

Procedures for Completion of Worker's Compensation Claims Paperwork

The following steps should be completed in the event of a work-related injury or illness. It is the manager or supervisor's responsibility to ensure that all required forms are completed within 24 hours of reporting a work-related injury or illness. All completed forms should be submitted to either the Human Resources Office and/or to the Benefits Office at the Claremont University Consortium. Please follow-up with the Human Resources Office at 909-621-8490 if paperwork cannot be completed in a timely manner.

Reporting Work-Related Injuries or Illnesses

For serious or life, limb or eyesight threatening injuries or illnesses call 911 (or 9-911 on campus phone), indicate the exact location of the injured/ill employee and the nature of the emergency.

The **TravCARE Nurse Line** should be contacted to report a work-related injury or illness, when it is not life, limb or eyesight threatening, by calling the nurse triage service at 1-855-385-6037. The manager/supervisor is responsible to initiate the call to TravCARE. When calling, identify yourself as an employee of The Claremont Colleges. The call should be made in a private area for the employee to speak confidentially with the nurse. Bilingual nurses are available, therefore, please inform the nurse of any language needs for the employee. Once the nurse is finished speaking with the employee, the nurse will recommend medical care or self-care and will communicate these recommendations to the manager.

If medical care is needed, the manager should confirm that the employee is able to drive or arrange for transportation to the nearest clinic using the Yellow Cab Co. taxi service at 909-622-1313 using account number 0958MCKENNA. The taxi service can provide transportation back to the College, but it does not transport employees to their home.

Seeking Medical Treatment

The **Employee Accident Form** must be completed by the employee. The **Supervisor Accident Form** must be completed by the employee's supervisor. Return the completed forms to either the Human Resources Office and/or to the Benefits Office at the Claremont University Consortium.

Form DWC-1 must be completed by the employee in order to file a workers' compensation claim with the College. The employee must complete the top section. Return the completed form to either the Human Resources Office and/or to the Benefits Office at the Claremont University Consortium. The bottom section is completed by the Worker's Compensation Administrator. Once completed, a copy is given to the employee.

The Salary Continuation Form should be completed by the employee. This will allow the College to supplement the employee's pay with paid time off, should the employee be placed off work by the medical provider. Worker's Compensation benefits require a three day waiting period during which time the employee will use accrued sick hours, if available. Return the completed form to either the Human Resources Office and/or to the Benefits Office at the Claremont University Consortium.

The [Medical Provider Network](#) (MPN) notification should be given to the employee. This notification describes employee's rights in choosing treatment for work-related injuries and illnesses. The signed acknowledgement form should be given to the Human Resources Office.

Designated Clinics

If medical care is needed, the employee should seek treatment at one of the designated clinics listed below. The employee or the supervisor must notify the Benefits Office at 909-621-8847 or the Human Resources Office at 909-621-8490 when/if the employee receives medical treatment.

CONCENTRA MEDICAL

(Hours: 24/7, seven days/week)
9405 Fairway View Place
Rancho Cucamonga, CA 91730
Phone: (909) 481-7345
Fax: (909) 484-8661

U.S. HEALTHWORKS

(Hours: M-F 7:30 a.m. – 6:00 p.m.)
801 Corporate Center Drive, #130
Pomona, CA 91768
Phone: (909) 623-1954
Fax: (909) 623-4988

SAN ANTONIO COMMUNITY HOSPITAL

*(After-hours weekend emergencies,
contact Campus Safety)*
999 San Bernardino Road
Upland, CA 91786
Phone: (909) 985-2811, ext. 24527
Fax: (909) 466-8582

Waiving Medical Treatment

If an employee refuses medical treatment or if medical care is not necessary, the [Employee Accident Report](#) and the [Supervisor Accident Report](#) must still be completed. The completed forms should be given to the Human Resources Office and/or to the Benefits Office at the Claremont University Consortium.

If you have any questions regarding the Worker's Compensation Claims process, please call the Human Resources Office at 909-621-8490.