redlands Unified School District

2017-2018

LETTER TO VOLUNTEERS

Thank you for your interest in becoming a volunteer in the Redlands Unified School District. With the passing of AB346 into law in July 2010, we are required to obtain specific documentation from each volunteer. In ALL volunteer situations, you are required to complete items 1, 2, 3 & 4 and submit it to the school office: *Gretchen Ramos*

- ★ 1) Complete a negative TB skin test AND if you are new to volunteering for this district, the test must be completed within the past 60 days.
 - a) You can go to your own doctor to have the test OR
 - b) Obtain a "Health Services Voucher" from the Superintendent's Office.
 - THIS VOUCHER IS ONLY VALID AT the facility listed below
 - DO NOT TAKE THE VOUCHER TO ANY OTHER FACILITY
 - If you get the test at the facility WITH NO VOUCHER, you will be charged \$20.00

**Redlands Community Hospital Family Clinic – 802 W. Colton Ave., #E, Redlands, CA 92374
 909-335-5799. TB Skin Tests are given Monday, Tuesday, Wednesday from 8:00 AM -11:00 AM
 and 1:00 PM – 3:30 PM. Fridays from 8:00 AM – 11:00 AM *Not available on Thursday***

Once you have completed your TB skin test, it will be valid with the school district for four years.

- ★ 2) Megan's Law Website Check notification form - by signing this form you are acknowledging that a website check will be completed on you. You sign this form at the school office.
- ★ 3) Workers Compensation Insurance form - by signing this form you are acknowledging that if you are injured while volunteering and you require medical treatment, you will be treated by a provider within the "medical provider network". You sign this form at the school office.
- ★ 4) District Expectations of Appropriate Professional Conduct form – must be read, signed and dated. You sign this form at the school office.

Chest X-rays - If you require a chest x-ray, to rule out Tuberculosis, you may have this done by your own doctor. If that is not an option for you, please contact the Superintendent's Office for possible options. **WE DO NOT ISSUE VOUCHERS FOR CHEST X-RAYS.**

Fellows only → **Police Records Check** – If you will be chaperoning an overnight field trip or you will be alone with students while volunteering and not under the direct supervision of a teacher or administrator, you will be required to have a police records check completed, which is good for one year. The police records check form is obtained at the Superintendent's Office at 20 West Lugonia Ave., Redlands, CA 92374.

Return all forms and paperwork directly to the school office. Once the school office is in receipt of all required documents, they will submit your name for Board approval. You must be Board approved prior to commencing service as a volunteer. Board approval must be done on an annual basis.



Redlands Unified School District

Educational Services Division
Student Services Department

P.O. Box 3008 • Redlands, California 92373-1508 • (909) 307-5300 • FAX (909) 792-3847

Megan's Law Volunteer Background Check

To provide a safe and protective environment for students, the Redlands Unified School District is using the Megan's Law database to complete background checks on school volunteers. This database identifies adults who are registered sex offenders.

Because you are interested in volunteering at a school site, want to participate in a school sponsored field trip and/or overnight excursion, you are subject to a background check utilizing the Megan's Law database.

Thank you for your cooperation in increasing the district's ability to protect our students' well being.

I acknowledge that I am not a registered sex offender and the Redlands Unified School District will check the Megan's Law public database to confirm this. This form can be used throughout the school year to review my status.

School: _____ Teacher: _____

Student's Name: _____

Volunteer's Name (please print): _____

Volunteer Address: _____
Number Street City Zip

Volunteer's D.O.B.: _____ Phone: _____

Volunteer's E:Mail Address _____

Signature: _____ Date: _____

Office use only

Date background check completed: _____

Clearance approved: Yes _____ No _____

Completed by: _____



Redlands Unified School District

District Expectations of Appropriate Professional Conduct

All substitute employees, volunteers, student workers, and university tutors/observers are expected to comport themselves in an appropriate manner with students at all times. Interactions and communication with students should be professional, courteous, and for educational purposes at all times. All persons working with students in the Redlands Unified School District are expected to establish and maintain appropriate boundaries in their interactions with students inside and outside of the classroom. Below please find rules for working with students as related to physical and emotional boundaries, social media and electronic communication.

