

Work-Related Injury Reporting Procedure

If an employee gets injured on the job, VCCCD is required by law to take a report and explore pay for worker's compensation benefits. 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. Work related injuries are categorized as follows:

- One event at work. Examples: hurting their back in a fall, getting burned by a chemical that splashes on the skin, getting hurt in a car accident while making deliveries.
- or:
- Repeated exposures at work. Examples: hurting their hand, back, or other part of the body from doing the same motion over and over, losing their hearing because of constant loud noise.

2. Managers/supervisors are required to act immediately (same day) 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 should note that the form was provided to the employee, and an email sent to benefits@vcccd.edu.

5. The manager/supervisor shall provide 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 the date that the Workers' Compensation Claim Form (DWC 1) was provided to the employee at the bottom of page 2. The injured employee signs it after the supervisor completes it.

7. The manager/supervisor completes the required [Supplemental Questionnaire](#). The manager/supervisor completes the [Questionable Workers' Compensation](#) form, if appropriate.

8. The manager/supervisor must report any lost work time due to a work-related injury. Lost work time is reported on the absentee report sent to the Benefits Team at benefits@vcccd.edu.

All paperwork must be faxed immediately to the Benefits Team at 805 652-7711, or scanned and emailed to benefits@vcccd.edu. Originals should be placed in the interoffice mail within 24 hours, 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.