

Work Injury Reporting Contact Information

EMERGENCY: Dial 9-1-1
Workers' Compensation: 818-238-5010
Workers' Compensation Fax: 818-238-5019

City of Burbank Work Injury Reporting Guide for Supervisors

If an **EMERGENCY**, dial 9-1-1 immediately

Notify

Treat

Document

Communicate

Steps to take following a Work Injury

Immediately respond to the employee's injury notification and render aid. **IF THE INJURY IS SERIOUS OR LIFE THREATENING, CALL 9-1-1 IMMEDIATELY.**

If non-emergency medical treatment is necessary, complete the [Medical Service Order \(MSO\) Form](#) and direct or transport the employee to the closest pre-approved industrial medical facility.

- Provide the employee a copy of the MSO Form for the treating physician.



[Click here for a list of pre-approved facilities](#)

NOTE: If the injury occurs **after-hours**, direct or transport the employee to the **closest** medical facility instead of the City's pre-approved facilities (due to limited hours of operation on evenings, weekends, and holidays) and make required notifications the next regular workday.

If the employee declines medical treatment, a [Declination of Medical Treatment Form](#) must be completed by the employee.


You must notify the following of the injury as soon as possible:

- Your Department
- Workers' Compensation Division



IF THE INJURY IS SERIOUS OR LIFE-THREATENING, CONDUCT YOUR NOTIFICATIONS AFTER EMERGENCY RESPONDERS ARRIVE.

As soon as practical, but no later than 48 hours after the injury, investigate the incident to determine the cause of the injury.

<input type="checkbox"/>	Within 48 hours of the injury, complete an Incident Analysis Report (IAR) – Immediate Supervisor’s Statement and Investigation Report and submit it to Workers’ Compensation. ***NOTE: You <u>must</u> complete this form even if the employee declines treatment.***
<input type="checkbox"/>	Complete the Employer’s Report of Occupational Injury Form (5020) and provide it to your Department Manager for signature. Provide the executed copy to Workers’ Compensation. ***NOTE: You <u>must</u> complete this form even if the employee declines treatment.***
<input type="checkbox"/>	If the employee decides to file a claim, provide the employee with the Workers’ Compensation Claim Form (DWC 1) .
<input type="checkbox"/>	<p>If work restrictions have been given to the employee, notify your Department Manager <u>and</u> Workers’ Compensation. Together, they will work with the Americans with Disabilities Coordinator to determine whether or not an accommodation can be made.</p> <p>If the employee is out of work, call the employee to check on his or her progress periodically. Be sure to keep Workers’ Compensation informed of all restrictions that are accommodated and any change in the employee’s status.</p>
<input type="checkbox"/>	 <p>RETURNING TO WORK: A medical release form from the employee’s treating physician must be provided to you <u>and</u> to Workers’ Compensation prior to returning to work. Be sure to confirm the employee’s work status with Workers’ Compensation before allowing the employee to return to work.</p>
<input type="checkbox"/>	<p>It is the responsibility of the employee to communicate the status of their injury. They are <u>required</u> to notify their supervisor <u>and</u> workers’ compensation of the following:</p> <ul style="list-style-type: none"> a. Work Status b. Restrictions c. Medical Appointments d. Return to Work Date / Any Restrictions and/or Accommodations e. Any Other Updates Pertaining to the Injury or Claim <p><i>***Even though the employee is required to notify, ensure a good partnership in the process by checking in with your employee and Workers’ Compensation periodically. Communication is key during this process.***</i></p>



**Still have some questions? Our Workers’ Compensation team is happy to assist!
Give them a call at 818-238-5010.**

