

## **WORK RELATED INJURIES/ILLNESSES AND WORKERS' COMPENSATION POLICY (EFFECTIVE JANUARY 1, 2008/REVISED JULY 13, 2009\*)**

**Purpose:** To provide a uniform policy governing the reporting, medical treatment, leave status and designated medical service providers for work related injuries and illnesses. This policy also addresses the rules to insure that work related injuries qualify for workers' compensation benefits as provided by Colorado statutes.

**Policy:** All work related injuries or illnesses are to be reported, regardless of the minor nature of the injury. It is the employee's responsibility to become acquainted with the safety equipment and safety warnings that are required for their job. Employees injured in work-related accidents, are eligible for certain medical and leave benefits as provided by the Colorado workers' compensation laws.

**Applicability:** This directive addresses all work-related injuries or illnesses incurred by any full-time, part-time, or temporary employee.

### **Procedure:**

#### **Reporting Work Related Injuries/Illnesses**

The employee shall immediately notify his/her supervisor of the occurrence, no matter how slight. In the event an employee is able to inform the supervisor and does not do so or fails to do so in a timely manner, that employee may be denied coverage.

A First Report of Injury form must be completed by the injured worker and submitted to the Human Resources Department within 24 hours of the injury. If the employee is incapacitated, the immediate supervisor must complete the form for the employee and submit it to HR. The supervisor must make sure that the employee receives the cover letter ([Choice of Designated Provider Letter](#)) regarding his/her choice of designated medical provider for primary care and acknowledges receipt of the information by signature on the second page of the First Report of Injury Form.

The supervisor shall immediately report a life or limb threatening injury to the Human Resources Department after ascertaining that appropriate emergency treatment has been obtained for the injured worker. In all instances, an **Accident/Injury Report form and Supervisor's Accident Investigation Report** form shall be completed by the employee and supervisor as soon as possible after the occurrence and submitted to the Human Resources Department within 7 business days of the injury date.

The HR Department shall submit an Employer's First Report of Injury form to the City and County's workers' compensation claims administrator as soon as possible after receipt of the completed form.

### **Medical Treatment for Work Related Injuries/Illnesses**

The injured employee shall report to one of the City and County's designated medical facilities for medical treatment, except in the case of a minor injury that can be treated with a first aid kit.

#### **Primary medical facilities:**

Arbor Occupational Medicine

290 Nickel Street, Suite 200: Broomfield, CO 80020

Phone: (303) 460-9339

Hours: 8:00 a.m. – 5:00 p.m. M - F

OR

HealthONE Occupational Medicine/NW Clinic

12207 Pecos Street #300: Westminster, CO 80234 \*

(\*Location change effective 7/13/09)

Phone: (303) 650-0445

Hours: 7:00 a.m. - 5:00 p.m. M - F

#### **After-hours/Emergency medical facilities:**

Rocky Mountain Urgent Care

6080 W 92nd Avenue

Westminster, CO 80031

Phone: (303) 429-9311

Hours: 8:00 a.m. - 8:00 p.m. M - F - 8:00 a.m. - 6:00 p.m. Sat/Sun

Open Holidays except Christmas Day

**OR**

Avista Hospital

100 Health Park Drive

Louisville, CO 80027

Phone: (303) 673-1000

Hours: 24 hours per day

The injured employee (or supervisor) must call and make an appointment prior to going to the facility unless the injury requires immediate care and/or treatment.

In the case of a limb or life threatening injury, call 911. The employee shall be taken to Avista Hospital Emergency Room; or, based upon the professional judgment of the E.M.T. or paramedic, transported to the medical facility most capable of providing the necessary emergency services.

Arbor Occupational Medicine or HealthONE Occupational Medicine shall be utilized for any necessary follow-up care. Any referrals for additional or specialized treatment shall be authorized by Arbor or HealthONE as the primary care provider. **An adjuster from the City and County's workers' compensation insurance carrier must approve any additional physicians or health care providers.**

Failure to utilize the City and County's designated medical providers/facilities, unless in circumstances outlined above, will result in unauthorized medical treatment for which the employee will be financially responsible.

### **Time Off From Work and Work Restrictions Due to Work-Related Injury/Illnesses**

In the event of an injury resulting in lost time from work, a written authorization from one of the City and County's designated medical facilities shall be submitted to the supervisor and to the Human Resources Department.

In the event of an injury resulting in job restrictions, a written authorization from one of the City and County's designated medical facilities shall be submitted to the supervisor and to the Human Resources Department. Please see the Leave Policy – Modified Duty Assignments.

Full-time and part-time employees who work at least 20 or more hours per week on a regularly scheduled, year-round basis are eligible for injury leave benefits if

required to miss work due to an on-the-job injury (see "Leave Policy" for full-time or part-time employees).

Absences from work due to injury or illness in excess of three consecutive days may be considered family and medical leave under the Family Medical Leave Act (FMLA) and will require that a "Leave Request for Family or Medical Leave" be completed.

Written authorization from one of the City and County's designated medical facilities must be received by the supervisor/Human Resources Department before the employee is allowed to return to full duties.

### **Medical Benefits**

The City and County's workers' compensation insurance carrier pays for medical benefits (directly to the doctor or medical facility) in accordance with the Medical and Surgical Fee Schedule adopted by the Colorado Division of Labor.

The Schedule allows for reasonable and necessary medical expenses up to a defined maximum value to cure and relieve the effects of the injury.

If the employee receives any bills for treatment for an on-the-job injury, those bills must be delivered to the HR Department for **submission to the City and County's workers' compensation carrier** for processing.

### **Long Term Disability Benefits**

Long-term benefits for loss of income for full-time sworn police personnel are coordinated with the State Fire and Police Pension Association (FPPA). Long-term disability benefits for all other full-time personnel are coordinated with the long-term disability insurance policy provided by the City and County.

### **Death Benefits**

A surviving dependent may be eligible for workers' compensation death benefits for a death, which is the direct result of an on-the-job injury. Workers' compensation death benefits are co-coordinated with Social Security benefits or any other pension plan containing death benefits.