

# IN CASE OF WORKPLACE INJURY

ACCION a seguir en caso de un accidente en el trabajo



**AVAILABLE  
24 HOURS A DAY**

**Employer Name (Nombre De Compania)**

**Search Code (Código Del Búsqueda)**

**1**

**Injured worker notifies supervisor.**

Empleado lesionado notifica a su supervisor.

**2**

**Supervisor/Injured worker immediately calls injury contact center.**

Supervisor / Empleado lesionado llama de inmediato al centro de contacto para lesiones.

**3**

**Company Nurse gathers information over the phone and helps injured worker access appropriate medical treatment.**

Company Nurse obtiene información por teléfono y asiste al empleado lesionado en adquirir el tratamiento médico adecuado.

**NOTICE TO EMPLOYER/SUPERVISOR:** Please post copies of this poster in multiple locations within your worksite. If the injury is non-life threatening, please call Company Nurse prior to seeking treatment. Minor injuries should be reported prior to leaving the job site, when possible.