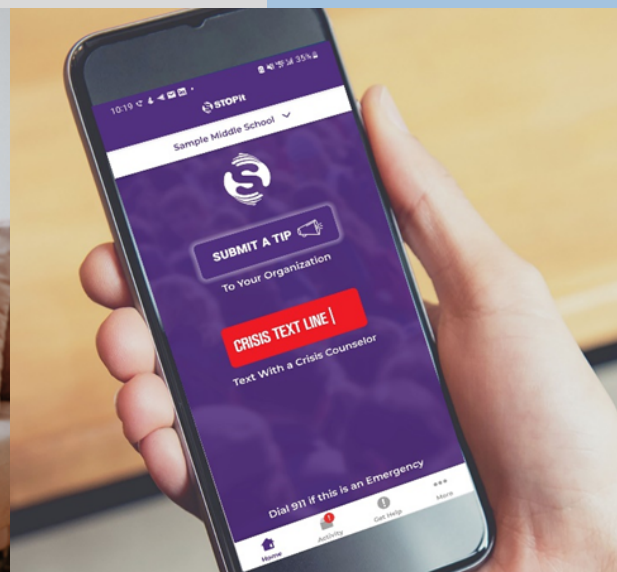




NMPSIA Spring Budget Packet Materials

- **STOPit Solutions Anonymous Reporting System**
 - NMPSIA is excited to partner with STOPit Solutions to offer an Anonymous Reporting System to schools, at no cost to NMPSIA members.
- **Technical Assistance Program - CES**
 - Providing quality training & technical assistance on special education topics. Empowering educators through quality professional development & consultation services.
- **Vector Solutions Training Program**
 - Child Sexual Abuse Prevention in Schools
 - Safety & Compliance Training for K-12 Schools
- **Poms & Associates Risk Services**
 - Trainings offered by Poms at no additional cost to NMPSIA members include:
 - House Bill 128 School Personnel Background and Training
 - Active Shooter
 - Restorative Justice
 - Youth Mental Health First Aid
 - Question, Persuade, Refer (QPR)
 - Ergonomics
 - Safe Lifts, Transfer, and Student Handling for Special Education Staff
 - Red Flags & Green Lights: Recognizing Healthy & Unhealthy Relationships
 - List of other trainings offered
 - Contact List
 - Risk Management & Loss Control
 - Risk Services
 - Audits/Assessments
 - Training Development
- **CCMSI Property & Liability Forms**
 - General Products Liability
 - Property Loss Report
 - Vehicle Accident Report
 - Windshield Only Report
 - Student Incident Report
- **CCMSI Workers' Compensation Forms**
 - Workers' Comp Checklist
 - Notice of Accident
 - Sample Letter to Healthcare Provider
 - Providers Report of Physical Ability
 - Optum Prescription Flyer
 - First Report of Injury Form
 - Incident Investigation Report

NMPSIA Brings Free Anonymous Reporting System to its Members



NMPSIA is excited to partner with **STOPit Solutions** to offer an Anonymous Reporting System (ARS) to your schools, at no cost to members.

How the Anonymous Reporting System Works



Step 1: Observe & Submit

Individual observes an incident or concern and submits it using the STOPit app, website, or telephone hotline



Step 2: Monitor & Escalate

STOPit 24/7/365 Incident Response Center monitors and escalates life threatening incidents to school officials and law enforcement (as needed)



Step 3: Manage & Resolve

School officials receive and act upon the incident using the STOPit admin app and/or web-based Incident Management System



NMPSIA School Safety Partnership Program



STOPit provides your district with an Anonymous Reporting System and Social & Emotional Learning Resources to help create safer, healthier school communities

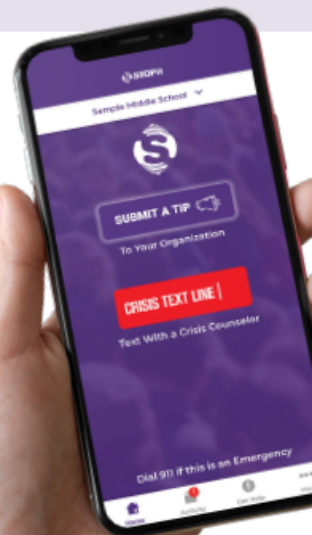
NMPSIA is partnering with STOPit Solutions to offer their Anonymous Reporting System (ARS) with expanded incident coverage, Crisis Text Line, and On-Demand SEL & Wellness Training Center to your school district fully funded.



STOPit provides the industry's most comprehensive onboarding for program administrators AND training for students and adults on how to recognize safety, misconduct, and/or compliance concerns and use the STOPit Anonymous Reporting System through our account management, training, and customer success teams.

How your District Will Benefit

- **Create safer, healthier school environment** and culture for better learning ... and, at an extreme, to save lives
- **Over time, create "upstanders"** versus "bystanders" who take action to help their fellow student, staffer and administrator
- **Build social and emotional skills** as well as reinforce compliance amongst students and staff of relevant, timely issues and concerns



NMPSIA Brings Free Anonymous Reporting System to its Members



If you would like to learn more or get started using these programs as part of an awarded grant through NMPSIA, please contact **Matthew Toth** at mtoth@stopitsolutions.com or **Richelle Stanz** at rstanz@stopitsolutions.com.

stopitsolutions.com | 855-999-0932

What's Included:

- ✓ **Anonymous Reporting System (ARS):** Anonymously report safety, misconduct, or other concerns to help others or themselves through mobile platform, web, or hotline. Assigned team members can gather information in real-time with 2-Way Messenger.
- ✓ **24/7/365 Incident Response Center (IRC):** Our in-house Incident Response Specialists complete comprehensive training to prepare them to monitor and manage both life and non-life-threatening incidents. Our team immediately escalates life threatening concerns and incidents to local law enforcement.
- ✓ **Crisis Text Line (CTL):** Integrated into the STOPit platform and from anywhere in the United States, anytime. A live, trained Crisis Counselor receives the text and responds, all from our secure online platform. The Crisis Counselor is trained to help individuals move from a hot to a cool place.
- ✓ **SEL & Wellness Learning Center:** Train students in social and emotional learning, safety, and trauma-informed care, through our research-based online curriculum. Age-appropriate content for grades 5-8 and 9-12. Aligns to CASEL standards and recommended student safety and compliance curriculum.
- ✓ **Out of Hours Incident Management (OOH):** STOPit's Out-Of-Hours service allows individuals to rest easy knowing all incidents are reviewed, vetted, and acted upon (if necessary) by certified specialists during weekends, holidays, and other traditional out-of-business hours.

-OR-

24-Hour Vetting (24V): STOPit's 24-Hour vetting service allows individuals to rest easy knowing all incidents are reviewed, vetted, and acted upon (if necessary) by certified specialists for the first 24-hours removing the real-time burden. This service does not remove the need for district admins to report.

Optional (not funded through NMPSIA):

911-Direct Panic Alert: Instantly alert, inform and request help from staff and / or 911 for any emergency or non-emergency enabling faster responses, more effective actions, and better outcomes. Instant connection to your internal emergency team to alert for unsafe conditions or emergencies.

Network & Device Surveillance: Powerful A.I. scans, monitors, and filters devices, networks, and the internet for signs of violent, unsafe, or harmful behaviors and alerts school officials to intervene.



Technical Assistance Program (TAP) 2024-25

Providing Quality Training & Technical Assistance on Special Education Topics Empowering Educators through Quality Professional Development & Consultation Services

TAP has been up and running since Spring 2015, funded by NMPSIA in collaboration with CES. Decreasing Special Education litigation is the focus of TAP services & support. TAP Professional Development (PD) is a valuable complimentary resource for educators, ancillary staff & administrators.

