



## INSTRUCTIONS/INFORMATION FOR INJURED STUDENT INTERNS

1. We want recovery to be as swift as possible, and we will work with all student interns to reach that goal. The information in this packet applies to Durango School District 9-R students who experience an injury while serving at their Durango 9-R approved internship during their approved internship dates and times.
2. 9-R requires that any **student intern** who has had an internship-related incident resulting in illness/injury **MUST report the incident IMMEDIATELY to their internship supervisor and their school administrator.**
3. **In the event of a life or limb emergency, the injured student intern will be sent to the nearest emergency medical facility. The medical providers listed below must provide follow up care.**

If non-emergency medical treatment is needed, the injured student must go to one of the following four designated medical providers.

- **Animas Urgent Care**, 450 S. Camino del Rio #106; Telephone 970-385-2388; (located across from Bodo Park; sign states URGENT CARE)  
8:30 AM to 7:00 PM, seven days a week
- **Centura Centers for Occupational Medicine - CCOM Durango**, 810 East 3<sup>rd</sup> St., Suite 202; Telephone 970-764-9850 (located in the Horse Gulch Medical Campus)  
8:00 AM to 5:00 PM, Monday - Friday
- **La Plata Family Medicine**, 316 Sawyer Dr.; Telephone 970-259-3110 – **you must ask for the Worker's Comp Physician if you use this facility.**  
(located in Bodo Park; turn right on Sawyer Drive; the traffic light located @ Durango Mall  
8:00 AM to 7:00 PM, Monday – Thursday  
8:00 AM to 5:00 PM, Friday  
9:00 AM to 5:00 PM, Saturday
- **Durango Urgent Care**, 2577 Main Ave; Telephone 970-247-8382  
IMPORTANT – This facility ***only*** does initial visits. If any additional visits are needed, they will be scheduled elsewhere by our Worker's Comp Insurance Provider.  
9:00 AM to 7:00 PM, seven days a week

Under the Workers' Compensation Law, 9-R may select your treating physician. Seeing another doctor without approval is unauthorized, and will result in non-payment by the insurance company. If the injured student receives emergency medical care, they must still follow-up with one of the appointed doctors listed above.

4. **When any incident requires medical treatment, 9-R requires the school administrator to notify the Workers' Compensation Coordinator immediately – submit the Student Intern Accident Report immediately so we may start the claim.** Otherwise, treatment may not be authorized and the student intern may be liable for payment of related medical expenses. The student intern must complete the attached **Student Intern Accident Report** and provide it to his/her internship supervisor, and the internship supervisor must complete the attached **Supervisor's Accident Investigation Report.**
5. **The complete Accident Report Packet must be filed with the Workers' Compensation Coordinator**

**within two (2) business days of the incident, or loss-of-benefits may occur. It is the school administrator's responsibility to file the Accident Report Packet. That packet includes:**

- Student Intern signature form for the information/instructions
  - Student Intern Accident Report
  - Intern Supervisor's Accident Investigation Report
6. There are forms that must be completed at each doctor visit. Before the injured student intern leaves the doctor's office they must receive the form that specifically indicates any activity restrictions, if applicable. The completed form is to be submitted to the Workers' Compensation Coordinator in the Human Resources Office, or faxed to 970-385-3643.
  7. The Workers' Compensation Coordinator, and the injured student intern's school administrator, must be notified of the time and date of each clinic appointment. If an appointment is cancelled, the injured student intern must notify the Workers' Compensation Coordinator, and his/her supervisor as soon as possible and reschedule the appointment within 24 hours.
  8. A nurse from Pinnacol Assurance may be in contact with the injured student intern by telephone or in person.
  9. All medical bills from physician, pharmacies, etc. must be submitted to the Workers' Compensation Coordinator (see contact information below).
  10. Failure to follow these workers' compensation injury instructions may involve disciplinary action which may include removal from an internship.
  11. The Workers' Compensation Coordinator at the district may be contacted through the Human Resources Office located at 201 E. 12<sup>th</sup> Street, Durango, CO 81301, by phone 970-247-5411 x 1438, by fax 970-385-3643, or by email to [lgalido@durangoschools.org](mailto:lgalido@durangoschools.org)

**After Reading the above information, please initial to the statement below:**

\_\_\_\_\_ I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE INFORMATION STATED ABOVE, AND THAT I HAVE BEEN PROVIDED A LIST OF THE DEISGANTED PROVIDERS.

**If you are not seeking treatment at this time, please initial to the statement below:**

\_\_\_\_\_ I HAVE BEEN OFFERED MEDICAL TREATMENT, BUT DO NOT PLAN TO SEEK TREATMENT AT THIS TIME.

\_\_\_\_\_  
STUDENT INTERN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESSING INTERNSHIP SUPERVISOR

\_\_\_\_\_  
DATE

Please ensure the student intern receives a copy of the Instructions/Information for Injured Student Interns, a copy of their completed Student Intern Accident Form, and the one page sheet with further detail regarding the Designated Providers for Workers' Compensation.

