



Title: LABORATORY ACCIDENT OR EXPOSURE REPORTING AND PROCEDURES

Principle:

To familiarize employees with the procedural steps involved in the reporting and subsequent medical attention involved in the event of an occupational injury or illness or other laboratory accident.

Procedure:

Overview:

It is the policy of the University of Colorado Denver that all employees comply with the reporting of on the job accidents and illnesses. This policy includes the completion of required paperwork and proper medical attention or follow-up when indicated.

There are two types of accidents that can occur in the laboratory-those that result in property damage or spillage/loss of supplies and materials and those that result in occupational injuries or illnesses. **It is the responsibility of each employee to report all accidents immediately to a supervisor** and, in the case of occupational injury, to report to the designated healthcare clinic or to the emergency room for evaluation.

A. Reportable Occupational Injuries

It is not possible to list every type of injury that can occur and that must be reported. at the discretion of the employee, minor injuries that require first aid only do not have to be handled by a healthcare clinic. The following are among the types of accidents that **must** be reported:

1. Needle sticks
2. Contamination of mucous membranes with blood or other potentially infectious Fluid or microbiologic cultures
3. Cuts in skin that are contaminated with blood or other infectious fluid
4. Hazardous chemical spills in which splashing of unprotected skin occurs
5. All spills of chemical carcinogens or potential carcinogens with or without Contact.
6. Chemical odors/fumes of sufficient strength to cause symptoms
7. All eye injuries, including splashing of chemicals to eyes
8. All muscle strains and sprains
9. All burns, whether thermal or chemical
10. Any cut where broken glass or other foreign material penetrates the skin
11. Any injury that results in >15 minutes loss of work time
12. Hazardous spills in which aerosolization and inhalation of infectious/hazardous material is suspected

B. Reporting of Occupational Injuries

NOTE: All **UCH employees** will report work related injuries to UCH Employee Health and Wellness Clinic (website on HUB) phone (720)848-6849 fax (720)848-7376.

All **UCD employees** will report work related injuries to University Risk Management (URM). <https://www.cu.edu/risk> or phone 303-860-5682.

All **UPI employees** will report accidents to UPI Human Resources 303-493-7600 and complete "Employee's 1st report of injury".

1. Complete the Accident Report Form: Please note to fill out applicable form. Copies are available online or by calling the phone number provided. Both employee and supervisor should complete the appropriate section of the form. Note: If the nature of the injury is such that immediate medical attention is required, the employee should be sent to the emergency department for evaluation.

2. The accident report form must be completed on the shift in which the injury occurred. The employee must report to the applicable clinic within 24 hours of the incident, but preferably on the same shift.

C. Documentation of Accidents Without Occupational Injury

It is the responsibility of the laboratory supervisor to log all laboratory accidents in which property damage or spillage of hazardous substances occurs. A summary of the accidents should be reported to the Anatomic Pathology safety committee. The log should serve to point out areas in which work practice controls, personal protective equipment, etc., might be changed to prevent further similar accidents or where additional training is needed.

Written by: Heather Currens, SCT (ASCP), 12/11/2007

Revised by: Gail Zander, CT (ASCP), 8/18/2012

Attachments: Employee's Injury Report form URM, Needlestick or Bodily Fluid Exposure Report form for URM, UCH Employee's report of work related incident, list of Healthone Clinics. UPI human resources memorandum.