TAP consists of 23 Consultants specializing in a variety of highly requested topics and services to include:

Accommodations, Assistive Technology, Attention Deficit Disorder, Autism, Behavior, Compliance Regulations, Co-teaching, Data Collection, Discipline, Dyslexia, English Language Learners, Executive Functioning, Early Childhood Part B to Part C, FBA's & BIP's, Instructional Strategies, Gifted Education, IEP Development & Writing, Implementing Goals, Inclusion & Co- Teaching, Mental Health, Section 504, Self-Regulation, Social Emotional Learning (SEL), Structured Literacy, Transition Planning & Services, Task Analysis, Universal Design Strategies, MLSS

TAP Consultants keep up with current legal changes and trends in Special Education as well as guidance from NMPED / "Individuals with Disabilities Education Act" (IDEA).

TAP Services:

- Monthly virtual live interactive presentations via ZOOM
- "TAP Hot Topic on Demand Webinar Library", direct link, cestap.org
- Regional workshops
- Phone, email & ZOOM consultations
- 5 Monthly Guidance Articles: "Compliance Corner", "Reading Room", "Teacher Toolbox-Autism Resources", "From Chaos to Calm", "Dear Ms. M: Gifted Questions Answered"
- Monthly Special Education Compliance PD presentations for CES Leadership Program
- Specialized presentations upon request for staff / district PD
- File & program review
- Direct consultation for programing or student related concerns
- Assistance with NMPED Corrective Action Plans, Due Process and OCR Complaints

For additional information regarding TAP services contact:

Loretta Garcia

TAP DIRECTOR

505.344.5470 ext. 153

10601 Research Rd. SE

Albuquerque, NM 87123

A Free eLearning Series: Child Sexual Abuse Prevention In Schools



GET STARTED TODAY

Contact Our Implementation Team

To get started with Vector Training, scan the QR code below or visit the link to complete the implementation request form.

Scan the QR Code to Get Started



<https://forms.office.com/r/xyAmEYwR7J>

The New Mexico Public School Insurance Authority and Poms & Associates are excited to announce a new partnership with Vector Solutions. This partnership enables NMPSIA to provide your school district or charter school **FREE access to grade-appropriate, short online courses concerning Child Sexual Abuse Prevention and Professional Boundaries in Schools.**

The courses will help New Mexico schools comply with the requirements of House Bill 128 and it is required that all NMPSIA members adopt and complete this mandatory training. You will be able to assign, track, and manage training for your users in your organization's customized Vector Training System.

What do the trainings cover?

Vector Solutions' trainings are designed to augment mandated reporter training by focusing on:

- Sexual abuse at school
- Prevention of sexual abuse at school
- Risky behaviors of child molesters
- Boundaries that intercede with those behaviors

A more detailed summary of the trainings includes:

- An Introduction
- Grooming Part 1 and Part 2 (Elementary, Middle, High)
- On-Site Isolation Boundaries Part 1 and Part 2
- On-Site Behavioral Boundaries Part 1 and Part 2 (Elementary, Middle/High)
- Off-Site Boundaries
- Off-Hours Boundaries (Elementary, Middle/High)
- Electronic & Social Media Boundaries
- Gift Boundaries (Elementary, Middle, High)
- Student-to-Student Boundaries (Elementary, Middle/High)

Please note the above trainings have been approved by the Public Education Department.

Who should take it?

All school district/charter school employees, as well as:

- School volunteers
- Contractors and their employees who have unsupervised access to students

These on-demand trainings must be completed individually.

A Free eLearning Series: Safety & Compliance Training for K-12 Schools



GET STARTED TODAY

Contact Our Implementation Team

To get started with Vector Training, scan the QR code below or visit the link to complete the implementation request form.

Scan the QR Code to Get Started



<https://forms.office.com/r/xyAmEYwR7J>

Poms & Associates is pleased to offer complimentary access to the Vector Training safety and compliance training management system to NMPSIA Members.

Trusted by thousands of K-12 administrators, Vector Training delivers high-quality, expert-authored courses on important safety, compliance, and prevention topics. You will also be able to assign, track, and manage training for your users in your organization's customized Vector Training System.

Available Training Courses for NMPSIA Members

- Bloodborne Pathogen Exposure Prevention
- Cybersecurity Overview
- Cybersecurity Awareness for Employees: End-User Best Practices
- Cybersecurity Awareness for Employees: Security Awareness Essentials
- Cybersecurity Awareness for Employees: Social Engineering
- Diversity, Equity and Inclusion Practices: Staff-to-Staff
- Diversity, Equity and Inclusion Practices: Staff-to-Student
- FERPA: Confidentiality of Records
- Hazing Prevention in K12 Environments
- HIPAA Overview
- Playground Maintenance & Inspection
- Playground Supervision
- Sexual Harassment: Staff-to-Staff
- Student Alcohol and Substance Misuse

Automated Features Make Administration Easy

- Set up personalized training plans in minutes for groups of staff, new hires, or individuals.
- Keep everyone on track with email notifications and reminders of assignments.
- Track course completions in real-time.
- Receive compliance reports directly in your inbox.

Highlighted Trainings

All trainings listed below are offered to your school district or charter at no additional cost.

HB128 School Personnel Background and Training

In recent years, New Mexico has seen a number of high-profile cases of sexual abuse in schools with students victimized by school employees, some of whom have a long history of such misconduct. To combat the issue of sexual and ethical misconduct in schools, the New Mexico Legislature in 2021 passed HB128 (School Personnel Background & Training), which makes changes to reporting requirements, expanded background questions for employers and applicants, makes allowances for the disclosure of termination decisions, adds training requirements for school personnel, and adds requirements for cross-agency communication among PED and law enforcement.

Please contact Julie Garcia at jgarcia@pomsassoc.com or Tamie Pargas at tpargas@pomsassoc.com for more information or to schedule training.

Active Shooter

The Active Shooter/Violent Threat Response training program is designed for school staff to gain insight and awareness about the dynamics of an unfolding violent event. The program addresses the need for emergency preparedness planning to prevent and mitigate loss of life. During the training program various practical scenarios will be discussed.

Please contact James Vautier at jvautier@pomsassoc.com Darron Walter at dwalter@pomsassoc.com for more information or to schedule training.

Restorative Justice

Using approaches such as dialogues, peace circles, conferencing, and peer-led mediation, restorative practices get to the root cause of student behavior, which often relates to adult behavior. A restorative culture seeks to address the missing piece of teaching social-emotional and conflict-resolution skills by turning behaviors into learning opportunities. Accepting responsibility for behaviors and making right what has been wronged is the goal of the learning opportunity. The ultimate goal in addressing all behaviors is to ensure a supportive and stable educational environment while encouraging growth towards self-discipline, accepting responsibility, and appreciating the rights of others. When fully implemented, restorative practices improve school climate, increase academic achievement, and reduce disparities in school discipline.

Please contact Darron Walter at dwalter@pomsassoc.com for more information or to schedule training.

Youth Mental Health First Aid

Youth Mental Health First Aid teaches you how to identify, understand, and respond to signs of mental illnesses and substance use disorders. This 8-hour training gives adults who work with youth the skills they need to reach out and provide initial support to adolescents (ages 12-18) who may be developing a mental health or substance use problem and help connect them to the appropriate care.

Please contact Brenda Barela at bbarela@pomsassoc.com or Tamie Pargas at tpargas@pomsassoc.com for more information or to schedule training.

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Highlighted Trainings(Continued)

Question, Persuade, Refer (QPR)

This 2-hour training will provide school employees with the 3 simple steps anyone can learn to help save a life from suicide. According to the Surgeon General's National Strategy for Suicide Prevention (2001), a Gatekeeper is someone in a position with the training to recognize a crisis and the warning signs that someone may be contemplating suicide, and how to respond.

Please contact Tamie Pargas at tpargas@pomsassoc.com, James Vautier at jvautier@pomsassoc.com, or Darron Walter at dwalter@pomsassoc.com for more information or to schedule training.

