If Life threatening, call 911
(if using cell phone on main campus call 951-827-5222) or transport to:
Riverside Community Hospital
Emergency Services
4445 Magnolia Ave, Riverside, CA 92501
24 hours / 7 days per week
(951) 788-3000

Follow-up treatment for work-related injuries should be obtained at Workers’ Compensation Medical Facility Locations (see tab below).

Report fatalities or injuries requiring hospitalization for more than 24 hours within 8 hours to Cal/OSHA and EH&S following the directions on the “Report severe injuries and fatalities” page

Report all work-related injuries within 48 hours using the Incident Report Form available at http://hr.ucr.edu, or contact Workers’ Compensation (951)827-2636 workerscomp@ucr.edu
FACULTY & STAFF

If you are injured while performing duties as part of your job:

1. Obtain treatment at one of the medical centers listed on the Workers’ Comp Medical Facilities Locations page (see tab below)

2. Inform your supervisor and/or department administration.

3. Report fatalities or major injuries requiring hospitalization for more than 24 hours within 8 hours to Cal/OSHA and EH&S following the directions on the “Report severe injuries and fatalities” page

4. Report all work-related injuries within 48 hours using the Incident Report Form available at http://hr.ucr.edu, or contact Workers’ Compensation (951)827-2636 workerscomp@ucr.edu
VISITORS,

VISITING SCHOLARS AND
UN-REGISTERED VOLUNTEERS\(^{(a)}\)

1. Obtain medical treatment through your regular medical provider (i.e. HMO, PPO).

2. Notify your campus host contact

   (Campus host should notify their department administration so they can provide the appropriate follow-up).

\(^{(a)}\) Please refer to the UCR Policy & Procedures Manual, Policy \# 650-85 for more details
REGISTERED VOLUNTEERS

If you are injured while performing registered duties:

1. Obtain treatment at one of the medical centers listed on the Workers’ Comp Medical Facilities Locations page (see tab below)

2. Inform your supervisor and/or department administration.

3. Report fatalities or injuries requiring hospitalization for more than 24 hours within 8 hours to Cal/OSHA and EH&S following the directions on the “Report severe injuries and fatalities” page

4. Report all work-related injuries within 48 hours using the Incident Report Form available at http://hr.ucr.edu, or contact Workers’ Compensation (951)827-2636 workerscomp@ucr.edu

Otherwise obtain medical treatment through your regular medical provider (i.e. HMO, PPO).
POSTDOCTORAL SCHOLARS

Important – Always immediately notify your supervisor / PI / department administration of any work or research-related injury or illness, no matter how small. If none of these individuals are present, immediately notify a faculty or staff member in the immediate area and tell your PI / supervisor as soon as possible.

Postdoc Employees:
1. Obtain treatment at one of the medical centers listed on the Workers’ Comp Medical Facilities Locations page (see tab below)
2. Inform your supervisor and/or department administration.
3. Report fatalities or injuries requiring hospitalization for more than 24 hours within 8 hours to Cal/OSHA and EH&S following the directions on the “Report severe injuries and fatalities” page
4. Report all work-related injuries within 48 hours using the Incident Report Form available at http://hr.ucr.edu, or contact Workers’ Compensation (951)827-2636 workerscomp@ucr.edu

Postdocs-Paid Direct/Fellows
(Postdocs not paid by through the UCR payroll system)
if you do not receive a "Statement of Earnings" you should obtain medical treatment through your personal health insurance coverage(i.e. HMO, PPO)
UNDERGRADUATE STUDENTS

Important – Always immediately notify your supervisor / PI / department administration of any work or research-related injury or illness, no matter how small. If none of these individuals are present, immediately notify a faculty or staff member in the immediate area and tell your PI / supervisor as soon as possible.

Are you a student employee?

If “Yes”:

Were you injured while performing duties as part of the job for which you are currently being paid?

If “Yes”:

1. Obtain treatment at one of the medical centers listed on the Workers’ Comp Medical Facilities Locations page (see tab below)
2. Inform your supervisor and/or department administration.
3. Report fatalities or injuries requiring hospitalization for more than 24 hours within 8 hours to Cal/OSHA and EH&S following the directions on the “Report severe injuries and fatalities” page
4. Report all work-related injuries within 48 hours using the Incident Report Form available at http://hr.ucr.edu, or contact Workers’ Compensation (951) 827-2636 workerscomp@ucr.edu

If “No”:

Follow the instructions below for student non-employees

If “No” (not paid for any campus activity): Are you a member of the Campus Student Health Plan?

If “Yes”: During normal business hours go to the Campus Health Center(a)
After hours until 9 pm: go to Riverside Medical Clinic Urgent Care
All other times: Riverside Community Hospital

If “No”: During normal business hours go to the Campus Health Center(a), inform them that you are not on the health plan but were injured while on campus.
At all other times, obtain medical treatment through your personal health insurance coverage (i.e. HMO, PPO)

(a) For current business hours go to www.campushealth.ucr.edu

URGENT MEDICAL ISSUE UNDERGRADUATE STUDENTS
GRADUATE STUDENTS

(Examples are on the next tab)

Important – Always immediately notify your supervisor / PI / department administration of any work or research-related injury or illness, no matter how small. If none of these individuals are present, immediately notify a faculty or staff member in the immediate area and tell your PI / supervisor as soon as possible.