References: GEN.73500, GEN.73600, GEN.74800

Approval of Procedure:

Medical Director Signature: *m. Scott Zander, MD*

Date: *8/29/12*

University of Colorado Hospital
EMPLOYEE'S REPORT OF WORK RELATED INCIDENT, INJURY OR OCCUPATIONAL ILLNESS

Employee / Volunteer Referred by Employee Health Clinic Yes No
➔ Initial visit MUST be with the Employee Health Clinic unless the injury is emergent

NAME _____ SEX _____ SOCIAL SECURITY NUMBER _____

ADDRESS _____ CITY/STATE _____ ZIP _____

DATE OF BIRTH _____ HOME PHONE _____ WORK PHONE _____

OCCUPATION _____ EMPLOYEE STATUS: full time part time flex

DATE OF INJURY _____ TIME OF INJURY _____ AM/PM ACCIDENT LOCATION _____

EMPLOYEE'S DEPT _____ EMPLOYEE'S MGR _____ MGR PHONE EXT _____

TO WHOM WAS THE INJURY/ILLNESS REPORTED? _____ DATE REPORTED _____

NAMES OF WITNESSES _____

HOW DID THE INJURY/ILLNESS OCCUR? _____

BODY PART INJURED _____ PERSONAL PROTECTIVE EQUIPMENT WORN: YES NO TYPE: gloves mask goggles other _____

EMPLOYEE'S SIGNATURE _____ DATE _____

MEDICAL RELEASE

I GIVE MY PERMISSION TO MY DESIGNATED MEDICAL PROVIDERS AND ALL OTHER HEALTH CARE PROVIDERS, HOSPITALS OR CLINICS TO RELEASE MY MEDICAL RECORDS RELATING TO THIS WORK-RELATED INJURY/ILLNESS TO MY EMPLOYER. I UNDERSTAND THAT THIS INFORMATION WILL BE USED TO ASSIST MY EMPLOYER IN PLANNING A RETURN TO WORK SCHEDULE, INVESTIGATING THE ACCIDENT AND PREVENTING FUTURE INJURIES. I UNDERSTAND, IF NECESSARY, MY PAST MEDICAL RECORDS PERTINENT TO THIS INJURY/ACCIDENT MAY BE REQUESTED.

alcohol/drug abuse psychological/psychiatric conditions autoimmune deficiencies complete hospital records

EMPLOYEE'S SIGNATURE _____ DATE _____

HAZARDOUS BLOOD/BODY FLUID EXPOSURE

TYPE: PUNCTURE WOUND _____ SPLASH _____ OTHER _____ BRAND OF NEEDLE/SHARP _____

_____ SOURCE UNKNOWN LOCATION _____

_____ SOURCE KNOWN (PATIENT NAME, MD, ROOM #, MEDICAL RECORD #) _____

TO BE COMPLETED BY MANAGER

WHAT ACTIONS OR UNSAFE CONDITIONS CONTRIBUTED TO THIS ACCIDENT? _____

COULD THE ALLEGED ACCIDENT/INJURY/ILLNESS, IN WHOLE OR PART, BE THE RESULT OF NON-WORK RELATED FACTORS? _____

SUGGESTIONS FOR PREVENTION OR CORRECTION? _____

MEDICAL TREATMENT WAS NOT NECESSARY (REPORTING AS AN INCIDENT ONLY) _____ EMPLOYEE SENT TO EMPLOYEE HEALTH _____

MANAGER'S SIGNATURE _____ DATE _____

Employee Health Nurse NOTES-

DISTRIBUTION – Employee Health and Wellness Clinic – Fax within 24 HOURS to 720-848-7376
 Manager Copy for the Employee File
 Employee Copy

UCD EMPLOYEES

This is a **SECURE** and **ENCRYPTED** online form.[Print a Blank Form Here](#)

RED fields are Required to be filled out.