Ergonomics

Approximately one-third of all worker injuries are related to musculoskeletal disorders such as back strains and carpal tunnel syndrome. Preventing these injuries before they occur is the cornerstone of a safe workplace, and the Poms & Associates team is here to help. Whether for new employees, specific job groups, or as part of your annual requirements, our trainers can help provide the members of your organization with the knowledge and tools they need to perform their job duties in a safe, effective manner.

Please contact Karen Mestas-Harris at kmestas@pomsassoc.com for more information or to schedule training.

Safe Lifts, Transfer, and Student Handling for Special Education Staff

This training will focus on understanding general ergonomic principles when working within the school setting. Identification of risk factors in classroom and school settings will be discussed. An overview for staff training of effective setup of environment, lift strategies, understanding general terms and equipment will also be covered. Finally, we will cover best practices for transferring and handling techniques for staff, to minimize the risk of injury for those who work with students with special needs.

Please contact Karen Mestas-Harris at kmestas@pomsassoc.com for more information or to schedule training.

Cybersecurity - Hacking the Human

Cybersecurity attacks on schools are increasing at an alarming rate. It is estimated that 95% of successful cyber-attacks are a direct result of human error. This training will expose participants to strategies that bad actors use to disrupt, jeopardize, and negatively impact the business of education. Participants will also understand their critical role in preventing cyber-attacks within their organization. This 90-minute training is tailored for all school employees (teachers, administrators, custodial, bus drivers, etc.) that have end point access to a school district's network.

Please contact Grant Banash at gbanash@pomsassoc.com for more information or to schedule this training.

Red Flags & Green Lights: Recognizing Healthy & Unhealthy Relationships

Students today are bombarded by unhealthy examples and messages of what platonic and romantic relationships should look like. In this engaging and empowering training students learn how to recognize and build strong, respectful, and healthy relationships based on kindness and respect. These 45-minute lessons are age-appropriate and interactive, and designed to ensure students gain practical tools to navigate their relationships and online interactions successfully.

Please contact Angelique Sedillo at asedillo@pomsassoc.com for more information or to schedule this training.

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Red Flags & Green Lights: Recognizing Healthy and Unhealthy Relationships



Takeaways for All Ages:

- Understanding the importance of respect, kindness, and empathy in relationships.
- Learning how to identify and address unhealthy behaviors safely.
- Knowing where and how to seek help when they or someone they know is in trouble.
- Building confidence to set boundaries and foster positive, safe connections.

This program is designed to be engaging, age-appropriate, and empowering, ensuring students gain practical tools to navigate their relationships and online interactions successfully.

For additional information, or to book a training, please reach out to Angelique Sedillo at Poms & Associates:

Angelique Sedillo:
asedillo@pomsassoc.com

New Training Offering!

Objective

To educate students of all ages on recognizing healthy and unhealthy relationships, in-person and online, and to equip them with skills to build positive connections, set boundaries, and seek help when needed.

Key Topics by Age Group

Elementary School (Grades K-5)

- Basic Relationship Skills and Safety
- What Makes a Good Friend: Kindness, sharing, respect, and listening.
- Personal Boundaries: The self-concept of personal space and saying “no” when uncomfortable
- Telling a Trusted Adult: Encouraging kids to speak up if someone hurts their feelings or makes them feel unsafe
- Online Basics: Keeping passwords private, avoiding talking to strangers online, and not sharing personal information

Middle School (Grades 6-8)

- Developing emotional awareness and introducing digital safety
- Healthy vs. Unhealthy Friendships: Identifying trust and respect versus manipulation or exclusion traits
- Peer Pressure and Boundaries: How to handle situations where they feel pressured to do something wrong or uncomfortable
- Introduction to Digital Safety: Keeping social media safe and avoiding oversharing online
- How to Seek Help: Understanding that it’s okay to ask for support from trusted adults when facing relationship or online challenges.

High School (Grades 9-12)

- Deeper understanding of romantic relationships, digital safety and emotional well-being.
- Characteristics of Healthy Relationships: Trust, communication, mutual respect, and equality.
- Red Flags in Relationships: Control, manipulation, jealousy, and any form of abuse, including digital dating abuse.
- Digital Safety Awareness: Recognizing sextortion, protecting personal information, and responding to online threats.
- Empowering Choices: Teaching students how to set boundaries, leave unhealthy relationships, and support friends in need.
- Resources and Support: Information on school counselors, hotlines, and online resources for help.



Highlighted Trainings (Continued)

Other Poms Trainings

These trainings can be offered in-person through or online in webinar-style formats.

Please contact Susan Baca-Garcia at sbaka-garcia@pomsassoc.com if you are interested in scheduling any of the following trainings.

Safety	Security	HR, Civil Rights & School Admin.
<ul style="list-style-type: none"> • Accident Investigation (OSHA) • Aerial and Scissor Lifts (Certification) • Bloodborne Pathogens • Chemical Hygiene and Laboratory Safety • Defensive Driving • Distracted Driving • Electrical Safety • Fall Protection • First Aid/CPR/AED (Certification) • Forklift Safety • General Workplace Safety • Hazard Communication • Housekeeping and Storage Practices • Kitchen Safety • Ladder Safety • Material Handling and Lifting Techniques • Mental Health First Aid and Suicidal Awareness (YMHFA®) • Narcan® Training (Opioid Overdose) • National Fire Protection Association (NFPA) Life Safety Codes • OSHA 10® (Certification) • OSHA 30® (Certification) • Personal Protective Equipment (PPE) • Playground Safety and Maintenance • Stop the Bleed® (Certification) • Suicide Awareness, Gate Keeper Program 	<ul style="list-style-type: none"> • Active Shooter Response (ALICE®) • Active Shooter Response (AVERT®) • Active Shooter Response (Loud Noise Practical) • Active Shooter Response (Overview) • Active Shooter Response (Room Defense Practical) • Active Shooter Response (Room Fortification) • Behavior Threat Assessment/Management (Overview) • Behavior Threat Assessment/Management (Program Development) • Bomb Threat Response (Civilian Staff) • Bomb Threat Response (Security Staff) • Continuity of Operations • Cybersecurity Awareness • De-escalation (Staff) • Drug Trends & Physiology (Signs/Symptoms) • Family Reunification (Overview) • Family Reunification (Program Development) • Incident Command System (ICS) for Schools • PREPaRE® - School Crisis Prevention/Intervention • Responding to Crisis (Scenario Based Training) • Restorative Practices (Overview to Relationship-Building) • Restorative Practices (Program Development) • Safe Schools Plan Consultation (NMPED) • Situational Awareness 	<ul style="list-style-type: none"> • ADA and The Rehabilitation Act • Behavioral Management • Bullying/Cyberbullying Prevention Policies • Civil Rights - Title VII and Title IX • Communication and Teamwork • Compensation Review/Organizational Structure • Cultural Sensitivity, Awareness, and Diversity (Black Education Act) • Drug Free Workplace • Employment Contracts • Fair Labor Standards Act (FLSA) • Family Educational Rights and Privacy Act (FERPA) • Family Medical Leave Act (FMLA) • General Safety - What Will You Do When You Retire? • I-9 Completion • Job Description Development • Kitchen Civil Rights (USDA Annual Requirement) • Neuro-Linguistics Programming • New Legislation and National Trends • Playground Supervision • Predator Identification • Professional Ethics and Boundaries - Sexual Predators in the schools (SAMS Policies) • Sexual Harassment • Title IX Compliance • Workplace Violence
Ergonomics		
<ul style="list-style-type: none"> • Ergonomics for Custodial/Maintenance Staff • Ergonomics for School Health Staff • Ergonomics for Security Staff • Ergonomics for Special Education Staff • Ergonomics for Student Nutrition Staff • Ergonomics for Custodial/Maintenance Staff • Ergonomics for Student Nutrition Staff • Ergonomics for Transportation Staff • Ergonomics in the Workplace • Safe Lifting and Body Mechanics 		

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Highlighted Trainings (Continued)

Vector Solutions Free E-Learning Series

The New Mexico Public School Insurance Authority and Poms & Associates are excited to announce a new partnership with Vector Solutions. This partnership enables NMPSIA to provide your school or charter FREE access to grade-appropriate, short online courses concerning Child Sexual Abuse Prevention, Professional Boundaries in School as well as a variety of safety, compliance, and prevention topics.

