



Employee Exposure Incident Protocol

If you have been exposed, wash needlesticks and cuts with soap and water. Flush splashes to the nose, mouth, or skin with water. Irrigate eyes with clean water or saline. Report the incident to your supervisor. Report to the nearest contracted urgent care listed below. The contracted urgent care has been verified to provide rapid HIV testing. The contracted urgent care will have our workman's comp insurance information to take care of any necessary tests and costs. You may contact the source patient and request they also report to the urgent care to be tested. If the source patient declines going to urgent care, the patient's medical history may be taken. Ask the source patient if they have ever been exposed to HIV, Hepatitis B, or Hepatitis C. The patient's medical history will be taken with this form to urgent care. The employee needs to complete this form and return to the doctor who was on duty during their exposure or work related injury within 3 days. The claim number created by the worker's comp insurance carrier is valid for all initial and follow up treatment.

My employer has offered to provide post-exposure medical evaluation and follow-up for me in order to assure that I have full knowledge of whether I have been exposed to or contracted an infectious disease from this incident. My employer has also provided training to me regarding exposure control for bloodborne pathogens and the risk of disease transmission in the dental office. Given this information, I:

_____ Accept this offer for post-exposure medical evaluation and follow-up
_____ Decline this offer, of my own free will and volition and despite my employer's offer, have elected not to have a medical evaluation

Employee date of hire (EagleSoft → Practice Management → Lists → Provider/Staff → Date of Hire): _____
Employee Social Security Number: _____
Employee date of birth: _____
Source patient: _____
Source patient significant medical history: _____
Source patient refused testing (Circle One): Yes No
Address where injury occurred: _____
Date and time of injury: _____
Area on body involved and details of injury: _____

Name of medical facility where treatment occurred: _____
Phone number of medical facility where treatment occurred: _____
Address of medical facility where treatment occurred: _____
Medical treatment completed: _____
Follow up needed and dates? _____
Any employee restrictions? _____

Urgent Care:

Concentra Urgent Care Hours: Monday - Friday 8 am to 8 pm, Saturday 8 am to 4 pm 15235 E 38th Ave, Aurora, CO 80011 303-340-3053	Denver Health (Only use if after hours) Hours: 24/7 777 Bannock St. Denver, CO 80204 303-436-6000
---	--

Worker's Comp Insurance Company:

Hanover Insurance Company Via Berkley Risk Agent: Heather Cantrall 7807 E Peakview Ave Ste 350 Centennial, CO 80111 Phone: 303-357-2606 Email: hcantrall@berkleyrisk.com Call this number to report: 1-800-628-0250	Insured Name: Open and Affordable Dental Denver East PLLC Workmans Comp Policy: H689291 https://registration.hanover.com/CustomWeb/login.htm Username: Password:
---	---

After being seen at urgent care, the employee will call the Workers Comp Insurance company and give the incident information to the representative. The representative will complete the claim form at that time and will then provide the employee a claim number. The employee will then call Concentra and provide the claim number for them to receive payment for the claim.

Was urgent care called and provided the claim number (Circle One)? Yes No Claim Number: _____
Employee signature and date: _____
Attending doctor signature and date: _____

Designated Provider List / Lista de Proveedores Designados

Concentra Medical Center
Urgent Care Center
 1730 Blake Street Ste. 100
 Denver, CO 80202
 303-296-2273

Rakotz, Cindy Dale, DO
 Denver Internal Medicine Group
Internal Medicine
 360 S Garfield St Ste 550
 Denver, CO 80209
 303-333-5456

Medexpress Urgent Care Centers
Urgent Care Center
 3600 E Alameda Ave
 Denver, CO 80209
 303-388-3627

Denver Urgent Care
Urgent Care Center
 1 N Broadway Bldg A
 Denver, CO 80203
 303-455-6345

Tiaa-Cref Denver Living Well Health & Wellness Center
Urgent Care Center
 1670 Broadway Ste 2200
 Denver, CO 80202
 303-607-2572

(Sci Health) Saint Joseph Hospital
Acute Care Facility
 1375 E 19th Ave
 Denver, CO 80218
 303-812-2000

I verify that I have received the designated provider list provided by my employer:

Yo confirmo que he recibido la lista de proveedores designados que me fue proveída por mi empleador:

Employee Signature/Firma de empleado: _____

Date/Fecha: _____

The employer must keep a signed copy of the designated provider list form. /El empleador debe de mantener una copia firmada de la lista de proveedores designados.

The insurance company providing coverage for this business under Workers' Compensation Law is /
 La compañía de seguros que provee cobertura a este negocio bajo las Ley de Compensación al Trabajador is: _____

Your respondents' representative is: / Tu Representante es:

Company Name / Nombre de Compañia	Contact Name / Nombre de Contacto
Address / dirección	Phone / teléfono
Denver, CO	

If you need medical attention, you may choose one of the providers listed here. Your Employer and its Insurance Carrier utilize the Hanover Insurance Group Network. For a complete listing of providers, or to verify whether a particular doctor is part of the network, please send an email to: . If your situation is a medical emergency requiring immediate attention, dial 911 or proceed to the nearest hospital which provides emergency services. Use of network does not confirm or verify compensability under the Workers' Compensation Act, which is determined solely by the claims administrator.

Above is a listing of physicians and medical facilities for your use in obtaining workers' compensation medical care. The physicians and medical facilities listed above are independent contractors and are not the agents or employees of Hanover Insurance Group. The physician and medical facility information is intended to assist in directing the medical care of employees with workers compensation claims where allowed by state law. The information contained herein is subject to change without notice and Hanover Insurance Group does not warrant the accuracy of the information or the quality of medical care.

Si usted necesita atención médica, usted puede escoger uno de los proveedores en esta lista. Su Empleador y el Portador de Seguros utilizan la cadena de Proveedores médicos Hanover Insurance Group. Para una lista completa de proveedores o para verificar si un médico particular forma parte de la cadena, envíe por favor un correo electrónico a: . Si su situación es emergencia médica que requiere la atención inmediata, llame al 911 o diríjase al hospital más cercano que proporcione servicios de emergencia. El uso de la cadena de Proveedores no confirma ni verifica la compensabilidad bajo el Artículo de Compensación al Trabajador, esto es determinado únicamente por el administrador de reclamos.

Esta lista de médicos y facilidades médicas es para obtener tratamiento medico relacionado con su lesión en el trabajo. Los médicos y las clínicas médicas en esta lista son contratistas independientes y no son agentes ni empleados de Hanover Insurance Group. La información de los médicos y clínicas en esta lista es para asistir en el cuidado médico de empleados con reclamos de Compensación al Trabajador, donde sea permitido por la ley del estado. La información contenida aquí es sujeto ha cambiar sin aviso previo y Hanover Insurance Group no garantiza la certeza ni garantiza la calidad del servicio médico.

Created: (02/22/2021)