REPORTING A WORK-RELATED INJURY

YCCD—WORKERS’ COMPENSATION

The following information is offered to assist supervisors when reporting work-related injuries. These steps must be followed to comply with current Workers’ Compensation law and District policy.

1. When an employee reports an accident/illness as work-related the supervisor and or employee must call the COMPANY NURSE HOTLINE: 1-877-854-6877. Company Nurse will complete a report of injury and notify the Benefits Office. The employee will speak to a Registered Nurse who will provide homecare/first aid advice.

2. Stanislaus County employees requiring medical treatment must go to Sutter Gould Medical Foundation- Occupational Medical Clinic, 600 Coffee Road, Modesto CA.

   Tuolumne County employees must seek initial treatment at: Indian Rock Prompt Care-1000 Greenley Road, Sonora, CA 95370. If the injury is life threatening- call 911 immediately.

It is the supervisor’s responsibility to direct the employee to Sutter Gould Medical Foundation or if the injury is an emergency and requires immediate treatment, the employee should go to the nearest emergency facility.

- Employees also have the option of being treated by their personal physician, if a pre-designation of personal physician within the Medical Provider Network (MPN) has been filed with the Benefits Office prior to the injury.

- If you feel it is not a work-related injury, please make note on the report or attach a note stating your observations or knowledge about the injury.

3. When an employee is off work as the result of a work-related injury, please notify the Benefits Office and forward all doctor's notices. Work related absences must be verified with a doctor's note in order to be excused as a workers' compensation absence; otherwise, the employee’s time off will be charged to sick leave or leave without pay.

THE DISTRICT’S CLAIM ADMINISTRATOR, ATHENS ADMINISTRATORS, WILL DETERMINE IF A REPORTED INJURY/ILLNESS IS WORK RELATED.

Please call the Benefits Office with any questions (209) 575-6981.

The District’s Workers’ Compensation Administrator is:

Athens Administrators
P O BOX 696
Concord, CA 94522
866-482-3535
Claims Examiner: Tom Troxler
(925) 826-1155
Fax: 925-826-1155