For more information or to get signed up, fill out the implementation request form at:

<https://forms.office.com/r/xyAmEYwR7J>

Be sure to mention you are a NMPSIA member to get started! You can also email Kevin McDonald at kmcdonald@pomsassoc.com for further assistance.

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CONTACT LIST



HUMAN RESOURCES/CIVIL RIGHTS/PROFESSIONAL BOUNDARIES

Name: Julie Garcia

Email: jgarcia@pomsassoc.com

Name: Tamie Pargas

Email: tpargas@pomsassoc.com

ERGONOMICS

Name: Karen Mestas-Harris

Email: kmestas@pomsassoc.com

Name: Erin Brannan

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SECURITY

Name: James Vautier

Email: jvautier@pomsassoc.com

CYBERSECURITY

Name: Grant Banash

Email: gbanash@pomsassoc.com

Name: Doug Looney

Email: dlooney@pomsassoc.com

HR POLICIES AND PROCEDURES

Name: Steve Meilleur

Email: smeilleur@pomsassoc.com

Name: Darron Walter

Email: dwalter@pomsassoc.com

HEALTHY RELATIONSHIPS (STUDENTS)

Name: Angelique Sedillo

Email: asedillo@pomsassoc.com

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CONTACT LIST



Loss Prevention

Name: Larry Vigil - Sr. Manager

Email: lvigil@pomsassoc.com

Schools: Northern NM College, Luna Community College, NM School for the Deaf, Western New Mexico University, NM Highlands, NM Tech, Mesalands

Name: Brenda Barela

Email: bbarela@pomsassoc.com

Schools: House, Elida, Grady, Floyd, Dora, Melrose, Tatum, Jal, Texico, Eunice, Portales, Lovington, Clovis, Hobbs, Las Cruces, Eastern NM University

Name: Andrew Trujillo

Email: atrujillo@pomsassoc.com

Schools: Belen, Deming, Rio Rancho, SF Charters, ABQ Charters, Taos, Jemez Mountain, Jemez Valley, Cuba

Name: Albert Muniz

Email: amuniz@pomsassoc.com

Schools: Hondo Valley, Carrizozo, Cloudcroft, Capitan, Tularosa, Cobre, Ruidoso, Animas, Lordsburg, Corona, Silver City, Alamogordo, T or C, Hatch, Moriarty, Socorro

Name: Rafael Velasquez

Email: rvelasquez@pomsassoc.com

Schools: Farmington, San Jon, Logan, Tucumcari, Ft. Sumner, Vaughn, Mountainair, Mora, Pecos, Estancia, Santa Rosa, Las Vegas City, West Las Vegas, Aztec, Bloomfield, Los Lunas, Santa Fe

Name: Raymond Ross

Email: ross@pomsassoc.com

Schools: Bernalillo, Magdalena, Central Consolidated, Penasco, Pojoaque, Los Alamos, Reserve, Quemado, Mesa Vista, Questa, Chama, Dulce, Zuni, Espanola, Grants, Gallup

Name: Vacant

Email: lvigil@pomsassoc.com

Schools: Roy, Wagon Mound, Des Moines, Mosquero, Lake Arthur, Maxwell, Springer, Hagerman, Cimarron, Clayton, Loving, Dexter, Raton, Artesia, Carlsbad, Roswell, Gadsden

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SAFETY, RISK MANAGEMENT, AND LOSS CONTROL DIVISION



POMS

RISK CONTROL
& INSURANCE
SMARTER INSURANCE
FOR SMARTER BUSINESS

Poms & Associates offers comprehensive experience in developing plans and managing activities associated with, but not limited to:

- Ergonomics
- Safety Engineering and Management
- Workplace Violence: Threat Assessment
- Safety Program Development
- Property & Liability Programs
- OSHA Construction/General Industry Training
- Defensive Driving
- Americans With Disabilities Act
- Job Hazard Analysis (JHA)
- Security Officer Procedures
- Workers' Compensation
- Employment Practices Liability
 - Sexual Harassment
 - Civil Rights
 - Employee Training
 - Workplace Violence

POMS & ASSOCIATES RISK SERVICES

201 3rd St. NW, Suite 1400

Albuquerque, NM 87102

800.898.6236

www.pomsassoc.com

SAFETY, RISK MANAGEMENT, AND LOSS CONTROL DIVISION



POMS

RISK CONTROL
& INSURANCE
SMARTER INSURANCE
FOR SMARTER BUSINESS

Audits/Assessment

- Security and Safety Audit
 - Annual and Semiannual Facility Audits
 - Regulatory Compliance Audits
 - Alarms & Areas of Rescue
 - Crisis Planning
 - Fire Protection
- Review New Buildings (Audit Buildings Before You Sign a Lease)
- Ergonomic Audits
- Gang Recognition

**Let us know your audit needs and we will conduct that audit*

POMS & ASSOCIATES RISK SERVICES

201 3rd St. NW, Suite 1400

Albuquerque, NM 87102

800.898.6236

www.pomsassoc.com

Poms & Associates offers the talent and expertise necessary to develop training packages that address ES&H, and Employment Practices Liability requirements. This experience includes developing material, lesson plans, and presenting classes in areas such as:

- Hazard Communication/Right-to-Know Law
 - Chemical Hygiene and Laboratory Safety
 - Bloodborne Pathogens
 - Personal Protective Equipment (PPE)
 - Ladder Safety
 - Introduction to Ergonomics
 - Workplace Ergonomics
 - Electrical Safety
 - NFPA Life Safety Code
 - Back Safety/Lifting Techniques
 - Behavior Management
 - Disciplinary Procedures
 - Wrongful Termination
 - Development of Safety Policies
 - Neuro-Linguistics Programming
 - Introduction to OSHA
 - Defensive Driving
 - Housekeeping and Storage Practices
 - Accident Investigations
 - Drug-Free Workplace
 - Title VII
 - Discrimination
 - Sexual Harassment
- Title IX Compliance
 - Sexual Molestation and Assaults
 - ADA and The Rehabilitation Act
 - Family & Medical Leave Act (FMLA)
 - Fair Labor Standards Act (FLSA)
 - HIPAA/FERPA
 - Gang Recognition
 - Drug Physiology (Signs/Symptoms of Use)
 - Security/Intruder Assessment
 - Workplace Violence
 - Cyberbullying Prevention
 - Violent Threat Response
 - Suicide Awareness 101
 - Hazmat Response
 - Verbal De-escalation
 - Emergency Operations Planning/Review
 - Identifying a Predator
 - Internet Safety
 - Bomb Threat Response
 - Threat Assessment: Assessing Dangerous Behavior
 - Mental Health Awareness (Crisis Intervention)

**Design your own training topic, or you pick the topic and we'll design the program to suit your needs.*

POMS & ASSOCIATES RISK SERVICES

201 3rd St. NW, Suite 1400

Albuquerque, NM 87102

800.898.6236

www.pomsassoc.com



CCMSI Property & Liability Forms

General Products Liability

Property Loss Report

Vehicle Accident Report

Windshield Only Report

Student Incident Report



NEW MEXICO
PUBLIC SCHOOLS INSURANCE AUTHORITY
Cannon Cochran Management Services, Inc.
Claims Administrator
P.O. Box 30870
Albuquerque, New Mexico 87190-0870
800-635-0679 505-837-8700
505-888-6901 Fax



ACCIDENT REPORT – GENERAL/PRODUCTS LIABILITY
(DO NOT USE FOR AUTO)

