

TO: Employees of MSU Denver
FROM: Human Resources
SUBJECT: **Work-Related Injury or Illness**

Attached are the procedures you must follow for a work-related injury or illness. We hope that you will not find it necessary to utilize this benefit, however, if the need arises, you must follow the attached procedures very carefully.

Failure to do so may cause a financial burden on you. Your medical insurance might not cover work-related injuries.

Please sign and return the last page (EMPLOYEE NOTIFICATION OF WORKERS' COMPENSATION PROCEDURES) and return the last page to the Human Resources Office at Campus Box 47 indicating your knowledge of and agreement to adhere to MSU Denver Work-Related Injury or Illness procedures.

Thank you.

Workers' Compensation Procedures (Work Related Injury or Illness)

I. General Guidelines

These guidelines may be used to treat most emergencies

- A. Immediate attention is to be given to the immediate medical needs of an injured person.
- B. In the case of major trauma or "life or limb threatening" accidents, call an ambulance for transportation to the nearest emergency room.
- C. If there is any doubt about safety, it is strongly advised that a non-medical person refrain from moving an injured person.

II. General Procedures

- A. Except in the case of a serious or life-threatening emergency, an injured employee must be treated by one of the three MSU Denver designated providers: (locations & phone numbers are attached).
 - Concentra Medical Center - the location nearest to Auraria Campus is 1730 Blake Street, Suite 100, 303-296-2273. (See Page 4 for more locations.)
 - HealthONE - the location nearest to Auraria Campus is 9195 Grant Street Suite 100 Thornton, CO 80229 Phone: (303) 292-0034. (See Page 5 for more locations.)
 - Midtown Occupational Health Services (located at Diamond Hill Office Complex Building D, Suite 200, 2420 West 26th Avenue, 303-831-9393.)

Failure to comply may cause you to risk liability for all medical expenses. It is recommended that the employee's supervisor or the Human Resources office call the facility chosen to authorize treatment before sending the patient. The hours of operation of the above facilities are generally 8:00 a.m. - 5:00 p.m., Monday through Friday. Medical evaluation, testing or consultation will be conducted. It is possible that the designated provider will refer the patient for additional medical services. Parking is available at each facility

- B. Workers injured on the job, within the course and scope of their job duties, must report the injuries or illness within four days of occurrence, in writing, to their supervisor. For an illness, such as a repetitive motion injury, the date of decision (the day you decide you need to see a doctor) or the date of diagnosis is the date of injury regardless of the length of time passed. The First Report of Injury is then filled out by your immediate supervisor, using your written statement. Because the State is self-insured for workers' compensation, the First Report and your written statement are sent to the Workers' Compensation provider and State Risk Management.

- C. Following examination by the physician, the patient will be given copies of the Worker's Compensation Physician's Initial Report or attending physician's report. The original should be kept in the supervisor's files. A copy will be retained by the employee for medical instruction and return appointments as applicable. The Human Resources Office will receive a copy from the physician's office.
- D. The attending physician's report will indicate when the employee is able to return to work. The employee must show this form to the supervisor, and return to work on the date the physician indicates on this form.
- E. Supervisors should be notified immediately if the employee continues to experience problems or concerns as a result of the injury. All concerns are significant and should be referred to the employee's supervisor, the designated medical provider, and to the Human Resources Office.
- F. The Worker's Compensation provider is responsible for payment of medical expenses if an injury or illness is determined to be work related and the proper procedures have been followed. If an employee's claim is denied, the employee must seek reimbursement from their own insurance carrier and face responsibility of payment if the claim is denied at that point.

III. After Hours Procedures

- A. The employee is responsible for informing the supervisor and the Human Resources office when treatment has been received after hours.
- B. Leave time taken during work hours by administrators and classified employees must be reported as IOJ (Injury on Job) leave. The first 24 hours of any lost time injury will be paid using the injured employee's available sick leave. Please contact Human Resources to discuss documentation of any injury leave so that time off can be coordinated with Pinnacol for appropriate benefits management.

