

UNIVERSITY OF NORTHERN COLORADO/SON/NF-SO Sponsoring Committee: _____ Human Resources _____ Title of Policy: _____ Worker's Compensation _____	<u>9-25-07</u> Date adopted by NF-SO Date reviewed for currency & initial: <u>5/92; 8/91; 2/96</u> <u>11/01 Human</u> <u>Resources/SB</u> <u>4/16/07 lc; 3/25/08 dwl</u>
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POLICY:

When UNC places a student in a cooperative education or student internship program without pay from the employer, UNC shall insure such a student under UNC's worker's compensation insurance.

PROCEDURE:

1. If a UNC student is injured at an affiliated agency during student clinical experiences, he/she must complete any health care agency report forms as required by the agency policies. If the injury or illness requires immediate attention, the student should be sent directly to the emergency room. If the injury does not require immediate attention, the student must notify faculty of record and then report the incident to UNC Human Resources (970-351-2718). **If the student is unable to reach Human Resources (HR), the faculty member can direct the student to contact the Human Resources within 24 hours post injury. While awaiting contact directly with HR, the student may contact the UNC Workman's Compensation representative at 970-378-8000 or 970-356-9800 for an appointment / follow-up.**
2. In addition, **in order to be covered under UNC's worker's compensation:**
 - a. The student and faculty of record **must complete the "Injury/Illness Report" within 24 hrs of injury.** The school of Nursing Director will forward the report to Human Resources, Carter Hall Room 2002, Campus Box 54, Greeley, Colorado 80639 within three working days of the incident. The Injury/Illness Report is available at the School of Nursing .
 - b. The student and faculty of record **must also complete the "College of Natural & Health Sciences Student Injury/Accident Report" within 24 hours of injury. This form is also available from the School of Nursing Office.. The "College of Natural & Health Sciences Student Injury/Accident Report" form must be returned within 3 working days** to UNC Director of the School of Nursing at Gunter Hall 3080, Box 125, Greeley, Co. 80639.
 - c. If the injury/incident occurs within a clinical agency and is deemed an emergency or the injury needs immediate attention, the student should be taken care of by the nearest Emergency room. After emergency care has been provided and the student is discharged, the student must make an appointment with Human Resources as soon as possible to schedule follow-up care with a worker's compensation physician.

UNIVERSITY of
NORTHERN COLORADO



Employee/Supervised Student Injury or Illness Report

Employee/Supervised Student: Complete Sections I & II - Print Clearly

EMPLOYEE/SUPERVISED STUDENT INFORMATION

Section I

Employee/Supervised Student Name		Bear #		
Home Address		City	State	Zip Code
Date of Birth	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Marital Status	Home Phone	Work Phone
Department	Job Title		Campus Box	Hire Date
Supervisor/Faculty Name	Supervisor/Faculty Phone #	Supervisor/Faculty Email		

ACCIDENT INFORMATION

Section II

Injury or Illness Date	Injury or Illness Time AM <input type="checkbox"/> PM <input type="checkbox"/>	Was the accident or illness on UNC's property YES <input type="checkbox"/> NO <input type="checkbox"/>		
Location of Injury or Illness (Room # and Building)	Date reported to Supervisor/Faculty	Time reported to Supervisor/Faculty		
Time began work on date of injury AM <input type="checkbox"/> PM <input type="checkbox"/>	Did employee/supervised student return to work after being injured? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Name the object or substance which directly injured the employee/supervised student (Be specific e.g. knee hit floor, fell-hand hit pavement, hammer struck finger etc.):				
What were you doing when injured? (Be specific and detailed e.g. bending to pick up item felt a sharp pain in lower left back, slipped on ice while walking, gradual pain developed in shoulder over a course of 3 months, etc.)				
Nature of Injury (Identify how the injury or illness occurred and the part(s) of the body affected - Identify all body parts that were injured)				
List all known witnesses (include Name and Phone Number)				
Employee/Supervised Student Signature			Date	

EH&S and HR Use Only

Section III

Date Received Report	Lost Time or Restrictions YES <input type="checkbox"/> NO <input type="checkbox"/>	WC Claim Number	Date Faxed to EH&S	HR Representative
Medical Provider (Hospital or Doctor) and Address			Phone Number	
City	State	Zip Code	Date of 1 st appointment	

COLLEGE OF NATURAL & HEALTH SCIENCES

STUDENT INJURY/ACCIDENT REPORT

NOTE: THIS FORM MUST BE FILLED OUT WITHIN 48 HOURS OF THE INJURY/ACCIDENT

Student Name

Bear #

Home Address:

City

State

Zip Code

Phone #

INJURY/ACCIDENT INFORMATION

Injury or Illness Date:

Injury or Illness Time:

AM PM

Was the accident or illness on UNC's property

YES NO

Location of Injury or Illness (Room # and Building):

Class/Lab/Activity (Course Name, # and Prefix):

Instructor Name and Phone #:

Immediate Action Taken (Check all that apply)

- First Aid by Sent Home by
Sent to Doctor by Sent to Student Health Services by
Sent to Hospital by and Name of Hospital

What were you doing when injured (Please check the appropriate box)

- Activity Class Lab Class Other

Nature of Injury (Identify how the injury or illness occurred and the part(s) of the body affected - Identify all body parts that were injured):

If this accident/injury occurred in a lab please fill in the box below. (If additional space is needed please use the back). If this accident occurred in a lab please specify if there was a fire, broken glass, chemical spill and specify chemicals, concentrations (if known), and approximate quantities (note whether any chemicals were released outside of lab-if applicable, attach lab overview. Also, please specify the action taken (spill cleaned up/ evacuation, stockroom assistance/called EH&S) (If additional space is needed please use the back):

List witnesses (at least 2 and include Name and Phone Number)

- 1. Name Telephone Number(s)
2. Name Telephone Number(s)

I attest that the above information, to the best of my knowledge, describes the cited incident.

Name of injured party - PRINT Signature of injured party Date

Additional comments of injured party: (If additional space is needed please use the back)

I attest that the above information, to the best of my knowledge, describes the cited incident.

Name of Instructor - PRINT Signature of Instructor completing report Date

I have reviewed this report:

Signature of School Director Date

Send original to UNC, SON (Gunter 3080, Campus Box 125), copy will be made to NHS Dean's office (Gunter 1000) and UNC Human Resources.