NAME					PHONE NUMBER		
DISTRICT:							
ADDRESS			CITY	STATE	ZIP		
ACCIDENT							
DATE OF LOSS	TIME OF LOSS	LOCATION OF LOSS	CITY	STATE	ZIP		
OFFICIALS CALLED TO SCENE IF SO, IDENTIFY							
<input type="checkbox"/> POLICE <input type="checkbox"/> FIRE DEPT. <input type="checkbox"/> AMBULANCE							
CLAIMANT (PROPERTY DAMAGE)							
NAME		ADDRESS	CITY	STATE	ZIP	PHONE	
DESCRIBE DAMAGED PROPERTY		LOCATION OF PROPERTY	CITY	STATE	EXTENT OF DAMAGE		
CLAIMANT (BODILY INJURY)							
NAME		AGE	ADDRESS	CITY	STATE	ZIP	PHONE
OCCUPATION			DESCRIBE EXTENT OF INJURY				
DESCRIPTION OF LOSS							
WITNESS							
NAME		ADDRESS	CITY	STATE	ZIP	PHONE	
NAME		ADDRESS	CITY	STATE	ZIP	PHONE	
IMPORTANT: HAS THIS ACCIDENT BEEN REPORTED TO OUR LOCAL EMERGENCY ADJUSTER? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF REPORTED, NAME OF FIRM _____							
ADDRESS _____							
DATE ASSIGNED _____							

DATE OF REPORT

SIGNATURE AND TITLE



**NEW MEXICO
PUBLIC SCHOOLS INSURANCE AUTHORITY**

Cannon Cochran Management Services, Inc.

Claims Administrator

P.O. Box 30870

Albuquerque, New Mexico 87190-0870

800-635-0679 505-837-8700

505-888-6901 Fax



LOSS REPORT, PROPERTY

NAME OF COMPANY/CLIENT LOCATION District:		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
LOCATION OF LOSS			
DATE OF LOSS	TIME OF LOSS	ESTIMATE OF LOSS	
BUILDING AND/OR CONTENTS			
DETAILS OF LOSS			
BOILER & MACHINERY			
DETAILS OF LOSS			
EMPLOYEE DISHONESTY			
NAME OF EMPLOYEE		DATE OF EMPLOYMENT	
JOB TITLE			
ROBBERY OR SAFE BURGLARY			
CULPRIT APPREHENDED-EXPLAIN			
POLICE AUTHORITY INVOLVED EXPLAIN			
ATTACH SUPPORTING MATERIAL-POLICE REPORT, NEWSPAPER ACCOUNT, DETAILS OF CLAIM, ETC			
SUMMARY			
SHOW LOSS OCCURRED AND DAMAGE EXTENT-ATTACH SUPPORTING MATERIAL ANY AVAILABLE REPORTS, NEWSPAPER ACCOUNT, PICTURES, REPAIR ESTIMATES OR BILLS ETC			

DATE

SIGNATURE AND TITLE



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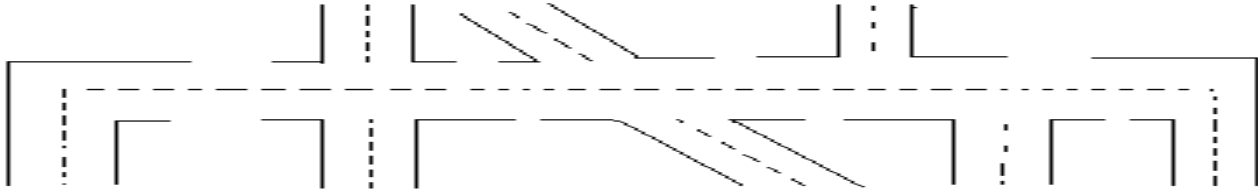
Vehicle Accident Report

(For bodily injury or damage to another's property or for damage to your vehicle)

District Name		Address		City	State	Zip	Phone
School/Dept. Name		Address		City	State	Zip	Phone
Driver's Name		Address		City	State	Zip	Phone
Date of Birth		Social Security No.		Driver's License No.			
Vehicle							
Make	Year	Model	Serial #	License #		Where Vehicle May be Seen	
Trailer	Year	Model	Area of Damage	Used for Business? <input type="checkbox"/> Yes <input type="checkbox"/> No		Estimated Cost to Repair \$	
Accident							
Date of Loss		Time of Loss		Location (Street/Highway)		City	State
Were Police Called to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No		Police Dept. Called		Driver	Arrested?	Ticketed?	Violation?
Name of Officer		Station Address					
Claimant 1							
Owner of Other Vehicle		Age	Address		City	State	Zip
Driver, if other than above		Age	Address		City	State	Zip
Make	Year	Model	License #	Area of Damage	Where Vehicle May Be Seen		Estimate of Damage \$
Claimant 2							
Owner of Other Vehicle		Age	Address		City	State	Zip
Driver, if other than above		Age	Address		City	State	Zip
Make	Year	Model	License #	Area of Damage	Where Vehicle May Be Seen		Estimate of Damage \$
Property Damage – Other Than Auto (ie, Fence, Canopy)							
Owner of the Property			Address		City	State	Zip
Describe Damaged Property				Location of Property		Extent of Damage	
Witness Information							
Name		Address		City	State	Zip	Phone
Name		Address		City	State	Zip	Phone

Vehicle Accident Report

Page 2

Name	Address	City	State	Zip	Phone
Occupation	Age	Where Taken Following Accident			
Pedestrian <input type="checkbox"/>	Fatality <input type="checkbox"/>	No Visible Injury – Some <input type="checkbox"/>			
In Your Vehicle <input type="checkbox"/>	Bleeding/Wound <input type="checkbox"/>	Pain <input type="checkbox"/>			
In Claimant <input type="checkbox"/>	Unconscious <input type="checkbox"/>	Other <input type="checkbox"/>			
Vehicle					
Name	Address	City	State	Zip	Phone
Occupation	Age	Where Taken Following Accident			
Pedestrian <input type="checkbox"/>	Fatality <input type="checkbox"/>	No Visible Injury – Some <input type="checkbox"/>			
In Your Vehicle <input type="checkbox"/>	Bleeding/Wound <input type="checkbox"/>	Pain <input type="checkbox"/>			
In Claimant <input type="checkbox"/>	Unconscious <input type="checkbox"/>	Other <input type="checkbox"/>			
Vehicle					
Additional Remarks					
Describe Accident Accident Resulted In: <input type="checkbox"/> Bodily Injury <input type="checkbox"/> Prop. Damage <input type="checkbox"/> Vehicles <input type="checkbox"/> Pedestrian					
Accident Diagram					
					
Note: Indicate North By Arrow					
What Street Were You On?		Claimant 1		Claimant 2	
What Direction Were You Traveling?		Claimant 1		Claimant 2	
Weather Conditions Dry <input type="checkbox"/> Wet <input type="checkbox"/> Icy <input type="checkbox"/> Foggy <input type="checkbox"/> Snowy <input type="checkbox"/>			Traffic Conditions Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/>		
Speed Limit		Were You Familiar With The Area?		Traffic Controls	

This Section Must Be Completed By Your Supervisor

1. Do you think a claim will be made against you? Yes ☐ No ☐
2. In my opinion, we are at fault for this accident? Yes ☐ No ☐

IMPORTANT: Has this accident been reported to a CCMSI adjuster? Yes ☐ No ☐

If reported, name of adjuster _____

Signature/Title _____ Date _____



NEW MEXICO
PUBLIC SCHOOLS INSURANCE AUTHORITY
Cannon Cochran Management Services, Inc.
Claims Administrator
P.O. Box 30870
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505-888-6901 Fax



WINDSHIELD ONLY

District Name					
Address		City	State	Zip	Phone
School/Dept. Name					
Address		City	State	Zip	Phone
Driver's Name					
Address		City	State	Zip	Phone
Date of Birth		Social Security No.		Driver's License No.	
Vehicle					
Make	Year	Model	Serial #	License #	
Where Vehicle May be Seen		Used for Business? <input type="checkbox"/> Yes <input type="checkbox"/> No		Estimated Cost to Repair \$	
Accident					
Date of Loss	Time of Loss	Location (Street/Highway)	City	State	
Additional Comments:					

IMPORTANT: Has this accident been reported to a CCMSI adjuster? Yes ☐ No ☐

If reported, name of adjuster _____

Signature/Title _____ Date _____



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CONFIDENTIAL, THIS REPORT IS NOT TO BE RELEASED TO PARENT AND/OR STUDENTS

The school employee either witnessing the accident or supervising at the time
should complete and submit this form within 24 hours.

