

## **Incidents and Injuries**

The Woodburn School District recognizes that incidents or injuries may occur to the employees and regards any such occurrence as serious. In an effort to respond to all occurrences, the following protocols are in place.

### **Incident/Injury Report**

All incident/injuries occurring on district property or during the course of school-sponsored activities, including field trips and other away events, are to be reported to the building principal immediately. Report will cover property damage as well as personal injury.

A completed Incident/Injury form must be submitted to the Human Resources Department within 24 hours or the next scheduled district workday, as appropriate.

In the event of a work related accident or injury resulting in overnight hospitalization whereby medical treatment other than first aid is provided, the building principal will inform the Oregon Occupational Safety and Health Division (OR-OSHA) within 24 hours as required by law.

All incident/Injuries will be promptly investigated and corrective measures implemented as appropriate

### **Protocol**

An employee will complete the Incident/Injury Report Form within 24 hours of an incident or injury. If the incident/injury is for the employee reporting, and that employee seeks medical attention, the employee must contact Human Resources within 24 hours.

Human Resources will have the employee complete a form 801. This form will be sent to SAIF Corporation. SAIF will follow-up with the employee.

After seeking medical attention, an employee may not return to work before having received a release to return to work from the medical provider. Present the release to Human Resources. The release to return to work will then be reviewed by the Human Resources Department. Employees may or may not be required to complete a physical demands assessment before the District releases the employee to return to work

The Woodburn School District policy EBBB "Injury/Illness Reports" and a copy of the Incident/Injury Report Form are attached to this document.

"I understand and will follow the protocol described in this document."

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Printed Name

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Signature

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Date

## Injury/Illness Reports

All injuries/illnesses sustained by the employee while in the actual performance of the duty of the employee occurring on district premises, in district vehicles, at a district-sponsored activity or involving staff members who may be elsewhere on district business will be reported immediately to a supervisor. A written report will be submitted within 24 hours to the district's safety officer. Reports will cover property damage as well as personal injury. All accidents involving students or visiting public will be reported immediately to a supervisor.

In the event of a work-related<sup>1</sup> illness or injury to an employee resulting in overnight hospitalization for medical treatment<sup>2</sup> other than first aid, the district safety officer shall report the incident to the Oregon Occupational Safety and Health Division (OR-OSHA). This report will be made within 24 hours after notification to the district of an illness or injury. Fatalities or catastrophes<sup>3</sup> shall be reported to OSHA within eight hours.

ALL injuries/illnesses sustained by an employee, while in the actual performance of the duty of the employee or by a student or visiting public will be promptly investigated. As a result of the investigation any corrective measures needed will be acted upon.

The district safety officer will maintain records and reports on serious injuries/illnesses and periodic statistical reports on the number and types of injuries/illnesses occurring in the district, as well as on the measures being taken to prevent such injuries/illnesses in the future.

The records will include monthly reporting information and an analysis of the data and trends will be conducted at least annually. Such reports will be submitted to the superintendent or designee for review annually<sup>4</sup>.

END OF POLICY

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<sup>1</sup>An injury or illness is work related if an event or exposure in the work environment caused or contributed to the condition or significantly aggravated a preexisting condition.

<sup>2</sup>Medical treatment includes managing or caring for a patient for the purpose of combatting disease or disorder. The following are not considered medical treatment: visits to a doctor or health care professional solely for observation or counseling; diagnostic procedures including administering prescription medications used solely for diagnostic purposes; and any procedure that can be labeled first aid.

<sup>3</sup>A "catastrophe" is an accident in which two or more employees are fatally injured, or three or more employees are admitted to a hospital or an equivalent medical facility.

<sup>4</sup>Annual reporting is required, but may occur more often.

**Legal Reference(s):**

[ORS 339.309](#)

[OAR 437-001-0015](#)

[OAR 437-001-0700](#)

[OAR 437-001-0760](#)

[OAR 581-022-2225](#)

**Cross Reference(s):**

GBE - Staff Health and Safety



# Incident/Injury Report Form

- |                                |                                  |                                  |                             |  |                                  |                              |
|--------------------------------|----------------------------------|----------------------------------|-----------------------------|--|----------------------------------|------------------------------|
| <input type="checkbox"/> AIS   | <input type="checkbox"/> WeBSS   | <input type="checkbox"/> FPMS    | <input type="checkbox"/> HE | <input type="checkbox"/> WA                  | <input type="checkbox"/> Bridges | <input type="checkbox"/> ITS |
| <input type="checkbox"/> WAAST | <input type="checkbox"/> Success | <input type="checkbox"/> Valor   | <input type="checkbox"/> LN | <input type="checkbox"/> ASC                 | <input type="checkbox"/> WC/CFC  | <input type="checkbox"/> DO  |
| <input type="checkbox"/> WACA  | <input type="checkbox"/> HS Ath. | <input type="checkbox"/> MS Ath. | <input type="checkbox"/> NM | <input type="checkbox"/> Maintenance/Grounds | <input type="checkbox"/> CLC     |                              |

**Employee and Supervisor will complete this form within 24 hours of incident.**

**Employees – If you go to the Doctor, Emergency Room or Urgent Care you MUST contact the HR Department.**

Name: \_\_\_\_\_  Employee  Student  Other

Grade: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Person Reporting \_\_\_\_\_

Date of Incident/Injury: \_\_\_\_\_ Time of Incident/Injury \_\_\_\_\_ AM/PM

Date Reported: \_\_\_\_\_ Time Reported \_\_\_\_\_ AM/PM

Where Incident Occurred: \_\_\_\_\_  
\_\_\_\_\_

If injury, describe (Nature/Body part) \_\_\_\_\_  
\_\_\_\_\_

Treatment:  None  First Aid Only  Doctor  Emergency Room/Urgent Care

First aid provided and/or action taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Parent/  
Guardian Contacted: \_\_\_\_\_ Date: \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

**ORIGINAL: Keep on Site    PINK: Maintenance Office**  
**YELLOW: HR Office for Staff Injuries    Yellow: Business Office for Student or Other Injuries**