



WEST BONNER COUNTY SCHOOL DISTRICT #83

134 Main St., Priest River, ID 83856

Sd83.org • Phone: (208) 448-4439 • Fax: (208) 448-4629

Injury Report Packet

This packet outlines the process for reporting an accident that occurs to an employee/volunteer of the district. West Bonner County School District #83 is a member of the State Insurance Fund providing Worker's Compensation (SIF). When an employee/volunteer is involved in an accident, the follow-up documentation is completed through an Injury Report by the employee/volunteer and an Incident Investigation by the immediate supervisor. Documentation will then be sent to the Human Resources Director to work with the employee/volunteer, supervisor, and SIF to assure the well-being of the employee/volunteer.

Follow these steps for reporting an injury:

1. If your accident causes an injury that immediate medical attention is needed, then call the Triage Nurse at SIFCare using the number below:

1-866-543-5216

Notify your immediate supervisor of your accident/injury!

Follow the instructions of the Triage Nurse:

- 1) Seek immediate medical attention at Northwest Specialty Hospital, complete the Request for Services, then, continue to Step 2 upon your return.
 - 2) Continue to work, and move to Step 2
2. Obtain the Injury Report Packet that includes the Injury Report and Incident Investigation forms.
 - a. Request the Injury Report Packet from a building administrative assistant, building principal, or district department supervisor.
 - b. Access the form by downloading the form from the district website using the following pathway:

Home / Our District / Staff Resources / Employee Safety

3. Complete the Injury Report with all information.
4. Provide the complete report to your immediate supervisor who will complete the Incident Investigation.
5. Your immediate supervisor will contact you to complete the investigation as soon as possible.
6. Your immediate supervisor will then complete the Incident Investigation with you in person as you have firsthand knowledge of the accident.
7. Your immediate supervisor will then send the documentation to the Human Resources Director.
8. The Human Resources Director will contact you to work with you, your immediate supervisor, and SIF. regarding light duty work (if necessary).

Note: This packet can be completed digitally as it is a Word document.



Appropriately Address Non-Emergent Workplace Injuries From the Jobsite



The SIFCare Advantage

- Many calls are resolved with first aid, reducing the number of claims reported and the time and expense of visiting a medical facility.
- Translators are available in over 200 languages
- All calls are recorded to aid in claim processing and fraud prevention.
- SIFCare does not replace 911 for an emergency or life-threatening injuries.

Frequently Asked Questions

- **Who should place the call?**
Supervisors should call SIFCare with the injured worker as soon as possible after the injury. Once initiated, the triage nurse may ask to discuss the injury with the worker privately.
- **What information will the triage nurse need?**
It's best to have the insured's business name and location, the injured worker's information, and details about the cause and nature of their injury.
- **Where should the call be placed?**
We recommend a quiet, private space to allow the injured worker privacy to discuss their injury and health concerns.
- **What is the average call time?**
On average, calls to SIFCare last about 20 minutes.
- **What if the injured worker's symptoms worsen?**
They may call SIFCare back with questions, concerns, or if symptoms worsen. Injured workers may visit a doctor after the call even if the triage nurse recommends self-care.
- **Can the injured worker still see a doctor?**
Yes. While the Triage Nurse will provide medical recommendations based on the cause and nature of the injury, injured workers may also seek medical care if they so choose.
- **When is SIFCare available?**
SIFCare is available 24/7, including holidays.
- **Will I still need to complete a First Report of Injury (FROI)?** The SIFCare Triage Nurse will begin filling out a FROI form. Your SIF Claims Examiner and the Supervisor will receive a copy of the partially completed FROI. SIF may call to confirm some information.



Ready to get started with SIFCare? Talk to your Claims Examiner or Business Development Executive today.

Reliable. Innovative. Relationship Driven.