Are you a student employee and paid as a TA, GSR or UCR fellowship?

If “Yes”

Were you injured while performing duties as part of the job for which you are currently being paid (e.g. TAs injured while teaching or GSR injured while performing paid research?

If “Yes”:

1. Obtain treatment at one of the medical centers listed on the Workers’ Comp Medical Facilities Locations page (see tab below)
2. Inform your supervisor and/or department administration.
3. Report fatalities or injuries requiring hospitalization for more than 24 hours within 8 hours to Cal/OSHA and EH&S following the directions on the “Report severe injuries and fatalities” page
4. Report all work-related injuries within 48 hours using the Incident Report Form available at http://hr.ucr.edu, or contact Workers’ Compensation (951) 827-2636 workerscomp@ucr.edu

If “No”: Follow the instructions for student non-employees

If “No”: Are you paid through a non-UCR fellowship?

A small number of fellowships are paid via UCR but are NOT UCR payroll – if your paysheet does not contain the words “UCR Payroll”, you are on one of these fellowships; it is best to contact your department administration and confirm your fellowship status prior to an emergency.

If you are paid through a non-UCR fellowship, follow the instructions for student non-employees

If you are not paid for any campus activity:

Are you a member of the Campus Student Health Plan?

If “Yes”: Mon/Tue/Wed/Fri 8 am-4:30 pm; Thu 9am-4:30pm, go to the Campus Health Center
Mon/Tue/Wed/Fri 4:30- 9 pm: go to Riverside Medical Clinic Urgent Care
All other times: Riverside Community Hospital

If “No”: Mon/Tue/Wed/Fri 8am-4:30 pm; Thu 9am-4:30pm: go to the Campus Health Center, inform them that you are not on the health plan but were injured while on campus.
At all other times, obtain medical treatment through your personal health insurance coverage (i.e. HMO, PPO)
Examples Non-emergency medical treatment protocols for Graduate Students

Graduate Students Researchers

**Graduate student, working on research.** Joe is a Chemistry graduate student employed as a Graduate Student Researcher. He is working in a lab setting up an experiment for his supervisor, Professor Smith, when he cuts his hand on broken glass. It’s not an emergency (he doesn’t need to go to the ER) but he’d like a doctor at Student Health Services to take a look at it. What does he do?

This is a work related injury; he needs to inform his department/supervisor and seek treatment through Workers’ Compensation, NOT Student Health Services.

**Graduate student, working on research WITH a fellowship.** Joe’s thesis work earns him an American Chemical Society Graduate Fellowship, which supports him for his last year as a Ph.D. student. He cuts his hand again.

If Joe is on University payroll as a result of this fellowship, it is a work related injury; he needs to inform his department/supervisor and seek treatment through Workers’ Compensation.

If Joe is not on University payroll, he should seek treatment at Student Health Services or through his primary care provider.

**Graduate Student at home.** Joe is no longer even sure who is supporting him, but knows he is covered by GSHIP. He cuts his hand one morning at home slicing a bagel.

This is a non-industrial injury; if Joe needs medical care, he should seek treatment at Student Health Services or through his primary care provider.

**Graduate student, working in another laboratory.** One morning, a friend of Joe’s (who is a graduate student in Professor Jones’ lab) asks for help in applying a technique that Joe is expert with. Joe goes to Professor Jones’ lab, and in the course of demonstrating the technique, he cuts his hand.

This is a non-industrial injury; if Joe needs medical care, he should seek treatment at Student Health Services or through his primary care provider.

Teaching Assistants

**Teaching Assistant (TA), working on research.** Next quarter Joe is employed as a Teaching Assistant for Organic Chemistry lab, which meets in the afternoons. In the morning he is setting up his own experiments for his thesis research and cuts his hand on broken glass, etc. What does he do?

This is a non-industrial injury (not work related); if Joe needs medical care, he should seek treatment at Student Health Services or through his primary care provider.

**Teaching Assistant (TA), working in a laboratory.** In the afternoon, as a TA in the Organic Chemistry lab, he is showing an undergraduate student how to set up an experiment and cuts his hand on broken glass. Where should he go?

This is a work related injury; he needs to inform his department/supervisor and seek treatment through Workers’ Compensation, not Student Health Services.

**Teaching Assistant (TA), working on research WITHOUT a fellowship.** The quarter ends and Professor Smith’s grant runs out. It will be a month before funding starts up again. There are no Teaching Assistantships available at this late stage, but Joe has saved enough that he will be fine for this month. During the unfunded month, he is setting up an experiment for his thesis research, and cuts his hand.

This is a non-industrial injury; if Joe needs medical care, he should seek treatment at Student Health Services or through his primary care provider.