Clinics open Monday through Friday (Note: hours of operation vary)
Preference Hours are due to paper work

CONCENTRA

10355 East Illiff Ave.
Aurora, CO 80247
Phone: (303) 755-4955 Fax: (303) 755-4956
Hours: 8:00 am-5:00 pm, Mon-Fri
New Injury-Walk-ins Only

15235 E 38th Ave
Aurora, CO 80011
Phone: (303) 340-3053 Fax: (303) 340-3862
Hours: 8:00 am – 8:00 pm, Mon-Fri
8:00 am-4:00 pm, Sat
New Injury-Walk-ins Only
Preference Hours: 7:00 am-4:00 pm, Mon-Fri

3300 28th Street
Boulder, CO 80301
Phone: (303) 541-9090 Fax: (303) 541-9393
Hours: 8:00 am – 6:00 pm, Mon-Fri
New Injury-Walk-ins or Appointments
Preference Hours: 8:00 am – 6:00 pm, Mon-Fri

2322 South Academy Boulevard
Colorado Springs, CO 80916
Phone: (719) 390-1727 Fax: (719) 390-9690
Hours: 8:00 am – 5:00 pm, Mon-Fri
New Injury-Walk-ins Only
Preference Hours: 8:00 am – 4:15 pm, Mon-Fri

5320 Mark Dabling Boulevard
Colorado Springs, CO 80918
Phone: (719) 592-1584 Fax: (719) 592-0965
Hours: 8:00 am – 5:00 pm, Mon-Fri
New Injury-Walk-ins Only

1212 S. Broadway, Ste. 150
Denver, CO 80210
Phone: (303) 777-2777 Fax: (303) 871-0218
Hours: 7:00 am – 5:00 pm, Mon-Fri
New Injury-Walk-ins Only
Preference Hours: 7:00 am – 4:00 pm, Mon-Fri

5855 Stapleton Dr. North Unit A130
Denver, CO 80216
Phone: (303) 355-2389 Fax: (303) 371-7364
Hours: 7:00 am – 5:00 pm, Mon-Fri
New Injury-Walk-ins Only
Preference Hours: 7:00 am – 5:00 pm, Mon-Fri

CONCENTRA CONT.

11877 E. Arapahoe Rd.
Centennial, CO 80112
(303) 792-7368 Fax: (303) 858-7076
Hours: 8:00 am – 6:00 pm, Mon-Fri
New Injury-Walk-ins Only/Unless Physical Visit- Appt. Ok

620 S. Lemay
Fort Collins, CO 80524
Phone: (970) 221-5811 Fax: (970) 221-5817
Hours: 7:00 am – 7:00 pm, Mon-Fri
9:00 am – 1:00 pm, Sat
New Injury-Walk-ins Only
Preference Hours: 7:00 am – 6:45 pm, Mon-Fri
After Hours Phone: (970) 221-5811

11185 W 6th Ave
Lakewood, CO 80215
Phone: (303) 239-6060 Fax: (303) 239-6046
Hours: 8:00 am – 6:00 pm, Mon-Fri
New Injury-Walk-ins Only
Preference Hours: 8:00 – 3:30 pm, Mon-Fri

20 West Dry Creek Circle Suite 100
Littleton, CO 80120
Phone (303) 798-1009 Fax: (303) 798-1324
Hours: 8:00 am – 5:00 pm, Mon-Fri
New Injury-Walk-ins or Appointments
Preference Hours: 8:00 am – 4:00 pm, Mon-Fri

500 East 84th Avenue, Suite B-14
Thornton, CO 80229
Phone: (303) 287-7070 Fax: (303) 287-7373
Hours: 8:00 am – 5:00 pm, Mon-Fri
New Injury-Walk-ins or Appointments
Preference Hours: 8:00 am – 3:30 pm, Mon-Fri

