



**RISK MANAGEMENT**

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**AFTER-HOURS (24/7) CONTACT#: 714-412-9760**

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## **Manager's Procedures for Handling Work Related Injuries and Reporting Protocol**

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1. If an employee reports a work related injury, immediately arrange for prompt medical attention:
  - a. **If life-threatening – Call 911.**
  - b. If the injury is not life-threatening, refer the employee to your campus health center. The health center personnel will make the initial assessment and provide the employee with the proper forms and referral, if necessary.
  
2. If the campus health center is closed or if the injured employee is at a remote location, he/she should be directed to one of the medical facilities listed below, except for cumulative trauma injuries such as repetitive motion injury. **Please note that the invoice for medical treatment with non-approved physician will not be honored under the District's Workers' Compensation benefit program. Therefore, it is critical that the injured employee is provided accurate information. If you need to make a direct referral, please contact the District Director, Risk Management.** The following are approved medical facilities. Refer your employee to a facility closest or most convenient for the employee. Please read carefully.

**If employee is unable to drive due to injury, a complimentary one time transportation service for the first visit is available from these medical facilities. Please call the facility directly to schedule for transportation.**

### **Health First South Medical Group**

13440 E. Imperial Hwy, Santa Fe Springs, CA 90670 (Open 24 hrs, 7 days a week)  
Located one block east of Carmenita.

Tel. 562-926-3440

### **Southern California Immediate Medical Center (La Mirada)**

15330 Valley View Ave., #1, La Mirada, CA 90638 (Open 24 hrs, 7 days a week)  
Located on Valley View Ave., north of Alondra Blvd., between Alondra and Gannet St., next to Ortho Mattress, Inc.

Tel. 562-802-0208

### **Concentra (La Palma)**

40 Centerpointe Drive, La Palma, CA 90623 (Open 24 hrs, 7 days a week)  
Located between Walker and Valley View Avenue on the north side of Orangethorpe Avenue.

Tel. 714-522-8020

### **Concentra (Anaheim)**

1101 S. Anaheim Blvd., Anaheim, CA 92805 (Open 24 hrs, 7 days a week)  
Located S. of Anaheim Blvd., between Vermont Ave. and Ball Rd.

Tel. 714-937-1919

### **First Care Industrial Med Center (Healthpointe Medical Group, Inc. & S. Cal Orthopedic Sports Medicine Center)**

7052 Orangewood Ave #6, Garden Grove, CA 92841 (Open 24hrs, 7 days a week)  
Located on the corner of Knott Avenue and Orangewood Avenue.

Tel. 714-903-1100

### **Healthpointe Medical Group, Inc. & So. Cal Orthopedic Sports Medicine Center (Anaheim)**

1717 E. Lincoln Avenue, Anaheim, CA 92805 (M-F only, 8 a.m. – 6 p.m.)

Tel. 714-956-0803

Located on N. side of E. Lincoln Avenue, between N. East St., and State College Blvd.

**Other medical facilities EPO:** If the listed facilities are not convenient, there are other medical facilities available within the District's Exclusive Provider Organization (EPO). This program offers more choices for medical services for those employees who are seeking alternate medical providers. To locate additional medical providers in the EPO, please refer employee to the web-site at: <https://hazelriggclaims.com/nocccdepo>

❖ **If the employee refuses medical treatment, please complete the Refusal of Medical Treatment form**

3. **Provide the employee with Employee's Claim for Workers' Compensation Benefits (DWC-1) form within 24 hours of knowledge of an injury/illness (along with all other forms in the *Injured Employee's Packet*, which can be found on the District Website or in *MyGateway/District Forms tab/ Risk Management/Workers' Compensation folder*) in order to be compliant with the State requirement. Document the specific forms given and the date the forms were provided to the employee.**  
If the next day is a weekend or a holiday, please mail the claim form, or send it electronically.
  - a. If the injury warranted only one treatment, it is considered as a First Aid claim, and the employee needs to complete only the *Injured Employee's Account of Injury/Illness* form.
  - b. If the injury requires continued care beyond the first visit, then the employee must complete the claim form in order to receive WC benefits. Please encourage the employee to return the completed forms to the District Director, Risk Management immediately, if he/she wishes to pursue benefits under the District WC program. **Delay in reporting a work-related injury/illness or in the filing of claim forms may jeopardize workers' compensation benefits or delay the processing of the claim.**
4. **Notify the District Director, Risk Management immediately of any reported injury/illness at (714) 808-4779 office; (714) 412-9760 cell (24/7 contact number); or send e-mail to [toh@nocccd.edu](mailto:toh@nocccd.edu)**
5. **Complete Manager's Injury/Illness/Incident Report for every work-related injury, however minor the injury seems to be, for all employees** including employees who are hourly/ part-time. Timely completion assists in the determination of whether a hazard exists that needs to be addressed promptly to alleviate further incidents. **The completed form should be returned to the Risk Management office within 72 hours of the injury/illness.** Please be sure to include any pertinent information you are aware of that can assist in determining if the claim is eligible for benefit, or if additional information is necessary for evaluation.
6. **Temporary Total Disability (TTD) - Notify Risk Management, HR, and Payroll** when the employee is medically unable to work (medical release must be submitted by the treating physician) and again when the employee is medically released to return to work (release to return to work must be submitted by the treating physician prior to allowing an employee to return to the workplace).
7. **Return to Work** - If the employee returns to work with restrictions, each department must attempt to accommodate the restrictions of an injured worker. The duration of modified duty may vary depending upon the District's business needs. For temporary accommodations, use the Modified Duty/Transitional Duty form to document. If you are not able to accommodate, please contact the Risk Management office immediately.
8. **Designation of Personal Physician** - Employees have the right to seek the services of their personal physician for a work-related injury **if** they have an Employee's Request for Pre-Designation of Physician form on file with the District Office **prior** to an injury/illness. In the event of an emergency, the District retains the right to direct the employee to the closest emergency facility available. Refer any inquiries regarding this matter to the District Director, Risk Management.
9. **Remind** all employees that it is the responsibility of the injured employee to report all injuries/illnesses (no matter how minor) to their manager immediately.