Rules Regarding Professional Boundaries

- You shall not be alone with a student behind closed/locked doors;
- You shall not ask students to run your personal errands;
- You shall not transport students without proper authorization/district approval;
- Even when approved to transport, you must have another adult in their vehicle when transporting students;
- You shall not share your personal problems/stories/information with or in the presence of students;
- You shall not invite students to your home, unless it is a school sponsored extracurricular activity, authorized by a District administrator, that is appropriately supervised;
- You shall not meet students in off-site locations without a parent/guardian being present;
- You shall not exhibit behaviors which may be viewed as favoring one student over others;
- You shall not use innuendos that may be suggestively interpreted when talking with students;
- You shall not tell inappropriate jokes, make inappropriate comments about others, or use profanity with students or in the presence of students.

Rules for Social Media (Facebook, Twitter, Instagram, etc.)

- You are to use privacy settings to control access and keep your personal accounts private;
- "Friending" students/parents on social media sites is strongly discouraged;
- You are to keep personal accounts separate. Creating class/team accounts/pages is strongly encouraged;
- Be cognizant of your own online identity. Personal posts/pictures may not be appropriate for students to see;
- Be aware that anything posted on the internet could be subject to public viewing and republication by third parties without your knowledge;
- Be careful about pictures you post. Think about the image you wish to present of yourself to colleagues, parents, and students;
- Be cognizant about the language and topics you use on social media sites. Never discuss student information or any other confidential matters;



Important Information about Medical Care if you have a Work-Related Injury or Illness

Complete Written Employee Notification regarding Medical Provider Network
(Title 8, California Code of Regulations, Section 9767.12)

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer has chosen to provide this medical care by using a Workers' Compensation physician network called a Medical Provider Network (MPN). This MPN is administered by Harbor Health Systems.

This notification tells you what you need to know about the MPN program and describes your rights in choosing medical care for work-related injuries and illnesses.

- **What happens if I get injured at work?**

In case of an emergency, you should call 911 or go to the closest emergency room.

If you are injured at work, notify your employer as soon as possible. Your employer will provide you with a claim form. When you notify your employer that you have had a work-related injury, your employer or insurer will make an initial appointment with a doctor in the MPN.

- **What is an MPN?**

A Medical Provider Network (MPN) is a group of health care providers (physicians and other medical providers) used by YOUR EMPLOYER to treat workers injured on the job. MPNs must allow employees to have a choice of provider(s). Each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine.

- **What MPN is used by my employer?**

Your employer is using the PRIME Advantage MPN Powered by Harbor Health Systems MPN with the identification number 2358. You must refer to the MPN name and the MPN identification number whenever you have questions or requests about the MPN.

- **Who can I contact if I have questions about my MPN?**

The MPN Contact listed in this notification will be able to answer your questions about the use of the MPN and will address any complaints regarding the MPN.

The contact for your MPN is:

Name: Harbor Health Systems MPN Contact
Title: MPN Contact
Address: PO Box 54770, Irvine, CA 92619-4770
Telephone Number: (888) 626-1737
Email address: MPNcontact@harborsvs.com

General information regarding the MPN can also be found at the following website: www.harborsvs.com/Keenan

- **What if I need help finding and making an appointment with a doctor?**

The MPN's Medical Access Assistant will help you find available MPN physicians of your choice and can assist you with scheduling and confirming physician appointments. The Medical Access Assistant is available to assist you Monday through Saturday from 7am-8pm (Pacific) and schedule medical appointments during doctors' normal business hours. Assistance is available in English and in Spanish.

own doctor outside of the MPN network. Contact your MPN Contact for assistance in finding a physician or for additional information.

- **What if I need a specialist that is not available in the MPN?**

If you need to see a type of specialist that is not available in the MPN, you have the right to see a specialist outside of the MPN.

- **What if I disagree with my doctor about medical treatment?**

If you disagree with your doctor or wish to change your doctor for any reason, you may choose another doctor within the MPN.

If you disagree with either the diagnosis or treatment prescribed by your doctor, you may ask for a second opinion from another doctor within the MPN. If you want a second opinion, you must contact the MPN contact or your claims adjuster and tell them you want a second opinion. The MPN should give you at least a regional or full MPN provider list from which you can choose a second opinion doctor. To get a second opinion, you must choose a doctor from the MPN list and make an appointment within 60 days. You must tell the MPN Contact of your appointment date, and the MPN will send the doctor a copy of your medical records. You can request a copy of your medical records that will be sent to the doctor.

