

Wenatchee School District Accident/Incident Procedures

EVENT	ACTION REQUIRED	FORM
Incident/Near Miss/Unsafe Condition	Employee: Report to supervisor immediately and complete the Employee report of accident/incident/injury	Employee's Report of Accident/Incident/Injury
	Turn completed report into your supervisor	
	All incidents/near misses/unsafe conditions must be reported to supervisor	
	Supervisor: Complete the Supervisor's Report of accident/incident/unsafe condition	Supervisor's Report of Accident/incident/unsafe condition
Accident-No Time Loss, No Medical Attention	Employee: Report to supervisor immediately and complete the Employee report of accident/incident/injury	Employee's 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	
	Supervisor: Complete the Supervisor's Report of accident/incident/unsafe condition	Supervisor's Report of Accident/incident/unsafe condition
Accident-Medical Attention Only	Employee: If injury is of the nature that you require immediate medical attention, notify your supervisor and seek immediate medical attention. Supervisor: 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 before going to a medical facility	Employee's Report of Accident/Incident/Injury
	Mel Campbell will collect your report and give you a SIF-2 form and Physical Initial Report for to take to the doctor	Self Insurer Accident Report(SIF-2) Physician's Initial Report Form
	Bring release to return to work from the doctor to the District office. Mel Campbell will notify your supervisor.	
	If your doctor gives you work restrictions bring that note to the District Office and the Mel Campbell will notify your supervisor	Doctor's Estimate of Physical Capacities
	If you go to the doctor first, please call the District Office from the doctor's office to obtain an claim number.	
	Supervisor: Complete the Supervisor's Report of accident/incident/unsafe condition	Supervisor's Report of Accident/incident/unsafe condition
Accident-Time Loss and Medical Attention	Employee: If injury is of the nature that you require immediate medical attention, notify your supervisor and seek immediate medical attention. Supervisor: 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 before going to a medical facility	Employee's Report of Accident/Incident/Injury
	Mel Campbell will collect your report and give you a SIF-2 form and Physical Initial Report for to take to the doctor	Self Insurer Accident Report(SIF-2) Physician's Initial Report Form
	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	Doctor's Estimate of Physical Capacities
	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.	
	Supervisor: Complete the Supervisor's Report of accident/incident/unsafe condition	Supervisor's Report of Accident/incident/unsafe condition