EMPLOYEE'S INJURY REPORT FORM!					
University Risk Management 1800 Grant Street, Suite 700 Denver, CO 80203		EMPLOYER CAMPUS <input type="radio"/> BOULDER <input type="radio"/> Denver <input type="radio"/> UCCS <input type="radio"/> SYSTEM		DATE OF CLAIM Monday, June 4, 2012	
Phone: 303-860-5682				DATE IF PREVIOUSLY REPORTED	
				DATE AND TIME OF OCCURRENCE Date: Time: AM/PM: am	
PERSONAL INFORMATION					
FIRST AND LAST NAME	HOME ADDRESS	CITY, STATE	ZIP	SOCIAL SEC # XXX-XX-XXXX	
HOME PHONE (xxx) xxx-xxxx	AGE	DATE OF BIRTH mm/dd/yyyy	SEX	# OF DEPENDENTS	YEARS OF EDUCATION
MARITAL STATUS <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed			RACE <input type="radio"/> Asian <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Hispanic <input type="radio"/> Don't Wish to Answer		
EMPLOYMENT INFORMATION					
DEPARTMENT	DEPT. #	WORK PHONE (xxx) xxx-xxxx	BOX #	DATE OF HIRE	
JOB TITLE	JOB POSITION #	YEARS IN THIS POSITION	ANNUAL SALARY		
SUPERVISOR NAME	SUPERVISOR PHONE (xxx) xxx-xxxx	SUPERVISOR EMAIL			
USUAL SHIFT (indicate am/pm) to	DAYS OF THE WEEK <input type="checkbox"/> Su <input type="checkbox"/> Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fr <input type="checkbox"/> Sa				
OCCURRENCE					
LOCATION OF OCCURRENCE			WHAT JOB/ACTIVITY WERE YOU PERFORMING?		
AUTHORITY CONTACTED			DATE CONTACTED	PHONE	
WHAT BODY PART(S) INJURED?			WHAT TYPE OF INJURY (cut, needlestick, burn, etc.)?		
WHAT HAPPENED TO CAUSE THIS INJURY? (describe how the event occurred, including other persons involved, tools, machinery, chemicals, etc.)					
HOSPITAL/PHYSICIAN CONSULTED (Name/Location/Phone)					DATE
TIME LOST AT WORK? <input type="radio"/> Yes <input checked="" type="radio"/> No	DATE LAST WORKED	DATE RETURNED	ADDITIONAL COMMENTS		
WITNESSES					
NAME & ADDRESS			BUSINESS PHONE	RESIDENCE PHONE	
Submit Reset					

RED fields are required and must be filled in.

It is unlawful to knowingly provide false or misleading information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

WITNESSES

NAME & ADDRESS	BUSINESS PHONE	RESIDENCE PHONE
Submit Reset		

RED fields are Required

It is unlawful to knowingly provide false or misleading information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.



**University
Risk Management**

Contacts

UCD EMPLOYEES

- About Us
- Insurance & Claims
- Health & Safety
- Documents & Forms
- Events & Activities

- Automobile
- Camp Insurance
- General Liability
- Property Loss & Damage
- Worker's Compensation

[Administration](#) | [Boulder](#) | [Colorado Springs](#) | [UCDHSC](#)

Authorized and Designated Workers' Compensation Medical Providers

In case of a life or limb threatening emergency, call 911.

In the event of an on the job injury that does not require immediate attention – please call the clinic of your choice and schedule an appointment to be seen. They usually schedule you the same day.

If the injury requires immediate attention (but not life threatening), you may go to the clinic of your choice on a “walk-in” basis, no appointment required.

UCDHSC Clinic Locations

HealthOne Occupational Medicine Clinic Locations

- | | | | |
|---|--|--|---|
| <p>A. Heal thOne Occupational Medicine - Aurora
 1444 S Potomac #200
 Aurora CO 80012
 Phone: 303-214-0000
 Fax 303-343-8135
 Hours: 7:00 – 5:00 M – F</p> | <p><u>Driving Directions from 4200 E 9th Ave. to this location</u></p> | <p><u>Driving Directions from 1380 Lawrence St. to this location</u></p> | <p><u>Driving Directions from 13001 E 17th Pl. to this location</u></p> |
| <p>B. Heal thOne Occupational Medicine – Bryant
 120 Bryant St.
 Denver, CO 80219
 Phone: 303-936-9700
 Fax: 303-936-9686
 Hours: 7:00 – 5:00 M – F</p> | <p><u>Driving Directions from 4200 E 9th Ave. to this location</u></p> | <p><u>Driving Directions from 1380 Lawrence St. to this location</u></p> | <p><u>Driving Directions from 13001 E 17th Pl. to this location</u></p> |
| <p>C. Heal thOne Occupational Medicine – Downtown
 1515 Wazee, Suite D
 Denver, CO 80202
 Phone: 303-534-9550
 Fax: 720-932-7805
 Hours: 7:00 – 5:00 M – F</p> | <p><u>Driving Directions from 4200 E 9th Ave. to this location</u></p> | <p><u>Driving Directions from 1380 Lawrence St. to this location</u></p> | <p><u>Driving Directions from 13001 E 17th Pl. to this location</u></p> |

