

**Office of Safety**  
Safety Building  
3851 Campus Road Stop 9031  
Grand Forks, ND 58202  
Phone: 701.777.3341  
Fax: 701.777.4132  
und.safety@email.und.edu

## MEMORANDUM

**To:** UND Employees

**From:** Terry Wynne, Associate Director for Safety, Office of Safety

**Date:** October 28, 2014

**Re:** **Workers Compensation/Designated Medical Provider (DMP) Procedures**

UND participates in the Workforce Safety and Insurance (WSI) Risk Management Program. This allows the Risk Management Workers Compensation Program (RMWCP) to designate health care providers to treat your workplace injuries and illnesses. If you need to seek medical attention due to a work-related injury, you must see a designated medical provider (DMP). The attached UND Designated Medical Provider form has a listing of all UND designated medical provider areas.

Altru Occupational Health was selected by Risk Management because it has an occupational health services department with an occupational health physician as the attending physician. An occupational health physician specializes in work-related injuries/illnesses.

**UND Student Health Services will no longer be listed as a designated medical provider for the University. Should an employee want to utilize UND Student Health for their work related injuries, employee must list Student Health on the DMP as you would any primary doctor, chiropractor, eye doctor, or dentist.**

Employees intending to see a medical provider other than the University's DMP must designate this in writing on the attached form. This now includes Student Health if you desire to utilize them for any work-related injury. This must be done pre-injury. The form is also available at <http://und.edu/finance-operations/environmental-health-and-safety/riskmanagement.cfm>. The form must be on file at the Office of Safety prior to the injury. If your job should require you to be out-of-town for a short period, you are urged to seek an After-Hour Clinic or an Urgent Care facility. Additionally, if your job will require you to be away from North Dakota for more than 30 days whether out-of-state or overseas, you must fill out the Out-of-State Workers Compensation Coverage Form or the Travel Outside the U.S. Form and the Notification of Out-of-Country form and submit to the Office of Safety at Stop 9031 or e-mail them to: [und.safety@email.und.edu](mailto:und.safety@email.und.edu). Instructions for those traveling outside of North Dakota for more than 30 days are located on this web site <http://und.edu/finance-operations/environmental-health-and-safety/riskmanagement.cfm>.

**If you do not have a DMP on file or need to update your DMP, please fill out the attached form and submit to the Office of Safety. If updating the DMP form, please fill it out with all the medical providers you wish to utilize because the Office of Safety removes the previous and replaces it with the new DMP.**

If you have any questions about the designated medical provider policy, please contact the Office of Safety at 777-3341.

## Occupational Injury Guidelines

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- 1) Determine the seriousness of the injury and if medical attention is needed. If the injury is an emergency, inform your supervisor and report to an emergency treatment facility. If an ambulance is needed, dial 911 IMMEDIATELY. Initial emergency care is exempt from Designated Medical Provider (DMP) requirements. Notify Office of Safety immediately regarding severe injuries that require ambulance response at 777-3341.
  
- 2) If medical attention is needed and it is not an emergency, contact UND's DMP:  
Altru Occupational Health, 1300 Columbia Road So., Phone 780-1546.  
OR  
A DMP you have specifically identified in writing (prior to injury).
  
- 3) Complete online the Incident Reporting Form within 24 hours of the work-related injury. It is located on this web site: <http://und.edu/finance-operations/environmental-health-and-safety/riskmanagement.cfm>. Supervisor must also complete online the Incident Investigation Form within 24 hours and that is located on this web site as well. Instructions on how to complete the forms online are located on this web site as well.
  
- 4) Workers compensation claims are filed online by Office of Safety directly from the Incident Reporting Form. You will be contacted to sign your claim for benefits.
  
- 5) To sign your claim form, come to Office of Safety at 3851 Campus Road (second floor of University Police Department). If your injury limitations prevent you from coming to sign your claim, arrangements can be made to have the claim form brought to you. Once signed, Office of Safety will send the claim form to Workforce Safety & Insurance.
  
- 6) Contact Office of Safety at 777-3341 for any questions.

