WHEN THERE IS A WORKERS’ COMPENSATION INJURY

1. Get the Injured Employee Medical Attention

**OHF** at 200 UCLA Medical Plaza, suite 224
7:30 AM to 4:30 PM Monday – Friday
After OHF Hours use Emergency Medicine Center/EMC
B Level in the Center for the Health Sciences.

Severe injuries call 911*
* Severe injuries and/or hospitalized overnight require an immediate call to Environment Health and Safety 310-825 5689

Fill out the top two sections.
Send it with the Employee to OHF.
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 Return to Work Coordinator @ 310 794 -6955

3. Give Employee, 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 copy to Payroll/ Personnel and

4. FAX a copy to OIRM 310 794-6957 within 24 hours of the injury

OIRM Administrative Assistant Polly Benninghoff 310 794-6948
Workers’ Comp Coordinator Ron Garduno 310 794-6952
Workers’ Comp Manager Judith Parrish 310 794-6954

Transitional Return to Work Coordinator 310 794-6955