Rocky Mountain Medical Group, P.C. Clinic Locations

- | | | | |
|---|--|---|---|
| <p>A. Rocky Mountain Medical Group – East
 14100 E. Jewell Ave. Ste 15</p> | <p><u>Driving Directions from 4200 E</u></p> | <p><u>Driving Directions from 1380 Lawrence St to this location</u></p> | <p><u>Driving Directions from 13001 E 17th Pl to this</u></p> |
|---|--|---|---|

This is a **SECURE** and **ENCRYPTED** online form.

RED fields are Required

NEEDLESTICK OR BODILY FLUID EXPOSURE REPORT FORM						
University Risk Management 1800 Grant Street, Suite 700 Denver, CO 80203			DATE OF CLAIM Monday, June 4, 2012			
Phone: 303-860-5682			DATE AND TIME OF OCCURRENCE DATE: mm/dd/yyyy TIME: HH:MM AM/PM:			
EMPLOYEE INFORMATION						
EMPLOYER <input type="radio"/> Boulder <input type="radio"/> Denver <input type="radio"/> UCCS <input type="radio"/> System			FIRST AND LAST NAME			
HOME ADDRESS			CITY	STATE	ZIP	SOCIAL SEC # XXX-XX-XXXX
HOME PHONE (xxx) xxx-xxxx	AGE	DATE OF BIRTH mm/dd/yyyy	SEX <input type="radio"/> MALE <input type="radio"/> FEMALE	# OF DEPENDENTS	YEARS OF EDUCATION	
MARITAL STATUS <input type="radio"/> SINGLE <input type="radio"/> MARRIED <input type="radio"/> DIVORCED <input type="radio"/> WIDOWED						
EMPLOYMENT INFORMATION						
DEPARTMENT			DEPT. #	WORK PHONE (xxx) xxx-xxxx	BOX #	DATE OF HIRE
JOB TITLE				JOB POSITION #	YEARS IN THIS POSITION	
PROGRAM DIRECTORS NAME			PROG. DIRECTORS PHONE (xxx) xxx-xxxx	PROGRAM DIRECTORS EMAIL		
ACCIDENT INFORMATION						
LOCATION OF ACCIDENT <input type="radio"/> Univ. Hospital <input type="radio"/> Denver Health <input type="radio"/> Childrens Hospital <input type="radio"/> Rose Medical Center <input type="radio"/> Veterans Hospital <input type="radio"/> Wardenburg <input type="radio"/> Other Please type other location here.						
WHAT PROCEDURE/ACTIVITY WERE YOU PERFORMING WHEN YOU WERE INJURED?						
WHAT HAPPENED TO CAUSE THIS INJURY? Describe how the event occurred including other persons involved, tools, machinery, chemicals etc.						
WHAT BODY PART(S) INJURED/EXPOSED ?						
					<input type="radio"/> Right <input type="radio"/> Left	
WHAT INJURIES DID YOU SUSTAIN ? (cut, needlestick, burn, etc.)?						
HAVE YOU CONSULTED A PHYSICIAN? IF YES PLEASE STATE THE NAME OF FACILITY OR CLINIC					DATE PHYSICIAN SEEN	
IF INCIDENT IS A BODY FLUID EXPOSURE (BFE) OR NEEDLESTICK, DID IT OCCUR DURING AN EMERGENCY PROCEDURE? <input type="radio"/> YES <input type="radio"/> NO						
IF BFE / NEEDLESTICK - NAME OF SOURCE PATIENT (If Unknown, please put N/A for the Source Name and Med Record Number)						
SOURCE NAME				MED RECORD NUMBER		

