# University of Northern Colorado School of Nursing Nursing Faculty – Student Organization

Sponsored by: Human Resources Original Policy Date: 9/25/2007

### Updates:

- 1. 5/92; 8/91; 2/96
- 2. 11/01 Human Resources/SB
- 3. 4/16/07 lc; 3/25/08 DWL
- 4. 11/14/17 Human Resources / FH
- 5. 9-27-19 Human Resources/FH

Title of Policy: Workers' Compensation

## 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:

If a UNC student is injured at an affiliated agency during student clinical experiences, the student 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 nearest emergency room. If the injury does not require immediate attention, the student must notify faculty of record and contact the Human Resources within 24 hours post injury (970-351-2718). A Human Resources representative will schedule an appointment for the employee with UNC's designated medical provider. Please review the Health/Safety website for the most current information, provider letter, and the up to date "First Report of Injury Form".(https://www.unco.edu/human-resources/employee-resources/health-safety.aspx).

In addition, in order to be covered under UNC's worker's compensation:

- a. The student and faculty of record must complete and submit the "Injury/Illness Report" form within 24 hours of injury to:
  - i. the UNC School of Nursing, Gunter Hall 3080, Greeley, CO, 80639; or
  - ii. via email to <a href="mailto:nursing@unco.edu">nursing@unco.edu</a>; or
  - iii. via fax 970-351-1707.
  - iv. This policy) is available from the School of Nursing main office or at <a href="http://www.unco.edu/nhs/nursing/pdf/workers-compensation-policy.pdf">http://www.unco.edu/nhs/nursing/pdf/workers-compensation-policy.pdf</a>.
- b. The student must sign the form, as well as the Director or Assistant Director (there is no specific signature line so below the student signature is fine).
- c. The form must be submitted by the School of Nursing within four (4) working days to: Human Resources, via email at human, resources@unco.edu or via fax: 970-351-1386.
- d. Copies must also be sent to the NHS Dean's Office, put in the student's file, and put in the SON's main office Worker's Comp file.
- e. 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. (Upon discharge the student should notify the hospital that their visit is a UNC Workers' Compensation claim, this will help to prevent the student from receiving bills for the care provided.) After emergency care has been provided and the student is discharged, the student must contact Human Resources as soon as possible to schedule follow-up care with a worker's compensation physician.

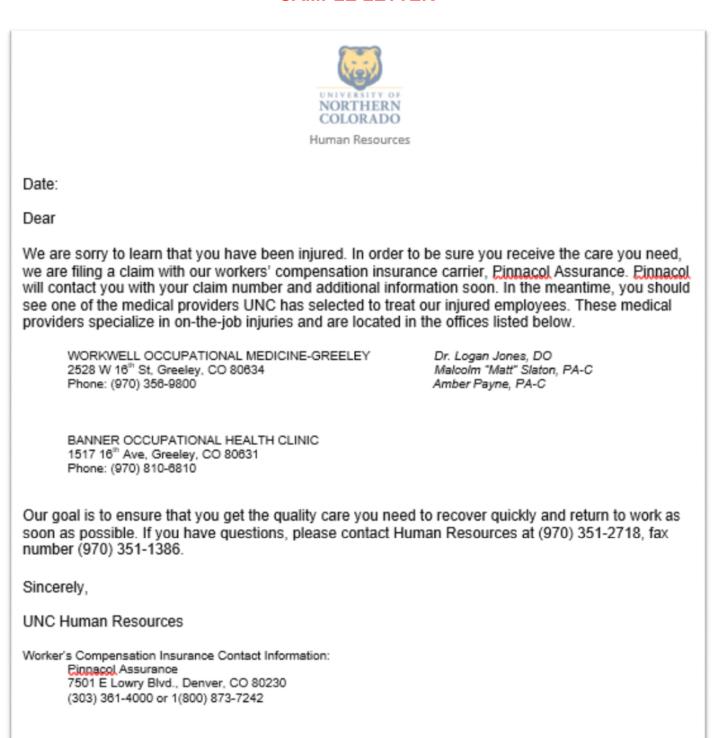
\*Please follow the below link for the most current and updated information!!! https://www.unco.edu/human-resources/employee-resources/health-safety.aspx

## \*SAMPLE FORM

# Injury/Illness Report UNIVERSITY OF NORTHERN COLORADO NORTHERN COLORADO Office of Human Resources Carter Hall, Room 2002 Greeley, CO 80639 Use this form to report ALL workplace incidents - on or off campus - involving Employees, Student Workers, and Students involved in Practicum Work Assignments. Injured Employee/Student must complete Sections I & II - Please Print Clearly **EMPLOYEE/STUDENT INFORMATION** Section I Injured Employee/Student Name Home Address Date of Birth Male 🗆 Female Job Title Department Hire/Work Start Date Supervisor/Faculty Name ACCIDENT/ILLNESS INFORMATION Section II AM D I'M D Time reported to Supervisor/Faculty Location of Injury or Illness (Room # & Building or Company) AM D I'M D Time began work on date of injury YES D NO D If YES, Date returned to work AND I'ND What were you doing when injured? - Describe how the injury or illness occurred and the part(s) of the body affected - 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.] Identify all body parts that were List all known witnesses (include Name and Phone Number) Has the employee visited a medical provider for this injury/liness? YES D NO D if yes, what is the name and address of the provider? Was the injury/liness treated with first aid? YES O NO O Was 911 called? YES D NO D Employee/Student Signature Date EH&S and HR Use Only Date Faxed to EHAS YES NO Medical Provider (Hospital or Doctor) Date of 1st appointment

\*Please follow the below link for the most current and updated information!!! https://www.unco.edu/human-resources/employee-resources/health-safety.aspx

## \*SAMPLE LETTER



Received letter on this date

Employee Signature