

LYNDEN SCHOOL DISTRICT NO.504
EMPLOYEE INSTRUCTIONS FOR REPORTING AN INCIDENT
(ACCIDENT, INJURY OR ILLNESS)

This packet provides forms that you and your supervisor need to complete to report a work-related accident, injury or illness and forms your health care provider will need to complete if you seek medical attention.

WHEN AN INCIDENT OCCURS (TREATED OR UNTREATED):

- ✓ Immediately report any injury to your Building Administrator or Supervisor.
- ✓ Complete the *Employee Injury Report* at the time the injury is reported, or as soon thereafter as possible, and return it to your Building Administrator or Supervisor.

IF YOU SEEK MEDICAL ATTENTION:

- ✓ At the time of the medical treatment, inform your doctor that the injury/illness is the result of a work-related incident.
- ✓ The doctor will have the *L&I Report of Industrial Injury or Occupation Disease* forms. Complete the *Worker Information* section of this form while at the doctor's office.
- ✓ Provide your doctor with the *Return to Work Release Form*. This form should be completed by the doctor and returned to you while you are there.
- ✓ Immediately following your medical treatment, provide the Human Resources Coordinator with the *Return to Work Release Form*. **This is required before you can return to work.**

IF YOU ARE UNABLE TO PERFORM YOUR DUTIES FOR 3 OR MORE DAYS:

- ✓ If the State Department of L&I determines your injury/illness is work-related, they will pay your medical bills and a percentage of your time loss.
- ✓ Complete *Employee Use of L&I Payments* form and return to Payroll within three days of your doctor's visit.
- ✓ Keep in regular contact with the Human Resources Coordinator regarding your medical condition and your doctor's assessment of when you might be ready to return to work.
- ✓ When your doctor determines you are ready to return to work, obtain a written authorization of release to perform your regular work duties and provide to the Human Resources Coordinator. **This is required before you can return to work.**

If you have questions, please contact: Mandi Lenaburg
Human Resources Coordinator
Lynden School District
360-354-4443

SUPERVISOR RESPONSIBILITIES:

- ✓ Ensures employee receives immediate medical care, if needed.
- ✓ Provides employee with packet of injury report forms and instructions.
- ✓ Immediately advises Nurse if there was a possible exposure to a blood borne pathogen or if an assessment should be done to determine the employee's need for medical care.
- ✓ Promptly advises Human Resources Coordinator of incident, either by e-mail or phone call. This is necessary to ensure the case can be properly reported and managed from the beginning.
- ✓ Investigates incident and completes, takes action to resolve any unsafe working conditions, and completes the *Supervisor's Report of Injury* form.
- ✓ Sends completed *Employee Injury Report and Supervisor's Report of Injury* forms to Human Resources Coordinator as soon as possible.
- ✓ If employee receives medical attention for the injury, ensures a *Return to Work Form* has been completed by the doctor releasing the employee for work PRIOR to the employee returning to work.

DOCTOR RESPONSIBILITIES:

- ✓ Has the employee complete the *Worker Section* of the *L&I Report of Industrial Injury or Occupation Disease* form, completes the *Doctor Section* of that report, and sends it to L&I.
- ✓ Assesses the employee's condition and any limitations on returning to work, completes the *Return to Work Release Form* provided by the employee, and gives it back to the employee.
- ✓ If the employee requires additional time off prior to returning to work, continues with medical care and when employee is ready to return to work, completes the *Return to Work Release Form*.

HUMAN RESOURCES COORDINATOR (CLAIMS COORDINATOR) RESPONSIBILITIES:

- ✓ Upon receipt of the *Employee Injury Report* and the *Supervisor's Report of Injury* forms, reviews the information and records the incident in accordance with L&I guidelines.
- ✓ If there are unresolved safety issues, coordinate with others to ensure they are addressed.
- ✓ If the employee receives medical attention:
 - Upon receipt of the *L&I Report of Industrial Injury or Occupation Disease* form, completes the *Employer Information* section and returns it to L&I.
 - If the injury results in time away from work, coordinates efforts with the employee, supervisor, and doctor to determine if there is an option for light duty and/or modified work for the employee while they are recuperating.
 - Ensures a *Return to Work* form is received from the doctor prior to the employee returning to work.
 - Maintains files, provides information, and prepares reports as required.

