



VECTOR CONTROL JOINT POWERS AGENCY

QUICK REFERENCE UPON NOTICE OF AN INDUSTRIAL INJURY OR ILLNESS

SUPERVISORS/MANAGERS

- 1) Have trained staff administer first aid if appropriate.
- 2) In case of a serious or life threatening injury, call 911.
- 3) If treatment is required, please provide the employee with an Employee Claim Form (DWC 1) within one (1) business day. The Department Manager/Supervisor should complete the bottom section of the DWC 1 and refer the employee to the District's designated industrial medical clinic unless the employee has pre-designated their personal physician to treat an industrial injury or illness.
- 4) Please note the employee is not required to return the completed DWC 1 and only the employee should complete the top portion. If the employee completes the DWC 1, provide them with a copy of the report as a temporary receipt until all fields are completed by the District.
- 5) Immediately report the incident to the individual designated by the District to complete the Employer's Report of Injury (Form 5020).
- 6) The supervisor shall complete the supervisor's accident investigation form within one (1) business day. This form should include only the facts surrounding the incident and should not include any diagnosis or supposition of the resulting injury or illness.
- 7) The Form 5020, Supervisor's Report of Injury, and the fully completed DWC 1, if returned by the employee, should be sent to Acclamation Insurance Management Services (AIMS) immediately and no later than five (5) calendar days from the notice of injury or illness.
- 8) If the employee seeks medical care, the claim must be reported to AIMS per the Labor Code. As a reminder, do not wait for a doctor's report before reporting the injury or illness to AIMS. Complete the process when all injuries or illnesses are reported to a supervisor or manager.

Please report the claim to the following office via phone, email, or fax:

AIMS
P.O. Box 269120
Sacramento, CA 95826
Phone: 916-563-1900
Fax: 916-563-1919

