

# BULLETIN



## **Burn Treatment Directive**

Office of Safety

Bulletin #2017-037  
November 21, 2017

# BULLETIN



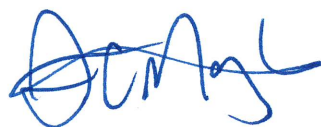
## A Message from the Office of Safety

### BURN TREATMENT DIRECTIVE

Please see the attached Burn Treatment Directive for Work Related Injuries. This document is intended to facilitate the process of transferring work related burn cases to the Grossman Burn Center in the most expeditious manner. Please understand that this form is to be filled out on a completely voluntary basis.

Employees that sustain work related injuries most often will be transported to one of the nearest emergency medical facilities based upon, among other things, geographic location. By having this form on file, our Workers Compensation Group will be able to work with the attending physicians to streamline the process of transferring our injured employees to the facility where by they may receive the finest burn care available.

Please take the time to read the directive carefully. Those who chose to fill out the directive should do so and follow the included directions for routing the document(s). Supervisors and Managers are encouraged to discuss this with their subordinates. Once again, the filing of this document is completely optional, but I do encourage all to participate in this process which has been established to facilitate the best treatment.



Frank C. Naglich  
Chief Safety Officer



## BURN TREATMENT DIRECTIVE FOR WORK RELATED INJURIES

**Grossman Burn Center** is the **Los Angeles Department of Water and Power’s** (LADWP) provider of choice for burn injuries occurring while on the job. Grossman Burn Center was established in 1969 and has earned a world renowned reputation as an advanced leader in burn treatment and recovery. Grossman Burn Centers are medical centers of excellence specializing in a comprehensive and innovative approach to the treatment of burns--from acute care and reconstruction to burn rehabilitation and psychological support services for survivors and their families.

By completing this optional Burn Treatment Directive form and the attached cards, LADWP employees have the option of designating Grossman Burn Center at West Hills as their medical provider in the event of an industrial burn injury. The employee also understands that they may be taken to the nearest hospital or emergency room for stabilization and assessment, but the completion of this form allows for the transfer of care to Grossman Burn Center at West Hills Hospital immediately after. Furthermore, the completion of this form also helps to assure that LADWP Workers’ Compensation Office, Occupational Health Services, and Corporate Safety are able to provide employees with the highest quality of prompt medical treatment should a burn injury occur.

**Grossman Burn Center at West Hills** | 7300 Medical Center Drive | West Hills, CA 91307 | (818) 676-2876  
*24 Hour Emergency Burn Services Phone (818) 676-4177*

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Please take a moment to discuss the above information and attached card(s) with your designated decision maker (spouse, significant other and family). LADWP employees wishing to select Grossman Burn Center at West Hills as their pre-designated work related burn care provider should complete the information below and follow the steps outlined below. *Employee: (Complete this section)*

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

***In the event of a work related burn injury, I authorize my transfer of care to Grossman Burn Center at West Hills for treatment. I understand that I may be taken to the nearest Emergency Room (ER) or hospital for stabilization, but I request my transfer thereafter.***

Employee’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

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For proper filing of the Burn Treatment Directive, please follow these steps. The Burn Treatment Directive cards will notify first responders and medical personnel of your wishes to be treated at Grossman Burn Center at West Hills and the other copy will be retained by management to be accessed in the event of an emergency.

1.) Complete and email or mail a copy of this form to:

LADWP Workers’ Compensation Office P.O. Box 5111 RM. 553 Los Angeles, CA 90012 or  
[workerscomp553@ladwp.com](mailto:workerscomp553@ladwp.com)

2.) Sign both cards and carry a copy of the Burn Treatment Directive card in your wallet or with your LADWP work ID card.

3.) Provide your supervisor with a completed copy of the Burn Treatment Directive card.

*For questions or concerns please contact the Los Angeles Department of Water and Power Workers’ Compensation Office at (213) 367-1942.*





Los Angeles  
Department of  
Water & Power

### BURN TREATMENT DIRECTIVE CARD FOR WORK RELATED INJURIES

#### Employee Copy

#### Supervisor Copy

 <p>Los Angeles Department of Water &amp; Power</p> <p><b>BURN TREATMENT DIRECTIVE</b></p> <p><i>In the event of a work related burn injury, I authorize my transfer of care to Grossman Burn Center at West Hills for treatment. I understand that I may be taken to the nearest Emergency Room (ER) or hospital for stabilization but I request my transfer thereafter.</i></p> <p>LADWP Employee: _____</p> <p>LADWP Employee Signature: _____</p> <p>Emergency Contact: _____</p> <p>Date: _____</p> <p>Grossman Burn Center at West Hills 24 Hour Emergency Burn Services Phone (818) 676-4177</p>	 <p>Los Angeles Department of Water &amp; Power</p> <p><b>BURN TREATMENT DIRECTIVE</b></p> <p><i>In the event of a work related burn injury, I authorize my transfer of care to Grossman Burn Center at West Hills for treatment. I understand that I may be taken to the nearest Emergency Room (ER) or hospital for stabilization but I request my transfer thereafter.</i></p> <p>LADWP Employee: _____</p> <p>LADWP Employee Signature: _____</p> <p>Emergency Contact: _____</p> <p>Date: _____</p> <p>Grossman Burn Center at West Hills 24 Hour Emergency Burn Services Phone (818) 676-4177</p>
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