

February 2025

TO: All Employees
FROM: Human Resources
RE: Workers' Compensation Procedure

The following is a review of College of Marin's Workers' Compensation procedure. It is being provided to all employees to stress the importance of **reporting all job-related accidents/injuries or health problems to your Supervisor immediately**. Management and Supervisory employees are reminded of the importance of timely reporting of such incidents to the **Human Resources Office**. Please read carefully. **All employees should be familiarized with this Program.**

The Workers' Compensation laws of California require that every employer provide benefits to its employees who sustain an injury or illness arising from their employment. Industrial Accident and Illness Leave is provided by the Education Code and in collective bargaining agreements. Northern California Community College Self Insurance Agency (NCCCSIA) is the self-insured program, which provides our Workers' Compensation coverage. Keenan Insurance Services (Keenan) is under contract with NCCCSIA to provide claims service for the College. Our Keenan Claims Examiner is Mark Burg. You may reach Mark at (916) 859-4900 extension 4114.

REPORTING THE INJURY OR ILLNESS

1. When an employee sustains **any work-related injury or illness**, no matter how minor (bumps on the head, cuts, trip and falls, etc.) he/she must report it immediately to their **Manager/Supervisor**. If a Manager/Supervisor is unavailable, it is the responsibility of the employee to report the injury to **Human Resources**.
2. To ensure prompt reporting of all non-life threatening injuries all employees must contact the **Company Nurse Injury Hotline** which provides district employees with 24/7 telephone access to Registered Nurses and medical professionals for prompt reporting of on the job injuries. The Company Nurse Injury Hotline is: **(877) 518-6702. Your Search Code is NSI01**. Company Nurse will refer the employee to an occupational medical facility to be evaluated.
3. Following knowledge of the injury/illness and **within a 24-hour period**, the employee must be provided a **Workers' Compensation Claim Form (DWC 1)** to be completed, signed and returned by employee to Human Resources. Completed claim forms must be received by Keenan within 5-days of the incident. It is essential that the Supervisor or employee advise Human Resources of any accident/injury as soon as he/she is aware. In case of death or serious injury, contact Human Resources immediately.
4. The employee must be provided with the document: **Important Information about Medical Care if you have a Work-Related Injury or Illness** (Keenan Form).
5. The manager/supervisor completes and signs the **Supervisor's Report of Employee Incident or Injury**. Please indicate on the bottom of page 2, the date that the Workers' Compensation Claim Form (DWC 1) was provided to the employee. The injured employee signs it, after the supervisor completes it.

6. The manager/supervisor completes the **Supplemental Questionnaire** and the **Questionable Workers' Compensation Injury** form, if appropriate.
7. The manager/supervisor must **report any lost work time**, due to a work-related injury to **Human Resources**.

Under the California Labor Code, the District is entitled to direct injured workers to a provider panel for the first 30 days, unless the injured worker has specified in writing to Human Resources, prior to his/her injury, that he/she would prefer to be seen by his/her own personal physician. **Listed below is the Northern California Community College Self Insurance Agency (NCCCSIA) Preferred Provider Panel for employees' use for the first 30 days.** If a critical situation exists, the nearest location for professional medical care should be utilized. If a minor injury (First Aid), the employee should obtain immediate treatment through the College of Marin's Health Center Nurse, if available. Following the first 30 days, the injured worker may be seen by an appropriate health care professional of his/her choice, as long as he/she has received prior approval from the District Claims Representative at Keenan, Mark Burg at (916) 859-4900 extension 4114.

BENEFITS

The College and Keenan will continue to pay the employee full regular salary for up to **60 days** if he/she is unable to work. The amount of any compensation from Keenan will be sent directly to the injured worker. Please note that Workers' Compensation payments are excluded from Federal and State income tax withholdings as well as from Social Security. Subsequently, the District is notified by Keenan of compensation paid and a payroll deduction will be entered into the payroll system for that amount.

The employee must complete a regular absence report, and enter "Industrial Accident" under "Type of Absence;" however, Human Resources cannot start the 60-day leave until the claim has been approved by our insurance carrier as an accident or illness. Prior to approval, the employee's sick leave accrual will be used. If it is subsequently determined to be industrial accident or illness, any sick leave used will be restored.

NOTICE OF EMPLOYEE'S RETURN TO FULL DUTY

It is the employee's responsibility to inform and provide Human Resources with a written doctor's clearance in order for him/her to return to full duty.

Full cooperation is needed to insure prompt and proper attention to all injured employees. It is imperative that Managers and Supervisors personally investigate report and arrange medical assistance as outlined above.



Northern California Community College Self Insurance Agency (NCCCSIA)
Preferred Provider Panel
Kaiser-On-the-Job
Occupational Health Center Locations and Contact Phone Numbers
1-888-KOJ-WORK (565-9675) (to all locations)

San Rafael
99 Montecillo Rd.
Med. Office Bldg. 1
San Rafael, CA 94903-3308
(415) 444-2900

Santa Rosa
401 Bicentennial Way,
East Bldg. Ste 270
Santa Rosa, CA 95403-2149
(707) 571-3000

Vallejo
975 Sereno Dr.
Vallejo, CA 94588-9430
(707) 651-1370

Napa
3285 Claremont Way, 2nd Fl.
Napa CA 94588-3313
(707) 258-4907

Petaluma
3900 Lakeville Hwy, MOB 2
Petaluma, CA 94954-6900
(707) 765-3800

For other locations *Please visit kp.org/employers/kaiseronthejob*

Unless the injured worker has completed the *Pre-Injury Personal Physician Pre-Designation for Work Related Injuries Form* prior to his/her injury, that he/she would prefer to be seen by his/her own personal physician, the employee must be seen by the provider on this list.