

MPP GUIDE TO REPORTING A WORK-RELATED INJURY OR ILLNESS



Cal Poly
Pomona

Following these steps helps protect our employees, our campus, and your department.

STEP 1 & 2: NOTIFY AND SEEK TREATMENT

1 REFER FOR MEDICAL EVALUATION

For emergencies, dial **9-1-1** from any campus phone or call **909.869.3070** from any cell phone to reach the University Police Dispatcher.

2 NON-EMERGENCIES

Complete a Medical Authorization Form and provide the form to the injured worker for treatment with a campus-preferred industrial clinic within one day of your knowledge.



If on the date of injury or the first day of treatment the employee is unable to drive themselves to the clinic, the clinic will arrange for transportation to the clinic and back to the campus at the request of the Manager or Workers' Compensation Office.

IMPORTANT TIMELINES AND POSSIBLE FINES



Serious injuries and hospital admissions:
IMMEDIATELY



All other injuries:
WITHIN 24 HOURS

California Occupational Safety and Health Administration (Cal OSHA) requires notification of serious injuries and hospital admissions immediately.

All other injuries must be reported within 24 hours.

If the injury occurs after-hours or on the weekend then you must inform University Police.



Any fines associated with not reporting the injury timely as required will be the responsibility of the reporting department.



CAMPUS-PREFERRED INDUSTRIAL CLINIC

Each clinic has various locations the injured worker can choose from.



POMONA VALLEY
HEALTH CENTERS

Pomona Valley Health Centers has clinics in:



La Verne



Chino Hills



Claremont



STEP 3: COMPLETE REPORTING FORMS

Provide a blank claim form to the injured worker **WITHIN 24 HOURS** of knowledge of the injury.



The injured worker is not required to complete the form, but we must provide the form.



Complete and submit a Manager's Report Form to the Workers' Compensation Office

WITHIN ONE BUSINESS DAY.

SUBMIT DOCUMENTS SECURELY

All forms and supporting documents such as pictures should only be submitted via:



SECURED WORKERS' COMPENSATION SUBMISSION FORM (an OnBase/PolyDoc form)



IN-PERSON



SEALED INTER-OFFICE ENVELOPE



Do not email or fax any documents that contain Social Security numbers or any other personally identifiable information.

