

District Employee Injuries

When an employee is injured at work, first attend to the employee's medical needs. For serious medical emergencies dial 911.

Second, advise the employee to report the injury to their supervisor and to the ESD 113 Workers' Compensation Trust online at: <https://esd113.org/eir>. Provide instructions: "Online Employee Incident Report (EIR) Form". If online reporting isn't an option, provide: "Employee Incident Report" to the employee. The employee completes Part 1 of the EIR form, then signs and submits the form to their supervisor.

The employee's supervisor (or building administrator) reviews the report, investigates the causes and summarizes findings on Part II of the Employee Incident report and forwards both forms to the Pam Jolley in the Financial Services Office.

What to investigate and report on Part II of the Employee Incident Report:

- Did the injury occur while the employee was working for the district or on district property?
- Is the employee's description of the injury factual and complete?
- Were there witnesses that can corroborate the facts?
- Was the injury caused by an unsafe condition or practice? (If so, take corrective action to prevent similar future injuries.)

Frequently Asked Questions:

Q. What injuries are covered by the district's Workers' Compensation insurance?

A. On the job injuries or occupational diseases occurring in the course of the employment for the district, regardless of cause, are covered.

Q. How does an employee claim workers' compensation coverage for a workplace injury?

A. By calling the ESD 113 Workers' Compensation Trust at 360-464-6880. A Self-Insured Accident Report (SIF-2) will be mailed to the injured worker's home address. The employee completes the report and submits it to the Trust or to the Financial Services Office.

Q. What does Workers' Compensation cover?

A. For allowed claims it covers allowed medical costs and lost wages due to time lost from work if more than 3 days of work are missed.

Q. What is the ESD 113 Workers' Compensation Trust?

A. It is a cooperative approved under state industrial insurance laws to cover workers' compensation benefits for member districts. Member districts pay premiums to the Trust in lieu of the Department of Labor and Industries to cover cost benefits provided. Each district's premium is adjusted annually based on claims made by district employees.



Workers' Compensation Trust

A cooperative program of
Educational Service District 113

Online Employee Incident Report (EIR) Form

The ESD 113 Workers' Compensation Trust has made the EIR form available Online.

To access form, go to: <https://esd113.org/eir>

Process:

1. Employee completes online form and hits submit. A copy is distributed as follows:

- 1 to the Employee
- 1 to the Employee's Supervisor with a prompt for action:
 - They will get a code to complete the supervisor section (see 2 below)
- 1 to the Workers' Comp Trust (WCT)
- 1 to the WCT School District "SIF2/EIR" or designated contact person

2. The Supervisor Completes Supervisor section. A copy is distributed as follows:

- 1 confirmation of completion copy to the Supervisor
- 1 to the Employee
- 1 to the Workers' Comp Trust (WCT)
- 1 to the WCT School District "SIF2/EIR" or designated contact person

3. IF the employee seeks medical attention, they will STILL need to contact the WCT to file a claim: 360-464-6880

For samples or more information please contact Jamie Bianco, at 360-464-6889.

EMPLOYEE INCIDENT REPORT

PART I: To be completed by EMPLOYEE

If you seek medical treatment, call ESD 113 Workers' Compensation Trust at 360-464-6880 to file a claim

Incident Date _____ Hour _____ am/pm Work Phone _____

School District _____ School Name _____

Employee's Name _____ Social Security Number _____

Address _____ City _____ Zip _____

Home Phone _____ Date of Birth _____ Marital Status / Dependents _____

Department _____ Job Title _____ Shift Hours _____ to _____
(Food Service, Transportation, Maintenance, etc.)

Please mark the applicable category with an X:

____ Have not received first aid or medical treatment **at this time**, but may want to file a claim at a later date.

____ Received first aid (If YES, please describe type and by whom) _____

____ Will or have received medical treatment (**Phone 360-464-6880 to file claim** and add information below):

If receiving medical treatment complete: (Medical Provider's Name / Clinic / Hospital) _____ (Phone Number) _____ (City) _____

Reported the Incident to _____ Date Reported _____

Name(s) of Witness(es) _____

Did Incident Occur On or Off School Premises? _____ Were You Doing Your Regular Work? _____

Where Did Incident Occur? _____
(Breezeway, classroom, garage, grounds, etc.)

Description of Incident (include task being performed; step by step detail of incident; any tool/object involved): _____

Injury _____ Body Part Injured _____ RIGHT or LEFT
(Bruise, sprain, strain, wound, etc.)

EMPLOYEE SIGNATURE _____ **DATE** _____

PART II: To be completed by the SUPERVISOR **FAX TO 360-464-6907 WHEN COMPLETED**

Date Investigated _____ Equipment Damaged? YES or NO If yes, describe: _____

Describe incident per your findings: _____

Could the incident have been prevented? YES or NO If yes, how? _____

Describe what was found unsafe (Employee actions, equipment, lighting, clutter etc.) _____

Follow up action to be taken _____ By whom _____ Date _____

Last date worked _____ Return to work date _____ Is light duty work available? YES or NO

SUPERVISOR SIGNATURE _____ Phone # _____ Date _____

SEND COPY TO CAPITAL REGION ESD 113 WORKERS' COMPENSATION TRUST
FAX: 360-464-6907

SEND COPY TO DISTRICT OFFICE & SCHOOL DISTRICT SAFETY COMMITTEE
Revised Sept, 2016