

# **LAB INJURY WORKERS' COMPENSATION PROTOCOL**



## **LIFE THREATENING INJURIES:**

- **CALL UNIVERSITY POLICE DIAL 911**
- **CALL RISK MANAGEMENT DIAL 1-5582**
- **FILL OUT SUPERVISOR'S INJURY REPORT**
- **FILL OUT WORKERS' COMPENSATION ACCIDENT FORM**

## **NON LIFE THREATENING INJURIES:**

- **ADVISE LAB MANAGER**
- **CONTACT RISK MANAGEMENT 1-5582**
- **RISK MANAGEMENT WILL OBTAIN A MEDICAL APPOINTMENT WITH CORPORATE HEALTH**
- **FILL OUT SUPERVISOR'S INJURY REPORT**
- **FILL OUT WORKERS' COMPENSATION ACCIDENT FORM**

## **SUPERVISOR'S INJURY OR ILLNESS INVESTIGATION REPORT**

- **DOWNLOAD FORMS FROM WEBSITE**

<http://www.northwestern.edu/risk/docs/supervisors-report.pdf>

<http://www.northwestern.edu/risk/docs/accident-statement-form.pdf>

- **FORM MUST BE COMPLETED BY LAB MANAGER & FAXED TO RISK MANAGEMENT 7-7475 OR EMAILED TO [risk@northwestern.edu](mailto:risk@northwestern.edu)**