If you do not make an appointment within 60 days of receiving the regional provider list, you will not be allowed to have a second or third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If the second opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify your employer or insurer and you. You will get another list of MPN doctors or specialists so you can make another selection.

If you disagree with the second opinion, you may ask for a third opinion. If you request a third opinion, you will go through the same process you went through for the second opinion.

Remember that if you do not make an appointment within 60 days of obtaining another MPN provider list, then you will not be allowed to have a third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If you disagree with the third-opinion doctor, you may ask for an MPN Independent Medical Review (IMR). Your employer or MPN Contact will give you information on requesting an Independent Medical Review and a form at the time you select a third-opinion physician.

If either the second or third-opinion doctor or Independent Medical Reviewer agrees with your need for a treatment or test, you may be allowed to receive that medical service from a provider within the MPN, or if the MPN does not contain a physician who can provide the recommended treatment, you may choose a physician outside the MPN within a reasonable geographic area.

- **What if I am already being treated for a work-related injury before the MPN begins?**

Your employer or insurer has a "*Transfer of Care*" policy which will determine if you can continue being temporarily treated for an existing work-related injury by a physician outside of the MPN before your care is transferred into the MPN.

If your current doctor is not or does not become a member of the MPN, then you may be required to see a MPN physician. However, if you have properly predesignated a primary treating physician, you cannot be transferred into the MPN. (If you have questions about predesignation, ask your supervisor.)

If your employer decides to transfer you into the MPN, you and your primary treating physician must receive a letter notifying you of the transfer.

If you meet certain conditions, you may qualify to continue treating with a non-MPN physician for up to a year before you are transferred into the MPN. The qualifying conditions to postpone the transfer of your care into the MPN are set forth in the box below.

- **What If I have questions or need help?**

- **MPN Contact:** You may always contact the MPN Contact if you have questions about the use of the MPN and to address any complaints regarding the MPN.
- **Medical Access Assistants:** You can contact the Medical Access Assistant if you need help finding MPN physicians and scheduling and confirming appointments.
- **Division of Workers' Compensation (DWC):** If you have concerns, complaints or questions regarding the MPN, the notification process, or your medical treatment after a work-related injury or illness, you can call the DWC's Information and Assistance office at 1-800-736-7401. You can also go to the DWC's website at www.dir.ca.gov/dwc and click on "medical provider networks" for more information about MPNs.
- **Independent Medical Review:** If you have questions about the MPN Independent Medical Review process contact the Division of Workers' Compensation's Medical Unit at:

DWC Medical Unit
P.O. Box 71010
Oakland, CA 94612
(510) 286-3700 or (800) 794-6900

Keep this information in case you have a work-related Injury or illness.



Redlands Unified School District
PRIME Advantage Medical Network
a Medical Provider Network (MPN)

Date Provided to Volunteer

A safe working environment is our number one priority. However, should an accident or injury occur, we want to ensure that our volunteers receive prompt effective medical treatment. Our goal is to assist injured volunteers in making a full recovery.

The District has been approved by the Department of Industrial Relations Division of Workers' Compensation to participate in the ***PRIME Medical Network*** (MPN) administered by Harbor Health Systems. That means that if you require and/or request medical treatment for a volunteer-related injury, all medical treatment will be provided by a physician or provider within the medical provider network. The attached ***“Important Information about Medical Care if you have a Work-Related Injury or Illness”*** (which also covers volunteers) will explain, in detail, all of your rights including how to change physicians, request a second and third opinion and how to gain access to a list of participating providers.

The attached ***“Important Information about Medical Care if you have a Work-Related Injury or Illness”*** is being provided to you in compliance with state regulations. Please read the material carefully. Should you have any questions, please feel free to contact Sylvia Morrison, Risk Management Supervisor at 909-307-5300 extension 20521 or Keenan & Associates, our third-party administrator, at 1-800-654-8347.

By signing below you are acknowledging that you have received and read the ***“Important Information about Medical Care if you have a Work-Related Injury or Illness”***. Please sign and return to the School Office Manager or Secretary.

Volunteer Name

Volunteer Signature

Date