Aurora Public Schools
Department of Risk Management
(303) 365-7816
Fax (303) 326-1921

WHEN & HOW TO REPORT A WORK-RELATED, EMPLOYEE INJURY

During Working Hours Work Injury Procedures

IF MEDICAL CARE IS NEEDED

- Have the injured employee immediately complete and sign the "*First Report of Injury"* form. If the injury prevents the employee from completing the form, a supervisor may assist.
- Fax the completed "*First Report of Injury "* form to Risk Management at 303.326.1921 or email a scanned copy to *Riskmanagement@aurorak12.org* the **same day the incident/injury is reported, and immediately if medical attention is needed**.
- The District has a list of four approved designated clinics/physicians for work injuries. **Supervisors should never send an employee injured on the job to their personal doctor, health insurance physician, or to an APS Health Clinic** since none of these are authorized to provide treatment for work-related injuries. Unauthorized medical care will not be paid by the District Workers' Compensation Program.
- **Supervisors should never take an injured employee off work without consulting with Risk Management**. Only the authorized workers compensation treating physician may take an injured employee off work. Risk Management works with each department/school to attempt to find work within any applicable restrictions.
- After Risk Management receives the *"First Report of Injury"* form, the claim is reported to Sedgwick Claims Services, APS's workers' compensation third party administrator.

IF NO MEDICAL CARE IS NEEDED

- If no medical care is needed complete the "*First Report of Injury"* form so that the incident is on record. Document the form and have the employee sign it in the area in which they are declining the need for medical care.
- Fax the completed "*First Report of Injury "* form to Risk Management at 303.326.1921 or email a scanned copy to *Riskmanagement@aurorak12.org*
- After Risk Management receives the *"First Report of Injury"* form, the claim is reported to Sedgwick Claims Services, APS's workers' compensation third party administrator.

AFTER INITIAL MEDICAL CARE

- **Modified Work Duties** – After each physician visit, the injured employee is instructed to bring the supervisor a medical report listing medical/work restrictions to determine appropriate modified work duties. The supervisor will work with Risk Management to determine if APS can accommodate therestrictions.

- **Follow-up medical appointments** should occur outside of normal work hours. If that is not possible, all attempts should be made to make appointments at times that will minimize interrupting the workday.

- **If an injured employee misses work due to a work injury contact the Risk Manager immediately**. Only an authorized physician can take an employee off work for a work-related injury. Neither the employee, supervisor nor Risk Management can take an employee off work for a work injury.

After Hours – Weekend– Holiday Work Injury Procedures

After normal business hours, on weekends or holidays follow the steps below for work-related injuries requiring emergency medical care *Please note that the steps bulleted under "*IF MEDICAL CARE IS NEEDED*" on page one still apply for all after hours, work-related injuries*.

- For a **LIFE OR LIMB-THREATENING EMERGENCY call 911**, or go to nearest emergency room.

¾ If emergency room care is provided, tell the injured worker to call the Risk Manager at 303.365.7816, x 28412 to discuss further.

APS Preferred Emergency Rooms for Work-Related Injuries

UCHealth University of Colorado Hospital
12605 E. 16th Avenue - 720-848-9111
OR
Aurora Medical Center of Aurora Public Schools
1501 S. Potomac Street - 303-695-2600

- **Always fax a completed *"First Report of Injury"* form immediately to the Risk Management Department at 303.326.1921**, or email a scanned copy to *Riskmanagement@aurorak12.org*. In an emergency where the injured employee cannot complete the form, the supervisor should complete as much as possible and fax to Risk Management.

IMPORTANT: All follow-up medical care must be with one of the District's workers' compensation designated clinics/physicians. The injured employee should not follow-up with the Emergency Room physician.

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FIRST REPORT OF INJURY

This report should be completed by the employee and the Supervisor/Principal after an on-the-job injury and faxed to the above fax number **within 24 hours. Please complete ALL INFORMATION AS IT IS REQUIRED by Colorado Statute. Please see a school nurse, if possible, for initial treatment.**

SECTION 1: TO BE COMPLETED BY EMPLOYEE

Employee Name (Print Name Legibly)				Social Security Number
Street/Home Address			City	State / ZIP
Date of Birth	Sex	Personal Phone Number	Marital Status	Personal Email - *not your APS email address*
Job Title	APS Department and Injury Location - building/site			Length of Experience at this Assignment
Normal Work Hours (From – To)	Hours per Day	Days per Week	Job Assigned when Injured	

Information Concerning Accident

Hours Worked on the Date of Injury (From – To)	Date	Time	Location: Cafeteria ☐ Playground ☐ Hallway ☐ Parking Lot ☐ Gymnasium ☐ Classroom ☐ Other: ______________
Accident reported to Supervisor/Principal: Date______________Time_____________	Were you able to continue work: Yes ☐ No ☐	If no, last day worked:	Date Returned to Work or Estimated Date of Return:
Have you been injured on the job before? Yes ☐ No ☐	Did this accident aggravate a previous injury/medical condition? Yes ☐ No ☐ If yes, explain and list name of physician:		

Do you currently hold a second job? Yes ☐ No ☐ What is your title and duties?

What is your wage for the second position?______________________What are the average hours per week worked at the second job? _____________

State part of body injured (indicate left, right, shoulder, foot, etc.) ____

IN DETAIL relate in your own words how injury occurred (i.e., task being performed, equipment used, special circumstance or condition, etc.)

Do you feel you need medical attention? Yes ☐ No ☐ If no, please initial and date:	Witnesses:

I understand that I must be seen by One of the Four Designated Medical Providers for Aurora Public Schools. I further understand the list of designated medical providers is available from my school nurse, site secretary, the Risk Management Office and the Risk Management internal website.

It is unlawful to provide, false, incomplete, or misleading facts or information to an employer/insurance company for the purpose of defrauding or attempting to defraud the company. False statements could result in legal action (misdemeanor/felony), including imprisonment, fines, denial of insurance, civil damages and employment disciplinary action.

Signature of Employee ____________________ Date ____________

Employee Name ____

SECTION 2: TO BE COMPLETED BY NURSE, IF APPLICABLE

Please see the school nurse. Risk Management procedures include seeing a school nurse to triage the injury before seeking outside medical care.

If the nurse is not available, please mark this box ☐ and call Risk Management at (303) 365-7816.

____ ____________________

Signature of Nurse Date

SECTION 3: TO BE COMPLETED BY SUPERVISOR/PRINCIPAL

Was employee able to continue working? Yes ☐ No ☐ What was employee doing at time of injury?

Is this activity within their normal scope? Yes ☐ No ☐ If no, please explain:

Injury occurred because of: Intoxication ☐ Safety Violation ☐ Failure to use District Provided Personal Protective Equipment ☐
Failed to Follow Procedure ☐ Other ☐

Was this injury preventable? Yes ☐ No ☐
What action will be taken to prevent a re-occurrence?

____ ____________________

Printed Name of Supervisor/Principal Date

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Signature of Supervisor/Principal