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SIFCare, powered by Medcor

SERVICE(S) REQUEST FORM

- BRING THIS FORM TO THE SPECIFIED FACILITY WITH PHOTO ID
- PLEASE NOTE: EMPLOYEES MUST GO TO THE NW URGENT CARE LOCATION FOR INITIAL POST ACCIDENT CARE

EMPLOYEE INFORMATION					
NAME					
DATE OF BIRTH					
COMPANY INFORMATION					
NAME		West Bonner County School District #83			
ADDRESS		134 Main Street			
CITY		Priest River		STATE	ID
PHONE		208-448-4439		FAX	208-448-4629
EMAIL		tracyrusho@sd83.org			
DESIGNATED EMPLOYER REPRESENTATIVE (DER)					
NAME		Tracy Rusho		PHONE	208-448-1423
EMAIL		tracyrusho@sd83.org		FAX	208-448-0849
WORKER'S COMPENSATION INSURANCE CARRIER					
COMPANY NAME		State Insurance Fund		PHONE	208-332-2100
				FAX	208-332-2171
BILLING INFORMATION (IF DIFFERENT FROM COMPANY INFORMATION)					
NAME				PHONE	
ADDRESS				FAX	
CITY				STATE	ZIP
SERVICES REQUESTED					
☐ BASIC PHYSICAL ☐ DOT PHYSICAL ☐ DRUG SCREEN		☐ FIT TESTING ☐ LAB DRAW ☐ POST ACCIDENT		☐ TB TEST ☐ VACCINATION(S): ☐ OTHER:	
TEST(S) TO BE PERFORMED				REASON FOR TEST	
URINE DRUG SCREEN (UDS)		OTHER			
☐ INSTANT 6 ☐ INSTANT 10 ☐ FEDERAL ☐ OTHER:		☐ BREATHE ALCOHOL TEST (BAT) ☐ SALIVA ☐ HAIR		☐ PRE-EMPLOYMENT ☐ POST ACCIDENT ☐ RANDOM ☐ REASONABLE SUSPICION ☐ FOLLOW-UP	
MEDICAL REVIEW OFFICER (MRO)					
NAME				PHONE	
ADDRESS				FAX	
CITY				STATE	ZIP
RESULTS SENT VIA					
☐ PHONE ☐ FAX ☐ EMAIL ☐ MAIL ☐ OTHER:					
CHOOSE A LOCATION					

☐ **NW URGENT CARE | POST FALLS**
NW OCCUPATIONAL MEDICINE
750 N. Syringa Street, Suite 100
Post Falls, ID 83854
P: (208) 262-2348 F: (208) 457-0015
H: 8:00 A.M. – 8:00 P.M., Monday - Friday
8:00 A.M. – 4:00 P.M., Saturday & Sunday

☐ **NW URGENT CARE | ATHOL**
7173 E Super 1 Loop, Suite A
Athol, ID 83801
P: (208) 561-9970 F: (208) 561-8897
H: 8:00 A.M. – 6:00 P.M., Monday - Friday
8:00 A.M. – 4:00 P.M., Saturday & Sunday

☐ **NW URGENT CARE | COA**
NW OCCUPATIONAL MEDICINE
315 W. Dalton Avenue
Coeur d'Alene, ID 83815
P: (208) 209-2060 F: (208) 209-2070
H: 8:00 A.M. – 6:00 P.M., Monday - Friday
8:00 A.M. – 4:00 P.M., Saturday & Sunday



Injury Report

Instructions: Complete this form for all work-related injuries, illnesses, or near miss incidents – *no matter how minor*. This will assist in identifying and correcting hazards before they cause serious injuries.

This form should be completed by as soon as possible and given to your supervisor for further action.

Employee Section

Type of incident reporting: ☐ Injury ☐ Illness ☐ Near Miss

Name: Click or tap here to enter text.

Job title: Click or tap here to enter text.

Supervisor: Click or tap here to enter text.

Date of injury/near miss: Click or tap to enter a date.

Time of injury/near miss: Click or tap here to enter text.

Names of witnesses (if any): Click or tap here to enter text.

Where, exactly did it happen? Click or tap here to enter text.

What were you doing at the time? Click or tap here to enter text.

Describe step by step what led up to the injury/near miss: Click or tap here to enter text.

What could have been done to prevent this injury/near miss? Click or tap here to enter text.