Aurora Co 80112
 Phone: 720-748-7072
 Hours: 8:00 – 5:00 M - F

9th Ave. to
 this location

location

- B. Rocky Mountain Medical Group – South**
 730 West Hampden Ave. Ste 200
 Englewood CO 80110
 Phone: 303-762-0900
 Hours: 8:00 – 5:00 M – F

Driving
 Directions
 from 9th Ave
 to this location

Driving
 Directions from
 1380 Lawrence St.
 to this location

Driving Directions
 from 3738 W.
 Princeton Circle
 to this location

- C. Rocky Mountain Medical Group – North**
 8380 N. Zuni St. Ste 205
 Denver CO 80221
 Phone: 303-650-6201
 Hours: 8:30 - 5:30 M - F

Driving
 Directions
 from 4200 E
 9th Ave. to
 this location

Driving Directions
 from 1380 Lawrence
 St to this location

Driving Directions
 from 13001 E
 17th Pl to this
 location

Disclaimer: Directions above are provided courtesy of Mapquest Inc. University Risk Management does not guarantee it's accuracy.

Colorado Springs , Pueblo , Alamosa (southern Colo UCDHSC locations)

Centura Healthcare-Colorado Springs Clinics

- A. Centura Centers for Occupational Medicine**

Union Medical Campus
 1633 Medical Center Point, #103
 Colorado Springs , CO
 (719) 475-9496

- B. Centura Centers for Occupational Medicine**

St. Francis Health Center
 825 East Pikes Peak , 1st Floor
 Colorado Springs , CO
 (719) 776-8512

24 Hour Urgent Care-Colorado Springs

- A. Centura Health-Penrose Hospital**

2215 N. Cascade Ave.
 Colorado Springs , CO
 (719) 776-5333

- B. Centura Health-Penrose Community Hospital**

3205 N. Academy Blvd.
 Colorado Springs , CO
 (719) 776-3216

Centura Healthcare-Pueblo Clinics

Centura Centers for Occupational Medicine

4112 Outlook Blvd., Ste 37
 Pueblo , CO
 (719) 562-6300 or (719) 562-6350

24 Hour Urgent Care-Pueblo

Centura Health-St. Mary Corwin Medical Center

1008 Minnequa Ave.
Pueblo , CO
(719) 560-4000

[For Body fluid exposures, including needlesticks Click here.](#)

Remember, University Risk Management, not your health insurance, is responsible for payment of services related to an on-the-job-injury. Send any bills you may receive from an authorized medical provider to: University Risk Management; 1800 Grant Street, Suite 700; Denver, CO 80203 or fax to 303-860-5680.

Questions concerning Workers' Compensation should be referred to:

University Risk Management at 303-860-5682 or 303-315-2730.

WCDMP 2/28/05

The 90-Day Provision (Injury Leave) – State Personnel Rule P-5-39

Leave Reporting Under Workers' Compensation for Classified, Unclassified, and Faculty Employees of the University of Colorado

Departments must grant injury leave to any eligible employee (may be Classified staff, Unclassified permanent staff, or Faculty) with a **new** compensable claim under Workers' Compensation. The temporary compensation payments are assigned to the department while under the 90-Day Provision.

It is the responsibility of both the supervisor and the employee to assure that approved leave related to the injury is reported accurately and timely to University Risk Management (URM) using the following procedures. Failure to follow these procedures, or falsification of time records, can have significant financial and legal impacts to your department and the University of Colorado. Your attention to these matters is greatly appreciated.

