

**WHAT TO DO IF YOU ARE INJURED AT WORK**  
**TO BE KEPT AND READ BY THE INJURED EMPLOYEE**

**In the case of a life-threatening emergency, call 911 or seek the nearest available help.**

- I. Report any injury to your supervisor or his/her designee.** *(If injury occurs after normal District Office hours, call the Company Nurse Injury Hotline at 1-877-518-6702, and contact the Office of Human Resources and/or your Supervisor AS SOON AS POSSIBLE.)*

**COMPANY NURSE INJURY HOTLINE AT 1-877-518-6702** - *When the injury/illness is not a medical emergency, or you are unable to obtain the workers' compensation claim form, Company Nurse gathers information over the phone and helps injured workers access appropriate medical treatment.*

- II. Immediately complete and return the following forms to your supervisor and/or the Office of Human Resources:**

**EMPLOYEE STATEMENT OF OCCUPATIONAL INJURY/ILLNESS REPORT** - *This information is your statement of injury and will supplement what is reported to Company Nurse. This will need to be filled out for every injury/illness reported.*

**EYE WITNESS STATEMENT(S)** - *This form must be completed by any eyewitnesses to help support the injured worker's claim.*

**DECLINATION OF MEDICAL TREATMENT** - *This form is offered for those who do not wish to seek medical treatment at the time of injury/illness. If you choose to decline medical care the Employee Statement of Occupational Injury/Illness Report, and Eye Witness Statements must still be completed.*

**EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS (DWC1)** - *This is the official claim for benefits. This form is only to be completed if the employee is pursuing the claim. If a refusal of medical treatment is signed the form is to be given to the employee, but it does not need to be signed and returned. If the employee completes their section, keep a copy along with the Notice of Potential Eligibility.*

- III. In addition to the forms noted above, you will be given the following for Medical Treatment to take with you:**

**PROVIDER INFORMATION SHEETS** - *Noted will be the locations, hours, and contact numbers for the District's Workers' Compensation providers where you may seek medical care.*

**TREATMENT AUTHORIZATION FORM** - *Company Nurse will send the authorization directly to the medical provider. (You may seek care from your personal medical provider **ONLY** if you have pre-designated your personal medical provider **prior** to your illness/injury and the **District has received his/her written agreement to provide care for work related injury/illness.***

**TEMPORARY PRESCRIPTION SERVICES ID** - *When used at a participating pharmacy, this form will help you receive prescriptions at no cost to you when the prescription is written for treating your Workers' Compensation injury/illness.*

- IV. You must submit a Work Status Report or Doctor's Note to your supervisor or to the Office of Human Resources each time you visit the doctor/medical provider.**  
***YOUR PAYROLL PROCESSING WILL DEPEND ON THESE DOCUMENTS.***

**If you have additional questions, please contact a Personnel/Benefits Specialist at the Office of Human Resources. Nonnie Compton at [nonnie.compton@vvc.edu](mailto:nonnie.compton@vvc.edu) or (760) 245-4271 Ext. 2468**