List body part(s) injured? If a near miss, how could you have been hurt? Click or tap here to enter text.

Employee's Signature

Would you like to seek medical treatment for this injury/illness at this time? ☐ Yes ☐ No

If you select No, then decide at a later time to seek medical treatment notify your supervisor and treatment will be scheduled with the Designated Medical Provider

Employee Signature:

Date:

Upon completion, provide this report to your supervisor who will complete a thorough investigation.

Incident Investigation Report

Supervisor Section			
Employee's Name: Click or tap here to enter text.		Date Notified: Click or tap to enter a date.	
Department: Click or tap here to enter text.		Job title: Click or tap here to enter text.	
Location of the incident: Click or tap here to enter text.		Time: Click or tap here to enter text.	
Nature of injury (most serious): ☐ Abrasion, scrapes ☐ Amputation ☐ Broken bone ☐ Bruise ☐ Burn (heat) ☐ Burn (chemical) ☐ Concussion (to the head) ☐ Crushing Injury ☐ Cut, laceration, puncture ☐ Hernia ☐ Illness ☐ Sprain, strain ☐ Damage to a body system: ☐ Other: Click or tap here to enter text.		Employee work status: ☐ Regular full time ☐ Regular part time ☐ Seasonal ☐ Temporary Length of time in position Click or tap here to enter text. year(s) Click or tap here to enter text. months Body part(s) affected: Click or tap here to enter text.	
What part of employee's workday? ☐ Entering or leaving work ☐ Performing regular work activities ☐ During meal period ☐ During break period ☐ Working overtime ☐ Other Click or tap here to enter text.			
Names of witnesses (if any): Click or tap here to enter text.			
Attachments (check all included)	Written witness statements: ☐ Yes ☐ No	Photographs: ☐ Yes ☐ No	Maps / drawings: ☐ Yes ☐ No
Was PPE provided ☐ Yes ☐ No List PPE Click or tap here to enter text.		Was PPE worn: ☐ Yes ☐ No Why not worn: Click or tap here to enter text.	
Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details: Click or tap here to enter text.			

After completing the Incident Investigation, deliver this report to the Human Resources Director.

Why did the incident occur?	
Unsafe workplace conditions: (Check all that apply) ☐ Inadequate guard ☐ Unguarded hazard ☐ Safety device is defective ☐ Tool or equipment defective ☐ Workstation layout ☐ Lighting issues ☐ Ventilation issues ☐ Lack of required PPE ☐ Lack of appropriate equipment/tools ☐ Unsafe clothing ☐ No training or insufficient training ☐ Other: Click or tap here to enter text.	Unsafe acts by employee: (Check all that apply) ☐ Operating without permission ☐ Operating without training ☐ Operating at unsafe speed ☐ Servicing equipment that is powered on (LOTO issue) ☐ Making a safety device inoperative ☐ Using defective equipment ☐ Using equipment in an unapproved way ☐ Unsafe lifting by hand ☐ Taking an unsafe position or posture ☐ Distraction, teasing, horseplay ☐ Failure to wear PPE ☐ Failure to use the available equipment/tools ☐ Other: Click or tap here to enter text.
Why did the unsafe conditions exist? Click or tap here to enter text.	
Why did the unsafe acts occur? Click or tap here to enter text.	
How can future incidents be prevented?	
What changes/corrective action has been taken to prevent similar incidents? (Check all that apply) ☐ Stop this activity ☐ Guard the hazard ☐ Train the employee(s) ☐ Train the supervisor(s) ☐ Redesign task steps ☐ Redesign work area ☐ Develop a procedure ☐ Enforce existing procedure ☐ Routine inspects ☐ PPE ☐ Complete JHA/JSA ☐ Other: Click or tap here to enter text.	
Describe changes/corrective action checked above? Click or tap here to enter text. Completed by: Click or tap here to enter text. Date Completed: Click or tap to enter a date.	
Additional Comments: Click or tap here to enter text.	
Supervisor's Signature	
Signature:	Date:
Reviewed by:	Date:

After completing the Incident Investigation, deliver this report to the Human Resources Director.