Reporting Injury Leave Procedure:

- ✓ Use the Lost Time Worksheet to record time lost from work due to the injury. Promptly submit the form to University Risk Management every two weeks throughout the Injury Leave period.
- ✓ The first date of injury is counted as a regular work day regardless of what time the injury occurs. No leave related to the injury should be deducted on that day.
- ✓ The following 3 working shifts or 24 hours of approved and actual time used for injury-related time off should be taken out of the employee's Sick (first) or Annual leave (second) for those 24 hours. Leave Without Pay (LWOP) is used if the employee has no Sick or Annual leave accrued. Sick, Annual, and LWOP are to also be reported into PeopleSoft by the department for this period. (If LWOP, notify your Human Resources office immediately.) If applicable, this leave may later be restored.
- ✓ Once the 24-hour (or 3 working shifts) period has been reached, the employee receives 100% pay for up to 90 days (see the section on Counting 90 days under the Provision, below). The department is entitled to 66 2/3 % of the employee's Average Weekly Wage, subject to a maximum amount per week as set forth by the Division of Workers' Compensation.
- ✓ The department codes the lost time as OJI (On-the-Job Injury) in PeopleSoft. This code should also be used on the employee's Leave/Absence Request and Authorization sheet.

- ✓ Insurance reimbursing 66 2/3% of the employee's Average Weekly Wage will be sent to the department.
- ✓ Counting 90 days under the Provision:
 1. The term "days" under OJI may or may not be full days. For example, a two hour appointment is counted as one *day* towards the 90 day total. This does not mean that an employee may take a full eight hours off for each appointment—remember, only the actual time off necessary for the appointment as authorized by the Designated Medical Provider can be taken off as OJI.
 2. The 90-day count starts on the first date of Lost Time.
 3. The 90 days may or may not be concurrent business days. A day is not counted unless approved injury leave is used that day.
- ✓ Reinstatement of 24 hour (3 working shifts) period: Payment for the first three days missed is only made if you are still off work more than two weeks (14 days).
- ✓ Once the 24 hour period has been achieved AND 14 days have been exhausted, then the 24 hours of leave (recorded initially as Sick, Annual, or LWOP) is reinstated to the employee's leave by the department. *Contact the URM Adjuster to inform them that the leave has been reinstated so the department can be reimbursed for 66-2/3% of the employee's wages for the 24 hours.*
- ✓ Once the Designated Medical Provider (DMP) physician's determines that the employee is at maximum medical improvement (MMI), no further lost time will be reimbursed by insurance, even if the employee has subsequent appointments such as physical therapy.
- ✓ If the 90-day period is exhausted, "Make Whole" takes effect. At that time, the department should alert the URM Adjuster to confirm this and alert the department's designated Center for Human Resources Manager. Make Whole is described in URM's Make Whole document.

Related Information

- Departments are encouraged to establish policies that treat all employees on Injury Leave consistently.
- Every effort should be made to accommodate employees who have physical restrictions (as determined in writing by the DMP physician) by establishing a modified duty assignment. If the employee chooses not to accept the modified duty position, this time will not be considered Injury Leave, but personal leave time.
- **Student and Temporary employees** are not entitled to the 90-day On-the-Job Injury Provision. However, the injured employee may be eligible for the 2/3 reimbursement from insurance once they miss more than 24 hours from work. The Workers'

Compensation Lost Time Report form should be used to report this lost time. The URL for the form is: https://urm.cusys.edu/docs/forms/90day_workcomp.asp

- Submit on-line, or fax the signed Lost Time Report form to:

University Risk Management

Attn: ~~(Assigned Adjuster)~~

Fax: 303-860-5682

Ph: 303-860-5680

If you have any questions concerning these procedures, please contact the assigned adjuster or your campus risk management office.

Important: Every effort is made to provide accurate information. Please refer to the State of Colorado's Workers' Compensation and Injury Leave rules for more detailed information.