IN CASE OF SERIOUS INJURIES, A TELEPHONE REPORT IS TO BE MADE IMMEDIATELY

1. School District _____
2. School _____ Address _____
3. Student's Name _____ DOB _____ Grade _____
4. Student's Address _____
Telephone Number _____
5. Where did accident occur? _____ Date _____ Time _____ A
6. Describe how accident occurred _____

7. Who was the person in charge at the time of the accident? _____
Was he present at the time? ☐ Yes ☐ No Did the injured violate any schools rule? ☐ Yes ☐ No
8. Witnesses: _____
Address: _____
Phone: _____
- Witnesses: _____
Address: _____
Phone: _____
9. Apparent Nature of Injury:

<input type="checkbox"/> Abrasion	<input type="checkbox"/> Fracture	<input type="checkbox"/> Strain/Sprain
<input type="checkbox"/> Contusion	<input type="checkbox"/> Cut	<input type="checkbox"/> Dislocation
<input type="checkbox"/> Internal	<input type="checkbox"/> Concussion	
10. Injured Part of Body: Indicate R/L

___ Head	___ Finger	___ Arm	___ Abdomen
___ Neck	___ Eye	___ Leg	___ Hand
___ Back	___ Chest	___ Face	___ Foot
11. First aid procedures used _____ By whom _____
12. Disposition of injured after accident- Class ☐ Home ☐ Doctor ☐ Hospital ☐
13. Who was notified? _____ Relationship to injured student? _____
14. If injured student left school, to whom released? _____
15. Name and attitude of anyone contacting school _____

16. Student accident benefits available? Name of company _____
17. Remarks _____
18. Report completed by _____ Approved by _____ Date _____



CCMSI Workers' Compensation Forms

Workers' Comp Checklist

Notice of Accident

Sample Letter to Healthcare Provider

Providers Report of Physical Ability

Optum Prescription Flyer

First Report of Injury Form

Incident Investigation Report

Workers Comp Checklist

✉ Immediately after Injury Occurs

- ☐ If it is an emergency, allow Employee to seek emergency care Immediately
- ☐ The Employee fills out the Notice of Accident (NOA) Form (Page 2).
NOTE: The NOA in this document is for Employers who allow the Employee to make the initial selection for medical treatment
- ☐ The Employees Supervisor or other Responsible Representative Signs the NOA Form (Page 2)
- ☐ If Medical attention is required, continue. If not, skip to the “Reporting Section”
- ☐ Send employee to their Health Care Provider of choice with the “Return-to-Work Cover Letter” (Page 3) and the “Providers Report of Physical Ability Form” (Pages 4-5)
- ☐ The Employee turns in their Providers report of Physical Ability Form (Pages 4-5) after it has been completed by their Health Care Provider
- ☐ If the employee needs a prescription, give them the “Optum First Fill Card” (Page 6)

✉ Reporting to Workers Compensation

- ☐ The Employees Supervisor or other Responsible Representative will work with the Business Office and/or the HR Department to fill out the “First Report of Injury” Form (Page 7). The Employee and the Supervisor or other Responsible Representative both need to sign this form.
- ☐ The Employees Pillar Director will complete the “Incident Investigation Report” (Pages 8-9) and will sign once completed.
- ☐ The Employees Supervisor or other Responsible Representative will email the completed NOA Form (Page 2), the “First Injury Report” Form (Page 7), and the “Incident Investigation Report” (Pages 8-9) to the Business Office and/or the HR Department to enter directly into the claims software (ICE) to be submitted to the Claims Administrator (CCMSI) or email to nmpsiawc@ccmsi.com
NOTE: These forms must be sent to the Claims Administrator within 72 hours of the incident
- ☐ If the employee received medical care, send the completed “Physical Ability Form” to the adjuster assigned to the new file

NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT NOTIFICACIÓN DE ACCIDENTE O ENFERMEDAD DE OFICIO

In accordance with New Mexico law, Section 52-1-29, Section 52-3-19 and Section 52-1-49, NMSA 1978; NMAC 11.4.4.11
Conforme a la Ley de la Compensación de los Trabajadores, Sección 52-1-29, Sección 52-3-19 y Sección 52-1-49, NMSA 1978; NMAC 11.4.4.11

I, _____, was involved in an on-the-job accident or was disabled by an occupational disease
Yo, _____ (name of employee/nombre del empleado) me lastimé en un accidente en el trabajo o fui incapacitado por enfermedad de oficio

at approximately _____, on _____, 20____. Date of Hire _____ Employee's Date of Birth _____
aproximadamente (time/a la(s) hora(s)) el (date/fecha) (del 20____.) (fecha de empleo) (fecha de nacimiento)

Employee's social security number: _____ Employee's Home Address: _____
Número de seguro social del empleado: Dirección del empleado

Employee's Telephone Number(s): Home: _____, Mobile: _____, Other: _____
Número de teléfono(s): (Casa) (Celular) (Otro)

Where did the accident occur? _____
¿Dónde ocurrió el accidente?

What happened? _____
¿Qué ocurrió?

Worker will choose health care provider. Employer has right to change health care provider after 60 days

Trabajador elegirá el proveedor de atención médica. El empleador tiene el derecho de cambiar el proveedor de atención médica después de 60 días

Signed: _____
Firma: _____ (employee/empleado)
Date/Fecha: _____

Signed/Notice Received: _____
Firma/Notificación recibida: (employer or representative/empleador o representante)
Date/Fecha: _____

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

PREVIOUS NOA FORMS ARE STILL VALID FOR USE

Worker (Trabajador)

For emergency medical care, go to any emergency medical facility. (Para emergencias médicas vaya a cualquier clínica / hospital.)

Workers and Employers with questions about workers' compensation may contact an Ombudsman at any New Mexico Workers' Compensation Administration office for information and assistance. The offices are open Monday through Friday, 8 a.m. to 5 p.m., except holidays.

(Trabajadores y empleadores con preguntas acerca de la compensación de los trabajadores pueden comunicarse con un asesor ("ombudsman") a cualquier oficina de la Administración de la Compensación de los Trabajadores para información y asistencia. Las oficinas están abiertas desde las ocho de la mañana hasta las cinco de la tarde de lunes a viernes, con la excepción de días festivos.)

Statewide Helpline -- Línea de Asistencia

1-866-WORKOMP / 1-866-967-5667

toll free -- llamada sin costo de larga distancia

New Mexico Workers' Compensation Administration

PO Box 27198, Albuquerque, NM 87125

Albuquerque: (505) 841-6000 - 1 (800) 255-7965
Farmington: (505) 599-9746 - 1 (800) 568-7310
Hobbs: (575) 397-3425 - 1 (800) 934-2450

Las Cruces: (575) 524-6246 - 1 (800) 870-6826
Las Vegas: (505) 454-9251 - 1 (800) 281-7889
Roswell: (575) 623-3997 - 1(866) 311-8587

Santa Fe: (505) 476-7381

**Employer/employee: Each keep one copy.
Empleador/empleado: Retener una copia.**

Employer Name & Logo Here

Dear Treating Health Care Provider of our valued employees:

_____ (Employer) values our employees and is concerned for the individual welfare of all employees. In the event of a workplace injury, we want to put injured workers back to work in a safe, productive capacity as soon as possible while they are recovering. By doing so, we seek to contribute to the medical recovery of injured workers by providing meaningful work activities as approved by you, their treating health care provider.

