

## Wenatchee School District Accident/Incident Procedures

EVENT	ACTION REQUIRED	FORM
<b>Incident/Near Miss/Unsafe Condition</b>	<b>Employee:</b> Report to supervisor immediately and complete the report of accident/incident/injury	Report of Accident/Incident/Injury
	Turn completed report into your supervisor	
	All incidents/near misses/unsafe conditions must be reported to supervisor	
	<b>Supervisor:</b> Complete their portion of the Report of accident/incident/unsafe condition. Send original to HR and copy to building Safety Committee	Report of Accident/incident/unsafe condition
<b>Accident-No Time Loss, No Medical Attention</b>	<b>Employee:</b> Report to supervisor immediately and complete the report of accident/incident/injury	Report of Accident/Incident/Injury
	Failure to report an accident can result in disciplinary action	
	All incidents/near misses/unsafe conditions must be reported to supervisor	
	<b>Supervisor:</b> Complete their portion of the Report of accident/incident/unsafe condition. Send original to HR and copy to building Safety Committee	Report of Accident/Incident/Injury
<b>Accident-Medical Attention Only</b>	<b>Employee:</b> If injury is of the nature that you require immediate medical attention, notify your supervisor and seek immediate medical attention. <b>Supervisor:</b> Please notify the District Office of the incident and obtain a claim number for the employee.	
	In all other instances, complete the Employee's report of accident/incident/injury and bring it to the District Office <b><u>before</u></b> going to a medical facility	Report of Accident/Incident/Injury
	HR Secretary will collect your report and give you a SIF-2 form and Physician's Initial Report for to take to the doctor	1. Self Insurer Accident Report(SIF-2) 2. Physician's Initial Report Form 3. Physical Capacities Evaluation
	Bring release to return to work from the doctor to the District office. HR Secretary will notify your supervisor.	
	If your doctor gives you work restrictions bring that note to the District Office and HR Secretary will notify your supervisor	
	If you go to the doctor first, please call the District Office from the doctor's office to obtain an claim number.	
	<b>Supervisor:</b> Complete their portion of the Report of accident/incident/unsafe condition. Send original to HR and copy to building Safety Committee	Report of Accident/Incident/Injury

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EVENT	ACTION REQUIRED	FORM
<b>Accident-Time Loss and Medical Attention</b>	<b>Employee:</b> If injury is of the nature that you require immediate medical attention, notify your supervisor and seek immediate medical attention. <b>Supervisor:</b> Please notify the District Office of the incident and obtain a claim number for the employee.	
	In all other instances, complete the Employee's report of accident/incident/injury and bring it to the District Office <b><i>before</i></b> going to a medical facility	Report of Accident/Incident/Injury
	HR Secretary will collect your report and give you a SIF-2 form and Physician's Initial Report for to take to the doctor	1. Self Insurer Accident Report(SIF-2) 2. Physician's Initial Report Form 3. Physical Capacities Evaluation
	AN ACCIDENT THAT INVOLVES TIME OFF OF WORK THAT DOES NOT HAVE MEDICAL CERTIFICATION DOES NOT CONSTITUTE A COMPENSABLE CLAIM	
	You must provide a note from your physician indicating how long you are unable to work	
	You must stay in contact with you supervisor regarding your medical and work status throughout your time off of work. Employees will be offered transitional work, approved by the attending physician, and will be required to return and perform the approved assigned duties. (Failure to do so may result in suspension of worker compensation benefits). An employee off work for more than 3 days must bring a release to work from the attending physician.	
	<b>Supervisor:</b> Complete their portion of the Report of accident/incident/unsafe condition. Send original to HR and copy to building Safety Committee	Report of Accident/Incident/Injury