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EMPLOYEE INJURY REPORT

(To be filled out for all work-related injuries or illnesses)

Employee's Full Name _____ Building _____

Employee's Address _____

Date of Birth _____ Job Title _____

Date of Incident _____ Time employee began work _____ Time of event _____

Is this an original injury or a re-injury? _____

If a re-injury, when and where was previous injury? _____

Exact location where incident occurred _____

Name of person to whom incident was reported _____ Date & Time _____

What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. _____

What happened? Explain how the injury occurred. _____

What was the injury or illness? Describe the part of the body that was affected and how it was affected. Be specific. _____

What object or substance directly harmed the employee? _____

Names of any witnesses _____

Did you seek medical attention? _____ If Yes, Date & Time _____

Name of physician _____

If treatment was given away from worksite, where was it given? _____

Were you treated in an emergency room? _____

Were you hospitalized overnight as an in-patient? _____

What could have been done to avoid this incident? _____

Employee Signature _____ Date _____

Return this form to your Supervisor. Supervisor is to review this form and complete the Supervisor's Report of Injury form and send both forms to the Human Resources Coordinator.

To Be Completed by the District Office

Date Received By District Office _____ District Incident # _____

Employee's Date of Hire _____ L&I Claim # _____

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SUPERVISOR'S REPORT OF INJURY

The Supervisor is required to:

- 1) Ensure Employee Injury Report on the reverse is complete and accurate,*
- 2) Conduct an independent investigation of the incident and complete this report, and*
- 3) Notify Human Resources Coordinator of the incident and send completed forms to the Human Resources Coordinator.*

Employee Name _____

Date of Incident _____ Date & Time Incident was reported _____

Did the Employee miss work? _____

If yes, when will the employee return to work (if known)? _____

1. Supervisor's comments regarding the basic cause of the incident and any contributing factors:

2. Were there any unsafe conditions? Yes No

If yes:

Please describe the unsafe conditions:

Have these unsafe conditions been corrected? Yes No

If yes, describe what has been done.

If no, describe what needs to be done and/or who the issue has been or needs to be referred to for further action.

Additional Comments:

Principal/Supervisor's Signature _____ Date _____

Send this form to the Human Resources Coordinator

LYNDEN SCHOOL DISTRICT
1203 Bradley Road
Lynden, WA 98264
L & I ~ Leave Claim Form

INSTRUCTIONS

The following information is to be completed by an injured employee who has a time loss claim and is eligible for paid leave (sick, vacation or other similar leave benefits). The employee has the option to receive additional pay to supplement the industrial insurance benefits that he/she may receive by using existing leaves. Make your selection in the payment provisions section below.

Return completed form to the Payroll Department within 3 days.

Employee: _____ Position: _____

Location: _____ Date of Injury: _____ Claim # _____

YOU WILL BE PAID:

Industrial Insurance Benefits (L&I):

- L&I benefits based upon date of injury wages (typically 60% to 75% of gross wages depending on marital/dependent status up to a maximum of 120% of the state's average wage).

Optional Leave Benefits:

- You are on leave-without-pay status. However, you may voluntarily elect to receive sick/vacation leave and/or other similar benefit pay in addition to your L&I benefits.

EMPLOYEE LEAVE INFORMATION:

As of _____ Leave balances are:

_____ Sick Leave Hours

_____ Personal Leave Hours

_____ Vacation Leave Hours

PAYMENT PROVISIONS: This choice may be changed in writing as long as you are on time loss. The choice is irrevocable once time loss has ended.

- I wish to receive only the L&I benefits I am entitled to (unpaid leave)
- I wish to receive L&I benefits PLUS a proportionate share of accrued leave to amount to normal pay:
(buy back)
- Sick Vacation Personal
- I wish to receive L&I benefits PLUS a full day of appropriate accrued leave benefits:
- Sick Vacation Personal

Employee signature

Date