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SAFETY POLICY & RULES

The Board of Education believes that safety education and accident prevention are essential to everyone involved with our schools and should be integrated into every aspect of our work activity. All employees of the district are responsible for maintaining a safe and healthy workplace and for assuring that safety precautions and practices are followed. To safely perform your job, you must familiarize yourself with the safety rules specific to your position and participate in all safety training provided by your department.

THOMPSON SCHOOL DISTRICT SAFETY RULES FOR ALL EMPLOYEES
(Including coaches, sponsors, and substitute employees)

1. Perform all tasks with safety as the top priority. Your specific job may have additional safety rules that your supervisor will discuss with you. If you are uncertain of how to safely perform a task, stop and ask your supervisor before continuing.
2. When lifting, use your legs, not your back. Ask for help if needed.
3. Use appropriate equipment for the task, e.g., do not use chairs or tables as ladders; use handrails when going up or down steps.
4. Don’t jump from heights; use the proper equipment or technique to return to surface level.
5. Wear personal protective devices, i.e., ear plugs, safety glasses, rubber gloves, etc., as needed or required by the job. Wear appropriate footwear for the job and appropriate to weather conditions.
6. Observe all traffic and motor vehicle regulations; use seat belts when driving a district vehicle or driving a personal vehicle on district business.
7. Do not use your cellular phone while driving during your work day. The work day is the period of time for which the district is paying you, for example, if you are required to drive to and from district meetings, to multiple locations to perform work, etc.
8. Do not engage in horseplay or other acts that may compromise the safety and well-being of you, your co-workers, students, or the public.
9. Use, possession, or sale of alcohol or unlawful drugs on the job is prohibited.
10. Immediately report any unsafe working conditions or safety problems to your supervisor. Until action is taken be sure that the area or condition is restricted and that cautionary devices, i.e., cones, temporary fencing, floor signs, etc., are in place so that others are not affected or injured.

The purpose of providing safety rules is to increase employee awareness of safety, acknowledge the importance of safety in the workplace, recognize the vital role that the employee plays in creating a safe work environment and reduce the risk of personal injury. If you are injured on the job, report the injury to your supervisor immediately (within 24 hours), complete the Employee’s First Report of Injury Form and fax it to the Benefits & Risk Management Office. The form is available on the district website, from your supervisor, or from the Benefits & Risk Management Office.

In accordance with the Colorado Revised Statute 8-42-112, failure to obey safety rules will result in a 50% reduction of workers’ compensation disability benefits, “where injury results from employee’s willful failure to obey any reasonable rule adopted by the employer for the safety of the employee.”
FILING A CLAIM

If you are injured at work, here are the next steps:

- In an emergency, seek medical care at the nearest hospital. An appointment must be scheduled within 24 hours of an ER visit with one of the designated providers listed on Page 6.
- Fill out a First Report of Injury. Click here to access the form.
- Notify your supervisor.
- Email the form to Denise.Absalom@tsd.org.
- In non-emergency situations, select one of the designated providers from the list and make an appointment to be seen.
- If the appointment is scheduled during contracted work hours, make sure the absence is recorded in Absence Management, TC Plus, or your department's absence management system using the ANNUAL LEAVE code.

All injuries, no matter how minor, should be reported immediately, but they can be reported up to 10 days after the date of the injury.
If medical treatment is necessary, it must be obtained from one of the designated providers. Emergency or after-hours care can be provided by McKee Medical Center or another emergency medical facility; however, follow-up care must be directed by a physician from Banner Occupational Health Services, Concentra Occupational Health, or WorkWell. You must see a designated physician within 24 hours and notify the Benefits & Risk Management office at (970) 613-5003 upon leaving the ER. If calling after business hours, leave a voicemail and your phone number. You are encouraged to work with your employer to find the best time to schedule your appointments. **If you miss time from work due to appointments, that time must be entered in the Absence Management system, TC Plus, or your department’s absence reporting system using the Annual Leave code.**