**Teaching Assistant, with personal illness.** Joe eats a bad burrito at lunch, and later in the afternoon while he is TA-ing he gets quite ill with intestinal problems.

This is a non-industrial illness; if Joe needs medical care, he should seek treatment at Student Health Services or through his primary care provider.

**Teaching Assistant, travelling on field trip.** Joe is now employed as a TA for a field trip course. During the trip, Joe is injured in an automotive accident in Northern California.

This is a work related injury; he needs to inform his department/supervisor, seek any necessary medical care at a local emergency room and contact Workers’ Compensation at (951) 827-4719 as soon as possible.
WORKERS’ COMP MEDICAL FACILITY LOCATIONS

Parkview Occupational Medicine
9041 Magnolia Ave., Suite 107, Riverside, CA 92503
Mon-Fri (8:00am – 9:00pm)
Sat/Sun (9:00am – 6:00pm)
(951) 353-1021
After hours call: 951-351-7726

Central Occupational Medicine Providers
4300 Central Ave., Riverside, CA 92506
24 hours / 7 days per week
(951) 222-2206
Transportation can be requested by calling facility in advance

FOR LIFE THREATENING INJURY:
Riverside Community Hospital
Emergency Services (951) 788-3000
4445 Magnolia Ave, Riverside, CA 92501
24 hours / 7 days per week

Follow-up treatment for work-related injuries should be obtained at Parkview Occupational Medicine or Central Occupational Medicine Providers.
STUDENT MEDICAL FACILITY LOCATIONS

Report to the Campus Health Center
Located across from Parking Lot 15
Mon/Tue/Wed/Fri 8:00am – 4:30 pm
Thu 9:00am – 4:30pm
(951) 827-3031

Riverside Medical Clinic
Urgent Care Entrance B
7117 Brockton Ave, Riverside, CA
92506
Mon/Tue/Wed/Fri 4:30 – 9:00pm
Sat/Sun 9:00am – 9:00pm
(951) 782-3789

Riverside Community Hospital
Emergency Services
4445 Magnolia Ave, Riverside, CA
92501
24 hours /7 days per week
(951) 788-3000

check http://safety.ucr.edu for current version
Any work related fatality, injury or illness that requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement shall be report to Cal/OSHA within 8 hours.

1. Record following information for the work related fatality or serious injury and illness

<table>
<thead>
<tr>
<th>Employer Name:</th>
<th>University of California Riverside</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Phone:</td>
<td>951-827-5528</td>
</tr>
<tr>
<td>Employer Address:</td>
<td>900 University Ave, Riverside CA 92521</td>
</tr>
</tbody>
</table>

Name and title of person reporting the incident:

| Name and title of person reporting the incident: | 
|------------------------------------------------|---|
| Beiwei Tu, Safety & IH Manager, EH&S |

Phone number of person reporting the incident:

| Phone number of person reporting the incident: | 
|------------------------------------------------|---|
|                                                | 

Date and time of incident:

| Date and time of incident: | 
|-----------------------------|---|
|                            | 

Location or site of incident:

| Location or site of incident: | 
|-------------------------------|---|
|                               | 

Name and Department of injured employee:

| Name and Department of injured employee: | 
|-----------------------------------------|---|
|                                         | 

Address of injured employee:

| Address of injured employee: | 
|------------------------------|---|
|                             | 

Phone of injured employee:

| Phone of injured employee: | 
|-----------------------------|---|
|                            | 

Nature of injury (example: death, amputation of left arm, puncture wound to right thigh)

| Nature of injury | 
|------------------|---|
|                  | 

Description of incident and whether the incident scene or instrumentality has been altered

| Description of incident and whether the incident scene or instrumentality has been altered | 
|------------------------------------------------------------------------------------------|---|
|                                                                                         | 

List and identity of any law enforcement agencies present at the site of the incident:

| List and identity of any law enforcement agencies present at the site of the incident: | 
|----------------------------------------------------------------------------------------|---|
|                                                                                       | 

2. CALL CAL/OSHA SAN BERNARDINO OFFICE (TEL. (909) 383-4321) WITHIN 8 HOURS OF KNOWING ABOUT THE INJURY OR ILLNESS to report the fatality or serious injuries or illness information listed above. Please record following information while reporting the incident to Cal/OSHA:

Date and time Reported:

| Date and time Reported: | 
|-------------------------|---|
|                        | 

Cal/OSHA representative:

| Cal/OSHA representative: | 
|--------------------------|---|
|                         | 

Title of the OSHA Rep:

| Title of the OSHA Rep: | 
|------------------------|---|
|                       | 

Any additional information discussed during the call to Cal/OSHA:

| Any additional information discussed during the call to Cal/OSHA: | 
|------------------------------------------------------------------|---|
|                                                                 | 

3. Fax a copy of this form to EHS (Fax (951) 827-5122) or call EHS (Tel. (951) 827-5528) or email ehs@ucr.edu within 24 hours with this report.