

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 nursing@unco.edu; or
 - iii. via fax 970-351-1707.
- iv. This policy) is available from the School of Nursing main office or at <http://www.unco.edu/nhs/nursing/pdf/workers-compensation-policy.pdf>.
- 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	
UNIVERSITY OF NORTHERN COLORADO Office of Human Resources Carter Hall, Room 2002 Greeley, CO 80639							
<i>Use this form to report <u>ALL</u> workplace incidents - on or off campus - involving Employees, Student Workers, and Students involved in Practicum Work Assignments.</i>							
Injured Employee/Student must complete Sections I & II – Please Print Clearly							
EMPLOYEE/STUDENT INFORMATION							
Section I							
Injured Employee/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/Work Start Date	
Supervisor/Faculty Name			Supervisor/Faculty Phone #			Supervisor/Faculty Email	
ACCIDENT/ILLNESS INFORMATION							
Section II							
Injury or Illness Date		List Time Injury or Illness Occurred:			Was the accident or illness on UNC's property? If not where.		
					YES <input type="checkbox"/> NO <input type="checkbox"/>		
Location of Injury or Illness (Room # & Building or Company)		Date reported to Supervisor/Faculty			Time reported to Supervisor/Faculty		
					AM <input type="checkbox"/> PM <input type="checkbox"/>		
Time began work on date of injury		Did employee/student return to work after being injured?			YES <input type="checkbox"/> NO <input type="checkbox"/>		
		If YES, Date returned to work: / /			AM <input type="checkbox"/> PM <input type="checkbox"/>		
Name the object or substance which directly injured the employee/student (Be specific e.g. knee hit floor, left hand hit pavement, hammer struck finger 							
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 <u>all</u> body parts that were injured.							
List all known witnesses (include Name and Phone Number)							
Was the injury/illness treated with first aid? YES <input type="checkbox"/> NO <input type="checkbox"/>				Has the employee visited a medical provider for this injury/illness? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Was 911 called? YES <input type="checkbox"/> NO <input type="checkbox"/>				If yes, what is the name and address of the provider?			
Employee/Student Signature				Date			
EH&S and HR Use Only							
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)				Date of 1 st appointment			

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***SAMPLE LETTER**



Date:

Dear

We are sorry to learn that you have been injured. In order to be sure you receive the care you need, we are filing a claim with our workers' compensation insurance carrier, Pinnacol Assurance. Pinnacol will contact you with your claim number and additional information soon. In the meantime, you should see one of the medical providers UNC has selected to treat our injured employees. These medical providers specialize in on-the-job injuries and are located in the offices listed below.

WORKWELL OCCUPATIONAL MEDICINE-GREELEY
2528 W 16th St, Greeley, CO 80634
Phone: (970) 356-9800

Dr. Logan Jones, DO
Malcolm "Matt" Slaton, PA-C
Amber Payne, PA-C

BANNER OCCUPATIONAL HEALTH CLINIC
1517 16th Ave, Greeley, CO 80631
Phone: (970) 810-8810

Our goal is to ensure that you get the quality care you need to recover quickly and return to work as soon as possible. If you have questions, please contact Human Resources at (970) 351-2718, fax number (970) 351-1386.

Sincerely,

UNC Human Resources

Worker's Compensation Insurance Contact Information:

Pinnacol Assurance
7501 E Lowry Blvd., Denver, CO 80230
(303) 361-4000 or 1(800) 873-7242

Employee Signature

Received letter on this date