# UND DESIGNATED MEDICAL PROVIDER FORM

UND participates in the Workforce Safety and Insurance (WSI) Risk Management Program. This allows the Risk Management Workers Compensations Program (RMWCP) to designate health care providers to treat your workplace injuries and illnesses.

WSI may not pay for medical treatment to another provider unless you are either referred to this provider by the Designated Medical Provider, or unless you designated in writing prior to the injury that you wanted to be treated by a different medical provider. Emergency care is exempt from this requirement. UND employees working outside the State of North Dakota for more than 30 days must complete the Out of State Workers Compensation Coverage Form. UND employees working overseas must complete a Travel Outside the U.S. Form. If working overseas for more than 30 days, must also complete the Notification of Out of Country Form. All forms can be found on the Office of Safety's web site: <http://und.edu/finance-operations/environmental-health-and-safety/riskmanagement.cfm>. These forms can be mailed to Stop 9031 or e-mailed to [und.safety@email.und.edu](mailto:und.safety@email.und.edu). UND employees that are working in the state must seek medical treatment from one of the following if injured on the job and they are:

## GRAND FORKS

**DMP: Altru Occupational Health** - 780-1546 (Phone) 1300 Columbia Rd. So., Altru Health Institute Bldg.

## OUTSIDE GRAND FORKS

**Sanford Health Occupational Health** – Bismarck, with satellite clinics in Jamestown and Dickinson.

OR

**Trinity Health Occupational Medicine** - Minot, with satellite clinics in Mohall, Sherwood, Parshall, Cando, Stanley, Bottineau, Velva, Westhope, Garrison, New Town, Kenmare, and Williston.

OR

**Sanford Health** - Fargo, with satellite clinics in Enderlin, Hillsboro, Mayville, Wahpeton, Valley City, Edgeley, Lisbon, Jamestown, Grafton and Park River.

OR

**Altru Health Occupational Medicine** - Grand Forks, with satellite clinics in Drayton, Cavalier, and Lake Region in Devils Lake

## OUTSIDE THE STATE OF NORTH DAKOTA OR OVERSEAS

If working outside the State of North Dakota for more than 30 days, but still in the United States, fill out the *Out of State Workers Compensation Coverage Form*. If working overseas for less than 30 days, complete the *Travel Outside the U.S. Form* and if working overseas for more than 30 days, must also complete the *Notification of Out of Country Form* and submit to the Office of Safety **three weeks prior to travel**. Send forms to Stop 9031 or e-mail it to [und.safety@email.und.edu](mailto:und.safety@email.und.edu). All the forms and instructions are located on this web site: <http://und.edu/finance-operations/environmental-health-and-safety/riskmanagement.cfm>. Any questions, contact Office of Safety at (701) 777-3341.

**Employees intending to see a medical provider other than the University's DMP's must designate this in writing before utilizing that provider's services. This is accomplished by filling in the blanks below. You are not required to designate an additional DMP, but you must sign and return this form regardless. If updating the DMP form, please fill it out with all the medical providers you wish to utilize because the Office of Safety removes the previous and replaces it with the new DMP.**

I wish to designate the following provider as a designated provider to seek treatment from in the event of a workplace injury or illness (e.g. UND Student Health for work related injuries):

\_\_\_\_\_  
Physician/Clinic

\_\_\_\_\_  
Situation

\_\_\_\_\_  
Physician/Clinic

\_\_\_\_\_  
Situation

\_\_\_\_\_  
Physician/Clinic

\_\_\_\_\_  
Situation

All designations take effect upon submission to Office of Safety. This designation does not cover any prior work-related injuries. This statement remains in effect until another form is submitted by the employee.

Employee Name (Please Print): \_\_\_\_\_ EMPLID \_\_\_\_\_

Employing Dept. \_\_\_\_\_ Dept. ID \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signing this statement means that you have read and understand the policy.

### RETURN COMPLETED FORM TO:

**New Employee:** Submit to PAYROLL, Stop 7127 or FAX: 777-4721

**For Form Revision:** Submit to Office of SAFETY, Stop 9031, email: [und.safety@und.edu](mailto:und.safety@und.edu), or FAX: 777-4132

Revised 11/2014