We have a return-to-work program and if one of our employees is unable to return to his/her original job, we will make every attempt to return this employee to modified or light duties. We will also ensure that these duties meet with ALL the medical restrictions that you prescribe and will monitor/support our workers during this process. If necessary, we are willing to rearrange work schedules around diagnostic or treatment appointments.

To assist in this process, we have enclosed for your review:

- The Notice of Accident form describing the incident
- Provider's Report of Physical Ability

We ask that you fill out the "Provider's Report of Physical Ability" form after each appointment. **Please give the completed "Provider's Report of Physical Ability" back to our worker so they may inform us of any work restrictions that we can accommodate.**

Thank you in advance for your assistance in our early return-to-work efforts.

If you have any questions, please contact _____ (company workers' comp contact) at phone# _____ or by email at _____.

Sincerely,

X _____
Company workers' comp contact

**Please route bills to our workers'
compensation TPA:**

CCMSI
PO Box 30870
Albuquerque NM, 87190-0870
Phone: (505) 837-8700



PROVIDER'S REPORT OF PHYSICAL ABILITY

This form shall be reimbursed if completed at initial visit or for a change in work status or activity restrictions, per WCA Health Care Provider Fee Schedule p. 22. Helpful guidelines on back

1 - GENERAL INFORMATION

1
GENERAL INFORMATION

Worker Name (Last, First)		Date of Injury	Visit date	Facility Address and Phone
SSN-last 4 digits XXX-XX-	Date of Birth	Primary Treating Provider Name		
Visit Type: <input type="checkbox"/> Initial <input type="checkbox"/> Follow-up - For follow-ups, is there a change in your recommendation since last visit? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Diagnosis: _____				
In my opinion, this diagnosis is: <input type="checkbox"/> Work-related <input type="checkbox"/> Not work-related				
Maximum Medical Improvement (MMI) indications (Check one and indicate date) :				
<input type="checkbox"/> Worker reached MMI on _____ (date). <input type="checkbox"/> Not at MMI but anticipated on _____ (date).				

2 - WORK STATUS

2
WORK STATUS

After evaluation, I recommend this worker be (check only one option) :

☐ **OPTION 1 – Released to regular work** Status from (start date): _____ to (end date): _____
Released to hours and tasks routinely performed on the job held at the time of injury. SKIP TO SECTION 4 FOLLOW-UP

☐ **OPTION 2 – Not released to ANY work at all** Status from (start date): _____ to (end date): _____
The worker is not capable of performing ANY work activities at this time. SKIP TO SECTION 4 FOLLOW-UP

☐ **OPTION 3 – Released to modified duty** Status from (start date): _____ to (end date): _____
Released to work, subject to the following restrictions in Section 3 ACTIVITY RESTRICTIONS (Unmarked items indicate no restriction)

3 - ACTIVITY RESTRICTIONS

3
ACTIVITY RESTRICTIONS

Lift / Carry / Push / Pull Restrictions (if any)							
Maximum cumulative hours/day	>	0	2	4	6	8	Other
Lift from the floor	<input type="checkbox"/> Left <input type="checkbox"/> Right	lbs.	lbs.	lbs.	lbs.	lbs.	
Lift from waist height	<input type="checkbox"/> Left <input type="checkbox"/> Right	lbs.	lbs.	lbs.	lbs.	lbs.	
Carry	<input type="checkbox"/> Left <input type="checkbox"/> Right	lbs.	lbs.	lbs.	lbs.	lbs.	
Push	<input type="checkbox"/> Left <input type="checkbox"/> Right	lbs.	lbs.	lbs.	lbs.	lbs.	
Pull	<input type="checkbox"/> Left <input type="checkbox"/> Right	lbs.	lbs.	lbs.	lbs.	lbs.	

Posture / Motion Restrictions (if any)							Miscellaneous Restrictions (if any)	
Maximum cumulative hours/day	→	0	2	4	6	8	Other	
Stand		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Max hours per day of work: _____
Walk		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Sit/stretch breaks of _____ (# of times) per _____
Sit		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Meds restrict ability to work safely (explain restrictions below)
Bend / Stoop		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Twist		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Psychological restrictions evident (explain restrictions below)
Kneel / Squat		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Climb (stairs/ladder)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		OTHER RESTRICTIONS / MODIFICATIONS (be specific) :
Drive		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Grasp / Squeeze	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Wrist (flex/extension)	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fine manipulation	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Reach above shoulder	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Reach below shoulder	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

4 - FOLLOW-UP

4
FOLLOW-UP

Expected follow-up services (check all that apply and indicate dates, if known) :

☐ Next evaluation by treating provider on _____ (date) at _____ (time)

☐ Referral to / Consult with _____ (provider name and specialty)

☐ Physical / Occupational therapy / Chiropractic / Osteopathic Rehabilitation / Reconditioning _____ x/week for _____ weeks

☐ Other treatment / Follow-up _____

☐ Worker fully discharged from care. This is the last scheduled visit for this problem.

Clear Form

Provider Signature: _____ Date this form completed: _____

WCA PROVIDER'S REPORT OF PHYSICAL ABILITY (back page)

HELPFUL GUIDELINES / DEFINITIONS FOR HEALTH CARE PROVIDER (HCP) COMPLETING THIS FORM

BASIC INFORMATION:

- **For questions on this form:** Email the WCA Medical Cost Containment Bureau at WCA-MCC@state.nm.us or call 505-841-6042.
- **Purpose of this form:** Because a prolonged workplace absence is detrimental to a worker's well-being, the WCA asks that you facilitate the recovering worker's safe, efficient return-to-work by providing interested parties a clear, quantitative description of current claim-related physical restrictions. In this way, you help employers identify suitable work and assign safe work activities.
- **When / who fills this form out:** Based on a reasonable medical probability, you as the primary treating HCP are encouraged to fill this form out at each appointment, however **you can only be reimbursed if the form is completed at the initial assessment or if there is a change in work status or activity restrictions**, as indicated in the WCA Health Care Provider fee Schedule and Billing Instructions (HCP Fee Schedule).
- **After you fill this report out:** Provide a copy to the worker immediately after each office visit.
- **Note-** This form is not intended to substitute a Functional Capacity Evaluation (FCE).

DEFINITIONS OF PHYSICAL CAPACITY LEVELS (for reference only):

Sedentary - Ability to lift up to 10 lbs. occasionally or 5 lbs. frequently with sitting, walking/standing necessary to carry out duties

Light - Ability to lift up to 20 lbs. occasionally or 10 lbs. frequently, significant standing/walking or sitting with pushing/pulling of arm/leg

Medium - Ability to lift up to 50 lbs. occasionally or up to 25 lbs. frequently

Heavy - Ability to lift up to 50 lbs. occasionally or up to 50 lbs. frequently

HELPFUL GUIDELINES:

1 - GENERAL INFORMATION Fill out worker's name, last 4 digits of SSN, date of birth, date of injury, visit date, your clinic or facility name and address, your name as the primary treating HCP and your phone number

- Visit Type: Indicate if this is an initial or follow-up visit for this worker regarding this workers' compensation injury/illness
- For Follow-ups only: Check either YES or NO to indicate if you are making ANY change in recommendation since the last visit
- Diagnosis: Indicate diagnosis. Underneath, check if, in your opinion the diagnosis is work-related or not work-related. Check only one box
- Maximum medical improvement (MMI) –Check only one box. Indicate the date if the worker has reached MMI at the current visit or at a prior visit. If worker is not at MMI yet, write the date you anticipate the worker might reach MMI

2 - WORK STATUS Check the appropriate option box to indicate if the medical condition(s) resulting from this workers' compensation injury/illness will allow for this worker to return-to-work in some capacity. For each option, indicate the start and anticipated end date of your current work status recommendation. If it is permanent, you can write that in. Note: DO NOT check more than one box.

