



TO: All Staff

FROM: Office of Human Resources

RE: Work Related Incident/Accident

Employees are responsible to report incidents/ accidents immediately to their Supervisor. All occupational incidents, accidents or exposures to hazardous substances must be reported to the Office of Human Resources within twenty-four (24) hours after the incident becomes known to the Supervisor. For those incidents/accidents that require hospitalization for a period in excess of twenty- four (24) hours, the Office of Human Resource will contact Cal/OSHA within eight (8) hours. If after hours and the Supervisor is not available, report the incident/ accident to the YCCD Police Department.

These guidelines have been developed to assist the employee in reporting a work-related incident or accident.

Work Related Incidents/Accidents

1. The employee must report the accident to his/her immediate supervisor and contact the Company Nurse. The employee must also complete the Employee Report of Work-Related Incident/ Accident form. The supervisor must complete the Supervisor's Incident/ Accident Report form. If the injury does not qualify as a "First Aid Claim," as defined in 8 CCR 14311 (to be determined by a medical facility Physician), and the employee has sought medical treatment, the employee will need to complete a Workers' Compensation Claim Form DWC 1. All forms are available from the Office of Human Resources or on the website at: <https://www.yccd.edu/wp-content/uploads/2020/06/Workers-Compensation-Packet.pdf>
2. If medical treatment is necessary, the Company Nurse will provide the list of Occupational Health facilities and the authorization needed to seek treatment. If the injury is life threatening, please seek medical treatment at a local Emergency room or call 911. If the employee chooses to use a physician or a facility other than those on this list, the employee is responsible for the cost of all visits.
3. The District has the responsibility to provide forms to the employee within twenty-four (24) hours of knowledge of a work-related incident/accident and file the claim online with the District's insurance carrier within three (3) days.

Medical Treatment Necessary

The medical doctor will provide a Work Activity Status Report to the employee. This report will generally list three options:

- a. Employee returns to work without limitations (released from care).
- b. Employee returns to work with limitations (modified activity).
- c. Employee cannot return to work unless released by the medical Doctor (no activity).

It is the employee's responsibility to provide the medical Work Activity Status Report to the supervisor and Office of Human Resources.

Follow-up

1. The Office of Human Resources will complete the necessary Worker's Compensation forms and submit them to the District insurance carrier, Keenan and Associates.
2. The insurance carrier may need to complete a work site visit to assist the employee in performing the basic functions of his/her job.
3. If a work site visit is necessary, a representative from the insurance carrier will verbally inform the employee and supervisor of the findings and recommendations during the site visit. A written report is submitted to the Office of Human Resources.

Information for employees needing medical treatment for a work-related incident/accident:**Yuba College and Sutter County Campus**

Adventist Health + Rideout Occupational Health & Drug Testing Services
1531 Plumas Court
Yuba City, CA 95991
(530) 751-4900

Clearlake Campus

Redbud Hospital
13th Avenue and Highway
Clearlake, CA 95422
(707) 994-8138

Sutter Lakeside Hospital

5176 Hill Road
Lakeport, CA 95453
(707) 262-5000

Colusa County Facility

Colusa Community Hospital
199 East Webster Street Colusa, CA 95932
(530) 458-5821

Woodland Community College

Concentra Medical Center
Industrial Blvd Ste 550H
West Sacramento, CA 95691
(916) 373-7575

Davis Urgent Care Inc.

4515 Fermi Place, Ste 105
Davis, CA 9518
(530) 759-9110

Med-7 Urgent Care Centers

412 E Commerce Way Ste 100
Sacramento, CA 95834
(916) 447-6337

Worker's Compensation Insurance Carrier

Keenan and Associates

P.O. Box 1538

Rancho Cordova, CA 9 5741

1 800 343-0694

Yuba Community College District

Office of Human Resources

Mayra Dueñas – Human Resources Analyst

Vacant – Human Resources Analyst

425 Plumas Blvd, Ste 200,

Yuba City, CA 95991

(530) 741-8765 OR (530) 741-6979



Date:

To: Injured Employee

From: Office of Human Resources

Re: Worker's Compensation Injury

Attached is the necessary documentation to submit a Workers' Compensation claim. If you would like to complete the attached packet and file a claim, please indicate below:

_____ Yes, I will complete the Workers' Compensation packet.

_____ No, I decline to complete the paperwork and do not wish to pursue Workers' Compensation benefits.

Employee Signature

Date

Please return this form to:

YCCD

Attn: Office of Human Resources

425 Plumas Blvd, Ste 200

Yuba City, CA 95991

If you have any questions, please contact our office at (530) 741-8765 **OR** (530)741-6979.

Yuba College
2088 North Beale Road
Marysville, CA 95901
yc.yccd.edu

Yuba Community College District
425 Plumas Blvd., Suite 200
Yuba City, CA 95991
yccd.edu

Woodland Community College
2300 East Gibson Road
Woodland, CA 95776
wcc.yccd.edu

YUBA COMMUNITY COLLEGE DISTRICT WORK-RELATED INCIDENT/ACCIDENT REPORT
TO BE COMPLETED BY THE
EMPLOYEE

DID (OR DOES) YOUR INJURY REQUIRE MEDICAL TREATMENT? YES NO
 DID (OR DOES) YOUR INJURY REQUIRE LOSS OF TIME AT WORK? YES NO

EMPLOYEE NAME: _____ SOCIAL SECURITY #: _____ DATE OF BIRTH: _____
FIRST LAST MIDDLE

HOME ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE NUMBER: _____ SEX: MALE FEMALE

OCCUPATION: _____ HIRE DATE: _____ WAGE - \$ _____ PER _____

PAY STATUS: REG. FULL-TIME PART-TIME STUDENT STUDENT/VOC. TECH.

7-Date of Accident/Incident: _____ 8-TIME _____ am pm
MONTH DAY YEAR

9-Time you began work: _____ am _____ pm

11-Were you unable to work for at least one full day after date of accident? YES NO

12-If unable to work, date last worked: _____ 13-Date returned to work: _____

14-Are you still off work? YES NO

17-Date you first notified employer of accident: _____

18-Date employer provided employee claim form: _____

19-Specific accident/incident (describe parts of body affected/medical diagnosis):

20-Address where event or exposure occurred:

21-On Employers Premises? YES NO

22-Department where event or exposure occurred:

23-Were others injured? (if so, please state name):

24-Equipment, materials, chemicals you were using at time of the event or exposure:

25-Specific activity you were performing when event or exposure occurred:

26-How accident/incident occurred; describe sequence of events:

27-Name and address of Physician:

28-Hospitalized as an Inpatient Overnight? YES NO

29-Treated in the emergency room? YES NO

If yes, Name of Hospital _____

Report Completed by: _____
Employee Signature

Report Completed on: _____
Date Time

Report Received by: _____ Date: _____

Steps/Corrective Action taken:

Does the employee's incident/accident require **medical care**? (Check one) Yes _____ No _____

If yes, **name of Medical Facility and Doctor (state Work Comp Clinic if filing a claim)**:

Supervisor's Signature

(Print) Supervisor's Name

Telephone Number

Report Completed On: _____
Date Time

Original: Director of HRD/PS
Building 100A, Room 21

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 hotline.

Supervisor / Empleado lesionado llama inmediatamente a la línea de enfermeros/as.

3

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

Profesional Médico obtiene información por teléfono y asiste al empleado lesionado en localizar 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.