

Aurora Public Schools Department of Risk Management (303) 326-3189

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.
- Scan and email the completed First Report of Injury form to Risk Management the same day the incident/injury is reported, and immediately if medical attention is needed.
- The District has a list of 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.
 - Below is the list of approved designated providers:

Colorado Occupational Medical Partners 1390 S Potomac St Ste 136 Aurora, CO 80012 Phone: 303-214-0000 Monday-Friday, 7am-5pm	Intermountain Health Central Park Clinic 2807 Roslyn St Denver, CO 80238 Phone: 303-403-6400 Monday-Friday, 8am-5pm	Concentra Aurora North 15235 E 38th Ave Aurora, CO 80011 Phone: 303-340-3053 Monday-Friday, 8am-8pm Saturday, 8am-4pm
Medicine Business Industry 1600 S Abilene St Unit D Aurora, CO 80012 Phone: 720-512-4408 Monday-Friday, 8am- 5pm	Medicine Business Industry 3350 Peoria St Ste 190 Aurora, CO 80010 Phone: 303-365-4646 Monday-Friday, 8am-5pm	Injury Care Associates – Parker 19284 Cottonwood Dr Ste 104 Parker, CO 80138 Phone: 720-409-0007 Monday-Friday, 7am-5pm

- 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 CCMSI Claims Services, APS's workers' compensation third party administrator.

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.
- Scan and email the completed First Report of Injury form to Risk Management at Riskmanagement@aurorak12.org
- After Risk Management receives the "First Report of Injury" form, the claim is reported to CCMSI 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 the restrictions.
- 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.
- If emergency room care is provided, tell the injured worker to call the Risk Manager at 303.326.3189, x 28412 to discuss further.

APS Preferred Emergency Rooms for Work-Related Injuries

- UCHealth University of Colorado Hospital 12605 E 16th Ave, Aurora, CO 80045
- HCA HealthONE Aurora/Medical Center of Aurora 1501 S Potomac St, Aurora, CO 80012

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.

Aurora Public Schools is self-insured and has designated CCMSI to administer workers' compensation benefits. If you have any questions concerning your benefits, please contact:

CCMSI Provider Claim/Bill/Payment Questions:

Phone: 303-804-0000

Fax: 303-804-2005

CCMSI Mailing Address:

P.O. Box 4998

Greenwood Village, CO 80155

First Report of Injury

 $Aurora\ Public\ Schools\ -\ Risk\ Management\ Department\ 303-326-3189\ -\ \underline{riskmanagement@aurorak12.org}$

Select one of the two options below:	Name of building where in			jury occurre	d: Da	Date of injury:		Time of injury:		Social security number:		
Filing an injury claim & will be												
seeking medical treatment	Injury	/ location	(hallway, pl	layground,		Are you an APS employ			e? E	mployee district ID		
Filing an injury report only	class	classroom, parking lot, cafeteria, etc.):					YesNo			umber:		
Employees last name:		Employe	ees first nan	ne:		Date of birth:			Work phone number:			
Employees street address:		City:			State:	Zip code:			Personal phone number:			
Personal email address:			Employment status:						Number of hours worked per			
	Full time				neP	Part time Other						
Occupation:	Supervisor's name:			Da			ate injury was reported to					
								sup	ervisor:			
Did this injury aggravate a previous inju	aggravate a previous injury or Name of witness: Name of witr						/itness co	l ness contact info:				
medical condition:YesN	No											
List parts of body that were injured:												
Describe in detail how the injury occur	red (Pl	ease be a	s specific a	s possible):								
If seeking r	nedica	l treatme	nt, please s	elect one of	the appr	oved o	designated p	oroviders	below:			
Colorado Occupational Medical Part 1390 S Potomac St Ste 136 Aurora, CC	_	Intermountain Health Central Park C 2807 Roslyn St Denver, CO 802						Concentra Aurora North E 38th Ave Aurora, CO 80011				
Phone: 303-214-0000			Phone: 303-403-6400 Monday-Friday, 8am-5pm				Phone: 3			03-340-3053		
Monday-Friday, 7am-5pm Medicine Business Industry				cine Business			Monday-Friday, 8am-8pm Saturday 8am-4pm Injury Care Associates – Parker					
1600 S Abilene St Unit D Aurora, CO 80012 3350 Peoria St Ste 190 Aurora, CO 80010 19284 Cottonwood Dr Ste 104 Pe Phone: 720-512-4408 Phone: 303-365-4646 Phone: 720-409-000							Ste 104 Parker, CO 80138					
Monday-Friday, 8am- 5pm				Monday-Friday, 8am- 5pm						riday 7am-5pm		
In case of serious injury call 911 or go to	o the ne	earest eme	ergency rooi	m. Follow up	care nee	ds to b	pe provided a	at one of t	:he above	e designated providers.		
In case of serious injury call 911 or go to the nearest emergency room. Follow up care needs to be provided at one of the above designated providers.												
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.												
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Employee signature			Date	Su	pervisor	signat	ture			Date		