WHEN THERE IS A WORKERS’ COMPENSATION INJURY

1. GET THE INJURED EMPLOYEE MEDICAL ATTENTION
   OHF at 67-120 CHS  10833 Le Conte Ave  (310) 825-6771
   7:30 AM to 4:30 PM Monday – Friday
   After OHF Hours use Emergency Medicine Center/EMC  (310) 267-8400
   757 Westwood Plaza, ER entrance Gayley Ave, north of Le Conte
   EMERGENCY  911 from campus phone or  310 825-1491 from a cell phone or off campus
   Serious injuries and/or hospitalized overnight require an immediate call to Environment Health and Safety 310 825 9797

2. COMPLETE:
   UCLA INCIDENT REPORT & REFERRAL FOR MEDICAL TREATMENT
   Employee and Supervisor complete and sign the top two sections.
   Send the form with the Employee to OHF or EMC.
   The Doctor will fill out the bottom section.
   The Employee should bring back a completed copy. Please try to accommodate any temporary work restrictions. If you have questions call Transitional Return to Work Coordinator @ 310 794 -6955

3. GIVE EMPLOYEE THESE FORMS, IF THE INJURY IS MORE THAN FIRST AID:
   WORKERS’ COMPENSATION CLAIM FORM (DWC 1) & NOTICE OF POTENTIAL ELIGIBILITY
   WHEN AN INJURY OCCURS PAMPHLET
   To complete the WORKERS’ COMPENSATION CLAIM FORM (DWC 1)
   Supervisor completes the bottom section 9 through 17 and signs the form.
   The employee fills out the top section.
   Give the Employee a completed-signed copy.
   Keep a copy of the completed form for your department.
   Send a copies to Payroll/ Personnel  and ↓

4. REPORT INJURIES WITHIN 24 HOURS TO INSURANCE & RISK MANAGEMENT
   FAX 310 794-6957 or E mail wcreports@irm.ucla.edu  THESE COMPLETED FORMS:
   UCLA INCIDENT REPORT & REFERRAL FOR MEDICAL TREATMENT AND WORKERS’ COMPENSATION CLAIM FORM (DWC 1)

   IRM Administrative Assistant            310 794 - 8873
   Workers’ Comp Benefit’s Coordinator     310 794 -6952
   Workers’ Comp Manager                    310 794 -6954

   TO REPORT AN INJURY 24/7 CALL 877 682-7778