**What if I don't like my Designated Provider? Can I change?**

<table>
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<tr>
<th>Within 90 days from the date you were injured</th>
<th>Any time</th>
<th>More than 90 days from the date you were injured</th>
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<tbody>
<tr>
<td><strong>WHAT ARE YOU TRYING TO DO?</strong></td>
<td></td>
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<tr>
<td>Change to another doctor on the designated provider list</td>
<td>Switch to a doctor <strong>not</strong> on the designated provider list</td>
<td>Change to another doctor on the designated provider list</td>
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<tr>
<td><strong>WHAT FORM SHOULD YOU USE?</strong></td>
<td></td>
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<tr>
<td>One-time Change of Physician (WC 3). This form may be downloaded from <a href="http://calc.olorado.gov/dwc">calc.olorado.gov/dwc</a></td>
<td>Request for Change of Physician (WC 297). This form may be downloaded from <a href="http://calc.olorado.gov/dwc">calc.olorado.gov/dwc</a></td>
<td>Request for Change of Physician (WC 297). This form may be downloaded from <a href="http://calc.olorado.gov/dwc">calc.olorado.gov/dwc</a></td>
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<tr>
<td><strong>DO THE RESPONDENTS NEED TO APPROVE?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>HOW LONG DO THE RESPONDENTS HAVE TO REPLY?</strong></td>
<td></td>
<td></td>
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<tr>
<td>Not applicable. You do not need approval from the respondents.</td>
<td>20 days from the date of receipt to approve or deny the request</td>
<td>20 days from the date of receipt to approve or deny the request</td>
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<tr>
<td><strong>WHAT IF YOU DON'T HEAR FROM THE RESPONDENTS?</strong></td>
<td></td>
<td></td>
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<tr>
<td>It does not matter. You do not need approval from the respondents.</td>
<td>If you do not receive a response or denial, the request to change your doctor is automatically approved.</td>
<td>If you do not receive a response or denial, the request to change your doctor is automatically approved.</td>
</tr>
<tr>
<td><strong>WHAT IF THE RESPONDENTS DENY YOUR REQUEST?</strong></td>
<td></td>
<td></td>
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<tr>
<td>It does not matter. You do not need approval from the respondents.</td>
<td>You may file an Application for Hearing. This form may be downloaded from <a href="http://oac.colorado.gov/oac-forms">oac.colorado.gov/oac-forms</a>.</td>
<td>You may file an Application for Hearing. This form may be downloaded from <a href="http://oac.colorado.gov/oac-forms">oac.colorado.gov/oac-forms</a>.</td>
</tr>
<tr>
<td><strong>WHAT ELSE SHOULD YOU KEEP IN MIND?</strong></td>
<td></td>
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<tr>
<td>Your One-time Change of Physician request must be made prior to being placed at MMI.</td>
<td>The Request for Change of Physician must be sent with the certificate of service completed.</td>
<td>The Request for Change of Physician must be sent with the certificate of service completed.</td>
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DESIGNATED PROVIDERS

Banner Occupational Health
1703 E 18th St. Bldg 4
Loveland CO 80538
Ph. 970.820.4580
M-F 7:30 am-6:00 pm

3617 S. College Ave. Suite C
Fort Collins, CO 80525
Ph. 970.821.3500
M-F 8:00 am-4:00 pm

Concentra Health
620 S. Lemay Ave.
Fort Collins, CO 80524
Ph. 970.221.5811
M-F 8:00 am-6:00 pm
*Telemedicine & Transportation available

1860 Industrial Cir Ste D
Longmont, CO 80501
Ph. 970.303.682.2473
M-F 8:00 am-5:00 pm
*Telemedicine Available

WorkWell Occupational Health
1608 Topaz Dr.
Loveland, CO 80537
Ph. 970.593.0125
M-F 8:00 am-5:00 pm
*Telemedicine & Transportation Available
**Spanish-speaking services
** on site X-ray available