- Option 1 - Check this box to release the worker to regular work with no restrictions. Do not fill out Section 3 ACTIVITY RESTRICTIONS. Skip to Section 4 FOLLOW-UP and sign/date
- Option 2 - Check this box if you recommend NO work at all be performed at this time. Do not fill out Section 3 ACTIVITY RESTRICTIONS. Skip to Section 4 FOLLOW-UP and sign/date
- Option 3 - Check this box if you feel the worker can return to work in a modified duty capacity with restrictions. Fill out Section 3 ACTIVITY RESTRICTIONS to indicate all the applicable restrictions as well as Section 4 FOLLOW-UP and sign/date

3 - ACTIVITY RESTRICTIONS Fill this section out only if you checked "Option 3 – Released to modified duty" in Section 2 WORK STATUS

- These restrictions are based on the HCP's best understanding of the employee's essential job functions
 - If a particular restriction does not apply, leave it blank. All unmarked items are considered no restrictions
 - **Note to worker :** These restrictions should be followed outside of work as well as at work
- Lift / Carry / Push / Pull Restrictions: For each activity listed that you are restricting -
 - Check "Left or "Right" if limitation is to just one side. For bilateral restrictions, check both "Left" AND "Right"
 - Under the maximum cumulative hours/day allowed, write the maximum number of pounds the worker can handle
 - Under "Other," indicate further instructions beyond the maximum cumulative hours/day allowed, if appropriate– Note re lifting restrictions: If you are restricting lifting from the floor, indicate if lifting from waist height is also restricted
 - Posture / Motion Restrictions: For each activity listed that you are restricting -
 - Where applicable, check "Left or "Right" if limitation is to just one side. For bilateral restrictions, check both "Left" AND "Right"
 - Under the maximum cumulative hours/day allowed, write the maximum number of pounds the worker can handle
 - Under "Other," indicate further instructions beyond the maximum cumulative hours/day allowed, if appropriate
 - Miscellaneous Restrictions: Check all restrictions that may apply and write in applicable specifics
 - Medication Restrictions: Check if medication(s) restrict work ability. Explain restrictions under "Other restrictions/modifications"
 - Psychological Restrictions: Check if psychological factors restrict work ability. Explain under "Other restrictions/modifications"
 - Other Restrictions / Modifications: If your recommendations are not indicated anywhere else on this form, write in

4 - FOLLOW-UP Fill this section out at each appointment to indicate ongoing treatment / follow-up services / referrals you are recommending. Check all that apply and indicate dates, if known

- Next evaluation: Provide the date of the next scheduled appointment the worker has with you as the treating provider
- Referral to / Consult with: If you are referring the worker to a specialist or other HCP, write in the HCP name and specialty
- Physical / Occupational Therapy: Circle appropriate treatment and indicate how many times per week worker should attend
- Other Treatment / Follow-up: Check if applicable. Write in any other treatment and/or follow-up you are recommending
- Worker fully discharged: Check only if you are discharging the worker from any further care for this particular condition

MAKING IT EASY... TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

Optum has been chosen to manage your workers' compensation pharmacy benefits for your employer or their insurer. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

Injured Employee:



If you need a prescription filled for a work-related injury or illness, go to an Optum Tmesys® network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at low or no cost to you.



If your workers' compensation claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use that card for other work-related injury or illness prescriptions.





Most pharmacies and all major chains are included in the network. To find a network pharmacy call 1-866-599-5426 or visit tmesys.com.

Questions? Need Help?



1-866-599-5426

WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

CCMSI	
CARRIER/TPA	EMPLOYER
INJURED WORKER NAME	
Please provide directly to Pharmacist	
SOCIAL SECURITY NUMBER	DATE OF INJURY (YYMMDD)

Notice to Cardholder: Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: tmesys.com.

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.

Tmesys is the designated PBM for this patient.

Tmesys Pharmacy Help Desk 1-800-964-2531

	NDC	or	Envoy
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	CCMSIH01		

NOTE: This First Fill card is only valid for your workers' compensation injury or illness.



Employer:

Immediately upon receiving notice of injury, fill in the information above and give this form to the employee.

Employer Name & Logo Here

INTERNAL Workers Compensation First Report of Injury

EMPLOYER:		CONTACT:		CARRIER / FEIN: 850365634		CLAIMS ADMINISTRATOR:	
				NMPSIA (New Mexico Public Ins. Authority) 410 Old Taos Hwy. Santa Fe, NM 87501		CCMSI (Cannon Cochran Management Services Inc.) P.O. Box 30870 Albuquerque, NM 87190-0870 Tel 505-837-8700 / 1-800-635-0679	
OCCURANCE OF INCIDENT AND WORK DATES							
<i>Date of Incident:</i>		<i>Time Incident Occurred:</i>		<i>Date Last Worked:</i>		<i>Date Returned to Work:</i>	
SPECIFIC LOCATION OF INCIDENT (School Name, Building, Room Number, hallway, etc.)				DATE FIRST REPORTED TO EMPLOYER (MM/DD/YYYY)			
Is there video surveillance of the incident? If so, please save and send to HR Contact. (Describe Injured Employee's appearance (hair color, glasses, color of shirt, or anything that would identify them in the video at the time of the incident))							
INJURED EMPLOYEE NAME			DATE OF BIRTH (MM/DD/YYYY)		SOCIAL SECURITY NUMBER (Full/Complete SSN)		GENDER AT BIRTH
<i>Last</i>	<i>First</i>	<i>Middle</i>					<input type="checkbox"/> Male <input type="checkbox"/> Female
Work Email & Phone Number		Personal Email & Phone Number			Preferred Language:		
INJURED EMPLOYEE MAILING ADDRESS			JOB TITLE			DATE OF HIRE (MM/DD/YYYY)	
WAGES/SALARY \$ _____				EMPLOYMENT STATUS			
<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hourly <input type="checkbox"/> Other			
EMERGENCY CONTACT FOR INJURED EMPLOYEE							
<i>Name</i>		<i>Address</i>				<i>Phone</i>	
ACCIDENT DESCRIPTION: - Included Notice of Accident (NOA) with this form. If NOA is illegible or non-English, provide legible English version here.							
- COMPLETE INCIDENT INVESTIGATION REPORT - IDENTIFY ANY WITNESSES AND HAVE THEM COMPLETE WITNESS STATEMENT							
PART(S) OF BODY AFFECTED/ SYMPTOMS:				TYPE OF ACCIDENT (e.g. Fall, Strain, etc.)			
TREATMENT RECEIVED <u>OR</u> PLAN TO RECEIVE							
<input type="checkbox"/> None <input type="checkbox"/> First Aid Only (by self, staff nurse, etc.) <input type="checkbox"/> Physician/Health Care Provider <input type="checkbox"/> Hospital <input type="checkbox"/> Emergency Room/Urgent Care <input type="checkbox"/> Transported							
PREPARER'S NAME AND PHONE NUMBER				DATE SUPERVISOR or ADMINISTRATOR NOTIFIED (MM/DD/YYYY)			
EMPLOYEE'S SIGNATURE AND DATE				SUPERVISOR or ADMINISTRATOR SIGNATURE AND DATE			

FOR OFFICE USE ONLY



INCIDENT INVESTIGATION REPORT

Date of injury:_____ Time of injury:_____ Date and time of investigation:_____

WHO was injured: _____

WHO else was involved in the incident:_____

WHO witnessed the incident:_____

WHAT was the employee doing when injured?

WHAT equipment, process or activity not described above may be related to the incident?

WHERE did the incident take place?

WHAT is the specific injury? (include body part(s) and severity)

- Continued on back –

WHY did this injury occur to this person at this time? Describe immediate cause and all underlying (root) causes you can identify. Continue to ask "why" for at least 5 levels of identified causes.

1.

2.

3.

4.

5.

HOW can similar incidents be prevented in the future? (include management, employee, equipment and environmental considerations)

Name and title of investigator: _____

Signature: _____

Safety Committee Follow-up: What preventive measures were put in place to permanently avoid recurrence of similar incidents?