

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