



## VENTURA COUNTY COMMUNITY COLLEGE DISTRICT HUMAN RESOURCES DEPARTMENT

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### Work-Related Injury Reporting Procedure

The following steps describe the reporting procedures for **any** work-related injury. The forms are located online through My VCCCD, Employee Information Tab, Workers' Compensation.

1. Employees must be informed that they are to report **all** work-related injuries, no matter how minor (bumps on the head, cuts, trip and falls, etc.) **immediately** to their supervisor.
2. Managers/supervisors are required to **act immediately** once an employee notifies them of a work-related injury. The manager/supervisor must ensure that the employee receives, as necessary, immediate medical treatment. Notification to the manager/supervisor constitutes the "notice to the employer."
3. If the injured employee needs to be seen by a doctor, the employee must select a medical facility from the **Medical Panel**. The manager/supervisor must complete the **Treatment Referral & Medical Authorization** form and provide it to the injured employee.
4. The manager/supervisor is required to provide the multi-part **Workers' Compensation Claim Form (DWC 1)** to the employee within 24 hours of knowledge of the incident. The supervisor completes sections 9-18 and then provides the form to the employee. The employee completes sections 1-8 and then returns the form to the supervisor. Please note that the injured employee is not required to return the form to the supervisor, if they do not plan to file a workers' compensation claim. The supervisor, however, should note that the form was provided to the employee.
5. The manager/supervisor provides the **Covered Employee Notification of Rights Materials (English or Spanish)** to the injured employee.
6. The manager/supervisor completes and signs the **Supervisor's Report of Employee Incident or Injury**. Please indicate on the bottom of page 2, the date that the Workers' Compensation Claim Form (DWC 1) was provided to the employee. The injured employee signs it, after the supervisor completes it.
7. The manager/supervisor completes the **Supplemental Questionnaire** and the **Questionable Workers' Compensation** form, if appropriate.
8. The manager/supervisor must report any lost work time, due to a work-related injury to the Workers' Compensation Office.

**Very Important:** All paperwork must be faxed immediately to Workers' Compensation at **805-652-7705**. Originals should be placed in the interoffice mail, as soon as possible, to the attention of Workers' Compensation, District Administration Center. Please do not hold onto the paperwork to obtain additional information. The forms can be updated later if necessary.