1600 Specht Pt. Dr.
Fort Collins, CO 80525
Ph. 970.672.5100
M-F 8:00 am-5:00 pm

McKee Medical Center
2000 Boise Ave.
Loveland, CO 80538
Ph 970.820.4640

***if the injury is a life or limb threatening emergency, call 911 or go to the nearest ER. Follow-up care must be scheduled within 24 hrs of an ER visit
If you are losing time from work because of your injury, you may be entitled to either Temporary Total or Temporary Partial Disability benefits. Pinnacol Assurance will not pay lost wage benefits until an injured worker has missed three shifts from work (24 hours). This 24-hour threshold may be consecutive or intermittent. Employees will use available Annual Leave for the first 24 hours of missed work due to injury or doctor’s appointments. If an employee does not have available Annual Leave then this time will be docked. Absences, which are authorized by the designated physician, that follow these first three days will be paid at 66⅔% of gross wages and will be paid directly to you by Pinnacol. The district will dock those absences from your paycheck.

If the employee loses more than 14 days of work, workers’ compensation will also cover the initial 3-day waiting period.

Employees are encouraged to schedule appointments and treatment outside of the workday, in order not to lose pay. The district will track the injured employee’s lost time and doctor visits in order to accurately report compensable absences to Pinnacol for payment to the injured employee. At the end of each month, a time loss sheet will be sent to the injured worker. If there are missed times due to appointments, this is where that time will be tracked. A time-loss memo will be sent to the injured worker so they can also track their time.

All absences must be reported in Absence Management, TC Plus, or the injured worker’s department’s absence reporting system using the Annual Leave code.
IMPORTANT CLAIM TIMELINES

**Important Claims Timelines**

1. **Seek Emergency Care (If Necessary)**
   - If an emergency, seek medical treatment at the nearest hospital immediately.

2. **Notify Your Employer**
   - Report your injury to your employer as soon as possible.

3. **Seek Medical Treatment**
   - In an emergency situation, select one provider from the designated provider list given to you by your employer.

4. **File a Claim**
   - File a Workers' Compensation Claim Form 5-4 within four years of your injury.

5. **Claim Liability**
   - Respondents file a General Admission or a Notice of Contest action within 30 days of receiving notice of all F bowsing their liability.

6. **Maximum Medical Improvement**
   - Medical care continues until there is maximum medical improvement (MMI).

7. **Final Admission of Liability**
   - If you agree with the Final Admission, do nothing and the claim closes. Claim closure does not affect payment for similar benefits still owed.

8. **If Respondents Deny Liability**
   - If you believe the claim is denied, filing for unemployment may be an option.

9. **Request a Standard Hearing**
   - If you disagree with the denial, request a hearing within 30 days of receipt of the denial.

10. **Appeal for an Expedited Hearing**
    - The hearing must be requested within 30 days of receipt of denial and will only address compensability and medical benefits.

11. **Filing for Unemployment**
    - The hearing can be requested at any time.

12. **Claim Closes**
    - The claim will be closed when the respondent and the claimant agree to the settlement.

You must file your unemployment claim within five weeks of when the matter stops paying for your lost wages and if you're no longer employed.
RETURNING TO WORK

Your doctor may say you can go back to work, but only with certain restrictions (such as not lifting more than 20 pounds). If your employer can accommodate your restrictions, they may offer you modified duty. If your employer offers you modified duty to return to work, but you are not able to perform the modified duties due to your injury, contact your doctor. *If you take yourself off work or refuse an offer of modified duty, you could lose your lost wage benefits.*

If your employer is unable to bring you back to work within the doctor’s restrictions, contact your adjuster. You may be entitled to Temporary Total Disability (TTD) benefits.

RETURNING TO WORK & MODIFIED DUTY
IMPORTANT CONTACT INFORMATION

DENISE ABSALOM
RISK MANAGEMENT SPECIALIST
970.613.5003
Denise.Absalom@tsd.org

DOROTHY BARNHART
RISK MANAGER
970.613.5006
Dorothy.Barnhart@tsd.org

PINNACOL ASSURANCE
303-361-4409
www.pinnacol.com

State of Colorado Injured Workers Guide