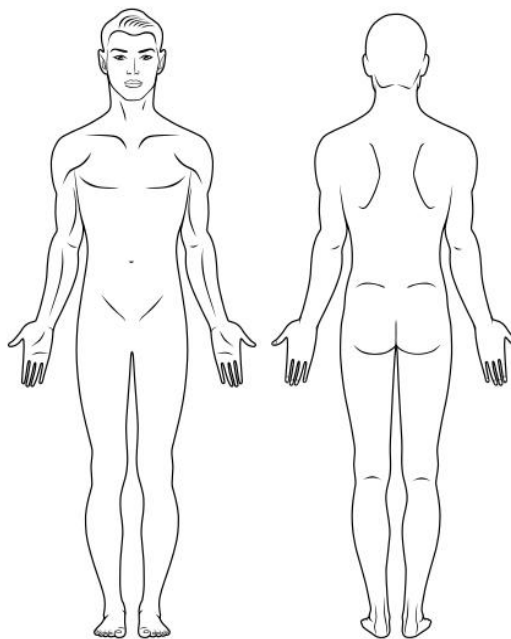
**STUDENT INTERN ACCIDENT/INJURY/NEAR MISS REPORT – to be completed by injured**

Please print clearly. Complete within 24 hours of accident/injury/near miss.

Location: \_\_\_\_\_ Reported to Internship: \_\_\_\_\_ a.m. p.m.  
 Last name: \_\_\_\_\_ First name: \_\_\_\_\_ M.I. \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Injury/near miss date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. p.m. Left site: \_\_\_\_\_ a.m. p.m.  
 Returned: \_\_\_\_\_ a.m. p.m.  
 Student Intern's explanation for injury/near miss: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Date Intern Supervisor notified: \_\_\_\_\_ Date report completed: \_\_\_\_\_  
 Intern Supervisor's name: \_\_\_\_\_  
 Name of witness to accident: \_\_\_\_\_  
 Was there a:  Safety violation  Machine malfunction  Motor vehicle  
 Student Intern's recommendation to prevent reoccurrence: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Cause**
- Slip & Fall
  - Struck by equipment
  - Lifting or moving
  - Caught (in, on or between)
  - Needle puncture
  - Object in eye (Right or Left or Both)
  - Repetitive/overuse
  - Other: \_\_\_\_\_
- Type of Injury**
- Scrape/bruise
  - Sprain/strain
  - Puncture wound
  - Cut/laceration
  - Concussion
  - Bite
  - Chemical burn/rash/breathing difficulties
  - Other: \_\_\_\_\_
  - No apparent injury

Mark Area of Injury Below:  
 Front Back



Student Intern referred to:  Designated Provider  Hospital/ER  Refused to see medical provider  
 Designated Provider student intern is seeing: \_\_\_\_\_  
 Student Intern's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Student Intern's Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 School Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **WORKERS' COMPENSATION DESIGNATED PROVIDERS LIST**

ANIMAS URGENT CARE  
450 S. Camino Del Rio, #106  
Durango, CO 81301  
970-385-2388

*Across from Bodo Park, sign states URGENT CARE*

CENTURA CENTERS FOR OCCUPATIONAL MEDICINE (CCOM)  
810 E. Third St., Suite 202  
Durango, CO 81301  
970-764-9850

*Located in the Horse Gulch Medical Campus*

LA PLATA FAMILY MEDICINE  
**Please be sure to ask for the Worker's Comp Physician**

316 Sawyer Dr.  
Durango, CO 81301  
970-259-3110

*Located in Bodo Park, turn right on to Sawyer Dr. (the traffic light @ Durango Mall)*

DURANGO UREGNT CARE

**IMPORTANT – This facility *only* does initial visits. If any additional visits are needed, they will be scheduled elsewhere by our Worker's Comp Insurance Provider.**

2577 Main Avenue  
Durango, CO 81301  
970-247-8382

*Located across from the County Fairgrounds*

If you have any questions, please contact the Workers' Compensation Coordinator, Laura Galido @ 970-247-5411 ext. 1438.



Reminder: It is the **School Administrator's** responsibility to file the completed Accident Report Packet with the Workers' Compensation Coordinator  
By Fax: 970-385-3643  
By Email: email to both [lgalido@durangoschools.org](mailto:lgalido@durangoschools.org)  
[nrodriguez@durangoschools.org](mailto:nrodriguez@durangoschools.org)  
In Person: Human Resources Office

## SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Internship Supervisor Name \_\_\_\_\_ Internship Site \_\_\_\_\_

The unsafe acts of persons and the unsafe conditions that cause accidents can be corrected only when they are known specifically. It is your responsibility to find them and name them and correct them.

### PART I – GENERAL INFORMATION

Name of Injured \_\_\_\_\_ Internship \_\_\_\_\_

Date of Accident \_\_\_\_\_ Time \_\_\_\_\_ AM PM Exact Location \_\_\_\_\_

Time Student Reported to Internship \_\_\_\_\_ AM PM

Job or Activity at Time of Accident \_\_\_\_\_

Date and Time Intern Supervisor was Notified of Accident \_\_\_\_\_

### PART II – DESCRIPTION OF ACCIDENT (What Happened)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART III – WHAT WAS THE CAUSE OF THE ACCIDENT?** (Determine the cause by analyzing all the factors concerned. If an injured person, a machine or other physical condition was involved, find out how and why.)

A. Describe any UNSAFE Acts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Describe any UNSAFE Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. FUNDAMENTAL CAUSE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART IV – CORRECTIVE ACTION TAKEN** (What have you done or what do you recommend to prevent a recurrence of similar accident?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has it been done? \_\_\_\_\_ If not, give reason and timeline \_\_\_\_\_  
\_\_\_\_\_

Internship Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

9/5/2018