1730 Blake Street Suite 100
Denver, CO 80202
Phone: (303) 296-2273 Fax: (303) 296-8330
Hours: 8:00 am – 6:00 pm, Mon-Fri
New Injury-Walk-ins Only

MIDTOWN OCCUPATIONAL HEALTH SERVICES

2490 West 26th Avenue Building A, Suite 230
Denver, CO 80211
Phone: (303) 831-9393 Fax: (303) 831-6335
Hours: 7:00 am – 6:00 pm, Mon-Fri
New Injury: Walk-ins Only

HEALTH ONE

1444 South Potomac Street Suite 200
Aurora, CO 80012
Phone: (303) 214-0000 Fax: (303) 343-8135
Hours: 7:00am – 5:00 pm, Mon-Fri
New Injury-Walk-ins and Appointments
Preference Hours: 7:00 am – 4:30 pm, Mon-Fri

5620 S Parker Road
Aurora, CO 80015
Phone: (720) 446-5893 Fax: (303) 218-4247
Hours: 8:00 am – 8:00 pm, Mon-Sat
8:00 – 5:00pm Sun
New Injury-Walk-ins or Appointments

5990 S. University Blvd.
Greenwood Village, CO 80121
Phone: (303) 788-9292 Fax: (303) 788-9265
New Injury-Walk-ins Only
Preference Hours: 8:00am-8:00pm, Mon-Sat
8:00am-5:00pm, Sun

9195 Grant Street Suite 100
Thornton, CO 80229
Phone: (303) 292-0034 Fax: (303) 292-0097
Hours: 7:00 am – 5:00 pm, Mon-Fri
New Injury-Walk-ins Only
Preference Hours: 7:00 am – 4:30 pm, Mon-Fri

**HOSPITALS/EMERGENCY AND WEEKEND CARE FULL
SERVICE 24 HOURS/7 DAYS A WEEK**

Medical Center of Aurora-South Campus
1501 South Potomac St.
Aurora, CO 80012
(303) 695-2600

Presbyterian/St. Luke's Medical Center
1719 East 19th Avenue
Denver, CO 80218
(303) 839-6000

Rose Medical Center
4567 East 9th Avenue
Denver, CO 80220
(303) 320-2121

Swedish Medical Center
501 East Hampden Avenue
Englewood, CO 80113
(303) 788-5000

Medical Plaza-Centennial
14200 East Arapahoe Road
Centennial, CO 80112
(303) 699-3000

North Suburban Medical Center
9191 Grant Street
Thornton, CO 80229
(303) 451-7800

Porter Adventist Hospital
2525 South Downing Street
Denver, CO 80210
(303) 778-1955

Saint Anthony North
2551 West 84th Avenue
Westminster, CO 80031
(303) 430-5560

Littleton Adventist Hospital
7700 South Broadway
Littleton, CO 80122
(303) 730-8900

Avista Adventist Hospital
100 Health Park Drive
Louisville, CO 80027
(303) 673-1000

EMPLOYEE NOTIFICATION OF WORKER'S COMPENSATION PROCEDURES*

I, _____ (print your name), have been notified by my employer/supervisor of the Worker's Compensation Procedures. In the event I am involved in a work related injury or illness, I understand that MSU Denver has designated Concentra Medical Center, Midtown Occupational Health Services, and CareNow Urgent Care as the approved medical providers for all work related injuries or illnesses. I understand that if I do not receive medical care for work related injuries or illnesses from the designated clinic or an approved 24-hour after care facility, or any specialists to which they refer me, EXCEPT IN THE CASE OF A SERIOUS EMERGENCY; I could be financially responsible for payment of that care. I have received the above referenced procedures and have been informed that authorization is required from my employer before I seek medical care for non-emergency, work related injuries or illnesses.

Signature

Date

***Submit to Human Resources after signature**