Last printed 12/12/2007 3:30:00 PM

FOR RESIDENTS

CU GME RESIDENTS

WORK-RELATED INJURY, NEEDLESTICK, EXPOSURE (Workers' Compensation Claim Procedures)

NEEDLESTICKS OR BODY FLUID EXPOSURES (BFE) will initially be seen in the Emergency Room of the hospital where the Workers' Compensation (WC) incident occurs.

Exceptions are:

University of Colorado Hospital — Go to the Infectious Disease Clinic 8:00 a.m.-4:00 p.m. Monday through Friday. Go to the Emergency Room at all other times.
Denver Health Medical Center (DHMC) — The Occupational Health and Safety Center (corner of Sixth Avenue and Bannock, 4th Floor) is available 7:30 a.m.-4:30 p.m. Monday through Friday. Go to the Emergency Room at all other times.
The Children's Hospital (TCH) — Employee Health Services (Building directly west of Hospital Entrance at corner of 19th & Ogden, 1056 East 19th Avenue #B260) is open 7:00 a.m.-4:30 p.m. Monday through Friday. Go to the Emergency Room at all other times.

After the first 48 hours, WC needlestick or BFE patients should follow-up at one of the designated medical providers listed below. Treatment for other non-emergent on-the-job injuries must also be by a designated provider. Please complete all follow-up with the same provider.

Locations for Workers' Compensation Follow-up Care
HealthOne Occupational Medicine and Rocky Mountain Medical Group (RMMG) are the UCDHSC WC designated medical providers, and will treat needlesticks, BFE, and all other WC injuries.

DHMC Occupational Health and Safety Center and **The Children's Employee Health Services** are available for needlestick and BFE follow-up only, not for follow-up of other WC injuries.

HealthOne Occupational Medicine

- | | | |
|-----------|---|--------------|
| 1. Aurora | 1444 S. Potomac St., Ste 200, Aurora CO 80012 | |
| M - F | 7:00 AM - 5:00 PM | 303-214-0000 |
| 2. Bryant | 120 Bryant St., Denver CO 80219 | |
| M - F | 7:00 AM - 5:00 PM | 303-936-9700 |
| 3. LODO | 1515 Wazee St., Suite D, Denver CO 80202 | |
| M - F | 7:00 AM - 5:00 PM | 303-534-9550 |

Rocky Mountain Medical Group, PC

- | | | |
|---------------|---|--------------|
| 1. RMMG East | 14100 E. Jewell Ave. Ste 15, Aurora CO 80112 | |
| M - F | 8:00 AM - 5:00 PM | 720-748-7072 |
| 2. RMMG South | 730 W. Hampden Ave. Ste 200, Englewood CO 80110 | |
| M - F | 8:00 AM - 5:00 PM | 303-762-0900 |
| 3. RMMG North | 8380 N. Zuni St., Ste 205, Denver CO 80221 | |
| M - F | 8:30 AM - 5:30 PM | 303-650-6201 |



TO: All Employees
FROM: Courtney Wiese, Human Resources Specialist/Safety Coordinator
DATE: December 12, 2011
RE: Workers' Compensation

All employees must obtain treatment of work-related injuries and illnesses from one of our designated medical providers, **HealthOne or OccMed Colorado**. Location listings are available on the UPI intranet.

In the event of a life or limb-threatening emergency, call 911 or go directly to the nearest Hospital Emergency Room. A designated medical provider must provide follow-up care.

In the event of a non-emergency, after-hours injury, the employee must report to one of the designated after-hours or weekend care facilities.

If an unauthorized medical provider treats an employee, the employee will be responsible for payment for said treatment.

Any employee who is injured on the job must immediately contact Human Resources at (303) 493-7600 to complete an "Employee's 1st Report of Injury" form.

Employees must attempt to schedule appointments for their work-related injuries during non-working hours.

In the event an employee loses time that amounts to more than 3 working days, UPI's workers' compensation carrier will compensate the employee at two-thirds of their average weekly wage.

